ACT Module 2

Cardiovascular outcomes trials in diabetes

CPD QUESTIONNAIRE

EARN FREE CPD POINTS

Complete, scan and email to **cpd@denovomedica.com**. Alternatively, you can complete this questionnaire online at **www.denovomedica.com**. Fill in your details using **clear block letters** and mark the answers with a tick (✓).

I agree that my CPD-accredited certificate will be forwarded to my e-mail address. (Online) _____

(Signature of healthcare professional)

First Name		**Profession**	
Surname		**Telephone**	
HPC No.		**City**	
E-mail			

1. Which of the listed factors are important to modifying cardiovascular risk in T2DM?

☐ **A** Healthy behaviour ☐ **B** Glycaemic control ☐ **C** Blood pressure control
☐ **D** Lipid control ☐ **E** Platelet inhibition ☐ **F** All of the above
☐ **G** A, B, C and D only

2. Which statement is true? DPP-4 inhibitor CVOTs:

☐ **A** Demonstrate cardiovascular safety ☐ **B** Do not demonstrate superiority in respect of primary MACE endpoints
☐ **C** A and B

3. Which statement is true?

☐ **A** All GLP-1 RAs demonstrate cardiovascular safety ☐ **B** All GLP-1 RAs demonstrate superiority for primary MACE endpoints
☐ **C** A and B

4. In EMPA-REG OUTCOME, empagliflozin significantly reduced three-point MACE by __%:

☐ **A** 14% ☐ **B** 35% ☐ **C** 38%

5. In EMPA-REG OUTCOME, empagliflozin significantly reduced cardiovascular death by __%:

☐ **A** 14% ☐ **B** 35% ☐ **C** 38%

6. In EMPA-REG OUTCOME, empagliflozin significantly reduced hospitalisation for HF by __%:

☐ **A** 14% ☐ **B** 35% ☐ **C** 38%

7. The CANVAS Program study of canagliflozin demonstrated a significant reduction in the primary three-point MACE endpoint, with each of the individual components demonstrating significant risk reduction.

☐ **A** True ☐ **B** False

8. Which statement is true? Canagliflozin:

☐ **A** Demonstrated a significant 33% reduced risk of hospitalisation for HF ☐ **B** Demonstrates similar reductions in primary and secondary prevention of HF
☐ **C** A and B

9. Which of these best describes the study cohort of DECLARE-TIMI 58?

☐ **A** 66% of patients with established CVD, 33% with multiple risk factors ☐ **B** 41% of patients with established CVD, 59% with multiple risk factors
☐ **C** 100% of patients with established CVD

10. In comparing baseline characteristics of study cohorts, DECLARE-TIMI 58 differed from EMPA-REG OUTCOME and the CANVAS Program in that:

☐ **A** There was a higher number of patients with impaired kidney function ☐ **B** The median follow-up was much longer
☐ **C** A and B

11. In DECLARE-TIMI 58, dapagliflozin demonstrated a significant 17% relative risk reduction for cardiovascular death and hospitalisation for HF.

☐ **A** True ☐ **B** False

12. Meta-analysis of pooled SGLT-2 inhibitor CVOT datasets indicates a significantly reduced risk of hospitalisation for HF and cardiovascular death in patients:

☐ **A** With established CVD ☐ **B** With multiple risk factors ☐ **C** A and B

13. Real-world evidence from Scandinavian countries indicates that compared to DPP-4 inhibitors, dapagliflozin reduced risk for:

☐ **A** Hospitalisation for kidney disease ☐ **B** Hospitalisation for HF ☐ **C** MACE
☐ **D** All-cause mortality ☐ **E** All of the above ☐ **F** A, B and D only

14. ADA/EASD guidance for the treatment of T2DM with inadequate glycaemic control and where ASCVD predominates recommends:

☐ **A** A SGLT-2 inhibitor with proven cardiovascular benefit if the eGFR is adequate ☐ **B** A GLP-1 RA with proven cardiovascular benefit
☐ **C** A and B

15. Which statement is false? ADA/EASD guidance for the treatment of T2DM with inadequate glycaemic control and without established ASCVD recommends:

☐ **A** A DPP-4 inhibitor, a GLP-1 RA, a SGLT-2 inhibitor or a sulphonylurea to minimise hypoglycaemia
☐ **B** A GLP-1 RA or SGLT-2 inhibitor to minimise weight gain or promote weight loss
☐ **C** If cost is an issue, either a sulphonylurea or thiazolidinedione

© 2020 deNovo Medica