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# CARDIOLOGY GRAND ROUNDS

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**Title: Fractional flow reserve (FFR) Computed tomography (CT)**

**Speaker: John R. Lesser, MD**  
**Medical Director CT/CMR**  
**Minneapolis Heart Institute® at Abbott Northwestern Hospital**

**Date: Monday, December 7, 2015,**

**Time: 7:00 – 8:00 AM**

**Location: ANW Education Building, Watson Room**

*Physician:* This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Allina Health and Minneapolis Heart Institute Foundation. Allina Health is accredited by the ACCME to provide continuing medical education for physicians.

Allina Health designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

*Nurse:* This activity has been designed to meet the Minnesota Board of Nursing continuing education requirements for 1.2 hours of credit. However, the nurse is responsible for determining whether this activity meets the requirements for acceptable continuing education.

## DISCLOSURE STATEMENTS

### Speaker

Dr. Lesser has declared he does not have any conflicts of interest to disclose.

### Planning Committee

Dr. Michael Miedema, and Jolene Bell Makowsky have declared that they do not have any conflicts of interest associated with the planning of this activity. Dr. Robert Schwartz declared the following relationships - stockholder: Cardiomind, Interface Biologics, Aritech, DSI/Transoma, InstyMeds, Intervolve, Medtronic, Osprey Medical, Stout Medical, Tricardia LLC, CoAptus Inc, Augustine Biomedical; scientific advisory board: Abbott Laboratories, Boston Scientific, MEDRAD Inc, Thomas, McNerney & Partners, Cardiomind, Interface Biologics; options: BackBeat Medical, BioHeart, CHF Solutions; speakers bureau: Vital Images; consultant: Edwards LifeSciences.

**PLEASE SAVE A COPY OF THIS FLIER AS YOUR CERTIFICATE OF ATTENDANCE**

**Signature:** \_\_\_\_\_

*My signature verifies that I have attended the above stated number of hours of the CME activity.*

*Allina Health - Learning & Development - 2925 Chicago Ave - MR 10701 - Minneapolis MN 55407*