Answer form for the article titled “The effect of dietary habits on oocyte/sperm quality” within the scope of CME/CPD

1. Which of the following mechanisms do not have an influence of nutrition on oocyte and sperm quality?
   a. Maternal nutrition is one of the most important causes of germ cell impairment in utero.
   b. BMI <25 mg/m² affects systemic and inflammatory processes associated with oocyte and sperm quality.
   c. Changes in the metabolic environment in the sperm/follicular fluid affect reproductive cells.
   d. Dietary habits have an impact on local and systemic hormonal changes.

2. Which of the following statements about global diets is true?
   a. Global diets have been classified into three types based on their different composition: omnivorous, Mediterranean, and pescatarian (prudent) diets.
   b. A vegetarian diet completely excludes meat, poultry, and seafood and contains more fiber and more saturated fat, protein, vitamin B12, vitamin D, and calcium.
   c. A pescatarian diet is largely vegetarian but includes seafood.
   d. The Mediterranean diet is characterized by a lower intake of fruits and vegetables, whole grains, sugars, oils, eggs, dairy products, seafood, nuts, and moderate amounts of meat (poultry, pork, beef, and lamb).

3. Which of the following statements about macronutrients is true?
   a. A usual diet consists of 45-55% carbohydrate, 20% fat, and 30% protein.
   b. The European Food Safety Authority recommends an average daily protein intake of 0.66 g/kg body weight.
   c. In gastrointestinal cancers, excessive iron intake has been found to reduce oxidative stress and promote chronic inflammatory processes; it impairs the immune system and may also damage tumor suppressor genes.
   d. Studies have shown that increasing the ratio of long-chain omega-3 fatty acids (OM-3FA) to OM-6FA in the diet promotes chronic inflammatory diseases such as inflammatory bowel disease, asthma, rheumatoid arthritis, and atherosclerosis.

4. In utero diets cause:
   a. Severe obstetric conditions, such as pre eclampsia and preterm birth.
   b. Fetal malformations (neural tube defects, congenital heart defects, cleft lip and/or palate).
   c. Fetal immune system and fetal gut microbiota composition.
   d. All of the above.

5. Which of the following statements about the effects of dietary patterns on sperm quality is not true?
   a. Excessive consumption of high-calorie foods leading to obesity results in increased aromatase enzyme activity and higher systemic 17-estradiol E₂ levels.
   b. Sex hormone-binding globulin also decreases due to obesity, which increases serum estradiol levels and decreases the frequency of pulsatile luteinizing hormone levels.
   c. Increased obesity increases scrotal temperature and impairs sperm quality.
   d. The Mediterranean diet has been associated with decreased semen quality, evaluated by various parameters including volume of the ejaculate, sperm concentration, total sperm count, progressive motility, sperm count, DNA fragmentation index, and poor fertilization rate or pregnancy rate.

6. Which of the following statements about the effects of dietary patterns on oocyte quality is true?
   a. Leptin and adiponectin increase insulin sensitivity and activate related inflammatory systems in obese women.
   b. The Mediterranean diet is associated with increased serum oestradiol, oestrone sulphate and oestrone levels in premenopausal women.
   c. The Nurses’ Health Study 2 showed that consumption of polyunsaturated fats, low-glycaemic carbohydrates, low-fat dairy products, iron from animal products and “fertility diet” supplements was associated with a lower risk of infertility.
   d. The dietary study has several limitations, including methodological differences, small groups, short-term follow-up, poorly designed endpoints, confounding circumstances.
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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

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