Submission Date	Submission Time	Question
05/26/2022	09:09:58	Please comment on how to prepare for the longitudinal exam
		We will review how to prepare for an open book in this talk-- stay tuned. It is important to still do prep in this setting so when you use resources to look things up you have a sense of what you are looking to verify and background on the topic.
05/26/2022	09:12:13	can you give one example on how we actually go through uptodate while answering, is it even possible to do that with the time available
		We can not give you screen shots of the ABIM exam due to security issues. We will go over strategies on how to prepare for an open book exam.
05/26/2022	09:12:55	what does ultimate pass rate means
		The difference between the ultimate pass and pass rate reflects those who may not pass on first attempt but retake and pass.
05/26/2022	09:14:35	For recertification is the access to uptodate automatic and how does one apply for that ?
		Yes-- you will have access to UptoDate for the maintenance of certification exam.
05/26/2022	09:18:12	where are the practice tests?
		If you go to the ABIM website they offer tutorials that you can review to get familiar with the platform.
05/26/2022	09:20:59	For ABIM 2022 certification, is MKSAP 18 good enough for the exam or do we NEED MKSAP 19?
		We don't have direct knowledge of the content of the ABIM exam --- and while there will be clinical updates that are different between newer or prior version of test prep material the general concepts will be present and use of practice questions can be a very helpful for learning/identifying areas for self-study
05/26/2022	09:23:23	Is there a list somewhere of what is updated between mksap 18 and 19
		There is not a list of updates present
05/26/2022	09:24:06	How long do you have for the MOC exam. How many correct answers do you need to pass?

		The cut point for "passing" the exam is not made public.
05/26/2022	09:31:04	Are there any specific resources for a full length exam practice stimulating exam day?
		There are several platforms that have question banks that you can use to design question banks. MKSAP is an example of that-- you can use select which content you want to focus on (i.e., I want a cardiology/GI exam) or you can design it to mimic the exam as a pull from all topics.
05/26/2022	09:31:52	Is there a correlation between average %correct and any passing score on exam
		We don't have access to the exam data from ABIM in this way.
05/26/2022	09:39:03	How long per question does the initial exam average out to?
		The exam per the ABIM website for initial certification is estimated to last approx 10 hours-- and divided into 4 sections with. up to 60 multiple choice exams-- you have up to 2 hours to complete each section with 30 min planned in for a tutorial and up to 100 min of break time that you can divide up over the course of the day between each of the sections.
05/26/2022	09:39:46	Are there any specific resources for a full length exam practice stimulating exam day?
		There is additional information on this within the tutorial on the ABIM website.
05/26/2022	09:40:59	For recertification is the access to uptodate automatic and how does one apply for that ?
		https://www.wolterskluwer.com/en/solutions/uptodate/user-academy-abim-exam
05/26/2022	09:41:35	For recertification is the access to uptodate automatic and how does one apply for that ?
		You can find more info about the use of UptoDate at the link above which is available from the ABIM website.
05/26/2022	09:49:44	What should I use for LKA exam ?
		While LKA is designed to be a longitudinal exam the principles of prep so that you are able to optimize the time you will use to verify/look up answers is important so the resources for prep are similar.

05/26/2022	10:17:40	If there is no role for glucocorticoids in contrast allergy, why is there an IV contrast allergy protocol involving PO prednisone at 13,5 & 1 hr & benadryl 50 mg at 1 hr?
		These are protocols developed by individual institutions-- and there are times when clinical practice and board relevant info don't overlap well. This is an example of that.
05/26/2022	10:26:17	Can you repeat which topical steroids are which class again? Is class 1 more or less potent?
		Class 1 is most potent
05/26/2022	11:21:49	how common in liver failure with oral ketokonazole?
		it is not very common for patients on antifungals to develop acute liver failure, but if it does, the prognosis is often good with swift discontinuation of the drug and proper treatment.
05/26/2022	11:24:05	can you treat/remove Seborrheic keratosis?
		Usually, no treatment is required unless the lesion is symptomatic. .Liquid nitrogen cryotherapy may be an alternative treatment option for lesions that protrude above the skin surface and are irritated from repeated trauma. surgical exicision can also be done, but often the scar can be worse than the lesion, esp on the lower extremities
05/26/2022	11:25:24	Is there any role of oral steroids for Acute Urticaria?
		the best approach is to treat all patients with H1 antihistamines, adding H2 antihistamines for more severe symptoms and reserving oral glucocorticoids only for those patients with prominent angioedema or persistent symptoms despite antihistamines.
05/26/2022	11:27:24	can you briefly review how to treat fungal toe nails?
		We suggest treatment with oral terbinafine if decision is made to treat. Oral itraconazole is an alternative treatment for patients who cannot tolerate terbinafine or for patients who fail to respond to terbinafine. should also treat tinea pedis is present to prevent recurreance.
05/26/2022	11:49:57	how are corns different than callous on a toe?
		Calluses are a diffuse thickening of the outermost layer of the skin, the stratum corneum, in response to repeated friction or pressure. Corns develop similarly, but differ by having a central "core" that is hyperkeratotic and often painful

