BREAKING THE CYCLE in CARDIORENAL ANEMIA SYNDROME:

The Practice-changing Role of IV Iron at the CKD–Heart Failure Interface

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ACTIVITY OVERVIEW

All clinicians managing patients with non-dialysis-dependent chronic kidney disease or heart failure must be aware of the deleterious impacts of concomitant anemia and the established, emerging, and practice-changing role of intravenous (IV) iron therapies. The vicious cycle of cardiorenal anemia syndrome (CRAS)—the pathologic triad wherein the three conditions are each capable of causing and/or being caused by the other—can be effectively mitigated and managed with IV iron. Unfortunately, clinician hesitancy in prescribing IV iron, largely due to adverse effects associated with earlier formulations, must be overcome before the full benefit of IV iron in CRAS can be realized. Join Drs. Matthew Weir and Javed Butler as they address CRAS pathophysiology, examine applicable expert consensus guidelines, and review current evidence for treatment. Practical, case-based elements will be offered that provide learners with real-world examples of IV iron safety, efficacy, and the need for multidisciplinary (nephrologist-cardiologist-PCP) care.

TARGET AUDIENCE

Nephrologists, cardiologists, and primary care physicians who help manage patients with cardiorenal anemia syndrome, including non–dialysis-dependent chronic kidney disease (NDD-CKD), heart failure (HF), or both.

AGENDA

5 mins	Welcome and Introductions/Pre-Test
10 mins	The Vicious Cycle of Cardiorenal Anemia Syndrome: Pathophysiologic Principles and the Central Role of Iron Deficiency
20 mins	The Elements of Change: Exploring the Utility of Intravenous Iron at the Nexus of NDD-CKD, Heart Failure, and Anemia
15 mins	Closing Chasms in CRAS Care: Case-based Clues for Integrating IV Iron into the Therapeutic Armamentarium
5 mins	Conversations with the Experts and Q&A/Post-test

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Medicine (ACCME)

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Matthew R. Weir, MD–has disclosed that he is an advisor or consultant to Akebia, AstraZeneca, Bayer, Boehringer Ingelheim, GlaxoSmithKline, Janssen, Merck, Novo Nordisk, and Vifor Pharma.

FACULTY:

Javed Butler, MD, MPH, MBA–has disclosed that he is on the speaker's bureau for AstraZeneca, Boehringer Ingelheim, Lilly, Janssen, and Novartis. He is also a consultant to Abbott, Adrenomed, Amgen, Applied Therapeutics, Array, AstraZeneca, Bayer, Boehringer Ingelheim, Bristol Myers Squibb, CVRx, G3 Pharmaceutical, Impulse Dynamics, Innolife, Janssen, Luitpold, Medtronic, Merck, Novartis, Novo Nordisk, Relypsa, Roche, UvaNova, and Vifor.

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Donna S. Hanes, MD–has no relevant financial relationships to disclose in relation to the content of this activity.

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FACULTY BIOGRAPHICAL SKETCHES

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LEARNING OBJECTIVES

1. Evaluate the fundamental facets of the “pathologic triad” in cardiorenal anemia syndrome (CRAS), with a particular focus on the multifaceted effects of concomitant anemia on chronic kidney disease (CKD) and heart failure (HF) disease progression.
2. Describe proposed mechanisms of interrelationship between non–dialysis-dependent chronic kidney disease (NDD-CKD), heart failure (HF), and anemia, with a renewed emphasis on the pathophysiologic impact of iron deficiency (ID).
3. Discuss the basic tenets of iron metabolism and absorption in NDD-CKD and HF, including the essential utility of serum ferritin and TSAT as diagnostic laboratory indices for ID and iron deficiency anemia (IDA) assessment and treatment decisions.
4. Appraise completed, ongoing, and planned clinical trials establishing the safety and efficacy of IV iron therapies for ID/IDA in both NDD-CKD and HF, and identify pivotal data readouts that have influenced current practice and consensus guidelines.
5. Investigate the emerging clinical potential of IV iron to safely and effectively treat anemia of CRAS and, thereby, reduce the progression of both NDD-CKD and HF and optimize patient outcomes across the continuum.
6. Examine IV iron as a therapeutic adjunct/alternative to erythropoiesis-stimulating agents (ESAs) for patients with CRAS.
7. Identify how the innovative nanoparticle design of next-generation IV iron agents dramatically improves upon the safety profiles of older generation products, with anaphylaxis and severe hypersensitivity rates as low as 0.1%.
8. Use a real-world, case-based format to analyze how CRAS inflammatory molecular signatures and elevated hepcidin levels impact the comparative clinical utility of oral vs IV iron supplementation modalities for ID/IDA management in NDD-CKD and HF.
9. Compare and contrast currently FDA-approved IV iron products, including approved indications and practical clinical differentiators, such as the capacity for total dose infusions (TDI).
10. Design iron repletion treatment plans for patients with CRAS using innovative, evidence-supported clinical tools, such as diagnostic algorithms, integrated digital checklists, and Ganzoni’s formula.

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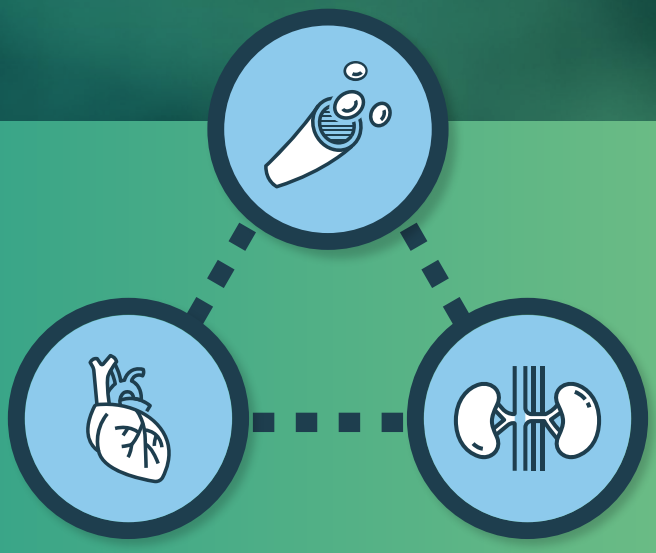

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