

Inflammatory Bowel Disease

Objectives: Upon completion of this session, participants should be able to: (54) understand the implications of indeterminate for dysplasia and formulate a management plan for these patients; (55) appreciate the risk of pre-operative use of immunomodulation (steroids) in ileo-anal pouch surgery; (56) analyze factors that may be predictive of early readmission to hospital following IPAA; (57) understand those circumstances when omission of an ileostomy may be appropriate at the time of IPAA; (58) analyze the perioperative risk associated with remcade in patients undergoing ileal pouch-anal anastomosis; (59) discuss the role of NOD2 mutation in the development of pouchitis; (60) recognize perineal Crohn's disease on examination and counsel patients accordingly; adjust their treatment of patients with perianal Crohn's disease according to findings on examination and biopsy; and (61) understand the pathophysiology of Peristomal Pyoderma Gangrenosum; understand that there are multiple treatment modalities for Pyoderma gangrenosum.

- 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>
S-54 Indefinite for Dysplasia, What Next?							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	292
S-55 Impact of Pre-operative Immunomodulation on Ileal-pouch.....							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	293
S-56 High Hospital Readmission Rates following Ileal Pouch-Anal ...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	294
S-57 To Divert or Not to Divert: A Propensity Model for Omission							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	295
S-58 Does Infliximab Increase the Rate of Perioperative Complications							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	296
S-59 Increased Presence of NOD2 Mutations in Patients with Pouchitis ...							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	297
S-60 Beware Perineal Crohn's Disease! An Indicator of Poor Prognosis and.....							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	298
S-61 Peristomal Pyoderma Gangrenosum: Cromolyn Sodium							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	299

- 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