WHERE SCIENCE MEETS PRACTICE

21st Annual Scientific Meeting
September 16 - 19, 2017
Gaylord Texan Hotel & Convention Center
Dallas, Texas

meeting.hfsa.org
When I climb the stairs.

"I get short of breath when I climb the stairs."

YOUR PATIENT IS TELLING YOU ABOUT THEIR HF SYMPTOMS, AN INDICATOR OF POOR OUTCOMES: DEATH OR HF HOSPITALIZATION1,2

ENTRESTO® achieved superior outcomes vs enalapril3

HELP MAKE MORE TOMORROWS POSSIBLE3

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

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).

ENTRESTO and the ENTRESTO logo are registered trademarks of Novartis AG.

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.

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, hyperaldosteronism, 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 following pages.

STUDY DESIGN: PARADIGM-HF was a multinational, randomized, double-blind trial comparing ENTRESTO to enalapril in symptomatic (NYHA Class II–IV) adult HF patients (left ventricular ejection fraction ≤40%). After discontinuing their existing ACEi or ARB therapy, patients entered sequential single-blind run-in periods during which they received enalapril 10 mg twice daily, followed by ENTRESTO 100 mg (49/51 mg) twice daily, increasing to 200 mg (97/103 mg) twice daily or enalapril 10 mg (n=4232) twice daily. The median follow-up duration was 27 months, and patients were treated for up to 4.3 years. At the primary end point, the first event in the composite of CV death or first HF hospitalization, ENTRESTO was superior to enalapril (P<0.0001).1

1. Heart Failure: ACC = American College of Cardiology; AHA = American Heart Association; HFSA = Heart Failure Society of America; HF=HF=Heart failure with reduced ejection fraction; NYHA = New York Heart Association; ACE = angiotensin-converting enzyme inhibitor; ARB = angiotensin II receptor blocker; CV = cardiovascular.

ENTRESTO™ (sacubitril and valsartan) tablets, for oral use

**Initial U.S. Approval: 2015**

**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)

**INDICATIONS AND USAGE**

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.

**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)].

**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/adrénaline 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 advanced 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, 18% of patients treated with ENTRESTO and 12% 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 doxorubicin and intraperitoneal 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, hypoadosteronism, 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].

**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 in ≥5% of Patients Treated with ENTRESTO in the Double-Blind Period |
|--------------------------------------------------|------------------|
| ENTRESTO (n = 4,283) % | Enalapril (n = 4,229) % |
| Hypotension | 18 | 12 |
| Hyperkalemia | 12 | 14 |
| Cough | 9 | 13 |
| Dizziness | 6 | 5 |
| Renal failure/acute renal failure | 5 | 5 |

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 ENTRESTO 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
Decreases in hemoglobin/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 (eGFR <60 mL/min/1.73 m²).

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 [5.6]).

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 morbidity and death. Most epidemiologic studies examining fetal abnormalities after exposure to antihypertensive use in the second and third trimesters of pregnancy reduce fetal renal function and increase fetal mortality 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.

8.2 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.

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

hydramnios is observed, consider alternative drug treatment. Closely.

renal failure, fetal lung hypoplasia, skeletal deformations, including skull.

because of the increased risk of angioedema [see Contraindications (4)].

treated patients had potassium concentrations >5.5 mEq/L. Increases in serum creatinine of >50% were observed in 1.4% of patients

during the double-blind period in PARADIGM-HF.

ric, when pregnancy is detected, treatment during organogenesis resulted in increased embryo-fetal lethality.

other antihypertensive agents. In animal reproduction studies, ENTRESTO

potassium-sparing diuretics (e.g., spironolactone, triamterene, amiloride),

7.2 Potassium-Sparing Diuretics

8.4 Pediatric Use

Risk Summary

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10791284_HFSA_JA_Tab_Sngl_M2.indd   3
Welcome Attendees,

It is our pleasure and privilege to present the 21st HFSA Annual Scientific Meeting, Where Science Meets Practice. This understated theme truly represents what HFSA stands for: evidence-based practice for best patient outcomes.

We believe you will agree that the 2017 Program Planning Committee has done a fantastic job of creating superb scientific sessions that will interest a multidisciplinary team, to which we are dedicated. Thank you to Jim C. Fang, MD, FHFS, Ken B. Marguiles, MD, FHFS, Karol S. Harshaw-Ellis, MSN, DNP, FHFS and Robert L. Page II, PharmD, MSHP, FHFS for their dedicated year-long effort in leading the planning of the program, and many thanks to the entire program planning committee. So many great ideas were sent in this year, and it is an admirable and complicated task to review and compile the sessions for presenting the latest therapies and science.

Please take a look at page 29 to review the industry sessions, both CME and non-CME programs. Featuring programs about economics, reducing costs, new guidelines and therapies on how to improve the management of co-morbidities, these sessions offer excellent focused presentations and new data.

As we move forward and present new and vital information, sometimes it is good to pause and take a look back. To that end, we have put together a video that focuses on the origin of HFSA and why a small, dedicated group of people came together in August of 1995 to discuss forming this society. The video will be shown at the Sunday Plenary session.

Also at the Plenary, both current President, Mandeep R. Mehra, MD, FHFS and incoming President Chris O’Connor, MD, FHFS will highlight the new HFSA Strategic Plan and some of the many new exciting initiatives. HF Awareness is one of the top priorities, along with advocacy to patients, regulators, legislators and the public. There are more programs in place and in the planning stages than ever before in our history. We encourage all of you to participate in the many opportunities HFSA offers. Ask us how you can help!

Many, many thanks go out to our HFSA corporate members and sponsors (see page 5) and contributors without whom this meeting would not be possible. Please take the time to stop by the exhibit booths and thank our partners for their interest and participation in HFSA. Ask about their trials, new therapies, and what is in the pipeline. Stroll amongst the posters with a beverage and talk to our abstract presenters about their research.

Stop by the HFSA Leadership Lounge in the Exhibit Hall. Take a look at the original invitation for the first HFSA meeting and a collage of pictures featuring our founding members and many other early leaders. Stay to chat with the current and incoming HFSA presidents, the editor of the Journal of Cardiac Failure and me, your CEO. (see page 7 for hours)

We are pleased to continue to offer travel grants for fellows and early career nurses, as well as newly instituted travel funds for pharmacists. With so much emphasis on new programs targeted to early career members, we are happy to say that nearly a third of our total membership is made of early career members, the future of heart failure in all disciplines.

Thank you again for attending the meeting. In addition to the scientific sessions, please enjoy the many receptions and we hope to see you at the 5th Annual Fundraising and Faculty Dinner Sunday evening. Tickets are available at the Registration desk. Remember, at any time, feel free to contact me with your ideas and input.

Best wishes,
Michele Blair, CEO
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 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.

Membership Information
Membership to the society is open to all health care professionals with an interest in heart failure. For more information about HFSA or to become a member, visit www.hfsa.org or contact us at:

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A special thank you from the 2017 Program Committee.

The Program Chairs and members of the 2017 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 results of these proposals, many new speakers will be featured in this year’s meeting. A call for proposals for 2018 will go out in October.
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General Meeting Information

Meeting Location
Gaylord Texan Hotel & Convention Center
All meeting activities will be held in the Gaylord Texan Hotel and Convention Center. See page 16-17 for a floor plan of meeting rooms.

Registration Hours
Longhorn Exhibit Hall D-E Foyer & Convention Center Level 1
Friday, September 15........... 12:00 PM - 6:00 PM
Saturday, September 16 ........ 6:30 AM - 6:00 PM
Sunday, September 17.......... 7:00 AM - 5:00 PM
Monday, September 18........ 7:00 AM - 5:00 PM
Tuesday, September 19 ....... 7:00 AM - 10:00 AM

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

Exhibit Hall Schedule
Longhorn Exhibit Hall D-E
Saturday, September 16 ........ 6:00 PM - 7:30 PM
Sunday, September 17........ 10:00 AM - 7:30 PM
Monday, September 18........ 10:00 AM - 2:00 PM

Opening Reception
Longhorn Exhibit Hall D-E
Saturday, September 16 ........ 6:00 PM - 7:30 PM
Wine and hors d’oeuvres will be served

Posters on display
Longhorn Exhibit Hall D-E
Saturday, September 16 ........ 6:00 PM - 7:30 PM
Sunday, September 17 ....... 10:00 AM - 7:30 PM
Monday, September 18 ....... 10:00 AM - 2:00 PM

Poster Reception & Presentations
Longhorn Exhibit Hall D-E

Poster Reception I - Odd Posters
Saturday, September 16 ........ 6:00 PM - 7:30 PM
Moderated Poster Session I... 6:15 PM - 7:15 PM

Poster Reception II - Even Posters
Sunday, September 17......... 6:00 PM - 7:30 PM
Moderated Poster Session II.. 6:15 PM - 7:15 PM

