

Raloxifene Versus Standard Hormone Replacement

AMA/CME Test 222

(Test valid through May 31, 2003)

CONTINUING MEDICAL EDUCATION

Goal

To promote the integration of selective estrogen receptor modulators (SERMs) into the standard armamentarium of options offered by physicians treating perimenopausal and postmenopausal women.

Objectives

1. To compare SERMs—especially raloxifene—with standard estrogen replacement therapy (ERT) and estrogen-progestin hormone replacement therapy (HRT) for the treatment of short- and long-term menopausal symptoms and sequelae.
2. To describe the benefits of SERMs with regard to protecting bone, cardiovascular, breast, and endometrial health and their disadvantages in terms of failure to alleviate symptoms such as hot flashes and vaginal dryness.
3. To provide advice on counseling patients about ERT/HRT versus SERMs, especially women who have reservations or contraindications regarding estrogen use.

Accreditation

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of Albert Einstein College of Medicine and Quadrant HealthCom Inc. Albert Einstein College of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

This activity has been peer reviewed and approved by Brian Cohen, MD, professor of clinical OB/GYN, Albert Einstein College of Medicine. Review date: April 2002. It is designed for Primary Care Physicians.

The Albert Einstein College of Medicine designates this educational activity for a maximum of 1 hour in category 1 credit toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit that he/she spent in the educational activity. Participants who answer 70% or more of the questions correctly will obtain credit.

To earn credit, see the instructions on page 49 and mail your answers according to the instructions on page 50.

DISCLOSURE

The Faculty Disclosure Policy of the College of Medicine requires that faculty participating in a CME activity disclose to the audience any relationship with a pharmaceutical or equipment company that might pose a potential, apparent, or real conflict of interest with regard to their contribution to the activity. This disclosure also applies to any discussion of unlabeled or investigational use of any commercial product or device not yet approved in the United States. Dr Phillips reports that she serves on the speaker's bureau for Eli Lilly & Co., Wyeth, and Ortho McNeil. Dr Brian Cohen reports no conflict of interest.

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This activity has been planned and produced in accordance with ACCME Essentials.

The estimated time to complete this activity is 1 hour.

Instructions: Read the article beginning on page 32 and select the best answer for each of the following questions.

Test form and mailing instructions are on the next page.

1. Of the 20% of all postmenopausal American women who are using estrogen replacement therapy (ERT) or estrogen-progestin hormone replacement therapy (HRT), what proportion are still complying with treatment after 1 year?
 - a. more than 90%
 - b. about 75%
 - c. only 10%
 - d. fewer than 50%
2. While raloxifene increases bone mineral density (BMD) in the spine, hip, and total skeleton, the estrogens and bisphosphonates strengthen BMD primarily at:
 - a. the hip.
 - b. the lumbar spine.
 - c. the hip and wrist.
 - d. the ankle and hip.
3. For women who already have osteoporosis, raloxifene:
 - a. can decrease the risk of fractures.
 - b. may increase the risk of microfractures in the vertebrae.
 - c. has not been studied in large trials.
 - d. has no effect on fracture risk.
4. Unlike estrogens, the effects of raloxifene on the lipid profile include:
 - a. raising triglyceride and high-density lipoprotein (HDL) levels.
 - b. lowering triglyceride and low-density lipoprotein (LDL) levels.
 - c. no impact on triglyceride or HDL levels.
 - d. raising HDL and lowering LDL levels.
5. While ERT/HRT appears to have little benefit for women with established heart disease, preliminary findings in this subgroup indicate that raloxifene may:
 - a. increase the risk of nonfatal myocardial infarction.
 - b. reduce the risk of myocardial infarction and stroke.
 - c. decrease the incidence of transient ischemic attacks.
 - d. delay the need for coronary bypass surgery.
6. Raloxifene has been shown to decrease the risk of postmenopausal breast cancer, especially:
 - a. ductal carcinoma-in-situ.
 - b. lymph node-positive tumors.
 - c. metastatic breast cancer.
 - d. estrogen receptor-positive malignancies.
7. Which statement characterizes the endometrial effects of raloxifene?
 - a. It has not been shown to cause endometrial hyperplasia.
 - b. It has been associated with endometrial hyperplasia in the absence of concomitant progestin use.
 - c. It may be linked to a slight increase in the risk of endometrial carcinoma.
 - d. It should not be prescribed for women with an intact uterus.
8. What effect does raloxifene have on hot flashes?
 - a. It reduces the incidence of hot flashes in about 33% of users.
 - b. It suppresses hot flashes almost as well as ERT/HRT.
 - c. It causes a slight rise in the incidence of hot flashes compared with placebo during the first 6 months of therapy.
 - d. It substantially raises the frequency of hot flashes, leading to a high rate of discontinuation.
9. Which statement is true of both raloxifene and ERT/HRT?
 - a. Both treatments can impair circulation in the feet.
 - b. Both treatments promote a predisposition to stroke.
 - c. Both treatments confer a higher risk of deep-vein thrombosis and pulmonary embolism.
 - d. Both treatments can cause significant increases in clotting time.
10. Raloxifene may be a good option for women who refuse or cannot tolerate ERT/HRT and who:
 - a. are at increased risk for breast cancer and type 2 diabetes.
 - b. are at average risk for cardiovascular disease and increased risk for breast cancer.
 - c. have severe hot flashes and diminished sexual desire.
 - d. have a history of heavy cigarette smoking or alcohol abuse.

The FEMALE PATIENT® / Test 222

Raloxifene Versus Standard Hormone Replacement Owen P. Phillips, MD

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Record your answers here by circling the appropriate letter:

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

Name

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I have read this article and completed this activity in _____ hours.

Signature

Date

For you to obtain credit, 70% or more of your answers must be correct. To cover costs of processing, please enclose a check for \$10, which is tax-deductible, payable to the Division of Continuing Medical Education (TFP), and mail with this answer sheet to:

TFP-CME BOX #2
QUADRANT HEALTHCOM INC.
26 Main St., Chatham, NJ 07928-2402

Participants will receive certification for their records in approximately 10 to 12 weeks.

Course Evaluation

Albert Einstein College of Medicine would like to have your opinion. Your evaluation will help us to plan future CME tests for *The Female Patient*®. We urge you to complete this questionnaire and mail it back to us with your completed test. Thank you for your cooperation.

1. How do you rate the information in this article?
 Superior Satisfactory Unsatisfactory
2. Will the materials presented influence the way you treat your patients?
 Yes No
3. Did this activity meet its objectives?
 Yes No
4. What recommendations do you have to improve this activity?

5. Were any portions of this activity unsatisfactory or inappropriate? If so, which ones?

6. Do you find the information presented in this activity to be fair, objective, and balanced?
 Yes No

7. What subjects would you include in future activities?

8. In your opinion, were the authors biased in their discussion of any commercial product or service?
 Yes No

Comments