05/26/2022	12:12:00	Could use a bit more explanation: what is a P2Y12 inhibitor. When is this indicated?
		Clopidogrel is likely the most commonly used others are ticagrelor or prasugrel
05/26/2022	12:17:03	Can you repat when to start eplerenone after MI?
		At or before discharge
05/26/2022	12:17:57	Can you repat when to start eplerenone after MI?
		is it only with 1. ef < 40 with HF 2. any ef with DM? 3. or ef <40 in dm
05/26/2022	12:19:12	what is difference of "multivessel" vs "triple vessel" disease when considering CABG?
		The choice between CABG and PCI in patients with multivessel (two- and three-vessel) disease is influenced by a number of factors, including the number of vessels involved, the amount of myocardium supplied by the affected vessels, the anatomic complexity of the lesions requiring revascularization, likelihood of complete revascularization, patient comorbidities such as diabetes, and patient preference.
05/26/2022	12:20:54	After NSTEMI, Statin should be continued for life per the syllabus. Other lectures here have suggested there is no evidence for continuing statin after age 75 or so. Which is right? Is it a question of primary vs secondary prevention?
		For test taking purposes it is unlikely you will be asked this question because there are differences of opinion-- one of the challenges of age related cut off is that they are established looking at large populations but there are very likely older patients who will benefit from ongoing therapy. A frail older adult looking to decrease pill burden it makes sense to discontinue. If the question stem is related to an older adult with CAD would expect that you would continue the statin.
05/26/2022	12:22:34	What is considered "LV dysfunction" for CABG criteria? reduced EF? LVH?
		would not use LVH. LV dysfunction here relates to decreased EF.
05/26/2022	12:28:59	Could use a bit more explanation: what is a P2Y12 inhibitor. When is this indicated?
		yes

05/26/2022	12:30:26	high intensity statin regardless of LDL levels?
		Correct-- there is data of benefit independent of LDL level
05/26/2022	12:32:04	Is Prasugrel contraindicated in pateints with h/o CVA/TIA?
		yes
05/26/2022	12:34:09	How do you figure out pretest CAD probability before doing stress test
		There are scoring systems to address this -- an example CAD consortium
05/26/2022	12:49:53	In question 6– the echo showed no tamponade physiology so why is colchicine not the first choice?
		Duration of the effusion present-- and without symptoms to suggest pericarditis so need a diagnostic test to understand why this is present.
05/26/2022	12:53:59	Is there something equivalent to Lights criteria for pleural fluid in regards to pericardial fluid
		no-- SAAG for ascitic fluid and lights criteria for pleural effusion-- but not clear criteria like this for pericardial fluid.
05/26/2022	12:55:16	Sorry clarification- for question 6– in the absence of tamponade physiology why did we not choose either indomethacin or colchicine over pericardiocentesis?
		Tamponade mandates pericardiocentesis to fix intervene on the impending doom for the hemodynamics of the patient-- in this question we are doing the procedure as a diagnostic test.
05/26/2022	12:57:19	which vasopressors would you give during cardiac tamponade?
		Pressors are not going to be as helpful as removing the excess pressure surrounding the RV-- the function of the RV is very preload dependent-- and when being compressed by external pressures in tamponade that is impaired-- the patient is hypotensive because the heart can't fill-- adding to the systemic pressure with pressors is unlikely to be helpful-- sometimes IVF can buy you time-- literally trying to fill the RV and "push back" on the external pressures.
05/26/2022	13:09:41	whats SAVR and TAVR.missed it
		SAVR- surgical aortic valve repair, TAVR- trancathereter aortic valve repair-- TAVR in general is the option for patients who have contraindications or may not tolerate the surgical approach.
05/26/2022	13:10:55	Will the severe AS murmur be just heard apically?