Speaker Ready Room
Austin 6
Saturday, September 16 ...... 8:00 AM - 6:00 PM
Sunday, September 17........ 6:30 AM - 6:00 PM
Monday, September 18....... 6:30 AM - 6:00 PM
Tuesday, September 19 ...... 6:30 AM - 11:00 AM

Press Room
Austin 1
Saturday, September 16 ...... 10:00 AM - 5:00 PM
Sunday, September 17........ 10:00 AM - 5:00 PM
Monday, September 18........ 7:00 AM - 5:00 PM
Tuesday, September 19 ....... 7:00 AM - 11:00 AM

Medtronic Lounge
Fort Worth 1-2
Take a break with us at the Medtronic Lounge!
Saturday, September 16 ...... 10:00 AM - 6:00 PM
Sunday, September 17........ 10:00 AM - 6:00 PM
Monday, September 18....... 8:00 AM - 4:00 PM

Stop by to discuss:
- CRT clinical evidence and patient selection
- Our latest CRT devices with diagnostic and therapeutic algorithms that personalize therapy and deliver outcomes that matter
- HeartWare™ HVAD™ System’s intuitive peripherals that provide information needed to better manage the device and your MCS program

Light refreshments will be available
HFSA Leaders Lounge
Longhorn Exhibit Hall D-E
Meet our leaders and ask your questions! Your feedback is important to the future of the HFSA.

Saturday, September 16
6:00 PM - 7:00 PM
Michele Blair
HFSA CEO
Paul J. Hauptman, MD, FHFSA
Journal of Cardiac Failure, Editor

Network Name: HFSA17
Password: HFSA2017

WIFI
Courtesy of HFSA
Complimentary wifi is available in the education sessions. Hotel guests may utilize complimentary wifi in the lobby and public areas of the hotel. Hotel wifi does not extend in the Exhibit Hall.

Sunday, September 17
10:00 AM - 11:00 AM
Christopher O'Connor, MD, FHFSA
HFSA Incoming President
12:00 PM - 1:00 PM
Mandeep R. Mehra, MD, FHFSA
HFSA Outgoing President
6:00 PM - 7:00 PM
Michele Blair
HFSA CEO
Corrine Jurgens, RN, PhD, FHFSA
HFSA Incoming Secretary

Monday, September 18
10:00 AM - 11:00 AM
Randall C. Starling, MD, MPH, FHFSA
HFSA Incoming President-Elect

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 HFSA 21st 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, Fundraising and Faculty Dinner, and coffee breaks. All coffee and tea stations, aside from continental breakfast areas will be in the Exhibit Hall.

Meeting Sessions Online
In response to requests from previous attendees, HFSA will provide the scientific sessions online free-of-charge for 2017 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 foyer between the Grapevine and Texas ballrooms for more information.

Charging Stations
Courtesy of Novartis
Charging stations for mobile devices will be available in the Exhibit Hall and Grapevine Foyer.

Annual Business Meeting
The Annual Business Meeting will take place during the Plenary Session on Sunday, September 17th from 8:45 AM - 10:00 AM in Texas C-D.
Breaks
Scheduled coffee breaks, tea breaks and lunches on Sunday and Monday will be served in the Exhibit Hall. A light continental breakfast will be available daily through Tuesday at the Texan and Grapevine Foyers.

No Smoking Policy
HFSA and the Gaylord Texan 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, HFSA videographers, pre-approved videographers, and pre-approved photographers, are the only ones authorized to photograph and film events and educational sessions throughout the meeting. They will be identified by name badges.

The photographs and videos taken by our HFSA Staff and HFSA photographers and videographers are used exclusively by HFSA for promotional purposes and continuing education offerings. They may be used in the society’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 or videographer and your request will be respected.

Special Needs
The HFSA strives to hold meetings that are accessible to all. If you have special needs, please contact Gudrun Echterhoff at gudrun@gmimeetings.com.

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.

Questions
There will be an information booth staffed by HFSA in the foyer between the Grapevine and Texas ballrooms. Tickets for the 5th Annual Fundraising & Faculty Dinner may be purchased at the On-Site Registration Counter.

Liability Statement
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.
Continuing Education
Credit Information

Scientific Program

Physicians

The Heart Failure Society of America designates this live activity for a maximum of 24.25 AMA PRA Category 1 Credits™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the participant to earn up to 13.75 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

See Nursing Continuing Education handout or meeting.hfsa.org for nursing credit statements.

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 20.50 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 iphrmCE.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 20.50 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 iphrmCE.UCDenver.edu. Once evaluations are completed, CPE will be uploaded to CPE monitor within 2 days.

Saturday 9/16, 10:30 AM - 12:00 PM
Current and Emerging Approaches to Diagnosis and Evaluation of HfPef
ACPE# 0008-9999-17-112-L01-P
(1.5 contact hours - knowledge-based)

Saturday 9/16, 2:30 PM - 4:00 PM
Joint Session with AHA: What Can You Do to Prevent HF
ACPE# 0008-9999-17-113-L01-P
(1.5 contact hours - knowledge-based)

Sunday 9/17, 9:00 AM - 10:00 AM
Plenary
ACPE# 0008-9999-17-128-L01-P
(1 contact hours - knowledge-based)

Sunday 9/17, 10:30 AM - 12:00 PM
Hope on the Horizon: Pharmacotherapies in Development for HfPef
ACPE# 0008-9999-17-114-L01-P
(1.5 contact hours - knowledge-based)

Sunday 9/17, 1:00 PM - 2:00 PM
How to Manage Diabetes in HF
ACPE# 0008-9999-17-115-L01-P
(1 contact hours - knowledge-based)

Sunday 9/17, 1:00 PM - 2:00 PM
Know When to Hold ’em: Drugs to Avoid or Use Cautiously in Heart Failure
ACPE# 0008-9999-17-116-L01-P
(1 contact hours - knowledge-based)
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Title</th>
<th>ACPE#</th>
<th>Contact Hours</th>
<th>Knowledge-Based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday 9/17</td>
<td>2:15 PM - 3:45 PM</td>
<td>Cardiac Transplantation 2017-Where Do We Stand</td>
<td>0008-9999-17-117-L01-P</td>
<td>1.5</td>
<td>Yes</td>
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<tr>
<td>Sunday 9/17</td>
<td>4:15 PM - 5:45 PM</td>
<td>Pulmonary Comorbidities of HF - COPD and Sleep Apnea</td>
<td>0008-9999-17-118-L01-P</td>
<td>1.5</td>
<td>Yes</td>
</tr>
<tr>
<td>Monday 9/18</td>
<td>8:30 AM - 10:00 AM</td>
<td>Clinical Conundrums: Case Discussions</td>
<td>0008-9999-17-119-L01-P</td>
<td>1.5</td>
<td>Yes</td>
</tr>
<tr>
<td>Monday 9/18</td>
<td>1:30 PM - 3:00 PM</td>
<td>HFrEF Therapy in 2017 and Beyond: Sacubitril, Ivabradine, Patriomer and More</td>
<td>0008-9999-17-122-L01-P</td>
<td>1.5</td>
<td>Yes</td>
</tr>
<tr>
<td>Monday 9/18</td>
<td>3:30 PM - 5:00 PM</td>
<td>Aging Hearts: Controversies and Opportunities for the Treatment of Heart Failure Among Older Adults</td>
<td>0008-9999-17-123-L01-P</td>
<td>1.5</td>
<td>Yes</td>
</tr>
<tr>
<td>Tuesday 9/19</td>
<td>8:00 AM - 9:45 AM</td>
<td>HF Care in 1987, 2017, 2047: How It Was, How It Is, and How It Will Be</td>
<td>0008-9999-17-125-L01-P</td>
<td>1.5</td>
<td>Yes</td>
</tr>
<tr>
<td>Tuesday 9/19</td>
<td>8:30 AM - 10:00 AM</td>
<td>What’s New with ARNIs</td>
<td>0008-9999-17-126-L01-P</td>
<td>1.5</td>
<td>Yes</td>
</tr>
<tr>
<td>Tuesday 9/19</td>
<td>10:15 AM - 11:30 AM</td>
<td>Hyde Park</td>
<td>0008-9999-17-127-L04-P</td>
<td>1.25</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Pharmacology Hours for Nurses at the HFSA Meeting:

For Nurses who require pharmacology hours for their certification or licensure renewal, this year the HFSA Annual Scientific Meeting offers opportunities to accrue these hours.

