

2017 ANNUAL SCIENTIFIC MEETING SAM REQUIREMENTS

Per ABR requirements for SAM sessions, 10 questions must be asked during each 1.5-2 hour session. The questions can be split evenly between faculty members. **The ABR has broadened the types of questions that qualify for SAMs – multiple choice, matching, and true/false ARE acceptable and can be used for this meeting.**

Each question must also have a brief explanatory rationale to inform participants as to why each answer option is correct or incorrect.

Each question must include one or more specific references (i.e. book, journal, etc.), which will be given to participants to guide their directed reading as part of their personalized feedback. References will preferably be in standard citation format, assuring that all necessary information is present for participants to locate the specific information relative to the items. It is preferred that these references are not internet based, however if there is more than one reference, it is fine for ONE to be internet based.

EXAMPLE:

Question: Which statement is not true:

- A. Heavy calcification may limit the ability to re-enter the true lumen
- B. Using re-entry devices greatly increases the likelihood of re-entry
- C. Stenting the subintimal space has a lower patency than stenting the true lumen
- D. Most re-entry devices are designed to be used in the SFA and popliteal arteries

Answer: C

Rationale: Stenting the subintimal space does not have a lower patency rate than stenting the true lumen. This has been looked at by a number of investigators but there is no real conclusive evidence to suggest that patency rates are different in either group. Heavy calcification may limit re-entry with both guide wires and with devices. This has been identified as an imitation of the available technology. Overall however success rates are significantly improved when these devices are utilized. The currently available devices are designed for above knee recanalizations. Size limitations are a factor in the tibial vessels.

References:

1. M.J. Bown a,* , A. Bolia b, A.J. Sutton c Subintimal Angioplasty: Meta-analytical Evidence of Clinical Utility Eur J Vasc Endovasc Surg (2009) 38, 323-337.
2. Susanna H. Shin, MD, Donald Baril, MD, Rabih Chaer, MD, Robert Rhee, MD, Michel Makaroun, MD, and Luke Marone, MD, Limitations of the Outback LTD re-entry device in femoropopliteal chronic total occlusions J Vasc Surg 2011;53:1260-4.