



casebasedhepatitis bmanagement

Management of Hepatitis B: A Case-based Approach

In order to receive credit for this activity, please complete the post-test by recording the best answer to each question in the answer key. A statement of credit will be issued only upon receipt of a completed activity evaluation form and a completed post-test with a score of 70% or better. Your statement of credit will be mailed to you within three weeks.

Hepatitis B Post-Test

- In the US, hepatitis B is usually a self-limited disease acquired in adulthood. In Asia, it is more often a chronic disease acquired at birth, with a high rate of progression to cirrhosis and hepatocellular carcinoma.**
 - True
 - False
- HBeAg-negative chronic hepatitis B infection:**
 - Results from a mutation in the S gene of the hepatitis B virus
 - Is associated with high levels of HBV replication and infectivity, despite the absence of HBeAg
 - Is associated with higher HBV DNA levels than HBeAg-positive disease
 - Is rarely severe or progressive
- In patients with actively replicating chronic hepatitis B and mild liver disease, which threshold ALT level is usually considered an indication for treatment?**
 - ALT >5 times the upper limit of normal
 - ALT >3 times the upper limit of normal
 - ALT >2 times the upper limit of normal
 - Active viral replication requires treatment regardless of ALT level
- Which of the following is NOT true of interferon therapy?**
 - It is associated with early disappearance of HBsAg in $\geq 5\%$ of patients
 - It has significant side effects
 - It is commonly associated with emergence of interferon-resistant mutants
 - It is contraindicated in patients with decompensated cirrhosis
- High virologic response rates to interferon are predicted by:**
 - High baseline ALT levels
 - High baseline HBV DNA levels
 - Both of the above
 - None of the above
- Combined use of interferon plus lamivudine has consistently been associated with greater and more sustained viral suppression than either agent alone.**
 - True
 - False



7. Which of the following is true?

- A. HBeAg seroconversion occurs in >90% of lamivudine-treated patients within a year
- B. HBeAg seroconversion is rarely maintained after lamivudine is discontinued
- C. Lamivudine is ineffective in HBeAg-negative disease
- D. Lamivudine resistance due to the emergence of YMDD variants is the major limitation of prolonged therapy

8. Which of the following is true?

- A. Adefovir induces HBeAg seroconversion more effectively than lamivudine
- B. Adefovir resistance occurs later and at a lower rate than lamivudine resistance
- C. Adefovir is active against lamivudine-resistant variants, but lamivudine is not active against adefovir-resistant variants
- D. Once lamivudine resistance develops, switching to adefovir is unlikely to be beneficial

9. Which investigative antiviral agent is active against lamivudine-resistant variants?

- A. Emtricitabine
- B. Clevudine
- C. Telbivudine
- D. Entecavir

10. Which investigative antiviral agent has the longest half-life?

- A. Telbivudine
- B. Entecavir
- C. Clevudine
- D. Emtricitabine



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Evaluation Form

Project ID: 1719EP15/2

Postgraduate Institute for Medicine respects and appreciates your opinions. To assist us in evaluating the effectiveness of this activity and to make recommendations for future educational offerings, please take a few minutes to complete this evaluation form. You must complete this evaluation form and the posttest to receive credit for this activity. Please fax completed forms to 303 278-1985.

Please answer the following questions by circling the appropriate rating:

- 5 = Outstanding
- 4 = Good
- 3 = Satisfactory
- 2 = Fair
- 1 = Poor

Extent to Which Program Activities Met the Identified Objectives

After completing of this activity, participants should be better able to:

- | | | | | | |
|--|---|---|---|---|---|
| + Discuss how hepatitis B is acquired and distributed within populations. | 1 | 2 | 3 | 4 | 5 |
| + Describe the clinical features and natural history of hepatitis B virus infection, as well as the correlation between epidemiologic and clinical features. | 1 | 2 | 3 | 4 | 5 |
| + Explain the basic virologic and serologic hallmarks of hepatitis B virus infection. | 1 | 2 | 3 | 4 | 5 |
| + Discuss the efficacy and limitations of currently approved treatments. | 1 | 2 | 3 | 4 | 5 |
| + Summarize the new treatments currently evaluated in clinical trials. | 1 | 2 | 3 | 4 | 5 |

Overall Effectiveness of the Activity

- | | | | | | |
|--|---|---|---|---|---|
| + Was timely and will influence how I practice | 1 | 2 | 3 | 4 | 5 |
| + Will assist me in improving patient care | 1 | 2 | 3 | 4 | 5 |
| + Fulfilled my educational needs | 1 | 2 | 3 | 4 | 5 |
| + Avoided commercial bias or influence | 1 | 2 | 3 | 4 | 5 |

Impact of the Activity

The information presented (check all that apply)

- Reinforced my current practice/treatment habits
- Will improve my practice/patient outcomes
- Provided new ideas or information I expect to use
- Enhanced my current knowledge base



Will the information presented cause you to make any changes in your practice?

Yes No

If yes, please describe any change(s) you plan to make in your practice as a result of this conference:

How committed are you to making these changes? Very committed Not at all committed
5 4 3 2 1

Future Activities

Do you feel future activities on this subject matter are necessary and/or important to your practice?

Yes No

Please list any other topics that would be of interest to you for future educational activities:

Followup

As part of our ongoing quality-improvement effort, we conduct post-activity follow-up surveys to assess the impact of our educational interventions on professional practice. Please indicate your willingness to participate in such a survey:

- Yes, I would be interested in participating in a follow-up survey.
 No, I'm not interested in participating in a follow-up survey.

Additional comments about this activity:



Request for Credit

Your Answer Key

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

Name _____ Degree _____

Organization _____ Specialty _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ Fax _____ E-Mail _____

I certify my actual time spent to complete this educational activity to be: _____

- I participated in the entire activity and claim 4 hours category 1 credits toward the AMA Physician's Recognition Award.
- I participated in only part of the activity and claim _____ credits.

Signature _____ Date _____