INVITATION

HEART FAILURE

The hidden symptoms of a patient with heart failure and Calcium Scoring

DATE Friday, 28th May 2021

TIME 6:30PM, for a 7:00PM Start; 9:00PM End

VENUE The Balcony Restaurant
287 Flinders Street
Townsville QLD 4810

SPEAKER Dr Suranga Weerasooriya
Cardiologist

IN THIS MEETING, WE WILL:

- Review of a patient case study on Gary, a comorbid patient with type 2 diabetes who has signs and symptoms of heart failure
- Discussion of risk factors for heart failure in this patient cohort
- Discussing the GP role in the treatment of a patient with heart failure
- Exposing the hidden clues to symptomatic heart failure
- Reviewing the mode of action and clinical evidence for ENTRESTO
- Review calcium scoring results

	Session
6:30 PM	Registration
7:00 PM	Welcome, introduction and meeting objectives
7:10 PM	**A heart failure patient story**
7:30 PM	**Knowing where to look: Could my patient with comorbidities have heart failure?**
8:00 PM	**Finding the hidden clues to symptomatic heart failure**
8:30 PM	**Entresto clinical evidence and MOA**
9:00 PM	Close

To register your attendance, scan the QR code or go online:
https://evt.to/oememsow

RSVP by 27th May 2021

For any questions regarding the meeting, please contact Jayne Owen on 0449 564 635

NOVARTIS

Entresto®
sacubitril/valsartan

PBS Information:

Authority required (STREAMLINED) for chronic heart failure. Patients must be NYHA Class II–IV, have LVEF ≤40% and be receiving optimal standard chronic heart failure treatment. Refer to PBS Schedule for full Authority Information.

Before prescribing, please review full Product Information available from www.novartis.com.au/products/healthcare-professionals

ENTRESTO (sacubitril/valsartan). **Indication:** Treatment of chronic heart failure (NYHA Class II-IV) with reduced ejection fraction. **Contraindications**: Hypersensitivity to sacubitril, valsartan, or excipients. ACE inhibitors (ACEi). Do not administer within 36 hours of switching from or to an ACEi. Angioedema related to previous ACEi or ARB therapy. Use with aliskiren in Type 2 diabetes (T2D). Severe hepatic impairment, biliary cirrhosis and cholestasis. Pregnancy. **Precautions:** Caution in switching from ACEi or T2D (see Contraindications). Caution is required while co-administering with aliskiren. Should not be co-administered with an ARB. May cause symptomatic hypotension, especially in those ≥75 years old, renal disease and systolic BP <112 mmHg. Initiation not recommended in systolic BP <100 mmHg. Monitor BP when initiating therapy or during dose titration. Patients with an activated RAAS, such as volume- and/or salt-depleted patients, are at greater risk. If hypotension occurs, dose adjustment of diuretics, antihypertensives, and treatment of other causes of hypotension should be considered initially. If hypotension persists, consider dose reduction or temporary interruption. Sodium and/or volume depletion should be corrected before starting treatment. Caution, may be associated with decreased renal function. Assess renal function before initiation and during treatment. Closely monitor serum creatinine, and down-titrate or interrupt if a clinically significant decrease in renal function develops. May increase blood urea and serum creatinine levels in patients with bilateral or unilateral renal artery stenosis. Not recommended with end-stage renal disease. Should not be initiated and consider discontinuation if the serum potassium level is >5.4 mmol/l. Hyperkalaemia may occur. Monitor serum potassium periodically and treat appropriately, especially with risk factors such as severe renal impairment, diabetes, hypoaldosteronism, or a high potassium diet. Dosage reduction or interruption may be required. Caution with medications known to raise potassium levels. If clinically significant hyperkalaemia occurs, consider adjusting the dose of concomitant medications. If angioedema occurs, immediately discontinue, and appropriate therapy and monitoring should be provided until complete and sustained resolution of signs and symptoms. Patients with a prior history of angioedema may be at higher risk, caution is recommended. Black patients may have increased susceptibility to develop angioedema. Caution in NYHA Class IV. Caution in moderate hepatic impairment or with AST/ALT >2X upper limit of the normal range, exposure may be increased. Do not use in severe hepatic impairment, biliary cirrhosis or cholestasis. Use in lactation is not recommended. Use contraception during treatment and for 1 week after last dose. **Interactions:** Aliskiren in T2D, ACEi/ARB. Caution with statins, sildenafil, lithium, potassium-sparing diuretics including mineralocorticoid antagonists, potassium supplements, or salt substitutes containing potassium, NSAIDs including selective COX-2 Inhibitors, frusemide, inhibitors of OATP1B1, OATP1B3, OAT3 or MPR2 and metformin. **Dosage:** Target dose one oral tablet of 97 mg/103 mg twice daily. Starting dose is one tablet of 49 mg/51 mg twice daily. Starting dose one tablet of 24 mg/26 mg taken twice daily is recommended for ACEi/ARB naive patients, those with severe renal impairment, moderate hepatic impairment, and in those ≥ 75 years old. Also consider risk factors for hypotension and low systolic BP ≥100 to 110 mmHg. Double every 2–4 weeks to the target dose. **Adverse effects:** Very common: Cardiac failure, hyperkalaemia, renal impairment and hypotension. Common: Anaemia, angina pectoris, atrial fibrillation, congestive or chronic cardiac failure, ventricular tachycardia, constipation, diarrhoea, nausea, asthenia, cardiac death, fatigue, non-cardiac chest pain, oedema peripheral, bronchitis, influenza, nasopharyngitis, pneumonia, upper respiratory tract infection, urinary tract infection, diabetes mellitus, gout, hyperuricaemia, hypokalaemia, arthralgia, back pain, pain in extremity, dizziness, headache, syncope, insomnia, renal failure, chronic obstructive pulmonary disease, cough, dyspnoea and hypertension. (ent081117m)

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AU-14014. McCann Health NOEN19879M. November 2020.

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