

CARDIOLOGY GRAND ROUNDS

**Title: Assessing severity of aortic valve stenosis in low-flow conditions:
Back to the basics and ongoing research trials**

Speaker: Said Alsidawi, MD, Cardiologist
Minneapolis Heart Institute® at Abbott Northwestern Hospital

Date: Monday, May 1, 2017

Time: 7:00 – 8:00 AM

Location: ANW Education Building, Watson Room

OBJECTIVES

At the completion of this activity, the participants should be able to:

1. Identify the concept of low-flow aortic stenosis and be able to calculate aortic valve flow rate using echocardiography.
2. Associate the challenges of dobutamine stress echocardiography for low-flow aortic stenosis and how to best use this test.
3. Recognize how to best assess aortic stenosis severity in the setting of atrial fibrillation.

ACCREDITATION

Physician

Allina Health is accredited by the Accreditation Council for Continuing Medical Education (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)*TM. Physicians should only claim 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

Moderator(s)/Speaker(s)

Dr. Alsidawi has disclosed that he does not have any conflicts of interest in making this presentation.

Planning Committee

Dr. Alex Campbell, Dr. Kevin Harris, Rebecca Lindberg, Dr. Michael Miedema, Dr. JoEllyn Carol Moore, Dr. Scott Sharkey, and Jolene Bell Makowsky have declared that they do not have any conflicts of interest associated with the planning of this activity. Dr. David Hurrell declares the following relationship –Boston Scientific: Chair, Clinical Events Committee.

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Biotronik, Inc.**

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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.

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