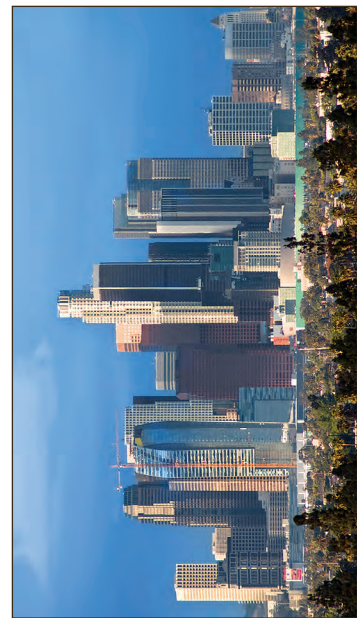




Saturday, April 21, 2018



Millennium Biltmore Hotel, Los Angeles
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Good Samaritan Hospital
A Tradition of Caring

22nd Annual Heart Failure 2018

An Update on Therapy

Saturday, April 21, 2018

Millennium Biltmore Hotel, Los Angeles

Program Director

Uri Elkayam, MD, FACC

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, extensive review of new drugs for the management of chronic HF and pulmonary hypertension, management of electrolyte abnormalities in HF, remote hemodynamic monitoring for prevention of hospitalizations, diagnosis and management of HF with reduced and preserved ejection fraction, HF in women and the approach to patients with new classification of mid-range ejection fraction. The program also includes discussion of new biomarkers, rate versus rhythm control and prevention of stroke in patients with HF and atrial fibrillation, amyloidosis, percutaneous mechanical circulatory support for high risk PCI, surgical revascularization and the value of myocardial viability assessment before surgery in patients with ischemic cardiomyopathy, transcatheter mitral valve repair for functional mitral regurgitation.

The 2018 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 patients with chronic heart failure
5. Manage patients with heart failure and preserved ejection fraction (HFpEF)
6. Prevent and treat electrolyte abnormalities in heart failure patients
7. Assess and follow patients with heart failure using devices for remote monitoring
8. Manage patients with pulmonary hypertension
9. Define indications for atrial fibrillation ablation in patients with heart failure
10. Provide effective therapy for stroke prevention in atrial fibrillation using drugs and devices
11. Recognize new innovations in electrophysiological devices for patients with heart failure
12. Select appropriate patients with severe heart failure due to ischemic cardiomyopathy for percutaneous and surgical revascularization
13. Define indications for percutaneous mitral valve repair

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NEEDS ASSESSMENT

Hear failure (HF) is common, but often unrecognized and misdiagnosed. It affects over 6 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 prevention through early identification and better treatment of risk factors such as hypertension, diabetes mellitus, obesity and lipid disorders and of education of both patients and physicians has been emphasized (Circulation 2011; 123:327, Up-to-date Nov. 2, 2015).

There is strong evidence 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). Recent data continues to show that life-saving drug and devices are underutilized (Eur Heart J 2009; 30:2493, Circulation 2010; 122:585, JACC 2016; 67:1062) indicating the need for education and incorporation of recent guidelines by clinicians (Circulation 2017;136: e137).

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). HF is the leading cause of hospitalizations and management of hospitalized patients is complex and challenging (Crit Path Cardiol 2015; 14:12). Valvular heart disease is an important cause of HF and effective therapy has been underutilized (Ann Thorac Surg 2010; 90:1904).

Atrial fibrillation (AF) is common in patients with HF and is the leading cause of cardioembolic 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, 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

