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For more information about Amgen, our pioneering science and our vital medicines, visit www.amgen.com

Amgen is proud to support the Heart Failure Society of America
Table of Contents

President’s Message.................................................................................................................. 2
About the Heart Failure Society of America............................................................................ 7
Board of Directors ................................................................................................................... 8
Scientific Program Committee ................................................................................................. 9
General Meeting Information .................................................................................................. 10
Annual Business Meeting ....................................................................................................... 11
Continuing Education Information .......................................................................................... 14
Speaker Disclosure Information ............................................................................................... 16
Scientific Program Learning Objectives .................................................................................... 16
Scientific Meeting and Satellite Supporters ............................................................................. 19
Gaylord Palms Hotel and Convention Center Meeting Rooms Floor Plans.......................... 20

Abstract Reviewers & Faculty
Abstract Reviewers .................................................................................................................. 24
Faculty.................................................................................................................................... 26

Program-At-A-Glance
Friday, September 16 .................................................................................................................. 37
Saturday, September 17 ............................................................................................................. 38
Sunday, September 18 ................................................................................................................. 40
Monday, September 19 ............................................................................................................... 42
Tuesday, September 20 ............................................................................................................... 44

Special Events and Exhibit Hall Activities
Special Events and Exhibit Hall Activities ................................................................................ 46
Industry Expert Theaters ............................................................................................................ 50
Non-CME Contemporary Forums ............................................................................................. 52
Satellite Symposia ..................................................................................................................... 54
Clinical Trial Row ..................................................................................................................... 56
Awards................................................................................................................................... 60

Exhibitors
Exhibit Map .............................................................................................................................. 62
Exhibitor Listings ....................................................................................................................... 63
Exhibitor Descriptions .............................................................................................................. 64

Notes....................................................................................................................................... 73
Dates to Remember .................................................................................................................. 77
President’s Message

Dear Colleagues,

Welcome to the 20th Annual Heart Failure Society of America Scientific Meeting. Our core purpose outlined in the HFSA Strategic Plan is to reduce the burden of heart failure for patients and society through prevention, treatment, and discovery, and we believe we have made significant strides in advancing that purpose over the last year. A great deal of our success is due to the increasing involvement of pharmacy and nursing in all the activities of the HFSA reflecting three of our core values of inclusiveness, collaboration, and the intent to make all of our endeavors multidisciplinary. You will also notice the expanded role of our “Early Career” members from all disciplines which has enhanced innovation - another core value, while maintaining our final core values of excellence and integrity. We are especially pleased to have increasing involvement of patients with heart failure understanding that their input is critical if we are to advance knowledge and education while keeping a focus on what is really important to patients with heart failure.

1. HFSA Annual Scientific Meeting.
For the second year the Program Committee Chairs—Gregg Fonarow, MD, FHFSA, Debra Moser, PhD, RN, Mona Fiuzat, Pharm D, and John Burnett,Jr., MD and their committee have done a wonderful job in making the program timely, exciting and comprehensive. This year’s program has:

- 52 General Sessions
- 8 How-to Sessions
- 7 Hands-on / Interactive Workshops
- 7 Satellite Symposia
- Contemporary Forums
- 300+ speakers with over 340 oral presentations
- 375 posters with 2 rapid fire sessions including 24 posters
- 2 moderated poster sessions with 34 abstracts
- 13 Clinical Trial posters
- 16 posters presented in 3 award sessions (JNC Investigator Award in Basic Science, JNC Investigator Award in Clinical/Integrative Medicine, and Nursing Research Award)

Maintenance of Certification(MOC) credit will be awarded for ten of our sessions. There are Joint Sessions with the American Association of Heart Failure Nurses, the American Heart Association, the European Heart Failure Association, the Japanese Heart Failure Society, the Society of Academic Emergency Medicine, the Heart Rhythm Society and the Myocarditis Foundation. Please don’t miss the Plenary Lecture entitled “Human iPS Cells: From Precision Medicine to Clinical Trial in a Dish” to be given by Joseph C. Wu, MD from Stanford University.

The entire Program Committee membership also reflects the HFSA goal to include and encourage young heart failure practitioners in both clinical activity and research. Many thanks to the entire committee for your hard work.
2. The Tom Force Late Breaking Basic - Translational Research Lecture
To honor the great work Tom Force did as our past President to bring important basic and translational research to our annual meeting, we have designated this annual lecture to bring important advances in basic and translational research to our membership.

3. The First AHA/ACC/HFSA "Joint Effort for a Heart Failure Clinical Practice Guideline"
This the first year the HFSA is an equal partner in the development and publication of the Heart Failure Clinical Practice Guideline. This will be an ongoing partnership in all future Guidelines. The first update was published simultaneously in the Journal of Cardiac Failure, Circulation, and the Journal of the American College of Cardiology. In addition, for the first time the AHA/ACC/HFSA guideline and the European HF Guidelines were released simultaneously. (Antman EM, et al. Updated Clinical Practice Guidelines on Heart Failure: An International Alignment. J Card Fail. 2016):

We have written a new organizational structure for the Guidelines Committee which will now be called “The Scientific Statements Committee” and will oversee the development of 1-3 important scientific statements in heart failure. Thanks to Michael Givertz, MD, FHFS for his leadership of this important committee.

4. The Journal of Cardiac Failure.
Under the leadership of Paul Hauptman, MD, FHFS the Journal has a “new look” and a new Editorial Board. JCF’s impact factor has increased again reflecting the leadership of Paul and our previous editor in chief, Gary Francis, MD, FHFS. John Burnett, Jr., MD, as the previous Chair of the Publications Committee, has skillfully guided the transition of the journal to new leadership. JCF reflects a number of new ideas, including expanded editorial commentary, continued focus on multidisciplinary input, and a more rapid “turn around” time for new papers. For the first time the Focused Update of the Heart Failure Clinical Practice Guideline reflects the combined efforts of the HFSA, the American Heart Association, and the American College of Cardiology and was published simultaneously online in the journals of each society in May of 2016. It will be in the print edition of the September JCF issue.

Here is the official / suggested JCF citation for the 2016 focused update:

5. The Appointment of a Patient Representative to the Board of Directors
The Board of Directors voted in late 2015 to appoint an ad-hoc patient representative to the Board of Directors, recognizing that we need the input of our patients. We welcome our first patient representative, Cynthia Chauhan, BA, MSW. Cynthia has had a life-long commitment to advocating for patients, publishing scholarly papers advancing patient perspective, and serving on important advocacy committees. Cynthia has already brought important patient issues to the table, and has quickly become a valuable contributor for helping us to see all of our projects through a patient’s eyes.
6. A Change in the Terms for HFSA officers
The Board of Directors voted to change the terms of officers from two years to one year. This will allow a much larger number of our members to serve in these important positions, and bring new ideas and energy to our society.

7. The Heart Failure Review and Heart Failure Board Review Programs.
The Heart Failure Board Review Course alternates every other year with the Heart Failure Comprehensive Review Course, held the year of the Advanced Heart Failure and Transplantation American Board of Internal Medicine Examination. The 2016 HFSA Board Review Course: Advanced Heart Failure and Transplant Cardiology was held on August 19-21 in Chicago and completely sold out early. Thanks to program chairs Jim Fang, MD, FHFSA and Sean Pinney, MD, for their hard work on this important effort, which received outstanding reviews.

8. Ongoing Advocacy Efforts
Under the leadership of Joe Hill, MD, PhD, FHFSA, the Advocacy Committee continues to push for the CMS implementation of the provider taxonomy code that we obtained for advanced heart failure and transplant cardiologists. This taxonomy code is a necessary component to pursue the over-arching goal to obtain a specialty designation code for advanced heart failure and transplant cardiology. The Committee is preparing comments on policy and payment provisions that affect heart failure specialists under the proposed 2017 rules on the Medicare Physician Fee Schedule and the Hospital Outpatient Prospective Payment System. They have identified nominees to important federal advisory committees such as the Medicare Evidence Development and Coverage Advisory Committee. We were recently notified that our HFSA nominee was selected to be an advisor to Medicare in the development of MACRA clinical episode groups. Early this fall, the Committee will sponsor a webinar on cardiac rehabilitation. This webinar is part of our commitment to work with the CMS Million Hearts campaign to promote awareness and enhance use of Medicare's cardiac rehabilitation benefit.

9. Fellow of the Heart Failure Society of America (FHFSA) Designation
We have awarded this designation to MDs, PhDs, nurses, nurse practitioners, and pharmacists who spend a significant proportion of their time working in either clinical or research endeavors focusing on heart failure. Fellowship Designation is available to members who meet these criteria and have maintained continuous HFSA membership for two or more years. As of August 1, 2016, we have already designated 87 members as Fellows of the HFSA. Congratulations to the first class of Fellows of the HFSA!

10. Continued Research and Travel Grant Awards
In 2016, with the support of Medtronic, HFSA funded 28 Board Review Travel Grants ($42,000), 82 Annual Meeting Travel Grants ($123,000) and 5 Mini-Fellow Research Grants ($50,000). With support from St. Jude, we funded 2 Hemodynamic Implantable Device Research Grants ($80,000 total), and with the support of Novartis, we funded 2 Collaborative HFSA/EMF Research Grants ($200,000).

Many thanks to Medtronic, St. Jude, and Novartis for allowing HFSA to award research funds to fellows for important research, project assistance, and travel grants. With these funds, many more “early career” heart failure fellows will have new opportunities to pursue their research, and to attend the HFSA Annual Meeting and Board Review course. Bonnie Ky, MD, MSCE, has been a terrific leader for the Research Committee, and is currently exploring a relationship with the NHLBI to develop a master plan for the future of heart failure research.

11. Ongoing Development of HFSA’s Quality Care Initiative
This is a multi-organizational effort to identify and establish benchmarks to improve the standards of quality care for those impacted by heart failure. This is the first collaboration of this kind including 18 associations involved in heart failure. Many thanks to our founding partner, AMGEN, our gold level partner, St. Jude, and silver level partner, Bayer, for their sponsorship of this important endeavor. Paul Heidenreich, MD and Nancy Albert, RN, PhD, FHFSA
are leading the efforts. The Quality Initiative has resulted in 5 separate projects that address Adherence to Guideline Directed Medical Therapy, Palliative Care for Heart Failure patients, Care Coordination, Improved Methods of Diagnosis of Heart Failure, and, Disparities in Care. The goal for each of these projects is to create an improvement in the care of patients with heart failure. This is truly a multidisciplinary endeavor with 18 organizations and professional societies represented.

12. Continued Increases in Membership
Since our peak membership of nearly 1800 in 2004, the membership steadily dropped to just over 1100 in 2011. Since then, spurred by the implementation of our new HFSA strategic plan, membership increased to 1783 in early August and is likely to set a new record by the time of this annual meeting. The greatest growth in new membership is in Early Career members. Thanks to Mitchell Saltzberg, MD, FHFSA, Mona Fiuzat, PharmD, FHFS, and Martha Biddle, PhD, APRN, CCNS for their hard work as Chairs of the Membership Committee.

13. Ongoing Updates in our Education Modules
Under the leadership of Ken Margulies, MD, the Education Committee has updated Patient Education Module 7: Tips for Family and Friends on Heart Failure (Support Funded By Novartis) and Module 10: Heart Rhythm Problems, and has a newly designed Module 11: Clinical Trials which is designed to help patients understand the risks and benefits of participating in clinical trials. All these can be easily accessed as a resource on the HFSA website.

14. Continued Focus on Increasing the Multidisciplinary Activities of the HFSA and Enhancing Opportunities for Early Career members in All Disciplines.
We have focused on involving all of our members - MDs, PhDs, Nurses, Nurse Practitioners, and Pharmacists - in our committees and our annual meeting. A great deal of credit goes to Victoria Vaughn Dickson, PhD, CRNP, MSN, FHFS, and Maria Fe. M. White, NP, the Co-Chairs of the Nursing Committee, and Robb Kociol, MD, Chair of the Early Career Committee, for creating renewed collaborations and activities.

We have added a patient representative to our Board, and are exploring other options for patient involvement in HFSA. With the leadership of Sean Collins, MD, MsC, we have a strong focus on collaboration with our Emergency Medicine colleagues from a new white paper (Collins SP, et al. Clinical and Research Considerations for Patients With Hypertensive Acute Heart Failure: A Consensus Statement from the Society of Academic Emergency Medicine and the Heart Failure Society of America Acute Heart Failure Working Group. J Card Fail. 2016;22:618-27.) to funding two grants designed to foster collaboration between cardiology and emergency medicine. From many of the new programs designed by our Early Career members for our annual meeting, to mentorship opportunities to involving Early Career members in the guideline process, one of our strategic goals is to make sure that we create strong leadership to improve the care of heart failure patients for the foreseeable future.

15. The Development of a New HFSA Strategic Plan
It has been four and a half years since Barry Greenberg, MD, FHFS, led the HFSA in the development of a new Strategic Plan that has spearheaded the changes we have made. (Greenberg BH et al. The Heart Failure Society of America in 2020: a vision for the future. J Card Fail. 2012; 18:90-3). Having now met many of the objectives outlined in that plan, we will be meeting over the next several months to develop the next Strategic Plan to set out objectives for the next five years. Watch for the new Strategic Plan that will be published in the Journal of Cardiac Failure in the spring of 2017.

16. Strengthening Our International Collaborations
We have confirmed and strengthened our collaborations with the European Society of Heart Failure and the Japanese Heart Failure Society. Members of these societies will be our guests at our International Reception. We welcome
all of our International colleagues to our meeting and look forward to our partnership. In the coming years, we are exploring collaborations with our heart failure colleagues in South Korea and South America.

17. Resurrecting the HFSA Annual Winter Meeting to Encourage Careers in Heart Failure.
HFSA once annually held a weekend winter conference in Florida designed to bring trainees interested in heart failure together with successful heart failure clinicians and researchers to promote further interest and energy in heart failure. Through the hard work of Michele Blair and her staff, this conference will again be held in the spring of 2017. It will be modeled after our previous conferences, but will now also include PhDs, nurses, and pharmacists in addition to MDs.

18. Exploring Partnerships with Other Subspecialty Societies
We have had several meetings with other small cardiology subspecialties to explore mutually beneficial projects, including the Society of Cardiovascular Angiography and Interventions, the American Society of Echocardiography, the Society for Cardiovascular Angiography, the Society of Cardiovascular Computer Tomography, the Society of Cardiovascular Magnetic Resonance, the Heart Rhythm Society, and the American Society of Nuclear Cardiology. –. The first output of this group will be published shortly. (Blankenship J et al. Multi-Society Presidents’ Page: The Value of Membership in Your Sub-Specialty Society. Catheterization and Cardiovascular Interventions In Press 2016)

It has been a busy, exciting, and productive year. We could not have accomplished all of these goals without the outstanding leadership of Michele Blair, CEO of HFSA, who has led our organization to financial stability and created the organizational structure that produced these accomplishments. You are likely to see Michele “everywhere” at this meeting. Please join me in giving her a very well deserved “Thank You!” and congratulate her outstanding staff:

Patrick McGary, CAE, Chief Operating Officer
Jamie Abreu, Executive Vice President, CME and Educational Programs
Jai Tucker, Executive Administrative Assistant
Anna Leong, Publications Manager, Journal of Cardiac Failure Managing Editor
Patrice Guzman, Senior Manager, Programs and Patient Advocacy
Kolette Massy, Manager, CME and Educational Programs
Cynthia Dy, Manager, Marketing and Communications
Ana Hadad, Accountant

Finally, thanks so much for attending the meeting. Thanks for your input, your interest, and your dedication. We would love to hear your thoughts: if you have ideas for new programs or for improvements to old ones, let us know. We are excited about this meeting, and about the future of the HFSA in providing leadership for the care of patients with heart failure.

Sincerely,

JoAnn Lindenfeld, MD, FHFSA
President, HFSA
About the Heart Failure Society of America

The Heart Failure Society of America (HFSA) represents the first organized effort by heart failure experts from the Americas to provide a forum for all those interested in heart failure research and patient care.

The HFSA is dedicated to:
- Promoting research related to all aspects of heart failure and to providing a forum for presentation of basic, clinical and population-based research.
- Educating health care professionals through programs, publications, and other media in the areas of basic science, clinical medicine, patient management, and social, ethical and economic issues to enable them to diagnose and treat heart failure and concomitant medical conditions more effectively.
- Encouraging primary and secondary preventive measures to reduce the incidence of heart failure; serving as a resource for government, private industry, and health care providers to facilitate the establishment of programs and policies that will better serve the patient.
- Enhancing quality and duration of life in those with heart failure.
- Promoting and facilitating the formal training of physicians, scientists and allied health care providers in the field of heart failure.

Society Membership Information

Membership in the Society is open to all health care professionals with an interest in cardiovascular medicine. For information about the HFSA or to become a member, visit the HFSA website at www.hfsa.org, call or write:

Heart Failure Society of America, Inc.

6707 Democracy Blvd., Suite 925
Bethesda, MD 20817
Phone: 301-312-8635
Fax: 888-213-4417
E-mail: info@hfsa.org

Interested participants can also visit the HFSA booth located near the Osceola A meeting room or visit the HFSA website at www.hfsa.org.
Board of Directors

Officers:
JoAnn Lindenfeld, MD, FHFA (President)
Mandeep R. Mehra, MD, FHFA (President-Elect)
Christopher M. O’Connor, MD, FHFA (Treasurer)
Sara C. Paul, DNP, FNP, FHFA (Secretary)
Thomas Force, MD, FHFA (Immediate Past-President)

Members:
Nancy Albert, RN, PhD, FHFA
Susan E. Ammon, RN, MSN, FNP, FHFA
Biyskem Bozkurt, MD,PhD, FHFA
Javed Butler, MD, MPH, FHFA
Sean Collins, MD, MSc, FHFA
Joseph A. Hill, MD, PhD, FHFA
Corrine Y. Jurgens, RN, PhD, FHFA
David Lanfear, MD, MS, FHFA
Paul J. Mather, MD, FHFA
J. Herbert Patterson, PharmD, FHFA
Jonathan D. Rich, MD
Heather J. Ross, MD
John R. Teerlink, MD, FHFA
James E. Udelson, MD

Members (ex officio):
Jay N. Cohn, MD, FHFA
Paul Hauptman, MD, FHFA

Members (ad hoc):
Cynthia Chauhan, BA, MSW (Patient Representative)
Jonathan Howlett, MD, FHFA

Journal of Cardiac Failure:
Paul Hauptman, MD, FHFA
Michael W. Rich, MD (Senior Associate Editor)
The Program Chairs and members of the 2016 Scientific Program Committee wish to thank all members, past attendees, and others who submitted session proposals for this year's meeting. All were given serious consideration, and many were included, whole or in part, in the final program. In part, as a result of these proposals, many new speakers will be featured in this year's meeting. A call for proposals for 2017 will go out in October.
General Meeting Information

MEETING LOCATION
All meeting activities will be held in the Gaylord Palms Hotel and Convention Center. See page 18 for a floor plan of meeting rooms.

