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Good Samaritan Hospital
A Tradition of Caring

21st Annual
Heart Failure 2017
An Update on Therapy

Saturday, April 22, 2017

Millennium Biltmore Hotel, Los Angeles

Program Director

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Program Co-Director

Anil K. Bhandari, MD, FACC, FHRS

Officially endorsed by

The Heart Failure Society of America

Endorsed by

California Chapter of the American College of Cardiology

Affiliated with the

International Academy of Cardiology



COURSE DESCRIPTION

This year's program provides a comprehensive update on the prevention, diagnosis and management of heart failure (HF). The program includes lectures presented by experts combined with interactive discussion with faculty. The extensive list of topics includes latest information on the management of hyperlipidemia, prevention of HF in patients with diabetes, management of volume overload, new drugs for the treatment of acute and chronic HF as well as pulmonary hypertension, management of electrolyte abnormalities in HF, remote hemodynamic monitoring for prevention of hospitalizations, diagnosis and management of HF with preserved ejection fraction, use of electrophysiological and cardiac assist devices, radiofrequency ablation for treatment of ventricular arrhythmias and percutaneous treatment of native and prosthetic valves. The 2017 program has been designed to provide a high level and clinically relevant update with a 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. Implement effective therapy for lipid disorders
2. Manage diabetes in patients with heart failure
3. Use new FDA approved drugs for the treatment of chronic heart failure
4. Identify new therapeutic approaches for acute and chronic heart failure
5. Evaluate dyspnea in patient with preserved ejection fraction
6. Manage patients with heart failure and preserved ejection fraction (HFpEF)
7. Prevent and treat electrolyte abnormalities in heart failure patients
8. Assess and follow patients with heart failure using devices for remote monitoring
9. Manage patients with pulmonary hypertension
10. Select and manage patients on mechanical circulatory support
11. Select appropriate patients for percutaneous aortic valve replacement (TAVR)
12. Select patients for valve in valve TAVR
13. Treat heart failure associated arrhythmias
14. Select appropriate patients for prevention of sudden death with the external wearable defibrillator

DIRECTORS

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NEEDS ASSESSMENT

Hear 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 U.S.

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 (Circulation 2011; 123:327, UpToDate Nov 2, 2015).

Although multiple effective therapeutic modalities for HF have been developed over the last decade, their continued underutilization indicates the need for more education (Circulation Heart Failure 2008; 1:98, JACC 2016; 67:1062, Eur Heart J 2009; 30:2493) and incorporation of recent guidelines by clinicians. 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 (Nature Reviews Cardiology 2012; 9:347). Heart failure is the leading cause of hospitalizations and management of hospitalized patients is complex and challenging (Crit Pathw Cardiol 2015; 14:12). Valvular heart disease is an important cause of HF and effective surgical therapy has been underutilized (Ann Thorac Surg 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 (JACC 2016; 67:2444). Pulmonary hypertension (PH) is a major cause of right ventricular failure and an increasing cause of death. Delayed diagnosis and underutilization of effective therapy lead to poor outcome (JACC 2015; 65:1971). Recent data have shown that drugs and devices that have been proven beneficial and are recommended in recent practice guidelines, (JACC 2016; 68:1476, JACC 2013; 62:e147) are underutilized (JACC 2016; 67:1062), 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 outcomes (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, according to a study analyzing the quality of health care in the U.S. on average, patients with HF received the recommended quality of care only 64% of the time (Heart failure performance measurement set by the ACC/AHA 2010). 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 (J Clin Med Res 2014; 6:173).

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, 21st Annual Heart Failure 2017: An Update on Therapy, with a beginning date of 04/22/2017, has been reviewed and is acceptable for up to **6.75** 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