		Severe AS can be. heard at different points across the precordium but this would not be the "classic" location and high stakes exams are going to describe to you classic findings.
05/26/2022	13:13:43	What are the values we should know for the board exam in order to differentiate mild/mod/severe AS/AR in order to make intervention or surveillance recommendations?
		I would be unlikely for the boards to ask you to pick a sole number for surgical evaluation to grade their AS- it would be more likely that you will be presented with a clinical scenario where the patient is asymptomatic and incidentally discovered and needs to be followed with serial echos-- or symptomatic and you need to think to refer for further evaluation. Knowing severe AS is a valve area <1 cm2 is helpful
05/26/2022	13:15:27	what are indications to doing a TEE rather than TTE?
		Indication often depends on what you are looking for an how to get the best window-- prior to cardioversion you need to see the atrial appendage and that is better viewed with TEE. If looking at a patient for IE-- you may need a TEE to more closely at left sided valves-- of at times in patients with body habitus that makes a TTE challenging to interpret.
05/26/2022	13:16:44	What is vena contracta
		Most narrow place looking at the jet on echo.
05/26/2022	13:19:46	Which bacteremias need a TEE to rule out endocarditis (assuming TTE is negative). Assuming BCx is not just MRSA. Do you need for mssa, gram negatives. I know you need for candida
		This is best done in consultation with your ID colleagues and can be dependent on many clinical factors including duration of bacteremia, other co-morbidities, how high the clinical suspicion of IE is, etc.
05/26/2022	13:23:22	Q10: Do all patients with Mech MVR require both ASA and Warfarin?
		Used in combination when bleeding risk is low.
05/26/2022	13:26:26	For question 10, if heparin is reasonable per slide 50, why is heparin wrong
		Question asks about preconception eval-- not first trimester.
05/26/2022	13:28:10	why can we not achieve full AC with UFH but can with IV heparin

		The volume you would need to administer subcut to get them therapeutic is relatively high and leads to unreliable absorption so does not work well.
05/26/2022	14:56:33	What do you mean by 2:1 av block on slide 8
		2 p waves for every 1 conducted
05/26/2022	14:57:53	What does high degree av block mean on slide 15
		High P wave to QRS conduction ratio
05/26/2022	14:58:16	can you repeat with constintues a "sinus pause" when disucssing bradycardia
		3 seconds or more
05/26/2022	14:59:32	Can you define what is meant by “high grade AV block”?
		High P wave to conducted QRS ratio
05/26/2022	15:05:53	How is the answer sinus node dysfunction if no P waves present? And not sinus node arrest
		There are P waves
05/26/2022	15:18:54	Do you have to anti-coagulate long-term for parox Afib
		For patients with PAF, the approach for deciding whether to anticoagulate to reduce the risk of thromboembolism is similar to that for patients with persistent or permanent AF
05/26/2022	15:21:30	are we required to memorize the Chads2
		We don't have knowledge of what exact questions are or are not on the boards. CHADS2 isn't that long/hard to memorize. CHADSVASC2 is a bit longer..
05/26/2022	15:22:34	is WPW seen on resting ECG?
		The diagnosis of the WPW pattern, usually requires only a surface ECG, and is typically prompted by an incidental finding on an ECG obtained for another clinical indication. Identification of a short PR interval and a delta wave is usually adequate to confirm the diagnosis of the WPW pattern
05/26/2022	15:25:31	Does everyone with ischemic stroke need holter monitor (assuming ekg is NSR) to check for a fib

