



*15TH ANNUAL CMHC **LIVE** ONLINE*

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CLINICAL HIGHLIGHTS:

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Evolving Paradigms in Cardiometabolic Care: Disparities & Advancements

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The 15th Annual CMHC Live Online concluded on Saturday, October 24th. For the first time in its history, the event was delivered entirely online to practitioners across the nation. Through an innovative and user-friendly virtual platform participants were able to interact with faculty members, participate in audience polls, and more, all from the setting of their own choosing. Chaired by an esteemed panel of expert faculty members **Robert H. Eckel, MD; Christie M. Ballantyne, MD; George L. Bakris, MD; Anne L. Peters, MD; Deepak L. Bhatt, MD, MPH; Keith C. Ferdinand, MD; Clyde W. Yancy, MD, MSc, MACP; and Pamela B. Morris, MD**, the conference provided actionable insights on late-breaking research, advanced clinical approaches to cardiometabolic challenges, and practical strategies to tackle inequity in healthcare.

Impact of Ethnicity and Race in Cardiometabolic Health: Implications for Risk Assessment and Management

Despite therapeutic advances, the burden of cardiovascular disease (CVD), diabetes, atherosclerosis, and several cardiometabolic risk factors remains high in certain racial and ethnic minorities, including in African Americans and Latinos. Significant disparities in CVD morbidity and mortality persist, and across several outcomes and risk factors, African Americans have sub-optimal cardiovascular health. This includes a higher burden of coronary heart disease, heart failure, stroke, and traditional CVD risk factors, such as hypertension, diabetes, lipid disorders, and obesity. Additionally, Hispanic adults are more likely than non-Hispanic adults to be diagnosed with diabetes, as well as at a higher risk for significant morbidity and mortality due to diabetes, including progression to end-stage renal disease, visual impairment, and hospitalizations.

These topics were covered extensively during the pre-conference, chaired by **Keith C. Ferdinand, MD**, a nationally and internationally recognized cardiologist that has dedicated his career to improving patient care in racial and ethnic minorities. During his opening talk, Dr. Ferdinand mentioned that “cardiometabolic and CVD disparities by race/ethnicity, geography, and socioeconomic status exist, are sizeable, multifactorial, persistent, rarely due to genetics, and are unacceptable.”

Participants then engaged in lectures and discussions on issues such as counseling patients living in food deserts, combination medications in racially marginalized groups, navigating healthcare costs, culturally informed treatment strategies, and more. Led by a panel of clinical leaders at the intersection of race and cardiometabolic care, this offering served to help participants build a practical strategy to effectively navigate the pervasive challenges of inequity in healthcare.

Keynote: Evolving Paradigms in Cardiovascular Research and Care: Reflections and Perspectives

The keynote address was delivered by **Eugene Braunwald, MD**, a world-renowned cardiologist and a pioneer researcher, physician, and educator in cardiovascular medicine, considered by most to be the preeminent cardiologist of our time. During his keynote presentation, Dr. Braunwald overviewed the remarkable progress that has been achieved in preventive cardiology in just the last two decades, highlighting the role of genetics, artificial intelligence and machine learning, and groundbreaking therapeutics, including PCSK9 inhibitors and SGLT-2 inhibitors. In reviewing the initially surprising results with SGLT-2 inhibitors in cardiorenal risk, he mentioned that they have contributed to three significant paradigm shifts: they provide effective management of cardiac and renal dysfunction in patients with type 2 diabetes, improve the management of heart failure with reduced ejection fraction in patients without diabetes, and are renoprotective in patients with chronic kidney disease with and without type 2 diabetes. Dr. Braunwald concluded that care for patients with cardiovascular disease or risk has been greatly improved due to these advances, and highlighted that much still remains to be done going forward.

