

# CME answer sheet and evaluation form

This educational activity provides 1.5 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. To receive CME credit, study the information presented in this supplement before answering each post-test question (see page 17) on the answer sheet below and complete the evaluation form. Post tests without a complete name and mailing address cannot be processed for CME credit.

**Mail** the completed answer sheet and evaluation form (a photocopy is acceptable) by December 6, 2008, to:

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Bridgewater, NJ 08807

Please allow 6 to 8 weeks for processing.

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Responses for AMA PRA credit must be submitted by **December 6, 2008**.

Release date of activity: December 7, 2007

Expiration date of activity for *AMA PRA Category 1 Credit(s)*<sup>™</sup>: December 6, 2008

Estimated time to complete this activity: 1.5 hours

## PLEASE PRINT

Name (first, last) \_\_\_\_\_ Degree \_\_\_\_\_

Affiliation \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Telephone (with area code) \_\_\_\_\_ Fax (with area code) \_\_\_\_\_

**I verify that I have spent \_\_\_\_\_ hour(s)/\_\_\_\_\_ minutes of actual time working on this CME activity. No more than 1.5 CME credit(s) will be issued for this activity.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

*All information is confidential.*

## CME Post-Test Answer Sheet

Circle the single, most appropriate answer for each question on page 17

1.	a	b	c	d	5.	a	b	c	d	9.	a	b	c	d
2.	a	b	c	d	6.	a	b	c	d	10.	a	b	c	d
3.	a	b	c	d	7.	a	b	c	d	11.	a	b	c	d
4.	a	b	c	d	8.	a	b	c	d	12.	a	b	c	d

**Please turn this form over and complete the evaluation on the reverse side.**

**Course Evaluation**

Please evaluate the effectiveness of this educational activity by circling your choice on a scale of 1 to 5, with 1 being the lowest and 5 the highest.

Discuss prognostic factors in CLL.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Explore regimens and new agents used in first-line treatment or treatment of relapsing/refractory CLL.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Recognize factors involved in patient and treatment selection for first-line treatment of FL.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Determine options for first-line and subsequent treatments of FL/indolent NHL.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Identify novel agents in treatment of FL/indolent NHL.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
How do you rate the overall quality of the activity?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
How do you rate the educational content of the activity?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

After participation in this activity, have you decided to change one or more aspects in the treatment of your patients?  **Yes**  **No**

If yes, what change(s) will you make? \_\_\_\_\_

If no, why not? \_\_\_\_\_

Was the presented information fair, objective, balanced, and free of bias in the discussion of any commercial product or service?  **Yes**  **No**

If no, please comment: \_\_\_\_\_

Suggested topics for future activities: \_\_\_\_\_

Suggested authors for future activities: \_\_\_\_\_

Would you be willing to participate in postactivity follow-up surveys?  **Yes**  **No**

Would you be willing to participate in a phone, e-mail, or in-person discussion exploring ways to improve our CME activities?  **Yes**  **No**

The EOCME thanks you for your participation in this CME activity. All information provided improves the scope and purpose of our programs and your patients' care.