

## Advanced Colonoscopy: Beyond the Search for Polyps

**Objectives:** At the conclusion of this session, participants should be able to: a) understand advanced polypectomy techniques such as saline assisted polypectomy and piecemeal excision; b) understand the indications and published results with intraluminal colonic stents and dilatation; c) describe methods to endoscopically control colonic hemorrhage and d) discuss chromoscopy and magnification colonoscopy.

- 1** 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>
Advanced Polypectomy Techniques <b>John A. Collier, MD</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	175
Colonic Stents and Dilatation <b>W. Brian Sweeney, MD</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	176
Control of Bleeding (Acute and Chronic) <b>Charles B. Whitlow, MD</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	177
Chromoscopy and Magnification <b>David E. Beck, MD</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	178
<b>Panel Discussion</b>							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	179

- 2** Overall Evaluation of Importance of Session (4 = very; 3 = moderate; 2 = little; 1 = not at all) \_\_\_\_\_
- 3** 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 \_\_\_\_\_
- 4** 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 \_\_\_\_\_
- 5** 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 \_\_\_\_\_
- 6** Did the speaker(s) disclose with respect to FDA Off-Label use? Yes \_\_\_\_\_ No \_\_\_\_\_  
If **NO**, please comment \_\_\_\_\_
- 7** What related topics should be addressed at future ASCRS meetings?
- 8** Comments: \_\_\_\_\_
- 9** Name (please print) optional: \_\_\_\_\_

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