

Approach to the patient with Resistance to Thyroid Hormone and Pregnancy
by Roy E. Weiss, Alexandra Dumitrescu and Samuel Refetoff

1. *Women with RTH have miscarriage rates that are:*

- a) the same as unaffected women
- b) twice the rate of unaffected women
- c) 3-4 times the rate of unaffected women
- d) higher than unaffected women due to the frequency of premature labor and pre-eclampsia

2. *Unaffected infants born to RTH mothers have:*

- a) macrosomia and goiter
- b) suppressed serum TSH at birth and low birth weight
- c) high serum TSH at birth and normal birth weight
- d) lower serum TSH in adulthood

3. *The diagnosis of RTH is not consistent with which one of the following:*

- a) suppressed serum reverse T₃ concentration
- b) goiter
- c) tachycardia
- d) suppressed serum TSH

4. *In which of the following cases would it be appropriate to prescribe thyroid hormone lowering therapy for the gravida:*

- a) An RTH mother with an RTH fetus who is homozygous for a missense mutation in the thyroid hormone receptor β .
- b) An RTH mother with history of short stature and seizure disorder with an IQ of 60 and baseline heart rate of 99-110 with a normal fetus.
- c) An unaffected mother with an RTH fetus (father had RTH) without any evidence of a goiter on screening fetal ultrasound
- d) An RTH mother carrying an unaffected fetus who has a free T₄ 20% above the upper limit of normal.

Contact Information (please print):

First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Degree(s): _____ Endocrine Society Member or Subscriber ID # (if available): _____

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Which of the following best describes your primary area of practice?

- Endocrinology, Diabetes & Metabolism
 Pediatric Endocrinology

- Reproductive Endocrinology
 Other: _____

Post-Activity Test Answers:

- | | | | | | | | | | | | | | | | |
|------------|----|----|----|------------|----|----|----|------------|----|----|----|------------|----|----|----|
| Question 1 | | | | Question 2 | | | | Question 3 | | | | Question 4 | | | |
| a) | b) | c) | d) | a) | b) | c) | d) | a) | b) | c) | d) | a) | b) | c) | d) |

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| | Yes | No |
|--|--------------------------|--------------------------|
| 1. Did the program meet the stated learning objectives? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The content was clinically/scientifically sound and evidence-based. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The program was free of commercial bias or influence. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "NO" to question 3, please explain:

| | Excellent | Above average | Average | Below average | Poor |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 4. Format and organization of activity: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Definitely | Very likely | Possibly | Unlikely | Not at all | Not applicable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. Will the information you received in this activity help you to improve your clinical practice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "DEFINITELY" or "VERY LIKELY" to question 5, please explain:

Answers: 1. c) 2. b)
3. a) 4. d)

| Definitely | Very likely | Possibly | Unlikely | Not at all | Not applicable |
|------------|-------------|----------|----------|------------|----------------|
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6. Will your patients benefit from your participation in this activity?

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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If you answered "DEFINITELY" or "VERY LIKELY" to question 6, please explain:

| Extremely relevant | Very relevant | Somewhat relevant | Not very relevant | Not at all relevant | Not applicable |
|--------------------|---------------|-------------------|-------------------|---------------------|----------------|
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7. Please rate the overall relevance of the topics covered to your clinical practice:

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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8. If applicable, describe any barriers to implementing what you have learned:

If you have identified a barrier, please tell us how we may help you overcome this barrier:

9. Please identify one or more clinical practice needs or challenges or you face that should be addressed in future CME activities:

| Yes | No |
|-----|----|
|-----|----|

10. In order to assess the impact of this educational activity on your clinical practice, The Endocrine Society would like to receive your feedback in a follow-up survey, to be sent 2-3 months following the live program. Please check "YES" if you would like to participate in this survey.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
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THANK YOU FOR YOUR INPUT!



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