continued

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

This 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, 22nd Annual Heart Failure 2018: An Update on Therapy, with a beginning date of 04/21/2018, has been reviewed and is acceptable for up to **6.5** 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 *Breakfast/Product Theatre (Non-CME)*
XARELTO® Pivotal Trials and Recently Published Real World Evidence in NVAF – Including Patients with NVAF and Heart Failure - Anil Bhandari, MD
- 8:00 **Introduction**
 Uri Elkayam, MD
- 8:10 **Cholesterol Reduction Therapy in 2018 - A Perspective**
 Prediman K. Shah, MD
- 8:30 **Diabetes and Heart Failure: The Role of SGLT2 Inhibitors**
 Gregg Fonarow, MD
- 8:50 **Angiotensin Receptors – Neprilysin Inhibition (ARNI): Mechanisms of Action, Effects and Side Effects**
 Uri Elkayam, MD
- 9:10 **Heart Rate Reduction as a Target of Therapy with Beta Blockers and Ivabradine: What is the Goal and How to Achieve It?**
 Inder Anand, MD, PhD
- 9:30 **Hyperkalemia in Heart Failure: Prognostic Implications and Therapeutic Options**
 J. Thomas Heywood, MD
- 9:50 **Key Note Lecture**
Heart Failure with Preserved Ejection Fraction (HFpEF): Mechanisms and Management
 Jay N. Cohn, MD
- 10:15 *Coffee Break/Visit Exhibits*
- 10:35 **The Approach to Patients with Heart Failure and Mid-Range (40%-50%) Ejection Fraction (HFmrEF)**
 Barry Greenberg, MD
- 10:55 **BNP, Troponin, ST2 - Partners for Better Diagnosis and Outcomes in Heart Failure**
 Alan Maisel, MD
- 11:15 **Atrial Fibrillation and Heart Failure: Rate vs. Rhythm Control - Time for Re-Evaluation**
 Anil Bhandari, MD
- 11:35 **Stroke Prevention in Atrial Fibrillation: Use of New Oral Anticoagulants in Patients with Heart Failure, Valvular Disease and Renal Dysfunction**
 Tien Ng, PharmD
- 11:55 **Left Atrial Appendage Closure Devices for Stroke Prevention in Patients with Atrial Fibrillation and High Risk of Bleeding**
 Steven Burstein, MD
- 12:15 **Heart Failure in Women: Gender-Based Differences**
 Christina Economides, MD
- 12:35 *Lunch/Product Theatre (non-CME)*
Optimizing Treatment to Improve Outcomes Implementing the new Guideline for Managing Heart Failure with Reduced Ejection
- 2:00 *Break/Visit Exhibits*
- 2:15 **Mihai Gheorghiuade, MD Memorial Lecture**
Use of Vasopressin Antagonists for the Management of Hyponatremia and Volume Overload
 Uri Elkayam, MD
- 2:40 **Pulmonary Arterial Hypertension: Contemporary Approach to Treatment**
 Ronald Oudiz, MD
- 3:00 **Cardiac Amyloidosis: Stepwise Approach to Diagnosis and Treatment**
 Mazen Hanna, MD
- 3:20 **Revascularization in the Patient with Ischemic Cardiomyopathy: CABG vs. PCI and the Concept of Myocardial Viability**
 Eric Velazquez, MD
- 3:40 *Coffee Break/Visit Exhibits*
- 4:00 **Percutaneous Circulatory Assist Devices in the Management of the High-Risk Patient with Ischemic Cardiomyopathy**
 Ray Matthews, MD
- 4:20 **The Use of Remote Hemodynamic Monitoring for Management of Chronic Heart Failure: Patient Selection and Follow-up Protocol**
 J. Thomas Heywood, MD
- 4:40 **Transcatheter Mitral Valve Repair for Functional Mitral Regurgitation: An Update**
 Saibal Kar, MD
- 5:00 **Meeting Adjourned**

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 \$229 Single/Double 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. **Call the hotel directly no later than March 23, 2018 to book your room, specify that you're attending the 22nd Annual Heart Failure 2018 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. 26, 2018	Pre-Registration Feb. 27 - Apr. 1, 2018	On-site Registration After Apr. 1, 2018
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, online syllabus & online CME certificate. Confirmation and directions will be sent by email. **Pre-registration with payment is required to secure lower tuition rate. Please enroll early - 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

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City _____ State _____ Zip _____

Phone () _____ Email _____

Professional Specialty _____ Special Needs for Disabled _____

Please indicate Optional Sessions you will attend (RSVP Required):

Breakfast Session Lunch Session

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