



American Heart Association®

Scientific Sessions

NOVEMBER 13-15, 2021
A LIVE BROADCAST EVENT

Your Event Guide

#AHA21 #RESS21 #QCOR21
SCIENTIFICSSESSIONS.ORG

See page 3 for an
interactive table
of contents to easily
navigate your way
through this guide.

DON'T MISS THE VIRTUAL EXHIBIT HALL

Exhibits are open daily Nov. 13-15, 2021,
and will be accessible OnDemand
through Dec. 15, 2021.

scientificsessions.org

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Circulation

FRAME OF REFERENCE	CASES AND TRACES
On My Mind Of Occlusions, Inclusions, and Exclusions: Time to Re-evaluate Interventions? M. S. Gershwin, J. H. Kannel	Cardiovascular Case Series Pulmonary Embolism Syndrome: A Case of Persistent Aggravation in an Elderly Patient J. H. Kannel, J. H. Kannel
ESS Challenge Pulmonary CT Segmental Occlusion With Isolated Malignant Atrial Arrhythmia J. H. Kannel, J. H. Kannel	Correspondence J. H. Kannel, J. H. Kannel
ORIGINAL RESEARCH ARTICLES J. H. Kannel, J. H. Kannel	CLINICAL STATEMENTS AND GUIDELINES J. H. Kannel, J. H. Kannel

Circulation Research

ATVB

Arteriosclerosis, Thrombosis, and Vascular Biology

Stroke

CLINICAL TRIAL
PRESERVE
CLINICAL AND POPULATION SCIENCES
Primary Stroke Prevention: The HOPE-3 Trial
Twelve Month Outcomes of the AFFINITY Trial
J. H. Kannel, J. H. Kannel

Hypertension

Featured Articles
Nocturnal hypertension and heart failure
Blood-brain barrier crossing
antihypertensive drugs and cognition
Orthostatic hypotension and cognitive aging
Epigenetic markers of child's arterial stiffness
Controversies in Hypertension: Bedtime dosing of antihypertensive medications
Human hypertensive gut bacteriome

Cardiovascular Medicine and Surgery

Debabrata Mukherjee
Richard A. Lange

Steven R. Bailey
Rajeshwari R. Baliga
Michael J. Bello
Bryann Bockart
Joaquin E. Cigarroa
Mario J. Garcia
Michael E. Jensen
Kalyanesh Shrivastava
Keren J. Sidor

PRINCIPLES OF Exercise Testing AND Interpretation

Kathy E. Sietsma
Darryl Y. Sue
William W. Stringer
Susan A. Ward

Cardiac Catheterization, Angiography, and Intervention



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#AHA21 #RESS21 #QCOR21

STAY CONNECTED

See page 54 for complete information about the **Mobile Meeting Guide App and Scavenger Hunt.**

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JOIN US FOR A Virtual Symposium at the Scientific Sessions 2021

IONIS®

Hidden in Plain Sight: ATTR CM in Overlooked Patient Populations

Sunday, November 14th
7:30pm - 9:00pm EST

AND ((●)) **ON DEMAND**

In this symposium we will discuss the prevalence of ATTR-CM in Black Americans and in subpopulations with HFpEF, addressing biological and genetically inherited differences, implicit bias, and healthcare challenges that may disproportionately impact the diagnosis and treatment of those groups.

**We look forward to you
joining the discussion!**

PRESENTERS:



Mat Maurer, MD

Arnold and Arlene Goldstein
Professor of Cardiology

Professor of Medicine
Columbia University
Irving Medical Center
New York Presbyterian Hospital



**Alanna A. Morris MD, MSc,
FHFSA, FACC, FAHA**

Associate Professor of Medicine,
Division of Cardiology

Director of Heart Failure Research
Emory University Clinical
Cardiovascular Research Institute



**Kevin M. Alexander,
MD, FACC, FHFSA**

Assistant Professor of Medicine,
Advanced Heart Failure and
Transplant Cardiology

Stanford Amyloid Center,
Stanford University



Keyur B. Shah, MD

David E. Tolman Professor
in Heart Failure
Section Chief, Heart Failure

Virginia Commonwealth Univ. Health

Welcome



Manesh R. Patel,
MD, FAHA
Chair, Committee
on Scientific
Sessions Program

It is my great pleasure to welcome you to the American Heart Association's Scientific Sessions 2021. This year's meeting is centered around renewed connections and passionate discussions on the year's most ground-breaking updates in the fields of cardiovascular clinical, basic and population science.

Regardless of your location, you have the opportunity to participate in group discussions and debates, engage with interactive sessions featuring cutting-edge topics across an array of specialties, and meaningfully connect with peers, mentors and friends from around the world.

The scope and quality of the scientific exchange is what makes AHA Scientific Sessions the premier cardiovascular research and instructional meeting in the world.

- Watch as the most highly anticipated breakthroughs in patient care are announced during Late Breaking Science sessions.
- Immerse yourself in cutting-edge CV science topics during our Main Event sessions.
- Stay on top of the latest trends in health care technology with the 3-day Health Tech & Innovative offerings.
- Over 400 sessions including subspecialty and cross-specialty programming, and 4,000 abstracts!
- Engage with the world's resuscitation science elite at the 3-day Resuscitation Science Symposium (ReSS).
- Connecting with colleagues has never been easier with numerous ways to engage your colleagues.

So, please join in on the conversation happening online by following #AHA21. I can't wait to see you there!

Sincerely yours,

Manesh R. Patel, MD, FAHA

Chair, Committee on Scientific Sessions Program

Experience #AHA21

Meet us online (via the **Scientific Sessions 2021 virtual platform**) for the global cardiovascular event of the year. At Scientific Sessions 2021, Nov. 13-15, experience breakthrough cardiovascular basic, clinical and population science updates, reconnect with colleagues and immerse yourself in innovative solutions designed to help you in your daily practice.

In this unprecedented year, the AHA is offering its Scientific Sessions programming in ways that let you define your programming experience thanks to our interactive, fully virtual event. You can enjoy Featured Sessions, Multidisciplinary Sessions and On-Demand Content with the same registration.

	 Scientific Sessions	 VIRTUAL SCHEDULE AT A GLANCE	#AHA21
	SATURDAY November 13	SUNDAY November 14	MONDAY November 15
6:00 AM EST – 8:00 AM EST	Satellite Events Networking Activities	Satellite Events Networking Activities	Satellite Events Networking Activities
8:00 AM EST – 12:00 PM EST	Opening Session Main Events Late-Breaking Science Industry Events Networking Activities Special Programming*	Main Events Late-Breaking Science Industry Events Networking Activities Special Programming*	Main Events Late-Breaking Science Industry Events Networking Activities Special Programming*
12:00 PM EST – 6:30 PM EST	Main Events Late-Breaking Science Industry Events Networking Activities Special Programming*	Presidential Session (1 PM) Main Events Late-Breaking Science Industry Events Networking Activities Special Programming*	Satellite Events Main Events Late-Breaking Science Industry Events Networking Activities Special Programming*
5:30 PM EST – 9:00 PM EST	Satellite Events Networking Activities	Satellite Events Networking Activities	Networking Activities
 American Heart Association.	*Early Career & FIT, Women in Science & Medicine programming		
	ReSS at Sessions November 12-14		QCOR at Sessions November 15
	ePosters Exhibits OnDemand Content		



Scientific Sessions 2021 will be a highly interactive online experience. This is your chance to participate in the ground-breaking discussions while also enjoying your favorite #AHA21 benefits included in the online offering:

- Live and On-Demand sessions across 27 communities covering Basic, Clinical and Population science
- Real connections, real conversations at your fingertips
- Presentations by global thought leaders
- Personalized education for CE and MOC credits
- Exclusive council activities, awards and recognition

Enjoy access to leaders in the field and uncover the latest discoveries in cardiovascular science and medicine. You can also reconnect and collaborate with global thought leaders from all over the world.



ReSS at
Sessions



QCOR at
Sessions

Your Scientific Sessions registration also gives you access to the **Resuscitation Science Symposium (ReSS)**, which takes place Nov. 12-14, and the **Quality of Care and Outcomes Research (QCOR Conference)** on Nov. 15.

Paid Advertisement

Following hospitalization for HF or outpatient IV diuretic use in adults with symptomatic chronic HF and ejection fraction less than 45%

Provide a stabilizing force when your patient needs it most.

 **Verquvo[®]**
(vericiguat) tablets
2.5 mg, 5 mg, 10 mg

Not an actual patient.

HF = heart failure; IV = intravenous.

Indications and Usage

VERQUVO is indicated to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for HF or need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%.

SELECTED SAFETY INFORMATION

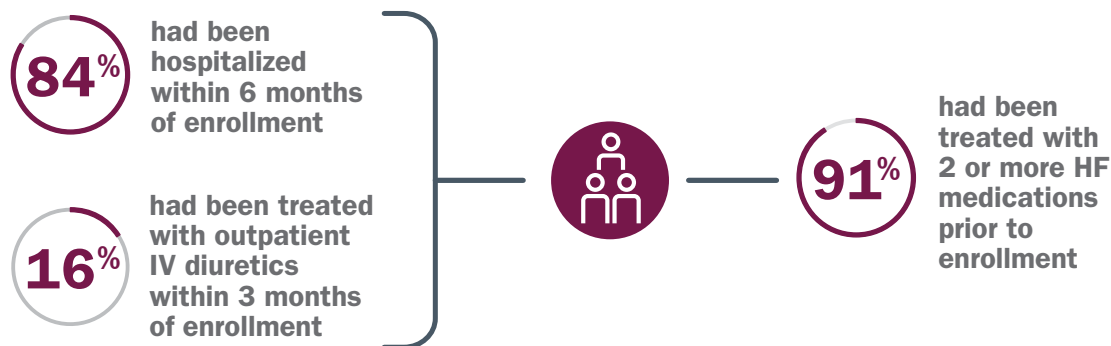
WARNING: EMBRYO-FETAL TOXICITY

Females of reproductive potential: Exclude pregnancy before the start of treatment. To prevent pregnancy, females of reproductive potential must use effective forms of contraception during treatment and for one month after stopping treatment. Do not administer VERQUVO to a pregnant female because it may cause fetal harm.

