

## CME POSTTEST

# Anogenital Human Papillomavirus Coinfection and Associated Neoplasia in HIV-positive Men and Women

### AUTHORS

**Jason Bratcher, MD**

Advanced Endoscopy Fellow  
Beth Israel Medical Center | New York, New York

**Joel Palefsky, MD**

Professor of Medicine  
Associate Dean of Clinical and Translational Research  
University of California at San Francisco

### COURSE DIRECTOR

**James F Braun, DO**

Editor-in-Chief, *The PRN Notebook*  
Physicians' Research Network, Inc.  
New York, New York

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**Author:** Dr. Jason Bratcher discloses that he has had no personal financial relationship in the last 12 months with any commercial interest

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**Author:** Dr. Joel Palefsky discloses that in the past 12 months he has received research grant support from Merck & Co. and has served on an Advisory Board for GlaxoSmithKline.

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

**Release Date: September 1, 2008**

## 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 19<sup>th</sup> Street, Sixth Floor  
New York, NY 10011
4. This posttest and the evaluation survey must be received by August 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 HPV vaccine approved by the Food and Drug Administration:
  - a. contains virus-like particles of four different oncogenic HPV types.
  - b. is designed to treat cervical intraepithelial neoplasia (CIN) or anal intraepithelial, neoplasia (AIN) caused by one of the HPV types in the vaccine.
  - c. should be administered to all sexually active men and women.
  - d. none of the above.
  
2. The HPV vaccine approved by the Food and Drug Administration:
  - a. covers all cancer-causing HPV types.
  - b. prevents nearly all high-grade CIN 2-3 associated with vaccine types among unexposed women in clinical studies.
  - c. has been shown to prevent penile HPV and anal HPV infection.
  - d. has been shown to be an effective treatment of existing CIN 2-3.
  - e. all of the above.
  
3. Which of the following is true:
  - a. diagnosis of AIN is optimal after application of acetic acid and with magnification.
  - b. anal cancer is always visible on high resolution anoscopy.
  - c. the usual time from initial HPV infection to development of anal cancer is 5 years or less.
  - d. about 30% of HIV-positive men who have sex with men acquire anal HPV infection at some time.
  
4. Your patient is diagnosed with anal cancer. Which is the HPV type most likely to be associated with the tumor:
  - a. HPV-1
  - b. HPV-6
  - c. HPV-11
  - d. HPV-16
  - e. HPV-18
  
5. Which of the following groups are at increased risk of anal cancer compared with the general population:
  - a. HIV-negative men who have sex with men
  - b. HIV-positive men who have sex with men
  - c. HIV-positive women
  - d. men and women with history of solid organ transplant
  - e. all of the above
  
6. Transmission of HPV infection:
  - a. occurs primarily by skin to skin contact.
  - b. is completely prevented by condoms.
  - c. nearly always leads to clinically detectable HPV-associated anogenital lesions.
  - d. may occur through blood transfusion.
  - e. usually leads to cancer.
  
7. Which of the following is true:
  - a. the prevalence of anal HPV is highest among men who have sex with men under the age of 24 and then declines dramatically with increasing age.
  - b. anal HPV testing is FDA-approved for screening to identify individuals at risk for anal cancer.
  - c. highly active antiretroviral therapy dramatically reduces the risk of developing anal cancer among HIV-positive men and women.
  - d. most AIN lesions are associated with pain or bleeding.
  - e. AIN-1 (mild dysplasia) is not considered to be a precancerous lesion.
  
8. Anal HPV infection in women:
  - a. is as common or more common than cervical HPV infection among HIV-positive women.
  - b. spans the same spectrum of types as found in the cervix.
  - c. can lead to AIN and anal cancer.
  - d. all of the above.
  
9. Treatments for AIN include all but the following:
  - a. infra-red coagulation
  - b. chemoradiation therapy
  - c. trichloroacetic acid
  - d. surgical excision
  
10. Anal cytology:
  - a. is a better screening test for anal cancer than digital rectal examination.
  - b. is a better measure of true disease severity than histopathology.
  - c. should be routinely performed on all sexually active individuals.
  - d. when low-grade, excludes the presence of a high-grade anal lesion.
  - e. none of the above.

## SECTION II: Posttest evaluation survey for Anogenital Human Papillomavirus Coinfection and Associated Neoplasia in HIV-positive Men and Women

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. Be aware of the prevalence and incidence of anogenital HPV infection and neoplasia in HIV-infected men and women.                          | 5 | 4 | 3 | 2 | 1 |
| 2. Understand the role of antiretroviral therapy and long-term survivorship in the natural history of anogenital HPV infection and neoplasia. | 5 | 4 | 3 | 2 | 1 |
| 3. Understand current approaches to screening and treatment of anogenital HPV infection and neoplasia in HIV-infected men and women.          | 5 | 4 | 3 | 2 | 1 |
| 4. Be acquainted with issues of vaccination against HPV in the HIV-infected host.   | 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.

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How committed are you to making these changes?

(Very committed) 5    4    3    2    1 (Not at all committed)

Additional comments about this activity?

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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:

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Did you find any commercial bias in this CME course?

No  Yes (If yes, please be specific):

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### 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

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First Name \_\_\_\_\_

Degree \_\_\_\_\_

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**THANK YOU FOR YOUR PARTICIPATION.**