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Good Samaritan Hospital
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19th Annual Heart Failure 2015

An Update on Therapy

Saturday, April 18, 2015

Millennium Biltmore Hotel, Los Angeles

Program Director

Uri Elkayam, MD, FACC

Program Co-Director

Anil K. Bhandari, MD, MBBS, FACC

Officially endorsed by

The Heart Failure Society of America

Affiliated with the

International Academy of Cardiology



COURSE DESCRIPTION

The 19th Annual Heart Failure 2015: An Update on Therapy will be held on Saturday, April 18, 2015 at the historic and luxurious Millennium Biltmore hotel in Los Angeles. This year's program will provide a comprehensive update on the prevention, diagnosis and management of Heart Failure (HF). The program includes lectures presented by experts in the field combined with interactive panel discussions. The extensive list of topics includes an update on the most recent guidelines for the management of hypertension, hypercholesterolemia, HF and pulmonary hypertension. New approaches for the management of acute and chronic HF, use of MRI and biomarkers for diagnosis and prognosis, diagnosis and management of HF due to valvular disease, sleep apnea, cardio-oncology, newly approved devices for remote hemodynamic monitoring, arrhythmias, and use of electrophysiological devices and cardiac assist devices for the treatment of severe HF. As in past years, this year's program was designed to provide a high level and clinically relevant update with the goal of improving the care of patients with heart failure.

PROGRAM OBJECTIVES:

At the conclusion of this activity, the participants should be able to:

1. Provide guidelines for recommended therapy and for the management of hypertension and elevated cholesterol.
2. Select the most appropriate drugs and devices for the treatment of acute and chronic heart failure.
3. Incorporate the most rational use of biomarkers and MRI for the diagnosis and management of patients with heart failure.
4. Evaluate and manage pulmonary hypertension.
5. Use remote hemodynamic monitoring for the prevention of hospitalizations.
6. Diagnose and treat chemotherapy related myocardial toxicity.
7. Evaluate and manage patients with HF and valvular heart disease.
8. Diagnose and treat sleep apnea.
9. Identify patients at need to be evaluated for transplantation and cardiac mechanical support.
10. Implement contemporary and effective therapy for patients with HF and atrial fibrillation.

FACULTY

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NEEDS ASSESSMENT

Heart failure (HF) is common, but often unrecognized and misdiagnosed. It affects nearly 5 million Americans and is one of few cardiovascular disorders on the rise. An estimated 670,000 new cases are diagnosed each year and this condition is a major cause of morbidity and mortality (80% of men and 70% of women less than 65 years of age who have HF will die within 8 years) and is the leading cause of hospitalizations of the elderly in the US.

The importance of correcting deficiencies in knowledge and practice is evidenced from the results of recent studies demonstrating that increased use of evidence based, life sustaining therapies and performance measures have a significant impact on the outcome of patients with HF (OPTIMIZE- HF, JAMA 2007; 297: 61).

While continuing the search for new and effective treatments, attention must be placed on prevention through early identification and better treatment of risk factors such as hypertension, diabetes mellitus, obesity and lipid disorders and on education of both patients and physicians (Winegarden CR. Am Epidemiol 2005;15: 720-725, Taler SJ et al Hypertension 2002;39:982, Fagad RH Heart 2012;98:254). Pulmonary hypertension (PH) is a major cause of right ventricular failure and an increasing cause of death. The diagnosis of this condition is often delayed which leads to poor outcome.

Although multiple effective therapeutic modalities for HF have been developed over the last decade, their continued underutilization indicates the need for more education (Galie N et al Eur Heart J 2009; 30:2493) and incorporation of recent guidelines by clinicians (Wallamishi N. Allergology international 247;60:419). The development of biomarkers and imaging modalities has provided clinicians with important tools for diagnosis and assessment of prognosis, there is however a great need for education regarding an effective use of these new diagnostic modalities (Ahmad T. et al Nature Reviews Cardiology 2012; 9:347, Steinhart et al JACC 2009; 54:1515). Heart failure is the leading cause of hospitalizations and management of hospitalized patients is complex and requires expertise. Valvular heart disease is an important cause of HF and effective surgical therapy has been underutilized (Bolling SF et al Ann ThoracSurg 2010;90:1904)

Arrhythmias lead to worsening of HF and to sudden death; effective therapy for prevention and treatment is critical. Recent information indicates a need for effective methods to increase adoption of proven therapies and to close existing gaps between knowledge and practice in the management of arrhythmias. (Zipes et al Circulation 2006; 114:1088). Atrial fibrillation (AF) is common in patients with HF and is the leading cause of cardio embolic stroke. A number of new agents have been added to the therapeutic options for prevention of thromboembolic complications in patients with AF, yet in spite of their proven efficacy approximately half of eligible patients remain untreated (Manning WJ et al Up to Date, April 18, 2012).

