CVD Risk Reduction and Lipid Management: State of the Science in HDL Therapy

*The information on this form **must** be completed to receive CME credit.*
Please use a dark pen and press firmly when marking responses or filling in information,
and return completed form via email to mstanley@potomacme.org. You may also fax the completed form to
*410-309-7941 or mail to **PCME, 8335 Guilford Rd., Suite A, Columbia, MD 21046.***

Level I – Participation

Please print clearly: Name: _____ Degree: ____

Specialty: ☐ Interventional Cardiologist ☐ Cardiologist ☐ Lipidologist ☐ PCP ☐ Other:_____

Practice Name/Institution:_____ Address:_____

City: _____ State/country: ____ Zip+4:_____

Phone: _____ Fax: _____

E-mail:_____ *(Please provide a valid email address, to which your CME cerficiate can be sent)*

Please circle the appropriate response for your practice: Hospital-based / Group Practice / Managed Care / Academic / Retired

I have been in practice _____ years.

Approximately, how many patients with complex dyslipidemia do you treat/diagnose every month? _____

Level II – Satisfaction

II-A. Educational Objectives Evaluation

Please mark the box that best reflects your opinion.

1. How well did the program achieve its educational objectives?

   ☐ Poor ☐ Satisfactory ☐ Excellent

2. Was the activity format helpful in achieving the objectives?

   ☐ Yes ☐ No

II-B. Faculty Evaluation

Please mark the box that best reflects your opinion of each faculty member's knowledge and presentation skills.

	POOR	SATISFACTORY	EXCELLENT
Robert S. Rosenson, MD, FACC, FACP, FAHA, FNLA			

II-C. Overall Program Evaluation

1. The overall quality of the program content was:

   ☐ Poor ☐ Satisfactory ☐ Excellent

2. Was this educational program fair, balanced, and free of commercial bias? ☐ Yes ☐ No
   Was this educational program scientifically rigorous? ☐ Yes ☐ No
   If no to either, please describe: _____

3. Did you find the format of this activity to be useful? ☐ Yes ☐ No

4. Did you receive information on faculty disclosures (e.g. brochure, syllabus, verbal disclosure)? ☐ Yes ☐ No

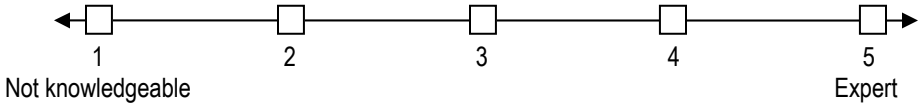
5. Was the material organized clearly for learning to occur? ☐ Yes ☐ No

6. Did the activity provide opportunity(ies) for interactivity? ☐ Yes ☐ No

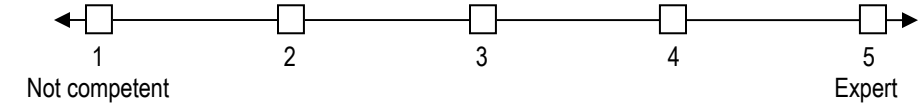
7. Would you recommend this activity to your colleagues? ☐ Yes ☐ No

Levels III and IV – Knowledge and Competence

1. As a result of participating in the educational activity, "CVD Risk Reduction and Lipid Management: State of the Science in HDL Therapy," please rate your level of knowledge on the management of complex dyslipidemia:



2. As a result of participating in the educational activity, please rate your level of competence in managing complex dyslipidemia:



3. The average plasma LDL-C level in patients hospitalized with CAD is:
   a. >160 mg/dL
   b. 141-160 mg/dL
   c. 121-140 mg/dL
   d. 100-120 mg/dL
   e. <100 mg/dL

4. The average plasma HDL-C level in patients hospitalized with CAD is:
   a. <40 mg/dL
   b. 40-50 mg/dL
   c. 51-60 mg/dL
   d. >60 mg/dL

5. In ACS patients, addition of intense statin therapy to background medication for BP control, glycemic control, and platelet inhibition reduces residual CVD risk by approximately:
   a. >90%
   b. 71%-90%
   c. 50%-70%
   d. <50%

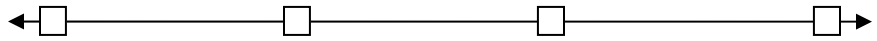
6. The AIM-HIGH trial showed that extended-release niacin:
   a. Increased serum HDL-C levels
   b. Did not reduce rates of CHD death, nonfatal MI, ACS
   c. Tended to increase stroke rate
   d. All of the above are true

7. High HDL-C exhibits potentially beneficial antiatherogenic effects that are
   a. Anti-inflammatory
   b. Antioxidant
   c. Antithrombotic
   d. Pro-endothelial
   e. All of the above

8. Which of the following CETP inhibitors is a reversible antagonist?
   a. Anacetrapib
   b. Dalcetrapib
   c. Evacetrapib
   d. Torcetrapib
   e. All are reversible antagonists

Level V – Performance

1. The content presented was timely, relevant, and will influence how I practice:



2. Did the program reinforce your current practice patterns? ☐ Yes ☐ No

3. Did the content contribute valuable information that will assist in improving patient outcomes? ☐ Yes ☐ No

4. Please identify one concept you learned from this program that you will try to incorporate into your practice?
   a. Better use of clinical practice guidelines
   b. Individualizing treatment for patients
   c. Use of evidence-based treatment/management
   d. Optimal management of treatment-related adverse events
   e. Other (please specify) _____

5. Which of the following do you perceive as being the primary barrier to implementing change in practice?
   a. Lack of knowledge regarding evidence-based strategies
   b. Misperceptions of or negative attitudes about research and evidence-based care
   c. Demanding patient workloads
   d. Fears about practicing differently than peers
   e. Other (please specify) _____

6. Which of the following do you perceive as being the primary barrier to achieving optimal patient outcomes?
   a. Cost of therapies
   b. Third party payers or lack thereof
   c. Copayment
   d. Treatment adherence
   e. Other (please specify) _____

7. Did the activity address strategies for overcoming barriers to optimal patient care? ☐ Yes ☐ No

8. Suggestions for future topics: _____

9. Additional comments: _____

_____

_____

Upon receipt of this completed evaluation form, a CME certificate will be emailed (please ensure you have provided a valid email address on page 1) within 6-8 weeks. In order to meet ACCME requirements, all activity participants will be contacted in 2 months to participate in a brief, follow-up outcomes survey. Please respond to the survey, as your participation will help shape future CME activities.