Here are some sessions offered:

**Sunday, September 17, 2017**
10:30 AM – 12:00 PM  
**Hope for HfPef on the Horizon**  
Pharmacotherapies in Development for HfPef

1:00 PM – 2:00 PM  
**How-to Session: Know When to Hold’em:**  
Drugs to Avoid or Use Cautiously in HF

4:15 PM – 5:45 PM  
**cGMP Drugs in HF: New Developments**

**Monday, September 18, 2017**
1:30 PM - 3:00 PM  
**HfREF Therapy in 2017 and Beyond: Sacubitril, Ivabradine, Patriomer and More**

For those certified with ANCC and interested in obtaining pharmacology hour credits, 60 minutes of pharmacology content equal one contact hour. Please keep the conference agenda pertaining to the pharmacology session and keep on file for future reference. This may be submitted and serve as evidence to validate the contact hour calculation. A narrative note describing pharmacology content within agenda may be necessary to validate content. Pharmacotherapeutic content does not need to be presented by a nurse for the hours to be eligible for re-certification; however, the presenter must have content expertise in pharmacology.

Further information is available at the ANCC website, www.nursecredentialing.org.

Satellite Symposia

Satellite symposia will offer 1-2 hours of credit depending on the satellite. Badges will be scanned by staff when entering a session. This information will be used to identify attendance for CME credits and used exclusively by the HFSA. No information will be sold or shared with anyone outside the HFSA.

**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**

See satellite handout materials for nursing credit statements.
Scientific Program Learning Objectives

Following this meeting, attendees will be able to:

1. Describe the epidemiology of HF and implement strategies for the prevention of HF.
2. Discuss the current scientific basis of HF from the perspectives of cardiovascular physiology, neurohormones, tissue factors, molecular biology, and genetics.
3. Identify the findings of basic science research and current clinical trials and describe their implications for current and future HF therapy.
4. Implement optimal guideline-based therapeutic options for HF, including pharmacologic agents, non-pharmacologic 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 HF.
7. Implement strategies for effective management of the patient with HF, 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.

Specific learning objectives for the each of the scientific sessions and satellite symposia are listed in the meeting app.

Competencies Addressed

The 2017 scientific program contains content that addresses the following ABMS core competencies:

- Patient care
- Medical knowledge
- Interpersonal and communications 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
- Subset 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 circulator 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. At the conclusion of the program, an email will be sent to attendees providing the website address to access evaluation forms and credited 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 onsite 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 onsite 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 Attendees > 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, visit meetings.hfsa.org under Attendees > Continuing Education Credit Information.

Certificates will be issued only to individuals who registered for and attended the annual meeting in person.

Audio Response System

Make sure to login into our mobile device enabled Audience Response System for an optimal experience at the Annual Meeting! The Conferences I/O app will allow you to ask questions, up-vote questions other attendees asked for Q&A, and respond to polls when they appear on your device, all in real time!

How to use the ARS System:
1. Open your browser and navigate to hfsa.cnf.io on your mobile device
   (Type https://hfsa.cnf.io if your device defaults to a Google search)
2. Click on your current session
3. Respond to Polling questions when they appear on your screen
4. Tap the ‘Ask’ button to submit a question
5. Up-Vote questions you want answered by tapping the arrow next to the question

Meeting Content

The 2017 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.
Presenter / Planner Disclosure

Information

The Heart Failure Society of America (HFSA) is committed to ensuring balance, independence, objectivity, and scientific rigor in its educational activities. HFSA has a disclosure policy that requires oral presenters to disclose all relevant financial relationships for themselves and their spouse or partner during the past 12 months with any commercial entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients and related to the content of the activity, whether or not these commercial entities are supporters of the activity.

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.
View the Faculty & Abstract Reviewers in the Official Meeting App!

Scan the QR Code from your mobile device or visit meeting.hfsa.org/mobileapp2017

Meeting Application Supported by Cytokinetics

Stop by the HFSA Leaders Lounge

Located in the Exhibit Hall!

Meet Our Leaders & Ask Your Questions! Your Feedback is Important to the Future of the HFSA.

Saturday, September 16

6:00 PM - 7:00 PM

Michele Blair
HFSA CEO

Paul J. Hauptman, MD, FHFA
Journal of Cardiac Failure, Editor

Sunday, September 17

10:00 AM - 11:00 AM

Christopher O’Connor, MD, FHFA
HFSA Incoming President

12:00 PM - 1:00 PM

Mandeep R. Mehra, MD, FHFA
HFSA Outgoing President

6:00 PM - 7:00 PM

Michele Blair
HFSA CEO

Corrine Jurgens, RN, PhD, FHFA
HFSA Incoming Secretary

Monday, September 18

10:00 AM - 11:00 AM

Randall C. Starling, MD, MPH, FHFA
HFSA Incoming President-Elect

12:00 PM - 1:00 PM

Biykem Bozkurt, MD, FHFA
HFSA Incoming Treasurer
HOW TO FIND YOUR ROOM

DIRECTIONS TO....

- **BLUEBONNET & PRIMROSE BOARD**
  - Level 4 via Lone Star B Elevators

- **APPALOOSA, MUSTANG & PALOMINO**
  - Level 3 via Lone Star A or B Elevators or Stairs

- **GUEST LAUNDRY**
  - Lower Level via Lone Star B Elevators

DAILY RESORT FEE INCLUDES:

- In-room high-speed wireless Internet access
- 2 bottles of water per day in guest rooms
- Admission for 2 to Glass Cactus Nightclub (ages 21 and up only. Wednesday – Saturday, excluding ticketed events)
- Local telephone calls (817 area code only)
- Discounted transportation service to designated Grapevine locations provided by City of Grapevine shuttle

PARADISE SPRINGS LEGEND

1. Event Lawn
2. Lazy River
3. Concessions
4. Family Pool and Slide

GLASS CACTUS NIGHTCLUB LEGEND

1. Silver Canyon Foyer
2. VIP Lounge
3. Lounge
4. Dance Floor
5. Deck

HOTEL LEGEND

- Elevators
- Restrooms
- Meeting Rooms
- Transportation
- Fitness Center / Jogging
- Pool
- Express Checkout
- Concierge

**GUEST LAUNDRY**
- Lower Level via Lone Star B Elevators

1501 Gaylord Trail | Grapevine, TX 76051 | GaylordTexan.com
#HFSAExperts2017

Tweeting the Experts: A Free Form Forum for the Hardest Questions

Our panel of experts will be answering YOUR questions during the Tweeting the Experts: A Free Forum for the Hardest Questions session on Tuesday, September 19th at 10:15 AM in Grapevine A.

To submit your heart failure related question, simply tweet and add the hashtag #HFSAExperts2017 to your question. We will be accepting questions throughout the meeting and during the session. Tweet your question(s) at any time and attend the session to see if your questions are answered.
2017 PROGRAM AT-A-GLANCE
Program-At-A-Glance I Friday & Saturday
For additional session information, please visit meeting app at meeting.hfsa.org/mobileapp2017

Friday, September 15, 2017
7:30 PM - 9:00 PM  Presidents Reception (by invitation only)  Yellow Rose Ballroom
  Supported by Novartis

Saturday, September 16, 2017
8:00 AM - 10:00 AM  Contemporary Forum (Non-CME): 2nd Annual Symposium - Managing the Economic Challenges in the Treatment of HF  Texas C
  Sponsored by Cytokinetics
  Breakfast will be served

10:30 AM - 12:00 PM  HFpEF Current and Emerging Approaches to Diagnosis and Evaluation of HFpEF  Grapevine A
  Call the Shock Team  Grapevine B
  Joint Session: Myocarditis Foundation
  The Elephant in the Rheum: The Autoimmune Cardiomyopathies  Grapevine C
  Contemporary EP Issues in HF  Grapevine D
  Hands-on Workshop 1 (10:30 AM - 12:30 PM): Troubleshooting the Patient with Durable LVAD  Grapevine 4-6
  Supported by educational grants from Abbott and Medtronic
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:15 PM - 2:15 PM</td>
<td>Lunch&lt;br&gt;Master Class on HF: Implementing Real-World Experience and New Advances to Reduce Hospitalization Costs&lt;br&gt;Supported by an educational grant from Novartis</td>
<td>Texas C</td>
</tr>
<tr>
<td></td>
<td>Clinical Care Crossroads: Navigating the Intersection of Heart Failure and Diabetes&lt;br&gt;Supported by educational grants from AstraZeneca, Boehringer Ingelheim and Lilly</td>
<td>Texas D</td>
</tr>
<tr>
<td>4:00 PM - 5:30 PM</td>
<td>Speed Mentoring</td>
<td>Texas 4-6</td>
</tr>
<tr>
<td>5:30 PM - 6:30 PM</td>
<td>Nursing Reception</td>
<td>Yellow Rose Ballroom</td>
</tr>
<tr>
<td></td>
<td>Pharmacy Reception</td>
<td>Mission Plaza</td>
</tr>
<tr>
<td>6:00 PM - 7:30 PM</td>
<td>Opening Reception &amp; Moderated Poster Session 1&lt;br&gt;Moderated Poster Session I - 6:15 PM - 7:15 PM</td>
<td>Exhibit Hall</td>
</tr>
<tr>
<td></td>
<td>Job Fair</td>
<td>Exhibit Hall</td>
</tr>
<tr>
<td>7:30 PM - 9:00 PM</td>
<td>Networking Time</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiac Amyloidosis: Stop Missing It! A Multi-Disciplinary Approach to a Not So Rare Disease&lt;br&gt;Supported by educational grants from the Amyloidosis Research Consortium (ARC) and Prothena</td>
<td>Grapevine C</td>
</tr>
</tbody>
</table>
Program-At-A-Glance | Sunday
For additional session information, please visit meeting app at meeting.hfsa.org/mobileapp2017

