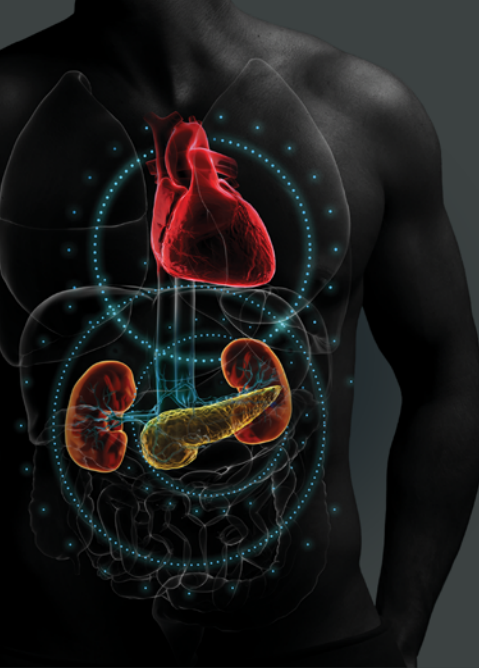

EXPLORE DAPAGLIFLOZIN IN SYMPTOMATIC HEART FAILURE WITH REDUCED EJECTION FRACTION* AND TYPE 2 DIABETES

*in adults as an adjunct to standard of care therapy.

You are invited to attend an expert-led meeting:

- introducing the DAPA-HF study and the evidence for FORXIGA® (dapagliflozin) for the treatment of symptomatic Heart Failure with reduced ejection fraction in adult patients with or without type 2 diabetes.[1–3]
- exploring the evidence beyond HbA1c in type 2 diabetes including reducing the risk of hHF in adults with type 2 diabetes and established CVD or risk factors for CVD.[3,4]

The meeting is designed to facilitate discussion and will broadly address what is new in heart failure, updates in type 2 diabetes and practical considerations of treatment with an SGLT2i inhibitor.

forxiga (dapagliflozin)

SPEAKER

DR SOPHIE POULTER

Endocrinologist

Sunshine Coast University Hospital

Dr Sophie Poulter is an endocrinologist and obstetric physician at Sunshine Coast University Hospital. She graduated from UQ, was awarded her FRACP (Endocrinology/ Obstetric Medicine) and is a senior lecturer at Griffith University. Sophie is involved in establishing guidelines including being part of the national ADS insulin pump/CGM and Statewide Diabetes Network (diabetes in pregnancy) working groups.

SPEAKER

DR ROHAN POULTER

Director of Cardiology

Sunshine Coast University Hospital

Dr Rohan Poulter is an interventional cardiologist and Director of Cardiology for the Sunshine Coast Hospital and Health Service. He is the Co-chair of the Qld Statewide Cardiac Clinical Network, a member of the steering committee for the Qld Cardiovascular Outcomes Registry (QCOR) and the Deputy-Chair of the steering committee for the National Cardiac Registry.

DATE

Wednesday, 28th April 2021

VENUE

Spice Bar

123 Mooloolaba Esplanade, Mooloolaba, QLD 4557

TIME

7:00pm – 8:30pm AEST

TO REGISTER: Scan QR Code or follow link

https://cvent.me/9KWPqn

AGENDA

6:30pm – 6:50pm	Arrival & Registration
6:50pm – 7:00pm	AZ Welcome & Introduction
7:00pm – 7:30pm	Explore the Evidence beyond HbA1c in Type 2 Diabetes - Dr Sophie Poulter
7:30pm – 8:00pm	Forxiga in Symptomatic Heart Failure with Reduced Ejection Fraction - Dr Rohan Poulter
8:00pm – 8:30pm	Q&A
8:30pm	Meeting Close (dinner will be served during the presentation)

YOUR REPRESENTATIVE DETAILS

Hayley Corbett **Phone:** 0438 464 606 **Email:** hayley.corbett@astrazeneca.com

forxiga
(dapagliflozin)

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PBS Information: FORXIGA: Authority required (STREAMLINED).Type 2 Diabetes. Refer to PBS Schedule for full Authority Required Information. This product is not listed on the PBS for the treatment of heart failure.

