



# Office of Continuing Education

Please fill out the form below **IN INK** to verify participation in this CE activity and fax to 713-500-0606. If requesting Nursing credit please also complete the attached Post Test Questions

**TOPIC:** Session I: Practical Management of febrile Neutropenia

**DATE:** July 30, 2008

**SPEAKER:** Amar Safdar, MD; Estil Vance, MD

**LOCATION:** Enduring Material

**OBJECTIVES:**

- Apply guidelines for prevention and management of SSTI in the community setting
- Describe currently available prophylaxis/treatment regimens to prevent and manage infections in cancer patients

**DISCLOSURE:**

**Dr. Safdar** receives Grant/Research Support from Enzone and Bayer. He is on the Speakers Bureau for Merck, Pfizer and Cubist. He wishes to disclose the mention of Investigational and Unlabeled Use of GM CSF and IFN gamma 2.

**Dr. Vance** wishes to disclose that his wife is on the Speakers Bureau for Pfizer and Johnson & Johnson. Any money earned from her speaking engagements are contributed to local charities and do not directly contribute to their income.

**Accreditation:** This program has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Texas Medical Branch at Galveston and Oncology Today. The University of Texas Medical Branch at Galveston is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

**CME** The University of Texas Medical Branch at Galveston designates this educational activity for a maximum of (1.0) *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**CNE** This program has been approved by the American Association of Critical Care Nurses (AACN) for .5 Contact Hour, Category A, File Number 2008 - (1181a).

**ACPE** The University of Houston College of Pharmacy (UHCOP) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing education. Pharmacists documenting completion of the program "Infections in Cancer Patients: Prevention and Management in the Community Care Setting-Management of Febrile Neutropenia (# 066-999-08-012-L01-P) by signing in and completing evaluations will receive 1 contact hour (0.1 CEU) pharmacy continuing education credit, and will receive a statement of credit by mail within 3 weeks of UHCOP being notified of the completion date. Initial release date: April 7, 2008. Expiration date: 4/7/2011.

### CREDIT CANNOT BE AWARDED UNLESS FORM IS COMPLETELY LEGIBLE

<b>First Name</b>	<b>MI</b>	<b>Last Name</b>	<b>Title</b>
<b>Address:</b> _____			
<b>City:</b> _____		<b>State:</b> _____	<b>Zip:</b> _____
<b>Phone:</b> _____	<b>Fax:</b> _____	<b>Email:</b> _____	

### PLEASE COMPLETE EVALUATION FORM BEFORE RETURNING

- Make solid marks that fill the response completely.
- Make no stray marks on this form.

**Scale: 1= Strongly Disagree    2= Disagree    3= Agree    4= Strongly Agree**

①	②	③	④	<b>The content of this presentation is applicable to my professional development.</b>
①	②	③	④	<b>The course objectives were met.</b>
①	②	③	④	<b>The presentation was clear and understandable.</b>
①	②	③	④	<b>The program was free of commercial bias and presented in an objective manner.</b>
①	②	③	④	<b>The presentation was scientifically based and accurate.</b>
①	②	③	④	<b>As a result of this course, my professional effectiveness will increase.</b>

Disagree ←————→ Agree

**Comments for strengths and improvements:** \_\_\_\_\_

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ACPE The University of Houston College of Pharmacy is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing education



Name \_\_\_\_\_

Please complete the following questions if requesting nursing or pharmacy credit.

## **Session I: Practical Management of febrile Neutropenia Post-test**

What are possible risk factors for developing infections in cancer patients:

- a) Neutropenia
- b) Central venous catheters
- c) Prolonged broad-spectrum antimicrobial exposure
- d) Lymphocytopenia
- e) All the above

Please fax completed forms to 713-500-0606