YOUR EVENT INVITATION

Bayer Thrombosis College

Atrial Fibrillation - THE SILENT KILLER
New Guidelines for Atrial Fibrillation in Patients with Renal Impairment
Coronary Artery Disease and Peripheral Artery Disease - New Treatment Options

Dr Darshan Shah
Consultant Stroke Physician

Dr Darshan Shah is the co-chair of Queensland's Statewide Stroke Clinical Network and provides expertise, direction and advice to the Dept. of Health in relation to Stroke Care, Stroke service planning anc emergency Stroke issues locally, statewide and nationally.

Dr Angus Thompson
Cardiologist

Dr Angus Thompson is a cardiovascular Imaging Specialist with special clinical interest in cardiac imaging and heart failure.

Dr Ahmad N Zakariyya
Interventional Cardiologist

Dr Zakariyya is well published and has presented research findings at various national and international conferences. His special clinical interests include stable and acute coronary syndromes, structural and valvular heart diseases and adult congenital heart diseases. In addition to English, Dr Zakariyya speaks Urdu, Hindi and Punjabi.

THE BEACH HOUSE HOTEL - 22nd June 2021

344 ESPLANADE, SCARNESS, 4655 PLEASE RSVP BY 17 JUNE 2021

Register for this event via Fax: 02 9391 6633 OR Email: thrombosiscollege@bayer.com

Registration 6pm | Presentation starts 6:30pm | Presentation concludes **8:30pm** | Meeting concludes **8:45pm**

Contact your representative: JACKIE REES - 0407737313, Jackie.rees@bayer.com

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REGISTRATION: To accept this invitation, please complete your details below and sign and return this form to Bayer by email or fax.

HCP Details

***First Name:**

***Surname:**

***Email:**

***Signature:**

Practice Details

***Name:**

***Postcode:**

*Mandatory fields

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PBS Information: Authority Required (STREAMLINED). Refer to PBS Schedule for full authority information.

PLEASE REVIEW THE FULL PRODUCT INFORMATION (PI) BEFORE PRESCRIBING. APPROVED PI AVAILABLE AT www.ebs.tga.gov.au/ebs/picmi/picmirepository.nsf/pdf?OpenAgent&id=CP-2009-PI-01020-3&d=

Minimum Product Information. Xarelto® (rivaroxaban) INDICATIONS: Prevention of venous thromboembolism (VTE) in adult patients who have undergone major orthopaedic surgery of the lower limbs (elective total hip replacement, treatment for up to 5 weeks; elective total knee replacement, treatment for up to 2 weeks); 10 mg tablet once daily. Prevention of stroke and systemic embolism in patients with non-valvular atrial fibrillation and at least one additional risk factor for stroke; 20 mg tablet once daily (15 mg for patients with CrCl 15-49 mL/min). Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE) and for the prevention of recurrent DVT and pulmonary embolism (PE); 15 mg tablet twice daily for 3 weeks, followed by 20 mg tablet once daily. Following completion of six to twelve months therapy, based on an individual assessment of the risk of recurrent DVT or PE against the risk for bleeding, dose reduction to 10 mg Xarelto once daily may be considered. In combination with aspirin, for the prevention of major cardiovascular events (composite of stroke, myocardial infarction and cardiovascular death) in patients with coronary artery disease (CAD) and/or peripheral artery disease (PAD); 2.5 mg tablet twice daily in combination with 100 mg aspirin. Xarelto 15 mg and 20 mg tablets should be taken with food. Xarelto 2.5 mg and 10 mg may be taken with or without food. Tablets may be crushed and administered orally (mixed with water or applesauce) or given through gastric tubes. See full PI for details. **CONTRAINDICATIONS:** Hypersensitivity to rivaroxaban or to any of the excipients, clinically significant active bleeding, lesions at increased risk of clinically significant bleeding and patients with spontaneous impairment of haemostasis, significant hepatic disease which is associated with coagulopathy, dialysis or severe renal impairment with a creatinine clearance < 15 mL/min, concomitant treatment with strong inhibitors of both CYP 3A4 and P-glycoprotein, Pregnancy, Lactation. **PRECAUTIONS:** Increased bleeding risk such as general haemorrhagic risk (see PI for list), bronchiectasis or history of pulmonary bleeding, renal impairment, hepatic impairment, surgery and interventions, spinal/epidural anaesthesia or puncture, patients with prosthetic heart valves (not recommended), patients with antiphospholipid syndrome, haemodynamically unstable PE patients or patients who require thrombolysis or pulmonary embolectomy, lactose intolerance. **INTERACTIONS WITH OTHER MEDICINES:** Care to be taken if concomitantly used with medicines affecting haemostasis; concomitant administration with NSAIDs, platelet aggregation inhibitors, Selective Serotonin Reuptake Inhibitors, Selective Norepinephrine Reuptake Inhibitors, other anticoagulants. **ADVERSE EFFECTS:** Please refer to PI for a complete list. Very common and common adverse reactions (≥1%) include post procedural haemorrhage, increased transaminases, gingival bleeding, constipation, diarrhoea, nausea, pyrexia, oedema peripheral, contusion, pain in extremity, headache, dizziness, haematuria, menorrhagia, epistaxis, haematoma, anaemia, rectal haemorrhage, fatigue and ecchymosis, haemoptysis, pruritus, conjunctival haemorrhage, abdominal pain, dyspepsia, gastrointestinal haemorrhage, syncope, hypotension, increased gamma-glutamyltransferase, tachycardia, vomiting, asthenia, wound haemorrhage, subcutaneous haematoma and rash. **DOSAGE AND ADMINISTRATION:** see INDICATIONS above. **BASED ON PI DATED:** 02 JUN 2020.

Bayer Australia Ltd. ABN 22 000 138 714, 875 Pacific Highway, Pymble NSW 2073.
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