Hypertension, Chronic Kidney Disease, and Heart Failure Management

Kicking off the session, **CMHC Chair George Bakris, MD** discussed how to understand signals from the kidney when blood pressure is rapidly and aggressively controlled. In the setting of controlled blood pressure, or when BP numbers are at goal, interpretation of kidney function, including the estimated glomerular filtration rate (eGFR), albuminuria, creatinine, and potassium levels, is really important to understand in order to decrease overall cardio-renal risk, Dr. Bakris mentioned during his talk. The very important (but often neglected) role of sleep disorders in hypertension was reviewed by **Virend Somers, MD**, Professor at the Mayo Clinic—who gave the audience practical tips on the association of sleep disorders and hypertension, and how adequate sleeping patterns can improve blood pressure. Dr. Somers concluded by inviting the audience to participate in a CMHC masterclass focused entirely on these issues, “**The Intersection of Cardiometabolic Health and Sleep Disorders**”, taking place live online on March 27, 2021.

During the primetime symposium “Tackling Diabetic Kidney Disease Progression: Challenges, Advances, and Novel Approaches” experts **Rajiv Agarwal, MD, George Bakris, MD, and Janet McGill, MD**, discussed the underlying pathophysiology of DKD, how to identify patients at-risk for DKD progression, and the emerging role of non-steroidal mineralocorticoid receptor antagonists (MRAs) in DKD treatment. **Clyde Yancy, MD**, CMHC’s Senior Planning Committee member and Professor of Medicine at Northwestern University in Chicago, overviewed the landscape with transthyretin cardiac amyloidosis (ATTR-CM). Dr. Yancy mentioned that ATTR-CM is an underestimated cause of heart failure, and that low awareness and limited therapeutic options are significant barriers to optimal care. However, he mentioned, several therapies have been approved or are in clinical development for ATTR-CM and this condition is becoming more relevant to the practice of cardiology. The day concluded with a series of challenging cardio-renal cases to put into perspective these advances.

Dyslipidemia, Atherosclerosis, and Thrombosis

The evolving lipid targets and residual ASCVD risk beyond LDL-C was a significant focus of this session, chaired by **CMHC Chair Christie Ballantyne, MD**. In his talk “Beyond LDL-C: targeting inflammation to reduce cardiovascular risk”, **Paul M. Ridker, MD, MPH**, Professor of Medicine at the Harvard Medical School, mentioned the important role of inflammation in the development, progression, and prognosis of atherosclerosis. **Patrick Moriarty, MD**, Professor of Internal Medicine at the University of Kansas Medical Center in Kansas City, Kansas, overviewed the role of elevated lipoprotein a, Lp(a), and concluded that it is an independent risk factor for ASCVD that deserves appropriate screening and treatment.

The primetime symposium, “The Evolving Landscape of LDL-C Reduction: Novel Therapies and Approaches”, with **Christie Ballantyne, MD, Salim Virani, MD, and Pam Taub, MD**, discussed clinical inertia with LDL-C lowering, current guidelines, and the evidence and role for newer and emerging agents, including bempedoic acid and inclisiran, in addressing current gaps and needs with LDL-C lowering. The session concluded with a panel discussion of challenging cases, including severe hypertriglyceridemia, residual ASCVD risk & inflammation, elevated Lp(a), and complex primary ASCVD prevention.

Diabetes Management

C. Ronald Kahn, MD, Professor of Medicine at Harvard Medical School in Boston, MA, and prominent physician-researcher, kicked off the session with his talk titled “Insulin resistance: a 2020 update.” In his talk, Dr. Kahn mentioned that Insulin resistance is a key factor that underlines obesity, type 2 diabetes, and overall cardiometabolic risk, and concluded that “understanding what creates this multi-dimensional signaling defect should define a new approach to the therapy of type 2 diabetes.”

