

Continuing Medical Education (CME) questions

Minimal residual disease as a prognostic indicator for pediatric ALL

To obtain credit, you should first read the journal article. After reading the article, you should be able to answer the following, related, multiple-choice questions. To complete the questions and earn continuing medical education (CME) credit, please go to <http://www.medscape.com/journal/blood>. Credit cannot be obtained for tests completed on paper, although you may use the worksheet below to keep a record of your answers. You must be a registered user on Medscape.com. If you are not registered on Medscape.com, please click on the New Users: Free Registration link on the left hand side of the Web site to register. Only one answer is correct for each question. Once you successfully answer all post-test questions you will be able to view and/or print your certificate. For questions regarding the content of this activity, contact the accredited provider, CME@medscape.net. For technical assistance, contact CME@webmd.net. American Medical Association's Physician's Recognition Award (AMA PRA) credits are accepted in the US as evidence of participation in CME activities. For further information on this award, please refer to <http://www.ama-assn.org/ama/pub/category/2922.html>. The AMA has determined that physicians not licensed in the US who participate in this CME activity are eligible for *AMA PRA Category 1 Credits*TM. Through agreements that the AMA has made with agencies in some countries, AMA PRA credit is acceptable as evidence of participation in CME activities. If you are not licensed in the US and want to obtain an AMA PRA CME credit, please complete the questions online, print the certificate, and present it to your national medical association.

Conter V, Bartram CR, Valsecchi MG, Schrauder A, Panzer-Grümayer R, Möricke A, Aricò M, Zimmermann M, Mann G, De Rossi G, Stanulla M, Locatelli F, Basso G, Niggli F, Barisone E, Henze G, Ludwig WD, Haas OA, Cazzaniga G, Koehler R, Silvestri D, Bradtke J, Parasole R, Beier R, van Dongen JJ, Biondi A, Schrappe M. Molecular response to treatment redefines all prognostic factors in children and adolescents with B-cell precursor acute lymphoblastic leukemia: results in 3184 patients of the AIEOP-BFMALL 2000 study. *Blood*. 2010;115(16):3206-3214.

- Which of the following best describes the current prognosis of pediatric acute lymphoblastic leukemia (ALL) with treatment?
 - 20% relapse and 25% to 40% of this group are cured
 - 30% relapse and half of this group are cured
 - 40% relapse and 20% of this group are cured
 - 50% relapse and 10% of this group are cured
- Which of the following has been used as a method to complement morphology in assessing treatment response in pediatric ALL?
 - In vitro drug response
 - Fluorescent in situ hybridization
 - Minimal residual disease (MRD) monitoring using polymerase chain reaction (PCR)
 - Colony assays
 - All of the above
- A 6-year-old boy with ALL is in the MRD intermediate-risk group at diagnosis. Which of the following best describes his 5-year cumulative incidence of relapse events?
 - 1.5 times higher than the standard-risk group
 - 2.5 times higher than the standard-risk group
 - 3.5 times higher than the standard-risk group
 - Half the value of the high-risk group
- Which of the following has the strongest prognostic value for predicting treatment response in pediatric ALL?
 - Standard clinical factors
 - PCR-MRD assessment at day 33
 - PCR-MRD assessment at day 33 and day 78
 - All of the above have similar prognostic value

Activity Evaluation (where 1 is strongly disagree and 5 is strongly agree)

- The activity supported the learning objectives.

1	2	3	4	5
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- The material was organized clearly for learning to occur.

1	2	3	4	5
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- The content learned from this activity will impact my practice.

1	2	3	4	5
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- The activity was presented objectively and free of commercial bias.

1	2	3	4	5
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