June 8

UMC 11th Annual

CARDIOVASCULAR SYMPOSIUM

Red Rock Casino Resort

11011 W. Charleston Blvd. Las Vegas, NV 89135

2019

Jointly organized with Nevada Heart & Vascular Center and the American College of Cardiology-Nevada Chapter
Cardiovascular Symposium Attendees,

Thank you for attending UMC’s 11th Annual Cardiovascular Symposium. UMC takes tremendous pride in coordinating this symposium alongside Nevada Heart & Vascular Center and the American College of Cardiology - Nevada Chapter. Year after year, this event provides our medical community with truly valuable information to help support our shared mission: offering improved medical outcomes for the patients we serve. This year’s symposium continues to build upon this tradition, featuring world-class speakers from a number of prestigious organizations.

I would like to take a moment to thank you for supporting the continued progress of cardiovascular care in Southern Nevada and across the nation. As a community-focused organization, UMC recognizes its responsibility to serve as a resource for our health care industry as a whole. The UMC Cardiology and Stroke Center is committed to promoting advances in cardiovascular care, and our world-class team members continue to serve as leaders in their field while offering patients the highly specialized care they deserve.

We look forward to continuing our efforts to elevate the level of cardiac care in Nevada, and we know the topics discussed during today’s symposium will have a positive impact on the care provided across our community.

Sincerely,

Mason VanHouweling
Chief Executive Officer
University Medical Center of Southern Nevada
Cardiovascular Symposium Attendees,

I am pleased to welcome you to UMC’s 11th Annual Cardiovascular Symposium, hosted in collaboration with the American College of Cardiology - Nevada Chapter and Nevada Heart & Vascular Center.

This year, we are excited to have an excellent panel of faculty, speakers and moderators who have given their precious time to share their experiences with us. This symposium plays a valuable role in helping us exchange new ideas that promote the highest standards of patient care.

Building on past success, UMC’s 11th Annual Cardiovascular Symposium continues to serve as a prominent educational event on the forefront of cardiovascular care in Southern Nevada.

We sincerely thank all of our sponsors. Without their generosity, this event would not be possible.

Sincerely,

Chowdhury H. Ahsan, M.D., MRCP, Ph.D., F.A.C.C., F.S.C.A.I
Chief of Medicine, UMC
Director, Marlon Cardiac Catheterization Laboratories, UMC
Program Director, Cardiology Fellowship Program, UNLV School of Medicine
Clinical Professor of Medicine, UNLV School of Medicine
AGENDA

Registration, Breakfast and Vendor Exhibits

06:30 – 07:30

Therapies for Type 2 Diabetes and Cardiovascular Risk - Matters of the Heart
Speaker: Dr. Chakravarthy Kannan

07:30 – 08:00

Acknowledgements and Introductions by Dr. Chowdhury Ahsan

08:00 – 08:15

Additional Acknowledgements
Vick Gill, Fenina Encabo, Randy Bune and Amber Carter

Welcome Address
Tony Marinello – Chief Operating Officer, UMC
Frederick Lippmann, M.D. – Chief of Staff, UMC
Debra Fox – Chief Nursing Officer, UMC
William Resh, M.D., FACC – President and Managing Partner, NHVC
Sanjay Malhotra, M.D. FACC – Governor of ACC - Nevada Chapter

Managing Patients with Coronary Artery Disease before and in Cath Lab - Roles of FFRCT/FFR/NHI PRs and Angiography-Derived FFR
Speaker: Dr. Morton Kern
Moderators: Dr. Quynh Feikes, Dr. Demetrios Mavroidis

08:15 – 08:45

Cardiogenic Shock in Advanced Heart Failure: A New Frontier in an Old Battle
Speaker: Dr. Ali Nsair
Moderators: Dr. Quynh Feikes, Dr. Demetrios Mavroidis

08:45 – 09:15

Identifying the Stage D Heart Failure Patient
Speaker: Dr. Howie Tran
Moderators: Dr. Quynh Feikes, Dr. Demetrios Mavroidis, Dr. Nicholas Tsolikis

09:15 – 09:45

Coffee Break and Vendor Exhibits

09:45 – 10:15

Why Cardiologists Should Care about Oncology
Speaker: Dr. Michelle Bloom
Moderators: Dr. Jimmy Diep, Dr. Fareed Sheikh, Dr. Chowdhury Ahsan

