

JTGGA CME/CPD CREDITING



Answer form for the article titled “The implications of male human papilloma virus infection in couples seeking assisted reproduction technologies” within the scope of CME/CPD

1. Which of the below statement is NOT TRUE for male HPV infection?

- a. HPV is the most common sexually transmitted viral disease in men.
- b. The HPV infection in men does not clear without effective treatment.
- c. Symptomatic men usually admit to clinic with penile warts.
- d. Resection of the infected tissue is usually mode of treatment.

2. Which is NOT TRUE about the association about HPV infection and male infertility?

- a. HPV might impair fertility potential of men, as it is associated with reduced sperm motility and idiopathic asthenozoospermia.
- b. Infected men have more anti-sperm antibodies positive sperm cells.
- c. In infected males, HPV was detected at the sperm head in the whole sperm population.
- d. HPV DNA present in semen plasma only represents part of detectable HPV DNA.

3. Which of the following is CORRECT for HPV infected male during ART?

- a. Routine sperm washing techniques can be used to eliminate HPV-DNA from samples.
- b. Before ART cycle, HPV has to be screened according to European and American screening guidelines.
- c. FISH analyses can be used to select non-infected spermatozoa for ICSI.
- d. Modified swim-up with Heparinase-III is the best method to prepare infected semen samples in ART.

4. Regarding the HPV infected couples in ART, which is TRUE?

- a. The reproductive outcomes are poor compared with non-infected couples, with lower implantation and blastocyst formation rates.
- b. Viral genome expression is not detected at blastocysts and trophoblasts.
- c. The cumulative pregnancy rates of infected and non-infected couples are similar.
- d. HPV viral genome expression in early stages of the embryo development does not reduce the invasiveness of trophoblastic cells.

5. Which is NOT TRUE about the data about pregnancy outcomes of couples with HPV infected couples?

- a. In infertile couples significantly higher abortion rate was observed in infected couples compared with non-infected.
- b. In women with HPV infection the rate of spontaneous abortion is two-fold compared with HPV negative women.
- c. The apoptosis of embryonic cells through fragmentation in infected embryos is reported as the probable cause of pregnancy loss.
- d. There is never a plausible risk of injecting sperm containing HPV in ART cycles.

6. Which of the below needs to be answered to improve ART outcomes and safety in HPV infected males?

- a. An effective validated method for screening for HPV infection at spermatozoa level of all couples before IVF.
- b. The cost-effectiveness of vaccination of males.
- c. The possible negative impact of male infection on assisted fertilization, and pregnancy outcomes.
- d. All of the above.

JTGGGA CME/CPD CREDITING



Answer form for the article titled “The implications of male human papilloma virus infection in couples seeking assisted reproduction technologies” 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 2018/1

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 May 31, 2018.