		All patients with ischemic stroke should have cardiac monitoring for at least the first 24 hours after stroke onset to look for subclinical atrial fibrillation (AF). In addition, ambulatory cardiac monitoring is recommended for several weeks (eg, 30 days) for patients with a *cryptogenic ischemic stroke or transient ischemic attack (TIA).
05/26/2022	15:27:54	What is the definition of "sustained V tach?"
		Sustained monomorphic ventricular tachycardia (SMVT) is defined by the following Sustained monomorphic ventricular tachycardia (SMVT) is defined by the following characteristics: 1. A regular wide QRS complex (≥120 milliseconds) tachycardia at a rate greater than 100 beats per minute 2. The consecutive beats have a uniform and stable QRS morphology 3. The arrhythmia lasts ≥30 seconds or causes hemodynamic collapse in <30 seconds
05/26/2022	15:33:20	Can you clarify: should patient's with a fib and mechanical valves be on Warfarin or is it any prosthetic valve?
		Slide 48 says "prosthetic heart valve" so maybe it should say mechanical per the speaker's answer
05/26/2022	15:52:16	Isn't the LVEF cutoff for primary prevention ICD implantation post-MI less than or equal to 35%, not 30% like slide 67 indicates?
		Patients with a prior MI (at least 40 days ago) and left ventricular ejection fraction (LVEF) ≤30 percent should get ICD for primary prevention
05/26/2022	15:57:52	Isn't the LVEF cutoff for primary prevention ICD implantation post-MI less than or equal to 35%, not 30% like slide 67 indicates?
		Slide 36 from Cardiology I says that the LVEF cutoff should be less than or equal to 35%, while slide 67 from Cardiology III says the cutoff should be less than 30%…
05/26/2022	15:58:41	Isn't the LVEF cutoff for primary prevention ICD implantation post-MI less than or equal to 35%, not 30% like slide 67 indicates?
		Both slides refer to a patient who is 40 days post-MI or >3 mintbs post-revascularization.
05/26/2022	16:09:57	Isn't the LVEF cutoff for primary prevention ICD implantation post-MI less than or equal to 35%, not 30% like slide 67 indicates?

		EF of 30% is the indication s/p MI (and must be assessed at least 40 days after the MI prior to qualifying). 35% is the cut off used for nonischemic CM and on GDMT for at least 3 months.
05/26/2022	16:16:36	Can you explain sensing vs capturing while reading ekg with PPM/ICD
		Sensing is built into the device-- if sensing the atrial beat the thing you will see in the EKG is the pacing spike prior to the QRS.
05/26/2022	16:18:05	is takotsubo reversible? if so, how long? and any other cardiomyopathies that are reversible?
		Most patients with stress cardiomyopathy recover. Similar to people with post partum CM
05/26/2022	16:19:22	Do you still use LifeVest while uptitrating GDMT in low EF? Also how long to wait before you say, yes it's time for ICD (assuming max tolerated GDMT)
		must be on for at last 3 months for nonischemic CM and >40 post MI prior to ICD determination for ischemic.
05/26/2022	16:19:31	is takotsubo reversible? if so, how long? and any other cardiomyopathies that are reversible?
		usually takes anywhere from 1-4 weeks
05/26/2022	16:19:44	Can you explain sensing vs capturing while reading ekg with PPM/ICD
		Pacer spike means it's sensing? I thought it means that beat is paced (meaning capturing? Usually beat is wide after pacer spike. So if there is a pacer spike and a narrow beat after, does that mean sensing but not capturing?
05/26/2022	16:20:11	Do you still use LifeVest while uptitrating GDMT in low EF? Also how long to wait before you say, yes it's time for ICD (assuming max tolerated GDMT)
		Use of lifevest in the interim is likely going to be institution specific.
05/26/2022	16:21:05	SGLT2 inhibitors in patients without DM??
		SGLT2 inhibitors can prevent HF hospitalizations in patients with type 2 diabetes mellitus *and improve outcomes in patients with HF with reduced ejection fraction with **or without DM**
05/26/2022	16:21:53	Can you explain sensing vs capturing while reading ekg with PPM/ICD