10:15 – 10:45

Patient Safety in Medicine: A Team Effort
Speaker: Dr. Arnold Seto
Moderators: Dr. Jimmy Diep, Dr. Fareed Sheikh, Dr. Chowdhury Ahsan

10:45– 11:15

Syntax, Clinical Syntax, Complex PCI: CABG vs PCI: “The Heart Team Approach”
Speaker: Dr. Michael Kim
Moderators: Dr. Quynh Feikes, Dr. Demetrios Mavroidis, Dr. Nicholas Tsolikis

11:15 – 11:45
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| 11:45 – 12:45 | **Lunch and Learn – Medical Ethics (Main Ballroom)**  
The Role of Palliative Care in End-Stage Cardiomyopathy: Case-Base Approach  
Speaker: Dr. Christine Estrada |
| 11:45 – 12:45 | **Non-CME Session for Physicians, Cardiology Fellows and Echo Technicians**  
“Contrast Echo: A Proven Impact on Patient Management”  
(Ballroom TBA)  
Speaker: Dr. Mani Vannan |
| 12:45 – 13:15 | **TAVR Update**  
Speaker: Dr. Elliot Groves  
Moderators: Dr. Quynh Feikes, Dr. Demetrios Mavroidis, Dr. Nicholas Tsolakis |
| 13:15 – 13:45 | **STEMI Care: Routine Unload First? STEMI with Cardiogenic Shock**  
Speakers: Dr. Chowdhury Ahsan and Dr. Dalia Hawass  
Moderators: Dr. Jimmy Diep, Dr. Fareed Sheikh |
| 13:45 – 14:15 | **Complex PCI vs. CABG**  
Speaker: Dr. Babak Hassid  
Moderators: Dr. Quynh Feikes, Dr. Demetrios Mavroidis |
| 14:15 – 14:45 | **Cardiac Arrest and Post-Arrest Care - Strategies to Improve Cardiac Arrest Survival**  
Speaker: Dr. Rafique Ahmed  
Moderators: Dr. Arjun Gururaj, Dr. Chowdhury Ahsan, Dr. Gaston Vergara |
Speaker: Dr. Arjun Gururaj  
Moderators: Dr. Robert Wesley Jr., Dr. Robert Berkley, Dr. Gaston Vergara |
| 15:15 – 15:30 | **Coffee Break and Vendor Exhibits** |
| 15:30 – 16:00 | **Topic: Assessing AV and MV: Before and After TAVR & Mitraclip**  
Speaker: Dr. Manni Vannan  
Moderators: Dr. Chowdhury Ahsan, Dr. Jimmy Diep |
| 16:00 – 16:30 | **Case Presentations by Cardiology Fellows**  
16:00 – 16:10 Dr. Andrew Chen, EP Case  
16:10 – 16:20 Dr. Sumit Sehgal, TAVR Case/Imaging Case/PET Viability  
16:20 – 16:30 Dr. Jonathan Holbrook, Definition of MI - Not All MIs Are Equal |
| 16:30 – 17:00 | **Remarks and Conclusion**  
Dr. Chowdhury Ahsan |
| 17:00 | **Raffle Drawing** |
From the world’s smallest pacemaker to a WiFi-enabled heart monitor, the UMC Cardiology and Stroke Center remains committed to providing community members with access to the latest breakthroughs in medical technology.

In recent years, UMC has introduced a wide range of new services and advanced equipment, working to elevate the level of cardiac care available in Southern Nevada.

In 2018, UMC began performing procedures to implant advanced heart monitors that allow physicians to remotely monitor patients’ heart health after they leave the hospital. Designed specifically for patients with heart failure, the CardioMEMS HF System is implanted directly into the pulmonary artery, and it has the ability to detect signs of worsening heart failure before the patient begins to notice symptoms. The data collected by this implantable device can be used by physicians to make adjustments to patients’ medications and care plans.

“At UMC, we take pride in leveraging the latest technological advances to improve the quality of our patients’ lives,” said Dr. Chowdhury Ahsan, UMC’s Chief of Medicine and Director of Cardiac Catheterization and Intervention. “Innovative tools such as the CardioMEMS HF System help our team deliver the advanced cardiovascular care our community deserves.”

Physicians at the UMC Cardiology and Stroke Center use a minimally invasive, outpatient procedure to implant the small, wireless device. Dr. Ahsan said the procedure itself takes less than 30 minutes in most cases.

People with heart failure have weakened heart muscles, preventing their hearts from pumping enough blood to meet their bodies’ needs. This chronic condition often requires close monitoring, as many patients with heart failure experience frequent hospitalization, reduced quality of life and a higher risk of death.

“The CardioMEMS HF System allows us to closely monitor our patient’s health and respond rapidly to prevent the onset of debilitating symptoms,” Dr. Ahsan said. “Our team takes tremendous pride in meeting the unique needs of heart failure patients.”

Approximately 5.7 million adults have heart failure across the United States. UMC is the only hospital in Nevada to offer a dedicated Heart Failure Clinic, providing highly specialized care to community members living with heart failure.

Ronnie Hudson, a 50-year-old North Las Vegas man, recently visited UMC to have the CardioMEMS HF System implanted. Like many heart failure patients, Hudson has been repeatedly hospitalized as a result of his condition, frequently experiencing excess fluid in his lungs.

...continued next page
Hudson, who has lived with heart failure since 2005, expressed optimism about the advanced technology, which monitors his pulmonary artery pressure and sends data to UMC on a daily basis.

“I feel good about it,” he said. “I’m looking forward to living another 30 or 40 years.”

Just two days removed from the procedure to implant the device, Hudson described the process as quick and simple, explaining that he returned home the same day. Dr. Richard Shehane performed the procedure the week prior to Thanksgiving, and Hudson looked forward to cooking and spending time with family during the holiday weekend.

“If I can keep my grandson from bouncing on my midsection, I’ll be alright,” he said with a laugh.

Using a specially designed “smart” pillow that connects to Wi-Fi networks, Hudson rests his head on the pillow each morning to rapidly send data to UMC’s cardiology specialists.

“It actually plays elevator music for you while you’re waiting for it to finish,” Hudson said, explaining that the process only takes a few minutes each morning.

Team members from UMC’s Heart Failure Clinic review the data each day to monitor for elevations in pulmonary artery pressure. Based on the information gathered, UMC can quickly adjust medications and take additional steps to prevent future complications.

“Our team takes tremendous pride in meeting the unique needs of heart failure patients.”

In addition to the cutting-edge CardioMEMS HF System, UMC offers a number of other advanced procedures for cardiology patients. UMC recently became the first hospital in the state to utilize the Micra Transcatheter Pacing System, a wireless pacemaker that is roughly the size of a large vitamin. Requiring only a small incision, the procedure to implant the Micra system offers reduced risks and eliminates the need for wires.

Building upon the hospital’s reputation for delivering high-quality care, the UMC Cardiology and Stroke Center provides complex percutaneous coronary intervention, a minimally invasive procedure used to treat narrowed or obstructed coronary arteries. UMC also utilizes the advanced Impella heart pump, the smallest device of its kind, which is guided through an artery to temporarily pump blood during certain procedures.

In addition, UMC is the first and only hospital in Nevada to offer cardiopulmonary exercise testing, which provides valuable data to assist in managing disease processes for patients with a variety of conditions affecting the heart or lungs. The test also plays a key role in determining whether a patient would serve as a candidate for an artificial heart, left ventricular assist device or heart transplant.

“The UMC Cardiology and Stroke Center serves as a valuable resource for our community, offering advanced technology, groundbreaking research and a world-class team of medical professionals who work tirelessly to save and improve lives every day,” said UMC CEO Mason VanHouweling.
The UMC Cardiology and Stroke Center provides patients with access to a trusted team of highly experienced physicians, nurses and other medical professionals who share a steadfast commitment to promoting successful outcomes and improved quality of life. Offering a wide range of services, the UMC Cardiology and Stroke Center utilizes advanced technology supported by highly refined, evidence-based processes to quickly diagnose, treat and rehabilitate patients.

Our Team
The UMC Cardiology and Stroke Center provides patients with access to an expertly trained team comprised of:

- Cardiologists
- Cardiovascular Surgeons
- Neurologists
- Specially Trained Registered Nurses
- Emergency Department Physicians
- Radiologists
- Physical and Speech Therapists
- Invasive Specialists
- Nurse Practitioner
- Cardiac Sonographers
- Specialized Technicians
- Specialty Program Coordinators
- Registered Dietitians

The UMC Cardiology and Stroke Center Offers:
Nevada’s **ONLY** cardiology fellowship program, supporting the availability of quality care for generations to come
An outpatient Heart Failure Clinic staffed by a board-certified cardiologist and a nurse practitioner who help patients manage medications and symptoms to promote improved quality of life
A Cardiac Rehabilitation Program offering personalized treatment plans focused on physical activity, nutrition, stress management and other key areas
An Open-Heart Surgery Program supported by specialized team members
Three cardiac catheterization suites, allowing highly skilled physicians to perform invasive procedures using the latest, cutting-edge technology
A commitment to improved safety through the radial approach to cardiac catheterization, which is utilized in a majority of catheterization procedures to reduce the risk of major bleeding
A 12-bed Cardiovascular Care Unit (CVCU) equipped with the latest technology to provide post-operative care to open-heart surgery patients
A high-tech, 12-bed Coronary Care Unit (CCU) to manage the care of critically ill cardiac patients
A comprehensive range of advanced diagnostic tools, including electrocardiogram (EKG), echocardiogram (echo), cardiac stress testing, implantable loop recorders and Holter monitors
Southern Nevada’s **ONLY** cardiopulmonary exercise testing (CPET) services, providing community members with access to a valuable test that can play a key role in identifying candidates for artificial hearts, left ventricular assist devices and heart transplants
Southern Nevada’s Only CPET

UMC is the only hospital in Southern Nevada to offer cardiopulmonary exercise testing (CPET), providing your patients with a valuable new resource supported by cutting-edge technology. In the past, many patients with cardiovascular and pulmonary conditions traveled outside of Nevada to have this test performed, but the technology is now available at UMC.

The in-depth data provided by the CPET can play a key role in determining whether your patient would serve as a candidate for an artificial heart, a left ventricular assist device (LVAD) or a heart transplant.

Offering a wealth of information related to your patient’s respiratory and cardiac function during exercise, the CPET can help you manage disease processes and guide treatment associated with heart failure, stroke, COPD and a wide range of other conditions.

Call 702-383-3770 to schedule an appointment for your patient.
Surviving a Near-Death Experience
UMC Helps Woman Regain Health Following Life-Threatening Heart Attack

On the evening of Dec. 11, 2018, Christina Mason was getting ready for bed when she began to notice some unusual symptoms: shoulder pain, vomiting and lung pain. Mason was uncomfortable, but the nagging pain remained far from intense, and the otherwise healthy 49-year-old woman simply thought she might be developing a case of bronchitis. Like many women in her situation, Mason had absolutely no idea she was having a life-threatening heart attack, and she waited until the following day to seek care.

While Mason ultimately survived this delay in seeking care, many other women are not so fortunate. Women are far more likely than men to have atypical symptoms of a heart attack, including abdominal pain, shortness of breath, general fatigue, and shoulder, neck and jaw pain, said Dr. Jimmy Diep, a cardiologist at the UMC Cardiology and Stroke Center. In some cases, women experience heart attacks without feeling any chest pain, which often leads to delayed care.

“Women tend to have worse outcomes than men across the board because they’re typically diagnosed with heart disease later and they’re treated later,” Dr. Diep said. “When women have heart disease, it’s usually more severe.”

With no chest pain and no history of heart issues, Mason said she did not recognize the severity of the situation until she decided to seek treatment at a UMC Quick Care location, where the healthcare team performed an echocardiogram and immediately sent her to UMC’s Adult Emergency Department.

When she arrived at UMC’s Emergency Department, a test revealed the harsh reality of her condition.

“They told me I was having a massive heart attack,” she said. “I felt fine, believe it or not. At that point, I had no pain and I was walking around.”

Cardiologists discovered that Mason had suffered a potentially fatal “widowmaker” heart attack characterized by 100 percent blockage of the left anterior descending artery.

“They were concerned some of the heart tissue died because I waited too long for treatment,” Mason said. “I was terrified.”

As a result of this potential damage, cardiologists initially discussed the potential need for open-heart surgery, a prospect that filled Mason with dread. Twenty years earlier, nearly to the exact day, Mason’s grandmother suffered a heart attack and had open-heart surgery at a different hospital.

“She went into open-heart surgery and never came out,” Mason said. Dr. Chowdhury Ahsan, UMC’s Chief of Medicine and Director of Cardiac Catheterization and Intervention, helped Mason avoid open-heart surgery. He performed a cardiac catheterization procedure to place four stents and open the blocked artery.

“It was amazing,” Mason said. “I don’t think there’s another hospital that could have done what they did.”

Dr. Ahsan explained that the UMC Cardiology and Stroke Center is staffed by an expertly trained team of cardiac care professionals who utilize the latest innovations in care to promote successful outcomes for patients like Mason. Building upon UMC’s reputation for delivering high-quality care, Dr. Ahsan and his team have the ability to perform complex percutaneous coronary intervention, a minimally invasive procedure used to treat narrowed or obstructed coronary arteries. UMC also offers the advanced Impella heart pump, the smallest device of its kind, which is guided through an artery to temporarily pump blood during certain procedures.

“We have built a world-class team supported by the latest breakthroughs in medical technology to provide women and men with high-quality cardiac care,” Dr. Ahsan said. “Mason benefitted from the experience and skill of UMC’s Cardiology and Stroke Center team. Following a successful catheterization procedure, she returned home and came back to UMC for another procedure in February to address a blockage in her right coronary artery.

Seeing heart disease as an issue primarily affecting men, Mason said she never thought she would experience a life-threatening heart attack. Dr. Diep said this is a common misconception among patients, and he encourages women to recognize the risks of heart disease.

“People should know that heart disease is the No. 1 killer of women and men in America,” Dr. Diep said. “Women have to be vigilant about recognizing the symptoms and seeking immediate care.”

Following her heart attack, Mason’s left ventricle was not pumping enough blood with each contraction. This measurement, known as the left ventricle ejection fraction, stood at 35 percent, which is dangerously low and well below the normal level of 50 to 70 percent. Mason beamed with pride when she revealed that this key metric...continued next page
had since increased to 60 to 65 percent, falling within the normal range.

After her procedure in February, Mason began visiting UMC’s Cardiac Rehabilitation Unit three times a week at the recommendation of Dr. Ahsan. Since beginning her rehabilitation sessions at UMC, Mason said she has experienced significant improvements to her health.

In addition to helping Mason regain her health through close monitoring and a valuable rehabilitation exercise program, UMC’s Cardiac Rehabilitation Unit provided Mason with an unparalleled support system.

“The support the nurses gave me was everything,” she said. “UMC’s Cardiac Rehabilitation nurses are amazing. They really helped me get through this.”

Mason quickly realized she was far from alone on her path to improved heart health. She found solace in the bonds she developed with her fellow patients during rehabilitation sessions and at UMC’s Cardiac Support group, which meets on a monthly basis.

“We learned from each other, exchanged recipes and celebrated our accomplishments,” she said, underscoring the importance of having a strong support system in place.

She plans to continue attending UMC’s Cardiac Support group meetings in hopes of offering assistance to other patients in similar situations.

“I’ll never stop going to the support group meetings,” she said. “One month, there might be someone like me who needs my help and support.”

Mason also found strength in the support provided by her loving family. “My husband never left my side,” she said. “If it wasn’t for the support of my family, I wouldn’t be here today.”

Thanks to the ongoing care, support and rehabilitation she received from UMC, Mason said she is thrilled to be back to her normal life, running a local landscaping business with her family.

While she has one more month of rehabilitation left, Mason said the lessons she learned from UMC will last a lifetime. Following the advice of UMC’s health care professionals, Mason plans to continue exercising daily while watching her cholesterol levels and frequently visiting her primary care provider for preventive care.

Heart disease is responsible for approximately one in four female deaths in the United States, and nearly two-thirds of women who die suddenly as a result of heart disease have no prior symptoms, according to data from the U.S. Centers for Disease Control and Prevention. The CDC also reports that nearly half of women in the U.S. fail to recognize heart disease as the leading cause of death among women.

Dr. Diep encourages women to regularly visit their primary care providers, maintain a healthy diet, receive frequent blood pressure checks and monitor their cholesterol. Smokers have a significantly increased risk of heart disease, he said, advising male and female smokers to reduce their risk by quitting smoking immediately.

In addition to smoking, the CDC has identified high blood pressure and high LDL cholesterol as the key risk factors for heart disease. Nearly half of Americans have at least one of these three key risk factors. Additional risk factors include diabetes, poor diet, being overweight or obese, a lack of physical activity and excessive alcohol consumption.

Mason said she urges women to learn more about the risks of heart disease and seek care immediately for any issues.

“If you don’t feel right, please just go to the doctor,” she said. “I waited too long, and it very well could have cost me my life.”
• Chowdhury Ahsan, MD
• Jose Aquino, MD
• Robert Berkley, MD
• Claudio Bonometti, MD
• John Bowers, Jr., MD
• Raj Chanderraj, MD
• Jimmy Diep, MD
• Arjun Gururaj, MD
• Sunil Kalla, MD
• Shahabuddin Khan, MD
• John Lee, MD
• Sanjay Malhotra, MD
• Arturo Marchand, Jr., MD
• Cres Miranda, Jr., MD
• William Resh, MD
• C. Allen Rhodes, MD
• Stephen Savran, MD
• Deepak Sharma, MD
• Richard Shehane, MD
• Fareed Sheikh, DO
• Alan Steljes, MD
• Nicholas Tselikis, MD
• Branavan Umakanthan, DO
• Rafael Valencia, MD
• Abbott CardioMEMS
• Abiomed
• Advanced Health Media
• Akcea Pharmaceuticals
• Alnylam
• Amgen Pharmaceuticals
• AstraZeneca
• Biotronik
• Boston Scientific
• Bristol Myers
• Cardinal Health
• Clark County Credit Union
• Gilead
• Hillrom
• Janssen Pharmaceutical Companies of Johnson & Johnson
• Lantheus Medical Imaging
• Medtronic
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In accordance with the Standards for Commercial Support issued by the Accreditation Council for Continuing Medical Education (ACCME), the University Medical Center of Southern Nevada requires resolution of all faculty conflicts of interest to ensure CME activities are free of commercial bias.

The following have indicated that they may have a relationship which, in the context of their presentation, could be perceived as a potential conflict of interest:

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<th>Name</th>
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<tr>
<td>Chowdhury Ahsan, MD</td>
<td>Planner / Speaker - AstraZeneca; Amgen; Zoll</td>
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<td>Robert Berkley, MD</td>
<td>Speaker - Biotronik Inc.</td>
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<td>Michelle Bloom, MD</td>
<td>Speaker - Novartis</td>
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<td>Sahdi Daoud, MD</td>
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<td>Arjun Gururaj, MD</td>
<td>Speaker - Janssen Pharmaceutical</td>
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<td>Chakravarthy R. Kannan, MD</td>
<td>Speaker - Janssen; Sanofi</td>
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<td>Fareed Sheikh, MD</td>
<td>Speaker - Gilead; Abbott Laboratories</td>
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<td>Mani Vannan, MBBS, FACC, FASE, FAHA</td>
<td>Speaker - Siemens; Research Support</td>
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<td>Gaston Vergara, MD</td>
<td>Speaker - Spectranetics Corporation</td>
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The following presenters have indicated they have no relationship which could be perceived as a potential conflict of interest in the context of their presentation:

- Rafique Ahmed, MD
- Morton Kern, MD
- Robert Berkley, MD
- Michael Kim, MD
- Andrew Chen, MD
- Demetrios Mavriodis, MD
- Jimmy Diep, MD
- Ali Nsair, MD
- Christine Estrada, DO
- Sumit Seghal, MD
- Quynh Feikes, MD
- Arnold Seto, MD
- Elliott Groves, MD
- Howie Tran, MD
- Babak Hassid, MD
- Nicholas Tselikis, MD
- Dalia Hawass, MD
- Robert Wesley, Jr., MD
- Jonathan Holbrook, MD

No other individuals involved in the planning or presentation of this activity have any relevant financial relationships with commercial interest to disclose.
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<td>Christine Estrada, DO</td>
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This symposium was developed without support or input from any commercial interests.

Credit Designation
The University Medical Center of Southern Nevada designates this live activity for a maximum of 8.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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The University Medical Center of Southern Nevada is accredited by the Institute for medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.

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In order to obtain AMA PRA Category 1 Credit™ for your participation in this activity, physician learners must submit a completed attestation form which includes a post-test.

Learners can provide evaluation as to whether the education has increased their knowledge base (competence) or changed their practice patterns (performance, patient outcomes) via responses to the audience response system, evaluation form, and verbal feedback at the activity.
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