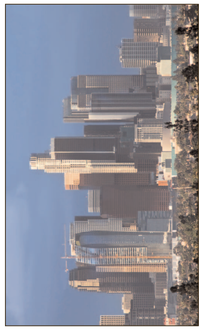
1Foundation for Heart Failure Education, Inc.
17th Annual Heart Failure 2013 – An Update on Therapy
3320 Third Avenue, Suite C
San Diego, CA 92103

17th Annual
# Heart Failure 2013
*An Update on Therapy*

Saturday, April 6, 2013
Millennium Biltmore Hotel, Los Angeles



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**PLEASE POST**


## COURSE DESCRIPTION

Heart Failure 2013 has been designed to continue a tradition of providing a comprehensive, high level and clinically oriented update on prevention, diagnosis and management of heart failure. The program is structured to include lectures presented by experts in the field combined with interactive panel discussions. This year we made an attempt to cover an extensive list of topics including use of sympathetic denervation for treatment of resistant hypertension, diagnosis and treatment of sleep apnea, new treatments for hyponatremia, introduction of relaxin, a new drug in the management of acute decompensated heart failure, diuretics and ultrafiltration for the management of volume overload, new concepts in the diagnosis and management of diastolic heart failure, nitric oxide enhancing therapy for chronic heart failure, new drugs for stroke prevention as well as catheter ablation in patients with atrial fibrillation, new guidelines for the use of CRT and ICD in patients with heart failure and hypertrophic cardiomyopathy, use of MRI in the diagnosis and prognosis of cardiomyopathies, determination of myocardial viability in patients with coronary artery disease and LV dysfunction and methods for effective prevention of rehospitalizations. In addition the program will provide an update on cutting edge therapies including the use of gene therapy, neuroregulin and stem cell therapy in patients with heart failure. 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. I hope that you will join us for an exciting symposium.

### PROGRAM OBJECTIVES:

1. Select the appropriate therapy for high risk patients with hypertension.
2. Manage heart failure and arrhythmias more effectively.
3. Incorporate the use of biomarkers in the diagnosis and assessment of prognosis of patients with heart failure.
4. 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.
5. Implement recent guidelines for the appropriate use of drugs and devices in the management of heart failure, hypertension, arrhythmias and valvular heart disease.

## FACULTY

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Los Angeles, CA

# NEEDS ASSESSMENT

Heart failure (HF) is common, but unrecognized and often misdiagnosed. It affects nearly 5 million Americans and is one of few cardiovascular disorders on the rise. An estimated 670,000 new cases of heart failure 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 year of age who has HF will die within 8 years.) and is the number one 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 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 treatment of risk factors such as hypertension, diabetes mellitus, obesity and lipid disorders and on education of both patients and physicians. Hypertension is significant risk factors for the development of HF. Early treatment of hypertension has been recommended, but often not implemented by clinicians (Winegarden CR. Am Epidemiol 2005:15; 720-725) and achieving normal blood pressure has remained an elusive goal reached in only 17% to 27% of hypertensive patients often due to suboptimal selection of therapy (Taler SJ et al Hypertension 2002;39:982, Fagad RH Heart 2012;98:254). Erectile dysfunction is common in patients with HF, however, many of them are not diagnosed or appropriately treated (Schwarz ER et al. JACC 2006; 48:1111). Pulmonary hypertension (PH) is a major cause of right ventricular failure and an increasing cause of death. Multiple effective therapeutic modalities have been developed over the last decade, recent information however, suggests the 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). Sleep apnea too is an important cause of hypertension and HF but many patients still go undiagnosed or untreated (Goffleib DJ. Circulation 2010; 122:352). Recent introduction of biomarkers for the diagnosis of HF has provided clinicians with an important new tool. There is however a great need for education regarding a cost effective use and potential applications 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 the 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. Furthermore there is a need to identify effective methods to increase adoption of proven therapies and close existing gaps between knowledge and practice in the treatment of both atrial and ventricular 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 ICD implantation has been shown to be common (Sana M et al JAMA 2011;305:43). New guidelines regarding indications for synchronizations 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 life and prolonged survival in patients with advanced heart failure, 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 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% if 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, 17th Annual Symposium - Heart Failure 2013, with a beginning date of April 6, 2013 has been reviewed and is acceptable for up to **8.5** 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.