Sunday, September 17, 2017

<table>
<thead>
<tr>
<th>6:15 AM - 7:45 AM</th>
<th>Continental Breakfast</th>
<th>Grapevine Foyer</th>
</tr>
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<tbody>
<tr>
<td>6:45 AM - 7:45 AM</td>
<td>Discussing the Impact of Hyperkalemia on Management Strategies for Patients With Heart Failure: A Town Hall Forum <em>Supported by an educational grant from Relypsa</em></td>
<td>Grapevine C</td>
</tr>
<tr>
<td>8:00 AM - 8:45 AM</td>
<td>Opening Remarks, State of the Society, and Awards</td>
<td>Texas C-D</td>
</tr>
<tr>
<td>8:45 AM - 10:00 AM</td>
<td>Plenary Session - ♦ Heart Failure Care in America: A Public, Patient, and Provider Perspective</td>
<td>Texas C-D</td>
</tr>
<tr>
<td>10:00 AM - 10:30 AM</td>
<td>Break - Exhibit Hall Opens / Coffee Break</td>
<td>Longhorn Exhibit Hall D-E</td>
</tr>
<tr>
<td>10:30 AM - 12:00 PM</td>
<td>Industry Expert Theater (Non-CME): ReDS Lung Fluid Management Experience Shared by Leading HF Programs <em>Sponsored by Sensible Medical</em></td>
<td>Exhibit Hall</td>
</tr>
<tr>
<td>10:30 AM - 12:00 PM</td>
<td>♦ Hope for HFpEF on the Horizon, Pharmacotherapies in Development for HFpEF</td>
<td>Grapevine A</td>
</tr>
<tr>
<td>10:30 AM - 12:00 PM</td>
<td>♦ Diagnosing and Treating Cardiorenal Syndrome in HF: From Bench to Bedside and Beyond</td>
<td>Grapevine B</td>
</tr>
<tr>
<td>10:30 AM - 12:00 PM</td>
<td>♦ The Hospitalized Patient with HF</td>
<td>Grapevine C</td>
</tr>
<tr>
<td>10:30 AM - 12:00 PM</td>
<td>The Cardiac Interstitial Space in Health and Disease: The Final Frontier</td>
<td>Grapevine D</td>
</tr>
<tr>
<td>10:30 AM - 12:00 PM</td>
<td>Hands-on Workshop 3 (10:30 AM - 12:30 PM): Acute Management of Cardiogenic Shock with Peripherally Implanted Devices <em>Supported by educational grants from Abbott, Abiomed, and Maquet</em></td>
<td>Grapevine 4-6</td>
</tr>
<tr>
<td>10:30 AM - 12:00 PM</td>
<td>Workshop 4: Echo Made Simple for the Multidisciplinary Team</td>
<td>Grapevine 1-3</td>
</tr>
<tr>
<td>Time</td>
<td>Event Description</td>
<td>Location</td>
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<td>--------------</td>
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</tr>
<tr>
<td>12:00 PM - 2:00 PM</td>
<td>Lunch Break &amp; Poster Viewing</td>
<td>Exhibit Hall</td>
</tr>
<tr>
<td>12:00 PM - 1:00 PM</td>
<td>Industry Expert Theater (Non-CME): The Role of Natriuretic Peptides in the Progression of Heart Failure <em>Sponsored by Novartis</em></td>
<td>Exhibit Hall</td>
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<tr>
<td>1:00 PM - 2:00 PM</td>
<td>How-to Session: Managing Diabetes and HF</td>
<td>Grapevine A</td>
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<tr>
<td>1:00 PM - 2:00 PM</td>
<td>How-to Session: Know When to Hold’em: Drugs to Avoid or Use Cautiously in HF</td>
<td>Grapevine B</td>
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<tr>
<td>1:00 PM - 2:00 PM</td>
<td>How-to Session: Managing Valvular Heart Disease in HF</td>
<td>Grapevine C</td>
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<tr>
<td>1:00 PM - 2:00 PM</td>
<td>How-to Session: Myocardial Recovery Following Mechanically Assisted Circulation: Hype or Promise?</td>
<td>Grapevine D</td>
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<tr>
<td>1:00 PM - 2:00 PM</td>
<td>Rapid Fire Abstracts I</td>
<td>Grapevine 1-3</td>
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<tr>
<td>1:00 PM - 2:00 PM</td>
<td>Establishing the HFSA Research Network: Shaping the Future of Clinical Research (Non-CME)</td>
<td>Grapevine 4-6</td>
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<tr>
<td>2:15 PM - 3:45 PM</td>
<td>Joint Session: ESC HFA, JHFS, and CHFS Heart Failure Worldwide: Challenges, Opportunities, and Barriers</td>
<td>Grapevine A</td>
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<tr>
<td>2:15 PM - 3:45 PM</td>
<td>Special Session: FDA Patient Reported Outcomes - Challenges and Opportunities</td>
<td>Grapevine B</td>
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<tr>
<td>2:15 PM - 3:45 PM</td>
<td>Cardiac Rehabilitation and Exercise Training in Patients with HF</td>
<td>Grapevine C</td>
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<tr>
<td>2:15 PM - 3:45 PM</td>
<td>Cardiac Transplantation 2017 - Where Do We Stand?</td>
<td>Grapevine D</td>
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<tr>
<td>2:15 PM - 3:45 PM</td>
<td>Interactive Workshop 5 (2:15 PM - 4:15 PM): Hemodynamics with Pressure Volume Loops - Joint TEACH Workshop with CRF</td>
<td>Texas 1-3</td>
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<td>3:45 PM - 4:15 PM</td>
<td>Break - Coffee in Exhibit Hall</td>
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<tr>
<td>4:15 PM - 5:45 PM</td>
<td>Cardiac Amyloid: Moving from Uniformly Fatal to Chronic Disease</td>
<td>Grapevine A</td>
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<td>4:15 PM - 5:45 PM</td>
<td>Pulmonary Comorbidities of HF - COPD and Sleep Apnea</td>
<td>Grapevine B</td>
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<td>4:15 PM - 5:45 PM</td>
<td>cGMP Drugs in HF: New Developments</td>
<td>Grapevine C</td>
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<td>4:15 PM - 5:45 PM</td>
<td>LVAD – The Beginning</td>
<td>Grapevine D</td>
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<tr>
<td>6:00 PM - 7:30 PM</td>
<td>Poster Reception &amp; Moderated Poster Session 2 <em>Moderated Poster Session II - 6:15 PM - 7:15 PM</em></td>
<td>Exhibit Hall</td>
</tr>
<tr>
<td>7:30 PM - 9:30 PM</td>
<td>5th Annual Fundraising &amp; Faculty Dinner <em>Supported by Novartis</em></td>
<td>Texas C</td>
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</table>
# Program-At-A-Glance | Monday

For additional session information, please visit meeting app at [meeting.hfsa.org/mobileapp2017](http://meeting.hfsa.org/mobileapp2017)

<table>
<thead>
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# Program-At-A-Glance | Tuesday

For additional session information, please visit meeting app at meeting.hfsa.org/mobileapp2017

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
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<tr>
<td>6:30 AM - 7:00 AM</td>
<td>Continental Breakfast</td>
<td>Grapevine Foyer</td>
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<tr>
<td>7:00 AM - 8:15 AM</td>
<td>* Developing Heart Failure Syndromes – What Do We Know About HFrecEF?</td>
<td>Grapevine A</td>
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<td>Late Breaking Clinical Trials</td>
<td>Grapevine C</td>
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<td>Controversies in Cancer and Cardiovascular Disease</td>
<td>Grapevine 1-3</td>
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<tr>
<td>8:15 AM - 8:30 AM</td>
<td>Break</td>
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<tr>
<td>8:30 AM - 10:00 AM</td>
<td>□ What’s New with ARNI’s?</td>
<td>Grapevine A</td>
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<td>□ HF Care in 1987, 2017, 2047: How It Was, How It Is, and How It Will Be</td>
<td>Grapevine C</td>
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<td>□ Peripartum Cardiomyopathy: Towards a New Understanding of Mechanisms, Outcomes and Management</td>
<td>Grapevine 1-3</td>
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<tr>
<td>10:00 AM - 10:15 AM</td>
<td>Break</td>
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<tr>
<td>10:15 AM - 11:30 AM</td>
<td>Tweeting the Experts: A Free Form Forum for the Hardest Questions</td>
<td>Grapevine A</td>
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<td>□ Hyde Park</td>
<td>Grapevine C</td>
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<td>Caregiver Commitment: The Role of the Caregiver in Patients with HF</td>
<td>Grapevine 1-3</td>
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<tr>
<td>11:30 AM</td>
<td>Meeting Adjourns</td>
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2017 Awards