Please read the adjacent Brief Summary of the Prescribing Information, including the Boxed Warning about embryo-fetal toxicity.

VERQUVO was studied in high-risk patients following a worsening HF event, who were at higher risk for future events¹

Patients enrolled in the VICTORIA study had recently experienced worsening HF events despite being well-treated



Primary composite endpoint of CV death and HFH: Event rate (% of patients per year)^a

37.8% Of patients per year in the placebo arm of the VICTORIA study, who were on guideline-recommended therapies, experienced an HF hospitalization or CV death

- Among these patients, guideline-recommended therapies included beta blockers, angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), mineralocorticoid receptor antagonists (MRAs), combination of an angiotensin receptor and neprilysin inhibitor (ARNIs), or sodium glucose co-transporter 2 (SGLT2) inhibitors

Study Design

VICTORIA was a Phase 3, randomized, parallel-group, placebo-controlled, double-blind, event-driven, multicenter trial comparing VERQUVO to placebo when added to background HF therapy in 5,050 adult patients with NYHA class II-IV chronic HF and LVEF <45% following a worsening HF event (defined as HF hospitalization within 6 months before randomization or use of outpatient IV diuretics for HF within 3 months before randomization). Patients were treated up to the target maintenance dose of VERQUVO 10 mg once daily or matching placebo. The primary endpoint was a composite of time to first event of CV death or HF hospitalization.²

^aTotal patients with an event per 100 patient years at risk.

CV = cardiovascular; LVEF = left ventricular ejection fraction; NYHA = New York Heart Association; VICTORIA = Vericiguat in Patients with Heart Failure and Reduced Ejection Fraction.

SELECTED SAFETY INFORMATION

- VERQUVO is contraindicated in patients with concomitant use of other soluble guanylate cyclase (sGC) stimulators.
- VERQUVO is contraindicated in pregnancy.
- **Embryo-Fetal Toxicity:** Based on data from animal reproduction studies, VERQUVO may cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential of the potential risk to a fetus. Obtain a pregnancy test before the start of treatment. Advise females of reproductive potential to use effective contraception during treatment with VERQUVO and for at least one month after the final dose.

Please read the adjacent Brief Summary of the Prescribing Information, including the Boxed Warning about embryo-fetal toxicity.

 **Verquvo[®]**
(vericiguat) tablets
2.5 mg, 5 mg, 10 mg

Help keep patients moving forward following a worsening HF event

Once-daily VERQUVO provided a powerful annualized absolute risk reduction of CV death or HF hospitalization compared to placebo

Primary composite endpoint of CV death or HF hospitalization in the VICTORIA study^a

4.2%  **annualized ARR^b** **NNT of 24**

HR=0.90 (95% CI: 0.82-0.98) $P=0.019^{c,d}$

For 1 year to prevent 1 event

Based on an event rate of 33.6% of patients per year for VERQUVO (N=2,526) vs 37.8% of patients per year for placebo (N=2,524)^e

Primary endpoint results show a risk reduction in both CV death and HF hospitalization with VERQUVO compared to placebo

VERQUVO demonstrated a tolerability profile that was similar to placebo

16%
VERQUVO
(N=2,519)

HYPOTENSION

15%
Placebo
(N=2,515)

10%
VERQUVO
(N=2,519)

ANEMIA

7%
Placebo
(N=2,515)

^aFor patients with multiple events, only the first event contributing to the composite endpoint is counted.

^bARR, calculated as the difference (placebo - VERQUVO) in event rate per 100 patient years.

^cHR (VERQUVO over placebo) and CI from a Cox proportional hazards model.

^dFrom the log-rank test.

^eTotal patients with an event per 100 patient years at risk.

ARR = absolute risk reduction; CI = confidence interval; HR = hazard ratio; N = number of patients in intent-to-treat (ITT) population for efficacy outcomes²; N = all patients as treated for safety analyses²; NNT = number needed to treat.

SELECTED SAFETY INFORMATION

- In a clinical trial, the most commonly observed adverse events with VERQUVO vs placebo, occurring at a frequency $\geq 5\%$, were hypotension (16% vs 15%) and anemia (10% vs 7%).
- Concomitant use of VERQUVO with PDE-5 inhibitors is not recommended due to the potential for hypotension.
- There are no data on the presence of vericiguat in human milk, the effects on the breastfed infant, or effects on milk production. Because of the potential for serious adverse reactions in breastfed infants from VERQUVO, advise women not to breastfeed during treatment with VERQUVO.

Please read the adjacent Brief Summary of the Prescribing Information, including the Boxed Warning about embryo-fetal toxicity.

 **Verquvo[®]**
(vericiguat) tablets
2.5 mg, 5 mg, 10 mg

Following HF hospitalization or outpatient IV diuretic use in adults with symptomatic chronic HF and ejection fraction less than 45%

VERQUVO could be the stabilizing force they need to move forward

VERQUVO may help reduce the risk of HF hospitalization or CV death for the high-risk HFrEF patient¹



VERQUVO delivered a 4.2% annualized ARR compared to placebo^a based on an event rate of 33.6% of patients per year for VERQUVO (N=2,526) and 37.8% of patients per year for placebo (N=2,524)^b



Annualized NNT of 24

For 1 year to prevent 1 event



Convenient once-daily dosing

The recommended starting dose of VERQUVO is 2.5 mg orally once daily with food. Double the dose of VERQUVO approximately every 2 weeks to reach the target maintenance dose of 10 mg once daily, as tolerated by the patient. For patients who are unable to swallow whole tablets, VERQUVO may be crushed and mixed with water immediately before administration.

Visit verquvohcp.com for more information

^aARR, calculated as difference (placebo - VERQUVO) in event rate per 100 patient years.

^bTotal patients with an event per 100 patient years at risk.

Click [here](#) for study description.

HFrEF = heart failure with reduced ejection fraction.

Indications and Usage

VERQUVO is indicated to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for HF or need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%.

SELECTED SAFETY INFORMATION

- VERQUVO is contraindicated in patients with concomitant use of other soluble guanylate cyclase (sGC) stimulators.
- VERQUVO is contraindicated in pregnancy.
- **Embryo-Fetal Toxicity:** Based on data from animal reproduction studies, VERQUVO may cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential of the potential risk to a fetus. Obtain a pregnancy test before the start of treatment. Advise females of reproductive potential to use effective contraception during treatment with VERQUVO and for at least one month after the final dose.

Please read the adjacent Brief Summary of the Prescribing Information, including the Boxed Warning about embryo-fetal toxicity.

References: **1.** Butler J, Yang M, Manzi MA, et al. Clinical course of patients with worsening heart failure with reduced ejection fraction. *J Am Coll Cardiol.* 2019;73(8):935-944. **2.** Armstrong PW, Pieske B, Anstrom KJ, et al. Vericiguat in patients with heart failure and reduced ejection fraction. *N Engl J Med.* 2020;382(20):1883-1893.



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Brief Summary of the Prescribing Information for VERQUVO® (vericiguat) tablets: 2.5 mg, 5 mg, 10 mg

WARNING: EMBRYO-FETAL TOXICITY

Females of reproductive potential: Exclude pregnancy before the start of treatment. To prevent pregnancy, females of reproductive potential must use effective forms of contraception during treatment and for one month after stopping treatment. Do not administer VERQUVO to a pregnant female because it may cause fetal harm.

INDICATIONS AND USAGE

VERQUVO® is indicated to reduce the risk of cardiovascular death and heart failure (HF) hospitalization following a hospitalization for heart failure or need for outpatient IV diuretics, in adults with symptomatic chronic HF and ejection fraction less than 45%.

DOSAGE AND ADMINISTRATION

Recommended Dosage

The recommended starting dose of VERQUVO is 2.5 mg orally once daily with food.

Double the dose of VERQUVO approximately every 2 weeks to reach the target maintenance dose of 10 mg once daily, as tolerated by the patient.

For patients who are unable to swallow whole tablets, VERQUVO may be crushed and mixed with water immediately before administration.

Pregnancy Testing in Females of Reproductive Potential

Obtain a pregnancy test in females of reproductive potential prior to initiating treatment with VERQUVO.

CONTRAINDICATIONS

VERQUVO is contraindicated in patients with concomitant use of other soluble guanylate cyclase (sGC) stimulators.

VERQUVO is contraindicated in pregnancy.

WARNINGS AND PRECAUTIONS

Embryo-Fetal Toxicity

Based on data from animal reproduction studies, VERQUVO may cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential of the potential risk to a fetus. Obtain a pregnancy test before the start of treatment. Advise females of reproductive potential to use effective contraception during treatment with VERQUVO and for at least one month after the final dose.

ADVERSE REACTIONS

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in practice.

VERQUVO was evaluated in VICTORIA, which included 2,519 patients treated with VERQUVO (up to 10 mg once daily). The mean duration of VERQUVO exposure was 1 year, and the maximum duration was 2.6 years. Table 1 lists adverse drug reactions occurring more commonly with VERQUVO than placebo and in ≥5% of patients treated with VERQUVO in VICTORIA.

Table 1: Adverse Drug Reactions Occurring with VERQUVO in VICTORIA

Adverse Drug Reaction	VERQUVO % N = 2,519	Placebo % N = 2,515
Hypotension	16	15
Anemia	10	7

DRUG INTERACTIONS

Other Soluble Guanylate Cyclase Stimulators

VERQUVO is contraindicated in patients with concomitant use of other soluble guanylate cyclase (sGC) stimulators.

