Foundation for Heart Failure Education, Inc.
18th Annual Heart Failure 2014 – An Update on Therapy
3320 Third Avenue, Suite C
San Diego, CA 92103

18th Annual
Heart Failure 2014
An Update on Therapy

Saturday, April 5, 2014
Millennium Biltmore Hotel, Los Angeles

If you receive more than one brochure
Please pass the extra along to an associate.

PLEASE POST

COURSE DESCRIPTION

The program of the 2014 Heart Failure (HF) symposium has been designed to continue a tradition of providing a comprehensive, high level and clinically relevant update on 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 2013 guidelines of the AHA/ACC, novel therapy of acute HF, cardio renal syndrome, sodium abnormalities, pulmonary hypertension, new biomarkers for diagnosis and treatment, HF with preserved systolic function, prevention of readmissions, rare cardiomyopathies, treatment of atrial fibrillation including stroke prevention and ablation, prevention of sudden death with wearable as well as implantable defibrillators, cardiac resynchronization therapy, use of temporary and permanent cardiac assist devices and percutaneous valve replacement. As in past years, the program was designed to provide a high level and clinically oriented update with the goal of improving the care of patients with heart failure. We hope that you will join us for an exciting symposium.

PROGRAM OBJECTIVES:

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

1. Select the most appropriate drugs for the treatment of acute and chronic heart failure.
2. Incorporate the most rational use of biomarkers for the diagnosis and management of patients with heart failure.
3. Apply information obtained from recent studies and guidelines to work toward prevention, diagnosis and treatment of heart failure and prevention of sudden death in high risk patients.
4. Implement recent guidelines for the appropriate use of drugs and devices in the management of heart failure, arrhythmias and valvular heart disease.

FACULTY

Program Director

Uri Elkayam, MD
Professor of Medicine
Division of Cardiology
University of Southern California
Los Angeles, CA

Program Co-Director

Anil K. Bhandari, MD
Director, EPS Fellowship Program
Director, CME/GME
Good Samaritan Hospital
Harbor UCLA Medical Center
Los Angeles, CA

Kirkwood Adams, Jr., MD
Associate Professor of Medicine and Radiology
Department of Medicine
Division of Cardiology
University of North Carolina Chapel Hill
Chapel Hill, NC

Steve Burstein, MD
Director Cardiac Cath Lab & Interventional Cardiology
Good Samaritan Hospital
Los Angeles, CA

FACULTY *continued*

David S. Cannom, MD
Medical Director of Cardiology
Good Samaritan Hospital
Clinical Professor of Medicine
UCLA School of Medicine
Los Angeles, CA

Sumeet S. Chugh, MD
Professor of Medicine
Pauline and Harold Price Chair in Electrophysiology Research
Director, Heart Rhythm Center
Associate Director
Cedars-Sinai Heart Institute
Los Angeles, CA

Sorel Goland, MD
Director of the Heart Failure Unit
The Heart Institute
Kaplan Medical Center, Rehovot,
Affiliated to the Hebrew University and Hadassah Medical School
Jerusalem, Israel

J. Thomas Heywood, MD
Medical Director,
Comprehensive Heart Failure and LVAD Program
Scripps Clinic
San Diego, CA

Amir Kazory, MD, FASN
Assistant Professor of Medicine
Division of Nephrology, Hypertension, & Renal Transplantation
University of Florida College of Medicine
Gainesville, FL

Robert A. Kloner, MD, PhD
Director of Research
Heart Institute, Good Samaritan Hospital
Professor of Medicine
Keck School of Medicine
University of Southern California
Los Angeles, CA

Mazda Motallebi, MD, FACC, FHRS, CCDS
Chief, Cardiac Electrophysiology & Implantable Electronic Device Services
Caremore Health Plan
Los Angeles, CA

Tien M.H. Ng, PharmD, FCCP, BCPS (AQ-C)
Associate Professor of Clinical Pharmacy and Medicine
Director, PGY2 in Cardiology
University of Southern California
School of Pharmacy & Keck School of Medicine
Los Angeles, CA

Joseph G. Rogers, MD
Associate Professor of Medicine
Director, Duke Heart Failure Program
Duke University Medical Center
Durham, NC

David J. Ross, MD
Medical Director, Lung & Heart-Lung Transplant Program
Director, Pulmonary Hypertension & Thromboendarterectomy Program
Professor of Medicine
David Geffen School of Medicine
Division of Pulmonary, Critical Care, Allergy & Immunology
Ronald Regan - UCLA Medical Center
Los Angeles, CA

Rhada J. Sarma, MD
Professor of Internal Medicine
Chief, Division of Cardiovascular Disease
Western University of Health Sciences
College of Osteopathic Medicine of the Pacific
Pomona, CA

Clyde Yancy, MD
Magerstadt Professor of Medicine
Professor of Medical Social Sciences
Chief, Division of Cardiology
Northwestern University Feinberg School of Medicine
Chicago, IL

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. Although multiple effective therapeutic modalities have been developed over the last decade, there is a need for more education regarding diagnosis and management (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 such as BNP,Galactin-3 as well as ST2 has provided clinicians with important tools for diagnosis and management of HF, there is however a great need for education regarding an effective use and 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 multiple interventions. Recent data have shown an over use of inotropes in these patients which can lead to increased mortality (Elkayam U. Am Heart J. 2007;153:98).

Since 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 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 (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, 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 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, 18th Annual Symposium - Heart Failure 2014, with a beginning date of 04/05/2014, has been reviewed and is acceptable for up to **7.75** 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.

