

Treating Chronic Hepatitis B in Practice:  
**Increasing Options  
Improving Outcomes**

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CME-certified CD-ROM

## **PROGRAM POSTTEST AND EVALUATION FORM**

The Center for Bio-Medical Communication, Inc. (CBC) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. CBC designates this educational activity for a maximum of **1.5** Category 1 credits towards the American Medical Association (AMA) Physician's Recognition Award (PRA). Each physician should claim only those hours that he/she actually spent in the educational activity.

The AMA has determined that physicians not licensed in the US who participate in this CME activity are eligible for AMA PRA category 1 credit.

To obtain CME credits you must:

- provide the requested personal information
- complete the CME posttest by circling the correct response on the answer sheet below
- answer the program evaluation questions
- sign the posttest and evaluation form
- keep a copy and mail or fax the answer sheet and evaluation form to the program sponsor

### **Attn: Hepatitis B Posttest**

***Center for Bio-Medical Communication, Inc.***

433 Hackensack Avenue, 9th Floor

Hackensack, NJ 07601

US

Phone: +201-342-5300

Fax: +201-342-7555

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## **PROGRAM POSTTEST**

The following examination comprising 10 multiple choice questions provides the opportunity to assess your knowledge and understanding of the material presented in the CD-ROM.

Tests will be graded and, in approximately 6 weeks, a CME certificate will be mailed to participants who have achieved a score of 70% or greater.

The CD-ROM and posttest expiry date is 31 December 2006.

**Posttest start – please circle the correct answer on the answer sheet**

1. Current treatment guidelines (AASLD, EASL, APASL) for patients with HBeAg-positive disease (but without overt decompensation) recommend monitoring patients for 3–6 months and subsequent treatment if spontaneous HBeAg seroconversion does not occur. (Presentation 1)
  - a. **True**
  - b. **False**
  
2. Which of the following is a good immunological marker for measuring treatment outcome in HBeAg-positive CHB? (Presentation 2)
  - a. **HBeAg loss/seroconversion**
  - b. **HBV DNA suppression**
  
3. HBeAg loss/seroconversion is a good prognostic indicator for which of the following outcomes? (Presentation 2)
  - a. **Increased survival**
  - b. **Disease remission**
  - c. **HBsAg loss/seroconversion**
  - d. **All of the above**
  
4. Clearance of HBsAg is associated with improved patient survival. (Presentation 2)
  - a. **True**
  - b. **False**
  
5. ALT normalization is relevant in both HBeAg-positive and HBeAg-negative CHB because it is associated with virologic and histologic improvement and increased event-free survival. (Presentation 2)
  - a. **True**
  - b. **False**

6. Identify which of the following statements regarding HBV DNA suppression is true. (Presentation 2)
- a. **A faster decline in HBV DNA levels may reduce the emergence of drug resistance**
  - b. **Sustained HBV DNA suppression results in improved event-free survival**
  - c. **HBV DNA is used as a surrogate marker of treatment efficacy in HBeAg-negative disease**
  - d. **All of the above**
7. In HBeAg-positive CHB, an on-therapy HBeAg-seroconversion rate of 12–21% can be achieved after 1 year with currently approved nucleos(t)ide analogs. (Presentation 3)
- a. **True**
  - b. **False**
8. In chronic HBV infection, HBeAg-negative patients have poorer rates of sustained response and a poorer prognosis compared to those with HBeAg-positive disease. (Presentation 4)
- a. **True**
  - b. **False**
9. Recent data suggest that patients with undetectable (PCR-negative) HBV DNA during lamivudine maintenance therapy can go on to develop lamivudine resistance. (Presentation 4)
- a. **True**
  - b. **False**
10. In patients with HBeAg-positive disease, conventional IFN $\alpha$  treatment provided a significant increase in survival compared to untreated controls after 11 years of follow-up. (Presentation 4)
- a. **True**
  - b. **False**

## ANSWER SHEET/EVALUATION FORM

NAME: \_\_\_\_\_ DEGREE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**Please circle the correct responses to the posttest questions**

- |            |            |
|------------|------------|
| 1. a b     | 6. a b c d |
| 2. a b     | 7. a b     |
| 3. a b c d | 8. a b     |
| 4. a b     | 9. a b     |
| 5. a b     | 10. a b    |

**PLEASE RATE PROGRAM EFFECTIVENESS: 1 = POOR 2 = FAIR 3 = AVERAGE 4 = GOOD 5 = EXCELLENT**

Assessing treatment success – which endpoints are most clinically relevant in the long term?

**Marion Peters, MD** 1 2 3 4 5

Outcomes of anti-HBV therapy – immune-based therapies vs direct antivirals

**Graham Cooksley, MD** 1 2 3 4 5

Is the natural history of CHB altered with anti-HBV therapy?

**Patrick Marcellin, MD** 1 2 3 4 5

Finite vs maintenance therapy – where do you start?

**Robert Perrillo, MD & Jenny Heathcote, MD** 1 2 3 4 5

**To what extent were the five stated objectives achieved? I gained a better understanding of:**

- |  |           |
|--|-----------|
| 1) The clinical differences between HBeAg-positive and HBeAg-negative chronic hepatitis B and the most appropriate treatment endpoints for each; including those endpoints most important for long-term clinical success | 1 2 3 4 5 |
| 2) The rationale for the use of interferon-based or nucleos(t)ide analog therapies in chronic hepatitis B, their mechanism of action and the outcomes of anti-HBV therapy  | 1 2 3 4 5 |
| 3) The relationship between the immune response and viral clearance (acute vs chronic infection), the role of the immune system in response to therapy and the effect of anti-HBV treatments on the immune response      | 1 2 3 4 5 |
| 4) Which patients might respond best in HBeAg-positive and HBeAg-negative disease  | 1 2 3 4 5 |
| 5) How to optimize patient management through finite vs maintenance therapy  | 1 2 3 4 5 |
| • Did the presentations meet your expectations?  | 1 2 3 4 5 |
| • Were the presentations free of commercial bias?  | 1 2 3 4 5 |
| • Did these presentations provide you with practical information that could improve the effectiveness of your day-to-day practice?   | 1 2 3 4 5 |

**Please comment on the strengths and weaknesses of this course, future topics, improvements, etc.**

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**I am eligible for the 1.5 CME hours claimed** **Signature**

Thank you. This information will assist us in future topic development.

Please do not add me to your mailing list.

