

# CARDIOLOGY GRAND ROUNDS

**Title: Cutting Out the Middle Man: Transcervical Approach to Carotid Stenting**

**Speaker: Jessica M. Titus, MD**

Vascular and Endovascular Surgeon  
Minneapolis Heart Institute® at Abbott Northwestern Hospital

**Date: Monday, September 11, 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. Describe previous limitations associated with carotid stenting.
2. Demonstrate a knowledge of the benefits of flow reversal.
3. Define the patient populations that can benefit from stenting versus endarterectomy.

## 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)*<sup>™</sup>. 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. Titus has disclosed that she does not have any conflicts of interest in making this presentation.

### Planning Committee

Dr. Alex Campbell, Dr. Kevin Harris, Rebecca Lindberg, Amy McMeans, Dr. Michael Miedema, Dr. JoEllyn 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.

**We gratefully acknowledge the following organizations for their financial contributions for this activity:**

**Astellas Pharma US. Inc.**

**Novartis**

**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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