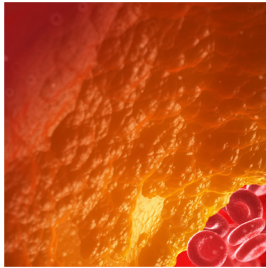


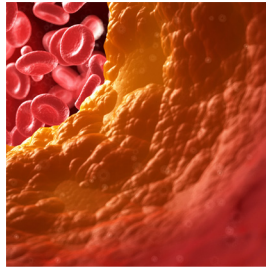
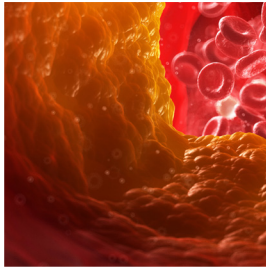
**The 2020 Blended Learning Journey
on Cardiovascular Risks for EMEA**

LIVE WEBINAR

**Old and new conspirators for
cardiovascular disease:
What is the best approach?**



Saturday,
14 November 2020
from 14:00 to 16:00 CET



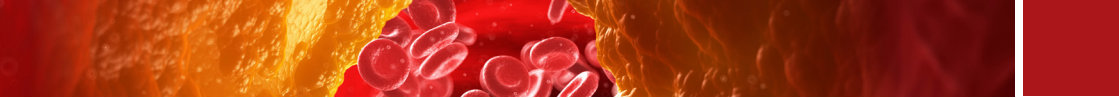


OVERVIEW

It is well established that high blood pressure is the most important cardiovascular risk factor and the leading cause of death worldwide. The contribution of hypertension to morbidity and mortality has remained stable in the last decade, despite considerable advances in the treatment of the disease. One of the reasons for the lack of an adequate reduction in morbidity and mortality related to hypertension is the difficulty in personalizing treatment. Hypertension has complex and multifactorial origins, which makes it hard to establish which pathways are contributing most to elevating blood pressure for each individual. Greater utilization of markers that clarify the causative pathways might allow a more tailored therapy, enabling more rapid and effective blood pressure control at a population level. A second important limitation to reducing hypertension is patient adherence to treatment. Several reports have concluded that the majority of patients with arterial hypertension will need two or more drugs to achieve adequate blood pressure control. Unfortunately, it is increasingly clear that adherence to treatment progressively decreases with the increase in the number of tablets prescribed each day. The most recent hypertension guidelines have introduced substantial changes in the management of arterial hypertension with the aims of improving blood pressure control and prognosis relating to the disease. American guidelines have reduced blood pressure targets for the diagnosis and treatment of hypertension. This decision was based mainly on the results of the SPRINT trial and has generated considerable debate in Europe. European guidelines, in contrast, have not altered their threshold values, but have provided more specific recommendations on the factors that should be assessed to refine the cardiovascular risk stratification of patients. Among these, emphasis was given to evaluating resting heart rate, as there is strong evidence that:

- High heart rate predicts the development of arterial hypertension
- High heart rate is a strong predictor of cardiovascular events in subjects with arterial hypertension
- Treatment with heart rate-lowering therapies (i.e. beta-blockers) is associated with better outcomes for hypertensive patients

This epidemiological evidence is supported by a strong pathophysiological rationale. Increased heart rate is considered a marker of sympathetic nervous system overactivity which, in turn, is known to contribute to the development of hypertension and its complications. Beta-blockers are effective drugs for reducing resting heart rate and have been shown to improve blood pressure control, leading to a reduction in cardiovascular mortality in several randomized, placebo-controlled trials. However, the use of beta-blockers in the treatment of hypertension remains controversial. A better understanding of the rationale behind beta-blocker treatment, the potential benefits and side-effects, as well as the differences between different beta-blockers is, therefore, crucial in identifying the hypertensive patients who could benefit the most from this treatment. Compelling evidence supports a primary role for beta-blockers in the treatment of hypertension complicated by other conditions including coronary artery disease. In addition, beta-blockers are a cornerstone in the treatment of heart failure, one of the most common complications of hypertensive disease. Such knowledge is also essential in understanding which antihypertensive medications can be combined with beta-blockers to reinforce the benefits of this treatment. Finally, the general lack of blood pressure control in the population has been highlighted by the dramatic COVID-19 pandemic. There is evidence