REGISTRATION
Florida Exhibit Hall B Foyer
Lower Level of Convention Center

Registration Hours
Friday, September 16.........................12:00 PM – 5:00 PM
Saturday, September 17.......................7:00 AM – 5:00 PM
Sunday, September 18.........................7:00 AM – 5:00 PM
Monday, September 19........................7:00 AM – 5:00 PM
Tuesday, September 20........................7:00 AM – 10:00 AM

Included in Registration Fee
The registration fee includes meeting materials, admission to scientific sessions, satellite symposia, exhibits and activities in the Exhibit Hall, and complimentary food events.

MEETING SESSIONS ONLINE
In response to requests from previous attendees, HFSA will provide the scientific sessions online free-of-charge for 2016 meeting attendees for 30 days following the meeting. Sessions will also be available for purchase for reference throughout the year. Visit the Digitell desk adjacent to the HFSA membership booth in the Osceola A foyer.

OPENING RECEPTION
The Opening Reception is Saturday, September 17, 6:00 PM – 7:30 PM in the Florida Exhibit Hall A-B. Wine and hors d’oeuvres will be served.

POSTER RECEPTIONS - IN EXHIBIT HALL
Saturday, September 17 ....................... 6:00 PM – 7:30 PM
Sunday, September 18......................... 5:30 PM – 7:00 PM

The first Poster Reception will be held in conjunction with the Opening Reception. The second Poster Reception will be on Sunday following the sessions for the day. There will be no reception on Monday. To connect with a poster professor and join a moderated poster session tour, please visit the Moderated Posters Session section of the Exhibit Hall at 6:15 PM on Saturday or 5:45 PM on Sunday.

Want More Information?
Use the Meeting App to:

- Search session titles to find outlines and locations
- Search faculty to find when & where your favorite speaker is presenting
- Search Industry Expert Theater and Contemporary Workshop program descriptions
- Search Abstracts and find poster numbers
- Search attendees and connect via the App
- Review Exhibitor descriptions and locations within the Exhibit Hall

Scan the QR Code from your mobile device or visit: bit.ly/HFSA2016APP

Meeting Application sponsored by Cytokinetics
ANNUAL BUSINESS MEETING
The Annual Business Meeting is scheduled for Sunday, September 18th from 11:30 AM - 12:30 PM in Naples 3.

EXHIBIT HALL SCHEDULE
Please visit our exhibitors and thank them for supporting the HFSA Annual Scientific Meeting. Exhibits are located in the Florida Exhibit Hall A-B. See page 63 for a list of exhibitors and locations.

Saturday, September 17 ...................... 6:00 PM – 8:00 PM
Sunday September 18 ...................... 10:00 AM – 7:00 PM
Monday, September 19 ...................... 10:00 AM – 2:00 PM

WIFI
Complimentary WiFi is available in the education sessions courtesy of ZS Pharma. Hotel Guests may utilize complimentary hotel WiFi in the lobby and public areas of the hotel. Hotel WiFi does not extend to the conference center. Network Name: HFSA2016 | Password: zspharma

EMAIL FROM EXHIBIT HALL
Email stations will be located in the Exhibit Hall for attendees to check e-mail.

CHARGING STATIONS
Charging stations for mobile devices, courtesy of Amgen, will be available in the exhibit hall.

BREAKS
Coffee/tea breaks and lunches on Sunday and Monday (until 2:00 PM) will be served in the Exhibit Hall. A light continental breakfast will be available daily Saturday through Tuesday outside the Osceola meeting rooms. Concession stands will be available in the convention center on Saturday for attendees to purchase coffee and lunch during session breaks.

MEDTRONIC LOUNGE
Take a break with us at the Medtronic Lounge!

Saturday, September 17 ...................... 10:00 AM - 6:00 PM
Sunday, September 18 ...................... 10:00 AM - 6:00 PM
Monday, September 19 ...................... 8:00 AM - 4:00 PM

Stop by to discuss:
- Recent CRT clinical evidence and guidelines
- Educational resources (Medtronic Academy)
- Our latest CRT-D with MRI access
- New partnerships and the future of care of heart failure patients across the entire HF spectrum

Light refreshments will be available.
General Meeting Information (continued)

POSTER SESSIONS
Posters are displayed at the Exhibit Hall from Saturday through Monday. Presenters will be at their posters on Saturday during the Opening Reception from 6:15 PM - 7:15 PM, and Sunday during the Poster Reception from 5:45 PM - 6:45 PM. Posters range from basic science topics to clinical and outcomes studies. They represent some of the newest work being done in the field on heart failure. Please take advantage of this opportunity to see interesting work and to encourage new investigators. All posters will be on display during the times the exhibit hall is open.

Posters on display:
- Saturday, September 17............. 10:00 AM – 8:00 PM
- Sunday, September 18............... 10:00 AM – 6:30 PM
- Monday, September 19............. 10:00 AM – 2:00 PM

Presenters at their posters:
- Group 1 - Even # Posters
  - Saturday, September 17............. 6:15 PM - 7:15 PM
- Group 2 - Odd # Posters
  - Sunday, September 18............... 5:45 PM - 6:45 PM

SPEAKER READY ROOMS - LOCATED IN THE CONVENTION CENTER
Sarasota 1 & 2
- Saturday, September 17.................. 8:00 AM – 6:00 PM
- Sunday, September 18................. 6:30 AM – 6:00 PM
- Monday, September 19................... 6:30 AM – 6:00 PM
- Tuesday, September 20................... 6:30 AM – 11:00 AM

PRESS ROOM - LOCATED IN THE CONVENTION CENTER
Tampa 1
- Saturday, September 17.................. 10:00 AM – 5:00 PM
- Sunday, September 18................... 10:00 AM – 5:00 PM
- Monday, September 19................... 7:00 AM – 5:00 PM
- Tuesday, September 20................... 7:00 AM – 11:00 AM

All late breaking presentations are embargoed until they have been presented.

MODERATED POSTERS SESSIONS
Moderated poster sessions are set up as professor-led tours allowing poster presenters to share their science with HFSA attendees in an interactive format. To join a tour, proceed to the table under the “Moderated Posters” sign in the back of the exhibit hall to accompany one of the three poster professors leading the sessions on Saturday at 6:15 PM and Sunday at 5:45 PM.
FOOD POLICY
The Physician Payment Sunshine Act, part of the Affordable Care Act, requires that manufacturers of drugs and devices report to CMS certain payments and items of value given to physicians. These items of value include meals at CME activities, such as this annual meeting. For this reason, the following food and refreshments provided at the 2016 HFSA Annual Scientific Meeting will be paid for out of registration fees and the HFSA operating budget: the opening reception, the poster receptions, early morning refreshments, lunches, Faculty and Fundraising dinner, and coffee breaks. All coffee and tea stations, aside from continental breakfast areas will be in the Exhibit Hall.

NO SMOKING POLICY
HFSA and The Gaylord Palms Hotel and Convention Center prohibit smoking in all meeting and hotel areas. Thank you for your cooperation.

VIDEO / PHOTOGRAPHY POLICY
HFSA staff members, HFSA photographers/videographers, and pre-approved videographers/photographers, are the only ones authorized to photograph and film events and educational sessions throughout the Annual Scientific meeting and will be identified by name badges. The photographs and videos taken by our HFSA Staff and HFSA photographers/videographers are used exclusively by HFSA for promotional purposes and continuing education offerings. They may be used in the Association’s publications, website, social media accounts, programs, or other HFSA promotional materials. If you are at an event or session and you do not wish to be photographed or recorded, please identify yourself to the photographer/videographer and your request will be respected.

CHILDREN
The HFSA does not allow children under the age of 16 in the Exhibit Hall at anytime. Due to limited seating capacity and the technical nature of the program, children (under age 16) are not allowed into the scientific sessions.

SPECIAL NEEDS
The HFSA strives to hold meetings that are accessible to all. Please let us know if you have special needs. Contact Stacey Jackson, Global Meetings and Incentives at stacey@gmimeetings.com (404) 277-4929.

QUESTIONS
There will be an information booth staffed by HFSA in the Osceola Ballroom foyer. Please visit the HFSA booth with conference, membership, resource related questions, or to say "Hello"! Questions about the local area, restaurants, or travel should be addressed with the hotel front desk or concierge. Tickets for the Faculty and Fundraising dinner may be purchased at the On-site Registration Counter.
Continuing Education Credit Information

SCIENTIFIC PROGRAM

Physicians

The Heart Failure Society of America is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Heart Failure Society of America designates this live activity for a maximum of 24.75 AMA PRA Category 1 Credits™. Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 14.50 MOC points in the Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit participant completion information to ACCME for the purpose of granting ABIM MOC credit.

Nurses

This Program Has Been Approved by the American Association of Critical Care Nurses (AACN) for 24.00 Contact Hours Synergy CERP Category A, File Number 00019783.

Pharmacists

The CU Skaggs School of Pharmacy and Pharmaceutical Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education (CPE). Pharmacists may earn up to 21.25 hours of knowledge-based CPE. To earn credit, participants must use the 5-digit code provided at the end of each accredited presentation to access the online program evaluations posted on ipharmCE.UCDenver.edu. Once evaluations are completed, CPE will be uploaded to CPE monitor within 2 days.

Information for Pharmacists

Only the topics listed below are accredited for continuing pharmacy education. The CU Skaggs School of Pharmacy and Pharmaceutical Sciences is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education (CPE). Pharmacists may earn up to 21.25 hours of knowledge-based CPE. To earn credit, participants must use the 5-digit code provided at the end of each accredited presentation to access the online program evaluations posted on ipharmCE.UCDenver.edu. Once evaluations are completed, CPE will be uploaded to CPE monitor within 2 days.

- New Horizons in Nutrition
  ACPE# 0008-9999-16-179-L01-P (2.0 contact hours – knowledge-based)

- The Prevention of Heart Failure (joint session w AHA)
  ACPE# 0008-9999-16-132-L01-P (2.0 contact hours – knowledge-based)

- Human iPSC Cells: From Precision Medicine to Clinical Trial in a Dish
  ACPE# 0008-9999-16-133-L01-P (1.25 contact hours – knowledge-based)

- Management of HFpEF in 2016
  ACPE# 0008-9999-16-134-L01-P (1.5 contact hours – knowledge-based)

- Managing HF in a Multiple Comorbid Condition World-It's Complicated
  ACPE# 0008-9999-16-135-L01-P (1.0 contact hours – knowledge-based)
Continuing Education Credit Information (continued)

My Patients Do What I Tell Them or Do They?
ACPE# 0008-9999-16-136-L01-P (1.5 contact hours – knowledge-based)

Hyperkalemia: Implication for Heart Failure Management
ACPE# 0008-9999-16-137-L01-P (1.5 contact hours – knowledge-based)

Clinical Fundamentals II: Discharging Patients After AHF Admission
ACPE# 0008-9999-16-138-L01-P (1.25 contact hours – knowledge-based)

Case Discussions: Clinical Conundrums
ACPE# 0008-9999-16-139-L01-P (1.5 contact hours – knowledge-based)

Updates in HF Pharmacology
ACPE# 0008-9999-16-140-L01-P (1.5 contact hours – knowledge-based)

Neprilysin Inhibitors: Clinically Available, Now What?
ACPE# 0008-9999-16-141-L01-P (1.5 contact hours – knowledge-based)

How-To: Have Tough Discussions with Patients and Families-Critical Condition
ACPE# 0008-9999-16-142-L01-P (1.0 contact hours – knowledge-based)

Case-Based Debate
ACPE# 0008-9999-16-143-L01-P (1.5 contact hours – knowledge-based)

Preventing and Treating Rejection: A Primer for the Cardiac Transplant Physician
ACPE 0008-9999-16-144-L01-P (1.25 contact hours – knowledge-based)

Implementing Novel Therapies to Improve Outcomes in Our Patients
ACPE# 0008-9999-16-145-L01-P (1.25 contact hours – knowledge-based)

In-Hospital Worsening HF: What is This?
ACPE# 0008-9999-16-146-L01-P (1.25 contact hours – knowledge-based)

SATELLITE SYMPOSIA

Physicians

The Heart Failure Society of America is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The Heart Failure Society of America designates each live activity for a maximum of 1.0/2.0 AMA PRA Category 1 Credits™.

Nurses

This Program Has Been Approved by the American Association of Critical Care Nurses (AACN) for 24.00 Contact Hours Synergy CERP Category A, File Number 00019783.

Pharmacology Hours for Nurses at HFSA Meeting: For those Nurses who require pharmacology hours for their certification or licensure renewal, this year the HFSA Annual meeting offers opportunities to accrue these hours. See sessions indicated by ✺ on the Program-at-a-Glance Section on page 31 - 40. For those certified with ANCC and interested in obtaining pharmacology hour credits, 60 minutes of pharmacology content equal one contact hour.
Presenter / Planner Disclosure Information

The Heart Failure Society of America has a disclosure policy that requires oral presenters to disclose financial relationships with relevant commercial entities.

Speaker disclosure information is available at meeting.hfsa.org/faculty. Speakers also have a disclosure slide at the beginning of each presentation. All potential conflicts of interests have been resolved in accordance with the ACCME Updated Standards for Commercial Support.

Scientific Program Learning Objectives

Following this meeting, attendees will be able to:

1. Describe the epidemiology of heart failure and implement strategies for the prevention of heart failure.
2. Describe current knowledge about the scientific basis of heart failure.
3. Identify the findings of basic science research and current clinical trials and describe their implications for current and future heart failure therapy.
4. Implement optimal guideline-based therapeutic options for heart failure, including pharmacologic agents, non-pharmacy logic options, such as diet and exercise; and implantable devices.
5. Manage comorbidities including hypertension, diabetes, depression, sleep apnea, and chemotherapy.
6. Demonstrate awareness of psychosocial, economic, regulatory, and ethical issues in the treatment of patients with heart failure.
7. Implement strategies for effective management of the patient with heart failure, incorporating the family, encouraging self-care, and employing the team approach.
8. Outline strategies for transitioning patients from inpatient to outpatient care and for reducing hospital readmissions.
9. Engage in performance measurement and other site-based research.
10. Outline strategies for more effective communication with patients, families, and other health professionals.

Specific learning objectives for the scientific session and satellite symposia are listed in the program book.

Competencies Addressed

The 2016 scientific program contains content that addresses the following ABMS core competencies:

- Patient care
- Medical knowledge
- Interpersonal and communication skills
- Professionalism
- Systems-based practice
Sessions also address the following ABIM-specified competency areas in advanced heart failure and transplant cardiology:

- Epidemiology and risk factors
- Pathophysiology of heart failure
- Hemodynamics and hemodynamic monitoring
- Heart failure and normal ejection fraction
- Heart failure with renal dysfunction/cardiorenal syndrome
- Diagnostic tests and procedures
- Acute decompensation of chronic heart failure
- Subsets of patients with heart failure, including women, the elderly, and different racial or ethnic groups
- Heart failure comorbidities
- Heart failure and pregnancy
- Cardiomyopathies
- Pharmacotherapy
- Implantable devices
- Heart transplant
- Mechanical circulatory support
- End-of-life issues

EVALUATIONS
An evaluation must be completed in order to receive a credit certificate for the scientific meeting or for satellite symposia. All evaluations will be electronic and will be formatted for smart phones, tablets and computers. They can also be accessed using the CE kiosks in the registration area. The evaluation form for the scientific program will be accessible during and after the meeting. Evaluations for satellites will be accessible after completion of each satellite. An email will be sent to attendees providing the website address to access evaluation forms and credit certificates. See more information about CE certificates.

Pharmacist should use the 5-digit code provided at the end of each accredited presentation to access the online program evaluations posted on ipharmCE.UCDenver.edu. Once evaluations are completed, CPE will be uploaded to CPE monitor within 2 days. For more information regarding session codes, please visit the on-site HFSA booth. For questions related to continuing pharmacy education, please call (303) 724-4298 or email sop.ContinuingEducation@ucdenver.edu

CREDIT CERTIFICATES
Physician and nursing continuing education credit certificates for the scientific meeting and for satellite symposia can be requested on-site using smart phones, tablets, computers, or the CE kiosks in the registration area. To make a request after the meeting, visit the following site: meeting.hfsa.org under Attendee > Continuing Education Credit Information. As noted above, evaluations must be completed before certificates will be issued. Certificates can be printed out or emailed. Pharmacists should follow ACPE procedures. For more information, go to www.hfsa.org under Annual Scientific Meeting > CE Credit Information.

Certificates will be issued only to individuals who registered for and attended the annual meeting in person.
MEETING CONTENT
The 2016 HFSA Annual Scientific Meeting provides a forum for the open exchange and discussion of research results and scientific advancements in the field of heart failure; however, HFSA makes no representation or warranty as to the truth, originality, or accuracy of the information presented. Nor are the views expressed by the individual speakers necessarily the view of HFSA. HFSA supports the ACCME’s policy on evidence-based content and encourages faculty to adhere to these standards when preparing a presentation.

