

Ovarian Cancer Management and Treatment Presentation

Continuing Medical Education Credit Application Packet

*Please complete and return the attached documents to the Utah Cancer Control Program
by fax or mail.*

Fax: 801-538-9030

Mail: Utah Cancer Control Program

PO Box 142107

Salt Lake City, UT 84114





Ovarian Cancer Management and Treatment

Instructions

In order to receive continuing medical education credits, participants must:

1. Complete the five-question **Pre-test**
2. Watch the **presentation**
3. Complete the five-question **Post-test**
4. Complete the **Evaluation**
5. Complete the **Continuing Medical Education Credit Registration Form**
6. **Mail or fax the forms** listed above to:

801-538-9030 (fax)

Or

Utah Cancer Control Program
PO Box 142107
Salt Lake City, UT 84114

The Utah Healthy Living Foundation (UHLF) is accredited by the Utah Medical Association to sponsor continuing medical education for physicians. The UHLF designates this educational activity for a maximum of one (1) AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

*Faculty disclosures reveal no evidence of relevant financial relationships.



Ovarian Cancer Management and Treatment

Pre-Test

Please circle your answer to the following questions.

1. During 2002-2006, ovarian cancer was the leading cause of female genital-related deaths in Utah.

- a. True
- b. False
- c. I don't know

2. There are factors which can decrease the risk of ovarian cancer.

- a. True
- b. False
- c. I don't know

3. Early stage ovarian cancer does not have signs or symptoms.

- a. True
- b. False
- c. I don't know

4. The purpose of the initial surgery is to:

- a. Confirm the diagnosis
- b. Remove as much cancerous tissue as possible
- c. Determine the stage of the cancer
- d. All of the above
- e. I don't know

5. Five-year survival increases significantly when the patient's initial surgery is performed by a gynecologic cancer specialist.

- a. True
- b. False
- c. I don't know

Please return to the Utah Cancer Control Program by fax or mail to (801) 538-9030 or Utah Cancer Control Program, P.O. Box 14210, Salt Lake City, UT 84114

For questions, please contact the Utah Cancer Action Network at 1-888-222-2542.



Ovarian Cancer Management and Treatment

Post-Test

Please circle your answer to the following questions.

1. During 2002-2006, ovarian cancer was the leading cause of female genital-related deaths in Utah.

- a. True
- b. False
- c. I don't know

2. There are factors which can decrease the risk of ovarian cancer.

- a. True
- b. False
- c. I don't know

3. Early stage ovarian cancer does not have signs or symptoms.

- a. True
- b. False
- c. I don't know

4. The purpose of the initial surgery is to:

- a. Confirm the diagnosis
- b. Remove as much cancerous tissue as possible
- c. Determine the stage of the cancer
- d. All of the above
- e. I don't know

5. Five-year survival increases significantly when the patient's initial surgery is performed by a gynecologic cancer specialist.

- a. True
- b. False
- c. I don't know

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Ovarian Cancer Management and Treatment Presentation Evaluation



(Please be sure to complete and return the Pre-test, Post-test, Evaluation and Continuing Medical Education Credit Registration form in order to receive continuing medical education credits.)

Please circle your medical specialty.

Family Practice Oncology Surgery Obstetrics Gynecology
Internal Medicine Other

What zip code do you practice in? _____

Please select the answer which best indicates how much you agree with the following statements.

1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

After viewing this presentation I can easily identify possible signs and symptoms of ovarian cancer. 1 2 3 4 5

After viewing this presentation I am better able to recognize women who may be at risk for ovarian cancer. 1 2 3 4 5

After viewing this presentation I am better able to diagnose and refer patients with possible ovarian cancer to the proper providers. 1 2 3 4 5

I would recommend this presentation to fellow healthcare providers. 1 2 3 4 5

(continued on back)

Please circle your response to the following questions.

Did you perceive any Conflict of Interest or Bias? Yes No

Do you intend to make a practice change as a result of this program?

a. Yes Please state intended change:

b. No No, because:

Confirmed my current practice

No need to make a change

Other reason: _____

Any other comments and/or suggestions:

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Ovarian Cancer Management and Treatment Presentation

Continuing Medical Education Credit Registration

First and Last Name: _____

Title (e.g. MD, DO): _____

E-mail Address: _____

Where is your practice located?

City: _____ Zip Code: _____

Additional Practice Locations (Optional)

City: _____ Zip Code: _____

City: _____ Zip Code: _____

City: _____ Zip Code: _____

City: _____ Zip Code: _____

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