

CE Post Test

Your answers to the post-test questions should be recorded on the Post-Test Answer Key on page 24.

- 1. Neuropathic pain tends to persist long after an initiating event has healed due to:**
 - a. altered neuronal excitability and sensitization
 - b. malfunctioning disinhibition and abnormal neuron firing in response to normally innocuous stimuli
 - c. reorganized synapses that result in A β -type fibers growing into lamina II in the dorsal horn
 - d. all of the above
- 2. An important reason why neuropathic pain is the most common intractable syndrome experienced by cancer patients is due to:**
 - a. increased use of neurotoxic chemotherapeutic agents
 - b. increased risk of cancer among younger patients, who are particularly prone to such syndromes as postherpetic neuralgia
 - c. increased incidence of acute pain syndromes, which are found in a high percentage of cancer patients
 - d. a greater incidence of specific inflammatory mediators that cause hypersensitivity
- 3. Which of the following is *not* a determinant of the degree of nerve damage caused by chemotherapeutic agents?**
 - a. choice of agent
 - b. pre-existing inflammatory pain
 - c. cumulative dose
 - d. initial dose
- 4. Correct diagnosis of neuropathic pain is dependent on:**
 - a. a thorough history to pinpoint location, duration, intensity, quality, temporality of pain and precipitating/alleviating factors
 - b. a sensory evaluation utilizing neurologic tools to delineate small and large fiber damage
 - c. a standard motor assessment that includes gait observation, strength testing, and tone/reflex evaluation
 - d. all of the above
- 5. Which of the following agents is likely to be associated with significantly intensified adverse effects (eg, altered cardiac conduction, postural hypotension)?**
 - a. gabapentin
 - b. lidocaine (5%) patch
 - c. amitriptyline
 - d. morphine
- 6. A cornerstone in the managing cancer pain patients taking opioids is:**
 - a. constant monitoring to insure that agents are not being abused
 - b. initiating therapy at a low dose and following up in a few weeks to determine if a dose change is necessary
 - c. ensuring that patients are well hydrated and concomitantly administered a stool-softening agent to counteract constipation
 - d. basing agent selection on current evidence supporting the use of certain agents over others
- 7. Which of the following considerations are critical prior to administering an opioid for cancer pain?**
 - a. establish if the patient has prior experience with opioids to detect sensitivities or allergies
 - b. determine the extent to which a reliable caregiver is readily available
 - c. consider modality of agent administration, formulation, and pharmacokinetic/pharmacodynamic parameters, such as half life and drug-drug interactions
 - d. all of the above
- 8. A key limitation of using equianalgesic data as a sole strategy to rotate opioids is that:**
 - a. they are based on older studies and not designed for clinical application, especially in the context of patients using opioids on a continual basis for pain control
 - b. they are not applicable to patients who are taking multiple opioids
 - c. they do not account for varying potencies of different agents
 - d. their rigidity in terms of calculating dose equivalencies do not allow for considerations of such factors as acuity of circumstances driving the need for a new agent or the degree of existing opioid tolerance
- 9. Which of the following statements about adjuvant care in the management of neuropathic pain is true?**
 - a. Involving patients in cognitive-behavioral self-care can boost mood, improve coping mechanisms, and promote a sense of control
 - b. Functional assessment can assist in determining the degree to which pain interferes with general activities of daily living so that appropriate steps, eg, physical therapy, assistive devices, can be taken to prevent falls, enhance relaxation, and restore coordination and balance
 - c. Education about water temperature, safe cooking techniques, and lighting in the home can help patients with neuropathies with distorted special and physical sensations
 - d. all of the above
- 10. Pain treatment targeted toward specific inhibitory or excitatory receptors, enzymes, and other active sites represents the future of pain management. In the interim, creating new formulations of opioid analgesics (eg, oral transmucosal fentanyl, extended release oxymorphone) represents:**
 - a. pharmacoeconomic innovation
 - b. pharmacoclinical innovation
 - c. pharmacogenetic innovation
 - d. pharmacomechanistic innovation

CE Evaluation Form and Post-Test Answer Key

Meeting the Challenges in Cancer Pain Management

PROJECT ID: 04-2395-ES14

Release date: November 15, 2004 • Expiration date: November 15, 2006
Estimated time to complete activity: 70 minutes

ACTIVITY EVALUATION

Postgraduate Institute for Medicine (PIM) 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 to receive acknowledgement of participation for this activity.**

	5 = Strongly agree			1 = Strongly disagree	
	5	4	3	2	1
1 The program activity met the identified purpose to educate clinicians who treat oncology patients about current treatment modalities in order to optimize cancer pain management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 After completing this activity, I am better able to:					
• Review the mechanisms and causes of cancer pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Explain medical history and physician assessment findings that suggest presence of neuropathic pain and develop a plan of care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Describe the variables that must be considered in the selection of an initial opioid for cancer pain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss a rational basis for opioid rotation in patients who receive opioid analgesics for cancer pain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Discuss new treatments for cancer pain management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 The activity was timely and will influence how I practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 The information will assist me in improving patient care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 The activity fulfilled my educational needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 The information avoided commercial bias or influence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 The information presented: (check all that apply)					
<input type="checkbox"/> Reinforced my current practice/treatment habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Provided new ideas or information that I expect to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Will improve my practice/patient outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Enhanced my current knowledge base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Will the information presented cause you to make any changes in your practice? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please describe any change(s) you plan to make in your practice as a result of this conference:					

9 Do you feel future activities on this subject matter are necessary and/or important to your practice? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list any other topics that would be of interest to you for future educational activities:					

As part of our ongoing quality-improvement effort, we conduct post-activity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey.

- Yes, I would be interested in participating in a follow-up survey
 No, I'm not interested in participating in a follow-up survey

Additional comments: _____

POST-TEST ANSWER KEY

If you wish to receive acknowledgement of participation for this activity, please complete the post test by selecting the best answer to each question, complete this evaluation verification of participation, and FAX to (303) 790-4876.

1.	A	B	C	D	6.	A	B	C	D
2.	A	B	C	D	7.	A	B	C	D
3.	A	B	C	D	8.	A	B	C	D
4.	A	B	C	D	9.	A	B	C	D
5.	A	B	C	D	10.	A	B	C	D

NAME AND ADDRESS INFORMATION (PLEASE PRINT CLEARLY)

Name		Degree
Organization		Specialty
Mailing address for statement of credit		
City/state/ZIP code		E-mail address
Telephone (with area code)	Fax (with area code)	Position/title

I certify my actual time spent to complete this educational activity to be: I participated in the entire activity and claim 1.4 credits.
 I participated in only part of the activity and claim _____ credits.

Signature _____

Date Completed _____