

Continuing Medical Education (CME) Questions

Transplant vs nontransplant in PMF

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 (with a minimum 75% passing score) and earn continuing medical education (CME) credit, please go to <http://www.medscape.org/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.org. If you are not registered on Medscape.org, please click on the “Register” link on the right hand side of the website. 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/about-ama/awards/ama-physicians-recognition-award.page>. 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*[™]. Through agreements that the AMA has made with agencies in some countries, AMA PRA credit may be acceptable as evidence of participation in CME activities. If you are not licensed in the US, please complete the questions online, print the AMA PRA CME credit certificate, and present it to your national medical association for review.

Kröger N, Giorgino T, Scott BL, Ditschkowski M, Alchalby H, Cervantes F, Vannucchi A, Cazzola M, Morra E, Zabelina T, Maffioli M, Pereira A, Beelen D, Deeg HJ, Passamonti F. Impact of allogeneic stem cell transplantation on survival of patients less than 65 years of age with primary myelofibrosis. *Blood*. 2015;125(21):3347-3350.

1. Your patient is a 56-year-old man with primary myelofibrosis (PMF). According to the ad hoc statistical analysis by Kröger and colleagues, which of the following statements about the net benefit of allogeneic hematopoietic stem cell transplantation (SCT) vs conventional nontransplant therapies for PMF among patients with low Dynamic International Prognostic Scoring System (DIPSS) risk status is correct?

- The relative risk (RR) of dying after receiving allogeneic SCT vs nontransplant treatments was 2.5
- Survival time in patients receiving allogeneic SCT was longer than in patients receiving nontransplant treatments
- DIPSS risk is based on the instantaneous values of hemoglobin, white blood cell count, circulating blasts, constitutional symptoms, and patient age during follow-up
- The benefits of allogeneic SCT outweigh the risks in patients with low DIPSS risk

2. According to the ad hoc statistical analysis by Kröger and colleagues, which of the following statements about the net benefit of allogeneic SCT vs conventional nontransplant therapies for PMF among patients with intermediate-1 DIPSS risk status is correct?

- The RR of dying after receiving allogeneic SCT vs nontransplant modalities was 1.6
- The RR of dying after receiving allogeneic SCT vs nontransplant modalities was statistically significantly increased
- Patients at intermediate-1 risk should be treated with allogeneic SCT
- The survival curve for intermediate-1 risk patients receiving transplant crossed the survival curve for the nontransplant cohort between 5 and 10 years

3. According to the ad hoc statistical analysis by Kröger and colleagues, which of the following statements about the net benefit of allogeneic SCT vs conventional nontransplant therapies for PMF among patients with intermediate-2 or high DIPSS risk status is correct?

- Patients at intermediate-2 risk should not be treated with allogeneic SCT
- The RR of dying after receiving allogeneic SCT vs nontransplant treatments was 0.37 for high-risk patients
- Survival differences between allogeneic SCT and nontransplant therapies did not become apparent until 10 years after diagnosis
- The findings and conclusions apply to patients with secondary myelofibrosis

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

1. The activity supported the learning objectives.

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

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

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

1	2	3	4	5
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