Liability Statement

Disclaimer: The Heart Failure Society of America (HFSA) cannot accept, and hereby specifically disclaims, any liability for death, injury, any loss, cost or expense suffered or incurred by any person if such loss is caused by, arises from or results from the act, default or omission of any person other than an employee or agent of HFSA. In particular, neither HFSA nor its agents can accept, and hereby specifically disclaims, any liability for losses arising from, caused by, or resulting from, the provision or non-provision of services provided by the hotels, companies, or transport operators. Neither HFSA nor its agents can accept, and hereby specifically disclaims, liability for losses suffered by reason of war including threat of war, riots and civil strife, terrorist activity, natural disaster, weather, fire, flood, drought, technical, mechanical or electrical breakdown within any premises visited by delegates and/or participants in connection with the meeting, industrial disputes, government action, regulations or technical problems that affect or may affect the services provided in connection with the meeting. HFSA is not able to warrant and does not warrant that a particular person will appear as a speaker. As a condition to any participation in or attendance at the Annual Scientific Meeting or any function associated or affiliated herewith, each attendee and participant accepts the foregoing disclaimer.
2016 HFSA Satellite/Scientific Program Supporting Companies

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Cardio Vascular Clinical Trialist Forum (Joint Session)
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Emerald Meeting Rooms:
Lower Level, via Emerald Bay Elevator A

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Frozen Yogurt
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5. Brighton Collectibles
6. Alligator Alley
7. Relâche Spa Boutique

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2016 20th Annual Scientific Meeting
Abstract Reviewers & Faculty

September 17-20, 2016
Gaylord Palms Hotel & Convention Center
Orlando, Florida

www.hfsa.org
### 2016 Abstract Reviewers

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Albert</td>
<td>RN, PhD, FHFS A</td>
<td>Chesterland, OH</td>
</tr>
<tr>
<td>Larry Allen</td>
<td>MD, MHS</td>
<td>Aurora, CO</td>
</tr>
<tr>
<td>Amruth Ambarekar</td>
<td>MD, FHFS A</td>
<td>Aurora, CO</td>
</tr>
<tr>
<td>Inder Anand</td>
<td>MD, PhD</td>
<td>Minneapolis, MN</td>
</tr>
<tr>
<td>Martha Biddle</td>
<td>PhD, APRN, CCNS</td>
<td>Lexington, KY</td>
</tr>
<tr>
<td>Burns Blaxall</td>
<td>PhD</td>
<td>Cincinnati, OH</td>
</tr>
<tr>
<td>Barry Bleske</td>
<td>MD</td>
<td>Albuquerque, NM</td>
</tr>
<tr>
<td>Barry Borlaug</td>
<td>MD</td>
<td>Rochester, MN</td>
</tr>
<tr>
<td>Biykem Bozkurt</td>
<td>MD, PhD, FHFS A</td>
<td>Houston, TX</td>
</tr>
<tr>
<td>John Burnett Jr.</td>
<td>MD</td>
<td>Rochester, MN</td>
</tr>
<tr>
<td>Javed Butler</td>
<td>MD, MPH, MBA, FHFS A</td>
<td>Stony Brook, NY</td>
</tr>
<tr>
<td>Sheryl Chow</td>
<td>PharmD, FHFS A</td>
<td>Pomona, CA</td>
</tr>
<tr>
<td>Misook Chung</td>
<td>PhD</td>
<td>Lexington, KY</td>
</tr>
<tr>
<td>Akshay Desai</td>
<td>MD</td>
<td>Boston, MA</td>
</tr>
<tr>
<td>Anita Deswal</td>
<td>MD, MPH, FHFS A</td>
<td>Houston, TX</td>
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<tr>
<td>Mark Drazner</td>
<td>MD, FHFS A</td>
<td>Dallas, TX</td>
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<tr>
<td>Shannon Dunlay</td>
<td>MD</td>
<td>Rochester, MN</td>
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<tr>
<td>Peter Eckman</td>
<td>MD, FHFS A</td>
<td>Minneapolis, MN</td>
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<tr>
<td>Gregory Ewald</td>
<td>MD</td>
<td>St. Louis, MO</td>
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<tr>
<td>James Fang</td>
<td>MD, FHFS A</td>
<td>Salt Lake City, UT</td>
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<tr>
<td>Gary Michael Felker</td>
<td>MD, FHFS A</td>
<td>Durham, NC</td>
</tr>
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<td>Mona Fiuzat</td>
<td>PharmD, FHFS A</td>
<td>Durham, NC</td>
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<tr>
<td>Gregg Fonarow</td>
<td>MD, FHFS A</td>
<td>Los Angeles, CA</td>
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<td>Michael Givertz</td>
<td>MD, FHFS A</td>
<td>Boston, MA</td>
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<td>Steven Goldman</td>
<td>MD</td>
<td>Tucson, AZ</td>
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<tr>
<td>Stephen Gottlieb</td>
<td>MD</td>
<td>Baltimore, MD</td>
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<tr>
<td>Barry Greenberg</td>
<td>MD, FHFS A</td>
<td>La Jolla, CA</td>
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<tr>
<td>Roger Hajjar</td>
<td>MD</td>
<td>New York, NY</td>
</tr>
<tr>
<td>Karl Harshaw-Ellis</td>
<td>DNP, A/ACNP, FHFS A</td>
<td>Durham, NC</td>
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<tr>
<td>Paul Heidenreich</td>
<td>MD, MS</td>
<td>Palo Alto, CA</td>
</tr>
<tr>
<td>J. Thomas Heywood</td>
<td>MD</td>
<td>La Jolla, CA</td>
</tr>
<tr>
<td>Tamara Horwich</td>
<td>MD, MS</td>
<td>Los Angeles, CA</td>
</tr>
<tr>
<td>Sharon Hunt</td>
<td>MD</td>
<td>Palo Alto, CA</td>
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<tr>
<td>James Januzzi</td>
<td>MD</td>
<td>Boston, MA</td>
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<tr>
<td>Brian Jaski</td>
<td>MD</td>
<td>San Diego, CA</td>
</tr>
<tr>
<td>Mariell Jessup</td>
<td>MD</td>
<td>Philadelphia, PA</td>
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<tr>
<td>Stuart Katz</td>
<td>MD</td>
<td>New York, NY</td>
</tr>
<tr>
<td>Marvin Konstam</td>
<td>MD, FHFS A</td>
<td>Boston, MA</td>
</tr>
<tr>
<td>Maria Kontaridis</td>
<td>PhD</td>
<td>Boston, MA</td>
</tr>
<tr>
<td>David Lanzear</td>
<td>MD, MS, FHFS A</td>
<td>Detroit, MI</td>
</tr>
<tr>
<td>Daniel Levine</td>
<td>MD</td>
<td>Providence, RI</td>
</tr>
<tr>
<td>Douglas Mann</td>
<td>MD, FHFS A</td>
<td>St. Louis, MO</td>
</tr>
<tr>
<td>Kenneth Margulies</td>
<td>MD</td>
<td>Philadelphia, PA</td>
</tr>
<tr>
<td>Paul Mather</td>
<td>MD, FHFS A</td>
<td>Philadelphia, PA</td>
</tr>
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</table>

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<table>
<thead>
<tr>
<th>Name</th>
<th>Title, Location</th>
</tr>
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<tbody>
<tr>
<td>Colleen K. McIlvennan</td>
<td>DNP, ANP, MS, BSN, Aurora, CO</td>
</tr>
<tr>
<td>Shawn Merhaut</td>
<td>MSN, ACNP-BC, Cleveland, OH</td>
</tr>
<tr>
<td>Alan Miller</td>
<td>MD, FHFSA, Jacksonville, FL</td>
</tr>
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<td>Leslie Miller</td>
<td>MD, Tampa, FL</td>
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<td>Christopher Newton-Cheh</td>
<td>MD, MPH, Boston, MA</td>
</tr>
<tr>
<td>Ali Nsair</td>
<td>MD, Los Angeles, CA</td>
</tr>
<tr>
<td>Robert Page II</td>
<td>PharmD, MSPH, Aurora, CO</td>
</tr>
<tr>
<td>Peter Pang</td>
<td>MD, Indianapolis, IN</td>
</tr>
<tr>
<td>Ileana Pina</td>
<td>MD, MPH, Bronxville, NY</td>
</tr>
<tr>
<td>Lisa Rathman</td>
<td>MSN, CRNP, Stevens, PA</td>
</tr>
<tr>
<td>Joseph Rogers</td>
<td>MD, Durham, NC</td>
</tr>
<tr>
<td>Heather Ross</td>
<td>MD, Toronto, ON</td>
</tr>
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<td>Stuart Russell</td>
<td>MD, Baltimore, MD</td>
</tr>
<tr>
<td>Marc Semigran</td>
<td>MD, Boston, MA</td>
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<td>Garrick Stewart</td>
<td>MD, Boston, MA</td>
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<tr>
<td>Wilson Tang</td>
<td>MD, Gates Mills, OH</td>
</tr>
<tr>
<td>John Teerlink</td>
<td>MD, FHFSA, San Francisco, CA</td>
</tr>
<tr>
<td>Jeffrey Testani</td>
<td>MD, New Haven, CT</td>
</tr>
<tr>
<td>Jeffrey Teuteberg</td>
<td>MD, Pittsburgh, PA</td>
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<tr>
<td>James Udelson</td>
<td>MD, Boston, MA</td>
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<tr>
<td>Orly Vardeny</td>
<td>PharmD, Madison, WI</td>
</tr>
<tr>
<td>Victoria Vaughan Dickson</td>
<td>PhD, CRNP, MSN, FHFSA, New York, NY</td>
</tr>
<tr>
<td>Eric Velazquez</td>
<td>MD, Durham, NC</td>
</tr>
<tr>
<td>Hector O. Ventura</td>
<td>MD, FHFSA, New Orleans, LA</td>
</tr>
<tr>
<td>Lynne Warner Stevenson</td>
<td>MD, Boston, MA</td>
</tr>
<tr>
<td>David Whellan</td>
<td>MD, MHS, Philadelphia, PA</td>
</tr>
<tr>
<td>Clyde Yancy</td>
<td>MD, MSc, FHFSA, Chicago, IL</td>
</tr>
<tr>
<td>Michael Zile</td>
<td>MD, Charleston, SC</td>
</tr>
<tr>
<td>Jia-Rong Wu</td>
<td>PhD, RN, MSN, Chapel Hill, NC</td>
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2016 Faculty

Keith Aaronson, MD
University of Michigan
Ann Arbor, MI

Jamil Aboulhosn, MD
University of Southern California
Los Angeles, CA

William T. Abraham, MD
Ohio State University
Columbus, OH

Kirkwood Adams, Jr., MD
University of North Carolina
Chapel Hill, NC

Eric Adler, MD
University California
San Diego, CA

Nancy Albert, RN, PhD, FHFSA
Cleveland Clinic
Cleveland, OH

Sana Al-Khatib, MD, MHS
Duke University
Durham, NC

Sadeer Al-Kindi, MD
University Hospitals Case Medical Center
Cleveland, OH

Larry Allen, MD, MHS
University of Colorado
Aurora, CO

Natasha Altman, MD
University of Colorado
Aurora, CO

Amrut Ambardekar, MD, FHFSA
University of Colorado
Aurora, CO

Inder Anand, MD, PhD
VA Medical Center
Minneapolis, MN

Allen Anderson, MD
Northwestern University
Chicago, IL

James Antaki, PhD
Carnegie Mellon University
Pittsburgh, PA

Cynthia Arslanian-Engoren, PhD, RN
University of Michigan
Ann Arbor, MI

Euan Ashley, MD
Stanford University
Stanford, CA

Ponrathi Athilinga, PhD, ARNP, FHFSA
University of South Florida
Tampa, FL

Pavan Atluri, MD
University of Pennsylvania
Philadelphia, PA

Aaron Bagnola, PharmD
Inova Fairfax Hospital
Falls Church, VA

Ana Barac, MD, PhD
Medstar Heart Institute
Washington, DC

David Baran, MD
Newark Beth Israel Medical Center
Newark, NJ

Anupam Basuray, MD
Ohio Health-Riverside
New Albany, OH

Arrvind Bhimaraj, MD
Houston Methodist
Houston, TX

Martha Biddle, PhD, APRN, CCNS
University of Kentucky
Lexington, KY

Emma Birks, MD
University of Louisville Hospital
Louisville, KY

Kar Biswajit, MD
UT Health Science Center
Houston, TX

Cynthia Bither, ACNP, ANP
Washington Hospital Center
Washington, DC

Ron Blankstein, MD
Brigham and Women's Hospital
Boston, MA

Barry Bleske, PharmD
University of New Mexico
Albuquerque, NM

Gerald S. Bloomfield, MD, MPH
Duke University
Durham, NC

John Boehmer, MD
Pennsylvania State University
Philadelphia, PA

Robert Bonow, MD
Northwestern University
Chicago, IL

Barry Borlaug, MD
Mayo Clinic
Rochester, MN

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<table>
<thead>
<tr>
<th>Name</th>
<th>Title, MD, Affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rebecca Boxer</td>
<td>MD, MS, University of Colorado, Denver, CO</td>
</tr>
<tr>
<td>Biykem Bozkurt</td>
<td>MD, PhD, FHFSA, Baylor College of Medicine, Houston, TX</td>
</tr>
<tr>
<td>Eugene Braunwald</td>
<td>MD, Harvard University, Boston, MA</td>
</tr>
<tr>
<td>Michael Bristow</td>
<td>MD, PhD, University of Colorado, Aurora, CO</td>
</tr>
<tr>
<td>Harleah Buck</td>
<td>PhD, RN, CHPN, Pennsylvania State University, Bellefonte, PA</td>
</tr>
<tr>
<td>John Burnett</td>
<td>MD, Mayo Clinic &amp; Foundation, Rochester, MN</td>
</tr>
<tr>
<td>Javed Butler</td>
<td>MD, MPH, MBA, FHFSA, Stony Brook University, Stony Brook, NY</td>
</tr>
<tr>
<td>Peter Carson</td>
<td>MD, Washington VAMC, Washington, DC</td>
</tr>
<tr>
<td>James D. Chang</td>
<td>MD, Beth Israel Deaconess Medical Center, Boston, MA</td>
</tr>
<tr>
<td>Horng Chen</td>
<td>MD, Mayo Clinic, Rochester, MN</td>
</tr>
<tr>
<td>John Chin</td>
<td>MD, FHFSA, Sutter Medical Center, Sacramento, CA</td>
</tr>
<tr>
<td>Julio Chirinos</td>
<td>MD, Pennsylvania Cardiovascular Institute, Philadelphia, PA</td>
</tr>
<tr>
<td>Sheryl Chow</td>
<td>PharmD, FHFSA, Western University, Pomona, CA</td>
</tr>
<tr>
<td>Misook Chung</td>
<td>PhD, University of Kentucky, Lexington, KY</td>
</tr>
<tr>
<td>Jay Cohn</td>
<td>MD, FHFSA, University of Minnesota, Minneapolis, MN</td>
</tr>
<tr>
<td>Robert Cole</td>
<td>MD, Emory University, Atlanta, GA</td>
</tr>
<tr>
<td>Sean Collins</td>
<td>MD, MSc, FHFSA, Vanderbilt University, Nashville, TN</td>
</tr>
<tr>
<td>Paolo C. Colombo</td>
<td>MD, Columbia University, New York, NY</td>
</tr>
<tr>
<td>Leslie Cooper</td>
<td>MD, Mayo Clinic, Jacksonville, FL</td>
</tr>
<tr>
<td>William Cornwell</td>
<td>MD, University of Texas Southwestern, Dallas, TX</td>
</tr>
<tr>
<td>Maria Rosa Costanzo</td>
<td>MD, Advocate Medical Group, Naperville, IL</td>
</tr>
<tr>
<td>Jennifer Cowger</td>
<td>MD, St. Vincent Heart Center of Indiana, Indianapolis, IN</td>
</tr>
<tr>
<td>Patricia Davidson</td>
<td>RN, BA, MEd, PhD, John Hopkins University, Baltimore, MD</td>
</tr>
<tr>
<td>Eugene DePasquale</td>
<td>MD, University of California, Los Angeles, CA</td>
</tr>
<tr>
<td>Akshay Desai</td>
<td>MD, Brigham and Women's Hospital, Boston, MA</td>
</tr>
<tr>
<td>Anita Deswal</td>
<td>MD, MPH, PhD, FHFSA, Baylor University, Houston, TX</td>
</tr>
<tr>
<td>Robert DiDomenico</td>
<td>PharmD, University of Illinois, Chicago, IL</td>
</tr>
<tr>
<td>Deborah Diercks</td>
<td>MD, Utah Southwestern University, Dallas, TX</td>
</tr>
<tr>
<td>Angela Dispensieri</td>
<td>MD, Mayo Clinic, Rochester, MN</td>
</tr>
<tr>
<td>Stravos Drakos</td>
<td>MD, PhD, University of Utah, Salt Lake City, UT</td>
</tr>
<tr>
<td>Mark Drazner</td>
<td>MD, FHFSA, University of Texas, Dallas, TX</td>
</tr>
<tr>
<td>Mark Dunlap</td>
<td>MD, Case Western Reserve University, Cleveland, OH</td>
</tr>
</tbody>
</table>

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2016 Faculty (continued)

Shannon Dunlay, MD
Mayo Medical School
Rochester, MN

Peter Eckman, MD, FHfSA
University of Minnesota
Minneapolis, MN

Howard Eisen, MD, FHfSA
Drexel University
Philadelphia, PA

Jerry Estep, MD
The Methodist Hospital
Houston, TX

Lorraine Evangelista, RN, PhD
University of California
Irvine, CA

Gregory Ewald, MD
Washington University
St. Louis, MO

Justin Ezekowitz, MB, Bch, MSc
Mazankowski Alberta Heart Institute
Edmonton, Alberta, Canada

Beth Fahlberg, PhD
University of Wisconsin
Madison, WI

James Fang, MD, FHfSA
University of Utah
Salt Lake City, UT

Arthur Feldman, MD, PhD, FHfSA
Temple University
Philadelphia, PA

David Feldman, MD, PhD
University of Cincinnati
Cincinnati, OH

Gary Michael Felker, MD, FHfSA
Duke Clinical Research Center
Durham, NC

Gerasimos Filippatos, MD
University of Athens
Athens, Greece

Mona Fiuza, PharmD, FHfSA
US Food and Drug Administration
Silver Spring, MD

Viorel Florea, MD, PhD, FHfSA
VA Medical Center
Minneapolis, MN

Gregg Fonarow, MD, FHfSA
University of California
Los Angeles, CA

Thomas Force, MD, FHfSA
Vanderbilt University
Nashville, TN

Gary Francis, MD, FHfSA
University of Minnesota
Minneapolis, MN

Sanjeeve Francis, MD
MaineHealth Cardiology
Scarborough, ME

Michael Frenneaux, MBBS, PhD, FRCP
University of East Anglia
Norfolk, UK

Marie Galvao, MSN, ANP-BC, CHFN, NP
Montefiore Medical Center
Bronx, NY

Thomas Gazinano, MD
Brigham and Women's Hospital
Boston, MA

Kambiz Ghafourian, MD, MPH
Northwestern Memorial Hospital
Chicago, IL

Mihai Gheorghiade, MD
Northwestern University
Chicago, IL

Thierry Gillebert, MD, PhD, FESC
Ghent University
Ghent, Belgium

Michael Givertz, MD, FHfSA
Brigham and Women's Hospital
Boston, MA

More information available on the Meeting App!

