

# Proceedings From the TU 1st Annual Conference on Improving Clinical Outcomes in Hypogonadism

## CME Certificate Registration and Evaluation Form

To enable us to maintain the highest scientific and educational standards when planning future activities, we would appreciate your evaluation of this activity and its content. Please circle the appropriate rating numbers and add your comments for the Evaluation. In the box below, please circle the best answers to the posttest questions, which are provided on the back of this page. Please fax the completed form to 877-403-5765 or mail to Testosterone Update, c/o CogniMed Inc., 70 South Orange Avenue, Suite 200, Livingston, NJ 07039.

**Your certificate for continuing education credit (if applicable) will be issued from the following information.**

**Name** \_\_\_\_\_  
Last First MI Degree

**Title** \_\_\_\_\_

**Specialty**  Endocrinology  Family Medicine  Internal Medicine  Obstetrics and Gynecology  Pediatrics  Preventative Medicine  Primary Care  Urology

Other (please specify) \_\_\_\_\_

**Years in practice** \_\_\_\_\_

**Affiliation** \_\_\_\_\_

**Practice type** (please check all that apply to your practice)  Hospital-based  University-based  Private practice  Clinic  Home care  Long-term care

Other (please specify) \_\_\_\_\_

**Address**  Business  Personal \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Ext.** \_\_\_\_\_ **Fax** \_\_\_\_\_ **Date of birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Used for record-keeping purposes only)

**E-mail** \_\_\_\_\_

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Please do not send me information via e-mail.

We value the confidentiality of the information you choose to share with us and are committed to its protection. All personal information you provide is stored in a secure location and will never be sold or distributed to any third party.

### Evaluation

As a result of this activity, I am better able to:	Agree				Disagree
Analyze the important clinical issues pertaining to treatment options for patients with hypogonadism	5	4	3	2	1
Discuss the epidemiology of hypogonadism and how to identify, test for, and diagnose the disease	5	4	3	2	1
Initiate and monitor testosterone therapy for optimal and safe treatment	5	4	3	2	1
Describe current and novel testosterone therapy options	5	4	3	2	1
Explain prostate disease risk and appropriate testosterone treatment monitoring parameters for individual patients	5	4	3	2	1

The Activity	Agree				Disagree
Met my expectations	5	4	3	2	1
Was relevant to my clinical practice	5	4	3	2	1
Was presented without the presence of commercial bias	5	4	3	2	1
Logistics were well organized	5	4	3	2	1
Environment was conducive to learning	5	4	3	2	1

After participating in this program, I will change my clinical practice by \_\_\_\_\_

Additional comments \_\_\_\_\_

Posttest Answer Box																			
1. a	b	c	d	3. a	b	c	d	5. a	b	c	d	7. a	b	c	d	9. a	b	c	d
2. a	b	c	d	4. a	b	c	d	6. a	b	c	d	8. a	b	c	d	10. a	b	c	d

I hereby certify that I have spent \_\_\_\_ hour(s) in this educational activity.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you.

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## Posttest

In the CME Certificate Registration and Evaluation Form **Posttest Answer Box** (provided on the front of this page), please circle the letter that best answers each question. Fax the completed form to 877-403-5765, or mail to Testosterone Update, c/o CogniMed Inc., 70 South Orange Avenue, Suite 200, Livingston, NJ 07039. This activity was originally released on May 30, 2008, and is eligible for credit through May 30, 2009.

1. Which of the following is a sign or symptom of hypogonadism?
  - a. Increased muscle mass
  - b. Increased hair growth
  - c. Fatigue
  - d. Improved memory
2. The average age of a patient presenting to the offices of primary care clinicians with signs and symptoms of hypogonadism is
  - a. 50
  - b. 60
  - c. 70
  - d. 80
3. Which of the following has not been associated with low testosterone levels in men?
  - a. Increased risk of developing metabolic syndrome
  - b. Abnormal liver function
  - c. Increased risk of developing type 2 diabetes
  - d. Body fat/lean muscle ratio changes
4. The link between low testosterone levels and insulin resistance suggests that
  - a. Testosterone therapy may increase insulin resistance in men with diabetes and hypogonadism
  - b. Testosterone therapy may reduce insulin resistance in men with diabetes and hypogonadism
  - c. Androgen-deprivation therapy may reduce insulin resistance in men with diabetes and hypogonadism
  - d. Androgen-deprivation therapy may increase insulin resistance in men with diabetes and hypogonadism
5. What percentage of patients who have been diagnosed with hypogonadism are not being treated with testosterone therapy?
  - a. 50%
  - b. 70%
  - c. 85%
  - d. 95%
6. Testosterone therapy may improve all of the following symptoms associated with other comorbidities in treating hypogonadism except
  - a. Osteoporotic changes
  - b. Urinary flow
  - c. Depression
  - d. Sexual dysfunction
7. Potential benefits of testosterone therapy in adult men with testosterone deficiency include
  - a. Restored libido and erectile function
  - b. Increased energy and improved mood
  - c. Stabilized or increased bone density
  - d. All of the above
8. Which of the following medical conditions may affect the decision to make the treatment of hypogonadism with testosterone therapy more difficult?
  - a. Prostate cancer
  - b. Congestive heart failure
  - c. Polycythemia
  - d. All of the above
9. The following should be used to screen for hypogonadism and monitor safety and efficacy of testosterone therapy
  - a. Prostate-specific antigen level, complete blood count, digital rectal examination
  - b. Electrocardiography, chest x-ray, complete blood count
  - c. Chest x-ray, digital rectal examination, liver function test
  - d. Kidneys ureter bladder x-ray, digital rectal examination, electrocardiography
10. Dosing frequency for a new injectable testosterone formulation, testosterone undecanoate, will likely be
  - a. 10 weeks
  - b. Monthly
  - c. Up to 2 weeks
  - d. Daily