BEFORE PRESCRIBING PLEASE REVIEW FULL PRODUCT INFORMATION AVAILABLE ON REQUEST FROM ASTRAZENECA ON 1800 805 342 OR www.astrazeneca.com.au/PI

MINIMUM PRODUCT INFORMATION. FORXIGA (dapagliflozin) 10mg tablets. INDICATIONS: Glycaemic control in adults with type 2 diabetes mellitus as: **monotherapy** as an adjunct to diet and exercise where metformin is otherwise indicated but was not tolerated; **initial combination** with metformin, as an adjunct to diet and exercise, to improve glycaemic control when diet and exercise have failed and there are poor prospects for response to metformin monotherapy; **in combination with other anti-hyperglycaemic agents** to improve glycaemic control, when these together with diet and exercise do not provide adequate control. (Refer to full PI for available data on different combinations). Prevention of hospitalisation for heart failure in adults with type 2 diabetes mellitus and established cardiovascular disease or risk factors for cardiovascular disease to reduce the risk of hospitalisation for heart failure. **Heart failure in adults for the treatment of symptomatic heart failure with reduced ejection fraction, as an adjunct to standard care of therapy.* **DOSAGE AND ADMINISTRATION:** Tablets must be taken whole. 10mg once daily at any time of the day regardless of meals. **CONTRAINDICATIONS:** hypersensitivity to any of the ingredients; **for the treatment of diabetes,* patients with eGFR persistently <45mL/min/1.73m^2. **PRECAUTIONS:** Not for type 1 diabetes mellitus or diabetic ketoacidosis. Use in renal impairment. **For the treatment of diabetes,* monitoring of renal function recommended – prior to initiation and at least yearly thereafter, prior to initiation of concomitant medicines that may reduce renal function and periodically thereafter, for renal function approaching eGFR 45mL/min/1.73 m^2 at least 2–4 times yearly. Severe hepatic impairment. Patients receiving loop diuretics or at risk for volume depletion, and or hypotension; patients for whom dapagliflozin induced blood pressure drop could pose a risk; ketoacidosis **in patients with diabetes mellitus;* surgery; urinary tract infections; necrotising fasciitis of the perineum (Fournier's gangrene); lower limb amputations, counsel patients on routine preventative foot care; use with medications known to cause hypoglycaemia; children; elderly; cardiac failure. Pregnancy (Category D); lactation. Interference with 1,5-anhydroglucitol (1,5-AG) assay; avoid hypoglycaemia while driving or using machinery if used with sulfonylurea or insulin. **INTERACTIONS WITH OTHER MEDICINES:** no clinically meaningful interactions expected (see full PI). **ADVERSE EFFECTS:** Genital infections, urinary tract infections, diabetic ketoacidosis, renal-related adverse reactions (e.g. acute kidney injury, renal impairment, acute prerenal failure), back pain, polyuria, hypoglycaemia, headache, volume depletion, events related to decreased renal function, ketoacidosis, pyelonephritis, urosepsis, necrotising fasciitis of the perineum (Fournier's gangrene), rash, angioedema. **Date of first approval:** 22 October 2012. **Date of revision:** 5 November 2020.

**Please note changes in Product Information.*

CVD = cardiovascular disease; DAPA-HF = Dapagliflozin And Prevention of Adverse outcomes in Heart Failure; HbA1c = glycated haemoglobin hHF = hospitalisation for heart failure; SGLT2i = sodium-glucose co-transporter 2 inhibitor. **References: 1.** McMurray JJV *et al. N Engl J Med.* 2019; 381(21):1995–2008. **2.** McMurray JJV *et al. Eur J Heart Fail.* 2019; 21:665–675. **3.** FORXIGA® Approved Product Information. **4.** Wiviott SD *et al. N Engl J Med* 2019; 380:347–357.

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