Recent data have shown that drugs and devices that have been proven beneficial and are recommended in recent practice guidelines, (HFSA 2010 update of practice guidelines Lindelfeld J et al J Cardiac Failure 2010;16: 475) are underutilized (Precini et al. Circulation 2008; 118: 926-933), at the same time non-evidence based implantation of expensive devices has been shown to be common (Sana M et al JAMA 2011;305:43). New guidelines regarding indications for resynchronization therapy are confusing and require clarifications (Miller R. The heart.org June 18, 2012). Recent introduction of cardiac assist devices provides opportunity for improvement of quality of life and prolonged survival in patients with advanced HF, inappropriate and delayed referral for this procedure often results in poor outcome (Slaughter MS et al Curr Opin Cardiol 2011;26:232). Recent information also suggests a significant individual variability in conformity to quality-of-care indicators and clinical outcome of patients with HF and a substantial gap in overall performance. In addition



tion according to a study analyzing the quality of health care in the US on average, patients with heart failure received the recommended quality of care in only 64% of the time (Heart failure performance measurement set by the ACC/AHA 2010). Using data from the IMPROVE-HF registry it was found that only 7% of HF patients received all therapies for which they were potentially eligible and use of guideline recommended therapy by practices varied widely (Fonarow GC et al Circ Heart Failure 2008; 1:98).

Establishing educational initiatives such as this program should help to reduce practice variability, eliminate gaps between guidelines and practice and improve the outcome of patients with HF (Fonarow GF et al Arch Int Med 2005; 165:1469).

TARGET AUDIENCE

The program has been designed to provide cardiologists, internists, primary care physicians, pharmacists, nurses and other healthcare providers with the necessary information to increase knowledge with the goal of improving the care of patients with HF.

ACCREDITATION

This Live activity, 19th Annual Symposium - Heart Failure 2015, with a beginning date of April 18, 2015 has been reviewed and is acceptable for up to **8.0** Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

AAFP Prescribed credit is accepted by the American Medical Association as equivalent to *AMA PRA Category 1 Credit™* toward the AMA Physician's Recognition Award.

AANP: The American Academy of Nurse Practitioners accepts AAFP Prescribed credit. This program was planned in accordance with AANP CE Standards and Policies and AANP Commercial Support Standards.

ANCC: According to the ANCC, the continuing education hours approved by the AAFP meet the ANCC-accredited CNE criteria.

AAPA: The American Academy of Physician Assistants accepts AAFP Prescribed credit for AAPA Category 1 CME credit.

FACULTY DISCLOSURE

It is our policy to ensure balance, independence, objectivity and scientific rigor. All persons involved in the selection, development and presentation of content are required to disclose any real or apparent conflicts of interest. All conflicts of interest will be resolved prior to an educational activity being delivered to learners through one of the following mechanisms 1) altering the financial relationship with the commercial interest, 2) altering the individual's control over CME content about the products or services of the commercial interest, and/or 3) validating the activity content through independent peer review. All persons are also required to disclose any discussions of off label/unapproved uses of drugs or devices. Persons who refuse or fail to disclose are disqualified from participating in the CME activity. Participants will be asked to evaluate whether the speaker's outside interests reflect a possible bias in the planning or presentation of the activity. This information is used to plan future activities.



Officially endorsed by the Heart Failure Society of America. The opinions presented in this educational activity do not necessarily reflect the opinions or recommendations of the **HFSA**.

PROGRAM

6:30 Registration Opens
7:00-8:00 Breakfast
7:00-8:00 Product Theatre (Non-CME)
Support provided by:
Janssen Pharmaceuticals, Inc.

