CME Dinner Symposium
IN ASSOCIATION WITH THE 17th WCIRDC

Diabetes and the Cardiorenal Syndrome

Thursday, December 5, 2019
7:30 pm – 9:30 pm

Hilton Universal City Hotel
Los Angeles, CA

This is a CME Symposium Supported by an Educational Grant from AstraZeneca

Free for all 17th WCIRDC Attendees | Register Online: wcir.org/registration

Provided By: MEEF | Administered By: TMIOA
Diabetes and the Cardiorenal Syndrome

CHAIR: Peter A. McCullough, MD

7:30 pm – 7:40 pm Introduction & Pre-CME Questions
7:40 pm – 8:00 pm The Cardiorenal Syndrome in Diabetes, Epidemiology and Economic Impact
Janani Rangaswami, MD
8:00 pm – 8:20 pm Classification, Pathophysiology and Diagnosis of The Cardiorenal Syndrome
Peter A. McCullough, MD
8:20 pm – 8:40 pm Contemporary Approach to Management and Prognosis of the Cardiorenal Syndrome in Diabetes
Hector O. Ventura, MD
8:40 pm – 9:00 pm Emerging Therapies: The SGLT2 Inhibitors in People with T2D at Risk for Cardiorenal Syndrome
Mark E. Molitch, MD
9:00 pm – 9:20 pm Q&A Panel Discussion: Practice Implication of CRS- Management and Prevention - Case based
Norman E. Lepor, MD
Panel: Yehuda Handelsman, MD • Mikhail N. Kosiborod, MD • Peter A. McCullough, MD • Mark E. Molitch, MD, Janani Rangaswami, MD • Hector O. Ventura MD • Matthew R. Weir, MD
Moderator: Norman E. Lepor, MD
9:20 pm Post-CME Questions & Concluding Remarks
9:30 pm Adjourn

Program Description
Chronic kidney disease (CKD) and congestive heart failure (CHF) have major adverse effects on affected individuals and on society. CKD and CHF are closely related, and both share common pathophysiological pathways with type 2 diabetes, including hypertension, inflammation, oxidative stress, and increased renin-angiotensin-aldosterone system activity. Approximately 37% of patients with diabetes and 18% of those with prediabetes have CKD. Medical care for CKD in diabetes accounts for 29% of direct medical costs. Meanwhile, the incidence of CHF is 2.8 times higher in patients with both diabetes and CKD, and over half of heart failure patients have moderate to severe CKD. The relationship between CHF and CKD has been termed the Cardiorenal Syndrome (CRS), which, once developed in individuals, promises a grave outcome. The CRS may be acute or chronic and initiated from the heart or from the kidney. In this symposium we will examine the epidemiology, pathophysiology and classification of the CRS. We’ll evaluate contemporary approaches to management and emerging concepts, specifically the SGLT2 inhibitors. The symposium will conclude with a case-based panel discussion to identify the best approaches for individual patients.

Learning Objectives
Upon completion of this symposium, participants should be able to:

• Discuss the prevalence, comorbidities, and economic burden of CHF and CKD in patients with diabetes
• Compare and contrast acute and chronic cardiorenal syndrome and describe how heart and kidney defects contribute to disease pathophysiology
• Describe best practices in the management of cardiorenal syndrome in patients with diabetes using medical and procedural interventions
• Discuss the impact of SGLT2 inhibitors on cardiorenal risk in patients with diabetes
• Design optimal therapeutic regimens for the prevention of CKD and CHF in patients with diabetes

Target Audience
This educational initiative is designed for cardiologists, endocrinologists, nephrologists, family physicians, internists, diabetologists, nurse practitioners, physician assistants, diabetes educators, and other healthcare professionals interested in the pathophysiology, prevention, and treatment of diabetes, obesity, kidney disease, cardiovascular disease, and associated conditions, as well as the effect of these conditions on health and society.