that patients with hypertension, particularly males, are at increased risk for a poor outcome or death from COVID-19. Those with diabetes are also at increased risk of poor outcome. As diabetes and hypertension often co-exist, there is need for a considered evaluation of the risk to these patients, best practice to treat those who are infected, and policies in place to support those who are not infected, but may be removed from their normal healthcare support, e.g. during lockdown. Scientific Seminars International Foundation has designed a comprehensive Blended Learning Journey to increase knowledge of cardiovascular disease prevention in patients with arterial hypertension. This program will address the most recent advances in research into cardiovascular risk factors and will discuss the best approach for clinical management of the complex hypertensive patient in daily practice.

LEARNING OBJECTIVES

By attending this live educational webinar learners will be able to:

- Acquire information about the strong relationship between COVID-19 and cardiovascular disease with particular emphasis on whether COVID-19 itself is a promoter of cardiac damage or whether pre-existing cardiovascular risk factors or disease worsen the prognosis in COVID-19 patients.
- Identify the role of increased sympathetic nervous system activity in the pathogenesis of hypertension and hypertension-related disease; in addition, the choice of appropriate treatment to reduce increased sympathetic nervous system activity will be discussed.
- Learn how to optimize the use of beta-blockers in patients with different cardiovascular complications including coronary artery disease and heart failure.

TARGET AUDIENCE

Multidisciplinary teams working in cardiology, internal medicine and general practice.

LANGUAGE

The official language of this live educational webinar is English.

Simultaneous translation into Chinese and Russian will be provided.

PRE-REGISTRATION AND SURVEY

To access the live webinar, please register by clicking on the below link:

<https://www.elearning.scientificseminars.com/the-2020-blended-learning-journey-on-cardiovascular-risks-for-emea/live-webinar/>

and complete a very short survey covering your current knowledge of the subject matter prior to attending the webinar.

PANEL DISCUSSION

Registered participants interested in taking part in the panel discussion with the faculty at the end of the webinar are invited to submit their request by email to: **info@scientificseminars.com**

CONTINUING MEDICAL EDUCATION

The 2020 Blended Learning Journey on Cardiovascular Risks for EMEA, Rome, Italy, 14/11/2020 - 14/11/2020 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with **2 European CME credits (ECMECs®)**. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity.

Through an agreement between the Union Européenne des Médecins Spécialistes and the American Medical Association, physicians may convert EACCME® credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME® credit to AMA credit can be found at www.ama-assn.org/education/earn-credit-participation-international-activities.

Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME® for ECMEC®s are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.



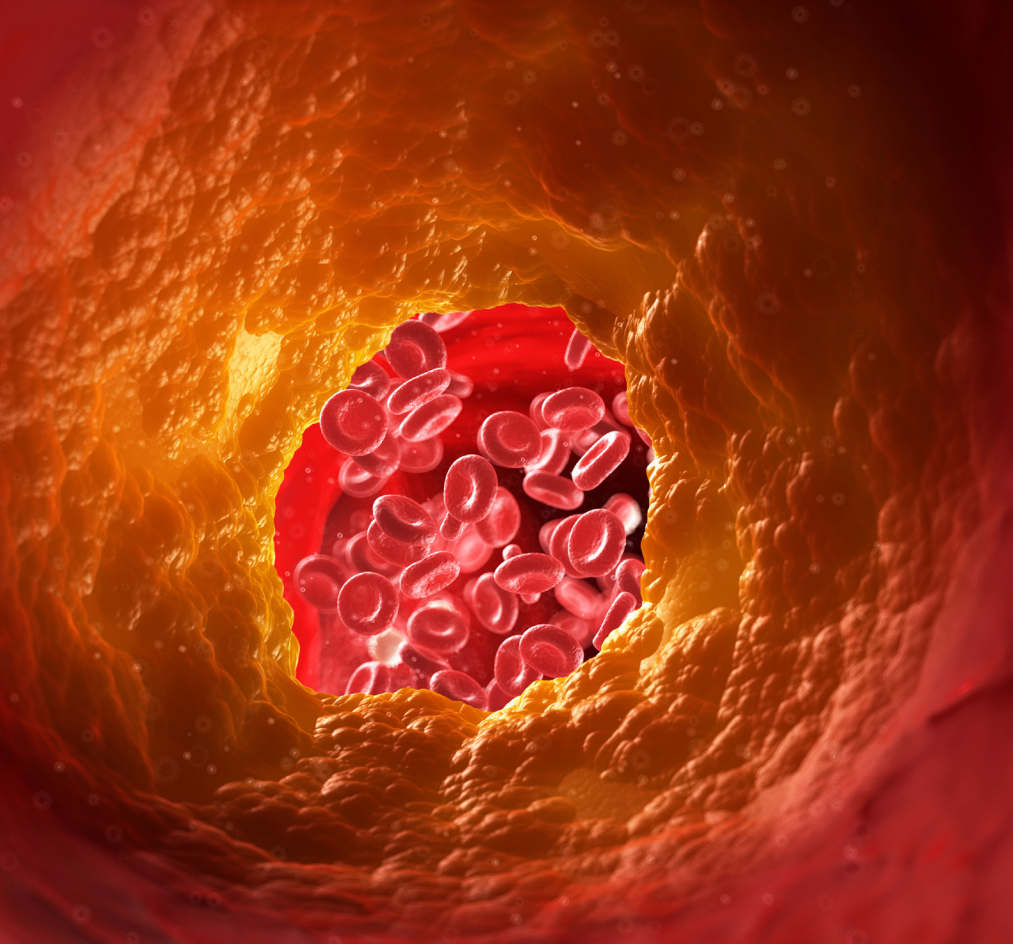
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Marijana Tadic

