

CARDIOVASCULAR GRAND ROUNDS EVALUATION
ENDURING MATERIALS

Original presentation date: Feb 17, 2016 CV GR EM Evaluation, Cardiac Amyloidosis, Van Selby, MD, Cardiologist @ UCSF

Estimated Time to complete the activity is 45 minutes. Activity and content expires: Feb 17, 2018

Statement of disclosure: John Muir Health has determined that the planning committee members for this activity do not have any affiliations with any corporate organizations that may constitute a conflict of interest. The speaker's disclosures of financial relationships with commercial interests have been identified and resolved.

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POST-COURSE:
Current level of confidence in my skill or ability to:
3=high level, 2= moderate level, 1=low level (circle one)

- | | | | |
|---|---|---|---|
| • Apply current guidelines for, etiology, diagnosis, and treatment of cardiac arrest..... | 3 | 2 | 1 |
| • Discuss the role of hypothermia..... | 3 | 2 | 1 |
| • Review update on CPR and medical management..... | 3 | 2 | 1 |
| • Review Interventional Therapies | 3 | 2 | 1 |
| • Utilize Patient Centered Care skill to help patients become better informed and more involved in their health care Decisions..... | 3 | 2 | 1 |

POST TEST: (CIRCLE ONE ANSWER) - To receive CME credit, you must score 100%.

- 1) A 62 year old man presents with 6 months of progressive fatigue and dyspnea. On exam he has jugular venous distention and 2+ lower extremity edema. Electrocardiogram shows sinus rhythm with low QRS voltage and Q waves in the anteroseptal leads. Echocardiogram shows severe biventricular hypertrophy. An abdominal fat pad aspirate is negative for amyloidosis. Which of the following are appropriate at this time?
 - a) Serum/urine immunofixation and free light chain measurement
 - b) Transthyretin gene sequencing
 - c) Bone marrow biopsy
 - d) Endomyocardial biopsy
 - e) No further testing, amyloidosis has been ruled out
 - f) A and D
- 2) A 70 year old woman with recently-diagnosed cardiac AL amyloidosis returns to your office for follow-up. She complains of persistent fatigue and exertional dyspnea. Her blood pressure is 110/75, and heart rate is 85 beats per minute. On physical exam there is no jugular venous distention or lower extremity edema. Her medications include carvedilol, amlodipine, furosemide. An echocardiogram shows biventricular hypertrophy with an ejection fraction of 60%. What is the next best step?
 - a) Increase her carvedilol to lower heart rate and improve diastolic filling
 - b) Increase furosemide
 - c) Start digoxin
 - d) Decrease or discontinue carvedilol

3. Please describe what you will do differently in your practice because you participated today? _____

Physician Name (please print): _____

Dictation # _____

*****IMPORTANT: Date:** _____

Please complete and return this evaluation form in order to receive .75 AMA PRA Category 1 Credit™ for this course

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