## **EVALUATION FORM**

#### Grand Rounds in Oncology:

How the Experts Treat Cancer: Module 2-Gynecologic Cancers

Release Date: October 29, 2010

The City of Hope respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form. You must complete this evaluation form and the posttest to receive a CME credit certificate.

| Please answer the following que  | stions by circ   | ling the appr  | opriate rating:     |                        |   |     |   |   |
|--|------------------|----------------|---------------------|------------------------|---|-----|---|---|
| 5 = Outstanding $4 = Good$   | 3 = Sat          | isfactory      | 2 = Fair            | 1 = Poor               |   |     |   |   |
| Extent to Which Program Ac  Upon successful completion of thi                            |                  |                | •                   | e better able to:      |   |     |   |   |
| <ul> <li>Identify the cancer risk associ</li> </ul>                                      |                  | 5              | 4 3                 | 2                      | 1 |     |   |   |
| • Apply the methods of evaluat   | eoplasia         | 5              | 4 3                 | 2                      | 1 |     |   |   |
| Discuss the clinical trial data  | ncers            | 5              | 4 3                 | 2                      | 1 |     |   |   |
| Overall Effectiveness of the   | Activity         |                |                     |                        |   |     |   |   |
| • Was timely and will influence  |                  | 5              | 4 3                 | 2                      | 1 |     |   |   |
| Will assist me in improving patient care   |                  |                |                     |                        |   |     |   | 1 |
| Fulfilled my educational needs   |                  |                |                     |                        |   |     |   | 1 |
| • Avoided commercial bias or i   | nfluence         |                |                     |                        | 5 | 4 3 | 2 | 1 |
| Impact of the Activity  The information presented:  (check all that apply)               |                  |                | _                   |                        |   |     |   |   |
| ☐ Reinforced my current practice/treatment habits ☐ Will improve my practice/patient out |                  |                |                     |                        |   |     |   |   |
| ☐ Provided new ideas or information I expect to use ☐ Enhanced my current knowledge ba   |                  |                |                     |                        |   |     |   |   |
| Will the information presented car   | use you to mak   | ke any change  | s in your practice  | e?                     |   |     |   |   |
| ☐ Yes ☐ No   |                  |                |                     |                        |   |     |   |   |
| If yes, please describe any change   | e(s) you plan to | make in you    | r practice as a res | sult of this activity: |   |     |   |   |
| How committed are you to makin   | g these change   | es?            |                     |                        |   |     |   |   |
| (Very committed) 5 4   | 3                | 2 1            | (Not at all co      | mmitted)               |   |     |   |   |
| Future Activities  Do you feel future activities on the  ☐ Yes ☐ No                      | is subject matt  | er are necessa | nry and/or import   | ant to your practice?  |   |     |   |   |

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| Please list a            | ny other topi                                   | cs that would   | l be of intere                 | st to you for                 | future educational activities:  |
|--------------------------|---|-----------------|--------------------------------|-------------------------------|---|
| Follow-up As part of or  | ır ongoing co                                   | ontinuous qua   | lity improve                   | ment effort, v                | we conduct post-activity follow-up surveys to assess the im-<br>lease indicate your willingness to participate in such a survey:  |
| □ No, I'm r              | ot interested                                   | l in participat | ing in a follo                 | follow-up sur<br>ow-up survey | •   |
|                          |   | out this activ  |                                |                               |   |
| answer to ear            | to receive ac<br>sch question.<br>on the link b | Complete th     | is evaluatior<br>test; or mail | verification to City of H     | is activity, please complete the posttest by selecting the best of participation and submit by email to CME@coh.org ope Office of Continuing Medical Education, 1500 East |
| Name                     |   |                 |                                |                               | Degree  |
| Organization             | 1   |                 |                                |                               |   |
| Address                  |   |                 |                                |                               | _   |
| City, State, 2           | Zip   |                 |                                |                               |   |
| Telephone _              |   |                 | Fax                            |                               | E-Mail  |
| I certify my             | actual time s                                   | spent to comp   | olete this edu                 | cational activ                | vity to be:   |
| ☐ I particip  Category 1 |   | ctivity How     | the Experts                    | Treat Cancer                  | r: Module 2-Gynecologic Cancers and claim 1.5 AMA PRA   |
| Signature _              |   |                 |                                |                               | Date  |
| Post-test A              | Answer Fo                                       | rm              |                                |                               |   |
| 1                        | 2   | 3               | 4                              | 5                             |   |

#### **CME POSTTEST**

# Grand Rounds in Oncology: How the Experts Treat Cancer Module 2–Gynecologic Cancers

| 1. | If menopausal estrogen therapy (ET) is prescribed and used according to current consensus guidelines, which        |
|----|--|
|    | emphasize that all forms of menopausal hormone therapy (MHT) should be limited to short-term use for the treatment |
|    | of menopausal symptoms, then relatively few women who use ET are likely to be at increased relative risk of        |
|    | developing ovarian cancer because the risk of ovarian cancer is elevated among women who use ET for long durations |
|    | (eg, 10 or more years) but not among women who use ET for short durations.   |

- A. True
- B. False
- 2. Compared with women who do not use MHT, women with an intact uterus (ie, women who have not had a hysterectomy) who use EPT are at increased risk of breast cancer and might be at increased risk of endometrial cancer or ovarian cancer because:
  - A. Both short-term and long-term use of EPT increases breast cancer risk
  - B. Although the data are not entirely consistent across studies, recent studies suggest that long-term use of EPT might increase ovarian cancer risk
  - C. Although the data are not entirely consistent across studies, recent studies suggest that long-term use of EPT might increase endometrial cancer risk
  - D. All of the above
  - E. None of the above
- 3. In treating cervical intraepithelial neoplasis, all excisional procedures are associated with adverse obstetric morbidity.
  - A. True
  - B. False
- 4. Adolescents with mild or moderate cervical dysplasia should have a Loop Electrical excision procedure or cervical conization.
  - A. True
  - B. False
- 5. In ovarian cancer propogation, new possible targets are:
  - A. Resistance to anoikis (apoptosis) induced by cell detachment
  - B. Transcoelomic Dissemination
  - C. Evasion of Immunologic Surveillance
  - D. Spheroid Formation
  - E. Ascites formation: metatstatic milieu
  - F. Peritoneal Implantation
  - G. All of the above