Scan the QR Code
from your mobile device
or visit: bit.ly/HFSA2016APP

Meeting Application sponsored by Cytokinetics

Credentials listed based on latest individual provided information available in the HFSA database.
Lee R. Goldberg, MD, MPH  
University of Pennsylvania  
Philadelphia, PA

Carolee R. Goldberg, MD  
University of Pennsylvania  
Philadelphia, PA

Eiran Gorodeski, MD, MPH  
Cleveland Clinic  
Beachwood, OH

Steven Gottlieb, MD  
University of Maryland  
Baltimore, MD

Kathleen Grady, PhD, MS, RN, FHFSA  
Northwestern University  
Chicago, IL

Barry Greenberg, MD, FHFSA  
University of California  
San Diego, CA

John Groarke, MBBCh, BA  
Boston, MA

Martha Grogan, MD  
Mayo Clinic  
Rochester, MN

Vicki Groo, PharmD  
University of Illinois  
Chicago, IL

Marco Guazzi, MD, PhD  
University of Milano  
Milano, Italy

Amanda Hall, PhD  
University of Washington  
Seattle, WA

Shelley Hall, MD  
Baylor Health  
Dallas, TX

Michele Hamilton, MD  
Cedars Sinai Heart Institute  
Los Angeles, CA

Joshua Hare, MD  
University of Miami  
Miami, FL

Karol Harshaw-Ellis, MSN, DNP, A/ACNP, FHFSA  
Duke University Health System  
Durham, NC

Paul Hauptman, MD, FHFSA  
St. Louis University  
St. Louis, MO

Mark Haykowsky, PhD, MSc  
University of Texas Arlington  
Arlington, TX

Paul Heidenreich, MD, MS, VA  
Stanford University  
Palo Alto, CA

Seongkum Heo, PhD, RN  
UAMS College of Nursing  
Little Rock, AR

Adrian Hernandez, MD  
Duke University  
Durham, NC

Jaime Hernandez-Montfort, MD, MPH  
Baystate Health  
Springfield, MA

Ray Hershberger, MD, FHFSA  
Ohio State University  
Columbus, OH

Thomas Heywood, MD  
Scripps  
La Jolla, CA

Joseph Hill, MD, PhD, FHFSA  
University of Texas  
Dallas, TX

Carolyn Ho, MD  
Brigham and Women’s Hospital  
Boston, MA

Evelyn Horn, MD  
Weill Cornell Medical Center  
New York, NY

Steven Houser, MD  
Temple University  
Philadelphia, PA

Jonathan Howlett, MD, FHFSA  
University of Calgary  
Calgary, Canada

Eileen Hsich, MD  
Cleveland Clinic Foundation  
Cleveland, OH

Scott Hummel, MD, MS  
University of Michigan  
Ann Arbor, MI

Mitsuaki Isebe, MD  
Tokyo Medical and Dental University  
Tokyo, Japan

Dan Jacoby, MD  
Yale University  
New Haven, CT

James Januzzi, MD  
Massachusetts General Hospital  
Boston, MA

Credentials listed based on latest individual provided information available in the HFSA database.
2016 Faculty (continued)

Ali Javaheri, MD
Washington University
St. Louis, MO

Mariell Jessup, MD
University of Pennsylvania
Philadelphia, PA

Daniel Judge, MD
John Hopkins University
Baltimore, MD

Corrine Jurgens, RN, PhD, FHSA
Stony Brook University
Stony Brook, NY

Stuart Katz, MD
New York University
New York, NY

Amber Khanna, MD
University of Denver
Aurora, CO

James Kirklin, MD
University of Alabama
Birmingham, AL

James Kirkpatrick, MD
University of Washington
Lake Forest Park, WA

Liviu Klein, MD
University of California
San Francisco, CA

Robb Kociol, MD
Beth Israel Deaconess Medical Center
Milton, MA

Steven Koenig, PhD
University of Louisville
Louisville, KY

Marvin Konstam, MD, FHSA
Tufts Medical Center
Boston, MA

Bonnie Ky, MD, MSCE
University of Pennsylvania
Philadelphia, PA

David Lanfear, MD, MS, FHSA
Henry Ford Hospital
Detroit, MI

Christopher Lee, RN, PhD, FHSA
Oregon Health & Science University
Portland, OR

Daniel Lenihan, MD
Vanderbilt University
Nashville, TN

Terry Lennie, PhD, RN
University of Kentucky
Lexington, KY

Phillip Levy, MD, MPH
Wayne State University
Detroit, MI

Connie Lewis, MSN, ACNP-BC, FHSA
Vanderbilt University
Nashville, TN

Eldrin Lewis, MD
Brigham and Women's Hospital
Boston, MA

Greg Lewis, MD
Massachusetts General Hospital
Boston, MA

Shin Lin, MD
University Southern California
Los Angeles, CA

JoAnn Lindenfeld, MD, FHSA
Vanderbilt Heart & Lung Institute
Nashville, TN

Peter Liu, PhD
University of Ottawa Heart Institute
Ontario, ON, Canada

Karen Lyons, PhD
Oregon Health & Science University
Portland, OR

Kenneth Margulies, MD
University of Pennsylvania
Philadelphia, PA

Brad Maron, MD
Brigham and Women's Hospital
Boston, MA

Jennifer Martindale, MD
SUNY Downstate
Brooklyn, NY

Ruth Materson Creber, PhD, MSc, RN
Columbia University
New York, NY

Paul Mather, MD, FHSA
Jefferson Heart Institute
Philadelphia, PA

Mathew Maurer, MD
Columbia University
New York, NY

Peter McCullough, MD
Baylor University Medical Center
Dallas, TX

Credentials listed based on latest individual provided information available in the HFSA database.
Darren K. McGuire, MD, MHSc
University of Texas Southwestern
Dallas, TX

Colleen McIlvennan, DNP, ANP
University of Colorado
Aurora, CO

John McMurray, MD
Western Infirmary
Glasgow, UK

Mandeep Mehra, MD, FHFA
Brigham and Woman’s Hospital
Boston, MA

Robert Mentz, MD
Duke University
Durham, NC

Shawn Merhaut, MSN, CNP
Cleveland Clinic
Cleveland, OH

Marco Metra, MD
University of Brescia
Brescia, Italy

Alan Miller, MD, FHFA
University of Florida HSC
Jacksonville, FL

Leslie Miller, MD
Heart and Vascular Institute
Clearwater, FL

Wayne L. Miller, MD, PhD, FHFA
Mayo Clinic
Rochester, MN

Jeffrey Moak, MD
Children’s National Health System
Washington, DC

Ana Morales, MS, LCGC
Ohio State University
Columbus, OH

Debra Moser, DNSc, RN
University of Kentucky
Lexington, KY

Javid Moslehi, MD
Brigham and Women’s Hospital
Boston, MA

Christopher Newton-Cheh, MD, MPH
Massachusetts General Hospital
Boston, MA

Christopher O’Connor, MD, FHFA
Inova Heart and Vascular Institute
Fairfax, VA

Guilherme Oliveira, MD
University Hospitals Case Medical Center
Cleveland, OH

Eileen O’Meara, MD
Universite de Montreal
Montreal, QC, Canada

Linda Ordway, RN
Tufts Medical Center
Boston, MA

Gavin Oudit, MD, PhD
University of Alberta
Edmonton, AB, Canada

Milton Packer, MD, FHFA
University of Texas
Dallas, TX

Robert Page II, PharmD, MSPH
University of Colorado
Denver, CO

Peter Pang, MD
Indiana University
Indianapolis, IN

Gurusher Panjrath, MD
John Hopkins University
Baltimore, MD

Amit Patel, MD
University of Colorado
Denver, CO

Herbert J. Patterson, PharmD, FHFA
University of North Carolina
Chapel Hill, NC

Sara Paul, DNP, FNP, FHFA
Catawba Valley Cardiology
Hickory, NC

Michael Petty, PhD, RN, APRN-C, FHSFA
University of Minnesota
Richfield, MN

Marc Pfeffer, MD, PhD
Harvard Medical School
Boston, MA

Jonathan Piccini, MD
Duke Clinical Research Institute
Durham, NC

Kerri Pickworth, PharmD
Ohio State University
Columbus, OH

Credentials listed based on latest individual provided information available in the HFSA database.
2016 Faculty (continued)

Ileana Pina, MD, MPH  
Albert Einstein College of Medicine  
New York, NY

Jonathan Rich, MD  
Northwestern University  
Chicago, IL

Flora Sam, MD, FHFSA  
Boston Medical Center  
Boston, MA

Sean Pinney, MD  
Mount Sinai Medical Center  
New York, NY

Michael Rich, MD  
Washington University  
St. Louis, MO

Douglas Sawyer, MD, PhD  
Vanderbilt University  
Nashville, TN

Bertram Pitt, MD  
University of Michigan  
Ann Arbor, MI

Jo Ellen Rodgers, PharmD  
University of North Carolina  
Chapel Hill, NC

Marc Semigran, MD  
Massachusetts General Hospital  
Boston, MA

Bunny Pozehl, RN, PhD, APRN-NP  
University of Nebraska  
Lincoln, NE

Joseph Rogers, MD  
Duke University  
Durham, NC

Palak Shah, MD, MS  
Inova Heart and Vascular Institute  
Falls Church, VA

Sumanth Prabhu, MD  
University of Alabama  
Birmingham, AL

Heather Ross, MD  
Toronto Hospital  
Toronto, Canada

Sanjiv Shah, MD  
Northwestern University  
Chicago, IL

Subha Raman, MD  
Ohio State University  
Columbus, OH

Darlene Rourke, RN, MSN, CHFN  
University of California  
Los Angeles, CA

Kavita Sharma, MD  
John Hopkins University  
Baltimore, MD

Kismet Rasumusson, FNP  
Intermountain Medical Center  
Salt Lake City, UT

Frederick L. Ruberg, MD  
Boston Medical Center  
Boston, MA

Farred Sheikh, MD  
Mount Carmel Columbus  
Cardiology Consultants  
Columbus, OH

Lisa Rathman, MSN, CRNP, CCRN, CHFN  
Lancaster General CHF Clinic  
Lancaster, PA

Frank Ruschitzka, MD  
University Hospital Zurich  
Zurich, Switzerland

Hiroaki Shimokawa, MD  
Tohoku University Graduate School of Medicine  
Sendai, Japan

Vivek Reddy, MD  
Mount Sinai Medical Center  
New York, NY

Stuart Russell, MD  
John Hopkins University  
Baltimore, MD

Marc Silver, MD, FHFSA  
Advocate Christ Hospital  
Oak Lawn, IL

Margaret Redfield, MD  
Mayo Foundation  
Rochester, MN

Hani N. Sabbah, PhD  
Henry Ford Health System  
Detroit, MI

Jagmeet Singh, MD  
Massachusetts General Hospital  
Boston, MA

Katherine Reeder, PhD, RN  
Barnes Jewish College  
St. Louis, MO

Mitchell Saltzberg, MD, FHFSA  
Christiana Care Health System  
Newark, DE

Credentials listed based on latest individual provided information available in the HFSA database.
Rachel Smith, RN, CCRN
Nebraska Heart
Columbus, NE

George Sokos, DO
Allegheny General Hospital
Pittsburgh, PA

Scott Solomon, MD
Brigham and Women's Hospital
Boston, MA

Erica Spatz, MD, MPH
Yale University
New Haven, CT

Randall Starling, MD, MPH, FHFS
Cleveland Clinic
Cleveland, OH

Josef Stehlik, MD, MPH
University of Utah Hospital
Salt Lake City, UT

Susan Steinen, MD
Academic Medical Center
Amsterdam, Netherlands

Norman Stockbridge, MD, PhD
US Food and Drug Administration
Silver Spring, MD

James R. Stone, MD, PhD
Massachusetts General Hospital
Boston, MA

Anna Stromberg, RN
University Hospital Linköping
Linköping, Sweden

Nancy Sweitzer, MD, PhD
University of Arizona
Tucson, AZ

Wilson Tang, MD
Cleveland Clinic
Cleveland, OH

Ryan Tedford, MD
John Hopkins University
Baltimore, MD

John Teerlink, MD, FHFS
University of California
San Francisco, CA

Jeffrey Testani, MD
Yale University
New Haven, CT

Winnie Teuteberg, MD
University of Pittsburgh
Pittsburgh, PA

Megan Treacy, DNP
University of Colorado Hospital
Denver, CO

Patricia Uber, PharmD
VCU Health
Richmond, VA

James Udelson, MD
Tufts Medical Center
Boston, MA

Nir Uriel, MD, MsC
University of Chicago
Chicago, IL

Anjali Vaidya, MD
Philadelphia, PA

Orly Vardeny, PharmD
University of Wisconsin
Madison, WI

Niraj Varma, MD
Cleveland Clinic
Cleveland, OH

Victoria Vaughan Dickson, PhD, CRNP, MSN, FHSA
New York University
New York, NY

Eric Velazquez, MD
Duke University
Durham, NC

George Vetrovec, MD
VCU Pauley Health Center
Richmond, VA

Esther Vovorich, MD
Northwestern University
Chicago, IL

Karen Vuckovic, PhD, APN, ACNS-BC
University of Illinois
Chicago, IL

Mary "Minnow" Norine Walsh, MD
St. Vincent Heart Center
Indianapolis, IN

Thomas Wang, MD
Vanderbilt University
Nashville, TN

Alberta Warner, MD
Veterans Administration Hospital
Los Angeles, CA

Lynne Warner Stevenson, MD
Brigham and Women's Hospital
Boston, MA

Credentials listed based on latest individual provided information available in the HFSA database.
2016 Faculty (continued)

Cheryl Westlake Canary, PhD, RN, ACNS-BC, PN, FHFSAA
Azusa Pacific University
Azusa, CA

Laura F. Wexler, MD
University of Cincinnati
Cincinnati, OH

David Whellan, MD, MHS
Thomas Jefferson University
Philadelphia, PA

Maria Fe White, NP
Cedars Sinai
Los Angeles, CA

James White, MD, FRPC (C)
University of Calgary
Calgary, AB, Canada

Linda Wick, RN, MSN
Essentia Health
Duluth, MN

Jane Wilcox, MD, MSc
Northwestern University
Chicago, IL

Ron Witteles, MD
Stanford University
Palo Alto, CA

Jia-Rong Wu, PhD, RN, MSN
University of North Carolina
Chapel Hill, NC

Joseph C. Wu, MD, PhD
Stanford University
Stanford, CA

Clyde Yancy, MD, MSc, FHFSAA
Northwestern University
Chicago, IL

Faiez Zannad, MD, PhD
Université de Lorraine
Vandoeuvrer, France

Irving Zucker, PhD
University of Nebraska
Omaha, NE

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The Annual Meeting App is an outstanding resource to for the following:
  Search session titles to find outlines and locations
  Search faculty to find when & where your favorite speaker is presenting
  Search Industry Expert Theater and Contemporary Workshop program descriptions
  Search Abstracts and find poster numbers
  Search attendees and connect via the App
  Review Exhibitor descriptions and locations within the Exhibit Hall

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or visit: bit.ly/HFSA2016APP

Meeting Application sponsored by Cytokinetics
## 2016 Program-At-A-Glance | Friday, September 16th

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 5:30 PM -     | Contemporary Dinner Forum: Contemporary Look at the Treatment of Cardiogenic Shock (Non-CME)  
| 8:00 PM       | Location: Osceola C  
|               | Sponsored by Abiomed                                                   |
| 6:00 PM -     | Past Presidents Dinner (by invitation only)  
| 7:30 PM       | Location: Hemingway Boardroom                                          |
| 7:30 PM -     | FHFSA & New Member Reception (by invitation only)  
| 9:00 PM       | Location: TBD - Please check Meeting App  
|               | Supported by Novartis                                                  |

### Key

- ✦ Hands-On/Interactive Workshop (limited space)
- ❁ MOC Credit
- ✫ Non-CME Contemporary Forum
- ✪ Nursing - Pharmacology Credit
- ♤ Satellite

All attendees are encouraged to attend Non-CME and CME industry sponsored sessions.

- **Hands-On Workshops (✦):** CME sessions held in sessions rooms and sometimes supported with unrestricted educational grants by industry (space is limited)
- **Industry Expert Theater (♦):** Non-CME programs held in the theater in the Exhibit Hall and sponsored by industry (more information on pages 40 - 45)
- **Non-CME Contemporary Forums (✝):** Non-CME programs held outside of the Exhibit Hall and sponsored by industry
- **Satellite Symposia (◇):** CME sessions held in session rooms and supported with unrestricted educational grants by industry
## 2016 Program-At-A-Glance | Saturday, September 17th

<table>
<thead>
<tr>
<th>Time</th>
<th>Osceola C</th>
<th>Osceola D</th>
<th>Osceola A</th>
<th>Osceola B</th>
<th>Sun C</th>
<th>Sun D</th>
<th>Osceola 2 - 3</th>
<th>Osceola 4 - 5</th>
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</thead>
<tbody>
<tr>
<td>6:30 AM – 7:00 AM</td>
<td>Continental Breakfast</td>
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<tr>
<td>7:00 AM – 8:15 AM</td>
<td>Contemporary Forum: The Trial Roadmap for Risk Guided ICD Therapy: Moving Beyond Ejection Fraction (Non-CME) +</td>
<td>Location: Oseceola B</td>
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<td>Sponsorship: GE</td>
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<tr>
<td>8:30 AM – 10:00 AM</td>
<td>Contemporary Breakfast Forum: Managing the Economic Challenges in the Treatment of Heart Failure (Non-CME) +</td>
<td>Location: Osceola C</td>
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<td>Sponsorship: Cytokinetics</td>
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<tr>
<td>10:30 AM – 12:30 PM</td>
<td>Clinical Fundamentals I: The Hemodynamics of HF ✱</td>
<td>Nutrition in HF</td>
<td>Transitioning Patients Out of the Hospital and Keeping Them Out (Joint Session with AAHFN)</td>
<td>Navigating the Slippery Slope of Advanced HF: A Look Beyond the Usual Suspects ✱</td>
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<tr>
<td>12:30 PM – 1:00 PM</td>
<td>Lunch Break</td>
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<tr>
<td>1:00 PM – 3:00 PM</td>
<td>The Prevention of HF (Joint Session with AHA)</td>
<td>Keeping a Finger on the Pulse: The Systemic Effects of Continuous Flow Physiology</td>
<td>Diagnostic Biomarkers and Imaging for Myocarditis and Non Ischemic Cardiomyopathies (Joint Session with Myocarditis Foundation)</td>
<td>The ER as a Safety Net for AHF Patients (Joint Session with SAEM)</td>
<td>Excellence in Translational Science: HF - A Systematic Storm: Organ to Organ Cross Talk From Pathophysiology to Innovative Therapeutics</td>
<td>Hands-On Workshop 2: Durable LVAD Troubleshooting ✱</td>
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<tr>
<td>3:00 PM – 4:00 PM</td>
<td>Speed Mentoring</td>
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### 2016 HFSA Annual Scientific Meeting