PDE-5 Inhibitors

Concomitant use of VERQUVO with PDE-5 inhibitors is not recommended because of the potential for hypotension.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

Based on data from animal reproduction studies, VERQUVO may cause fetal harm when administered to a pregnant woman and is contraindicated during pregnancy. There are no available data with VERQUVO use in pregnant women. In animal reproduction studies, oral administration of vericiguat to pregnant rabbits during organogenesis, at ≥4 times the human exposure (total AUC) with the maximum recommended human dose (MRHD) of 10 mg, resulted in malformations of the heart and major vessels, as well as increased number of abortions and resorptions. In a pre/postnatal toxicity study, vericiguat administered orally to rats during gestation through lactation caused maternal toxicity, which resulted in decreased pup body weight gain (≥10 times the MRHD) and increased pup mortality (24 times the MRHD) during the preweaning period.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

If a patient becomes pregnant while receiving VERQUVO, healthcare providers should report VERQUVO exposure by calling 1-877-888-4231.

Data

Animal Data

In an embryo-fetal development study in rabbits, vericiguat was administered orally to pregnant rabbits during the period of organogenesis from gestation day (GD) 6 to 20 at doses of 0.75, 2.5 or 7.5 mg/kg/day.

An increased incidence of cardiac ventricular septal defect along with truncus arteriosus communis was observed at ≥2.5 mg/kg/day, which is ≥4 times the human exposure at the MRHD. Maternal toxicity (decreased food consumption and body weight loss), which may have resulted in late spontaneous abortions and resorptions was noted at ≥2.5 mg/kg/day (≥4 times the human exposure at the MRHD). There were no maternal toxicity or abortions/resorptions and no malformations of the heart and major vessels in rabbits at an exposure approximately equivalent to the human exposure at the MRHD.

In a prenatal developmental toxicity study in rats, vericiguat was administered orally to pregnant rats during the period of organogenesis from GD 6 to 17 at doses of 5, 15 or 50 mg/kg/day. No developmental toxicity was observed up to the highest dose (36 times the human exposure [total AUC] at the MRHD). Maternal toxicity (decreased body weight gain and food consumption) was observed at ≥15 mg/kg/day (≥10 times the human exposure at the MRHD). There was no maternal toxicity at 5 mg/kg/day (4 times the human exposure at the MRHD).

In a pre-postnatal development study in rats, vericiguat was administered orally at doses of 7.5, 15 or 30 mg/kg/day from GD 6 through lactation day 21. Maternal toxicity (decreases in food consumption and body weight gain) was observed at all dose levels ≥6 times the human exposure (total AUC) at the MRHD and resulted in decreased pup body weight gain at ≥15 mg/kg/day (≥10 times the human exposure at the MRHD) and pup mortality at 30 mg/kg/day (24 times the MRHD).

[¹⁴C]-vericiguat was administered orally to pregnant rats at a dose of 3 mg/kg. Vericiguat-related material was transferred across the placenta, with fetal plasma concentrations of approximately 67% maternal concentrations on GD 19.

Lactation

Risk Summary

There are no data on the presence of vericiguat in human milk, the effects on the breastfed infant, or the effects on milk production. Vericiguat is present in the milk of lactating rats and it is likely that vericiguat or its metabolites are present in human milk. Because of the potential for serious adverse reactions in breastfed infants from VERQUVO, advise women not to breastfeed during treatment with VERQUVO.

Data

[¹⁴C]-vericiguat was administered intravenously to lactating rats at a dose of 1 mg/kg. Vericiguat-related material was excreted into milk at concentrations approximately 12% maternal plasma concentrations on LD 8.

Females and Males of Reproductive Potential

Pregnancy Testing

Verify the pregnancy status in females of reproductive potential prior to initiating VERQUVO.

Contraception

Females

VERQUVO may cause fetal harm when administered to a pregnant woman. Advise females of reproductive potential to use effective contraception during treatment and for one month after the final dose.

Pediatric Use

Safety and effectiveness of VERQUVO have not been established in pediatric patients.

Geriatric Use

No dosage adjustment of VERQUVO is required in geriatric patients. In VICTORIA, a total of 1,596 (63%) patients treated with VERQUVO were 65 years and older, and 783 (31%) patients treated with VERQUVO were 75 years and older. No overall differences in safety or efficacy of VERQUVO were observed between patients aged 65 years and older compared to younger patients, but greater sensitivity of some older individuals cannot be ruled out.

Renal Impairment

No dosage adjustment of VERQUVO is recommended in patients with estimated glomerular filtration rate (eGFR) ≥15 mL/min/1.73m² who are not on dialysis. VERQUVO has not been studied in patients with eGFR <15 mL/min/1.73m² at treatment initiation or on dialysis.

Hepatic Impairment

No dosage adjustment of VERQUVO is recommended in patients with mild or moderate hepatic impairment (e.g., Child-Pugh A or B). VERQUVO has not been studied in patients with severe hepatic impairment (e.g., Child-Pugh C).

OVERDOSAGE

Limited data are available with regard to overdosage in human patients treated with VERQUVO. In VICTORIA, doses up to 10 mg have been studied. In a study of patients with preserved ejection fraction heart failure (left ventricular ejection fraction ≥45%), multiple doses of VERQUVO 15 mg have been studied and were generally well tolerated. In the event of an overdose, hypotension may result. Symptomatic treatment should be provided. VERQUVO is unlikely to be removed by hemodialysis because of high protein binding.

For more detailed information, please read the Prescribing Information.

uspi-mk1242-t-2106r001

Revised: 06/2021



Scientific
Sessions

Visit the Exhibit Hall



**Exhibits are
open daily
Nov. 13-15, 2021.**
Accessible OnDemand
through Dec. 15, 2021.



Simulation and
educational
demonstrations

DON'T MISS THESE

Main Events

Saturday, Nov. 13

9:30 a.m. EST

- Managing Stable CAD in a Post-Ischemia World
- Cardio-Oncology: From a Science Journey to a Patient Journey

11 a.m. EST

- Novel Strategies to Promote Healthy Vascular Aging
- Cardiovascular Health After 10 Years: What Have We Learned, and What is the Future?
- ACC/AHA Valvular Heart Disease Guidelines: What You Need to Know and What Comes Next

3 p.m. EST

- Atrial Fibrillation in 2021: Prepare for New Directions
- 2021 Dietary Guidance to Improve Cardiovascular Health

4:30 p.m. EST

- COVID Vaccine Development and CVD Implications: Updates and Fireside Chat
- Organ on Demand: 3D Printing for CVD
- Structuring the Future: Planning and Imaging of Structural Heart Interventions

Sunday, Nov. 14

8 a.m. EST

- Paul Dudley White International Lecture and Session
- War on Pulmonary Embolism: Ending Complacency in the Face of Critical Clinical and Research Challenges

9:30 a.m. EST

- Science Catalyst Keynote and Thomas Smith Memorial Lecture
- Achieving Health Equity: Advancing to Solutions
- Rapid Fire Results From AHA Research on COVID-19

3:30 p.m. EST

- Where Should New Heart Failure Guidelines Change in 2021?
- Distinguished Scientist Lecture

5 p.m. EST

- Single Cell Profiles in Cardiovascular Diseases

Monday, Nov. 15

8 a.m. EST

- Digital Impact on Disparities in Cardiovascular Care: Can Big Tech Step up to the Challenge?
- Singling Out Cardiac Fibrosis and Regeneration: Insights From Single Cell Biology

9:30 a.m. EST

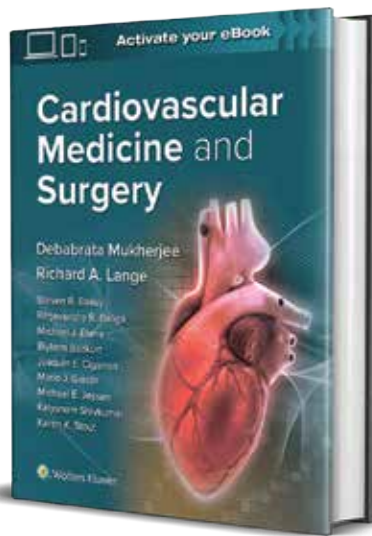
- Chest Pain Guidelines
- Long-Term COVID-19: Cardiopulmonary Translational Science
- Intersection Between Academic Role in Basic Science and Industry

11 a.m. EST

- Confronting the Tide of Heart Failure in Diabetes: From Mechanisms to Management
- The Dr. Nanette K. Wenger Research Goes Red® Award

