

MHIF CARDIOLOGY GRAND ROUNDS

Title: Bioprosthetic Valve Thrombosis: what have we learned in 5 years?

Speaker: Sorin V. Pislaru, MD, PhD, FACC, FASE
Professor of Medicine
Vice-Chair, Division of Cardiovascular Ultrasound
Mayo Clinic

Date: April 23, 2018

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. Define incidence of bioprosthetic thrombosis.
2. Describe approach to diagnosis.
3. Recognize therapeutic options.

ACCREDITATION

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)*TM. 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 1.0 hours of credit. However, the nurse is responsible for determining whether this activity meets the requirements for acceptable continuing education.

DISCLOSURE STATEMENTS

Speaker

Dr. Pislaru has disclosed that he does not have a conflict of interest in making this presentation.

Planning Committee

Dr. Alex Campbell, Jake Cohen, Jane Fox, Dr. Mario Goessl, Dr. Kevin Harris, Dr. Kasia Hryniewicz, Rebecca Lindberg, Amy McMeans, Dr. Michael Miedema, Dr. JoEllyn Moore, Pamela Morley, Laura Onstot, 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 commercial support for this activity.

Novartis

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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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