Honorary consultant
University Hospital
"Dr. Dragisa Misovic"
Belgrade, Serbia

Brian Tomlinson

Faculty of Medicine
Macau University of Science & Technology
Taipa, Macau, China



SATURDAY, 14 NOVEMBER 2020

from 14:00 to 16:00 CET

14:00		Welcome and introduction S. Taddei (Italy)
14:10	L1	The cardiovascular system in COVID-19: Primary target or secondary bystander? G. Mancia (Italy)
14:30	L2	Targeting heart rate in the treatment of hypertension H.A.J. Struijker-Boudier (The Netherlands)
14:50	L3	Best practice in the management of stable chronic angina M. Tadic (Serbia)
15:10	L4	From hypertension to heart failure: Prevention strategies B. Tomlinson (China)
15:30	P	Panel discussion
16.00		End of the live webinar

LEGEND

L: Lecture; **P:** Panel discussion



FACULTY DISCLOSURES

Scientific Seminars International Foundation adheres to guidelines of the European Accreditation Council for Continuing Medical Education (EACCME®) and all other professional organizations, as applicable, which state that programs awarding continuing education credits must be balanced, independent, objective and scientifically rigorous. Investigative and other uses for pharmaceutical agents, medical devices and other products (other than those uses indicated in approved product labelling/package insert for the product) may be presented in the program (which may reflect clinical experience, the professional literature or other clinical sources known to the presenter). We ask all presenters to provide participants with information about relationships with pharmaceutical or medical equipment companies that may have relevance to their lectures. This policy is not intended to exclude faculty who have relationships with such companies; it is only intended to inform participants of any potential conflicts so that participants may form their own judgements, based on full disclosure of the facts. Further, all opinions and recommendations presented during the program and all program-related materials neither imply an endorsement nor a recommendation on the part of Scientific Seminars International Foundation. All presentations represent solely the independent views of the presenters/authors.

The following faculty provided information regarding significant commercial relationships and/or discussions of investigational or non-EMEA/FDA approved (off-label) uses of drugs:

Giuseppe Mancia

Declared receipt of honoraria or consultation fees from Boehringer Ingelheim, Daiichi Sankyo, Medtronic, Menarini, Merck, Novartis, Recordati, Sanofi, Servier.