3 p.m. EST

- Closing Session: Trending Topics at AHA 2021



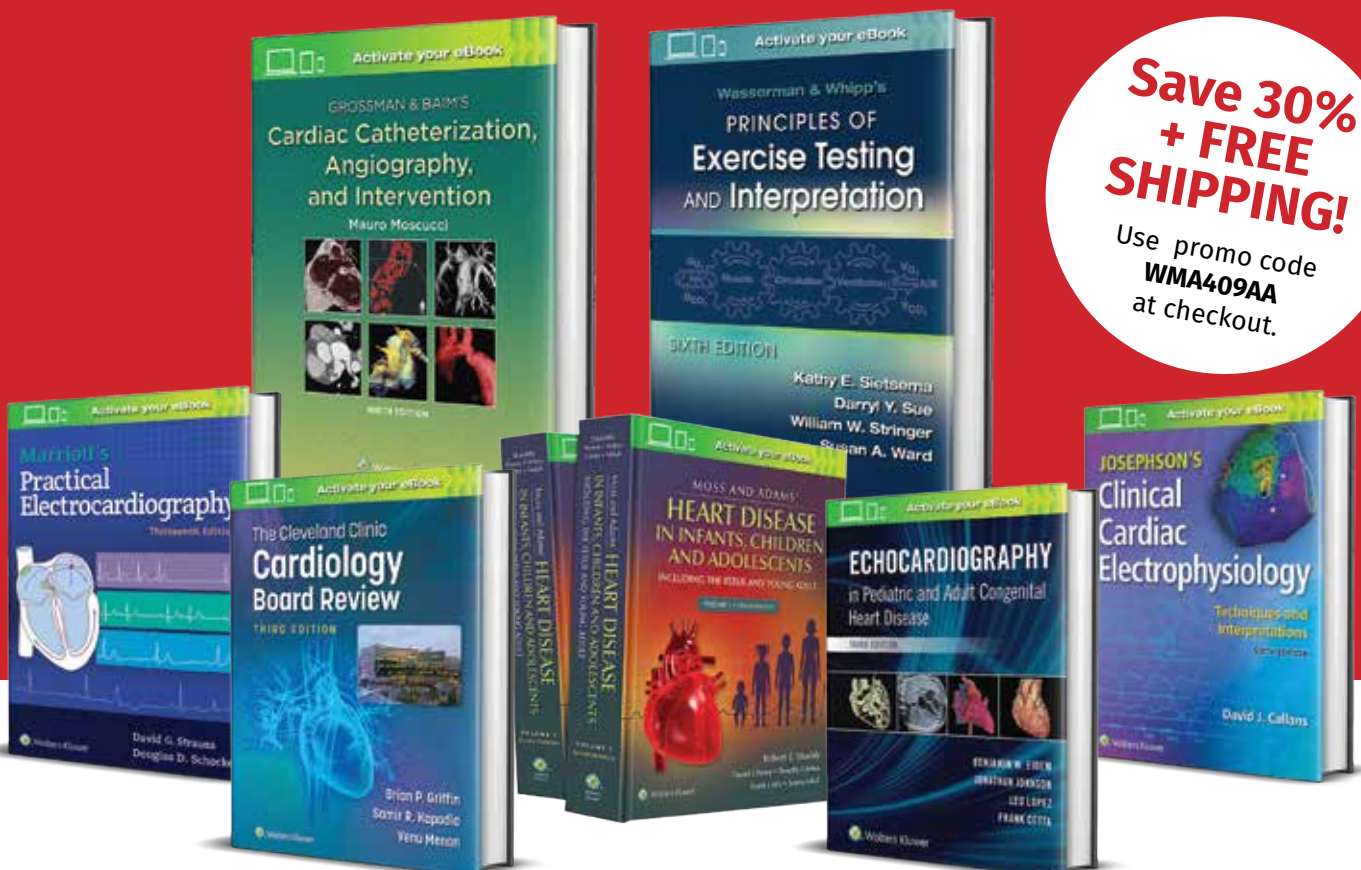
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Late-Breaking Science

Saturday, Nov. 13

9:30-10:30 a.m. EST

LBS.01 | Valves, Veins and New Viewpoints in Cardiothoracic Surgery

- Aortic Valve Replacement Versus Watchful Waiting in Asymptomatic Severe Aortic Stenosis: The Avatar Trial (AVATAR)
- Evaluating the Benefit of Concomitant Tricuspid Repair During Mitral Valve Surgery
- A Randomized Study of Early Versus Standard Coronary Artery Bypass Surgery Among Patients Presenting With Acute Coronary Syndromes Treated With Ticagrelor (RAPID CABG)
- Efficacy and Safety of an External Support Device for Saphenous Vein Coronary Bypass Grafts: The VEST Trial (VEST)

3-4 p.m. EST

LBS.02 | Hypertension: Local, Global and Pandemic Impacts

- A Remotely Delivered Hypertension and Lipid Program in 10,000 Patients Across a Diverse Health Care Network
- Disruption in Blood Pressure Control With the COVID-19 Pandemic: A Study of 24 U.S. Health Systems in the PcorNet Blood Pressure Control Laboratory (BP Track)
- A Cluster Randomized Trial of a Village Doctor-led Intervention on Blood Pressure Control: China Rural Hypertension Control Project (CRHCP)

Sunday, Nov. 14

8-9 a.m. EST

LBS.03 | Prevention to Intervention in Atrial Arrhythmias

- The Coffee and Real-time Atrial and Ventricular Ectopy (CRAVE) Trial (CRAVE)
- Dabigatran Versus Warfarin on Cognitive Outcomes in Nonvalvular Atrial Fibrillation: Results of The GIRAF Trial. (GIRAF)
- Posterior Left Pericardiotomy Reduces Postoperative Atrial Fibrillation After Cardiac Surgery (PALACS)
- Outcomes of Adjunctive Left Atrial Appendage Ligation Utilizing the LARIAT Compared to Pulmonary Vein Antral Isolation Alone: The AMAZE Trial (AMAZE)

2:45 pm - 3:45 p.m. EST

LBS.04 | Information Overload? Striving to Improve Care Delivery Through Digital Health and Automated Data

- Risk Evaluation and its Impact on Clinical Decision Making and Outcomes in Heart Failure: The REVeAL-HF Trial (REVeAL-HF)
- Detection of Atrial Fibrillation in a Large Population Using Wearable Devices: The Fitbit Heart Study
- Testing Individualized Triggers of Atrial Fibrillation: A Randomized Controlled Trial (I-STOP-AFib)

4-5 p.m. EST

LBS.05 | Building on the Foundations of Treatment: Advances in Heart Failure Therapy

- Empagliflozin in Heart Failure With a Preserved Ejection Fraction $\geq 50\%$ - Results From the EMPEROR-Preserved Clinical Trial (EMPEROR-Preserved)
- The Canagliflozin Impact on Health Status, Quality of Life and Functional Status in Heart Failure (CHIEF-HF) Clinical Trial (CHIEF-HF)
- Efficacy and Safety of Empagliflozin in Hospitalized Heart Failure Patients: Main Results From the EMPULSE Trial (EMPULSE)
- Randomized Trial of Targeted Transendocardial Delivery of Mesenchymal Precursor Cells in High-Risk Chronic Heart Failure Patients With Reduced Ejection Fraction (DREAM-HF)

Monday, Nov. 15

8-9 a.m. EST

LBS.06 | Fish Oil, Cocoa and Cholesterol: Recipes for CVD Prevention?

- Icosapent Ethyl Versus Placebo in Outpatients With COVID-19: The Main Results of PREPARE-IT 2 (PREPARE-IT 2)
- The Clinical Safety, Pharmacokinetics, and LDL-Cholesterol Lowering Efficacy of MK-0616, an Oral PCSK9 Inhibitor

11 a.m.-Noon EST

LBS.07 | New Drugs and New Drug Indications in Cardiovascular Disease

- Effects Of Aspirin on Dementia and Cognitive Impairment in the ASCEND Trial (ASCEND)
- P2y12 Inhibitors in Noncritically Ill Hospitalized Patients With COVID-19 (ACTIV-4A)
- Effect Of Bentricimab on Platelet Inhibition and Hemostasis in Ticagrelor Patients With Uncontrolled Hemorrhage or Requiring Urgent Surgery in the REVERSE-IT (REVERSE-IT)
- Milvexian for Prevention of Venous Thromboembolism After Elective Knee Arthroplasty: The AXIOMATIC-TKR Study (AXIOMATIC-TKR)

Don't forget to visit the virtual Exhibit Hall for the latest in Science & Technology

Exhibits are open daily Nov. 13-15, 2021, and available OnDemand through Dec. 15, 2021.



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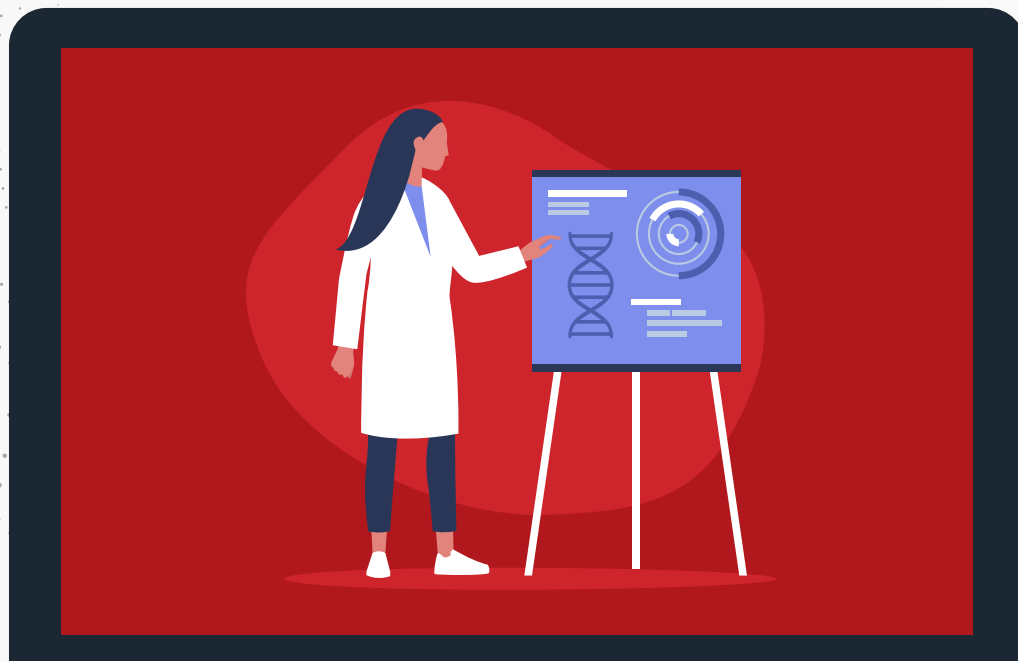
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Find the **Sessions That Matter to You** With Our **Programming Communities**

Scientific Sessions 2021 provides science for everyone, offering the global educational experience to improve cardiovascular health, champion scientific discovery and innovate clinical practice.

