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Instructions for Obtaining Journal CME Credit

ANESTHESIOLOGY's journal-based CME program is open to all readers. Members of the American Society of Anesthesiologists participate at a preferred rate, but you need not be an ASA member or a journal subscriber to take part in this CME activity. Please complete the following steps:

1. Read the article by Lavi *et al.* entitled "New frontiers in the evaluation of cardiac patients for noncardiac surgery" on page 1018 of this issue.
2. Review the questions and other required information for CME program completion (published in both the print and online journal).
3. When ready, go to the CME Web site: http://www.asahq.org/journal-cme. Submit your answers, form of payment, and other required information by December 31 of the year following the year of publication.

The American Society of Anesthesiologists is approved by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing medical education programs for physicians.

The American Society of Anesthesiologists designates this educational activity for a maximum of 1 *AMA PRA Category 1 Credit*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Purpose: The focus of the journal-based CME program, and the articles chosen for the program, is to educate readers on current developments in the science and clinical practice of the specialty of Anesthesiology.

Target Audience: Physicians and other medical professionals whose medical specialty is the practice of anesthesia.

Learning Objectives: After reading this article, participants should have a better understanding of emerging approaches to evaluating patients and determining their risk for cardiac complications after surgery.

Disclosure Information:

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CME *Article Questions*

Based on the article by Lavi *et al.* entitled "New frontiers in the evaluation of cardiac patients for noncardiac surgery" in the December issue of ANESTHESIOLOGY, choose the one correct answer for each question:

1. Which of the following statements concerning perioperative cardiac risk is *most* likely true?
   A. The lower limit of functional capacity consistent with an adequate cardiac reserve is 7 metabolic equivalents.
   B. Congestive heart failure does not predict increased perioperative cardiac complications.
   C. Type of surgical procedure does not influence cardiac risk.
   D. The outcomes used to quantify cardiac risk are cardiac death and nonfatal myocardial infarction.
2. Which of the following statements concerning the evaluation of coronary arteries by computed tomography is *most* likely true?
   A. Its negative predictive value is too low for clinical use.
   B. Respiratory movement does not reduce image quality.
   C. Coronary stents can result in imaging artifacts.
   D. It cannot be used to detect coronary artery graft problems after bypass surgery.

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3. Which of the following statements concerning echocardiography and the evaluation of patients for cardiac conditions is *most* likely true?
   A. It is not recommended for the preoperative evaluation of suspected aortic stenosis.
   B. The specificity of dobutamine stress echocardiography is excellent (> 95%).
   C. Quality of dobutamine stress echocardiography is operator dependent to a significant degree.
   D. Its cost relative to other cardiac tests is high.

4. Which of the following statements concerning myocardial nuclear studies and the evaluation of patients with suspected cardiac conditions is *most* likely true?
   A. Testing with myocardial single-photon emission computed tomography with thallium dipyridamole is the best predictor of postoperative adverse cardiac events.
   B. Positron emission tomography with F-18 fluorodeoxyglucose can predict functional recovery of viable myocardium.
   C. Positron emission tomography scanning is very cost effective.
   D. Single-photon emission computed tomography technetium-99m imaging is not a useful preoperative assessment tool.

5. Which of the following statements about cardiac computed tomography scanning is *most* likely true?
   A. It is associated with less risk than coronary angiography.
   B. It has been demonstrated to be a cost-effective strategy in reducing perioperative risk.
   C. It is not useful for assessing left ventricular function.
   D. It is not useful for assessing coronary plaques.

All tests and requests for Category 1 credit must be submitted through the ANESTHESIOLOGY CME Web site at http://www.asahq.org/journal-cme. Participants should claim credit, in 15-minute increments, for a maximum of 1 hour of CME credit per journal issue (up to 12 credits per year). Two payment options are available:

Per-year fee: ASA Members $60.00, Non-members $90.00
Per-issue fee: ASA Members $10.00, Non-members $15.00

For either option, participants may pay using VISA or MasterCard.

If you have any questions regarding the ANESTHESIOLOGY continuing medical education program, please contact Ellen M. Bateman, Ed.D., Education Specialist, at (847) 825-5586 or via e-mail at e.bateman@asahq.org.