Harry A.J. Struijker-Boudier

Declared no potential conflict of interest

Stefano Taddei

Declared receipt of grants and contracts from Boehringer Ingelheim and Regione Toscana and participation in Servier and Pfizer speaker's bureau

Marijana Tadic

Declared no potential conflict of interest

Brian Tomlinson

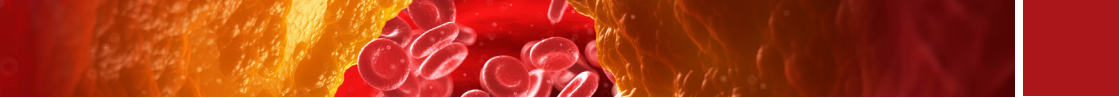
Declared no potential conflict of interest

CHAIRMAN



Stefano Taddei

Stefano Taddei is Professor of Internal Medicine, currently working as Director of the Hypertension Unit at the Department of Clinical and Experimental Medicine of the University of Pisa, Italy. He is a Fellow of the European Society of Cardiology, the European, International and American Society of Hypertension, the European Society of Clinical Investigation, the High Blood Pressure Council of the American Heart Association, and the Italian Society of Hypertension. He served as a councillor of the Italian Society of Hypertension from 2007 until 2009. Professor Taddei is an editorial board member for Hypertension, Blood Pressure, Journal of Cardiovascular Pharmacology, Current Vascular Pharmacology, Current Hypertension Reviews, High Blood Pressure and Cardiovascular Prevention and Journal of American Society of Hypertension. He is an International Associated Editor of the European Heart Journal. His main research area is the local neuro-humoral control of peripheral vessels in primary and secondary forms of hypertension, with particular emphasis on the sympathetic nervous system, the renin-angiotensin system and the endothelium. He is also interested in the assessment of target-organ damage in hypertension, including vascular and cardiac structural alterations and the clinical pharmacology of cardiovascular drugs. Professor Taddei has participated in numerous clinical studies and is the authors of more than 350 original papers, reviews and editorials in international scientific journals (H index: 64; Impact Factor: >2154).



L1

The cardiovascular system in COVID-19: Primary target or secondary bystander?

Giuseppe Mancia (Italy)

LEARNING OBJECTIVES

- To know the relationship between COVID-19 infection and cardiovascular risk factors
- To provide evidence for optimal treatment of CV risk during COVID-19 infection



Giuseppe Mancia

Giuseppe Mancia is Professor Emeritus at the University Milano-Bicocca, Milan, Italy and Chairman of the European Society of Hypertension (ESH) Foundation and the Hypertension Center at the Monza Polyclinic, after serving as Chairman of the Department of Internal Medicine of Milano and Milano-Bicocca University, Monza for 20 years. He was Chairman of the Organizing Committee of ESH meetings for 20 years, and is a past President of the International Society of Hypertension (ISH), European Society of Clinical Investigation, and Italian Society of Hypertension. He has been Chairman of the European Society of Cardiology (ESC) Working Group on Hypertension and the Heart and chaired the ESH/ESC Hypertension Guidelines Task Force in 2003, 2007, 2009, 2013 and 2018. Professor Mancia is an honorary member of several hypertension and cardiovascular societies and has received many international awards and degrees honoris causa for his scientific activity. He is the Editor of the Journal of Hypertension. Professor Mancia's research focuses on several basic and clinical aspects of hypertension and cardiovascular disease. He has published more than 2000 articles in peer review journals, and his articles have received more than 200,000 citations (Microsoft Academics), for which he is listed as a highly cited scientist.

L2

Targeting heart rate in the treatment of hypertension

Harry A.J. Struijker-Boudier (The Netherlands)

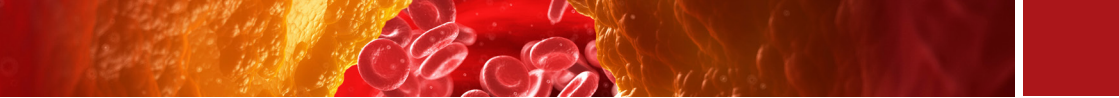
LEARNING OBJECTIVES

- Identify the role of increased sympathetic nervous system activity in the pathogenesis of hypertension
- Recognize increased heart rate as a strong predictor of cardiovascular events in hypertensive subjects
- Choose the appropriate treatment to reduce increased sympathetic nervous system activity



