PROGRAMME

Cyprus – Israel Conference of Advances in Heart Failure &

27th INTERNATIONAL CONFERENCE CARDIOLOGY today

The Virtual Edition

1st Session
Thursday, 3 December 2020 / 18.00 – 20.00

2nd Session
Thursday, 10 December 2020 / 18.00 – 20.00

3rd Session
Thursday, 17 December 2020 / 18.00 – 20.00

Including an 'Open for the Public' session

Organizers

CYPRUS SOCIETY OF CARDIOLOGY 1977

החוג לאי ספיקת לב THE ISRAEL WORKING GROUP ON HEART FAILURE

האיגוד הקרדיולוגי בישראל ISRAEL HEART SOCIETY

Under the auspices

HFA Heart Failure Association

ΠΑΓΚΥΠΡΙΟΣ ΙΑΤΡΙΚΟΣ ΣΥΛΛΟΓΟΣ

Για πλήρεις συνταγογραφικές πληροφορίες συμβουλευθείτε την Περίληψη Χαρακτηριστικών του Προϊόντος που διατίθεται από την εταιρεία.

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PP-VYN-GRC-0060-OCT20

Introduction

Dear colleagues,

As you all know, following the extraordinary situation caused by the SARS-CoV-2 pandemic, we had to postpone our conference which was scheduled to take place in early April. Today, Cyprus Society of Cardiology and the Heart Failure Working Group of Israel Heart Society announce that the Cyprus - Israel Conference of Advances in Heart Failure along with the 27th International Conference 'Cardiology Today' will take place virtually!

The aim of this virtual event remains the same as on its previous in-person format, namely to be a high-quality scientific conference with the participation of several well renowned Cypriot, Israeli and international speakers who will give lectures on various topics of heart failure including advances in medical treatment, biomarkers, imaging, arrhythmias, devices and management of advanced heart failure. The program will include a joint session with the European Heart Journal. We are also proud to announce that the meeting is endorsed by Heart Failure Association (HFA) of the European Society of Cardiology. We strongly believe that the meeting will give us the opportunity to update our knowledge and discuss the latest advances of the field.

To facilitate the participation of as many colleagues as possible, the conference will take place in three parts and on the following dates:

1st Session: Thursday, 3 December 2020 – 18.00 – 20.00
2nd Session: Thursday, 10 December 2020 – 18.00 – 20.00
3rd Session: Thursday, 17 December 2020 – 18.00 – 20.00

An additional revolution during this year's conference, is the organization of an 'open for the public' event which will give the opportunity to the public to learn about vital yet simple practices in the field of cardiology.

We are confident that you will embrace our effort and participate in all three sessions.

Dr. Theodoros Christodoulides
President of the Cyprus Society of Cardiology

Dr Israel Gotsman
Chairman of the Heart Failure Working Group
Israel Heart Society

Organizing Committee

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Christodoulides Theodoros
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PP-XAR-CY-0022-1
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Πριν τη συνταγογράφηση συμβουλευθείτε την Περίληψη Χαρακτηριστικών του Προϊόντος.
Για περισσότερες πληροφορίες απευθυνθείτε στην εταιρία Bayer Ελλάς.

Session 1

03.12.2020 - Diagnosing and Imaging Heart Failure

Joint session: Cyprus Society of Cardiology, HF WG of the Israel Heart Society and European Heart Journal

Chairpersons: *Petar Seferovic (Serbia), Kyriakos Yiangou (Cyprus), Doron Zahger (Israel)*

18:00-18:10	Greetings by: *Dr. Theodoros Christodoulides,* *President of the Cyprus Society of Cardiology* *Dr Israel Gotsman,* *Chairman of the Heart Failure Working Group Israel Heart Society*	
18:10-18:25	Key Advances in Heart Failure 2020	*Rudolf A. de Boer,* *Groningen, Netherlands*
18:30-18:45	Acute Heart Failure – Diagnostic Challenge	*Yacov Shacham,* *Tel-Aviv, Israel*
18:45-19:00	SGLT2i – First Line Heart Failure Drug?	*Christis Rotos,* *Nicosia, Cyprus*
19:00-19:15	Cardio – Oncology	*Demetris Farmakis,* *Nicosia, Cyprus*
19:15-19:30	Imaging in Heart Failure	*Chiara Bucciarelli-Ducci,* *Bristol, UK*
19:30-19:45	Artificial Intelligence	*Uri Shalit,* *Haifa, Israel*

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HFrEF=heart failure with reduced ejection fraction.
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ARB=angiotensin II receptor blocker.

