

JTGGA CME/CPD CREDITING



Answer form for the article titled “Fertility preservation in Turkey: a global look for nationwide strategy development” within the scope of CME/CPD

1. Please mark which doctors mostly refer their oncology patients for oncofertility consultation?

- a. Haematologists
- b. Medical oncologists
- c. Surgical oncologists
- d. Gynecological oncologists
- e. Urooncologists

2. Please mark the most frequent malignancies observed among young individuals aged between 15-24 in Europe?

- a. Hodgkin's lymphoma, testicular cancer and malignant melanoma
- b. Breast cancer, non-Hodgkin's lymphoma, Testicular cancer
- c. Leucemia, malignant melanoma, cervix cancer
- d. Ewing's Sarcoma, Hodgkin's lymphoma, Breast cancer
- e. Breast cancer, Melanoma, Testicular cancer

3. What is the most frequently encountered malignancy in women aged <35?

- a. Cervix cancer
- b. Breast cancer
- c. Lung cancer
- d. Hodgkin's lymphoma
- e. Malignant melanoma

4. Please mark which one is not a treatment option for oncofertility patient who has a chance for fertility preservation?

- a. Random Start ovarian stimulation Protocols
- b. *In vitro* oocyte maturation programs
- c. Short adjuvant chemotherapy before ovarian stimulation
- d. Oocyte freezing
- e. Ovarian tissue freezing

5. Choose the wrong answer

- a. Lethal dose of radiotherapy for primordial follicle damage is 4 gray
- b. The most toxic chemotherapeutic agent for ovarian reserve is cyclophosphamide
- c. Combined chemotherapy is more lethal for follicles
- d. Whole body radiotherapy is detrimental for ovarian reserve
- e. Laparoscopic oophorectomy may reduce the harms of pelvic radiotherapy

6. Which is not an indication for fertility preservation for non oncological reasons?

- a. Premature ovarian failure (POF)
- b. Chromosomal and Genetic abnormalities (Turner syndrome, 47, XXX, Fragile X GALT enzyme or FSH receptor mutation)
- c. Autoimmune diseases (Thyroid, polyglandular, multiple endocrine)
- d. Environmental factors (Malaria, varicella, shigella may cause POF)
- e. Endometrioma

JTGGGA CME/CPD CREDITING



Answer form for the article titled “Fertility preservation in Turkey: a global look for nationwide strategy development” within the scope of CME/CPD

1st Question

A	B	C	D
---	---	---	---

2nd Question

A	B	C	D
---	---	---	---

3rd Question

A	B	C	D
---	---	---	---

4th Question

A	B	C	D
---	---	---	---

5th Question

A	B	C	D
---	---	---	---

6th Question

A	B	C	D
---	---	---	---

People who answer these questions will receive “2 TMA-CME/CPD credits”

TMA-CME CREDITING BOARD ENQUIRY FORM

JTGGGA MANUSCRIPT 2019/3

DATE

TR Identification Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

This form will not be reviewed if TR Identification Number is not stated.

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Signature

..... The City You Work In

Your Institution

.....

IMPORTANT NOTE: You may apply for Turkish Medical Association CME/CPD credits by answering the questions in the front page, filling in your personal information and sending this form to “Abdi İpekçi Cad. No: 2/7 34367 Nişantaşı, İstanbul” by post. This form should arrive to the above-mentioned address latest by November 30, 2019