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<th>Time</th>
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<th>Osceola 2 - 3</th>
<th>Osceola 4 - 5</th>
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<td><strong>4:00 PM – 6:00 PM</strong></td>
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<td>Interpreting Therapeutic Advancements and Addressing Clinical Challenges in HF Management  ◆</td>
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<td>Location: Osceola C</td>
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<tr>
<td>Supported by an educational grant from Novartis</td>
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<tr>
<td>Cardiac Amyloidosis – A Multidisciplinary Approach to Understanding Diagnosis and Treatment  ◆</td>
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<td>Location: Osceola A</td>
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<tr>
<td>Supported by an educational grant from the Amyloidosis Research Consortium</td>
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<td>Exhibit Hall Open / Opening Reception</td>
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<tr>
<td>Poster Reception (Moderated Poster Session I - 6:15 PM - 7:15 PM)</td>
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<td><strong>7:30 PM – 8:30 PM</strong></td>
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<td>Nursing Reception</td>
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<tr>
<td>Location: St. Augustine Atrium, Castillo de San Marcos (The Fort) - Lower Level</td>
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<td>Supported by St. Jude Medical, Inc.</td>
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<td>Pharmacy Reception</td>
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<tr>
<td>Location: St. Augustine Atrium, Castillo de San Marcos (The Fort) - Upper Level</td>
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<tr>
<td><strong>8:30 PM – 10:00 PM</strong></td>
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<td>Early Career Reception</td>
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<tr>
<td>Location: Orange Blossom Ballroom</td>
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### Key
-  Hands-On/Interactive Workshop (limited space)
-  MOC Credit
-  Non-CME Contemporary Forum
- ★ Nursing - Pharmacology Credit
- ◆ Satellite
## 2016 Program-At-A-Glance | Sunday, September 18th

<table>
<thead>
<tr>
<th>Time</th>
<th>Osceola C</th>
<th>Osceola D</th>
<th>Osceola A</th>
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<td>6:30 AM – 7:45 AM</td>
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<tr>
<td>6:45 AM – 7:45 AM</td>
<td>Synchronized Care: Strategies to Improve Patient and Healthcare Outcomes in HF ◊</td>
<td></td>
<td>Pulmonary Artery Pressure Guided Therapy for HF Patients: Rationale and Challenges ◊</td>
<td>The Perfect Storm of Heart Failure and Diabetes: Insights into Pathophysiology and Evidence Based Treatment Strategies ◊</td>
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<tr>
<td>8:00 AM – 8:45 AM</td>
<td>Opening Remarks, Awards and President's Address</td>
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<td>8:45 AM – 10:00 AM</td>
<td>Plenary Session: Human iPS Cells: From Precision Medicine to Clinical Trial in a Dish</td>
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<td>10:00 AM</td>
<td>Exhibit Hall Open - Coffee Available in Exhibit Hall</td>
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<tr>
<td>10:30 PM – 12:00 PM</td>
<td>Think Venous! Venous Congestion as a Key Determinant of Pathophysiology and Outcomes in HF ◊</td>
<td>Management of HFpEF in 2016: Surviving a Data-Free World ◊ ◆</td>
<td>HF Trials - Late Breaking Updates</td>
<td>Cutting Edge Concepts in Device Therapy for HF (Joint Session with HRS)</td>
<td>Genetics and Cardiomyopathies</td>
<td>Interactive Workshop 3: Understanding the Failing LVAD Patient ◆</td>
<td>Interactive Workshop 4: Echocardiogram Made Simple for the Multidisciplinary HF Team ◆</td>
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(10:30 AM - 12:30 PM)
## 2016 HFSA Annual Scientific Meeting

### September 17 - 20 | Orlando, Florida

### Schedule

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<th>Time</th>
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<tr>
<td>12:00 PM – 2:00 PM</td>
<td>Lunch and Coffee + Poster Viewing in Exhibit Hall</td>
<td>Concurring Sessions (CME)</td>
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<td>2:00 PM – 3:30 PM</td>
<td>Lunch Hour Sessions</td>
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<tr>
<td>12:30 PM – 1:30 PM</td>
<td>Guideline Session: A Global View (Joint Session with ESC, HFA, and JHFS)</td>
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<td>Controversies in Cardiac Amyloidosis / Infiltrative Cardiomyopathies</td>
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<tr>
<td>2:00 PM – 3:30 PM</td>
<td>How To: Integrating Nutrition into HF Practice</td>
<td>How To: Using Technologies for Self-Management in Patients with HF</td>
<td>How To: Managing HF in a Multiple Comorbid Condition World - It's Complicated</td>
<td>How To: Decision Support for Patients with HF - Facing Tough Options</td>
<td>Rapid Fire Abstracts</td>
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<td>3:30 PM – 4:00 PM</td>
<td>Break - Coffee Available in Exhibit Hall</td>
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<tr>
<td>4:00 PM – 5:30 PM</td>
<td>Late Breaking Clinical Trials</td>
<td>Controversies in Mechanical Circulatory Support</td>
<td>Primary Palliative Care in HF: What Can You Do?</td>
<td>Hyperkalemia: Implication for HF Management</td>
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<tr>
<td>5:30 PM – 7:00 PM</td>
<td>Exhibit Hall Open Poster Reception (Moderated Poster Session II: 5:45 PM - 6:45 PM)</td>
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<tr>
<td>7:00 PM – 9:00 PM</td>
<td>Faculty/Fundraising Dinner - A Taste of Florida</td>
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*Supported by St. Jude Medical, Inc. & Novartis*
### 2016 HFSA ANNUAL SCIENTIFIC MEETING

#### 2016 Program-At-A-Glance | Monday, September 19th

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<tr>
<th>Time</th>
<th>Osceola C</th>
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<td><strong>7:00 AM – 8:00 AM</strong></td>
<td>To D/C or Not to D/C: Managing Hyperkalemia in the HF Patient 🌟</td>
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<td>Mitochondrial Targeted Treatment: Shifting the Paradigm and Improving Care of Heart Failure 🌟</td>
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<td>Clinical Fundamentals II: Discharging Patients After AHF Admission (7:00 AM - 8:15 PM)</td>
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<td>Supported by an educational grant from Relypsa and ZsPharma</td>
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<td>Supported by an educational grant from Stealth BioTherapeutics</td>
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<tr>
<td><strong>8:30 AM – 10:00 AM</strong></td>
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<td>Clinical Conundrums - Case Discussion</td>
<td>Unraveling the Non-Invasive Cardiac &quot;Phenome&quot; for Heart Failure Precision Medicine</td>
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<td>JNC Young Investigators Award: Clinical / Integrative</td>
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<td>Nursing Research Award</td>
<td>JNC Young Investigators Award: Basic Science</td>
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<td><strong>10:00 AM – 10:30 AM</strong></td>
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<td>Exhibit Hall Open: Coffee Available in Exhibit Hall</td>
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<tr>
<td><strong>10:30 AM – 12:00 PM</strong></td>
<td>Meet the Experts: Q&amp;A with HF Editors</td>
<td>Updates in HF Pharmacology 🌟🌟</td>
<td>Neprilysin Inhibitors: Clinically Available, Now What? 🌟</td>
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- Hands-On Workshop 6: Cardiopulmonary Function Testing 🌟 (10:30 AM - 12:30 PM)
## 2016 HFSA Annual Scientific Meeting

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<th>Time</th>
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<tbody>
<tr>
<td>12:00 PM – 1:00 PM</td>
<td>Lunch and Coffee + Poster Viewing in Exhibit Hall Concurring Sessions (CME)</td>
<td>Interactive Workshop 7 - Part Two: (Non-CME) Let's Talk: Exchange Ideas with Industry Scientist, Researchers and Clinical Trial Experts (Joint Session with CVCT) ♦</td>
<td>Hands-On Workshop 6 ♦ (10:30 AM - 12:30 PM)</td>
<td>Lunch Hour Sessions</td>
<td>Rapid Fire Abstracts</td>
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<tr>
<td>12:15 PM – 1:15 PM</td>
<td>Lunch Hour Sessions</td>
<td>How To: Having Tough Discussions with Patients and Families - Critical Conversations</td>
<td>Location: Osceola D JNC Young Investigators Award: Clinical/ Integrative Nursing Research Award</td>
<td>Location: Sun 1 - 6 (12:00 PM - 1:30 PM)</td>
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<tr>
<td>1:20 PM – 1:30 PM</td>
<td>Lunch Hour Sessions</td>
<td>Award Presentations Location: Osceola D JNC Young Investigators Award: Clinical/ Integrative Nursing Research Award</td>
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<tr>
<td>1:30 PM – 3:00 PM</td>
<td>Lunch Hour Sessions</td>
<td>Pulmonary Hypertension in Patients with HF ♦</td>
<td>Hyde Park Session</td>
<td>New Developments in Cardio-Oncology ♦ ♦</td>
<td>Hands-On Workshop 6: (Repeat) Cardiopulmonary Function Testing ♦ (1:30 PM - 3:30 PM)</td>
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<td>2:00 PM</td>
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<td>Exhibit Hall Closes</td>
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<td>3:00 PM – 3:30 PM</td>
<td>Break</td>
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<tr>
<td>3:30 PM – 5:00 PM</td>
<td>Lunch Hour Sessions</td>
<td>Individualizing the Assessment of Patients with HF: Steps Towards Precision Care ♦</td>
<td>Case Based Debate</td>
<td>Application of &quot;Big Data&quot; in HF: The Sky is the Limit</td>
<td>Caregiver Support: Delivery and Outcomes</td>
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<td>5:00 PM – 5:30 PM</td>
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<td>Attendee Networking Event - Sun Ballroom Foyer Food and Beverages will be provided</td>
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<td>5:30 PM – 7:30 PM</td>
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<td>Contemporary Forum: Implementing the HF Guidelines Focused Update: A Case-Based Panel Discussion (Non-CME) Location: Sun C Sponsored by Novartis</td>
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# 2016 Program-At-A-Glance | Tuesday, September 20th

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<tr>
<th>Time</th>
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<td>6:30 AM – 7:00 AM</td>
<td>Continental Breakfast</td>
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<tr>
<td>7:00 AM – 8:15 AM</td>
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<td>Clinical Fundamentals III: Cognitive Deficits in HF - Chicken or the Egg?✱</td>
<td>Preventing and Treating Rejection: A Primer for the Cardiac Transplant Physician ◆ ◆</td>
<td>HF with Recovered Ejection Fraction</td>
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<td>8:15 AM – 8:30 AM</td>
<td>Break</td>
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<td>9:45 AM – 10:15 AM</td>
<td>Break - Coffee in Foyer</td>
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<td>10:15 AM – 11:30 AM</td>
<td>Nonpharmacologic and Behavioral Approaches to Reducing Symptom Distress in Advanced HF</td>
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<td>In-Hospital Worsening HF: What is This?</td>
<td>Coronary Artery Diseases in Patients with HF ◆</td>
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<tr>
<td>11:30 AM</td>
<td>Meeting Adjourns</td>
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**Key**
- ✭ Hands-On/Interactive Workshop (limited space)
- ◆ MOC Credit
- ※ Non-CME Contemporary Forum
- ※ Nursing - Pharmacology Credit
- ◆ Satellite

More information available on the Meeting App!

Scan the QR Code from your mobile device or visit: bit.ly/HFSA2016APP

*Meeting Application sponsored by Cytokinetics*
Special Events & Exhibit Hall Activities

<table>
<thead>
<tr>
<th>Type of Event</th>
<th>Description</th>
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<tbody>
<tr>
<td>♦ Industry Expert Theater</td>
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<tr>
<td>+ Non-CME Contemporary Forums</td>
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<tr>
<td>◇ Satellite</td>
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Friday, September 16

5:30 PM – 8:00 PM  Contemporary Dinner Forum: Contemporary Look at the Treatment of Cardiogenic Shock (Non-CME) +
Location: Osceola C
Sponsored by Abiomed
See description on page 52 or in the Meeting App

6:00 PM  Past Presidents Dinner (by Invitation Only)
Location: Hemingway Boardroom

7:30 PM – 9:00pm  Fellow of HFSA (FHFSA) & New Member Reception (by Invitation Only)
Location: TBD - Please check Meeting App
Supported by Novartis

Saturday, September 17

7:00 AM – 8:15 AM  Contemporary Forum: The Trial Roadmap for Risk Guided ICD Therapy: Moving Beyond Ejection Fraction (Non-CME) +
Location: Osceola B
Supported by GE
See description on page 52 or in the Meeting App

8:30 AM – 10:00 AM  Contemporary Breakfast Forum: Managing the Economic Challenges in the Treatment of Heart Failure (Non-CME) +
Location: Osceola C
Supported by Cytokinetics
See description on page 53 or in the Meeting App

3:00 PM – 4:00 PM  Speed Mentoring (RSVP Required)
Location: Sun 1 - 3
Supported by St. Jude Medical, Inc.

4:00 PM – 6:00 PM  Satellite Symposium: Interpreting Therapeutic Advancements and Addressing Clinical Challenges in HF Management ◇
Location: Osceola C
Supported by an educational grant from Novartis
See description on page 54 or in the Meeting App
4:00 PM – 6:00 PM  Satellite Symposium: Cardiac Amyloidosis – A Multidisciplinary Approach to Understanding, Diagnosis and Treatment ◊
Location: Osceola A
Supported by an educational grant from Amyloidosis Research Consortium (ARC)
See description on page 54 or in the Meeting App

6:00 PM – 7:30 PM  Exhibit Hall Opening Reception & Poster Reception

6:15 PM – 7:15 PM  Moderated Poster Session I

7:30 PM – 8:30 PM  Nurse Reception
Location: St. Augustine Atrium, Castillo de San Marcos (The Fort) - Lower Level
Supported by St. Jude Medical, Inc.

7:30 PM – 8:30 PM  Pharmacy Reception
Location: St. Augustine Atrium, Castillo de San Marcos (The Fort) - Upper Level

8:30 PM – 10:00 PM  Early Career Reception
Location: Orange Blossom Ballroom
Supported by St. Jude Medical, Inc.

Sunday, September 18

6:45 AM – 7:45 AM  Satellite Symposium: Synchronized Care: Strategies to Improve Patient and Healthcare Outcomes in Heart Failure
Location: Osceola A ◊
Supported by an educational grant from Amgen
See description on page 54 or in the Meeting App

6:45 AM – 7:45 AM  Satellite Symposium: Pulmonary Artery Pressure-Guided Therapy for Heart Failure Patients: Rationale and Challenges ◊
Location: Osceola B
Supported by an educational grant from St. Jude Medical, Inc.
See description on page 54 or in the Meeting App

6:45 AM – 7:45 AM  Satellite Symposium: The Perfect Storm of Heart Failure and Diabetes: Insights into Pathophysiology and Evidence Based Treatment Strategies ◊
Location: Sun C
Supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc. and Lilly USA, LLC
See description on page 55 or in the Meeting App

10:00 AM – 7:00 PM  Exhibit Hall Open
Sunday, September 18 (continued)

10:00 AM – 10:30 PM  Industry Expert Theater: ReDS™ Lung Fluid Management in HF Patients ♦
Location: Exhibit Hall Industry Expert Theater
Sponsored by Sensible Medical Innovations
See description on page 50 or in the Meeting App

12:00 PM – 2:00 PM  Attendee Lunch in the Exhibit Hall

12:00 PM – 1:00 PM  Industry Expert Theater: HF Symptoms: Recognizing High-Risk Patients ♦
Location: Exhibit Hall Industry Expert Theater
Sponsored by Novartis
See description on page 50 or in the Meeting App

1:30 PM – 2:00 PM  Industry Expert Theater: Furosemide 2.0 - Furosemide for Subcutaneous Administration: A Novel Tool in the Treatment of the Pre and Post-Acute HF Patient ♦
Location: Exhibit Hall Industry Expert Theater
Sponsored by scPharmaceuticals
See description on page 50 or in the Meeting App

3:30 PM – 4:00 PM  Break - Coffee Available in Exhibit Hall

5:15 PM – 6:15 PM  Industry Expert Theater: A Treatment Approach for Patients with Chronic Systolic HF ♦
Location: Exhibit Hall Industry Expert Theater
Sponsored by Amgen
See description on page 51 or in the Meeting App

5:30 PM – 7:00 PM  Exhibit Hall Reception and Moderated Poster Session 2

7:00 PM – 9:00 PM  Faculty/ Fundraising Dinner (ticket purchase required)
Location: Emerald Plaza
Supported by St. Jude Medical. Inc. & Novartis
Monday, September 19

7:00 AM – 8:00 AM  Satellite Symposium: To D/C or Not to D/C: Managing Hyperkalemia in the HF Patient on an ACE/ARB and/or MRA Optimizing Patient Benefits & Risks ◆
Location: Osceola C
Supported by an educational grant from Relypsa and ZS Pharma
See description on page 55 or in the Meeting App

7:00 AM – 8:00 AM  Satellite Symposium: Mitochondrial-Targeted Treatment: Shifting the Paradigm and Improving Care of Heart Failure ◆
Location: Osceola A
Supported by an educational grant from Supported by Stealth BioTherapeutics
See description on page 55 or in the Meeting App

8:30 AM – 9:30 AM  Industry Expert Theater: Considering Heart Rate in Managing Heart Failure Hospitalization ◆
Location: Exhibit Hall Industry Expert Theater
Sponsored by Amgen
See description on page 51 or in the Meeting App

10:00 AM – 10:30 PM  Break - Coffee Available in Exhibit Hall

10:00 AM – 2:00 PM  Exhibit Hall Open

12:00 PM – 1:00 PM  Industry Expert Theater: Putting Guidelines Into Practice: New Recommendations for Optimal Treatment of HF with Reduced Ejection Fraction (HFrEF) ◆
Location: Exhibit Hall Industry Expert Theater
Sponsored by Novartis
See description on page 51 or in the Meeting App

5:30 PM – 7:00 PM  Implementing the HF Guidelines Focused Update: A Case-Based Panel Discussion (Non-CME) ◆
Location: Sun C
Sponsored by Novartis
See description on page 53 or in the Meeting App

Type of Event
◆ Industry Expert Theater
➕ Non-CME Contemporary Forums
◇ Satellite
Industry Expert Theatres are non-CME educational activities held in dedicated space in the exhibit hall. They allow industry experts an opportunity to provide clinical updates and educate attendees on current therapies, disease states, products and pipeline activities while remaining close to the action in the exhibit hall. Sessions are formatted for learning and are a great way to receive higher level interaction and engagement with company representatives.

Educational activities held in the exhibit hall do not provide continuing education credit.