ENTRESTO® Important note: Before prescribing, consult full prescribing information. **Presentation:** Film-coated tablets containing 24mg/26mg, 49mg/51mg, or 97mg/103mg of sacubitril/valsartan as sodium salt complex. **Indications:** •Treatment of symptomatic chronic heart failure with reduced ejection fraction in adult patients. **Dosage and administration: Adults:** • The target dose of Entresto is 97mg/103mg twice daily. • The recommended starting dose of Entresto is 49mg/51mg twice daily. • A starting dose of 24mg/26mg twice daily is recommended for patients not currently taking an angiotensin-converting enzyme (ACE) inhibitor or an angiotensin II receptor blocker (ARB), and should be considered for patients previously taking low doses of these agents. • Double the dose every 2-4 weeks to the target of 97mg/103mg twice daily, as tolerated by the patient. • **Geriatric patients:** No dosage adjustment is required. • **Pediatric patients:** Entresto has not been studied. Use of Entresto is not recommended. • **Renal impairment:** No dose adjustment is required in patients with mild renal impairment. A starting dose of 24mg/26mg twice daily should be considered in patients with moderate and severe renal impairment. Use with caution in patients with severe renal impairment. • **Hepatic impairment:** No dose adjustment is required in patients with mild hepatic impairment. A starting dose of 24mg/26mg twice daily is recommended in patients with moderate hepatic impairment. Entresto is contraindicated in patients with severe hepatic impairment. • **Method of administration** For oral use. May be administered with or without food. **Contraindications:** • Hypersensitivity to the active substance or to any of the excipients. • Concomitant use with ACE inhibitors. Entresto must not be administered until 36 hours after discontinuing ACE inhibitor therapy. • Known history of angioedema related to previous ACE inhibitor or ARB therapy. • Hereditary or idiopathic angioedema. • Concomitant use with aliskiren–containing medicinal products in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 ml/min/1.73 m²). • Severe hepatic impairment, biliary cirrhosis and cholestasis. • Second and third trimester of pregnancy. **Warnings and precautions: • Dual blockade of the Renin-Angiotensin-Aldosterone System (RAAS):** • Entresto must not be administered with an ACE inhibitor due to the risk of angioedema. Entresto must not be initiated until 36 hours after taking the last dose of ACE inhibitor therapy. If treatment with Entresto is stopped, ACE inhibitor therapy must not be initiated until 36 hours after the last dose of Entresto. • Entresto must not be administered with aliskiren in patients with diabetes mellitus or in patients with renal impairment (eGFR <60 ml/min/1.73 m²). • Entresto should not be co-administered with an ARB due to the angiotensin II receptor blocking activity of Entresto. • **Hypotension:** If hypotension occurs, temporary down-titration or discontinuation of Entresto is recommended. Dose adjustment of diuretics, concomitant antihypertensives and treatment of other causes of hypotension (e.g. hypovolaemia) should be considered. Sodium and/or volume depletion should be corrected before starting treatment with Entresto. • **Impaired renal function:** • Caution should be exercised when administering Entresto in patients with severe renal impairment. • **Hyperkalemia:** If patients experience