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Management of Multiple Sclerosis, Parts 1-2

Webcast Series with Live Q&A Sessions

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FACULTY INFORMATION

Fred D. Lublin, MD
Mount Sinai School of Medicine
New York, NY

PART 1: Featured Article: Miller DH, Weinschenker BG, Filippi M, et al. Differential diagnosis of suspected multiple sclerosis: a consensus approach. *Mult Scler* 2008;14:1157-1174.

Darin T. Okuda, MD
University of California, San Francisco
San Francisco, CA

PART 2: Featured Article: Okuda DT, Mowry EM, Beheshtian A, et al. Incidental MRI anomalies suggestive of multiple sclerosis: the radiologically isolated syndrome. *Neurology* 2009;72:800-805.

MODERATOR

Aaron Miller, MD
Mount Sinai School of Medicine
New York, NY

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Note to Nurse Practitioners: The content of this CNE activity pertains to Pharmacology.

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CCMC Credit (Certified Case Managers): This program has been approved for 1 hour by the Commission for Case Manager Certification (CCMC).

CPE Credit (Pharmacists): CME Outfitters, LLC, is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. 1.0 contact hours (0.1 CEUs)

Universal Program Number:
PART 1: 376-999-10-003-L01-P (Live), 376-999-10-003-H01-P (Recorded)
PART 2: 376-999-10-004-L01-P (Live), 376-999-10-004-H01-P (Recorded)
Activity type: Knowledge-based

Post-tests, credit request forms, and activity evaluations can be completed online at www.neuroscienceCME.com (click on the Testing/Certification link under the Activities tab—requires free account activation), and participants can print their certificate or statement of credit immediately (80% pass rate required). This website supports all browsers except Internet Explorer for Mac. For complete technical requirements and privacy policy, visit www.neuroscienceCME.com/technical.asp. CE credit expires 1 year from each premiere date.

2 Chances for Live Interaction with Experts on Featured Articles! Each part premieres on the following date/time:

PART 1: Differential Diagnosis – A Consensus Approach

Monday, January 25, 2010, 12:00 p.m. ET – 1:00 p.m. ET (Dr. Lublin/Dr. Miller)

PART 2: MRI Abnormalities – The Radiologically Isolated Syndrome

Monday, February 1, 2010, 12:00 p.m. ET – 1:00 p.m. ET (Dr. Okuda/Dr. Miller)

Faculty will answer email questions for two weeks after their respective Q&A date.

Questions?
Call **877.CME.PROS**

This activity offers CE credit for:

- Physicians (CME)
- Case Managers (CCMC)
- Social Workers (NASW)
- Psychologists (CEP)
- Nurses (CNE) – Pending for part 2
- Pharmacists (CPE)

All other clinicians will either receive a CME Attendance Certificate or may choose any of the types of CE credit being offered.

STATEMENT OF NEED

Multiple sclerosis (MS) affects 400,000 Americans and is the leading nontraumatic cause of neurological disability in young adults.¹ Although MS is progressive, it is not fatal, and patients generally have a normal lifespan. However, progressive disability imposes increasing limitations and reduced quality of life for these patients. Newly released consensus guidelines offer neurologists and primary care physicians direction to improve the differential diagnosis and develop strategies to facilitate early and accurate diagnosis of MS. A number of factors must be considered when selecting a treatment regimen for patients with MS, including variations in clinical and MRI evidence of disease. The discovery and broad application of MRI in medicine has led to an increased awareness of the number of patients with incidental white matter pathology in the CNS. The natural history or evolution of such individuals with respect to their risk of developing MS is unclear,² but a need for further studies on this subject and physician awareness is essential for progression of disease therapy in MS. In this two-part neuroscienceCME Journal Club series, the authors will translate their research and provide insights and application to clinical practice.

¹ Bermel RA, Rudick RA. Interferon-based treatment for multiple sclerosis. *Neurotherapeutics* 2007;4:633-646.

² Okuda DT, Mowry EM, Beheshtian A, et al. Incidental MRI anomalies suggestive of multiple sclerosis: the radiologically isolated syndrome. *Neurology* 2009;72:800-805.

SERIES GOAL

To translate consensus recommendations on differential diagnosis into effective management of patients with MS, and to increase awareness surrounding the potential risk factor of white matter pathology for the development of MS.

LEARNING OBJECTIVES

At the end of each CE activity, participants should be able to:

- **PART 1:** Utilize consensus-based guidelines in determining a more accurate differential diagnosis of MS.
- **PART 2:** Recognize the potential risk for development of MS in patients with MRI anomalies highly suggestive of demyelinating pathology.

TARGET AUDIENCE

Physicians, physician assistants, nurse practitioners, nurses, psychologists, social workers, certified case managers, pharmacists, and other healthcare professionals interested in the management of multiple sclerosis.

ACKNOWLEDGEMENT OF FINANCIAL SUPPORT

These activities are supported by an unrestricted educational grant from Pfizer Inc.

FAX completed form to **240.243.1033**

YES! Register me for the following LIVE evidence-based neuroscienceCME Journal Club activities:

PART 1: 1/25/10 online by phone PART 2: 2/1/10 online by phone Both parts online by phone

YES! Register me for the following online archive. (Participation details will be sent to you via email.)

PART 1 PART 2 Both parts

Site Name: _____ # Participants: _____

Individual Name: _____ Degree: _____

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Practice Setting: Community Mental Health State Mental Health Primary Care
 Private Practice Other: _____ Phone: _____

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