Sunday, September 18th

10:00 AM - 10:30 AM
ReDS™ Lung Fluid Management in HF Patients

**Faculty:**
Daniel Burkhoff, PhD  
Sean Pinney, MD  
William Abraham, MD  
Mikhail Kosiborod, MD

**Description:**
ReDS™, the power behind Sensible Medical’s lung fluid measurement solution, originated in the “see through wall” technology that the military uses to look inside buildings and find survivors trapped in rubble. Sensible Medical adapted this non-invasive technology to medical use by incorporating a miniature radar system within a wearable vest that employs low-power electromagnetic energy. Prof. Daniel Burkhoff will moderate our panel of experts in a discussion on the variety of ways that ReDS can help HF patients: as a home monitoring solution, as a risk management tool during hospital admission/discharge, and as a way to measure lung fluid in an absolute and accurate manner.

Sponsored by Sensible Medical Innovations

12:00 PM - 1:00 PM
HF Symptoms: Recognizing High-Risk Patients

**Faculty:**
Gregg Fonarow MD, FHfSA

**Description:**
Management of heart failure (HF) is commonly aimed at prevention of future events, such as hospitalization or death. However, the impact of HF progression and worsening that occurs in the outpatient setting is underappreciated. Patients with HFrEF with outpatient clinical worsening have up to a 5-fold increased risk of death, and even patients exhibiting mild HF symptoms are at high risk for the next HF-related event, which could be death. This educational program will review recent findings about the occurrence and significance of HF symptoms and non-hospitalized episodes of worsening HF with regard to current management and impact on patient outcomes.

Sponsored by Novartis

1:30 PM - 2:00 PM
Furosemide 2.0 - Furosemide for subcutaneous Administration: A Novel Tool in the Treatment of the Pre and Post-acute HF Patient

**Faculty:**
Pieter Muntendam, MD

**Description:**
Furosemide 2.0: A Novel Formulation of furosemide for subcutaneous administration. The Opportunity for home-based parenteral therapy for the pre and post-acute HF patient

Sponsored by scPharmaceuticals
A Treatment Approach for Patients with Chronic Systolic Heart Failure

Faculty:
Javier Jimenez, MD, PhD, FACC

Description:
This program will discuss therapy that targets heart rate, reduces the risk of hospitalization, has a novel mechanism of action, and does not affect myocardial contractility and intracardiac conduction.

Sponsored by Amgen

Monday, September 19th

Considering Heart Rate in Managing Heart Failure Hospitalization

Faculty:
Gregg Fonarow MD, FHFSa

Description:
Heart failure (HF) hospitalization is a large societal burden. Despite standard of care, risk of HF hospitalization remains high and elevated resting heart rate is an under-recognized risk factor for HF hospitalization.

Sponsored by Amgen

Putting Guidelines Into Practice: New Recommendations for Optimal Treatment of HF with Reduced Ejection Fraction (HFrEF)

Sponsored by Novartis
2016 Non-CME Contemporary Forums

Friday, September 16th

5:30 PM - 8:00 PM

Contemporary Dinner Forum: Contemporary Look at the Treatment of Cardiogenic Shock

Location: Osceola C

Faculty:
George Vetrovec, MD
Jen Cook, MD
Jim Fang, MD, FHFSAA
Navin Kapur, MD
Shelley Hall, MD
Nir Uriel, MD

Agenda:
Welcome
George Vetrovec, MD

The Evolution of Percutaneous Mechanical Circulatory Support
Jen Cook, MD

Importance of the use of RHC for Hemodynamic Assessment
Jim Fang, MD, FHFSAA

Understanding Practical and Technical Aspects of MCS and Insertion/Access Techniques
Navin Kapur, MD

Next Steps: Clinical Decision Making
Shelley Hall, MD

Nheart Failure ICU: Heart Team Approach
Nir Uriel, MD

Sponsored by Abiomed

Saturday, September 17th

7:00 AM - 8:15 AM

Contemporary Forum: The Trial Roadmap for Risk Guided ICD Therapy: Moving Beyond Ejection Fraction

Location: Osceola B

Faculty:
William Abraham, MD
Allen Anderson, MD
James Januzzi, MD
Faiez Zannad, MD, PhD

Agenda:
Why Do We Need Better Sudden Death Risk Assessment to Guide ICD Therapy
Allen Anderson, MD

Risk Guided Strategy Trials: Biological Markers
James Januzzi, MD

Risk Guided Strategy Trials: Electrical Signals
William Abraham, MD

Risk Guided Strategy Trials: I-mlBG Adreview Imaging and the ADMIRE-ICD Trial
Faiez Zannad, MD, PhD

Description:
Despite being eligible to receive an ICD many patients are not implanted. On the other hand other patients are implanted but hardly make use of their ICD. Some develop device-related complications or sustain unnecessary shocks.

Individualized risk-stratification and appropriate triage to improve clinical outcomes remain a clinical challenge. Numerous strategies beyond LVEF, including markers of autonomic tone, cardiac repolarization, LV remodeling, fibrosis and scarring have failed to discriminate the risk of SCD. Meta-iodo-benzyl-guandine imaging of heart reuptake
of catecholamines has emerged as an interesting tool to discriminate the risk of SCD, beyond LVEF. This session's objective is to discuss ongoing research in SCD risk prediction and the perspectives of risk-guided strategy trials, including the ongoing ADMIRE-ICD outcome trial assessing the value of MIBG imaging in guiding ICD implantation in HF patients with LVEF between 30 and 35%, a range where the evidence for the benefit of ICD is the weakest.

Sponsored by GE

8:30 AM - 10:00 AM

Contemporary Breakfast Forum: Managing the Economic Challenges in the Treatment of HF

Location: Osceola C

Faculty:
Ilena L. Pina, MD, MPH
Nihar R. Desai, MD, MPH
Gregg Fonarow MD, FHFS
Zubin J. Eapen, MD, MHS
Paul A. Heidenreich, MD, MS

Program Objectives:
■ Discuss the health burden and economic burden of heart failure (HF)
■ Review recent public policy initiatives designed to improve quality of care and decrease HF costs
■ Review HF policies, costs, payment models, and value-based purchasing
■ Discuss the impact of readmission penalties on quality of care for patients with HF
■ Assess the cost of new therapies, utilization, and managing the economic challenges

Sponsored by Cytokinetics

Monday, September 19th

5:30 PM - 7:00 PM

Implementing the HF Guidelines Focused Update: A Case-Based Panel Discussion

Location: Sun C

Faculty:
Alan Gass, MD
Mark Stampehl, MD

Description:
Join an engaging faculty panel discussion covering a range of topics, including HF guideline updates, state-of-the-art interactive patient cases, and practical management challenges of implementing the guideline updates.

Sponsored by Novartis
2016 Satellite Symposia

Saturday, September 17th

4:00 PM - 6:00 PM
Interpreting Therapeutic Advancements and Addressing Clinical Challenges in HF Management

Location: Osceola C

Faculty:
Mona Fiuzat, PharmD, FHFSA
John R. Teerlink, MD, FHFSA
Scott Solomon, MD
Mark E. Dunlap, MD

Supported by an educational grant from Novartis

4:00 PM - 6:00 PM
Cardiac Amyloidosis – A Multidisciplinary Approach to Understanding, Diagnosis and Treatment

Location: Osceola A

Faculty:
Marc J. Semigran, MD (Chair)
Martha Grogan, MD
Frederick L. Ruberg, MD
James R. Stone, MD, PhD
Angela Dispenzieri, MD

Supported by an educational grant from Amyloidosis Research Consortium (ARC): Pfizer, Protehna, Alnylam, Ionis

Sunday, September 18th

6:45 AM - 7:45 AM
Synchronized Care: Strategies to Improve Patient and Healthcare Outcomes in Heart Failure

Location: Osceola A

Faculty:
Barry H. Greenberg, MD (Chair)
James L. Januzzi, Jr., MD, FACC, FESC
Javed Butler, MD, MPH, FHFSA

Supported by an educational grant from Amgen

6:45 AM - 7:45 AM
Pulmonary Artery Pressure-Guided Therapy for Heart Failure Patients: Rationale and Challenges

Location: Osceola B

Faculty:
Maria Rosa Costanzo, MD (Chair)
Akshay Suwas Desai, MD
William T. Abraham, MD
Liviu Klein, MD

Supported by an educational grant from St.Jude Medical, Inc.
6:45 AM - 7:45 AM
The Perfect Storm of Heart Failure and Diabetes: Insights into Pathophysiology and Evidence Based Treatment Strategies

Location: Sun C

Faculty:
Gregg Fonarow, MD (Chair)
Darren K. McGuire, MD, MHSc

Supported by an educational grant from Boehringer Ingelheim Pharmaceuticals, Inc. and Lilly USA, LLC

7:00 AM - 8:00 AM
Mitochondrial-Targeted Treatment: Shifting the Paradigm and Improving Care of Heart Failure

Location: Osceola A

Faculty:
William T. Abraham, MD, FACP, FACC, FAHA, FESC (Chair)
Hani N. Sabbah, Ph.D., FACC, FCCP, FAHA
Douglas L. Mann, MD, FACC, FAHA

Supported by an educational grant from Stealth BioTherapeutics

Monday, September 19th

7:00 AM - 8:00 AM
To D/C or Not to D/C: Managing Hyperkalemia in the HF Patient on an ACE/ARB and/or MRA Optimizing Patient Benefits & Risks

Location: Osceola C

Faculty: JoAnn Lindenfeld, MD (Chair)
Ileana L. Pina, MD, MPH
Javed Butler, MD, MPH

Supported by an educational grant from Relypsa and ZS Pharma
These posters will be on display in the Exhibit Hall from Saturday evening through Monday afternoon. Representatives will be at posters 6:15 PM – 7:15 PM Saturday and 5:45 PM – 6:45 PM on Sunday during the poster receptions. These are trials in the planning, recruiting, or follow-up states.

**Trial Name:** Sensible Medical Innovations lung fluid status allows reducing readmissions rate of heart failure patients

**Acronym:** SMILE
**Sponsor:** Sensible Medical Innovations (SMI)

**Program Description**
The goal of the study is to demonstrate a significant decrease in the rate of Heart Failure (HF) re-hospitalizations based on ReDS-SensiVest™ directed treatment as an adjunct to standard of care during the entire randomized follow-up period.

**Trial Name:** A Phase 2b, Randomized, Multicenter, Double-Blind, Placebo-Controlled Study of NEOD001 in Previously Treated Subjects with Light Chain (AL) Amyloidosis

**Acronym:** PRONTO
**Sponsor:** Prothena Therapeutics LTD

**Program Description**
This is a global, multicenter, Phase 2b, randomized, double-blind, placebo-controlled, two-arm, parallel-group efficacy and safety study of NEOD001 as a single agent administered intravenously in adults with AL amyloidosis who had a hematologic response to previous treatment for their amyloidosis (e.g., chemotherapy, autologous stem cell transplant [ASCT]) and have persistent cardiase dysfunction.

**Effectiveness Trial of Bucindolol and Toprol-XL for Prevention of Symptomatic Atrial Fibrillation/Atrial Flutter in Patients with Heart Failure**

**Acronym:** GENETIC-AF
**Sponsor:** ARCA biopharma

**Program Description**
GENETIC-AF is a Phase 2B/3, double-blind, comparative effectiveness study evaluating bucindolol vs. metoprolol on the time to first event of symptomatic AF/AFL in HFREF patients who are at high risk of AF/AFL recurrence. This genotype-directed study is enrolling patients with the beta-1 389 Arg/Arg adrenergic receptor (~50% of U.S. population) GENETIC-AF is currently enrolling patients in the US, Canada, and Europe for the Phase 2B stage of the trial; site identification for Phase 3 is ongoing

**Trial Name:** A multicenter, international, phase 3, double blind, placebo controlled, randomized study to evaluate the efficacy, safety, and tolerability of daily oral dosing of Tafamidis Meglumine (pf 06291826) 20 mg or 80 mg

**Acronym:** ATTR-ACT
**Sponsor:** Pfizer

**Program Description**
A Double-Blind, Placebo-Controlled, Randomized Study Evaluating 2 Doses of Tafamidis Meglumine (20m and 80 mg) Compared to Placebo in Subjects With TRANSTHYRETIN CARDIOMYOPATHY (TTR-CM)
Trial Name: A Phase 3, Randomized, Multicenter, Double-Blind, Placebo-Controlled, 2-arm, Efficacy and Safety Study of NEOD001 Plus Standard of Care vs. Placebo Plus Standard of Care in Subjects with Light Chain (AL) Amyloidosis

Acronym: VITAL
Sponsor: Prothena Therapeutics LTD

Program Description
This is a multi-center, international, randomized, double-blind, placebo-controlled, two-arm efficacy and safety study in subjects newly diagnosed with AL amyloidosis. Subjects will remain on-study until study completion, which will occur when all primary endpoint events (all-cause mortality or cardiac hospitalizations) have been reached.

Trial Name: RELAX-AHF-ASIA

Acronym: CRLX030A2302
Sponsor: Novartis Pharma AG

Program Description
Multi center, randomized, double-blind, placebo controlled phase III study to evaluate the efficacy, safety and tolerability of intravenous infusion of 30 μg/kg/day serelaxin for 48 hours when added to standard therapy in Asian acute heart failure patients.

Trial Name: Comparison of sacubitril/valsartan versus Enalapril on effect on ntpRo-bnp in patients stabilized from an acute Heart Failure episode

Acronym: Pioneer-HF
Sponsor: Novartis

Program Description
This study will assess the effect of in hospital initiation of sacubitril/valsartan tablets vs. enalapril on time averaged proportional change in NT-proBNP in patients hospitalized for acute decompensated heart failure and reduced ejection fraction. Hospitalization for ADHF identifies patients at increased risk of death and re-hospitalization following discharge. This increased risk justifies intervention with novel treatment strategies initiated prior to discharge to improve patient outcomes.

Trial Name: A study to evaluate the Corvia Medical, Inc. IASD® System II to Reduce Elevated Left Atrial Pressure in Patients with Heart Failure

Acronym: REDUCE LAP-HF RANDOMIZED TRIAL I
Sponsor: Corvia Medical, Inc

Program Description
RCT to evaluate the peri-procedural safety and effectiveness of implanting the InterAtrial Shunt Device System II in heart failure patients with an LV ejection fraction >40% who remain symptomatic despite optimal GDMT. Clinical outcomes will also be evaluated. Forty subjects will be randomized to implant or non-implant control group; 1:1 randomization; followed for 1 year and annually for 5 years after index procedure and implant. Controls given the option to crossover at 1 year.
2016 Clinical Trial Row Program Descriptions (continued)

Trial Name: Baroreflex Activation Therapy for Heart Failure

Acronym: BeAT-HF
Sponsor: CVRx

Program Description
The BeAT-HF Phase III Pivotal Trial is designed to demonstrate the safety of BAROSTIM THERAPY and its effectiveness on symptoms and clinical outcomes in patients suffering from heart failure with a reduced ejection fraction. 480 patients will be randomized on a 1:1 basis to either guideline-directed medical therapy (GDMT) or BAROSTIM THERAPY + GDMT. With the Expedited Access Pathway designation, the trial will follow a two-phase design in order to accelerate potential US regulatory approval.

Trial Name: The study to evaluate challenging Responses to Therapies for decongestion in Heart Failure

Acronym: Secret of CHF
Sponsor: Cardiovascular Clinical Science Foundation

Program Description
The study to evaluate Challenging Responders to Therapies for decongestion in Heart Failure.

Trial Name: AdreView Myocardial Imaging for Risk Evaluation- A Multicentre Trial to Guide ICD Implantation in NYHA II&III HF Patients with 30≤LVEF≤35 (ADMIRE-ICD)

Acronym: ADMIRE-ICD
Sponsor: GE Healthcare

Program Description
The BeAT-HF Phase III Pivotal Trial is designed to demonstrate the safety of BAROSTIM THERAPY and its effectiveness on symptoms and clinical outcomes in patients suffering from heart failure with a reduced ejection fraction. 480 patients will be randomized on a 1:1 basis to either guideline-directed medical therapy (GDMT) or BAROSTIM THERAPY + GDMT. With the Expedited Access Pathway designation, the trial will follow a two-phase design in order to accelerate potential US regulatory approval.

