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CONTINUING MEDICAL EDUCATION (CME)/MOC ACTIVITIES

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Instructions:

Category 1 credit can be earned by reading the relevant article and taking these CME examinations online at <http://www.gastrojournal.org/content/cme>. Answers to the questions are provided after taking the exams.

CME Exam 1: Corticosteroids, But Not TNF Antagonists, Are Associated with Adverse COVID-19 Outcomes in Patients With Inflammatory Bowel Diseases: Results from an International Registry

Test ID No.: gastro00399

Contact hours: 1.0

Expiration Date: August 31, 2021

Question 1:

Your 40-year-old female patient with Crohn's disease develops 3–4 loose, bloody stools per day during the COVID-19 pandemic. Colonoscopy reveals scattered linear ulcers along with erythema and friability throughout the colon and terminal ileum. You diagnose a Crohn's disease exacerbation and are considering starting steroids for induction of remission. Which of the following statements *most accurately* describes evidence-based treatment considerations?

- Steroids should be used to achieve remission in this setting, as they are associated with improved COVID-19 outcomes among patients with IBD.
- Steroid-sparing treatments should be used when possible, because steroids are associated with severe COVID-19 outcomes among patients with IBD.
- There are no data to support or refute the use of steroids in patients with IBD during the COVID-19 pandemic.
- Steroids do not have a statistically significant association with COVID-19 outcomes in patients with inflammatory bowel disease.

Question 2:

Your 80-year-old patient with ulcerative colitis, diabetes, and cardiovascular disease asks you about their risk of requiring a ventilator or intensive care if they develop SARS-COV-2 infection. Which of the following is the *most accurate* statement regarding risk patterns?

- a. The risks of severe COVID-19 disease in patients with IBD are similar to those in the general population, with older individuals and individuals with multiple comorbidities at greater risk for severe disease.
- b. Advanced age, but not number of comorbidities, is associated with severe COVID-19 among individuals with IBD.
- c. An increased number of comorbidities, but not advancing age, is associated with severe COVID-19 among individuals with IBD.
- d. An increased number of comorbidities is a risk factor for severe COVID-19 among individuals with ulcerative colitis, but not for individuals with Crohn's disease.

Question 3:

A 34-year-old woman with Crohn's ileitis is being seen in your outpatient clinic for routine follow-up care. She is doing well on adalimumab monotherapy and has completed a colonoscopy within the past 6 months showing endoscopic healing. She is concerned about the COVID-19 pandemic and is asking if she should stop her adalimumab owing to concerns about COVID-19. Based on the first article from the SECURE-IBD registry, which of the following statements is *true* regarding the association of tumor necrosis factor (TNF) antagonists with COVID-19?

- a. TNF antagonists increase the risk of contracting COVID-19.
- b. TNF antagonists have no impact on the risk of contracting COVID-19.
- c. TNF antagonists increase the risk of having severe COVID-19.
- d. TNF antagonists have no impact on the risk of having severe COVID-19.

Question 4:

A 46-year-old man with a history of ulcerative colitis undergoes routine surveillance colonoscopy. His ulcerative colitis has been well-controlled for 9 years on a TNF antagonist. In the preprocedure area he asks you about COVID-19 and notes that he has read that patients with certain medical conditions may be at increased risk of dying if they get COVID-19. He is concerned that ulcerative colitis is one of these conditions. Which of the following statements is correct regarding COVID-19 and risk of death in IBD patients?

- a. The age-standardized mortality ratio (SMR) for IBD patients infected with COVID-19 is significantly increased.
- b. The SMR for IBD patients infected with COVID-19 is nonsignificantly increased.
- c. The SMR for IBD patients infected with COVID-19 is significantly decreased.
- d. The SMR for IBD patients infected with COVID-19 is nonsignificantly decreased.