# PROGRAM

7:00 *Registration and Coffee*

7:50 **Opening Remarks**
*Uri Elkayam, MD*

8:00 **Effective Therapy for Resistant Hypertension: Drugs and Devices**
*Vito Campese, MD*

8:20 **Sleep Apnea and Heart Failure: Screening, Diagnosis and Prognosis**
*Shahrokh Javaheri, MD*

8:35 **BNP 10 Years Later: What Have We Learned and What Do We Still Need To Learn?**
*Alan Maisel, MD*

8:55 **Management of Volume Overload in the Hospitalized Patient with Heart Failure: Diuretics and Ultrafiltration - How to Use Them for Most Benefit and Least Harm**
*Uri Elkayam, MD*

9:15 **New and Approved Biomarkers: How Can They Help in the Management of Patients with Heart Failure?**
*Alan Maisel, MD*

9:35 *Break / Visit Exhibits / Q and A with Faculty*

9:50 **Hyponatremia and Heart Failure: Clinical Implications and Appropriate Management**
*Tien Ng, PharmD*

10:10 **Nitroglycerin vs. Relaxin in the Treatment of Acute Decompensated Heart Failure: How Do They Compare?**
*Uri Elkayam, MD*

10:30 **Heart Failure with Preserved Ejection (HFpEF): New Concepts in Diagnosis and Management**
*Barry Greenberg, MD*

10:50 **Pulmonary Hypertension: Early Diagnosis and Effective Treatment**
*Ronald J. Oudiz, MD*

11:10 **Sleep Apnea and Heart Failure: Treatment Considerations**
*Shahrokh Javaheri, MD*

11:30 **Use of MRI for the Diagnosis and Prognosis of Cardiomyopathies**
*Louise Thomson, MBChB*

11:45 *Break / Visit Exhibits / Q and A with Faculty*

12:00 ***Lunch Presentation***
**William (Willi) Ganz Memorial Lecture: The Path to Heart Failure Prevention is through Focus on Athero-Thrombosis**
*P.K. Shah, MD*

1:20 **Nitrates–Hydralazie for Nitric–Oxide–Enhancing Therapy in Heart Failure: Life Saving But Underutilized Therapy - Who Should Receive It and How?**
*Uri Elkayam, MD*

1:40 **How to Design a Program for Prevention of Rehospitalizations in Patients with Heart Failure**
*Gregg Fonarow, MD*

2:00 **Myocardial Viability: Is the Concept Still Viable? Lessons from the STICH Trial and Beyond**
*Jamshid Maddahi, MD*

2:20 **Atrial Fibrillation - New Drugs for Stroke Prevention: Which One and When?**
*Gregg Fonarow, MD*

2:40 **Atrial Fibrillation Ablation in Patients with Heart Failure: Patient Selection and Expected Results**
*Anil Bhandari, MD*

3:00 **Selection of Patients and Devices For Bradycardia Pacing and Cardiac Resynchronization Therapy in the Heart Failure Population: New Guidelines and Beyond**
*David Cannom, MD*

3:20 *Break / Visit Exhibits / Q and A with Faculty*

3:35 **Sudden Death Prevention in Heart Failure and Hypertrophic Cardiomyopathy: Patient Selection, Prevention of Complications and Review of New Guidelines**
*Ulrika Birgersdotter-Green, MD*

3:55 **Temporary Cardiac Assist Devices: When to Use Them and How**
*Kapil Lotum, MD*

4:15 **Cardiac Assist Devices for Bridge to Transplantation and Destination Therapy: Who is the Ideal Patient?**
*Michael Bowdish, MD*

4:35 **Stem Cell Therapy for Heart Failure: A Status Report**
*Robert Kloner, MD*

4:55 **Upcoming Concepts in the Treatment of Heart Failure: Gene Transfer Therapy and Neuroregulin**
*Barry Greenberg, MD*

5:15 **Panel Discussion**

5:30 **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 $149 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 17th Annual Heart Failure 2013 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 15, 2013.** No refunds will be given after March 16, 2013.

**CONFERENCE SECRETARIAT**
**Complete Conference Management**
3320 Third Avenue, Suite C
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Ph. 619-299-6673

| REGISTRATION FEES *Online at:* **LAHeartFailure.com** | Super Early Bird on or before Jan.15, 2013 | Pre-Registration Jan. 16 - Mar. 15, 2013 | On-stie Registration After Mar. 15, 2013 |
|---|---|---|---|
| **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**

## REGISTRATION FORM

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