clinically significant hyperkalaemia adjustment of concomitant medicinal products, or temporary down–titration or discontinuation is recommended Monitoring of serum potassium is recommended, especially in patients who have risk factors such as renal impairment, diabetes mellitus or hypoaldosteronism or who are on a high potassium diet or on mineralocorticoid antagonists. • **Angioedema:** If angioedema occurs, Entresto should be immediately discontinued and appropriate therapy and monitoring should be provided until complete and sustained resolution of signs and symptoms has occurred. Entresto must not be re-administered. Patients with a prior history of angioedema were not studied. As they may be at higher risk for angioedema, caution is recommended if Entresto is used in these patients. Entresto is contraindicated in patients with a known history of angioedema related to previous ACE inhibitor or ARB therapy or with hereditary or idiopathic angioedema. Black patients may have increased susceptibility to develop angioedema. • **Patients with renal artery stenosis:** Caution is required in patients with renal artery stenosis and monitoring of the renal function is recommended. • **Patients with NYHA functional classification IV:** Caution should be exercised when initiating Entresto in patients with NYHA functional classification IV. **Pregnancy:** The use of Entresto is not recommended during the first trimester of pregnancy and is contraindicated during the second and third trimesters of pregnancy. Patients should be advised to discontinue Entresto as soon as pregnancies occur and to inform their physicians. **Breast-feeding:** It is not known whether Entresto is excreted in human milk. Because of the potential risk for adverse drug reactions in breastfed newborns/infants, Entresto is not recommended during breastfeeding. **Adverse drug reactions:** ***Very common (≥10%):*** Hyperkalemia, hypotension, renal impairment. ***Common (1 to 9%):*** Anemia, hypokalemia, hypoglycemia, dizziness, headache, syncope, vertigo, orthostatic hypotension, cough, diarrhea, nausea, gastritis, renal failure, fatigue, asthenia. ***Uncommon (0.1 to 1%):*** Hypersensitivity, dizziness postural, pruritus, rash, angioedema. **Interactions:** • ***Concomitant use contraindicated:*** • aliskiren in patients with diabetes mellitus or in patients with renal impairment (eGFR < 60 mL/min/1.73 m²) • use with ACE inhibitors: Entresto must not be started until 36 hours after taking the last dose of ACE inhibitor therapy. ACE inhibitor therapy must not be started until 36 hours after the last dose of Entresto. • ***Concomitant use not recommended: ARB. • Caution when used concomitantly*** with statins, sildenafil, lithium, potassium-sparing diuretics including mineral corticoid antagonists (e.g. spironolactone, triamterene, amiloride), potassium supplements, or salt substitutes containing potassium, non-steroidal anti-inflammatory agents (NSAIDs) including selective cyclooxygenase-2 inhibitors (COX-2 Inhibitors), inhibitors of OATP1B1, OATP1B3, OAT3 (e.g. rifampin, cyclosporine), OAT1 (e.g. tenofovir, cidofovir) or MPR2 (e.g. ritonavir), metformin. **Packs and prices:** Entresto 24 mg/26 mg film-coated tablets pack of 28: €84,63; Entresto 49 mg/51 mg film-coated tablets pack of 28: €84,97; Entresto 49 mg/51 mg film-coated tablets pack of 56: € 169,91; Entresto 97 mg/103 mg film-coated tablets pack of 56: € 169,86.

