

**CME POST-TEST****All post-tests must be completed and submitted online.**

EXPIRATION DATE: SEPTEMBER 2022

Earn Category I CME Credit by reading both CME articles in this issue, reviewing the post-test, then taking the online test at <http://cme.aapa.org>. Successful completion is defined as a cumulative score of at least 70% correct. This material has been reviewed and is approved for 1 hour of clinical Category I (Preapproved) CME credit by the AAPA.

**CERVICAL CANCER SCREENING**

- 1. Which of the following are examples of inefficiencies in the cervical cancer screening process that may lead to variable screening rates?**
  - a. patients are screened too frequently, laboratory results are mismanaged, patients are lost to follow-up, or patients who are at risk and should be screened are not screened
  - b. patients are screened too frequently, laboratory results are mismanaged, patients are lost to follow-up, or patients are treated incorrectly
  - c. patients are screened too frequently, patients are overmanaged, patients are lost to follow-up, or patients who are at risk and should be screened are not screened
  - d. patients are screened too frequently, patients are treated incorrectly, patients are lost to follow-up, or patients who are at risk and should be screened are not screened
  
- 2. Which of the following factors increases a patient's risk for cervical cancer?**
  - a. nulliparity
  - b. first sexual activity after age 18 years
  - c. use of recreational drugs
  - d. sexually transmitted infections such as HPV, chlamydia trachomatis, HIV, and herpes simplex virus
  
- 3. According to current guidelines, which statement is correct?**
  - a. Screening guidelines vary depending on the patient's age at initiation of sexual activity.
  - b. The ACS advises beginning cervical cancer screening at age 25 years because of the low cervical cancer incidence and mortality among younger patients.
  - c. All five cancer screening organizations agree to discontinue screening after age 60 years in patients who have had adequate previous screening.
  - d. The ACS advises beginning cervical cancer screening at age 25 years because the incidence of transient infections is low.
  
- 4. Cervical cancer screening methods include which of the following?**
  - a. cytology testing, primary HPV testing, Pap and HPV co-testing, and/or reflex testing
  - b. cytology testing, primary HPV testing, Pap and HPV co-testing, testing for gonorrhea and chlamydia
  - c. cytology testing; primary HPV testing; Pap and HPV co-testing; testing for gonorrhea, chlamydia, and herpes simplex
  - d. cytology testing; primary HPV testing; Pap and HPV co-testing; testing for gonorrhea, chlamydia, herpes simplex, and HIV
  
- 5. Which abnormal cervical screening result indicates changes in cervical cells that are almost always a sign of an HPV infection?**
  - a. AGC
  - b. ASC-H
  - c. ASC-US
  - d. HSIL

**ICU SURVIVORSHIP**

- 6. What is the most-commonly reported manifestation of PICS?**
  - a. weakness
  - b. new-onset diabetes
  - c. cognitive impairment
  - d. depression
  
- 7. ICU survivors who meet criteria for depression most commonly present with which types of symptoms?**
  - a. loss of energy, fatigue, and loss of appetite
  - b. nightmare, intrusive memories, and hyperarousal
  - c. sadness, tearfulness, and hopelessness
  - d. weight gain/loss, sexual dysfunction, mood swings
  
- 8. Which of the following is the most commonly diagnosed new chronic disease in patients during the year following an ICU stay?**
  - a. diabetes
  - b. hypercholesterolemia
  - c. COPD
  - d. epilepsy
  
- 9. Which of the following mechanisms best accounts for the increased risk of diabetes following a critical illness?**
  - a. weight gain
  - b. corticosteroid treatment
  - c. decreased physical activity
  - d. stress-induced hyperglycemia
  
- 10. What percentage of patients survive an ICU hospitalization?**
  - a. 5%
  - b. 10%
  - c. 15%
  - d. 20%