2017 Lifetime Achievement Award
Supported by Cytokinetics
Barry H. Greenberg, MD, FHSA
Visit meeting.hfsa.org/awards for Barry’s complete biography

2017 Nursing Leadership Award
Supported by Cytokinetics
Barbara Riegel, PhD, RN, FAAN, FAHA
Visit meeting.hfsa.org/awards for Barbara’s complete biography

2017 Clinical Excellence in Nursing Award
Johana R. Almansa, DNPC, RN, ANP-BC, CHFN
Visit meeting.hfsa.org/awards for Johana’s complete biography

Nursing Investigator Award
Selected at the 2017 Annual Scientific Meeting

JNC New Investigator: Integrative Physiology/Clinical Award
Selected at the 2017 Annual Scientific Meeting

JNC New Investigator: Basic Science Award
Selected at the 2017 Annual Scientific Meeting

A full listing of past HFSA Award Winners can be found on our website at www.meeting.hfsa.org/awards
Get more meeting information in the Official Meeting App!

Scan the QR Code from your mobile device or visit meeting.hfsa.org/mobileapp2017

Meeting Application Supported by Cytokinetics

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**Join us for the 6th Annual Speed Mentoring Event**

Saturday, September 16th | 4:00 PM - 5:40 PM | Texas 4 - 6

**An opportunity of a lifetime for Early Career Professionals!**

The 6th Annual Speed Mentoring event provides early career attendees a rare opportunity to meet and talk with the most respected professionals in the field of heart failure. Sit down with one of our many established and respected mentors and seek advice on career development.

View the list of Mentors at meeting.hfsa.org/speedmentors2017
INDUSTRY SESSIONS & SATELLITE SYMPOSIA
Industry Expert Theaters (Non-CME)

Industry Expert Theaters 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 17th

10:00 AM - 10:30 AM

ReDS Lung Fluid Management Experience Shared by Leading HF Programs

Moderator:
William T. Abraham, MD

Faculty:
Daniel Bensimhon, MD
Sean P. Pinney, MD
Sanjay Doddamani, MD, FHFS

Description:
Have you ever wondered how top HF programs assess lung fluid and reduce hospital readmissions? ReDS™, the power behind Sensible Medical’s lung fluid measurement solution, is an easy-to-use, noninvasive system for the monitoring and management of lung fluid in patients with heart failure and other fluid management problems. Come to our panel and hear about ReDS™, the new tool HF care professionals use to get accurate, absolute, and actionable lung fluid measurements in just 90 seconds. Dr. William T. Abraham, MD, will moderate our panel of experts while they share their hands-on experience using the ReDS™ lung fluid measurement system and discuss success stories spanning the continuum of care.

Sponsored by Sensible Medical
12:00 PM - 1:00 PM

The Role of Natriuretic Peptides in the Progression of Heart Failure

Faculty:
John C. Burnett, Jr, MD
James L. Januzzi, Jr, MD, FACC, FESC

Description:
Natriuretic peptides (NPs) play a protective role in heart failure (HF) by counteracting the deleterious effects of the renin-angiotensin-aldosterone system (RAAS) and the sympathetic nervous system (SNS). NPs are highly expressed early in the course of the disease and are instrumental in maintaining sodium balance and systemic hemodynamics. Over time, as HF progresses, altered proteolysis leaves the majority of NPs biologically inactive, hindering the ability of NPs to counteract RAAS and SNS activity. Owing to their central role in HF pathophysiology, NPs are key diagnostic and prognostic biomarkers in HF. Elevated levels of B-type NP (BNP) and N-terminal proBNP are associated with increased morbidity and mortality in patients with chronic HF. This program will review the role of NPs in balancing the activities of the RAAS and SNS, discuss the impacts of impaired NP activity on HF progression, and highlight the role of NPs as biomarkers of clinical activity in HF.

Sponsored by Novartis

MONDAY, SEPTEMBER 18th

12:00 PM - 1:00 PM

Optimizing Treatment to Improve Outcomes: Implementing the New Guideline for Managing Heart Failure with Reduced Ejection Fraction

Faculty:
Javed Butler, MD, MPH, MBA, FHFS
Amir Kaki, MD
Linda Kelly, MSN, ANP, BC

Description:
Despite evidence-based pharmacologic therapy, morbidity and mortality rates associated with heart failure with reduced ejection fraction (HFrEF) remain high. Please join us as medical expert(s) engage(s) in discussions on the mechanism of action of a novel HFrEF therapy, its landmark clinical trial data, and an interactive HF patient case study.

Sponsored by Novartis
Contemporary Forums (Non-CME)

SATURDAY, SEPTEMBER 16TH

8:00 AM - 10:00 AM | Texas C

2nd Annual Symposium: Managing the Economic Challenges in the Treatment of Heart Failure

Please join us on Saturday, September 16th, from 8:00 AM to 10:00 AM for the second annual symposium "Managing the Economic Challenges in the Treatment of Heart Failure". Our distinguished faculty will present, discuss and engage the audience on many issues relevant to the care for patients with heart failure in modern practice. Discussion topics will include recent public policy initiatives and their impact on outcomes, cost and quality of care, the assessment of the utilization and financial impact of new therapies, the evolution of payment models, and socioeconomic barriers to optimal management of heart failure in the real world.

Faculty:
Ileaña L. Pina, MD, MPH
Nihar R. Desai, MD, MPH
Gregg C. Fonarow, MD, FHSA
Paul A. Heidenreich, MD, MS
Steven Farmer, MD, PhD, FACC, FASE
Nancy M. Albert, PhD, CCNS, CHFN, CCRN, NE-BC, FAHA, FCCM, FAAN, FHSA
Katherine Di Palo, PharmD, BCAAP, CGP
Kenneth Freedland, PhD, FAHA, FABMR

Learning Objectives:
- Discuss the health economic burden of heart failure (HF)
- Review recent public policy initiatives designed to improve quality of HF care and to 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 utilization and financial impact of new therapies

Agenda

Introduction and Program Overview
Ileaña L. Pina, MD, MPH

Public Policy Initiatives for Heart Failure: – Are Current Efforts Making a Difference and Can We Prevent Increased Costs in the Future?
Nihar R. Desai, MD, MPH

Reducing Readmissions for Heart Failure: – What Can We Learn From Recent Initiatives in Different Centers?
Gregg C. Fonarow, MD, FHSA

Update on Utilization and Financial Impact of New Heart Failure Therapies: Impact of MACRA
Paul A. Heidenreich, MD, MS

CMS Perspective on Healthcare Readmissions Reduction Program and Payment Models in Heart Failure
Steven Farmer, MD, PhD, FACC, FASE

Panel Discussion: Socioeconomic Barriers to Optimal Heart Failure Care and Impact on Readmissions
Moderator:
Ileaña L. Pina, MD, MPH
Panelists:
Nancy M. Albert, PhD, CCNS, CHFN, CCRN, NE-BC, FAHA, FCCM, FAAN, FHSA
Katherine Di Palo, PharmD, BCAAP, CGP
Kenneth Freedland, PhD, FAHA, FABMR

Questions and Answers From the Audience:
Faculty Panel Discussion Moderated by Dr. Pina

Sponsored by Cytokinetics
MONDAY, SEPTEMBER 18TH

5:30 PM - 7:30 PM | Texas C

Optimization of Care for Chronic Heart Failure in the Hospitalized Patient

Faculty:
Jerry D. Estep, MD, FACC, FASE
Orly Vardeny, PharmD, BCACP, FHFSA
Beth Davidson, DNP, ACNP, CCRN, CHFN

Description:
Multiple hospitalizations in patients with chronic heart failure (CHF) are common and often result from noncardiovascular comorbidities. Given this, it is important to understand the considerations for developing and managing a plan of care before, during, and after hospitalization of patients with CHF. This disease-state education program on the optimization of care for CHF in the hospitalized patient will discuss the factors affecting when and where to initiate or change therapy in patients with CHF, highlight the role that each member of a multidisciplinary care team plays in optimizing medical care in the hospitalized patient, and provide guidance on self-care and treatment adherence after hospital discharge.

