CONTINUING MEDICAL EDUCATION (CME) ACTIVITIES

CME/MOC Credits:
The AGA Institute is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.
The AGA Institute designates this journal-based CME activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 1 MOC point in the American Board of Internal Medicine's (ABIM) Maintenance of Certification (MOC) program. Participants will earn MOC points equivalent to the amount of CME credits claimed for the activity. It is the AGA’s responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Faculty Disclosure:
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Instructions:
Category 1 credit can be earned by reading the relevant articles and taking these CME examinations online at http://www.cghjournal.org/cme/home. Answers can be obtained online after completing the exam(s).

Objectives:
See article for specific learning objective.
Question 1:
A 23-year-old woman comes to your clinic after having 7 episodes of pancreatitis, the first episode at age 9. She denies alcohol use and had a cholecystectomy at age 16. An magnetic resonance imaging (MRI)/magnetic resonance cholangiopancreatography (MRCP) is compatible with chronic pancreatitis. Her mother and maternal grandfather had similar episodes. None of her other family members have any gastrointestinal or respiratory disorders. What is the most likely mutation you will identify in this patient?

a. STK11  
b. SPINK1  
c. PRSS1  
d. CFTR  
e. PMS 2

Question 2:
Which of the following patients does NOT qualify for surveillance according to the International Cancer of the Pancreas Screening (CAPS) Consortium?

a. Two first-degree relatives with pancreatic cancer  
b. Peutz-Jeghers syndrome, no family history of pancreatic cancer  
c. Familial melanoma (CDKN2A or p16 mutation), no family history of pancreatic cancer  
d. Lynch syndrome, with 1 first-degree relative with pancreatic cancer  
e. BRCA2 mutation, with 1 first-degree relative with pancreatic cancer

Question 3:
What imaging studies are currently recommended for cancer surveillance in patients at risk for familial pancreatic cancer?

a. Computed tomography  
b. Magnetic resonance imaging/magnetic resonance cholangiopancreatography  
c. Endoscopic ultrasound  
d. B and C  
e. A, B, and C

Question 4:
A 35-year-old man with Peutz-Jeghers syndrome is enrolled in a pancreatic cancer surveillance program. He completed his first EUS with no lesions identified. Which of the following is NOT an appropriate recommendation when you meet with him to discuss the results?

a. He needs another endoscopic ultrasound (EUS) or an MRI in 12 months  
b. He needs another EUS or an MRI in 6 months  
c. Screening should stop if he is not a surgical candidate  
d. There is currently no consensus as to when to stop surveillance.  
e. Approximately 1 in 135 patients will have a high-risk lesion on screening.