

JTGGA CME/CPD CREDITING



Answer form for the article titled “The role of leptin in the male reproductive system” within the scope of CME/CPD

- 1. What is the primary role of leptin in the male reproductive system?**
 - a. Increase testosterone levels in Leydig cells
 - b. Act as an antioxidant in sperm cells
 - c. Regulate reproductive functions through the hypothalamic-pituitary-gonadal (HPG) axis
 - d. Stimulate spermatogenesis directly in the seminal vesicles
- 2. Which leptin receptor isoform is primarily responsible for mediating signal transduction in the hypothalamus?**
 - a. Ob-Ra
 - b. Ob-Rb
 - c. Ob-Re
 - d. Ob-Rc
- 3. How does leptin influence energy homeostasis and body weight regulation?**
 - a. Stimulating insulin release from the pancreas
 - b. Suppressing agouti-related peptide (AGRP) and neuropeptide Y (NPY) neurons
 - c. Binding to receptors in adipocytes to induce fat breakdown
 - d. Directly enhancing mitochondrial activity in skeletal muscles
- 4. What is the consequence of leptin resistance in obese men?**
 - a. Decreased ROS production in the testes
 - b. Enhanced steroidogenesis in Leydig cells
 - c. Disruption of the blood-testis barrier (BTB) integrity
 - d. Increased motility of sperm
- 5. Which signaling pathway is NOT associated with leptin-mediated reproductive regulation?**
 - a. JAK/STAT3
 - b. PI3K/AKT
 - c. AMPK inhibition
 - d. All of the above
- 6. What is the most significant factor contributing to leptin’s adverse effects on sperm quality in obesity?**
 - a. Increased leptin receptor expression in sperm cells
 - b. Reduced triglyceride levels in seminal plasma
 - c. Excessive production of reactive oxygen species (ROS)
 - d. Suppression of kisspeptin neuron activity

JTGGGA CME/CPD CREDITING



Answer form for the article titled “The role of leptin in the male reproductive system” within the scope of CME/CPD

1st Question

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

4th Question

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

2nd Question

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

5th Question

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

3rd 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 2024/4

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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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 28 February, 2025.