- 6:30am *Registration and Coffee*
- 7:00 *Product Theatre Breakfast (Non-CME)*
XARELTO to treat thrombosis and reduce thrombotic risk for patients with Non-Valvular Atrial Fibrillation and Heart Failure
 Anil Bhandari, MD
Support provided by:
 Janssen Pharmaceuticals, Inc.
- 8:00 **Introduction**
 Uri Elkayam, MD
- 8:10 **LDL Reduction Therapy - What is the Place of PCSK9 Inhibitors?**
 Pam Taub, MD
- 8:30 **Diabetes and Heart Failure: A Potential Role of SGLT2 Inhibitors**
 Yehuda Handelsman, MD
- 8:50 **The Management of Volume Overload in Patients with Acute Decompensated Heart Failure: The Guidelines and the Art**
 Maria Rosa Costanzo, MD
- 9:10 **New Drugs for the Management of Acute Heart Failure: Mechanisms of Action and Results of Clinical Trials**
 John Teerlink, MD
- 9:30 **Use of Vasopressin Receptor Antagonists in the Treatment of Heart Failure**
 Tien Ng, PharmD
- 9:50 Coffee Break/Visit Exhibits
- 10:10 **Angiotensin Receptor Nephilysin Inhibition (ARNI): Mechanisms of Action and Rational for use in the Treatment of Heart Failure**
 Barry Greenberg, MD
- 10:30 **Ivabradine: Role in the Management of Chronic Heart Failure**
 John Teerlink, MD
- 10:50 **How to Maximize the use of the CardioMEMS Device for Hemodynamic Monitoring and Prevention of Heart Failure Hospitalizations**
 Maria Rosa Costanzo, MD
- 11:10 **Worsening of Renal Function and Hyperkalemia Associated with RAAS Inhibitors: Management Strategies**
 Uri Elkayam, MD
- 11:30 **Emerging Modalities for the Management of Pulmonary Hypertension**
 Luanda Grazette, MD
- 11:50 **Heart failure with Preserved Ejection Fraction: New Insight into Mechanisms and Potential Therapy**
 Barry Borlaug, MD
- 12:10pm *Product Theatre Lunch (Non-CME)*
Putting Guidelines into Practice: New Recommendations for Optimal Treatment of Heart Failure with Reduced Ejection Fraction (HFrEF)
 Barry Greenberg, MD
Support provided by:
 Novartis Pharmaceuticals Corporation
- 1:20 *Break/Visit Exhibits*
- 1:35 **Peripartum Cardiomyopathy - Diagnosis, Prognosis and Management**
 Uri Elkayam, MD
- 2:00 **Evaluation of Dyspnea in Patients with Preserved Ejection Fraction**
 Barry Borlaug, MD
- 2:20 **Use of the Wearable Cardioverter Defibrillator in Cardiac Patients at High Risk of Sudden Arrhythmic Death**
 Barry Greenberg, MD
- 2:40 **The DANISH Study: Should Patients with Non-Ischemic Cardiomyopathy Receive ICDs?**
 David Cannom, MD
- 3:00 **Prevention of Complications in the Patients with Mechanical Assist Devices**
 Francisco Arabia, MD
- 3:20 **Use of Mechanical Circulatory Support for Myocardial Recovery - Can it be Done?**
 Craig Selzman, MD
- 3:40 *Coffee Break/Visit Exhibits*
- 4:00 **Radiofrequency Ablation for Sustained Ventricular Tachycardia in Patients with Heart Failure**
 Anil Bhandari, MD
- 4:20 **Challenging Cases of TAVR in High-Risk Patients with Heart Failure**
 Ray Matthews, MD
- 4:40 **Transcatheter Valve in Valve: Advantages and Limitations**
 Steven Burstein, MD
- 5:00 **Meeting Adjourned**
- 5:30pm *Cocktail Reception/Presentation (Non-CME)*
Repatha® (evolocumab): A Focused Clinical Review
 Pam R. Taub, MD, FACC
Support provided by:
 Amgen

COURSE LOCATION & INFORMATION

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

Special Group Rate Available until March 31:
 A limited number of guest rooms are available for a rate of \$205 Single/Double or \$255 Club Room (plus occupancy 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. **If you call the hotel directly to book your room, specify that you're attending the 21st Annual Heart Failure 2017 Symposium. For online reservations use the hotel link on the symposium website (registration also available).**

LAHeartFailure.com

REGISTRATION FEES	Early Bird on or before Feb. 27, 2017	Pre-Registration Feb. 28 - Apr. 3, 2017	On-site Registration After Apr. 3, 2017
Physician	\$130	\$150	\$160
Nurse / Allied Health	\$100	\$120	\$130
Student/Fellow (with letter of verification)	\$50	\$50	\$50

Registration includes morning coffee, lunch, coffee breaks, syllabus and CME certificate. 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. Register online at: LAHeartFailure.com**
Symposium will not refund travel costs in the event of a course cancellation.

REGISTRATION FORM

Name _____ Last _____ First _____ MI _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Email _____

Professional Specialty _____ Special Needs for Disabled _____

Please indicate Optional Sessions you will attend (RSVP Required):
 Breakfast Session Lunch Session Evening Session

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