Trial Name: Remote Wireless Telemonitoring Combined with Health Coaching Strategy (Tele-HC) to Lower Readmission Rates for Patients with Acute Decompensated Heart Failure

Acronym: Tele-HC
Sponsor: NIH

Program Description
The Tele-HC multicenter trial will randomize 304 subjects with acute decompensated heart failure prior to hospital dismissal to either standard management including health coaching (HC) versus management facilitated by combined remote telemonitoring (TM) and HC. The BodyGuardian platform will be deployed for those subjects randomized to TM. Subjects randomized to TM will wear a sensor-patch for 60 days. The primary endpoint will be readmission frequency at 60 days.
Trial Name: Influenza Vaccine to Effectively Stop Cardio Thoracic Events and Decompensated heart failure

Acronym: INVESTED
Sponsor: NIH

Program Description
The Influenza Vaccine to Effectively Stop Cardio Thoracic Events and Decompensated heart failure (INVESTED) study is a multi-center, randomized, active-control clinical trial of high dose influenza vaccine compared to standard dose influenza vaccine for three seasons in 9300 adult individuals with a history of myocardial infarction or heart failure who are at high risk for cardiovascular events. The primary outcome is time to first occurrence of death or cardiopulmonary hospitalization.
Awards

LIFETIME ACHIEVEMENT AWARD
Sponsored by Cytokinetics

2016 Recipient:
Marc Alan Pfeffer, MD, Ph.D.

NURSING LEADERSHIP AWARD
Sponsored by Cytokinetics

2016 Recipient:
Lisa Rathman, MSN, CRNP, CCRN, CHFN

CLINICAL EXCELLENCE IN NURSING AWARD

2016 Recipient:
Peggy Kirkwood, RN, MSN, ACNPC, CHFN, AACC

NURSING INVESTIGATOR RESEARCH AWARD

2016 Recipient(s):
Selected at 2016 HFSA Annual Scientific Meeting

JNC NEW INVESTIGATOR INTEGRATIVE
PHYSIOLOGY/CLINICAL AWARD

2016 Recipient(s):
Selected at 2016 HFSA Annual Scientific Meeting

JNC NEW INVESTIGATOR BASIC SCIENCE AWARD

2016 Recipient(s):
Selected at 2016 HFSA Annual Scientific Meeting
2016 20th Annual Scientific Meeting
Exhibitors

September 17-20, 2016
Gaylord Palms Hotel & Convention Center
Orlando, Florida

www.hfsa.org
For a full map of the Exhibit Hall, please see page 22
# Exhibitor Listing with Booth Numbers

<table>
<thead>
<tr>
<th>Company</th>
<th>Booth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abiomed</td>
<td>512</td>
</tr>
<tr>
<td>Alnylam Pharmaceuticals</td>
<td>619</td>
</tr>
<tr>
<td>American Association of Heart Failure Nurses (AAHFN)</td>
<td>811</td>
</tr>
<tr>
<td>American Heart Association</td>
<td>614</td>
</tr>
<tr>
<td>Amgen</td>
<td>502</td>
</tr>
<tr>
<td>Amyloidosis Foundation</td>
<td>818</td>
</tr>
<tr>
<td>Arbor Pharmaceuticals</td>
<td>312</td>
</tr>
<tr>
<td>Baylor University Medical Center</td>
<td>319</td>
</tr>
<tr>
<td>Boehringer Ingelheim Pharmaceuticals, Inc.</td>
<td>419</td>
</tr>
<tr>
<td>CareDx, Inc.</td>
<td>709</td>
</tr>
<tr>
<td>Cleveland Clinic Florida</td>
<td>516</td>
</tr>
<tr>
<td>Coram CVS/Specialty Infusion Services</td>
<td>414</td>
</tr>
<tr>
<td>CVRx, Inc.</td>
<td>508</td>
</tr>
<tr>
<td>Cytokinetins, Inc.</td>
<td>702</td>
</tr>
<tr>
<td>Daxor Corporation</td>
<td>612</td>
</tr>
<tr>
<td>Feel Good Inc.</td>
<td>813</td>
</tr>
<tr>
<td>Getinge Group</td>
<td>513</td>
</tr>
<tr>
<td>HCA (Hospital Corporation of America)</td>
<td>417</td>
</tr>
<tr>
<td>Heart Genomics, LLC</td>
<td>518</td>
</tr>
<tr>
<td>HeartWare</td>
<td>409</td>
</tr>
<tr>
<td>Inova Heart and Vascular Institute</td>
<td>316</td>
</tr>
<tr>
<td>Janssen Pharmaceuticals, Inc.</td>
<td>308</td>
</tr>
<tr>
<td>Medtronic</td>
<td>509</td>
</tr>
<tr>
<td>Memorial Healthcare System</td>
<td>418</td>
</tr>
<tr>
<td>Miller Pharmacal Group, Inc.</td>
<td>713</td>
</tr>
<tr>
<td>Myocarditis Foundation</td>
<td>810</td>
</tr>
<tr>
<td>Nebraska Medicine Cardiovascular Program</td>
<td>719</td>
</tr>
<tr>
<td>NeuMeDx</td>
<td>716</td>
</tr>
<tr>
<td>Norton Medical Group</td>
<td>515</td>
</tr>
<tr>
<td>Novartis</td>
<td>209 &amp; 302</td>
</tr>
<tr>
<td>OnTrack to Health</td>
<td>717</td>
</tr>
<tr>
<td>Patient Care America</td>
<td>718</td>
</tr>
<tr>
<td>PromptCare Home Infusion LLC</td>
<td>310</td>
</tr>
<tr>
<td>ScPharmaceuticals</td>
<td>202</td>
</tr>
<tr>
<td>Sensible Medical Innovations</td>
<td>517</td>
</tr>
<tr>
<td>Soleo Health</td>
<td>617</td>
</tr>
<tr>
<td>St. Jude Medical, Inc.</td>
<td>609</td>
</tr>
<tr>
<td>Sunshine Heart</td>
<td>618</td>
</tr>
<tr>
<td>TandemLife</td>
<td>808</td>
</tr>
<tr>
<td>The JAMA Network</td>
<td>816</td>
</tr>
<tr>
<td>Wolters Kluwer</td>
<td>812</td>
</tr>
<tr>
<td>Zoll</td>
<td>608</td>
</tr>
</tbody>
</table>
Exhibitor Descriptions

Abiomed, Inc .............................................................. 512
Abiomed
22 Cherry Drive
Danvers, MA 01923

Based in Danvers, Massachusetts, Abiomed, Inc., is a leading provider of medical devices that provide circulatory support. Our products are designed to enable the heart to rest by improving blood flow and/or performing the pumping of the heart. For additional information please visit: www.abiomed.com.

Alnylam Pharmaceuticals ........................................... 619
Alnylam Pharmaceuticals
300 Third St
Cambridge, MA 2142
(617) 682-4025

Alnylam is developing an entirely new class of medicines based on the breakthrough discovery in biology known as RNA interference (RNAi). We believe that RNAi therapeutics is a promising approach to transform the treatment of many diseases.

American Association of Heart Failure Nurses (AAHFN) ......................................................... 811
1120 Rt. 73, Suite 200
Mount Laurel, NJ 19123

The AAHFN is a specialty organization dedicated to advancing nursing education, clinical practice and research to improve heart failure patient outcomes. Heart failure is our exclusive interest and passion. Our goal is to set the standards for heart failure nursing care.

American Heart Association ........................................ 614
216 Snyder Dr
Moon Township, PA 15108
(412) 496-9443
www.heart.org

Steve Dentel BSN, RN, CPHQ
steve.dentel@heart.org

American Heart Association evidence-based treatment guidelines and measure adherence improve patient outcomes. To learn more about our continuous quality improvement programs including Get With the Guidelines®–Heart Failure and Advanced Heart Failure Center Certification opportunities visit us at booth #614 or online at www.heart.org/quality.

Amgen ................................................................. 502
Amgen
One Amgen Center Drive, MS: 27-2-D
Thousand Oaks, CA 91320
(805) 447-4568

Patty Park
Sr. Associate Project Management, BCBU
papark@amgen.com

Amgen is committed to unlocking the potential of biology for patients suffering from serious illnesses by discovering, developing, manufacturing and delivering innovative human therapeutics. A biotechnology pioneer since 1980, Amgen has reached millions of patients around the world and is developing a pipeline of medicines with breakaway potential.

Amyloidosis Foundation .................................................. 818
Amyloidosis Foundation
7151N. Main Street, Suite 2
Clarkston, MI 48346
www.amyloidosis.org

The Amyloidosis Foundation supports patients and families while promoting research, education and awareness.
Arbor Pharmaceuticals ........................................... 312
Arbor Pharmaceuticals LLC
6 Concourse Parkway, Suite 1800
Atlanta, GA 30328
T (678) 334-2420
F (470) 235-2403
www.arborpharma.com

Arbor Pharmaceuticals, headquartered in Atlanta, Georgia, is a specialty pharmaceutical company currently focused on the cardiovascular, hospital & pediatric markets as well as generics through its Wilshire division. Visit www.arborpharma.com or send email inquiries to info@arborpharma.com.

Baylor University Medical Center ....................... 319
Baylor University Medical Center
3500 Gaston Ave.
Dallas, TX 75246

Baylor University Medical Center at Dallas has the fourth largest heart transplant program in the nation and our cardiac surgery program is in the top 10% for CABG with a three star rating. Download the Baylor Heart Center app for more information.

Boehringer Ingelheim Pharmaceuticals, Inc........... 419
Boehringer Ingelheim Pharmaceuticals, Inc
900 Ridgebury Rd.
Ridgefield, CT 06877

Boehringer Ingelheim Pharmaceuticals, Inc. welcomes you to Heart Failure Society of America and looks forward to the opportunity to share the latest clinical information on our products.

Visit http://us.boehringer-ingelheim.com, follow us on twitter at @boehringerus. Our Diabetes Alliance also welcomes you to visit www.lilly.com.

CareDX, Inc. ................................................... 709
CareDX
3260 Bayshore Boulevard
Brisbane, CA 94005
(415) 287-2300
www.caredx.com

CareDX, Inc., based in Brisbane, California, is a molecular diagnostics company focused on the discovery, development and commercialization of clinically differentiated, high-value, diagnostic surveillance solutions for transplant patients.

Cleveland Clinic Florida ..................................... 516
Cleveland Clinic Florida
2950 Cleveland Clinic Florida
Weston, FL 33331
(954) 659-5000
www.clevelandclinicflorida.org

The Heart and Vascular Center at Cleveland Clinic Florida is one of the region’s leading referral centers for cardiac care. We offer a comprehensive, integrative treatment approach for patients with congestive heart failure, using the latest therapies, cutting edge technology and surgical techniques, which include heart transplantation.

Coram CVS/Specialty Infusion Services................. 414
Coram CVS/Specialty Infusion Services
555 17th Street, Suite 1500
Denver, CO 80202

Coram is the home infusion provider of CVS. With more than 85 branches, Coram offers both national presence and comprehensive local coverage. Coram’s 30+ years of clinical expertise and commitment to positive outcomes has earned it a reputation for excellence.
Exhibitor Descriptions
(continued)

CVRx, Inc. ............................................................................... 508
CVRx, Inc.
9201 West Broadway Avenue, Suite 650
Minneapolis, MN 55445
www.cvrx.com

CVRx, Inc. is a privately held company headquartered in Minneapolis, Minnesota. The company has developed BAROSTIM NEO, a minimally-invasive implantable system and the only device CE Marked for the separate indications of heart failure and resistant hypertension.

Cytokinetiks, Inc. ................................................................. 702
280 East Grand Avenue
San Francisco, CA 94080
T: (650) 624-3000
F: (650) 624-3010
www.cytokinetics.com

Joanna Goldstein
Manager, Commercial Planning & Marketing Communications Office

Cytokinetics is a late-stage biopharmaceutical company focused on discovering, developing and commercializing first-in-class muscle activators as potential treatments for diseases characterized by compromised or declining muscle performance. The company is developing drug candidates engineered to increase muscle function and contractility.

Daxor Corporation ......................................................... 612
Daxor Corporation
350 5th Ave, Suite 4740
New York, NY 10118
T: (212) 330-8500
F: (516) 828-4772
info@daxor.com

Daxor Corporation’s BVA-100® Blood Volume Analyzer is a semi-automated instrument patented for direct measurement of blood volume, red cell and plasma volume. The system utilizes the Volumex® injection kit for a multi-sample blood volume. Measurement of blood volume is applicable for hypertension, CHF, transfusion, ICU/CCU, anemia, orthostatic hypotension and syncope.

Feel Good, Inc. ............................................................... 813
Olga Chakanava
olga@feelgoodinc.org

Feel Good, Inc. provides portable TENS (transcutaneous electrical nerve stimulation) units that offer a wide variety of benefits, including alleviating back, nerve, post-op, and diabetic pain, and migraines. Our units can also improve circulation and sleep patterns, and have been shown to decrease the use of pain relievers that can cause negative side effects.

Getinge Group ............................................................. 513
45 Barbour Pond Rd
Wayne, NJ 7470
(800) 631-8988

Rebecca Jerva
tradeshow@maquet.com
rebecca.jerva@getinge.com

Getinge Group is a leading global provider of products and systems that contribute to quality enhancement and cost efficiency within healthcare and life sciences. We operate under the three brands of ArjoHuntleigh, Getinge and Maquet. We build quality and safety into every system, and enhance efficiency throughout the clinical pathway.
HCA (Hospital Corporation of America) .................. 417
2 Maryland Farms Suite 210
Brentwood, TN 37027
(615) 372-5576

HCA owns over 160 healthcare facilities in 20 states with opportunities coast to coast. We are committed to the care and improvement of human life. We strive to deliver quality healthcare, meeting the needs of the communities we serve.

Heart Genomics, LLC ................................. 518
(530) 563-6488
info@heartgenomics.com

Heart Genomics, LLC. Heart Genomics has two different expression profiling diagnostic tests (“HeartGen5YP” and HeartGenMYO), which measure gene signatures and provide a highly accurate assessment of the 5 year prognosis of heart failure patients, as well as a highly accurate diagnosis of myocarditis.

HeartWare ............................................. 409
HeartWare
500 Old Connecticut Path
Framingham, MA 01701

HeartWare is focused on enhancing outcomes in treating end stage heart failure. The HVAD® System — VAD of choice — demonstrates high survival rates, low complication rates and improved quality of life.

Inova Heart and Vascular Institute ................... 309
Inova Fairfax Medical Campus
3300 Gallows Rd
Fall Church, VA 22042
(703) 776-7855

Suki Singh, MHA
Director of Operations and Growth
Inova Heart and Vascular Institute

The flagship center of INOVA, an award winning 5-hospital interconnected healthcare delivery network, the Inova Heart and Vascular Institute offers quality-focused care, a Phase 1 Clinical Trial unit, a Thrombosis Research Center and breakthrough Heart Failure and Pharmacogenomics research.

Janssen Pharmaceuticals, Inc. ......................... 308
Janssen Pharmaceuticals, Inc.
1125 Trenton-Harbourton Road
Titusville, NJ 08560
www.janssenpharmaceuticalsinc.com

Janssen Pharmaceuticals, Inc., a pharmaceutical company of Johnson & Johnson, provides medicines for an array of health concerns in several therapeutic areas, including: diabetes, mental health, and cardiovascular disease.

Medtronic .............................................. 509
Medtronic Operational Headquarters
710 Medtronic Parkway
Minneapolis, MN 55432
(763) 514-4000
(800) 633-8766
www.medtronic.com

Through innovation and collaboration, Medtronic improves the lives of millions each year. We offer the broadest range of innovative medical technology in CRT and market-leading remote patient monitoring services for indicated HF patients. Let’s take healthcare Further, Together.
Exhibitor Descriptions
(continued)

Memorial Healthcare System ......................................... 418
Memorial Physician Recruitment
3107 Stirling Road Suite 101
Hollywood, FL 33312

Memorial Cardiac and Vascular Institute, located at
Memorial Regional Hospital and Memorial Hospital
West, is a leader in cardiovascular care. The institute’s
primary care, clinical research and surgery/transplant
services are patient-focused, safe, compassionate,
comprehensive and coordinated. Visit us at
MemorialPhysician.com.

Miller Pharmacal Group, Inc ........................................ 713
Miller Pharmacal Group, Inc
350 Randy Road, Suite 2
Carol Stream, IL 60188
www.mgplusprotein.com

Miller Pharmacal’s ‘MG PLUS PROTEIN’ (TM)
magnesium supplement treats and prevents
the hypomagnesemia caused by diuretics (or
immunosuppressants) without causing the GI
disturbances common with magnesium oxide. Each
easy-to-swallow, glazed, non-enteric coated tablet
contains 133 mg of magnesium.

Myocarditis Foundation .................................................. 810
3518 Echo Mountain Drive
Kingwood, TX 77345
T: (281) 713-2962
F: (281) 608-7252

Genevieve Rumore

The Myocarditis Foundation is a 501(c)3 Corporation
whose Mission is to raise awareness on Myocarditis,
educate the medical and public communities on
Myocarditis, provide research grants specific
to Myocarditis and emotionally support families
affected by Myocarditis.

Nebraska Medicine Cardiovascular Program .......... 719
The CardioVascular Center at Nebraska Medicine:
Providing comprehensive and sophisticated care
through physicians who subspecialize in areas such as
cardiac electrophysiology, interventional cardiology,
structural heart disease, diagnostic cardiovascular
imaging, congenital heart disease, advanced heart
failure and heart transplantation that afford our center
an abundance of experience and expertise allowing us to
treat individuals with complex and rare forms of heart
disease.

NeuMeDx ................................................................. 716
2014 Ford Road, Unit G
Bristol, PA 19007
(215) 826-9998

Jim Gunnerson
President, NeuMeDx
(215) 704-9146
jim.gunnerson@neumedx.com

NeuMeDx offers a Noninvasive Cardiac Output Monitor
(PhysioFlow), providing the clinician with real time
hemodynamic parameters to aid in the management
Heart Failure. Utilization of the PhysioFlow’s Signal
Morphology-based Impedance Cardiography (SM-ICG)
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OnTrack enables patients to self-manage their heart failure by leveraging mobile devices, providing an accurate, real-time view of medication adherence, self-care activities, and vital signs; viewable to patients, providers, and caregivers. With OnTrack, patients take ownership of their health.

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PromptCare Home Infusion provides a full range of home infusion therapy throughout New Jersey, New York, Pennsylvania and Boston. Prompt Care’s Cardiac Transition Program is a customized innovative team approach to support and educate Stage D heart failure patients and their caregivers on Inotropic infusions to improve each patient’s quality of life.

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Katherine Taudvin
Director, Corporate Development

ScPharmaceuticals is a pharmaceutical company developing an innovative drug/device delivery platform (sc2Wear™pump) to improve outcomes and reduce costs through subcutaneous delivery of IV drugs. Our lead product, Furosemide 2.0, is a subcutaneous formulation of furosemide intended for the management of the pre- and post-acute heart failure patient.

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Exhibitor Descriptions
(continued)

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Erin Houben, RN
National Program Manager, Cardiac Services
Contact Email
(678) 332-7317

Soleo Health is an innovative national provider of home and alternate-site specialty infusion. Our team of experienced clinicians provides exceptional care in managing complex disease states through comprehensive pharmacy, nursing, education, and therapy management programs.

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(952) 563-7036
www.sunshineheart.com

Renae Strom
renae.strom@sunshineheart.com

Sunshine Heart is a medical device company focused on developing a product portfolio to treat moderate to severe heart failure and related conditions. Our objective is to improve the quality of life for heart failure patients and halt disease progression.

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Notes
FUTURE MEETING DATES:

- **2017 Heart Failure Awareness Week**
  - February 12 - 18, 2017

- **Establishing A Career in Heart Failure**
  - May 5 - 7, 2017

- **21st Annual Scientific Meeting**
  - September 16 - 19, 2017
  - Gaylord Texan Hotel and Convention Center
  - Dallas, TX

- **22nd Annual Scientific Meeting**
  - September 15 - 18, 2018
  - Gaylord Opryland Hotel and Convention Center
  - Nashville, TN

**2016 - 2017 Calendar**

- **October 2016**
- **November 2016**
- **December 2016**
- **January 2017**
- **February 2017**
- **March 2017**
- **April 2017**
- **May 2017**
- **June 2017**
- **July 2017**
- **August 2017**
- **September 2017**

- **Event: Heart Failure Awareness Week**

- **Event: Establishing A Career in Heart Failure**

- **Event: 21st Annual Scientific Meeting**
21st Annual Scientific Meeting
September 16-19, 2017
Gaylord Texan Hotel & Convention Center
Dallas, TX
ENTRESTO™ (sacubitril and valsartan) tablets, for oral use

Initial U.S. Approval: 2015

BRIEF SUMMARY: Please see package insert for full prescribing information.