Sponsored by Novartis
Satellite Symposia (CME)

SATURDAY, SEPTEMBER 16TH

12:15 PM – 2:15 PM | Texas C

Master Class on HF: Implementing Real-World Experience and New Advances to Reduce Hospitalization Costs

Chair:
Javed Butler, MD, MPH, MBA, FHFSA

Supported by an educational grant from Novartis

12:15 PM – 2:15 PM | Texas D

Clinical Care Crossroads: Navigating the Intersection of Heart Failure and Diabetes

Chair:
Paul J. Hauptman, MD, FHFSA

Supported by educational grants from AstraZeneca, Boehringer Ingelheim and Lilly

7:30 PM – 9:00 PM | Grapevine C

Cardiac Amyloidosis: Stop Missing It! A Multi-Disciplinary Approach to a Not So Rare Disease

Chair:
Martha Grogan, MD

Supported by educational grants from the Amyloidosis Research Consortium (ARC) and Prothena

SUNDAY, SEPTEMBER 17TH

6:45 AM – 7:45 AM | Grapevine C

Discussing the Impact of Hyperkalemia on Management Strategies for Patients With Heart Failure: A Town Hall Forum

Chair:
Ileana L. Pina, MD, MPH

Supported by an educational grant from Relypsa

MONDAY, SEPTEMBER 18TH

6:45 AM - 8:15 AM | Grapevine C

Applying Clinical Advances in HF Management to Optimize Patient Outcomes

Chair:
Michael M. Givertz, MD, FHFSA

Supported by an educational grant from Amgen

5:30 PM – 7:30 PM | Grapevine C

“Smart” Therapy in HF: From Remote Monitoring to Assisted Circulation

Co-Chairs:
William T. Abraham, MD
Mandeep R. Mehra, MD, FHFSA

Supported by an educational grant from Abbott

View more session details!
Download the official meeting app or visit meeting.hfsa.org/mobileapp2017
## 2017 Clinical Trial Row

### Poster #400

**Multicenter, randomized, double-blind, double dummy, parallel group, active-controlled 8-week**  

**Acronym:** AWAKE-HF  
**Sponsor:** Novartis Pharmaceuticals Corporation  

**Program Description:** The purpose of the AWAKE HF study is to investigate the effects of initiation of sacubitril/valsartan vs. enalapril treatment on objective measures of both waking activity and sleep in subjects with heart failure with reduced ejection fraction.

### Poster #401

**LCZ696BUS13: A 52 week, open label evaluation of the effects of sacubitril/valsartan (LCZ696) therapy on biomarkers, myocardial remodeling and patient-reported outcomes in heart failure**  

**Acronym:** PROVE-HF  
**Sponsor:** Novartis Pharmaceuticals Corporation  

**Program Description:** PROVE HF is a 52 week open label trial to determine early and more chronic changes in concentrations of biomarkers related to mechanisms of action (MOA) and effects of sacubitril/valsartan therapy over a period of 12 months, and correlate these biomarker changes with cardiac remodeling parameters, patient-reported outcomes and cardiovascular outcomes.

### Poster #402

**EVALUATE-HF**  

**Acronym:** LCZ696BUS08  
**Sponsor:** Novartis Pharmaceuticals Corporation  

**Program Description:** EVALUATE-HF is a multicenter, randomized, double-blind study assessing the effects of sacubitril/valsartan vs. enalapril on central aortic stiffness and pulsatile hemodynamics in patients with mild to moderate HF with reduced ejection fraction.
**Poster #403**

Comparison of sacubitril/valsartan versus enalapril on effect on NTpro-BNP in patients stabilized from an acute heart failure episode

**Acronym:** ATTR-ACT  
**Sponsor:** Novartis Pharmaceuticals Corporation

**Program Description:** This study will assess the effect of in-hospital initiation of sacubitril/valsartan tablets versus enalapril on time averaged proportional change in NT-proBNP in patients hospitalized for acute de-compensated 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.

**Poster #404**

A MULTICENTER, INTERNATIONAL, PHASE 3, DOUBLE-BLIND, PLACEBO-CONTROLLED, RANDOMIZED STUDY TO EVALUATE THE EFFICACY, SAFETY AND TOLERABILITY OF DAILY ORAL DOSING OF TAFA MIDS MEGLUMINE (PF-06291826) 20 MG OR 80 MG IN COMPARISON

**Sponsor:** Pfizer

**Program Description:** Multicenter, global, randomized, double-blind, placebo-controlled, phase 3 study evaluating safety, efficacy and tolerability of 2 oral doses of tafamidis meglumine compared to placebo in subjects diagnosed with transthyretin cardiomyopathy. Subjects who complete this 30 month study can enroll in the extension study.

**Poster #405**

Heart Sounds Registry in Patients Using the Wearable Cardioverter Defibrillator Study

**Acronym:** HEARIT-Registry  
**Sponsor:** ZOLL

**Program Description:** To conduct a prospective, observational study to evaluate the feasibility of using cardiac acoustic biomarkers (heart sounds measurements) recorded by the LifeVest® Wearable Cardioverter Defibrillator (WCD) for monitoring clinical evidence of heart failure decompensation. Patients who are prescribed the WCD ≤ 10 days post-discharge after hospitalization with HF and ischemic or non-ischemic cardiomyopathy.

The study will enroll a total of 300 subjects, anticipating that at least 250 subjects will complete the study. A maximum of 50 sites will enroll patients into the study.
Poster #406

Heart Failure Optimization Study

**Acronym:** HF-Opt  
**Sponsor:** ZOLL

**Program Description:** The goal of the HF-Opt study is to observe the rate of recovery of ventricular function (EF>35%) between 90 and 180 days in newly diagnosed HF patients wearing an FDA-approved WCD. While approximately one-third of the patients will likely experience EF recovery in the first 90 days, we hypothesize that additional patients will experience EF improvement between 90 and 180 days as GDMT is achieved.

Poster #407

Heart Failure with Iron Deficiency

**Acronym:** HEART-FID  
**Sponsor:** Luitpold Pharmaceuticals, Inc.

**Program Description:** The primary objective of HEART-FID is to determine the efficacy and safety of iron therapy using intravenous (IV) ferric carboxymaltose (FCM), relative to placebo, in the treatment of participants in heart failure with a reduced ejection fraction and with iron deficiency.

HEART-FID is a Phase III, double-blind, multi-center, prospective, randomized, placebo-controlled study to assess the effects of IV FCM compared to placebo on the 12-month rate of death, hospitalization for worsening heart failure, and the 6-month change in 6-minute walk test (6MWT) for patients in heart failure with iron deficiency.

Poster #408

Study Assessing Nitroxyl Donor Upin Presentation with Acute Heart Failure

**Acronym:** StandUP AHF  
**Sponsor:** Bristol-Myers Squibb

**Program Description:** StandUP AHF is a multicenter, randomized, double-blind, parallel-group, placebo-controlled, dose-ranging, Phase 2b Study of the safety and efficacy of continuous 48-hour intravenous infusions of BMS 986231 in patients with heart failure and impaired systolic function.
Poster #409

A Longitudinal Evaluation of Disease & Fibrosis Biomarkers in Different Groups of Heart Failure Patients to Enhance the Early Clinical Development of Compounds with Anti-fibrotic Activity in the Heart

Sponsor: Bristol-Myers Squibb

Program Description: This observational study will longitudinally assess disease and fibrosis biomarkers in stable and post-acute decompensated heart failure (ADHF) patients with reduced (HFrEF) and preserved (HTpEF) ejection fraction. Blood biomarkers will be correlated to myocardial function and structure, including interstitial fibrosis, as assessed by echocardiography, T1-mapping MRI and arterial tonometry. This study design allows exploring the levels and variability of these biomarkers in different heart failure populations and will help to establish a set of disease and fibrosis biomarkers that is suitable for the early clinical development of novel heart failure and antifibrotic agents.

This study will compare changes in biomarker levels in stable versus post-ADHF and in HFrEF versus HFpEF patients and will thereby help to identify the best population and the best time point in the course of the disease to study agents with antifibrotic activity in the heart.

