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True or False: Women are at an increased risk of cardiovascular events.

True

False

**Feedback for incorrect answers**

This is true, review data via link:

[PCOS and CV Risk](#)

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What is the gold standard for diagnosing MAFLD?

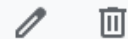
1 points

Liver biopsy ✓

Indirect markers: platelet count, transaminases, coagulation panel

Direct markers: markers of fibrogenesis/ fibinolysis (extracellular matrix turnover)

**Feedback for incorrect answers**



Liver biopsy is the gold standard for diagnosing MAFLD and required. There are tests that can be done to measure changes of having fibrosis or not (but not for diagnosis).

The amount of weight loss required to see improvement in fibrosis on liver biopsy is:

1 points

A.  $\geq 5\%$

B.  $\geq 7\%$

C.  $\geq 10\%$  ✓

D.  $\geq 15\%$

**Feedback for incorrect answers**



Equal to or greater than 10% of weight loss was required to see improvement in fibrosis on liver biopsies (Vilar-Gomez, Gastro 2015).

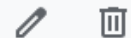
[Weight loss and NASH res...](#)

Data from the PIVENS study shows that Vitamin E:

1 points

- A. Improves NASH histology and fibrosis
- B. Improves NASH histology but not fibrosis
- C. Improves fibrosis but not NASH histology
- D. Does not improve NASH histology nor fibrosis

**Feedback for incorrect answers**



Vitamin E was shown to improve NASH histology but not fibrosis.

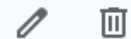
[↪ Vitamin E data](#)

What are the molecular targets for teprotumumab, rituximab, and tocilizumab?

1 points

- A) TSH-R, CD20, IL6
- B) IGF-1R, CD3, IL6
- C) TSH-R, CD20, IL8
- D) IGF-1R, CD20, IL6

**Feedback for incorrect answers**



D is correct. Teprotumumab targets the insulin like growth factor 1 receptor. Rituximab targets the CD20 protein primarily found on the surface of B cells. Tocilizumab targets the interleukin-6 cytokine.

True or False: Once daily oral DMAU taken with food suppresses hormones required for sperm production in men AND it was fully reversible.

1 points

- True
- False

**Feedback for incorrect answers**



This is true. Thirumalai et. al. found via dose finding study that with once daily DMAU, LH and Testosterone were completely suppressed (castrate levels) after 3 days of use and went back to baseline when stopped with recheck at follow up (complete reversibility).

[↪ Once daily DMAU and mal...](#)

Which is/are true about alternate-day fasting (ADF) (select all that apply)?

1 points

- A. One study of a 22-day study with 16 people showed induced weight and fat loss.
- B. The same study in those 16 individuals showed increased hunger with no signs of lessening, suggesting this is not sustainable.
- C. Two studies of ADF versus continuous energy restriction reported conflicting results for weight loss.
- D. Clinicians may still mention ADF to patients since a lot of the data we have re: intermittent fasting in rodents come from ADF

Feedback for incorrect answers



All of the above are true. While weight loss was observed, the data suggested that through the 22 days of the study, hunger was increased compared to baseline and not lessening overtime, and the authors concluded this would not be a sustainable model in humans. However, a lot of the data available in IF with rodents comes from ADF.

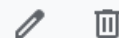
[↪ Alternate Day Fasting weig...](#)

A 66-year old man presents with low energy. His libido think that his libido has declined. He reports that his erections are not as firm as they used to be. He has well-controlled hypertension and mild chronic obstructive pulmonary disease. Exam is remarkable for a BMI of 29 and is otherwise normal. Fasting serum total testosterone at 8 AM is 260 and 266 ng/dL (normal: 264-870 ng/dL) on 2 different days. Serum FSH and LH are 5 IU/L and 11 IU/L (normal: 1-7 IU/L). Bone mineral density T score by DXA is - 2.1 at the spine and hip. How would you describe his gonadal function?

1 points

- A. Primary hypogonadism
- B. Secondary hypogonadism
- C. Mixed primary and secondary hypogonadism
- D. Eugonadism

Feedback for incorrect answers



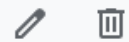
Answer: D Eugonadism.  
He has non-specific symptoms.  
He has an normal serum total testosterone and reasons for a low serum total testosterone due to low SHBG (obesity). The effects of increasing BMI > the effects of aging on SHBG.  
Pre-test probability of hypogonadism in a man with no specific symptoms and a normal serum total testosterone and gonadotropins and no identifiable disorder of the HPG axis is 1%.

What is/are factors that increase risk of DVT with COCs (select all that apply)?

1 points

- Presence of an inherited thrombophilia ✓
- Use of 3rd and 4th generation progestins ✓
- Older age ✓
- Increased BMI ✓
- Smoking ✓

**Feedback for incorrect answers**



All of these factors increase risk of DVT with COCs. For inherited thrombophilia, we need to screen >20,000 to prevent 1 death of VTE. Regarding age, VTE risk is 4-fold higher in women >39 years compared to adolescents (10 vs 2.5 vases/10,000 women years).  
Eur J Contraception Reprod Health Care 200; 5: 265