		Pacer spike means it is pacing. You can't tell that it is sensing based on the EKG-- that would be info you would determine based on the device
05/26/2022	16:27:59	Can you explain sensing vs capturing while reading ekg with PPM/ICD
		Sorry don't understand this from above answer "if sensing the atrial beat the thing you will see in the EKG is the pacing spike prior to the QRS"
05/26/2022	16:31:54	Unrelated question- if we have mksap 18, is there any way to upgrade to mksap 19 without paying full price? Are questions in mksap 19 completely different from 18 version
		MKSAP 19 Quick Qs: Includes 250+ concise, boards-style questions mapped to high-importance/high-frequency areas of the ABIM blueprint, developed specifically for efficient and effective exam prep. This feature is accessible to MKSAP 19 Complete/Complete Green subscribers only. Offers CME/MOC. **They can learn more about it here: https://www.acponline.org/featured-products/mksap-19**
05/26/2022	16:31:56	do you start ACE/Arb and b-blockers in HF if they are normotensive?
		Yes. there are benefits outside of BP lowering effects for HF pts
05/26/2022	16:35:27	ARNI is now FDA approved for HFpEF and suggested by 2022 guidelines. Will boards stay away from this type of question?
		Like we've said, there is a lag time for new guidelines/recommendations to be incorporated into board exam questions as there is significant work that goes into vetting questions etc. So, newer things are less likely to be tested upon this cycle.
05/26/2022	16:51:52	Thank you so much for answering questions! Do you know if questions answered verbally will be transcribed when the pdf with questions is uploaded?
		We are not able to capture the answers that are shared from the podium but you can revisit those answers via the recordings that will be available.
05/26/2022	17:06:53	What was the typo?

		Slide 24 states ICD for ischemic and nonischemic CM for EF <35%-- but earlier in the ACS packet we shared ICD post MI<30%--- you all very astutely picked up these differences and the table on slide 24 needs to be udpated to capture this nuance of <30% as the cutoff post MI for nonischemic the number is <35%.
05/26/2022	17:10:27	who really has a tilt-table test?? Ive never seen one or heard of anyone doing it or getting it done 😛
		we have the ability to do tilt table testing at our institution, so likely it is institution dependent if you have access to one or can refer easily to get it done
05/26/2022	17:21:23	Any specific calculator for MACE risk that is better than other? RCRI vs Gupta vs others
		Either one will work-- for purposes of the exam there is no way you can use the Gupta-- too complex with too many factors. RCRI though is one that could be used from memory given it is 5 clinical factors and then incorporates the type of surgery being done.
05/26/2022	17:22:42	can you provide an example of how a preop echo change pre- or perioperative management?
		In the setting of a murmur can be helpful to stratify the severity of the valvular disease-- more relevant to clinical practice than it may be for boards review but at our institution can be something that anesthesia feels better having as they plan for anesthesia.
05/26/2022	17:24:37	How does severe AS play into preop cardiac risk stratification?
		In periop at a high level ..... step 1-- determine urgency of surgery-- if emergency then having severe AS isn't likely going to stop the need to go to the OR now.... if urgent or elective it may be worth a conversation about whether it needs to be addressed before or after surgery and this is dependent on the indication for surgery, clinical status and preference of the patient, etc.
05/26/2022	17:27:31	What age do we start screening for TAA in those special populations mentioned, Marfan etc.
		Screened at the time of dx and then 6 months later to evaluate for stability in Marfans
05/26/2022	17:28:22	Can you use d dimer to screen for dissection? Have seen it in the hospital- I thought they were looking for VTE but they were worried about dissection

		https://www.ahajournals.org/doi/10.1161/circulationaha.108.833004#:~:text=Background%E2%80%94%20D%2Ddimer%20has%20been,embolism%20and%20ischemic%20heart%20disease.
05/26/2022	17:28:44	Can you use d dimer to screen for dissection? Have seen it in the hospital- I thought they were looking for VTE but they were worried about dissection
		Yes, reference to Circulation article is above.
05/26/2022	17:30:12	How sensitive is mediastinal widening and disconcordant Arm BP
		Not very-- and if you are thinking of dissection the absence of these should not prevent you from getting a CTA-- the presence of either mediastinal widening and discordant BP is dependent on the location of where the dissection begins and where the flap is.