TRANSCATHETER AORTIC VALVE REPLACEMENT (TAVR)

Earn up to 20.5 *AMA PRA Category 1 Credits*™ and 14 SAM Credits

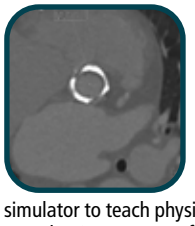
ACR MEMBER: $3,000
MEMBER-IN-TRAINING: $1,500
NON-MEMBER: $4,500

Faculty:

Amar Shah, MD
Course Director
Northwell Health

Stefan Zimmerman, MD
Course Director
Johns Hopkins Medical Institution

Course Overview



This two-day course focuses on the rapidly developing field of structural heart disease. Led by Amar Shah, MD, and Stefan Zimmerman, MD, the course will provide physicians with essential background on the disease process and the central role cardiac CTA and vascular CTA have in the treatment planning process for transcatheter aortic valve replacement (TAVR) therapies. The course provides an individual, hands-on experience with a case simulator to teach physicians how to accurately acquire and interpret cardiac and vascular CTA cases performed during the planning process for TAVR in both routine and challenging scenarios.

Attendees should have prior experience in reading Cardiac CT and familiarity with their specified workstation.

Program Objectives

At the conclusion of this course, participants will be able to:

- Identify relevant anatomy and variants.
- Recognize the role of cardiac and vascular CTA in the planning process for structural heart disease.
- Explain how to obtain cardiac and vascular CTA measurements for valve.
- Recognize imaging features that may impact successful placement of the valve sizing using advanced workstations.
- Identify how to successfully image patients in challenging clinical scenarios (i.e., arrhythmia and renal dysfunction).
- Interpret imaging features that may impact successful placement of the valve.

Workstation

Philips, Siemens, TeraRecon or Vital Images

Certificate

Attendees who interpret a minimum of 40 TAVR cases will be awarded a Certificate of Completion in Transcatheter Aortic Valve Replacement.

Accreditation Statement: The American College of Radiology is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation Statement: The American College of Radiology designates this live activity for a maximum of 20.5 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Qualified on 11/5/2018, this activity meets the American Board of Radiology's criteria for a self-assessment (SAM) activity and is designated for up to 14 SAM Credits toward the ABR Maintenance of Certification program.

Day 1	7:00 a.m.	Workstation Introduction
	8:00 a.m.	**Pathophysiology of Aortic Stenosis**
	8:20 a.m.	**Treatments of Aortic Stenosis: The Rationale for TAVR**
	8:40 a.m.	**CCTA in Structural Heart Disease: Understanding the Aortic Root**
	9:00 a.m.	**CT Protocols for TAVR Annular Measurement**
	9:15 a.m.	**How to Measure the Annulus**
	9:30 a.m.	Break
	9:45 a.m.	Work Simulation I: Annular Segmentation and Measurements
	11:00 a.m.	Work Simulation II: Aortic Root Segmentation and Measurements
	Noon	Lunch
	12:30 p.m.	Work Simulation II (continued)
	1:00 p.m.	**Sizing and Device Selection**
	1:15 p.m.	Work Simulation III: Challenging Aortic Root Cases
	3:00 p.m.	Break
	3:15 p.m.	**Approach to Valve in Valve Cases**
	3:30 p.m.	Work Simulation IV: Valve in Valve
	5:00 p.m.	Summary of Learning Objectives and Questions and Answers
	5:30 p.m.	Cocktail Reception
	6:00 p.m.	Optional Time for Self-Review of Cases
	8:00 p.m.	ACR Education Center Closes
Day 2	7:00 a.m.	Optional Time for Self-Review of Cases
	8:00 a.m.	**Measurements for Vascular Access**
	8:30 a.m.	Work Simulation V: Optimizing Vascular Access
	10:00 a.m.	Break
	10:15 a.m.	**TMVR**
	10:45 a.m.	Work Simulation VI: Challenges in Vascular Access/TMVR
	Noon	Lunch
	12:30 p.m.	Work Simulation VI (continued)
	1:00 p.m.	**TAVR Complications**
	1:15 p.m.	Work Simulation VII: Challenging Cases
	2:45 p.m.	Break
	3:00 p.m.	Work Simulation VII (continued)
	3:30 p.m.	Questions and Answers and Course Wrap-Up
	4:00 p.m.	Course Concludes

Lectures are in bold

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