Sessions feature the most impactful breakthroughs and discussions in a broad array of topics. To tailor your search in the **Online Program Planner**, click the links below.

Basic Science

- Arteriosclerosis, Thrombosis, Vascular Biology
- Cardiac Development, Structure and Function
- Cellular Biology
- COVID-19
- Cross Specialty
- Drug Discovery
- Genetics and Genomics
- Metabolism and Physiology
- Signaling

Clinical Science

- Acute Coronary Syndromes
- Cardio-Oncology
- Congenital Heart Disease and Pediatric Cardiology
- COVID-19
- Cross Specialty
- Electrophysiology and Arrhythmias
- Heart Failure and Cardiomyopathies
- Hypertension and Nephrology
- Imaging and Nuclear Medicine
- Interventional Treatments
- Nursing Research and Clinical
- Pulmonary Hypertension and Critical Care
- Resuscitation Science Symposium
ReSS at Sessions | Nov. 12-14
- Stroke & Neuroscience
- Surgery & Anesthesia
- Vascular Disease and Thrombosis

Population Science

- Cardiometabolic Health and Diabetes
- COVID-19
- Cross Specialty
- Epidemiology, Big Data and Precision Medicine
- GRFW and Special Populations
- Health Tech
- Lifestyle & Behavioral Medicine
- Prevention, Health and Wellness
- Quality of Care and Outcomes Research
QCOR Scientific Sessions | Nov. 15

The **Online Program Planner** allows you to search sessions by Day, Session Type and Track, making it easier to plan your schedule. Please visit the Online Program Planner frequently for the most current programming.



Learning Studios

Attend programming about new cardiovascular products and therapeutic treatments. Check the mobile app for updates.

These events are not part of the official Scientific Sessions 2021 as planned by the AHA Committee on Scientific Sessions Program.

Saturday, Nov. 13

11-11:45 a.m. EST

The Heart of the Matter: A New Treatment for Slowing CKD Progression and Reducing CV Risk in Patients With CKD Associated With T2D

Recent advancements in clinical understanding of CKD associated with T2D and accompanying cardiovascular risk have informed new treatment options and strategies for disease management. This event will showcase a new prescription treatment for CKD associated with T2D and present clinical safety and efficacy data for this treatment. How to identify appropriate adult patients with CKD associated with T2D and how to initiate treatment will also be discussed. After the presentation, there will be an opportunity for Q&A.

Supporter: *Bayer HealthCare Pharmaceuticals Inc.*

Heart Failure Isn't the Only Type of Failure in Cardiology: Addressing the Misdiagnosis of HCM

Experts will explore challenging HCM patient cases, highlight clinical findings that should raise the index of suspicion for HCM among alternative diagnoses and discuss available imaging modalities and additional resources to help eliminate HCM misdiagnosis altogether

Supporter: *Bristol Myers Squibb*

11 a.m.-12:30 p.m. EST

Potential Impact of Virtual Longitudinal Studies

Mobile devices, wearable technology and easier patient access to health records provide opportunities for scaled, decentralized research that captures data from a host of different sources. The use of technology removes barriers to participation, increases access to traditionally under-represented groups, and results in the seamless generation

and collection of data. With that in mind, AHA will bring together key thought leaders in the cardiovascular and digital health space to discuss the changing landscape of virtual trials and studies, along with the benefits and challenges in accelerating research and ultimately improving health outcomes.

Supporter: Center for Health Technology and Innovation

12:30-1:15 p.m. EST

A Focus on Very High-Risk Patients in the Acute Setting: Understanding Vulnerable Plaque and Prioritizing LDL-C

In this presentation, Dr. Michael Blaha will discuss the importance of cholesterol management in very high-risk ACSVD patients in the acute setting and focus on plaque vulnerability and the role of LDL-C. Don't miss this informative presentation and discussion of a treatment option.

Supporter: Amgen Cardiovascular

Jardiance® (empagliflozin) Tablets: A Review of the Latest Data

This program will review recent clinical trial data for JARDIANCE. It will also provide information on JARDIANCE initiation and dosing as well as guidance for monitoring patients on JARDIANCE. Attendees will have the opportunity to ask the faculty questions about the data presented.

Supporter: Boehringer Ingelheim/Lilly, USA

Your Elderly Heart Failure Patient: Considerations, Management, and Future Directions

This program shares the geriatrician's perspective on chronic heart failure. Key discussion topics include an overview of the epidemiology and disease course of heart failure in elderly patients as well as an update on considerations for comorbidities, management and future directions for clinical practice and research.

Supporter: Novartis Pharmaceuticals Corporation - Medical Affairs

1:45-2:30 p.m. EST

Clinical Insights in CAD and/or PAD: Reducing the Risk of Major Cardiovascular Events

Patients with coronary artery disease (CAD) and/or peripheral artery disease (PAD) are at risk for major cardiovascular events, including cardiovascular death, myocardial infarction and stroke. This lecture will discuss an approach to reducing the risk of these events.

Supporter: Janssen Pharmaceuticals, Inc.

Opportunities to Improve Health Outcomes in ASCVD: A Focus on Population Health and a Call to Action for Health Equity

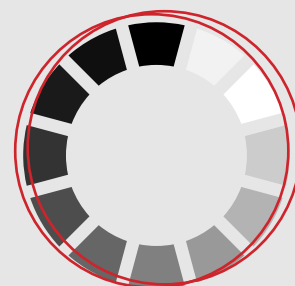
This disease state education program will focus on strategies to improve health outcomes in atherosclerotic cardiovascular disease (ASCVD). Key discussion topics will include an update on the prevalence and disease burden of ASCVD, exploring/differentiating population health approaches to optimize the primary and secondary prevention of ASCVD and a call to action to promote health equity and improve outcomes for ASCVD in the United States.

Supporter: Novartis Pharmaceuticals Corporation - Medical Affairs

3-4:30 p.m. EST

NHLBI Company Showcase

The American Heart Association (AHA) and the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) are convening at this year's Scientific Sessions to host a live virtual pitch exhibition featuring six NHLBI-funded companies. Attendees will have the opportunity to learn about the latest innovative cardiovascular technologies from each company. These companies are part of a larger portfolio of companies that are supported by the NHLBI Small Business Program, and will receive funding, coaching and partnering support as part of this program. After the session, attendees will be able to network and engage with each company.



1:45-2:15 p.m. Saturday Roundtable

What's New When It Comes to Diagnosing and Treating Hypertrophic Cardiomyopathy Patients

Join leading experts to learn how the 2020 Hypertrophic Cardiomyopathy (HCM) Guideline Update impacts the diagnostic and treatment options for patients, including what new treatments are on the horizon. Panelists will share their experience and insights including highlights from AHA's HCM initiative aiming to establish and advance a new standard of care for patients with HCM. AHA HCM initiative is proudly supported by Bristol Myers Squibb.

Sunday, Nov. 14

9:30-10:15 a.m. EST

Implementing GDMT in Worsening Heart Failure Patients – Easy or Challenging? A Debate

This session will explore the complexities of implementing GDMT in patients with worsening heart failure. Your peers will identify key clinical challenges and best practices, as well as discuss specific patient types that pose greater challenges to GDMT implementation. This will be followed by a spirited, collegial debate about the “ease” of implementing GDMT. A brief review of the new universal definition of heart failure and its new classification will set the stage for this lively debate.

Supporter: *Cytokinetics, Inc.*

Add on Efficacy. Oral, Nonstatin Therapies for Lowering LDL-C

- Atherosclerotic cardiovascular disease and lipid management
- Unique mechanism of action for two treatment options
- Efficacy data for two treatment options
- Safety data for two treatment options
- Overview of the ongoing Outcomes trial

Supporter: *Esperion Therapeutics, Inc.*

11-11:45 a.m. EST

Clinical Insights in NVAf: Reducing the Risk of Stroke and Systemic Embolism

Patients with nonvalvular atrial fibrillation (NVAf) are at risk of stroke. This lecture will present options for reducing the risk of stroke in patients with NVAf and in patients with NVAf and obesity.

Supporter: *Janssen Pharmaceuticals, Inc.*

Double Trouble: AF & HF

Following a deteriorating spiral of disease progression, heart failure (HF) and atrial fibrillation (AF) can present a significant public health challenge. Early rhythm control in AF can improve clinical outcomes, including among AF patients with HF. Unfortunately, siloed care leaves many patients undiagnosed and untreated. Join Drs. Jagmeet Singh and Javed Butler as they discuss exciting

new data on the management of these patients and how to bridge the clinical divide to improve patient care.

www.sanofi.com

Supporter: *Sanofi*

Cholesterol Efflux Hypothesis: Rethinking Good Cholesterol

CSL Behring is pleased to support the 2021 AHA Scientific Sessions Learning Studio, entitled ‘Cholesterol Efflux Hypothesis: Rethinking Good Cholesterol’. Chair Prof. Roxana Mehran will facilitate presentations and discussion with Prof. Gilles Montalescot and Prof. Dominick Angiolillo. The experts will discuss the risk of early recurrent CV events and the unmet need in the 90-day high-risk period following a heart attack, along with the relationship between cholesterol efflux capacity and CV outcomes.

Supporter: *CSL Behring*

12:15-1 p.m. EST

The Journey to Diagnosis: Recognizing the Signs and Symptoms of Transthyretin Amyloid Cardiomyopathy (ATTR-CM)

Transthyretin amyloid cardiomyopathy (or ATTR-CM) is an underrecognized and underdiagnosed disease that leads to heart failure. This presentation from a leading expert will provide an overview of ATTR-CM and highlight how to recognize the signs and symptoms that raise suspicion of ATTR-CM, while introducing approaches to achieve an appropriate diagnosis. The program will end with a review of the clinical data for a treatment option for ATTR-CM.

