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**The Role of Early,  
Aggressive Treatment for  
Rheumatoid Arthritis:  
A Window of Opportunity  
for Intervention  
(#EM0516A)  
*Continuing Medical Education  
Post-test***

1. Which of the following is NOT TRUE about the consequences of treatment delays in patients with RA?
  - A. There is a decreasing response to therapy with greater disease duration
  - B. Monotherapy is as effective as combination therapy if started early enough in the disease process
  - C. Delays in DMARD initiation result in substantially more downstream radiographic damage
  - D. Work disability occurs in two thirds of patients early in the disease process
  
2. Which of the following best predicts the development of RA?
  - A. Acute oligoarthritis
  - B. Acute polyarthritis
  - C. Persistence (or duration) of swollen joints
  - D. ACR criteria
  
3. Which of the following was NOT a finding of the PROMPT study?
  - A. Fewer patients with UA developed RA after aggressive methotrexate use
  - B. Aggressive methotrexate use resulted in less overall radiographic progression
  - C. The efficacy of methotrexate was particularly linked to those patients with UA who tested positive for CCP antibodies
  - D. All of the above were findings of the PROMPT study

4. Which of the following has not been advocated as an indication for early patient referral?

- A. Presence of 3 or more swollen joints
- B. Positive MCP or MTP "squeeze" test to elicit pain
- C. Morning stiffness  $\geq$  30 minutes
- D. Joint symptoms  $\geq$  3 weeks but  $<$  3 months

5. High-risk (aggressive) disease can be defined by the presence of all of the following risk factors EXCEPT:

- A. Many swollen joints
- B. Rheumatoid nodules
- C. Extra-articular manifestations
- D. Absence of CCP antibodies

6. Which of the following is NOT true about the PISA score?

- A. RF positivity and possession of the shared epitope (HLA-DR1/DR4/DR10) are among the risk factors
- B. Female sex is not one of the risk factors included in the score
- C. Patients with a higher PISA score have been shown to have a more aggressive and damaging course
- D. The absence of these risk factors correlates with milder disease expression and a greater chance of spontaneous or early-treatment-induced remission

7. Early treatment of RA should begin with which of the following?

- A. Hydroxychloroquine
- B. Sulfasalazine
- C. Methotrexate
- D. Any of these options, if used early enough, should be successful

8. Which of the following is true about early combination therapy for the management of early RA?
- A. Early aggressive DMARD therapy can result in better outcomes, independent of subsequent antirheumatic therapy
  - B. While one DMARD is good, two are better, and three may be optimal
  - C. Early use of methotrexate and an anti-TNF agent may be better than early DMARD therapy
  - D. All of the above are true
9. The results of several large, controlled trials of biologic agents in patients with early RA have demonstrated all of the following EXCEPT:
- A. Although patients with new-onset RA should routinely receive methotrexate as their primary DMARD, TNF inhibitors may be advocated in early disease when methotrexate cannot be used and/or when the patient is at high risk for severe RA
  - B. TNF inhibitors are superior to methotrexate in halting radiographic progression (especially when combined with methotrexate)
  - C. The safety of TNF inhibition in early RA requires more caution on the part of the rheumatologist
  - D. Studies have demonstrated all of the above
10. What can rheumatologists do to encourage early referral?
- A. Establish a regularly scheduled EAC
  - B. Establish a process for prescreening of early arthritis referrals
  - C. Advocate public relations programs that identify criteria for early referral
  - D. All of the above are potential means of encouraging early referrals

## EVALUATION

### The Role of Early, Aggressive Treatment for Rheumatoid Arthritis: A Window of Opportunity for Intervention (#EM0516A)

Please circle one option for each of the following questions.

1) The overall quality of this activity and its educational content was excellent.

- a) Strongly agree      b) Agree      c) Undecided      d) Disagree  
e) Strongly disagree

2) Upon completion of this activity I am better able to:

Describe the benefits of early, aggressive treatment and achievement of tight control of RA and the associated risks when treatment is delayed.

- a) Strongly agree      b) Agree      c) Undecided      d) Disagree  
e) Strongly disagree

List baseline prognostic factors that can be used to identify patients at risk for early, aggressive disease to improve the stratification and subsequent treatment of patients.

- a) Strongly agree      b) Agree      c) Undecided      d) Disagree  
e) Strongly disagree

Determine treatment strategies based on the aggressiveness of the disease to improve the course and outcome for patients with RA.

- a) Strongly agree      b) Agree      c) Undecided      d) Disagree  
e) Strongly disagree

Describe a strategy to enhance early referral to rheumatologists by other care providers to facilitate earlier treatment of RA.

- a) Strongly agree      b) Agree      c) Undecided      d) Disagree  
e) Strongly disagree

3) The information given was without promotional or commercial bias.

- a) Strongly agree      b) Agree      c) Undecided      d) Disagree  
e) Strongly disagree

4) The scientific articles provided something new that I will apply to my practice.

- a) Strongly agree      b) Agree      c) Undecided      d) Disagree  
e) Strongly disagree

5) The content met my educational needs.

- a) Strongly agree      b) Agree      c) Undecided      d) Disagree  
e) Strongly disagree

6) I would recommend this activity to others.

- a) Strongly agree      b) Agree      c) Undecided      d) Disagree  
e) Strongly disagree

Suggestions/comments regarding this material, or recommendations for future presentations:

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