DATE: January 25, 2017
LOCATION: Sandridge Auditorium (McKim Hall)
TIME: 8:00 – 9:00am
TITLE: “Clinical and Personal Comparative Effectiveness”
Speaker: Julie A. Freischlag, M.D.
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LEARNING OBJECTIVES:
1. Describe comparative effectiveness – both personal and medical.
2. List the primary risk factors for abdominal aortic aneurysms. (smoking, hypertension, genetic predisposition, hemodynamic factors)
3. Explain the impact of key factors on survival from ruptured AAA repair. (hospital teaching status, type of specialty training, rural hospital location, elective endovascular repair vs traditional open repair)

QUESTIONS:
1. Effectiveness differs from efficacy:
   a. they do not differ.
   b. by measuring theoretical outcomes.
   c. by measuring outcomes in actual settings.
   d. by measuring outcomes under ideal circumstances.
2. Factors associated with the etiology of abdominal aortic aneurysm include all but:
   a. smoking.
   b. genetic predispositions.
   c. hypertension.
   d. diabetes.
3. Endovascular repair of abdominal aortic aneurysm has the advantage of:
   a. Being less expensive.
   b. Better long-term survival in younger patients.
   c. Better long-term survival in older patients.
   d. Less incidence of post-operative rupture.
4. What size once reached of an abdominal aortic aneurysm that requires elective repair in a patient who is a candidate for intervention is:
   a. 3.5 cm
   b. 4.5 cm
   c. 5.5 cm
   d. 7.5 cm
   e. size is not important - only symptoms are
5. **Rural hospitals:**
   a. Face a higher proportion of patients presenting with ruptured abdominal aortic aneurysms
   b. Should not transfer patients with ruptured aneurysms to another hospital
   c. Have higher mortality rates if a ruptured abdominal aortic aneurysm is repaired there
   d. Are not teaching hospitals

**Disclosures:**
Dr. Julie Freischlag has indicated that he does not have any personal or professional financial relationships with commercial entities producing healthcare goods and/or services. (See Submitted COI)