Supporter: *Pfizer, Inc.*

Diagnosing Aortic Stenosis in Women to Close the Treatment Gap

Despite medical advancements, gender disparities prevail regarding diagnosis and treatment for Valvular Heart Disease. With a focus on Aortic Stenosis, Dr. Pam Taub will use an evidence-based approach and patient examples to highlight the gender treatment gap. Dr. Taub will also cover the need for early detection in alignment with the latest ACC/AHA guidelines and share practical examples to help overcome barriers that

impede timely intervention for women. Learning Studio discussion also includes SMART Trial details.

Supporter: *Medtronic*

Evolving the Chronic Heart Failure Treatment Paradigm in Cardiology

This program will use a case-based approach to review the clinical impact of recent developments in the treatment of chronic heart failure.

Supporter: *Novartis Pharmaceuticals Corporation*

3:30-4:15 p.m. EST

VASCEPA® (icosapent ethyl): Elevating the Standard of Care

There is an urgency to treat Persistent Cardiovascular Risk (P-CVR) as it remains high despite statin-based standard-of-care therapy in patients with elevated triglycerides. In this program, we will review data from a practice changing trial that provides a groundbreaking therapeutic option to elevate the current standard of care.

Supporter: *Amarin Pharma, Inc.*

Monday, Nov. 15

9:30-10:15 a.m. EST

How the Democratization of Fitness Can Improve Health Outcomes

Planet Fitness CEO Chris Rondeau and the 17th Surgeon General of the United States Dr. Richard Carmona will discuss the benefits of physical activity for preventative health and for those who have undergone cardiovascular therapies. Mr. Rondeau, a pioneer of the low-cost/high value fitness offering, has led the expansion of Planet Fitness as one of the largest fitness brands in the world. Dr. Carmona, a leading advocate for health literacy, has worked to close the gap in health disparities.

Supporter: *Planet Fitness, Inc.*

12:30-1:15 p.m. EST

A Treatment Option for Patients With HFrEF Following a Worsening HF Event

- Highlight the burden of HFH in patients with HFrEF
- Review a treatment option for reducing the risk of HFH and CV death in patients with HFrEF

Supporter: *Merck & Co., Inc.*

Comprehensive & Expanding: Overview of MEDTRONIC's SPYRAL-HTN Global Clinical Trial Program

Attend this session if you want to:

- Understand the latest clinical evidence from the SPYRAL-HTN OFF MED and SPYRAL-HTN ON MED
- Learn more about the long-term durability and safety of renal denervation in a real-world patient population
- Review the latest guidance from key US societies regarding renal denervation with the experts

Supporter: *Medtronic*

Explore these AHA initiatives in the Virtual Exhibit Hall

- Research
- Scientific Journals
- Hands Only CPR
- Quality Improvement (QORA)
- Consumer Health
- Lifelong Learning
- Target Aortic Stenosis
- Healthcare Business Solutions (ECC)





Extend your access
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Nov. 13-Dec. 15, 2021

Registered attendees can access the cutting-edge basic, translational and clinical science virtually from Nov. 13-Dec. 15, 2021.

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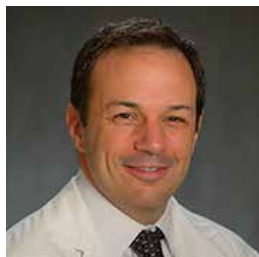
If you were unable to attend AHA's Scientific Sessions 2021, or you just want to catch-up on presentations that you might have missed, you can continue to experience the meetings virtually through OnDemand Extended Access.

For more
information,
please click
[here](#).

OnDemand Extended Access is available for FREE to all paid levels of AHA Members, and available for purchase to those who choose to remain non-Members.

Two AHA specialties—Resuscitation Science Symposium (ReSS) and Quality of Care and Outcomes Research (QCOR) Scientific Sessions—are being held in conjunction with Scientific Sessions 2021.

#RESS21



Benjamin S. Abella, MD, MPhil, FAHA
ReSS Program
Committee Chair



Michael W. Donnino, MD
ReSS Program
Committee Vice Chair

#ReSS21 takes place Nov. 12-14. ReSS programming will lead clinicians and researchers in discussions of recent advances related to treating cardiopulmonary arrest and life-threatening traumatic injury. With a better understanding of the shared pathophysiology between cardiac arrest and traumatic injury at multiple levels of biological organization, ReSS can provide a unique opportunity for transdisciplinary interactions that rapidly translate advances in the resuscitation field from fundamental to translational to clinical to population science.

ReSS programming includes:

- Updates in Post-Arrest Targeted Temperature Management (TTM)
- New Directions in Intra-Arrest Management
- Survivorship: Current Needs and Knowledge Gaps
- The Year in Review and ILCOR Update
- Special Circumstances in Resuscitation
- Late Breaking Resuscitation Science
- Oral Abstract Presentations, including Best of the Best Oral Abstracts
- Moderated Digital Posters and ePoster Presentations

#QCOR21



Umesh Khot, MD
Chair, QCOR Program
Committee



Emily O'Brien, PhD
Vice Chair, QCOR
Program Committee

Sessions for the Quality of Care and Outcomes Research Meeting (QCOR) Conference 2021 will be presented Nov. 15.

Participants in the Quality of Care and Outcomes Research in Cardiovascular Disease and Stroke 2021 Scientific Sessions play a major role in efforts to improve the quality of cardiovascular medical care and patient outcomes. It is the only major international meeting focused on cardiovascular issues in which clinical researchers interact in a meaningful way with policy makers and quality outcomes experts. The confluence of these players is critical in today's changing healthcare environment, in which quality and cost issues can no longer be divorced from clinical care or the patient experience.

Highlights of QCOR at Sessions include:

- Early Career Investigator Award
- The State of the Art in mHealth for Cardiovascular Disease (AHA SFRN for Health IT)
- Circ:QO Journal Editorial Board
- Global Cardiovascular Outcomes
- Abstract Oral Sessions
- ePosters and Moderated Digital Posters
- QCOR Awards 2021 and Moderated Networking Session



Symposia Schedule

These events are not part of the official Scientific Sessions 2021 as planned by the AHA Committee on Scientific Sessions Program.

Saturday, Nov. 13

Making New Strides in Hypertrophic Cardiomyopathy: The Latest Guidelines, Science and Strategies for Early Diagnosis and Tailored Treatment

6:30–7:30 a.m. EST

COMMUNITIES: Cardiometabolic Health and Diabetes (Population) Primary, Acute Coronary Syndromes (Clinical) Secondary

SPONSOR: In support of improving patient care, PVI, PeerView Institute for Medical Education, is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. This activity is supported through an educational grant from Bristol Myers Squibb. This activity has been developed in partnership with the Hypertrophic Cardiomyopathy Association.

[Learn more](#) 

GLP-1 RAs in Type 2 Diabetes: Clinical and Practical Considerations in Cardiology

5:30–6:30 p.m. EST

COMMUNITIES: Failure and Cardiomyopathies (Clinical) Primary; Cardiac Development, Structure and Function (Basic) Secondary; Imaging and Nuclear Medicine (Clinical) Tertiary

SPONSOR: Eli Lilly and Company

[Learn more](#) 

Managing the Heart Failure Patient With Reduced Ejection Fraction: New Perspectives and Emerging Evidence

5:30–7 p.m. EST

COMMUNITIES: Heart Failure and Cardiomyopathies (Primary); Pulmonary Hypertension and Critical Care (Secondary)

SPONSOR: This activity is supported by an independent educational grant from Cytokinetics Incorporated

[Learn more](#) 

Cases and Conversations™: Making the Most of Effective Antithrombotic Strategies in Patients with CAD and PAD

6:30–8 p.m. EST

COMMUNITIES: Vascular Disease and Thrombosis (Clinical); Arteriosclerosis, Thrombosis, Vascular Biology (Basic); Prevention Health & Wellness (Population)

SPONSOR: Janssen Pharmaceuticals, Inc., administered by Janssen Scientific Affairs, LLC.

[Learn more](#) 

Antiplatelet Therapy in Patients With Coronary Artery Disease and Acute Ischemic Stroke/Transient Ischemic Attack: A Personalized Approach

7:30–9 p.m. EST

COMMUNITIES: Interventional Treatments (Primary); Acute Coronary Syndromes (Secondary); Stroke and Neuroscience (Tertiary)

SPONSOR: This activity is supported by an educational grant from AstraZeneca Pharmaceuticals

[Learn more](#) 

Sunday, Nov. 14

Screening and Management of Chronic and Diabetic Kidney Disease: How Does Your Approach Compare With the Experts?

6–7:30 a.m. EST

COMMUNITIES: *Cardiometabolic Health and Diabetes; Interventional Treatments; Metabolism and Physiology*

SPONSOR: *This activity has been supported by an educational grant from Bayer HealthCare Pharmaceuticals Inc.*

Learn More 

Improving the Detection and Management of Cardiac Immune-Related Adverse Events in Patients With Cancer Is a Must: Are You Prepared?