Poster #410

A Multicenter, Randomized, Double-blind, Placebo-controlled, Phase 2 Study Evaluating the Safety and Efficacy of Different Doses of IW-1973 over 12 Weeks in Patients with Heart Failure with Preserved Ejection Fraction

Acronym: CAPACITY-HFpEF
Sponsor: Ironwood Pharmaceuticals

Program Description: CAPACITY-HFpEF is a 12-week, Phase 2 study evaluating 3 dose levels of the soluble guanylate cyclase stimulator IW-1973 versus placebo in patients with established heart failure and limited exercise capacity who have ejection fraction of at least 45% and at least 2 of 4 risk factors for HFpEF (diabetes/prediabetes, hypertension, obesity, advanced age [≥70 years]). In addition to standard safety measures, CAPACITY-HFpEF will evaluate the effect of oral IW-1973 on peak exercise capacity as assessed via cardiopulmonary exercise test (CPET) and 6-minute walk test.
Poster #412

**Multiple cArdiac seNsors for mAnaGEment of Heart Failure**

**Acronym:** MANAGE-HF  
**Sponsor:** Boston Scientific Corporation

**Program Description:** Boston Scientific has developed a high-performing heart failure composite index (HeartLogic™) which detects the early onset of HF events from multiple sensors that target different aspects of heart failure associated with common signs and symptoms of heart failure. The MANAGE-HF trial is a multi-center, global, prospective, open label study that will investigate the clinical use of HeartLogic. MANAGE-HF will be conducted in two phases; the first phase will evaluate and optimize the clinical integration of the HeartLogic heart failure diagnostic and associated alert management process. The second phase will randomize patients to care with HeartLogic and a defined alert management process versus standard of care and will evaluate its impact on heart failure hospitalizations and death.

Non-Profit Clinical Trial Row

Poster #414

**Implementation of a Protocal Utilizing Adaptive CRT in Normal AV Conduction, CRT non-responsive population at generator replacement**

**Acronym:** Improve Response  
**Sponsor:** Stern Cardiovascular Foundation

**Program Description:** The purpose of the clinical study is to test the hypothesis that market released CRT devices, which contain the adoptive CRT algorithm have an incremental benefit in improving CRT response in a chronic CRT non-responder population with left bundle branch block (LBBB) and normal atrio-ventricular (AV) conduction compared to CRT devices with traditional biventricular pacing delivery methods at generator replacement.
NIH Clinical Trial Row

Poster #415

Randomized Trial of ENABLE CHF-PC for Heart Failure Patients and Caregivers

**Acronym:** ENABLE CHF-PC  
**Sponsor:** NIH-NINR  

**Program Description:** ENABLE CHF – PC is a randomized, controlled NIH-NINR-funded trial currently in the recruitment, enrollment, and follow up phase. The purpose of this study is to learn how to improve supportive care for patients and caregivers as they live with heart failure. The phone-based, educational program was developed to help patients and their caregivers have a better quality of life and mood and lower symptom burden, in addition to the care services that patients currently receive at UAB & the Birmingham VA. The goal of the ENABLE CHF-PC study is to determine if this additional education program improves patient and caregiver outcomes. Nearly 1,000 patients with cancer and their caregivers have experienced this type of care; however, this approach is relatively new for patients with heart failure. Participants randomly assigned to the intervention group receive additional supportive care services, which includes two components: One (1) an in-person comprehensive Palliative Care Team (PCT) consultation by a palliative care team member with special training in supportive care, and weekly telephone sessions with a nurse coach. (NC) who will cover materials in the charting your course (CYC) guidebook. We expect 380 patients with 224 family caregivers to enroll by the end of the 5 year trial. Half of the participants in this study will have access to these additional services and half of the participants in this study will have access to the usual supportive services that are currently available at UAB and Birmingham VA.

Poster #416

Combination of Mesenchymal & c-kit+ Cardiac Stem Cells as Regenerative Therapy in HF

**Acronym:** CONCERT  
**Sponsor:** NIH-NIHLBI  

**Program Description:** To assess feasibility, safety, and efficacy of autologous bone marrow-derived mesenchymal stem cells (MSCs) and autologous c-kit+ cardiac stem cells (CSCs), alone or in combination, administered by transendocardial injection in subjects with ischemic heart failure. This study will evaluate 144 subjects:144 subjects randomized 1:1:1:1 to receive Combo, MSCs, CSCs, or placebo

Within 60 days of signing consent, all subjects have iliac crest bone marrow aspiration and right heart catheterization, including right ventricle endomyocardial biopsy only for the CSC groups

Subjects receive study product approximately 14 weeks after harvest procedures

Following cell or placebo injections, subjects are followed at day 1, week 1, and months 1, 3, 6, and 12 post-injections to assess safety and efficacy. The study is being conducted at 7 centers, University of Louisville, Indiana University, University of Miami, University of Florida, Minneapolis Heart Institute, Texas Heart Institute, and Stanford University. For more information visit: www.cctrn.org
Poster #417

StEm cell iNjEction in CAncer survivors

Acronym: SENECA
Sponsor: NIH-NIHLBI

Program Description: A Phase I, First-in-Human, Multicenter, Randomized, Double-Blinded, Placebo-Controlled Study of the Safety and Efficacy of Allogeneic Mesenchymal Stem Cells in Cancer Survivors with Anthracycline-Induced Cardiomyopathy. The study has an open label, lead-in phase of six subjects with data presented to the DSMB and FDA with 1 month follow-up. Total of 36 participants are planned at 7 centers participating in the Cardiovascular Cell Therapy Research Network (CCTRN). Major inclusion criteria include cancer survivors with diagnosis of AIC for >6 months, LVEF < 40% by cMRI, NYHA II-III classification symptoms, on stable guideline based HF therapies for at least 1 month, and at least two-years cancer free state with low likelihood of recurrence. Participants will be excuded if screening scans show evidence of new concerning tumor/mass, known significant CAD, poorly controlled diabetes, or other known contraindications to transendocardial injections.

Endpoints: Primary endpoints include MACE (death and hospitalization for worsening HF), and other significant clinical events (MI, V-tach, tamponade, myocarditis, hypersensitivity reaction, neoplasm, or any adverse vent at least grade 2 in severity). Secondary endpoints include change in myocardial function, morphology by cardiac MRI, improvement in 6MWT, quality of life questionnaires, or pre-specified cardiac biomarkers. The study is open for enrollment at University of Louisville, Indiana University, University of Miami, University of Florida, Minneapolis Heart Institute, Texas Heart Institute, and Stanford University. For more information visit: www.cctrn.org.
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Exhibitors

Abbott  #401
6300 Bee Cave Rd., Ste. 100
Austin, TX 78746

For more than 125 years, we’ve brought technologies to the world—in nutrition, diagnostics, medical devices and branded generic pharmaceuticals—that create more possibilities for more people at all stages of life. St. Jude Medical is now part of Abbott, expanding our impact across more areas of care.
www.abbott.com

Abiomed  #606
22 Cherry Hill Dr
Danvers, MA 01925

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  #715
300 Third Street
Cambridge, MA 02142

Alnylam is leading the translation of RNA interference (RNAi) into a whole new class of innovative medicines with the potential to transform the lives of patients who have limited or inadequate treatment options. RNAi therapeutics represent a powerful, clinically-validated approach for the treatment of a wide range of debilitating diseases.

American Association of Heart Failure Nurses  #614
1120 Route 73, Ste. 200
Mount Laurel, 08054

The American Association of Heart Failure Nurses is a specialty organization dedicated to advancing nursing education, clinical practice and research to improve heart failure patient outcomes. AAHFN unites professionals, patients and caregivers in the support and advancement of heart failure practice, education and research, promoting optimal patient outcomes. We welcome and value all professionals involved in heart failure care. We focus on patients across all environments of care from the hospital, to the clinic, to home.

American Heart Association (AHA)  #712
7272 Greenville Ave
Dallas, TX 75231

Get With The Guidelines®-Heart Failure is an in-hospital program for improving care by promoting consistent adherence to the latest scientific treatment guidelines. Come by booth # 712 for more information or visit www.heart.org/quality.

Amgen  #201
One Amgen Center Dr.
 Thousand Oaks, CA 91320

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.