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Reporting of suspected adverse reactions: Reporting suspected adverse reactions after authorisation of the medicinal product is important. It allows continued monitoring of the benefit/risk balance of the medicinal product. Healthcare professionals are asked to report any suspected adverse reactions to: Novartis Pharma Services Inc., Methonis Tower, 73 Makarios Avenue, 1070 Nicosia, Tel: +357 22 690 690 (Pharmacovigilance Department), Fax: +357 22 315032 or to Pharmaceutical Services, Ministry of Health, CY-1475, www.moh.gov.cy/phs, Tel: +357 22 608 632/661, Fax: +357 22 608 649, by completing the Yellow Card which is available to the public pharmacies or electronically in the website www.kitrinikarta.gov.cy.

For ENTRESTO dosing and administration, please refer to the Summary of Product Characteristics. You may contact your Novartis representative for a copy.

REFERENCES: 1. DeVore AD, Braunwald E, Morrow DA, et al; for the PIONEER-HF Investigators. Initiation of Angiotensin-neprilysin inhibition after acute decompensated heart failure: results of the open- label extension of the PIONEER-HF trial. Presented at: American College of Cardiology; March 2019. **2.** Claggett B, Packer M, McMurray JJV, et al; for the PARADIGM-HF Investigators. Estimating the long-term treatment benefits of sacubitril–valsartan. N Engl J Med. 2015;373(23):2289-2290. **3.** Lewis EF, Claggett BL, McMurray JJV, et al. Health-related quality of life outcomes in PARADIGM-HF. Circ Heart Fail. 2017;10(8):e003430. **4.** ENTRESTO Summary of product characteristics. European Medicines Agency website. http://www.ema.europa.eu. Accessed 2018. **5.** O'Meara E, Prescott MF, Claggett B, et al. Independent prognostic value of serum soluble ST2 measurements in patients with heart failure and a reduced ejection fraction in the PARADIGM-HF trial (Prospective comparison of ARNI with ACEI to Determine Impact on Global Mortality and morbidity in Heart Failure). Circ Heart Fail. 2018;11(5):e004446. **6.** Packer M, McMurray JJV, Desai AS, et al; and on behalf of the PARADIGM-HF Investigators and Coordinators. Angiotensin receptor neprilysin inhibition compared with enalapril on the risk of clinical progression in surviving patients with heart failure. Circulation. 2015;131(1):54-61. **7.** Wang Y, Zhou R, Lu C, Chen Q, Xu T, Li D. Effects of the angiotensin-receptor neprilysin inhibitor on cardiac reverse remodeling: meta-analysis. J Am Heart Assoc. 2019;8(13):e012272. **8.** Drazner MH. Angiotensin receptor-neprilysin inhibition (ARNI) therapy and reverse remodeling in heart failure with reduced ejection fraction. Published online September 2, 2019. JAMA. doi:10.1001/jama.2019.12662. **9:** Seferovic PM, Ponikowski P, Anker SD, et al. Clinical practice update on heart failure 2019: pharmacotherapy, procedures, devices and patient management. An expert consensus meeting report of The Heart Failure Association of the European Society of Cardiology [published online ahead of print May 26, 2019]. Eur J Heart Fail. doi:10.1002/ejhf.1531.

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Session 2

10.12.2020 - Advances in Medical & Device Therapy

Chairpersons: *Petros Agathangelou (Cyprus) Oren Caspi (Israel)*

18:00-18:05	Greetings	
18:05-18:20	Managing Troubled Waters – A Practical Guide to Diuretic Resistance	*Theodoros Christodoulides, Nicosia, Cyprus*
18:20-18:35	Volume Overload Management	*Doron Aronson, Haifa, Israel*
18:35-18:50	The Challenge of up Titration of Guideline Directed Medical Therapy	*Evagoras Economides, Nicosia, Cyprus*
18:50-19:00	When should we use AF Ablation in Heart Failure Patients?	*Eyal Nof, Tel Hashomer, Israel*
19:00-19:15	CHF - Who Needs a Cardiac Implantable Electrical Device (CIED) in 2021	*Michael Glikson, Jerusalem, Israel*
19:15-19:30	Structural Heart Disease in the Failing Heart	*David Planer, Jerusalem, Israel*
19:30-19:45	Heart Failure and COVID-19	*Nir Uriel, New York, USA*

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Session 3

17.12.2020 - Advanced Heart Failure Care

Chairpersons:
Panayiotis Avraamides (Cyprus), Tuvia Ben-Gal (Israel), Gerasimos Filippatos (Greece)

18:00-18:10	Greetings	
18:10-18:30	Case Presentation – Acute Heart Failure	*George Georgiou, Nicosia, Cyprus*
18:30-18:45	Selecting the RIGHT Patients for LVAD	*Tal Hasin, Jerusalem, Israel*
18:45-19:00	LVAD Long Term Care and Complications	*Avishai Grupper, Tel Hashomer, Israel*
19:15-19:30	Heart Transplantation – A Challenging but Rewarding Avenue	*Ben Ben-Avraham, Petach Tikva, Israel*
19:30-19:45	Heart Failure 2030: Future Perspective	*Oren Caspi, Haifa, Israel*
19:45-20:00	Cardiac Recovery	*Stavros Drakos, Salt Lake City, USA*
20:00-20:15	Panel Discussion: Advancing Collaborations Between Israel and Cyprus in Managing Heart Failure	*Oren Caspi* *Theodoros Christodoulides* *Israel Gotsman* *Tal Hasin*

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Open for the Public

‘What patients need to know about Heart Failure in 2020’

The ‘open for the public’ event will give the opportunity to the public to learn about vital yet simple practices in the field of cardiology.

Date: 10 December 2020 | **Time:** 16:30-17:30 | **Language:** Greek

Watch live via:

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