5–6 p.m. EST

COMMUNITIES: *Cardio-Oncology (Clinical) Primary; Heart Failure and Cardiomyopathies (Clinical) Secondary; Electrophysiology and Arrhythmias (Clinical) Tertiary*

SPONSOR: *In support of improving patient care, PVI, PeerView Institute for Medical Education, is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. This activity is supported through an educational grant from Bristol Myers Squibb.*

Learn more 

Updates in Heart Failure: From Definition to Treatments and Everything In-Between

5–6:30 p.m. EST

COMMUNITY: *Heart Failure and Cardiomyopathies (Clinical)*

SPONSOR: *MedscapeLIVE! on behalf of Boehringer Ingelheim Pharmaceuticals, Inc., and Lilly USA, LLC*

Learn More 

Clinical Run Down: 3 Hot Topic Sessions on ASCVD Risk Reduction

7:30–9 p.m. EST

COMMUNITIES: *Acute Coronary Syndromes (Clinical), Arteriosclerosis, Thrombosis, Vascular Biology (Basic), Cardiometabolic Health and Diabetes (Population)*

SPONSOR: *Medtelligence*

Learn more 

Hidden in Plain Sight: ATTR CM in Overlooked Patient Populations

7:30–9 p.m. EST

COMMUNITIES: *Primary: Heart Failure and Cardiomyopathies (Clinical); Secondary: Genetics and Genomics (Basic); Third: Special Populations (Population)*

SPONSOR: *Ionis Pharmaceuticals*

Learn more 

These events are not part of the official Scientific Sessions 2021 as planned by the AHA Committee on Scientific Sessions Program.

Monday, Nov. 15

Achieving Lipid Goals: Expert Cardiologist Perspectives on Strategies Beyond Statin Therapy

5–6:30 p.m. EST

COMMUNITY: *Vascular Disease and Thrombosis (Clinical)*

SPONSOR: *MedscapeLIVE! on behalf of Esperion Therapeutics*

Learn more 

Improving Management of AF: Translating Advances in Early Rhythm Control Strategies Into Everyday Practice

5–6:30 p.m. EST

COMMUNITY: *Electrophysiology and Arrhythmias (Clinical)*

SPONSOR: *MedscapeLIVE! on behalf of Sanofi*

Learn more 

Center for Health Technology & Innovation

Your opportunity to explore the leading edge of innovation and collaboration in the cardiovascular and digital health space. Key thought leaders will discuss solutions that span the cardiovascular health spectrum, with a goal of leveraging health tech for longer, healthier lives.

Saturday, Nov. 13

9:30 a.m. EST

Advanced Digital Therapeutics for Chronic Conditions

FEATURED EVENT

11 a.m. EST

Potential Impact of Virtual Longitudinal Studies

1 p.m. EST

Digital Cardiac Rehab

3 p.m. EST

Self-Measured Blood Pressure Platforms and Devices

Sunday, Nov. 14

9 a.m. EST

Health Equity and Cardiovascular Disease

11 a.m. EST

Doctors With Heart

12:30 p.m. EST

Innovation Showcase

3:15 p.m. EST

Mental Health and Cardiovascular Disease

Monday, Nov. 15

9 a.m. EST

AHA's Digital Content Delivery System

11 a.m. EST

Cloud-Based AI and Smart Monitoring

1 p.m. EST

SFRN for Health Tech Roundtable

Frontiers in Science Summits



Frontiers in Science brings together early, mid- and senior investigators to debate the latest breakthroughs and pre-publication discoveries in the areas of arrhythmia research, thrombosis and vascular disease.

Arteriosclerosis, Thrombosis, Vascular Biology

Frontiers in Thrombosis

- Genetic and Molecular Mechanisms of Cardiovascular Calcification

Vascular Disease and Thrombosis

Frontiers in Vascular Disease

- COVID-19 and Coagulopathy: Trailblazing Pathways to Prevention and Treatment
- Everything Old Is New Again: Emerging Therapies for Thrombotic Disorders

Electrophysiology and Arrhythmias

Arrhythmia Research Summit

- Novel Therapies Targeting Arrhythmogenesis: Bringing the Bench to the Bedside
- Clinical Applications of Multi-Omic Data
- Translating Basic to Clinical Research in Atrial Fibrillation
- Translational Research Targeting Ventricular Arrhythmias and Sudden Death
- Arrhythmia Applications of Digital Health and Precision Medicine
- Special Topics and Innovations in Arrhythmia Management

Refer to the Online Program Planner for more details.

Available OnDemand
8 a.m. EST,
Saturday, Nov. 13

Early Career

Scientific Sessions is offering several hours of Early Career programming, including topics such as surviving the era of COVID, career strategies, making the move to your own practice and more.



Saturday, Nov. 13

2:30 p.m. EST

Strategies for Career Success
by Highly Effective Scientists

3 p.m. EST

3CPR Speed Mentoring

3:30 p.m. EST

Surviving in the Early Career:
Transitions to Outside Academia

4:30 p.m. EST

Successfully Navigating a
COVIDilized Scientific World as
an Early Stage Investigator

Interview With Nursing Legends
in Cardiovascular Science

Sunday, Nov. 14

8 a.m. EST

Leveling the Playing Field:
Mentorship and Sponsorship
to Promote Early Careers in
Pediatric Cardiology

9:30 a.m. EST

Tool Kit for Early Career Vascular
Specialists

Monday, Nov. 15

8 a.m. EST

Early Career Cardiac Imaging
Boot Camp

11 a.m. EST

Customizing Your Career:
An Open Discussion With
Distinguished Panelists

Top Early Career Tips in Cardio-
Oncology: Paving the Way

Early Career Clinical Case Competition

AHA Early Career Clinical Case Competition. Fellows in training or clinicians within 5 years of completing post-graduate education submitted their case report to compete for the Gold, Silver and Bronze Award at AHA Scientific Sessions 2021. For more detail, view the online program planner.

Clinical Case Competition Gold Award Cases

This session highlights the clinical case abstracts having been recognized as the AHA Early Career Clinical Case Competition Gold awardees. These high quality and applicable case reports provide an important learning opportunity for all clinicians.

292 - Radiation-Induced Accelerated Multi-Valve Disease in a Patient With Subaortic Membrane

293 - Unexplained Recurrent St-Elevation Myocardial Infarction Complicated by Diffuse Alveolar Hemorrhage in Undiagnosed Granulomatosis With Polyangiitis

294 - Cardiac Sarcoidosis Mimicking Arrhythmogenic Right Ventricular Cardiomyopathy Presenting With Syncope

295 - Recurrent Atrial Myxomas as a Presenting Feature of Carney Complex

296 - Complications of a Severe Case of Multisystem Inflammatory Syndrome in Children

297 - Multidisciplinary-Team Management of a Severely Ill Pregnant COVID-19 Patient With a Newly Diagnosed Severe Mitral Stenosis

Clinical Case Competition Silver Award Cases

This session highlights the clinical case abstracts having been recognized as the AHA Early Career Clinical Case Competition Silver awardees. Attend this session and challenge your diagnostic skill.

P2981 - Cisplatin Induced Coronary Artery Atherosclerosis Leading to St-Elevation Myocardial Infarction: A Case Report

P2982 - Rapidly Lethal Dilated Cardiomyopathy Secondary to Generalized Arterial Calcification of Infancy

P2983 – Novel Association of Left Ventricular Outflow Tract Obstructions With Chromosome 5p Deletions

P2984 – Cabozantinib Induced Cardiomyopathy; Second Reported Case of a Rare Adverse Effect

P2985 – Primary Cardiac Sarcoma In Elderly Patient And Need For High Index Of Suspicion

P2986 – Hunting For Clot: Strokes In Patients With Cardiac Amyloid

P2987 – Amiodarone for Atrial Fibrillation in the Setting of Cardiogenic Shock and Thyroid Storm

P2988 – A Pair of Diaphragm-Crossed Organs: A Pancreatico-Pericardial Fistula

P2989 – Primary Hyperaldosteronism and Resistant Hypertension in Pregnancy

P2991 – Reversible Golimumab Induced Cardiomyopathy – First Reported Case Report

P2992 – End Stage Mitochondrial Cardiomyopathy and Heart Transplantation Due to Pathogenic Biallelic C1QBP Variants

P2993 – Report of an Adult Living With Undiagnosed Total Anomalous Pulmonary Venous Return

P2994 – Nintedanib and Cardiomyopathy: A Vascular Failure?

Clinical Case Competition Bronze Award

This session highlights the clinical case abstracts having been recognized as the AHA Early Career Clinical Case Competition Bronze awardees. Case reports are inclusive of several cardiac and stroke specialty areas.

P2995 – A Rare Case of COVID-19 Induced Thrombus-in-Transit Going Through a PFO in a Pregnant Patient

P2996 – The Effect of Rhabdomyomas on Underlying Cardiomyopathy: A Case Report

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A-C

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AHA Get With The Guidelines

7272 Greenville Ave.
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w www.heart.org/resuscitation
Get With The Guidelines®- Resuscitation is the American Heart Association's collaborative quality improvement program demonstrated to improve adherence to evidence-based care of patients who experience an in-hospital resuscitation event or received post cardiac arrest care following an in-hospital or out-of-hospital event. The program facilitates the efficient capture, analysis and reporting of data that empowers and supports the implementation of current guidelines, creation and dissemination of new knowledge, and development of next generation, evidence-based practice in resuscitation science. Hospitals can track data for Cardiopulmonary Arrest

(CPA), Medical Emergency Team (MET), Post-Cardiac Arrest Care (PCAC) and Acute Respiratory Compromise (ARC). The web-based Patient Management Tool™ (powered by IQVIA) provides decision support, robust registry, real-time benchmarking capabilities and other performance improvement methodologies toward the goal of enhancing patient outcomes and saving lives. The primary goal of Get With The Guidelines-Resuscitation is to save more lives by preventing in-hospital cardiac arrest and optimizing outcomes through benchmarking, quality improvement, knowledge translation, and research.

AHA Hands Only CPR

7272 Greenville Ave.
Dallas, TX 75321
w www.heart.org/handsonlycpr
Someone — maybe a friend or even a family member — has cardiac arrest right in front of you. Their heart has stopped beating. They need help. What do you do? A survey shows that only half of Americans would perform lifesaving CPR. That's because the other half don't know what to do, fear legal ramifications or hurting the victim, and

think someone else will come to the rescue. We get it. But the benefits of performing CPR far outweigh the risk and can double or triple the chance of survival. So don't wait for someone else to step up. Learn and do CPR. You might even save someone you love.