The primetime symposium “Preventing Cardiovascular Events in High-Risk Diabetes Patients with CAD: New Insights and Developments” explored unique issues in antithrombotic and antiplatelet therapy in diabetes patients, a key component to reduce the risk of adverse events. During this symposium, **Deepak Bhatt, MD, Lawrence Leiter, MD, and Prof. Philippe Steg** discussed the role of more aggressive and specific antithrombotic agents in this setting, as outlined by recent clinical trials, as well illustrated these advanced with the help of a complex patient case that took into account how to optimize lipid, glycemic, and antithrombotic and antiplatelet therapy in patients with type 2 diabetes. The session continued with a talk by **Kathleen Dungan, MD**, Associate Professor of Medicine at the Ohio State University in Columbus, OH, which explored new emerging therapies in the management of type 2 diabetes. One of the emerging approaches, Dr. Dungan mentioned, is the development of dual and triple peptide agents, including GLP-1/GIP agonists, novel GIP agonists, GLP-1/glucagon receptor dual agonists, and GLP-1/GIP/glucagon triagonists. In conclusion, she mentioned that “combination therapy has the potential to improve glycemic control, can overcome clinical inertia while also displaying synergistic effects.” The challenging issue of glycemic targets and reconciling them across different guidelines was overviewed by **Athena Philis-Tsimikas, MD**, Corporate Vice-President of Scripps Research Translational Institute. The session ended with a lively primetime symposium on the management of postprandial glucose control, which included **CMHC Chair Anne L. Peters, MD, Irl Hirsch, MD, and Athena Philis-Tsimikas, MD**.

Obesity and Lifestyle

Holly R Wyatt, MD, Professor and Vice Chair for Clinical Programs at the University of Alabama Birmingham, discussed challenges and solutions that clinicians face when addressing lifestyle approaches to weight reduction. Dr. Wyatt mentioned that we should be focusing more on weight maintenance than weight loss with our patients, and encouraged clinicians to write “exercise prescriptions” or refer to appropriate specialists.

Alice Lichtenstein, D.Sc., Professor of Nutrition Science and Tufts University in Boston, MA, put into perspective the confusing evidence that exists about nutrition and cardiometabolic health and synthesized key messages that every clinician can take back to their practice to address nutrition with their patients—focusing on plant-sourced diets rich in vegetables, fruits, beans, and whole grains. The topics of nutrition and culinary medicine, including practical tips for meal preparation, will also be addressed in depth in the upcoming CMHC masterclass “**Nutrition for the cardiometabolic patient: practical strategies to improve outcomes**”, which will take place live online on March 4-5 of 2021.

The increasing prevalence of obesity and its manifestation as excess fat in the liver has given rise to a growing epidemic of fatty liver and its more severe form, non-alcoholic steatohepatitis (NASH). In his talk “NASH in a Dash”, **Christos Mantzoros, MD**, Professor of Medicine at Harvard Medical School, gave an overview of the epidemiology and burden of NASH, current and emerging approaches to evaluation and diagnosis, as well as what can be done now to treat NASH and what we should look forward to the near future as results about the several investigational therapies become available. Dr. Mantzoros invited interested participants to attend the upcoming CMHC masterclass that he is chairing, “**Addressing the NAFLD/NASH epidemic: advances in pathophysiology, diagnosis, and management**”, taking place live online on January 8-9 of 2021. The rest of the sessions included important talks on the role of metabolic surgery in decreasing overall metabolic risk, the obesity paradox, and how to incorporate and bill for behavioral therapy in obesity management, and the session was concluded with a lively panel discussion with experts **Robert H. Eckel, MD, Louis J. Aronne, MD, David E. Cummings, MD, Carl J. Lavie, MD, Alice H. Lichtenstein, D.Sc., Christos S. Mantzoros, MD, DSc, and Holly R. Wyatt, MD**.

Conclusion

Developed and led by the foremost clinicians, researchers, and industry thought leaders, the 15th Annual Cardiometabolic Health Congress delivered top-tier clinical perspectives from a myriad of specialties. Designed in direct response to the real-world clinical needs of active cardiometabolic practitioners and patients of all backgrounds, this cutting-edge event disseminated the latest science and clinically equitable strategies in cardiometabolic medicine available. If you are interested in learning more about these challenges, we recommend that you attend the upcoming masterclass, “**Who best to stem the cardiometabolic tsunami: cardiology, endocrinology, and primary care**,” chaired by Keith C. Ferdinand, MD, which will explore unique issues in the multidisciplinary management of cardiometabolic disease and will be held live online on November 19-20, 2020.