Amgen – Corlanor  #317
2557 Sleepy Hollow Tr.
Frisco, TX 75033
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<tr>
<th>Company Name</th>
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<td>Amyloidosis Foundation</td>
<td>#412</td>
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<td>7151 N. Main #2</td>
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<td>Clarkston, MI 48346</td>
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<tr>
<td>Supporting patients and families while promoting research, education, and awareness.</td>
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<td>Amyloidosis Research Consortium</td>
<td>#615</td>
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<tr>
<td>275 Grove St., Ste. 2-400</td>
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<td>The Amyloidosis Research Consortium (ARC) was founded in 2015 by Isabelle Lousada, an AL amyloidosis patient. The ARC addresses critical needs in clinical trials and related research for the underserved group of systemic amyloid diseases. We have created a collaborative research model to bring together experts in the field to address the challenges that exist in developing diagnostic tools and to carrying out innovative clinical trials.</td>
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<td>Arbor Pharmaceuticals</td>
<td>#607</td>
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<td>Atlanta, GA 30328</td>
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<td>Arbor Pharmaceuticals, headquartered in Atlanta, Georgia, is a specialty pharmaceutical company currently focused on the cardiovascular, hospital, neuroscience, and pediatric markets. Visit <a href="http://www.arborpharma.com">www.arborpharma.com</a> or send email inquiries to <a href="mailto:info@arborpharma.com">info@arborpharma.com</a></td>
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<td>Baylor Scott and White</td>
<td>#207</td>
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<td>2001 Bryan St., Ste. 750</td>
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<td>Dallas, TX 75201</td>
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<td>Baylor Scott &amp; White Health has pioneered many breakthrough techniques that have revolutionized cardiac medicine with expert care in cardiology, heart surgery, mechanical circulatory support and transplant, electrophysiology and interventional radiology. Visit booth 207 to learn more about our nationally recognized care. BSWHealth.com/Heart</td>
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<td>Boston Scientific</td>
<td>#617</td>
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<td>300 Boston Scientific Way</td>
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<td>Marlborough, MA 01752</td>
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<td>CHF Solutions</td>
<td>#708</td>
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<td>12988 Valley View Rd</td>
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<td>Eden Prairie, MN 55344</td>
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<td>CHF Solutions is focused on transforming the way fluid overloaded patients are treated for heart failure and related conditions by using the Aquadex FlexFlow® system. Our objective is to improve the quality of life for patients with heart failure and related conditions.</td>
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<tr>
<td>9201 West Broadway, Ste. 650</td>
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<td>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.</td>
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<td>Cytokinetics</td>
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<td>South San Francisco, CA 94010</td>
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<td>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.</td>
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<td>Houston Methodist Hospital</td>
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Impulse Dynamics #709
Breitwiesen Str. 19
Stuttgart, 70565
Germany

Impulse Dynamics N.V., a member of the Hobart Group companies, is focused on the development of electrical therapies for the treatment of chronic heart failure. As a global leader in cardiac medical innovation, Impulse Dynamics has operations in the United States, Europe, Asia and Australia. For more information, please visit www.impulse-dynamics.com. Over 3,500 patients worldwide have already received CCM through the Optimizer device, an innovative therapy designed for patients with a narrow QRS complex. Impulse Dynamics has completed extensive clinical studies, including several randomized controlled trials, published in articles in over 60 leading medical journals. The Optimizer is approved in the United States for investigational use only. An advanced version of the device, the Optimizer Smart, has been successfully launched in Europe where it is available in a growing number of cardiology centers.

Inova Heart & Vascular Institute #608
3300 Gallows Rd.
Falls Church, VA 22042

Inova Heart and Vascular Institute provides leading edge care for complex cardiac, vascular and pulmonary conditions. This integration of expertise, coupled with a growing involvement in research, offers our patients the best that this field of medicine has to offer.

Invitae #612
1400 16th St.
San Francisco, CA 94103

Invitae's mission is to bring genetic information into mainstream medicine to improve healthcare for everyone. We offer high-quality, affordable testing for cancer, neurology, cardiology, and pediatric, metabolic and rare diseases.

Janssen Pharmaceuticals #516
1125 Trenton Harbourton Rd.
Titusville, NJ 08560

Medtronic #312/314
710 Medtronic Parkway, LS290
Minneapolis, MN 55432

Through innovation and collaboration, Medtronic improves the lives and health of millions of people each year. Learn more about our technology, services and solutions at Medtronic.com.

Mesoblast #315
505 Fifth Ave., 3rd Floor
New York, NY 10017

Millar #206
6001-A Gulf Freeway
Houston, TX 77023

Millar is committed to making the improbable possible in cardiovascular diagnostics and research. Clinicians can obtain high-fidelity, hemodynamic data with the Millar Mikro-Cath™ pressure catheter or analyze the complete cardiac cycle in real-time using the CD Leycom® Inca® Pressure-Volume (PV) loop system.

Miller Pharmacal Group #509
350 Randy Rd., Ste. 2
Carol Stream, IL 60188

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.
Nebraska Medicine Cardiovascular Center  #202

988132 Nebraska Medical Center
Omaha, NE 68198

The Heart and Vascular 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.

PeaceHealth  #204

1115 SE 164th Ave., Dept 352
Vancouver, WA 98683


Norton Medical Group, a Part of Norton Healthcare  #414

4801 Olympia Park Plaza
Louisville, KY 40241

Novartis  #600

One Health Plaza
East Hanover, NJ 07936

Novartis provides innovative healthcare solutions that address the evolving needs of patients and societies. Headquartered in Basel, Switzerland, Novartis offers a diversified portfolio to best meet these needs: innovative medicines, eye care and cost-saving generic pharmaceuticals. Novartis is the only global company with leading positions in these areas.

OnTrack to Health  #707

635 South Lakeshore Dr.
Glenwood, MN 56334

Prothena  #706

Adelphi Plaza, Upper George’s St.
Dun Laoghaire Dublin, Ireland A96 T927

Prothena is a late-stage clinical biotechnology company focused on the discovery, development and commercialization of novel protein immunotherapies for the potential treatment of amyloid or cell adhesion diseases. Our antibody-based candidates target AL amyloidosis (NEOD001), Parkinson’s disease, (PRX002), inflammatory diseases (psoriasis and psoriatic arthritis) (PRX003), and ATTR amyloidosis (PRX004).

Quest Diagnostics  #616

3 Giralda Farms
Madison, NJ 07940

Quest Diagnostics empowers people to take action to improve health outcomes. Derived from the world’s largest database of clinical lab results, our diagnostic insights reveal new avenues to identify and treat disease, inspire healthy behaviors and improve health care management. We serve half of the physicians and hospitals in the United States. QuestDiagnostics.com.
**Self Care Catalysts**

611 University Ave., Ste. 1300
Toronto, ON M5G 0B7
Canada

Self Care Catalysts is a cloud based patient solutions, intelligence and analytics company. Our product and service portfolio is designed to provide patient-centric solutions and intelligence to support business decisions across the product lifecycle. Through patient engagement and relationships; the collection of real world evidence reflects day-to-day disease management transforming data into insights that impact care delivery and drive health care innovation.

**Sensible Medical**

4 Ha’alon St.
Kfar Neter, 53942
Israel

Sensible Medical’s vision is to achieve a new standard of care in managing patients with lung fluid problems, including Heart Failure. Our ReDS™ medical radar technology provides an accurate, absolute and actionable way to non-invasively measure lung fluid.

**Tandem Life**

240 Alpha Dr.
Pittsburgh, PA 15238

CardiacAssist, Inc. dba TandemLife exists to deliver Life Support Simplified, with one small pump enabling any type of extracorporeal circulatory support your patients may need. Our unique pump has enabled us to develop our most innovative product lines to date; TandemLife, TandemLung, Protek Duo, and VoyagerVest.

**Vixiar Medical**

1901 Towne Ctr.
Annapolis, MD 21401

Vixiar Medical, Inc., develops non-invasive, cost-effective devices and systems for monitoring cardiopulmonary diseases, particularly those with significant clinical and economic burden. The Company’s first product, Indicor™, is a handheld point of care device and digital platform for monitoring worsening heart failure. Headquartered in Annapolis, Maryland, the Company is a spinout of Johns Hopkins. For more information, go to http://www.vixiar.com.

**Vyaire Medical**

22745 Savi Ranch Pkwy
Yorba Linda, CA 92887

Highlighting our new products - Vyntus CPX metabolic cart, Byntus ECG with Bluetooth technology, Vyntus Walk to standardize your Six Minute Walk testing, and NOX T3 portable sleep monitor to screen for OSA.

**WellStar Health System**

1800 Parkway Place #500
Marietta, GA 30067

WellStar Health System, the largest health system in Georgia, is known nationally for its innovative care models and focus on improving quality and access to healthcare. WellStar consists of 11 inpatient hospitals and as a not-for-profit. WellStar continues to reinvest in the health of the communities it serves.
## Save the Dates

### 2017 – 2018

#### October 2017

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#### September 2018

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### Future Meeting Dates:

- **2017 HF Review Course & Update**
  - October 12 - 15, 2017

- **2018 HF Awareness Week**
  - February 11 - 17, 2018

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

- **23rd Annual Scientific Meeting**
  - September 14 - 17, 2019
  - Pennsylvania Conference Center & Philadelphia Marriott Downtown
  - Philadelphia, PA
To those who say “impossible, impractical, unrealistic,” we say:

CHALLENGE ACCEPTED

We are relentless in our pursuit of new treatments. Because patients shouldn’t have to wait for hope.

Visit us at booth #715 to learn more or go to www.alnylam.com

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Heart Failure Review Course
October 12-15, 2017

Marriott Scottsdale McDowell Mountains
Scottsdale, AZ

“Fantastic talks and curriculum”
“Excellent evidence-based discussion and review”
“Fantastic! Concise and clinically relevant”
“Will recommend to colleagues and staff”

Designed for cardiologists, internists, nurses, pharmacists and other clinicians with a special interest in heart failure.

www.hfsa.org/hfreview