

Core Subject Update

Objectives: At the conclusion of this session, participants should be able to: a) understand the causes of anal fissure and the range of therapeutic choices; b) understand the causes of anal Pruritus and the range of therapeutic choices; c) understand the genetic mutations underlying F.A.P., attenuated F.A.P. and myh-associated polyposis as well as genotype - phenotype relationships; d) understand genetic testing and its pitfalls; e) understand the role of surgery in F.A.P. and the selection of restorative proctocolectomy vs. subtotal colectomy; f) understand screening and surveillance of both the colon and duodenum in at-risk individuals; g) review the therapeutic options for the medical management of IBD; h) review pharmacology of drug therapy for IBD; I) review toxicity of drugs used to treat IBD; j) review the efficacy of medical therapy for patients with IBD; k) discuss medical treatment strategies for patients with ulcerative colitis and Crohn's disease; l) understand the treatment options for penetrating and blunt trauma of the colon and rectum; m) understand the current evidence for primary repair of injuries; and n) know the AAST Organ Injury Scale for Colorectal Trauma.

- ❶ Speaker Evaluation—Please evaluate only those speakers you have heard according to the following scale:
(1 = poor; 2 = fair; 3 = good; 4 = excellent)

<i>Speaker/Topic</i>	<i>Met Objectives</i>	<i>Content</i>	<i>Effectiveness of Teaching/Learning Methods</i>	<i>Interest of Topic</i>	<i>Applicability to Your Practice</i>	<i>Quality of AV Material</i>	<i>Bias?</i>	<i>Invite Again?</i>	<i>For office use only</i>
Fissures / Pruritus Jan Rakinic, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	103
Familial Adenomatous Polyposis David Dietz, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	104
Volvulus Lawrence Yee, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	105
Trauma Jose Cintron, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	106
IBD - Medical Management Eric Dozois, MD							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	107

- ❷ Overall Evaluation of Importance of Session (4 = very; 3 = moderate; 2 = little; 1 = not at all) _____
- ❸ Do you intend to make any changes in your practice or patient care as a result of this activity? Yes _____ No _____
If Yes, how? Comment _____
- ❹ Did the speaker(s) make proper disclosure of potential conflict of interest, and clarification to audience of faculty relationship with industry and nature of that relationship? Yes _____ No _____
- ❺ Did you perceive industry bias for or against commercial product(s), services, or commercial supporter of this activity?
Yes _____ No _____ If Yes, please comment; e.g., scientific balance, objectivity, etc.
Comment _____
- ❻ Did the speaker(s) disclose with respect to FDA Off-Label use? Yes _____ No _____
If NO, please comment _____
- ❼ What related topics should be addressed at future ASCRS meetings?
- ❽ Comments:
- ❾ Name (please print) optional: _____

Please complete and return this evaluation to the ASCRS along with your test results