

CONTINUING MEDICAL EDUCATION TEST
CONNECT Network Live Roundtable Webinar-Part 2
Evolving Trends in the Dosing of Anti-VEGF Therapy for Exudative AMD
August 27, 2009

Please circle the correct answer for each of the following questions:

1. In a monthly on-label regimen, what is the appropriate action for a patient who was treated with ranibizumab 4 weeks ago, who has no neovascular activity on exam, OCT or FA today?
 - a. Treat with ranibizumab today and return in 1 month
 - b. Treat with ranibizumab today and return in 6 weeks
 - c. Not treat today, and return in 1 month for DFE / OCT
 - d. Not treat today, and return in 6 weeks for DFE / OCT

2. Which of the following is correct regarding a true PrONTO style management of neovascular AMD?
 - a. Patients return every 6 weeks for DFE and OCT with careful scrutiny of all 6 radial line Stratus slow scans for any evidence of intra or sub-retinal fluid that would trigger a retreatment.
 - b. Patients return monthly for DFE and OCT with careful scrutiny of all 6 radial line Stratus slow scans for any evidence of intra or sub-retinal fluid that would trigger a retreatment.
 - c. Patients return monthly for DFE and OCT with careful scrutiny of the Fast macular map scans for any evidence of intra or sub-retinal fluid that would trigger a retreatment.

3. In a PrONTO / OCT guided regimen, what is the appropriate action for a patient who was treated with ranibizumab 4 weeks ago who has no neovascular activity on exam, OCT or FA today?
 - a. Treat with ranibizumab today and return in 1 month for DFE / OCT
 - b. Treat with ranibizumab today and return in 6 weeks for DFE / OCT
 - c. Not treat today, and return in 1 month for DFE / OCT
 - d. Not treat today, and return in 6 weeks for DFE / OCT



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4. In a Treat and Extend regimen, what is the appropriate action for a patient who was treated with ranibizumab 4 weeks ago who has no neovascular activity on exam, OCT or FA today?
 - a. Treat with a VEGF inhibitor today and return in 1 month for DFE / OCT
 - b. Treat with a VEGF inhibitor today and return in 6 weeks for DFE / OCT
 - c. Not treat today, and return in 1 month for DFE / OCT
 - d. Not treat today, and return in 6 weeks for DFE / OCT

5. In a Treat and Extend regimen, what is the appropriate action for a patient who was treated with a VEGF inhibitor 8 weeks ago who does have neovascular activity on exam, OCT or FA today?
 - a. Treat with VEGF inhibitor today and return in 1 month for DFE / OCT
 - b. Treat with VEGF inhibitor today and return in 6 weeks for DFE / OCT
 - c. Not treat today, and return in 1 month for DFE / OCT
 - d. Not treat today, and return in 6 weeks for DFE / OCT

6. When making retreatment decisions based on OCT:
 - a. It is appropriate use just fast macular scans with minimal resolution
 - b. The treating physician should evaluate the highest-resolution scans personally (radial line slow scans or macular block) to look for CNV activity
 - c. It is appropriate to have the decision to retreat made by the technician
 - d. Macular map analyses are sufficient to make a retreatment decision

7. When considering treatment intervals for bevacizumab and ranibizumab:
 - a. There is clear evidence that bevacizumab lasts longer than ranibizumab
 - b. There is clear evidence that ranibizumab works better than bevacizumab
 - c. The drugs are equivalent
 - d. There are no data to support any of the above assertions

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8. The PIER Study found that three monthly injections of ranibizumab, followed by strict quarterly injections, not guided by activity on OCT:
- a. Had visual acuity results as good as MARINA and ANCHOR
 - b. Had an initial improvement in visual acuity followed by a return to near baseline vision at one year
 - c. Had visual acuity results better than MARINA and ANCHOR
9. Which is least likely to indicate the presence of an RPE tear?
- a. Presence of an RPE detachment
 - b. Subretinal hemorrhage
 - c. Confluent drusen
 - d. Corrugation of the RPE layer in an RPED on OCT cross sectional scanning
10. In the first 10 days following an intravitreal injections, which of the following is least important for immediate physician evaluation?
- a. Endophthalmitis
 - b. Lens damage during injection procedure
 - c. Sub-conjunctival hemorrhage
 - d. Retinal tear or detachment
11. After intravitreal injections, it is appropriate to:
- a. Discourage the patients from calling the office
 - b. Train telephone staff to 'block' patient calls from the MD because they are too busy
 - c. Provide a written sheet detailing signs and symptoms of infection or other injection-related complications, and requesting an immediate call to the office should one of them occur
 - d. Have a staff member call patients after injections to make sure they are OK and to answer questions
 - e. Both c and d

NAME:

STREET ADDRESS:

CITY, STATE, ZIP:
