

ACC.22

AMERICAN COLLEGE OF CARDIOLOGY



DAY 1



Tazloc-Beta
Telmisartan 40mg + Metoprolol Succinate 25mg/50mg



Tazloc
Telmisartan 20mg/40mg



Tazloc-CT
Telmisartan 40/80 mg + Chlorthalidone 12.5 mg



HIGHLIGHTS

OF THE DAY

1

SODIUM-HF: Study of Dietary Intervention under 100 mmol in Heart Failure

Ezekowitz JA

Ezekowitz JA, presented a study which sought to evaluate the efficacy of dietary sodium reduction to < 1500 mg daily through counselling compared to standard care for patients with chronic heart failure (HF) with any ejection fraction. **The baseline median daily sodium intake was 2217 mg. By 6 and 12 months, the median daily sodium intake was 1651 mg & 1658 mg, respectively, in the intervention group, and 2052 mg & 2072 mg, respectively in the standard care group. The SODIUM-HF trial will provide a robust evaluation of the effects of dietary sodium reduction in patients with HF.**

2

Novel and Emerging Therapies: Bempedoic Acid

Virani SS

Virani SS, presented a session discussing the challenges faced by clinicians and patients to attain guidelines directed cholesterol care for cardiovascular risk reduction, where bempedoic acid could fill this gap along with its mechanism of action, and the efficacy of bempedoic acid as a novel and emerging therapy. **Studies show that 15% to 25% of low density lipoprotein cholesterol (LDL-C) reduction is due to background statin therapy, and the combination of bempedoic acid and ezetimibe lowers LDL-C by 35%. Bempedoic acid has an overall good safety profile.**

3

Dietary Management of Disorders of Lipid and Lipoprotein Metabolism in Youth

Liebeskind A

Liebeskind A, presented a session emphasizing on the identification of genetic and acquired lipid disorders that may present in childhood and adolescence, nutrition change that may benefit children with specific lipid disorders, and incorporation of healthy eating principles for all children to avoid acquired lipid disorders. **Most lipid disorders in children are associated with obesity and overweight status. Avoiding added-sugar in foods and beverages is always the right answer. Therefore, nutrition and physical activity to reach a healthy weight are important. Also, small lifestyle changes made in youth can impact total “cholesterol years”.**

From the makers of:



Tazloc-AM
Telmisartan 40/80 mg + Amlodipine 5 mg



Tazloc-H
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HIGHLIGHTS

OF THE DAY

4

Management of Dyslipidemia during the Reproductive Years

Mehta L

Mehta L, presented a session on the management of dyslipidemia in primary child-bearing years. According to primary prevention guidelines, there is no gender-specific mention in terms of management of dyslipidemia during reproductive years. **Hyperlipidemia assessment and management should not be ignored during child-bearing years. Healthy lifestyle is the key for all patients during their lifetime. Women with familial hypercholesterolemia do benefit from medications and possibly apheresis; however, the choice varies based on pregnancy and lactation status.**

5

Effects of Complete Revascularization on Angina-related Quality of Life in Patients with ST-Segment Elevation Myocardial Infarction

Mehta SR, Wang J, Wood DA, Spertus JA, *et al.*

Mehta SR, presented findings from the COMPLETE trial that evaluated the effects of complete revascularization on angina-related quality of life in patients with ST-Segment elevation myocardial infarction (STEMI). Overall, 87.5% of patients were free of angina in the complete revascularization group, compared to 84.3% in the culprit-lesion only group at 3 years ($p=0.008$). **In patients with STEMI and multivessel coronary artery disease, a complete revascularization strategy as well as a culprit lesion only strategy considerably improved angina-related quality of life, with the benefit modestly favoring complete revascularization.**

6

Sotagliflozin Significantly Reduces Cardiovascular Death, Myocardial Infarction, and Stroke in the SCORED Trial

Bhatt DL, Szarek M, Pitt B, Steg PG, *et al.*

Bhatt DL, presented findings from the SCORED trial that assessed the effect of sotagliflozin on cardiovascular (CV) and renal events in patients with CV risk, type 2 diabetes mellitus, and renal impairment. The study included 5144 patients with CV disease and 5440 patients without. **Sotagliflozin significantly reduced total CV death, myocardial infarction, and stroke in not only patients with prior CV disease, but also in patients without. This difference from all the other sodium-glucose transport protein 2 (SGLT2) inhibitor trials may be due to the additional SGLT1 inhibition provided by sotagliflozin.**

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HIGHLIGHTS

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7

Antithrombotic Management in AF Patients Undergoing PCI: Future Directions

Montalescot G

Montalescot G, presented a session on the antithrombotic management in atrial fibrillation patients undergoing percutaneous coronary intervention (PCI) and shed light on future trials and future directions. **Trials including CHAMPION, WOEST-3, REDUAL sub-group analysis, etc. were discussed. Large heterogeneity of treatment reflects the large variety of clinical situations and multiple treatment options. Most ongoing RCTs reflect uncertainty on adequate coverage of ischemic risk, and most studies may lack the power to draw definite conclusions.**

8

Antithrombotic Management in AF Patients Undergoing PCI: What Do Consensus and Guidelines Say?

Collet JP

Collet JP, presented a session on the consensus and guideline statements on antithrombotic management in atrial fibrillation patients undergoing percutaneous coronary intervention (PCI). **Recommendations state that stroke prevention is recommended in atrial fibrillation patients with > 1 non-sex stroke factor; for patients with 1 non-sex stroke factor oral anti-coagulants should be considered and treatment may be individualized based on net clinical benefit and consideration of patient values and preferences. An early internal carotid artery should be considered in patients at high risk of bleeding, irrespective of anti-coagulant exposure, to expedite treatment allocation and to determine the optimal antithrombotic regimen.**

9

Antihypertensive Therapy for Mild Chronic Hypertension and Pregnancy Outcomes: A Pragmatic Multicenter RCT

Szychowski J

Szychowski J, presented the outcomes from the CHAP trial that tested the hypothesis that treatment of mild chronic hypertension vs no treatment reduces the frequency of adverse pregnancy outcomes and is safe for the fetus. 2408 participants were randomly assigned to treatment group (n=1208) and no treatment group (n=1200). **Treatment of mild chronic hypertension during pregnancy to a blood pressure target of < 140/90 reduces a composite of adverse pregnancy outcomes (number needed to treat=14.7) and does not impair fetal growth.**

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HIGHLIGHTS

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10

How Should We Treat Large Thrombus Burden in 2022? (STEMI)

Jolly S

Jolly S, presented the findings of the TOTAL trial, which was a randomized trial of primary percutaneous coronary intervention with or without routine manual thrombectomy published in 2015 in the New England Journal of Medicine. Patients with PCI (n=10,632) were randomized between two strategies: routine upfront manual thrombectomy followed by PCI and PCI alone. **Cardiovascular death, myocardial ischemia, and class IV heart failure was slightly higher in the thrombectomy group compared to PCI alone (6.9% vs. 7%, p=0.86). Clinical benefits were not observed but there was an increase in the rate of stroke. In patients with high thrombus burden, according to the ACC/AHA guideline update, for class III indication routine thrombus aspiration is recommended.**

11

Assessment of Pulmonary Arterial Load on Patients Undergoing Investigation for Pulmonary Hypertension

Adji A

Adji A, presented a session on the assessment of pulmonary arterial load in patients undergoing investigation for pulmonary hypertension (PH). Pulmonary artery (PA) pressure and pulmonary vascular resistance (PVR) do not measure the pulsatile load of the pulmonary circulation. A total of 35 participants (mean age of 62±15 years, 28 females) were investigated for PA pressures by routine right heart catheterisation (RHC). Out of 35 patients, 26 patients (74%) had evidence of PH on RHC and PVR and PAI was significantly elevated in those with PH and there was weaker association between mPAP and PAI in non-PH patients (R=0.09, p=0.05), compared to those with PH (R=0.7, p<0.05). **The study showed that it is feasible to utilise PA pressure and flow data to estimate PAI as an estimate of pulmonary vascular load using frequency domain analysis.**

12

Higher Cumulative Systolic Blood Pressure is Associated With Poorer Left Atrial Function in The Absence of Left Atrial Enlargement: The Atherosclerosis Risk in Communities (ARIC) Study

Hof J

Hof J, presented the findings from the atherosclerosis risk in communities (ARIC) study. A hypothesis was tested whether higher cumulative systolic blood pressure (cSBP) is associated with poorer Left atrial (LA) function & absence of LA enlargement. A total of 3870 participants (mean age 75 [SD 5] years, 61% female, 19% Black) were evaluated. **The results of this study showed that higher cumulative Systolic Blood Pressure (cSBP) results in worse LA reservoir and conduit strain and total and passive emptying fraction, even in the absence of LA enlargement and independent of LV function.**

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