AHA Healthcare Business Solutions (ECC)

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w www.heart.org/cpr
The American Heart Association's CPR & ECC inspires the world to save lives and envisions a world where no one dies from cardiac arrest. The AHA is the leader in resuscitation science, education, and training, and publisher of the official Guidelines for CPR and ECC. Millions of healthcare providers and others trust the AHA for their lifesaving training, and 100% of the AHA's profits go back into supporting its lifesaving mission.

AHA International

7272 Greenville Ave.
Dallas, TX 75321

w www.heart.org/en/professional/quality-improvement/international

The international department of the American Heart Association expands our efforts to build healthier lives, free of heart disease and stroke around the world. With staff in seven countries and programs in more than 100, we work to build powerful partnerships with government, health care and cardiovascular organizations that are committed to advancing heart and brain science and health, improving care for patients, supporting caregivers and training more people in first aid and CPR.

AHA Lifelong Learning

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AHA Scientific Journals

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AHA Target: Aortic Stenosis

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w www.heart.org/TargetAS

Aortic stenosis is one of the most common and serious heart valve disease problems with severe aortic stenosis affecting more than 1.7 million Americans over age 65. However, many patients are unaware or undiagnosed, which is why the American Heart Association continues to drive efforts for timely diagnosis, appropriate treatment, improved quality of care initiatives and comprehensive patient and caregiver resources to combat the disease.

To tackle the problem, the American Heart Association has launched the Target: Aortic Stenosis initiative, a program aimed to develop optimal standards of care via a learning collaborative comprised of experts and volunteers from pilot hospital locations around the nation. To learn more, visit: www.heart.org/TargetAS

Edwards Lifesciences is the national sponsor of Target: Aortic Stenosis

AHA/ASA Patient Health

7272 Greenville Ave.
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w www.heart.org

The patient health team of the American Heart Association/American Stroke Association work collaboratively to bring the mission of the AHA/ASA to life. We envision a world in which all people living with or at risk for cardiovascular conditions have the care and support they need to survive and thrive. Our work empowers patients and consumers so that they may engage in their health journey and achieve sustainable health improvement. We are champions for all patients and drivers in creating a world of longer, healthier lives.

Alexion, AstraZeneca Rare Disease

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w www.alexion.com

Intended for US audiences only Alexion, AstraZeneca Rare Disease, is the group within AstraZeneca focused on rare diseases, created following the 2021 acquisition of Alexion Pharmaceuticals, Inc. As a leader in rare diseases for nearly 30 years, Alexion is focused on serving patients and families affected by rare diseases and devastating conditions. Headquartered in Boston, Massachusetts, Alexion has offices around the globe and serves patients in more than 50 countries. Gamification is sponsored by the event organizer and is not sponsored by or related to Alexion.



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Amarin Corporation plc is a biopharmaceutical company focused on the commercialization and development of therapeutics to improve cardiovascular health. Vascepa® (icosapent ethyl), Amarin's first FDA approved product, is a pure, EPA-only, omega-3 fatty acid product available by prescription. For more information about Vascepa, visit www.vascepa.com. For more information, visit www.amarincorp.com.

American College of Cardiology

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Over its 70-year history, the American College of Cardiology (ACC) has grown into the global leader in transforming cardiovascular care and improving heart health. With more than 54,000 members from over 140 countries, ACC has been instrumental in increasing our knowledge of CV diseases, establishing best practices, preventing and treating heart disease, and improving patient care and outcomes around the world. The progress, advances, leadership, and determination to defeat CV diseases are why ACC has earned the reputation of being OutFront on everything cardiovascular-related. OutFront reflects ACC's vision: a world where innovation and knowledge optimize cardiovascular care and outcomes.

Amgen

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AstraZeneca

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BridgeBio, Inc.

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The Bristol Myers Squibb and Pfizer alliance is a worldwide collaboration that brings together two leading companies focused on cardiovascular disease with a shared vision to reduce nonvalvular atrial fibrillation-related stroke and treat deep vein thrombosis/pulmonary embolism events. Explore the BMS and Pfizer virtual exhibit. Clicking the link will direct you to bmspfizercongressresources.com that contains product information for U.S. health care providers only.



Cardiovascular Clinical Sciences Foundation

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D-F

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Invitae

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Kiniksa Pharmaceuticals Medical

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Know Diabetes By Heart

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The American Heart Association and the American Diabetes Association, along with industry leaders, have proudly launched the groundbreaking collaborative initiative Know Diabetes by Heart™ to reduce cardiovascular deaths, heart attacks and strokes in people living with type 2 diabetes. With support from founding sponsors, the Boehringer Ingelheim and Eli Lilly and Company Diabetes Alliance and Novo Nordisk, and national sponsors Sanofi, Astra Zeneca, and Bayer the Know Diabetes by Heart™ initiative seeks to comprehensively combat the national public health impact of type 2 diabetes and cardiovascular disease by: Raising awareness and understanding of the link between diabetes and cardiovascular disease. Positively empowering people to better manage their risk for cardiovascular disease, heart attacks and strokes. Supporting health care providers in educating their patients living with type 2 diabetes on cardiovascular risk and increasing their patients' engagement in prevention of cardiovascular deaths, heart attacks and strokes.

M-O**Mayo Clinic**

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Through innovation and collaboration, Medtronic improves the lives and health of millions of people each year. We offer the broadest range of innovative medical technology and services for the interventional and surgical treatment of cardiovascular disease and cardiac arrhythmias. Learn more about our technology, services and solutions at Medtronic.com.

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The National Heart, Lung, and Blood Institute (NHLBI) provides global leadership for a research, training and education program to promote the prevention and treatment of cardiovascular diseases and enhance the health of all individuals so that they can live longer and more fulfilling lives.

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Novartis Pharmaceuticals Corporation

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For more than 90 years, Novo Nordisk, a global leader in diabetes care, has been discovering and developing innovative medicines to help people with chronic diseases lead longer, healthier lives.

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Novo Nordisk is a leading global healthcare company, founded in 1923 and headquartered in Denmark. With a strong, historical base in the treatment of diabetes, we now aim to also help patients within the cardiovascular field with both medicines from the treatment of type 2 diabetes but also new potential drugs in preventive cardiology and heart failure. We do so by pioneering scientific breakthroughs, expanding access to our medicines, and working to prevent and ultimately cure disease. Novo Nordisk employs about 45,800 people in 80 countries and markets its products in around 170 countries. For more information, please visit our websites and social media platforms below.

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PhaseBio Introduces REVERSE-IT

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PhaseBio introduces REVERSE-IT (reverse-it-trial.com/)(Rapid and SustainEd ReVERSal of Ticagrelor—Intervention Trial). In a virtual Late-Breaking Science session at the American Heart Association (AHA) Scientific Sessions 2021 on Monday, November 15, 2021, PhaseBio will present interim findings from REVERSE-IT, the pivotal Phase 3 trial designed to study reversal of the antiplatelet effects of ticagrelor with bentracimab in patients who present with uncontrolled major or life-threatening bleeding or who require surgery or an invasive procedure (NCT04286438). For more information on REVERSE-IT, please visit clinicaltrials.gov/ct2/show/NCT04286438. PhaseBio Pharmaceuticals, Inc., is a clinical-stage biopharmaceutical company focused on the development and commercialization of novel therapies for cardiovascular and cardiopulmonary diseases. PhaseBio is located in Malvern, PA, and San Diego, CA.

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The Thrombolysis in Myocardial Infarction (TIMI) Study Group, an academic research organization, was formed in 1984 with support

from the National Heart, Lung, and Blood Institute. Its initial goal was to compare the effects of the then-new thrombolytic agent, recombinant tissue plasminogen activator, with streptokinase. TIMI has remained active since then and has completed 60+ multicenter clinical trials. The TIMI network now collaborates with more than 1,000 separate sites in 45 countries on five continents. In addition to thrombolytic agents, TIMI has studied antithrombotic, antiplatelet, anti-ischemic, lipid lowering and anti-inflammatory drugs. TIMI has also established robust biomarker and pharmacogenetics programs, and has devised a panel of risk assessment scores that are widely used.

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For four decades, the World Heart Federation has been leading the global fight against cardiovascular disease, bringing together the CVD community to drive the CVD agenda and help people live longer, better, more heart-healthy lives. We believe in a world where heart health for everyone is a fundamental human right.

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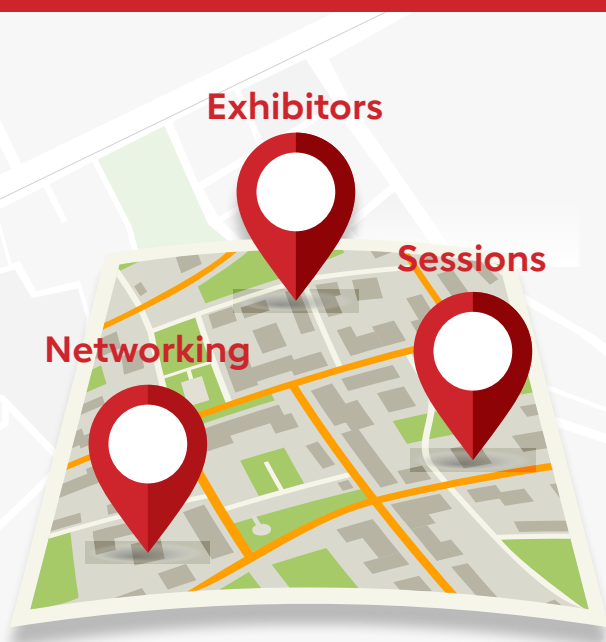


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