WARNING: FETAL TOXICITY
• When pregnancy is detected, discontinue ENTRESTO as soon as possible (5.1)
• Drugs that act directly on the renin-angiotensin system can cause injury and death to the developing fetus (5.1)

1 INDICATIONS AND USAGE
1.1 Heart Failure
ENTRESTO is indicated to reduce the risk of cardiovascular death and hospitalization for heart failure in patients with chronic heart failure (NYHA Class II-IV) and reduced ejection fraction.

ENTRESTO is usually administered in conjunction with other heart failure therapies, in place of an ACE inhibitor or other ARB.

4 CONTRAINDICATIONS
ENTRESTO is contraindicated:
• in patients with hypersensitivity to any component
• in patients with a history of angioedema related to previous ACE inhibitor or ARB therapy [see Warnings and Precautions (5.2)]
• with concomitant use of ACE inhibitors. Do not administer within 36 hours of switching from or to an ACE inhibitor [see Drug Interactions (7.1)]
• with concomitant use of aliskiren in patients with diabetes [see Drug Interactions (7.1)].

5 WARNINGS AND PRECAUTIONS
5.1 Fetal Toxicity
ENTRESTO can cause fetal harm when administered to a pregnant woman. Use of drugs that act on the renin-angiotensin system during the second and third trimesters of pregnancy reduces fetal renal function and increases fetal and neonatal morbidity and death. When pregnancy is detected, consider alternative drug treatment and discontinue ENTRESTO. However, if there is no appropriate alternative to therapy with drugs affecting the renin-angiotensin system, and if the drug is considered lifesaving for the mother, advise a pregnant woman of the potential risk to the fetus [see Use in Specific Populations (8.1)].

5.2 Angioedema
ENTRESTO may cause angioedema. In the double-blind period of PARADIGM-HF, 0.5% of patients treated with ENTRESTO and 0.2% of patients treated with enalapril had angioedema [see Adverse Reactions (6.1)]. If angioedema occurs, discontinue ENTRESTO immediately, provide appropriate therapy, and monitor for airway compromise. ENTRESTO must not be re-administered. In cases of confirmed angioedema where swelling has been confined to the face and lips, the condition has generally resolved without treatment, although antihistamines have been useful in relieving symptoms.

Angioedema associated with laryngeal edema may be fatal. Where there is involvement of the tongue, glottis or larynx, likely to cause airway obstruction, administer appropriate therapy, e.g., subcutaneous epinephrine/ adrenaline solution 1:1000 (0.3 mL to 0.5 mL) and take measures necessary to ensure maintenance of a patent airway.

ENTRESTO has been associated with a higher rate of angioedema in Black than in non-Black patients.

Patients with a prior history of angioedema may be at increased risk of angioedema with ENTRESTO [see Adverse Reactions (6.1)]. ENTRESTO should not be used in patients with a known history of angioedema related to previous ACE inhibitor or ARB therapy [see Contraindications (4)].

5.3 Hypotension
ENTRESTO lowers blood pressure and may cause symptomatic hypotension. Patients with an activated renin-angiotensin system, such as volume- and/or salt-depleted patients (e.g., those being treated with high doses of diuretics), are at greater risk. In the double-blind period of PARADIGM-HF, 1.8% of patients treated with ENTRESTO and 1.2% of patients treated with enalapril reported hypotension as an adverse event [see Adverse Reactions (6.1)], with hypotension reported as a serious adverse event in approximately 1.5% of patients in both treatment arms. Correct volume or salt depletion prior to administration of ENTRESTO or start at a lower dose. If hypotension occurs, consider dose adjustment of diuretics, concomitant antihypertensive drugs, and treatment of other causes of hypotension (e.g., hypovolemia). If hypotension persists despite such measures, reduce the dosage or temporarily discontinue ENTRESTO. Permanent discontinuation of therapy is usually not required.

5.4 Impaired Renal Function
As a consequence of inhibiting the renin-angiotensin-aldosterone system (RAAS), decreases in renal function may be anticipated in susceptible individuals treated with ENTRESTO. In the double-blind period of PARADIGM-HF, 5% of patients in both the ENTRESTO and enalapril groups reported renal failure as an adverse event [see Adverse Reactions (6.1)]. In patients whose renal function depends upon the activity of the renin-angiotensin-aldosterone system (e.g., patients with severe congestive heart failure), treatment with ACE inhibitors and angiotensin receptor antagonists has been associated with oliguria, progressive azotemia and, rarely, acute renal failure and death. Closely monitor serum creatinine, and down-titrates or interrupts ENTRESTO in patients who develop a clinically significant decrease in renal function [see Use in Specific Populations (8.7) and Clinical Pharmacology (12.3) in the full prescribing information].

As with all drugs that affect the RAAS, ENTRESTO may increase blood urea and serum creatinine levels in patients with bilateral or unilateral renal artery stenosis. In patients with renal artery stenosis, monitor renal function.

5.5 Hyperkalemia
Through its actions on the RAAS, hyperkalemia may occur with ENTRESTO. In the double-blind period of PARADIGM-HF, 12% of patients treated with ENTRESTO and 14% of patients treated with enalapril reported hyperkalemia as an adverse event [see Adverse Reactions (6.1)]. Monitor serum potassium periodically and treat appropriately, especially in patients with risk factors for hyperkalemia such as severe renal impairment, diabetes, hypoaldosteronism, or a high potassium diet. Dosage reduction or interruption of ENTRESTO may be required [see Dosage and Administration (2.1) in the full prescribing information].

6 ADVERSE REACTIONS
Clinically significant adverse reactions that appear in other sections of the labeling include:
• Angioedema [see Warnings and Precautions (5.2)]
• Hypotension [see Warnings and Precautions (5.3)]
• Impaired Renal Function [see Warnings and Precautions (5.4)]
• Hyperkalemia [see Warnings and Precautions (5.5)]

6.1 Clinical Trials Experience
Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

In the PARADIGM-HF trial, subjects were required to complete sequential enalapril and ENTRESTO run-in periods of (median) 15 and 29 days, respectively, prior to entering the randomized double-blind period comparing ENTRESTO and enalapril. During the enalapril run-in period, 1,102 patients (10.5%) were permanently discontinued from the study, 5.6% because of an adverse event, most commonly renal dysfunction (1.7%), hyperkalemia (1.7%) and hypotension (1.4%). During the ENTRESTO run-in period, an additional 10.4% of patients permanently discontinued treatment, 5.9% because of an adverse event, most commonly renal dysfunction (1.8%), hypotension (1.7%) and hyperkalemia (1.3%). Because of this run-in design, the adverse reaction rates described below are lower than expected in practice.

In the double-blind period, safety was evaluated in 4,203 patients treated with ENTRESTO and 4,229 treated with enalapril. In PARADIGM-HF, patients randomized to ENTRESTO received treatment for up to 4.3 years, with a median duration of exposure of 24 months; 3,271 patients were treated for more than one year. Discontinuation of therapy because of an adverse event during the double-blind period occurred in 450 (10.7%) of ENTRESTO treated patients and 516 (12.2%) of patients receiving enalapril.

Adverse reactions occurring at an incidence of ≥5% in patients who were treated with ENTRESTO in the double-blind period are shown in Table 1.

Table 1: Adverse Reactions Reported ≥5% of Patients Treated with ENTRESTO in the Double-Blind Period

<table>
<thead>
<tr>
<th>Adverse Reaction</th>
<th>ENTRESTO (n = 4,203)</th>
<th>Enalapril (n = 4,229)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypotension</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>Hyperkalemia</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>Cough</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Dizziness</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Renal failure/acute renal failure</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

In the PARADIGM-HF trial, the incidence of angioedema was 0.1% in both the enalapril and ENTRESTO run-in periods. In the double-blind period, the incidence of angioedema was higher in patients treated with ENTRESTO than enalapril (0.5% and 0.2%, respectively). The incidence of angioedema in Black patients was 2.4% with ENTRESTO and 0.5% with enalapril [see Warnings and Precautions (5.2)].

Orthostasis was reported in 2.1% of patients treated with ENRESTO compared to 1.1% of patients treated with enalapril during the double-blind period of PARADIGM-HF. Falls were reported in 1.9% of patients treated with ENTRESTO compared to 1.3% of patients treated with enalapril.
Laboratory Abnormalities

Hemoglobin and Hematocrit
Increases in serum hemoglobin and hematocrit of >20% were observed in approximately 5% of both ENTRESTO- and enalapril-treated patients in the double-blind period in PARADIGM-HF.

Serum Creatinine
Increases in serum creatinine of >50% were observed in 1.4% of patients in the enalapril run-in period and 2.2% of patients in the ENTRESTO run-in period. During the double-blind period, approximately 16% of both ENTRESTO- and enalapril-treated patients had increases in serum creatinine of >50%.

Serum Potassium
Potassium concentrations >5.5 mEq/L were observed in approximately 4% of patients in both the enalapril and ENTRESTO run-in periods. During the double-blind period, approximately 16% of both ENTRESTO- and enalapril-treated patients had potassium concentrations >5.5 mEq/L.

7 DRUG INTERACTIONS

7.1 Dual Blockade of the Renin-Angiotensin-Aldosterone System
Concomitant use of ENTRESTO with an ACE inhibitor is contraindicated because of the increased risk of angioedema [see Contraindications (4)]. Avoid use of ENTRESTO with an ARB, because ENTRESTO contains the angiotensin II receptor blocker valsartan.

The concomitant use of ENTRESTO with aliskiren is contraindicated in patients with diabetes [see Contraindications (4)]. Avoid use with aliskiren in patients with renal impairment (see Dosing and Administration (2.4)).

7.2 Potassium-Sparing Diuretics
As with other drugs that block angiotensin II or its effects, concomitant use of potassium-sparing diuretics (e.g., spironolactone, triamterene, amiloride), potassium supplements, or salt substitutes containing potassium may lead to increases in serum potassium [see Warnings and Precautions (5.5)].

7.3 Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) Including Selective Cyclooxygenase-2 Inhibitors (COX-2 Inhibitors)
In patients who are elderly, volume-depleted (including those on diuretic therapy), or with compromised renal function, concomitant use of NSAIDs, including COX-2 inhibitors, with ENTRESTO may result in worsening of renal function, including possible acute renal failure. These effects are usually reversible. Monitor renal function periodically.

7.4 Lithium
Increases in serum lithium concentrations and lithium toxicity have been reported during concomitant administration of lithium with angiotensin II receptor antagonists. Monitor serum lithium levels during concomitant use with ENTRESTO.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary
ENTRESTO can cause fetal harm when administered to a pregnant woman. Use of drugs that act on the renin-angiotensin system during the second and third trimesters of pregnancy reduces fetal renal function and increases fetal and neonatal morbidity and death. Most epidemiologic studies examining fetal abnormalities after exposure to antihypertensive use in the first trimester have not distinguished drugs affecting the renin-angiotensin system from other antihypertensive agents. In animal reproduction studies, ENTRESTO treatment during organogenesis resulted in increased embryo-fetal lethality in rats at doses ≥ 49 mg sacubitril/51 mg valsartan/kg/day (≥ 0.14 [LBQ657, the active metabolite] and 1.5 [valsartan]-fold the maximum recommended human dose [MRHD]) of 97/103 mg twice-daily on the basis of the area under the plasma drug concentration-time curve (AUC) and rabbits at doses ≥ 5 mg sacubitril/5 mg valsartan/kg/day (4-fold and 0.06-fold the MRHD on the basis of valsartan and LBQ657 AUC, respectively). ENTRESTO is teratogenic based on a low incidence of fetal hydrocephaly, associated with maternally toxic doses, which was observed in rabbits at an ENTRESTO dose of ≥ 5 mg sacubitril/5 mg valsartan/kg/day.

The adverse embryo-fetal effects of ENTRESTO are attributed to the angiotensin receptor antagonist activity.

Pre- and postnatal development studies in rats at sacubitril doses up to 750 mg/kg/day (4.5-fold the MRHD on the basis of LBQ657 AUC) and valsartan at doses up to 600 mg/kg/day (0.86-fold the MRHD on the basis of AUC) indicate that treatment with ENTRESTO during organogenesis, gestation and lactation may affect pup development and survival.

8.2 Lactation

Risk Summary
There is no information regarding the presence of sacubitril/valsartan in human milk, the effects on the breastfed infant, or the effects on milk production. Sacubitril/valsartan is present in rat milk. Because of the potential for serious adverse reactions in breastfed infants from exposure to sacubitril/valsartan, advise a nursing woman that breastfeeding is not recommended during treatment with ENTRESTO.

Data
Following an oral dose (15 mg sacubitril/15 mg valsartan/kg) of [14C]ENTRESTO to lactating rats, transfer of LBQ657 into milk was observed. After a single oral administration of 3 mg/kg [14C]valsartan to lactating rats, transfer of valsartan into milk was observed.

8.4 Pediatric Use
Safety and effectiveness in pediatric patients have not been established.

8.5 Geriatric Use
No relevant pharmacokinetic differences have been observed in elderly (>65 years) or very elderly (>75 years) patients compared to the overall population [see Clinical Pharmacology (12.3) in the full prescribing information].

8.6 Hepatic Impairment
No dose adjustment is required when administering ENTRESTO to patients with mild hepatic impairment (Child-Pugh A classification). The recommended starting dose in patients with moderate hepatic impairment (Child-Pugh B classification) is 24/26 mg twice daily. The use of ENTRESTO in patients with severe hepatic impairment (Child-Pugh C classification) is not recommended, as no studies have been conducted in these patients [see Dosing and Administration (2.4) in the full prescribing information, Clinical Pharmacology (12.3) in the full prescribing information].

8.7 Renal Impairment
No dose adjustment is required in patients with mild (eGFR 60 to 90 mL/min/1.73 m²) to moderate (eGFR 30 to 60 mL/min/1.73 m²) renal impairment. The recommended starting dose in patients with severe renal impairment (eGFR <30 mL/min/1.73 m²) is 24/26 mg twice daily [see Dosage and Administration (2.3) in the full prescribing information, Warnings and Precautions (5.4) and Clinical Pharmacology (12.3) in the full prescribing information].

10 OVERDOSAGE

Limited data are available with regard to overdosage in human subjects with ENTRESTO. In healthy volunteers, a single dose of ENTRESTO 583 mg sacubitril/617 mg valsartan, and multiple doses of 437 mg sacubitril/463 mg valsartan (14 days) have been studied and were well tolerated. Hypotension is the most likely result of overdosage due to the blood pressure lowering effects of ENTRESTO. Symptomatic treatment should be provided.

ENTRESTO is unlikely to be removed by hemodialysis because of high protein binding.

Distributed by: Novartis Pharmaceuticals Corporation East Hanover, New Jersey 07936

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Issued: July/2015
INDICATION

ENTRESTO is indicated to reduce the risk of cardiovascular death and hospitalization for heart failure in patients with chronic heart failure (NYHA Class II-IV) and reduced ejection fraction.

IMPORTANT SAFETY INFORMATION

WARNING: FETAL TOXICITY

- When pregnancy is detected, discontinue ENTRESTO as soon as possible
- Drugs that act directly on the renin-angiotensin system can cause injury and death to the developing fetus

ENTRESTO is contraindicated in patients with hypersensitivity to any component. ENTRESTO is contraindicated in patients with a history of angioedema related to previous angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) therapy.

ENTRESTO is contraindicated with concomitant use of ACE inhibitors. Do not administer within 36 hours of switching from or to an ACE inhibitor. ENTRESTO is contraindicated with concomitant use of aliskiren in patients with diabetes.

Angioedema: ENTRESTO may cause angioedema. Angioedema associated with laryngeal edema may be fatal. ENTRESTO has been associated with a higher rate of angioedema in Black patients and in patients with a prior history of angioedema. If angioedema occurs, discontinue ENTRESTO immediately, provide appropriate therapy, and monitor for airway compromise. ENTRESTO must not be re-administered.

Hypotension: ENTRESTO lowers blood pressure and may cause symptomatic hypotension. Patients with an activated renin-angiotensin system, such as volume- and/or salt-depleted patients (e.g., those being treated with high doses of diuretics), are at greater risk. Correct volume or salt depletion prior to administration of ENTRESTO or start at a lower dose. If hypotension persists despite dose adjustment of diuretics, concomitant antihypertensive drugs, and treatment of other causes of hypotension (e.g., hypovolemia) reduce the dosage or temporarily discontinue ENTRESTO. Permanent discontinuation of therapy is usually not required.

Impaired Renal Function: Decreases in renal function may be anticipated in susceptible individuals treated with ENTRESTO. In patients whose renal function depends upon the activity of the renin-angiotensin-aldosterone system (e.g., patients with severe congestive heart failure), treatment with ACE inhibitors and angiotensin receptor antagonists has been associated with oliguria, progressive azotemia and, rarely, acute renal failure and death. Closely monitor serum creatinine, and down-titrate or interrupt ENTRESTO in patients who develop a clinically significant decrease in renal function.

ENTRESTO may increase blood urea and serum creatinine levels in patients with bilateral or unilateral renal artery stenosis. In patients with renal artery stenosis, monitor renal function. Avoid use with aliskiren in patients with renal impairment (eGFR <60 mL/min/1.73 m²).

In patients who are elderly, volume-depleted (including those on diuretic therapy), or with compromised renal function, concomitant use of non-steroidal anti-inflammatory drugs (NSAIDs), including COX-2 inhibitors, with ENTRESTO may result in worsening of renal function, including possible acute renal failure. These effects are usually reversible. Monitor renal function periodically.

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Hyperkalemia: Hyperkalemia may occur with ENTRESTO. Monitor serum potassium periodically and treat appropriately, especially in patients with risk factors for hyperkalemia such as severe renal impairment, diabetes, hypoaldosteronism, or a high potassium diet. Dosage reduction or interruption of ENTRESTO may be required. Concomitant use of potassium-sparing diuretics (e.g., spironolactone, triamterene, amiloride), potassium supplements, or salt substitutes containing potassium may lead to increases in serum potassium.

ARBS: Avoid use of ENTRESTO with an ARB, because ENTRESTO contains the angiotensin II receptor blocker valsartan.

Lithium: Increases in serum lithium concentrations and lithium toxicity have been reported during concomitant administration of lithium with angiotensin II receptor antagonists. Monitor serum lithium levels during concomitant use with ENTRESTO.

Common Adverse Events: In a clinical trial, the most commonly observed adverse events with ENTRESTO vs enalapril, occurring at a frequency of at least 5% in either group, were hypotension (18%, 12%), hyperkalemia (12%, 14%), cough (9%, 13%) dizziness (6%, 5%) and renal failure/acute renal failure (5%, 5%).

Please see Brief Summary of Prescribing Information, including Boxed WARNING, on the preceding pages.

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