

Abbott Neuro Oncology Series

CloudCME ID: 2327

Text ID to: 844-939-3950 (your email must be paired)

DATE: April 07, 2026

TIME: 7:30 AM - 8:15 AM

LOCATION: ANW - AHCI 6th Flr Conf Rm 602
- Virtual Teams

TOPIC(S) OR TITLE: Abbott Neuro Oncology Series - 4/7/2026 - Topics: Astrocytoma, Glioblastoma, Lymphoma, Meningioma

FACULTY:

Maya Hrachova, DO
Allina Health

William McDonald, MD
Hospital Pathology Associates

Andrea Wasilewski, MD
Allina Health Neuroscience

	Gender	Age of Patient	Condition/Topic
1	M	33	Astrocytoma, IDH-mutant (CNS WHO grade 3)
2	M	81	Thoracic glioma
3	M	39	Recurrent skull base meningioma
4	F	62	Glioblastoma
5	F	61	Large B-cell Lymphoma

OVERVIEW/PURPOSE STATEMENT:

Pathologic analysis of brain tumors is forever evolving with more molecular data impacting diagnosis, discussion and decision making for a better understanding of the diagnosis based on comprehensive testing allows providers to offer treatments most consistent with current guidelines.

Faculty Disclosures:

Maya Hrachova, DO (Nothing to disclose - 02/03/2026)

Andrea Wasilewski, MD (Paid consultant-Novocure (Relationship has ended) - 12/05/2025)

William McDonald, MD (Nothing to disclose - 01/09/2026)

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OVERALL OBJECTIVES:

1 Develop appropriate multidisciplinary care and treatment plans for patients with primary and metastatic CNS tumors.

ACCREDITATION AND DESIGNATION STATEMENT:

Regularly Scheduled Series

Continuing Medical Education (CME)



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Name of individual	Individual's role in activity	Nature of Relationship(s) / Name of Ineligible Company(s)
Maya Hrachova, DO	Faculty, Lead Physician	Nothing to disclose - 02/03/2026
Jean Jones, Other	Activity Coordinator	Nothing to disclose - 12/05/2025
Barbara Lux, AA	Activity Coordinator	Nothing to disclose - 01/20/2026
William McDonald, MD	Faculty, Planning Committee Member	Nothing to disclose - 01/09/2026
Andrea Wasilewski, MD	Faculty, Planning Committee Member	Paid consultant-Novocure (Relationship has ended) - 12/05/2025

PLEASE SAVE, THIS FLIER SERVES AS YOUR CERTIFICATE OF ATTENDANCE FOR THIS SPECIFIC DATE.

Signature & Credentials: _____
 My signature verifies that I have attended the above stated number of hours of the CME/CEU activity.