SESSION I

8:10 Introduction - Uri Elkayam, MD
8:15 New Hypertension Guidelines: A Look at the Future or a Return to the Past? Vito Campese, MD
8:35 Management of LDL-Related Coronary Vascular Disease Risk: A Change in Strategy and Emerging Therapy Prediman K. Shah, MD

SESSION II

8:55 Acute Heart Failure: Results of Recent Trials and Clinical Implications Barry Greenberg, MD
9:15 Practical Recommendations for the Use of Biomarkers for the Diagnosis, Prognosis and Management of Heart Failure Alan Maisel, MD
9:35 Heart Rate Reduction with Ivabradine and Angiotensin-Neprilysin Inhibition: New Paradigms in Heart Failure Therapy Uri Elkayam, MD
9:55-10:10 Coffee Break & Interactive Q&A with Speakers/Visit Exhibits

SESSION III

10:10 The Continuing Challenge of Hyponatremia in Heart Failure Tien Ng, PharmD
10:30 Can we Prevent Re-admissions after Hospitalization for Heart Failure? Gregg Fonarow, MD
10:50 Remote Hemodynamic Monitoring – Is this the Solution for Re-admissions? William Abraham, MD
11:10 Magnetic Resonance Imaging – When and How to Use it for Diagnosis and Assessment of Prognosis in Patients with Heart Failure Andrew Yoon, MD
11:30 Choice of Medical and Surgical Therapy for Improvement of Symptoms and Survival in Pulmonary Arterial Hypertension Shelley Shapiro, MD
11:50 The Jonathan Abrams Memorial Lecture The Role of Organic Nitrates in the Treatment of Heart Failure – Past, Present and Future Uri Elkayam, MD
12:10-12:25 Break & Interactive Q&A w/ Speakers

12:25-1:50 Lunch Presentations
Short Term Percutaneous Mechanical Circulatory Support Symposium
Case Presentation and Discussion
Ray V. Matthews, MD (Moderator)

Case 1 High Risk Coronary Intervention Steven Bernstein, MD
Case 2 High Risk EP Intervention Raul Doshi, MD
Case 3 Cardiogenic Shock Luanda Grazette, MD

1:50-2:05 Break/Visit Exhibits

SESSION III

2:05 Sleep Disordered Breathing and Heart Failure: A Practical Approach to Diagnosis and Management William Abraham, MD
2:25 Cardio-Oncology: Prevention, Early Diagnosis and Management of Chemotherapy Induced Cardiomyopathy Eric Yang, MD
2:45 Considerations for the Selection of Patients for Cardiac Mechanical Support Luanda Grazette, MD
3:05 Aortic Stenosis and Left Ventricular Failure: Challenges in Diagnosis and Management Blase Carabello, MD
3:25-3:40 Break & Interactive Q&A with Speakers/Visit Exhibits

SESSION IV

3:40 Cardiac Resynchronization Therapy: How to Optimize Patient Response Ivan Ho, MD
4:00 Rhythm Control in Heart Failure Patients with Atrial Fibrillation: Contemporary Challenges Including the Role of Ablation Anil Bhandari, MD
4:20 Heart Failure and Mitral Regurgitation: Mechanisms, New Guidelines and New Therapeutic Approaches Blase Carabello, MD
4:40 Percutaneous Mitral Valve Repair for Mitral Regurgitation in Patients with Heart Failure – A Status Report Saibal Kar, MD
5:00 Adjourn

COURSE LOCATION & INFORMATION

MILLENNIUM BILTMORE HOTEL
506 South Grand Avenue
Los Angeles, CA 90071
(213) 624-1011

Special Group Rate Available until March 12:
A limited number of guest rooms are available for a rate of \$159 Single/Double plus tax of 15.55% and overnight parking. Reservations must be guaranteed by a major credit card. Cancellations without penalty must be made 36 hours prior to your arrival. **Call the hotel directly to book your room and specify that you plan to attend the 19th Annual Heart Failure 2015 Symposium so that you can receive our special rate.**

For more hotel and conference information, and to register online visit:

LAHeartFailure.com

REGISTRATION FEES	Early Bird on or before Feb. 27, 2015	Pre-Registration Feb. 28 - Apr. 1, 2015	On-site Registration After Apr. 1, 2015
Physician	\$130	\$150	\$160
Nurse / Allied Health	\$100	\$120	\$130
Student/Fellow (with letter of verification)	\$50	\$50	\$50

Fees include morning coffee, lunch, coffee breaks and a flashdrive syllabus. A hot breakfast will be served from 7:00 to 8:00am during the product theatre. Confirmation and directions will be sent by email. **Pre-registration with payment is required to secure lower tuition rate. Please enroll early as registration is limited. Symposium will not refund travel costs in the event of a course cancellation.**

REGISTRATION FORM

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