

THE *prn* NOTEBOOK®

Physicians' Research Network Continuing Medical Education

CME POSTTEST

HIV-1 Integrase Inhibitors

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Accreditation: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Medical Society of the State of New York through the joint sponsorship of the New York County Medical Society and the Physicians' Research Network, Inc. The New York County Medical Society is accredited by the Medical Society of the State of New York to provide continuing medical education for physicians.

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Financial Disclosure

Author: Dr. Teresa Evering discloses that she has had no personal financial relationship in the last 12 months with any commercial interest funding this course or any manufacturer of the products or services discussed in this course.

Author: Dr. Martin Markowitz discloses that in the past 12 months he has been a consultant to Boehringer Ingelheim, Gilead Sciences, GlaxoSmithKline, Merck, Pfizer, and Tibotec; an investigator for Gilead Sciences, GlaxoSmithKline, Merck, and Tibotec; a grant recipient from Merck and Pfizer, and a speaker for Merck and Gilead Sciences.

Course Director: Dr. James Braun discloses that he has had no personal financial relationship in the last 12 months with any commercial interest funding this course or any manufacturer of the products or services discussed in this course.

This is a CME pilot program sponsored by the Physicians' Research Network and the New York County Medical Society.

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CME Instructions

To receive documentation of your participation in this CME activity for a total of 1.5 hour(s) of CME credit, please complete the following steps:

1. Read the article carefully, and
2. Complete the following sections (please print clearly):
 - I. CME Q&A,
 - II. Post-test Evaluation Survey,
 - III. Credits claimed with your signature, and
 - IV. Full contact information.
3. Mail the completed CME Q&A, Posttest Evaluation Survey, Credits claimed with Signature, and full contact information to:

Physicians' Research Network, Inc.
39 West 19th Street, Sixth Floor
New York, NY 10011
4. This posttest and the evaluation survey must be received by May 31, 2009 for you to be eligible to receive CME credit from the New York County Medical Society.

Section I: CME Q&A Please circle only ONE answer for each of five questions below.

1. The use of an integrase inhibitor is best indicated in the following clinical situation:
 - a. a treatment-naïve woman who is considering pregnancy.
 - b. a newly HIV-infected individual who wants to be treated immediately with the best drug combination available.
 - c. a patient who has failed therapy with efavirenz due to depression and Kaletra due to diarrhea.
 - d. a patient who has been treated with multiple treatment regimens since 1995 and has detectable viremia despite excellent adherence.

2. When using an integrase inhibitor it is best to:
 - a. add the drug to a failing regimen because it is very potent.
 - b. do a resistance test to see if the drug will work.
 - c. combine the drug with at least one and even two active antiretroviral agents based on patient history and current resistance testing.
 - d. stop all medications for 8 weeks, do a resistance test, then combine with other active agents.

3. Based on data generated from early clinical trials:
 - a. raltegravir and elvitegravir may be combined in treatment regimens for an optimal effect.
 - b. resistance to both drugs appears not to be an issue.
 - c. resistance emerges to both agents in clinical trials and cross resistance is likely to be an issue.
 - d. resistance emerges to both agents in clinical trials but the patterns are mutually exclusive.

4. Raltegravir drug exposure is:
 - a. increased by rifampin.
 - b. increased by atazanavir.
 - c. decreased by atazanavir.
 - d. unaffected by all FDA approved antiretroviral agents.

5. Elvitegravir is metabolized by CYP3A4. This is important because:
 - a. there are potential drug interactions with ritonavir boosted protease inhibitors.
 - b. once daily dosing is possible when coadministering with ritonavir.
 - c. there are potential interactions with NNRTIs.
 - d. all of the above.

SECTION II: Posttest evaluation survey for HIV-1 Integrase Inhibitors

Please answer the following questions by circling the appropriate rating:

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

Extent to which this program met the following objectives:

- | | | | | | |
|---|---|---|---|---|---|
| 1. Better understand the HIV life cycle and the target for inhibition of integrase. | 5 | 4 | 3 | 2 | 1 |
| 2. Describe the clinical activity of the clinically relevant Integrase Inhibitors. | 5 | 4 | 3 | 2 | 1 |
| 3. Understand the safety profile of clinically relevant Integrase Inhibitors. | 5 | 4 | 3 | 2 | 1 |
| 4. Be aware of pathways to resistance to Integrase Inhibitors. | 5 | 4 | 3 | 2 | 1 |

The objectives of this course:

- | | | | | | |
|--|---|---|---|---|---|
| 1. related to my practice needs. | 5 | 4 | 3 | 2 | 1 |
| 2. will influence how I practice. | 5 | 4 | 3 | 2 | 1 |
| 3. will help me improve patient care. | 5 | 4 | 3 | 2 | 1 |
| 4. stimulated my intellectual curiosity. | 5 | 4 | 3 | 2 | 1 |
| 5. met my expectations, overall. | 5 | 4 | 3 | 2 | 1 |

Will the information presented cause you to make any changes in your practice? No Yes

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

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

Additional comments about this activity?

Do you feel future activities on this subject matter are necessary and/or important to your practice? No Yes

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

Did you find any commercial bias in this CME course?

No Yes (If yes, please be specific):

Section III: Credits Claimed and Signature

I certify my actual time spent to complete this educational activity to be _____ hour(s) (not to exceed 1.5 hours).

Signature

Section IV: Required Contact Information

E-mail

Last Name

First Name

Degree

MD DO NP PA PharmD Other _____

Specialty

Street Address

City

State

Zip

Phone Number

Fax Number

If you wish to receive credit for this activity, please complete Sections I–IV on pages 2 and 3 and mail to:
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THANK YOU FOR YOUR PARTICIPATION.