Harry A.J. Struijker-Boudier

Harry Struijker-Boudier is Emeritus Professor of Pharmacology at Maastricht University, The Netherlands. He graduated in 1973 in Pharmacochemistry and Biochemistry and obtained his Ph.D. in Pharmacology in 1975 at the Radboud University Nijmegen, the Netherlands. He worked as a post-doc in the Department of Physiology and Biophysics of the University of Mississippi Medical School in Jackson, Miss., USA in 1976-1977 and took up a position in the newly created Department of Pharmacology at Maastricht University in 1977. He was appointed as Professor of Experimental Pharmacology in 1980 and as chairman of the Department of Pharmacology and Toxicology in 1984. He spent a sabbatical year as visiting professor at the INSERM Unit 141 at the Hôpital Lariboisière in Paris during 1991. From 1999-2006 he served as scientific director of the Cardiovascular Research Institute Maastricht (CARIM). Harry Struijker-Boudier has published more than 500 scientific papers in peer-reviewed international journals and books in the areas of cardiovascular pharmacology, hypertension, heart failure and drug design and delivery. The total number of citations of his articles is >25,000. He has served as board member of numerous international organizations, e.g. vice-president of the scientific council of the European Society of Hypertension and board member of the European Federation of Pharmacological Societies. He is doctor honoris causa of the Université de Liège, Belgium, recipient of the Descartes-Huygens prize of the French Government, member of the Dutch Royal Society of Sciences and Officer of the Order of Oranje-Nassau of the Dutch Royal House.



L3

Best practice in the management of stable chronic angina

Marijana Tadic (Serbia)

LEARNING OBJECTIVES

- Understand the epidemiology of stable chronic angina
Appreciate the value of a stepwise approach to clinical diagnosis and anti-ischemic drug therapy
- Know the role of anti-thrombotic therapy and revascularization
- Be aware of recommendations for event prevention



Marijana Tadic

Marijana Tadic, MD, PhD is Honorary consultant at the University Hospital "Dr. Dragisa Misovic", Belgrade, Serbia. She was trained in Serbia, Italy, UK, The Netherlands and Germany. Her main research interest is the diagnosis of cardiac remodeling in a broad spectrum of cardiovascular diseases. She has expertise and broad experience with multimodality cardiac imaging. Dr Tadic is the author of more than 300 published scientific articles and has received several important grants, including grants from the European Society of Cardiology.

L4

From hypertension to heart failure: Prevention strategies

Brian Tomlinson (China)

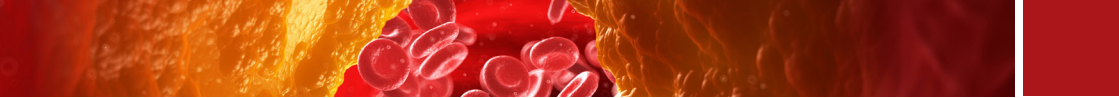
LEARNING OBJECTIVES

- Understand why hypertension is the leading risk factor for the development of heart failure
- Know how to identify early heart failure prior to the development of symptoms, so that preventive treatments can be initiated
- Feel confident in selecting and starting appropriate beta-blockers, and titrating to target dose
- Learn how to adjust other hypertension treatments to help prevent progression to symptomatic disease
- Understand which additional treatments may be necessary in patients with symptomatic heart failure



Brian Tomlinson

Brian Tomlinson is Professor in the Faculty of Medicine at Macau University of Science & Technology. He was formerly Chair Professor in the Department of Medicine and Therapeutics and Head of the Division of Clinical Pharmacology at the Chinese University of Hong Kong until 2015 and then Adjunct Professor in the Department of Medicine and Therapeutics and the Phase 1 Clinical Trial Centre at the Chinese University of Hong Kong. He trained in internal medicine and Clinical Pharmacology at the Middlesex Hospital Medical School and University College Hospital, London and received his MD from the University of London, UK. His clinical and research interests include the clinical pharmacology, toxicology and pharmacogenetics of drugs, particularly in the cardiovascular field, and the pathogenesis and treatment of hyperlipidaemia, hypertension, the metabolic syndrome and diabetes. He has trained over 30 postgraduate students and is an author of over 400 publications and over 500 conference abstracts and has given numerous invited lectures. He is a reviewer for many journals and serves on several Editorial Boards. He is the immediate Past-President of the Asian-Pacific Society of Atherosclerosis and Vascular Diseases and currently Chair of the Asia-Pacific Federation of the International Atherosclerosis Society (IAS).



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