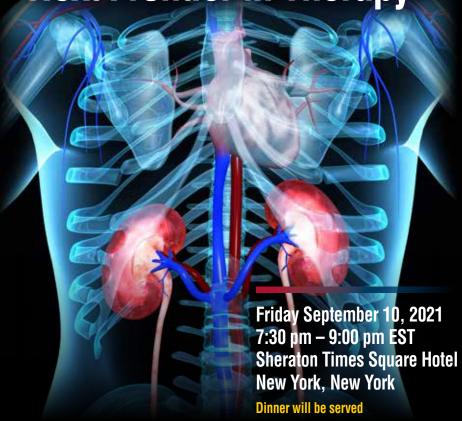
# **CME Symposium** IN ASSOCIATION WITH THE 5th LIVEIN-PERSONONLINE







All content available ON-DEMAND for 90 DAYS following the meeting.

This is a CME Symposium Supported by an Educational Grant from **Bayer** Must register for 5th HiD LIVE HYBRID ONLINE: www.heartindiabetes.com/registration











# DIABETES KIDNEY DISEASE NEXT FRONTIER IN THERAPY

CHAIRS: Yehuda Handelsman, MD • Mikhail Kosiborod, MD

7:30 pm Introduction & Pre-CME Questions

7:35 pm Diabetic Kidney Disease Epidemiology, Pathophysiology and Current

Treatment

George Bakris, MD

7:55 pm The New Class of Non Steroidal MRA (focus on Finerenone)

Bertram Pitt, MD

8:15 pm The Evolving Management of CKD and HF

Mikhail Kosiborod, MD

8:35 pm Panel Discussion and Q&A: Emerging Management of DM and CKD

— Case-Based

Panel: Rajiv Agarwal, MD George Bakris, MD Mikhail Kosiborod, MD Bertram Pitt, MD

Moderator: Yehuda Handelsman, MD

8:55 - 9:00 pm Concluding Remarks & Post CME Questions

#### **Program Description**

Chronic kidney disease (CKD) places a high burden on individuals and society, accounting for \$84 billion in direct medical costs in the United States. The past several decades have seen an increase in CKD prevalence, which has risen in parallel with obesity and diabetes. CKD currently affects 14% of people in the US, including 18% of those with prediabetes and 36% of patients with diabetes. CKD shares many etiologic pathways with type 2 diabetes (T2D), cardiovascular disease (CVD), and heart failure (HF). Common pathophysiologic factors include inflammation and fibrosis, which may be further worsened by hypertension, hyperglycemia, and renin—angiotensin—aldosterone system (RAAS) activity. Therapeutic options for CKD are limited to agents that block RAAS such as the angiotensin converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs), and the sodium glucose cotransporter 2 (SGLT2) inhibitors, which have only recently been approved as CKD therapies. Still patients face significant residual risk of ESRD progression because they fail to fully address inflammation and do not seem to impact fibrosis, the main cause of end-organ damage. In addition, RAAS inhibitors may increase patients' risk of hyperkalemia. In this CME satellite symposium we will explore these issues and the complex challenges of treating patients with T2D, CKD, and CVD.

#### **Learning Objectives**

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

- Describe the etiologic and pathophysiologic links between DKD, T2D, HF, and CVD and the disease burden of CKD and
  associated cardiometabolic conditions.
- Compare and contrast the benefits and limitations of treatments indicated for CKD management, including RAAS blockade
  agents, first generation MRAs, and SGLT2 inhibitors
- Discuss the evidence for the efficacy, safety, and clinical outcomes documented in trials of next-generation MRAs
- Design optimal therapeutic regimens for the prevention and management of CKD progression and complications in patients with CKD

### **Target Audience**

This educational initiative is designed for cardiologists, nephrologists, endocrinologists, family physicians, internists, and other healthcare professionals interested in the Epidemiology, pathophysiology, prevention, and treatment of diabetes with CKD and prevention of related morbidity and mortality.

# **FACULTY 2021**



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The Metabolic Institute of America
Chair & Program Director, WCIRDC/HiD
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George L Bakris, MA, MD
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Director, Am Heart Assoc Comprehensive Hypertension
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Chicago. Illinois



Bertram Pitt, MD Professor of Medicine, Emeritus University of Michigan School of Medicine Ann Arbor, MI

## **CME DINNER SYMPOSIUM**

This CME Supported Symposium is Free for 5th HiD attendees and will stay on demand for 90 DAYS following the meeting

Learn more at www.heartindiabetes.com/cmesymposium

This CME Supported Symposium is included with the 5th HID hybrid meeting

To register to the entire Heart in Diabetes meeting please visit

www.heartindiabetes/registration

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of PESI Inc., and Metabolic Endocrine Education Foundation (MEEF). PESI, Inc. is accredited by the ACCME to provide continuing medical education for physicians.

PESI, Inc. designated this live educational activity for a maximum of 1.5 AMA PRA Category 1 Credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity.

For information please contact: info@tmioa.com or 818.342.1889

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