PROGRAM

7:00 *Registration and Coffee*
7:50 **Opening Remarks** - *Uri Elkayam, MD*

Session I *Uri Elkayam, MD - Moderator*

8:00 **Overview of 2013 ACC/AHA Guidelines**
Clyde Yancy, MD
8:20 **Novel Therapy for Acute Heart Failure**
Kirkwood Adams, Jr., MD
8:40 **Cardiorenal Interaction in Acute Decompensated Heart Failure: Contemporary Concepts and their Clinical Implications**
Amir Kazory, MD
9:00 **Pulmonary Hypertension – An Update on Drug Therapy**
David J. Ross, MD
9:20 **Managing Sodium Abnormalities in Heart Failure: Evolving Concepts**
Clyde Yancy, MD
9:40 **Chronic Thromboembolic Pulmonary Hypertension Diagnosis and Treatment**
David J. Ross, MD
10:00 *Break/Visit Exhibits/Q &A with Faculty*

Session II *Robert A. Kloner, MD, PhD - Moderator*

10:15 **New Biomarkers and their Role in Heart Failure Diagnosis and Therapy**
Kirkwood Adams, Jr., MD
10:35 **How to Optimize the Benefit of Drug Therapy in Patients with Chronic Heart Failure**
Uri Elkayam, MD
10:55 **Long Distance Patient Care – The Promise and Pitfalls of Remote Monitoring for Heart Failure**
J. Thomas Heywood, MD
11:15 **Heart Failure with Preserved Ejection Fraction (HFpEF) New Concepts in Diagnosis and Therapy**
Uri Elkayam, MD
11:35 *Break/Visit Exhibits*
11:50 **Lunch and Case Presentations**
Uri Elkayam, MD - Moderator

CASE
1 **PVC Mediated Cardiomyopathy**
Mazda Motallebi MD & Anil K. Bhandari MD
2 **Left Ventricular Non Compaction**
Rhada Sarma MD
3 **Peripartum Cardiomyopathy**
Sorel Goland MD & Uri Elkayam MD

Session III *Anil K. Bhandari, MD - Moderator*

1:40 **New Oral Anticoagulant for Stroke Prevention in Atrial Fibrillation - Which Drug for What Patient?**
Tien M. H. NG, PharmD
2:00 **Latest EP Interventions for Atrial Flutter and Fibrillation: Patient's Selection and Recommendations For Follow Up and Management Post Intervention**
Anil K. Bhandari, MD
2:20 **The Expanding Role of CRT - How to Maximize Patient's Response**
Sumeet S. Chugh, MD
2:40 **The Role of the Wearable Defibrillator – Who, What, When, Where and Why**
J. Thomas Heywood, MD
3:00 **How to Prevent Under and Overutilization of ICD's in Patients with Heart Failure**
David S. Cannom, MD
3:20 *Break/Visit Exhibits/Q &A with Faculty*

Session IV *Uri Elkayam, MD - Moderator*

3:35 **Update on the Use of Temporary Assist Devices for Stabilizing Patients with Heart Failure Undergoing High-Risk Interventions**
Steve Burstein, MD
3:55 **Ventricular Assist Devices: Who Should be Referred and When for Implantation of LVAD**
Joseph G. Rogers, MD
4:15 **Percutaneous AV Replacement for Patients with Aortic Valve Disease and Heart Failure**
Steve Burstein, MD
4:35 **Challenges and Solutions in the Management of Patients with Mechanical Assist Devices**
Joseph G. Rogers, MD
4:55 **Concluding Remarks**
Uri Elkayam, 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:
A limited number of guest rooms are available for a rate of $159 Single/Double plus tax of 15.5% 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 18th Annual Heart Failure 2014 Symposium so that you can receive our special rate.**

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

PARKING
Valet parking for overnight guests is $40. Overnight self-parking at Pershing Square is $15.40. Parking on Saturday is available for $7 in the Pershing Square Lot. Valet parking at the Biltmore is $20.

CANCELLATIONS
Because of advance planning requirements, a full refund less a $50.00 processing fee will be given if you cancel in writing and postmark by **March 17, 2014.** No refunds will be given after March 17, 2014.

CONFERENCE SECRETARIAT
Complete Conference Management
3320 Third Avenue, Suite C
San Diego, CA 92103
Ph. 619-299-6673

REGISTRATION FEES
Online at: **LAHeartFailure.com**

	Super Early Bird on or before Jan.13, 2014	Pre-Registration Jan. 14 - Mar. 14, 2014	On-stie Registration After Mar. 14, 2014
Physician	**$130**	**$150**	**$160**
Nurse / Allied Health	**$100**	**$120**	**$130**
Student/Fellow (with letter of verification)	**$50**	**$50**	**$50**

Registration includes continental breakfast, lunch, coffee and a flashdrive syllabus. 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 ( ) _____ Fax ( ) _____
Email Address _____
Professional Specialty _____ Special Needs for Disabled _____

CHECK PAYMENT
Make your check or money order payable to:
Foundation for Heart Failure Education, Inc.

MAIL FORM TO: Complete Conference Management, 3320 Third Avenue, Suite C, San Diego, CA 92103
FAX TO: 619-299-6675

CREDIT CARD PAYMENT – (Visa, Mastercard & American Express **ONLY**)
Card # _____ Security Code _____
Name on Card _____ Exp. Date _____
Billing Address _____
Amount $ _____ Signature _____