Meeting Invitation

Ask the Experts: Managing the Challenges of Chronic Conditions in Primary Care.

AstraZeneca

Register Here

You are invited to attend an expert-led meeting to discuss the management of chronic conditions in Primary Care. During this meeting you will hear about treatment options and clinical evidence across multiple disease states.

Date: Wednesday, 26-10-2022 | **Time:** 6:15PM- 8:50PM

Venue: The Dispensary, 82-88 Wood Street, Mackay QLD 4740

Speakers:

A/Prof Chris Broyd

Cardiologist, Mackay Base Hospital

A/Prof Chris Broyd is a highly qualified Consultant Cardiologist at the Mackay Base Hospital. A/Prof Broyd is a UK and Europe trained interventional cardiologist with special interest in structural heart disease, advanced techniques in coronary angioplasty and pacemaker implantation. He currently holds an Associate Professor position at Griffith University. A/Prof Broyd's main interests are in clinical practice ensuring Mackay patients receive the best possible care based on the latest research as well as teaching with various research interests through Griffith University.

Dr Shiran De Silva

General Physician, Mater Medical Centre

Having graduated in Sri Lanka in 1985, Dr de Silva obtained his MRCP UK in 1989 followed by FRACP with advanced training in Auckland Greenlane Hospital in respiratory medicine and cardiology up to 1993.
Working as a Specialist Physician in New Zealand in 1993, predominantly in Respiratory medicine and after moving to Mackay in 2000, Dr de Silva has taken a special interest in Diabetes/Obesity and Cardiology and maintaining interest in Respiratory Medicine and providing Bronchoscopy services in private.

Agenda:

TIME	TOPICS	SPEAKERS
6:15PM	Arrival & registration	
6:30PM	Welcome & introduction	
6:40PM	FORXIGA® (dapagliflozin) – Transforming treatment in CKD^ ^The first therapy approved in 20 years to slow the progression of proteinuric CKD[1-5]	A/Prof Chris Broyd
7:40PM	Introducing BREZTRI AEROSPHERE® (budesonide/glycopyrronium/formoterol fumarate) – a treatment for adults with moderate to very severe COPD who require treatment with a LAMA/LABA/ICS[6]	Dr Shiran De Silva
8:40PM	Q&A	
8:50PM	Close	

To register, please scan or **Click Here**

For any queries regarding the meeting, please contact

Samantha Wicks | samantha.wicks@astrazeneca.com | 0466 297 833

BREZTRI AEROSPHERE®
(budesonide, glycopyrronium, and formoterol fumarate) Inhalation Aerosol

PBS Information: Authority required (STREAMLINED) for the treatment of COPD. Refer to PBS Schedule for full authority information.

BEFORE PRESCRIBING PLEASE REVIEW FULL PRODUCT INFORMATION AVAILABLE ON REQUEST FROM ASTRAZENECA ON 1800 805 342 OR www.astrazeneca.com.au/PI

BREZTRI AEROSPHERE® (budesonide 160µg/ glycopyrronium 7.2µg/ formoterol (eformoterol) fumarate dihydrate 5µg) pressurised metered dose inhaler for oral inhalation. Therapeutic indications: Maintenance treatment to prevent exacerbations and relieve symptoms in adults with moderate, severe, or very severe chronic obstructive pulmonary disease (COPD) who require treatment with a combination of an inhaled corticosteroid (ICS), a long-acting β2-agonist (LABA), and a long-acting muscarinic antagonist (LAMA). BREZTRI is not indicated for the initiation of therapy in COPD. **Dosage:** Adults ≥ 18 years: 2 actuations twice daily. **Contraindications:** Hypersensitivity to any of the ingredients. **Special Warning and Precautions: Not indicated** for the treatment of asthma, or for the treatment of acute episodes of bronchospasm, or as rescue therapy to treat an acute COPD exacerbation; patients transferring from oral corticosteroids (OCS) may remain at risk of impaired adrenal function - additional systemic corticosteroid cover should be considered during periods of stress or elective surgery; discontinue BREZTRI immediately should paradoxical bronchospasm occur (as with other inhaled medicines, bronchospasm may be life-threatening); not for use with other medicines containing a LABA or LAMA; caution in patients with clinically significant cardiovascular disease, thyrotoxicosis or prolonged QTc interval; possible systemic effects of ICS (see full PI); consider referral to an ophthalmologist in patients who develop ocular symptoms or use BREZTRI long term; hypokalaemia; hyperglycaemia; caution in patients with symptomatic prostatic hyperplasia, urinary retention or narrow-angle glaucoma; an increase in the incidence of pneumonia, including requiring hospitalisation, has been observed in patients with COPD receiving inhaled corticosteroids - physicians should remain vigilant for the possible development of pneumonia in patients with COPD as the clinical features of such infections can overlap with symptoms of COPD; oropharyngeal candidiasis; severely impaired renal or hepatic function – monitor closely and use only if benefit outweighs risk; BREZTRI should only be used during pregnancy if the expected benefits outweigh the potential risks (category B3); lactation - use only if the expected benefit to the mother outweigh potential risk to the child; no relevant use in children <18 years in COPD. See full PI for further information. **Interactions:** Not for use with other LABA and/or LAMA containing medicines; strong CYP3A4 inhibitors, e.g. itraconazole, ketoconazole, HIV protease inhibitors, cobicistat containing products; beta-receptor blockers; medicines known to prolong QTc interval, e.g. MAOIs, tricyclics antidepressants; if hypokalaemic, drugs that may potentiate hypokalaemia, e.g. non-potassium sparing diuretics; other antimuscarinics and sympathomimetics. **Adverse effects:** *Very common (≥ 10%):* nasopharyngitis. *Common (≥ 1%):* COPD, upper respiratory tract infection, pneumonia, bronchitis, back pain, hypertension, dyspnoea, headache, urinar tract infection, influenza, sinusitis, muscle spasm, cough, oral candidiasis, diarrhoea, hyperglycaemia, anxiety, insomnia, palpitations, dysphonia, nausea; others, see full PI. **Date of first approval:** 19 July 2021.

