

**CONTINUING PROFESSIONAL DEVELOPMENT ACTIVITY FOR DIETITIANS**

SAJCN CPD activity No. 48 – 2007

You can obtain 3 CEUs for reading the article: "The role of nutritional intervention in children with nephroblastoma" and answering the accompanying questions. This article has been accredited for CEUs for dietitians. (Ref. number: DT/A01/P00008/2007/00007)

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**100**

**HOW TO EARN YOUR CEUs**

1. Check your name and HPCSA number.
2. Read the article and answer all the questions.
3. Only **ONE** answer sheet may be submitted per article.
4. Indicate your answers to the questions by colouring the appropriate block in the cut-out section at the end of this questionnaire.
5. You will earn 3 CEUs if you answer more than 70% of the questions correctly. A score of less than 70% will not earn you any CEUs.
6. Make a photocopy for your own records in case your form is lost in the mail.
7. Send the cut-out answer form **by mail**, NOT BY FAX to: SAJCN CPD activity **No. 48**, c/o Department of Human Nutrition, PO Box 19063, Tygerberg, 7505 to **reach the office not later than 12 February 2008**. Answer sheets received after this date will not be processed.

**PLEASE ANSWER ALL THE QUESTIONS**

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| <ol style="list-style-type: none"> <li>1. The objective(s) of nutrition support in children with malignancies include:                     <ul style="list-style-type: none"> <li>[a] Reducing loss of lean body mass</li> <li>[b] Limiting weight loss</li> <li>[c] Increasing activity levels</li> <li>[d] A and B</li> <li>[e] A and C</li> </ul> </li> <li>2. In children with malignancies, reducing loss of lean body mass and limiting weight loss:                     <ul style="list-style-type: none"> <li>[a] Allows effective antineoplastic treatment</li> <li>[b] Allows tolerable toxicity</li> <li>[c] Reduces complications</li> <li>[d] Improves survival</li> <li>[e] All of the above</li> </ul> </li> <li>3. Weight loss of more than 10% within 6 months does not have adverse outcomes such as complications and death due to malnutrition.                     <ul style="list-style-type: none"> <li>[a] True</li> <li>[b] False</li> </ul> </li> <li>4. All patients in the present study received neo-adjuvant chemotherapy prior to undergoing a nephrectomy.                     <ul style="list-style-type: none"> <li>[a] True</li> <li>[b] False</li> </ul> </li> <li>5. Mid-upper arm circumference and tricep-skinfold thickness measurements, as well as weight-for-height data, were not included in the study due to incomplete data.                     <ul style="list-style-type: none"> <li>[a] True</li> <li>[b] False</li> </ul> </li> <li>6. Snacks and nutritional drinks were not given to all nephroblastoma patients on a daily basis.                     <ul style="list-style-type: none"> <li>[a] True</li> <li>[b] False</li> </ul> </li> </ol> | <ol style="list-style-type: none"> <li>7. The following determined whether nasogastric tube feeding was initiated in a patient:                     <ul style="list-style-type: none"> <li>[a] Dropping a percentile group on the growth chart</li> <li>[b] Adverse clinical features</li> <li>[c] Unable to take a full diet for 3 or more days</li> <li>[d] All of the above</li> </ul> </li> <li>8. Ten per cent of patients were malnourished on admission and 45% of these patients received nasogastric feeds.                     <ul style="list-style-type: none"> <li>[a] True</li> <li>[b] False</li> </ul> </li> <li>9. In this study, the more 'sickly' patients who received nasogastric feeds gained similar weight to those 'healthier' patients who received only oral nutritional supplements.                     <ul style="list-style-type: none"> <li>[a] True</li> <li>[b] False</li> </ul> </li> <li>10. Surgery- and chemotherapy-induced side-effects as well as acute radiotherapy toxicity following whole-abdominal radiotherapy did not cause further deterioration in nutritional status.                     <ul style="list-style-type: none"> <li>[a] True</li> <li>[b] False</li> </ul> </li> <li>11. Response to chemotherapy was lower in patients who had lost weight and progressive malnutrition was associated with increasing therapy toxicity.                     <ul style="list-style-type: none"> <li>[a] True</li> <li>[b] False</li> </ul> </li> <li>12. In this study, nutritional support did maintain and/or improve the nutritional status of children with nephroblastoma.                     <ul style="list-style-type: none"> <li>[a] True</li> <li>[b] False</li> </ul> </li> </ol> |
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✂ Cut along the dotted lines and send to: SAJCN CPD activity **No. 48**, c/o Department of Human Nutrition, PO Box 19063, Tygerberg, 7505 to **reach the office not later than 12 February 2008**

HPCSA number: DT |\_|\_|\_|\_|\_|\_|\_|\_|\_|\_|

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Full member of: ADSA: |\_| yes |\_| no      NSSA: |\_| yes |\_| no      SASPEN: |\_| yes |\_| no

**"The role of nutritional intervention in children with nephroblastoma":**

**TT Holzinger, AS Shaik, GP Hadley (DT/A01/P00008/2007/00007)**

Please colour the appropriate block for each question

(e.g. if the answer to question 1 is a: 1) a  b  c  d )

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|---|---|---|
| 1) a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> | 2) a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> | 3) a <input type="checkbox"/> b <input type="checkbox"/>  |
| 4) a <input type="checkbox"/> b <input type="checkbox"/>  | 5) a <input type="checkbox"/> b <input type="checkbox"/>  | 6) a <input type="checkbox"/> b <input type="checkbox"/>  |
| 7) a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/>                            | 8) a <input type="checkbox"/> b <input type="checkbox"/>  | 9) a <input type="checkbox"/> b <input type="checkbox"/>  |
| 10) a <input type="checkbox"/> b <input type="checkbox"/>   | 11) a <input type="checkbox"/> b <input type="checkbox"/>   | 12) a <input type="checkbox"/> b <input type="checkbox"/> |