

- 1) In patients with an acute coronary syndrom and a permanent atrial fibrilation with CHA2DS2-VASc:
  - a. oral anticoagulation should be prescribed in addition to antiplatelet therapy
  - b. DAPT should be considered as alternative to triple therapy for patients with CHA2DS2-VASc=1.
  - c. if HASBLED=1, a triple therapy including aspirin, ticagrelor and rivaroxaban could be initiated
  - d. In patients with low bleeding risk, triple therapy could be considered for 6 months
  - e. dual antiplatelet therapy could be interrupted after 12 months
  
- 2) In patients with anticoagulant for mechanical prothesis suffering STEMI treated with primary angioplasty, the following proposition are true:
  - a. no additional parenteral anticoagulation is required if last dose of OAC is <8h
  - b. BMS are strongly recommended if HASBLED=2
  - c. proper evaluation of ischemic and bleeding risks is compulsory
  - d. aspirin, clopidogrel and NOAC should be associated for only 1 month in case of high bleeding risk
  - e. periprocedural parenteral anticoagulants should be discontinued immediately after primary PCI
  
- 3) In patient 54 years old with severe mitral regurgitation and LVEF 45%, what are the propositions true before valve surgery?
  - a. coronary angiography is recommended
  - b. CABG is recommended in case of a severe stenosis ( $\geq 70\%$ ) in prox LAD
  - c. CABG is recommended only if FFR<0.80 in case of a severe stenosis ( $\geq 70\%$ ) in prox LAD
  - d. hybrid strategy should be recommended in case of a severe stenosis ( $\geq 70\%$ ) in mid LAD
  - e. CT angiography could always be considered instead of conventional angiography
  
- 4) Concerning the myocardial revascularization in patient with valvular disease, the following are true :
  - a. CABG is recommended in patients with a primary indication for mitral valve surgery and RCA stenosis  $\geq 70\%$
  - b. PCI should be considered in patients with an indication for TAVI and stenosis in proximal LAD.
  - c. STS Score should be used to assess in hospital mortality in case of CABG.
  - d. EuroScore should be used to assess operative mortality in case of CABG.
  - e. CABG should be considered in patients with a primary indication for mitral valve surgery and coronary artery diameter stenosis 50–70% in prox LAD