CME SELF-REPORT CREDIT FORM

Accreditation Statement
This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of Johns Hopkins University School of Medicine and the National Institutes of Health. The Johns Hopkins University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement:
The Johns Hopkins University School of Medicine designates this live activity for 1 credit per session for a maximum of 44 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Clinicopathologic Grand Rounds: Clinical Cases from the NIH Clinical Center
Lipsett Amphitheater, 12:00 Noon – 1:00 p.m., February 17, 2016

From Pathogenesis to Treatment of Chronic Atypical Neutrophilic Dermatosis with Lipodystrophy and Elevated Temperature Syndrome (CANDLE), a Rare Type I IFN-mediated Autoinflammatory Disease

Gina Montealegre, MD, MPH, Staff Clinician, Translational Autoinflammatory Disease Section, NIAMS

Chi-Chia Richard Lee, MD, PhD, Staff Clinician and Dermatopathologist, Laboratory of Pathology, Center for Cancer Research, NCI

Raphaela Goldbach-Mansky, MD, MHS, Acting Chief, Translational Autoinflammatory Disease Section, NIAMS

Ashkan A. Malayeri, MD, Staff Clinician, Radiology and Imaging Sciences, CC

Adriana Almeida de Jesus, MD, PhD, Visiting Scientist, Translational Autoinflammatory Disease Section, NIAMS

Note: To receive CME credit, this form must be completed and returned to the Office of Clinical Research Training and Medical Education by 6 pm on the day of the lecture. Please fax forms to 301-435-5275 or scan and email forms to daniel.mcanally@nih.gov. For CC Grand Rounds CME inquiries, contact Daniel McAnally 301-496-9425

### Table

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<tr>
<th>Date(s)</th>
<th>Maximum Approved Hours per session/per week</th>
<th>Earned Hours</th>
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<tr>
<td>February 17, 2016</td>
<td>1 hour per session/per week</td>
<td>1.0*</td>
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*These hours will be verified by the Office of Continuing Medical Education (OCME) and recorded on your official Transcript.

Please Print Clearly

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<th>Please check one:</th>
<th>Physician</th>
<th>Non-Physician</th>
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NAME - LAST           FIRST           MI           PROFESSIONAL DEGREE

EMAIL (REQUIRED)      PHONE

ADDRESS

SIGNATURE REQUIRED for ALL ATTENDEES:
I attest that the above number credit hour(s) is correct.

X __________________________   __________________________
Signature of Attendee       Date

*These hours will be verified by the Office of Continuing Medical Education (OCME) and recorded on your official Transcript.
FULL DISCLOSURE POLICY AFFECTING CME ACTIVITIES

Clinical Center Grand Rounds
Lipsett Amphitheater
Bethesda, Maryland
February 17, 2016

As a provider approved by the Accreditation Council for Continuing Medical Education (ACCME), it is the policy of the Johns Hopkins University School of Medicine Office of Continuing Medical Education (OCME) to require signed disclosure of the existence of financial relationships with industry from any individual in a position to control the content of a CME activity sponsored by OCME. Members of the Planning Committee are required to disclose all relationships regardless of their relevance to the content of the activity. Speakers are required to disclose only those relationships that are relevant to their specific presentation. The following relationships have been reported for this activity:

SPEAKERS LECTURE TITLES AND NAME

From Pathogenesis to Treatment of Chronic Atypical Neutrophilic Dermatosis with Lipodystrophy and Elevated Temperature Syndrome (CANDLE), a Rare Type I IFN-mediated Autoinflammatory Disease

Gina Montealegre, MD, MPH
Chi-Chia Richard Lee, MD, PhD
Raphaela Goldbach-Mansky, MD, MHS
Ashkan A. Malayeri, MD
Adriana Almeida de Jesus, MD, PhD

No other speaker has indicated that they have any financial interests or relationships with a commercial entity whose products or services are relevant to the content of their presentations.

No planner has indicated that they have any financial interests or relationships with a commercial entity.

Note: Grants to investigators at the Johns Hopkins University are negotiated and administered by the institution which receives the grants, typically through the Office of Research Administration. Individual investigators who participate in the sponsored project(s) are not directly compensated by the sponsor, but may receive salary or other support from the institution to support their effort on the project(s).

OFF-LABEL PRODUCT DISCUSSION

The following speakers have disclosed that their presentation will reference unlabeled/unapproved uses of drugs or products:

NAME AND LECTURE(S)

No speaker has indicated that they will reference unlabeled/unapproved uses of drugs or products.
Please complete the Continuing Medical Education Questionnaire. To indicate your answers, use the rating scale that is shown by circling the number that represents your answer.

**Scale:** 1 - None or Not at all  2 - Very little  3 – Moderately  4 – Considerably  5 – Completely  N/A - Not applicable

**Speakers:** Gina Montealegre, MD, MPH; Chi-Chia Richard Lee, MD, PhD; Raphaela Goldbach-Mansky, MD, MHS; Ashkan A. Malayeri, MD; Adriana Almeida de Jesus, MD, PhD

**Objective:**

**A. Rating of Objectives and Activity**

1. Please rate the attainment of objectives:
   a. Define options and alternatives that will guide clinical practice  1  2  3  4  5  N/A
   b. Evaluate practical information about clinical research principles based on state-of-the-art information about scientific discovery and clinical advances  1  2  3  4  5  N/A
   c. Analyze information and opportunities to increase and improve collaboration between investigators  1  2  3  4  5  N/A

2. The overall quality of the instructional process was an asset to the activity:  1  2  3  4  5  N/A

3. To what extent did participation in this activity enhance your professional effectiveness?  1  2  3  4  5  N/A

4. Will you change your practice in any way as a result of attending this activity?  1  2  3  4  5  N/A

5. Did you perceive any commercial bias?
   Use the following criteria to judge?
   a) The content presented was balanced, evidence-based, demonstrated scientific rigor, and was without commercial bias. ___ No ___ Yes
      If no, please specify: ___________________________________________________
   b) I was informed about the existence and resolution of relevant financial relationships/conflicts of interests of planners and presenters prior to the presentation. ___ No ___ Yes
      If no, please specify: ___________________________________________________
   c) Speakers who discussed off-label, investigational, or alternative uses of products, devices, or techniques disclosed this in their presentation. ___ No ___ Yes
      If no, please specify: ___________________________________________________

**B. Comments:**

1. What comments or suggestions do you have for the faculty presenter(s)?
   ________________________________________________________________

2. Are there any other speakers or new topics you would like to have covered in this or a related activity?
   ________________________________________________________________

3. Do you have additional comments to enhance the utility or impact of the activity?
   ________________________________________________________________

4. May we contact you in several weeks’ time with a very brief survey to assess the usefulness of this CME activity? ___ Yes ___ No  If yes, please provide your email: __________________________