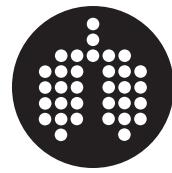


# CME Credit Application Form

## (1 CME credit)



To receive CME credits, read the CME article in this issue, indicate the correct responses to the educational questions and complete the requested information. This form is also available in electronic format at [www.erj.ersjournals.com/current.dtl](http://www.erj.ersjournals.com/current.dtl). To return your application, you can either:

- use this form and return it completed to ERS Publications Office, 442 Glossop Road, Sheffield, S10 2PX, UK;  
fax to +44-114-2665064; or e-mail to [info@ersj.org.uk](mailto:info@ersj.org.uk)
- fill in the online form at [www.erj.ersjournals.com/current.dtl](http://www.erj.ersjournals.com/current.dtl)

Certificates will be e-mailed to the address filled in below. Please allow 4 weeks for processing.

**CME credit applications are now free of charge.**

### Applicant personal details.

ERS Membership No. (if known): ..... Date of Birth (DD/MM/YYYY): .....

Family Name: ..... First Name: .....

Mailing Address: .....

Postal Code: ..... City: ..... Country: .....

Telephone: + ..... E-mail: .....

### Educational questions.

"Radial probe EBUS *versus* CT-guided needle biopsy for evaluation of peripheral pulmonary lesions: an economic analysis"

**1. In economic analyses, the most cost beneficial approach is that associated with:**

- The highest quality-adjusted life years.  The lowest absolute cost expenditure.  The lowest downstream costs.  The highest reimbursement to the health facility.

**2. In economic analysis, sensitivity analyses examine:**

- Areas where cost outcomes may be significantly affected by even minor changes in input parameters.  The effect on cost outcomes of altering various input parameters from "base-case" values.  The variation in cost outcomes between modelling based on institutional "base-case" costs and modelling based on data obtained from published material.  The input parameter that exerts the greatest influence on cost outcomes.

**3. In the calculation of cost-effectiveness in transient disease/discomfort states, disutility may be measured by all of the following except:**

- The time trade-off (TTO) technique, where a patient decides between a longer period of time in less optimal health versus a shorter period in good health.  Wait trade-off (WTO) technique, where patients' quantify their willingness to wait longer in a disease state to avoid unpleasant side-effects.  Calculation of the reduced utility of life-years gained by an intervention when those gained years would be lived in less than perfect health.

**4. Decision tree modelling is based on:**

- Theoretical patients, but real-world health care costs and published procedural outcomes.  Real patients, but estimated health care costs and ideal procedural outcomes.  Theoretical patients and procedural outcomes, but real-world health care costs.  Real patients, health care costs and procedural outcomes.

**5. In determination of disutility of a diagnostic procedure, according to the wait-trade-off (WTO) technique, disutility may be experienced by patients as a result of all of the below outcomes except**

- Pain.  Complications.  Non-diagnostic procedure.  Diagnosis of cancer.