



### SELF-REPORT CREDIT FORM

#### Accreditation Statement

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of The Johns Hopkins University School of Medicine and the National Institutes of Health. The Johns Hopkins University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

#### Credit Designation Statement

The Johns Hopkins University School of Medicine designates this educational activity for a maximum of 1 hour per session/week for a maximum of 43 *AMA PRA Category 1 Credit(s)*<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

#### Clinical Center Grand Rounds

Lipsett Amphitheater  
12 Noon – 1 p.m.  
June 2, 2010

#### Imaging of Localized Prostate Cancer: Prelude to Focal Therapy

Peter L. Choyke, M.D., Chief, Molecular Imaging Program, NCI

#### Revisiting Old Targets and Exploring New Ones in Patients with Advanced Prostate Cancer

William L. Dahut, M.D., Clinical Director, NCI

**NOTE: To receive credit for attendance, this form must be returned to the Office of Clinical Research Training and Medical Education by 4 pm on the day of the lecture. Please fax forms to 301-435-5275.**

| Date(s)      | Maximum Approved Hours per session/per week | Earned Hours |
|--------------|---|--------------|
| June 2, 2010 | 1 hour per session/per week                 | 1.0*         |

Please Print Clearly

Please check one:  Physician  Non-Physician

NAME - LAST FIRST MI PROFESSIONAL DEGREE

NIH BADGE NUMBER (IF NIH EMPLOYEE)

PHONE EMAIL ORGANIZATION INSTITUTE/CENTER DEPT/BRANCH

ADDRESS CITY STATE ZIP + 4

#### **SIGNATURE REQUIRED for ALL ATTENDEES:**

I attest that the above number credit hour(s) is correct.

X \_\_\_\_\_  
Signature of Attendee

\_\_\_\_\_  
Date

\*These hours will be verified by the Office of Continuing Medical Education (OCME) and recorded on your official Transcript.

**EVALUATION FORM**  
**Clinical Center Grand Rounds at the National Institutes of Health**  
**June 2, 2010**

Please complete the Continuing Medical Education Questionnaire. To indicate your answers, use the rating scale that is shown by circling the number that represents your answer.

**Scale:**

1 - None or Not at all 2 - Very little 3 - Moderately 4 - Considerably 5 - Completely N/A - Not applicable

**Speaker: Peter L. Choyke, M.D.**

**Objective:** Describe advances in imaging of prostate cancer that enable the delivery of focal therapy

**A. Rating of Objectives and Activity**

1. Please rate the attainment of objectives:
  - a. Define options and alternatives that will guide clinical practice      1    2    3    4    5    N/A
  - b. Evaluate practical information about clinical research principles based on state-of-the-art information about scientific discovery and clinical advances      1    2    3    4    5    N/A
  - c. Analyze information and opportunities to increase and improve collaboration between investigators      1    2    3    4    5    N/A
2. The overall quality of the instructional process was an asset to the activity:      1    2    3    4    5    N/A
3. To what extent did participation in this activity enhance your professional effectiveness?      1    2    3    4    5    N/A
4. Will you change your practice in any way as a result of attending this activity?      1    2    3    4    5    N/A
5. Did you perceive any commercial bias? Use the following criteria to judge:
  - a) The content presented was balanced, evidence-based, demonstrated scientific rigor, and was without commercial bias.      \_\_\_No \_\_\_Yes  
If no, please specify: \_\_\_\_\_
  - b) I was informed about the existence and resolution of relevant financial relationships/conflicts of interests of planners and presenters prior to the presentation.      \_\_\_No \_\_\_Yes  
If no, please specify: \_\_\_\_\_
  - c) Speakers who discussed off-label, investigational, or alternative uses of products, devices, or techniques disclosed this in their presentation.      \_\_\_No \_\_\_Yes  
If no, please specify: \_\_\_\_\_

**B. Comments:**

1. What comments or suggestions do you have for the faculty presenter(s)?  
\_\_\_\_\_
2. Are there any other speakers or new topics you would like to have covered in this or a related activity?  
\_\_\_\_\_
3. Do you have additional comments to enhance the utility or impact of the activity?  
\_\_\_\_\_
4. May we contact you in several week's time with a very brief survey to assess the usefulness of this CME activity? \_\_\_Yes \_\_\_No      If yes, please provide your email: \_\_\_\_\_

**EVALUATION FORM**  
**Clinical Center Grand Rounds at the National Institutes of Health**  
**June 2, 2010**

Please complete the Continuing Medical Education Questionnaire. To indicate your answers, use the rating scale that is shown by circling the number that represents your answer.

Scale:

1 - None or Not at all 2 - Very little 3 – Moderately 4 – Considerably 5 – Completely N/A - Not applicable

**Speaker: William L. Dahut, M.D.**

**Objective:** To discuss the importance of the androgen receptor and other targets in the treatment of prostate cancer

**A. Rating of Objectives and Activity**

5. Please rate the attainment of objectives:

- |   |   |   |   |   |   |     |
|---|---|---|---|---|---|-----|
| a. Define options and alternatives that will guide clinical practice  | 1 | 2 | 3 | 4 | 5 | N/A |
| b. Evaluate practical information about clinical research principles based on state-of-the-art information about scientific discovery and clinical advances | 1 | 2 | 3 | 4 | 5 | N/A |
| c. Analyze information and opportunities to increase and improve collaboration between investigators  | 1 | 2 | 3 | 4 | 5 | N/A |

6. The overall quality of the instructional process was an asset to the activity: 1 2 3 4 5 N/A

7. To what extent did participation in this activity enhance your professional effectiveness? 1 2 3 4 5 N/A

4. Will you change your practice in any way as a result of attending this activity? 1 2 3 4 5 N/A

5. Did you perceive any commercial bias? Use the following criteria to judge?

b) The content presented was balanced, evidence-based, demonstrated scientific rigor, and was without commercial bias.  No  Yes  
If no, please specify: \_\_\_\_\_

b) I was informed about the existence and resolution of relevant financial relationships/conflicts of interests of planners and presenters prior to the presentation.  No  Yes  
If no, please specify: \_\_\_\_\_

c) Speakers who discussed off-label, investigational, or alternative uses of products, devices, or techniques disclosed this in their presentation.  No  Yes  
If no, please specify: \_\_\_\_\_

**B. Comments:**

1. What comments or suggestions do you have for the faculty presenter(s)?  
\_\_\_\_\_

2. Are there any other speakers or new topics you would like to have covered in this or a related activity?  
\_\_\_\_\_

3. Do you have additional comments to enhance the utility or impact of the activity?  
\_\_\_\_\_

8. May we contact you in several week's time with a very brief survey to assess the usefulness of this CME activity?  Yes  No If yes, please provide your email: \_\_\_\_\_