forxiga®
(dapagliflozin)

PBS Information: FORXIGA: Type 2 Diabetes, Chronic Heart Failure and Chronic Kidney Disease: Authority Required (STREAMLINED). Refer to PBS Schedule for full Authority Required Information.

BEFORE PRESCRIBING PLEASE REVIEW FULL PRODUCT INFORMATION AVAILABLE ON REQUEST FROM ASTRAZENECA ON 1800 805 342 OR www.astrazeneca.com.au/PI

MINIMUM PRODUCT INFORMATION. FORXIGA (dapagliflozin) 10mg tablets. INDICATIONS: Glycaemic control in adults with type 2 diabetes mellitus as: **monotherapy** as an adjunct to diet and exercise where metformin is otherwise indicated but was not tolerated; **initial combination** with metformin, as an adjunct to diet and exercise, to improve glycaemic control when diet and exercise have failed and there are poor prospects for response to metformin monotherapy; **in combination with other anti-hyperglycaemic agents** to improve glycaemic control, when these together with diet and exercise do not provide adequate control. (Refer to full PI for available data on different combinations). Prevention of hospitalisation for heart failure in adults with type 2 diabetes mellitus and established cardiovascular disease or risk factors for cardiovascular disease to reduce the risk of hospitalisation for heart failure. Heart failure in adults for the treatment of symptomatic heart failure with reduced ejection fraction, as an adjunct to standard care of therapy. Chronic Kidney Disease to reduce the risk of progressive decline in kidney function in adults with proteinuric chronic kidney disease (CKD Stage 2,3 or 4 and urine ACR ≥ 30 mg/g). **DOSAGE AND ADMINISTRATION:** Tablets must be taken whole. 10mg once daily at any time of the day regardless of meals. If eGFR falls below 45 mL/min/1.73 m^2, additional glucose lowering treatment should be considered in patients with diabetes mellitus. Initiating treatment in patients with eGFR <25 mL/min/1.73 m^2 is not recommended. **CONTRAINDICATIONS:** hypersensitivity to any of the ingredients. **PRECAUTIONS:** Not for type 1 diabetes mellitus or diabetic ketoacidosis. Use in renal impairment – limited experience with initiating treatment in patients with eGFR < 25mL/min/1.73 m^2; glucose lowering efficacy is reduced where eGFR is < 45mL/min/1.73 m^2. Severe hepatic impairment. Use in patients at risk for volume depletion, and or hypotension; patients for whom dapagliflozin induced blood pressure drop could pose a risk; ketoacidosis in patients with diabetes mellitus; surgery; urinary tract infections; necrotising fasciitis of the perineum (Fournier's gangrene); lower limb amputations, counsel patients on routine preventative foot care; use with medications known to cause hypoglycaemia; children; elderly; cardiac failure – limited clinical experience in patients with NYHA class IV. Pregnancy (Category D); lactation. Interference with 1,5-anhydroglucitol (1,5-AG) assay; risk of hypoglycaemia while driving or using machinery if used with sulfonylurea or insulin. **INTERACTIONS WITH OTHER MEDICINES:** **Concomitant use with lithium may lead to a reduction in serum lithium concentrations. Lithium dose may need to be adjusted.* **ADVERSE EFFECTS:** Genital infections, urinary tract infections, diabetic ketoacidosis, back pain, polyuria, hypoglycaemia, headache, volume depletion, events related to decreased renal function, ketoacidosis, pyelonephritis, urosepsis, necrotising fasciitis of the perineum (Fournier's gangrene), rash, angioedema, acute kidney injury. **Date of first approval:** 22 October 2012. **Date of revision:** 30 August 2022.

**Please note changes in Product Information*

CKD = chronic kidney disease; COPD = chronic obstructive pulmonary disease; ICS = inhaled corticosteroid; LABA = long-acting beta 2 agonist; LAMA = long-acting muscarinic antagonist; PBS = Pharmaceutical Benefits Scheme; PI = product information; Q&A = question and answer.

References: 1. FORXIGA® Approved Product Information. **2.** Breyer MD *et al. Nat Rev Drug Discov.* 2016; 15(8):568–588. **3.** Tuttle KR. *Lancet Diabetes Endocrinol.* 2021;9(1):3–5. **4.** Therapeutic Goods Administration. Public Summary. Available at https://www.ebs.tga.gov.au/servlet/xmlmillr6?dbid=ebs/PublicHTML/pdfStore.nsf&docid=180147&agid=(PrintDetailsPublic)&actionid=1. Accessed September 2022. **5.** Heerspink HJL *et al. N Engl J Med.* 2020; 383(15):1436–1446. **6.** BREZTRI AEROSPHERE* Approved Product Information.

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