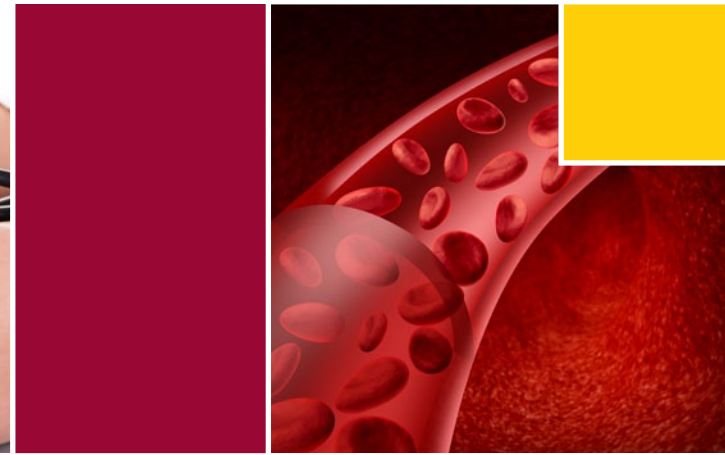




IOWA HEART
Foundation

5880 University Ave., Suite 101
West Des Moines, IA 50266

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CARDIOVASCULAR TODAY

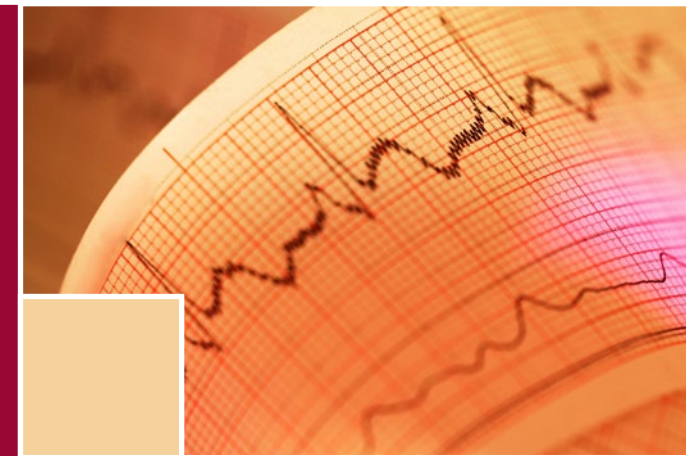
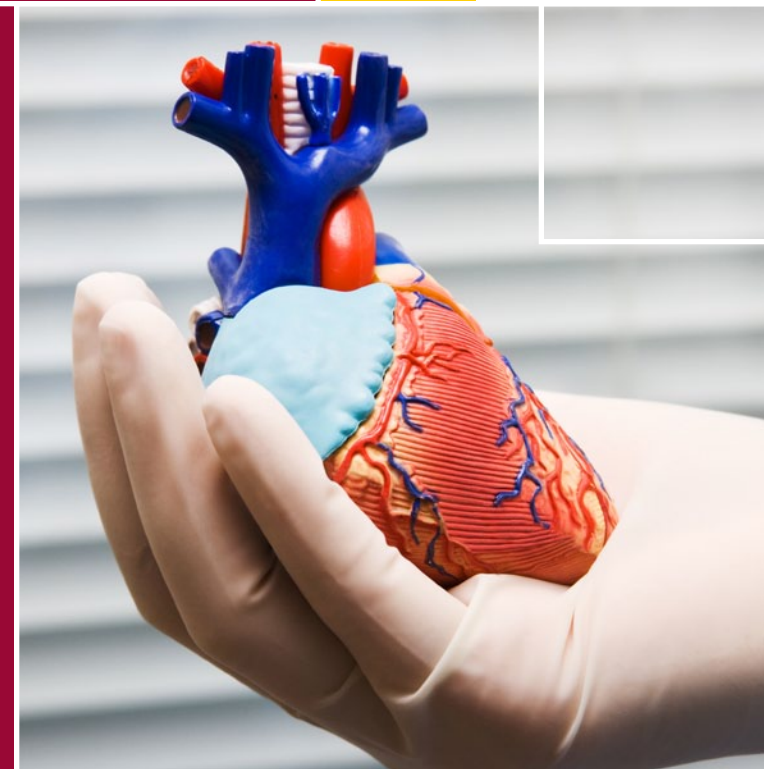
SATURDAY, FEBRUARY 4, 2012

HY-VEE CONFERENCE CENTER, WEST DES MOINES

CARDIOVASCULAR TODAY

SATURDAY, FEBRUARY 4, 2012

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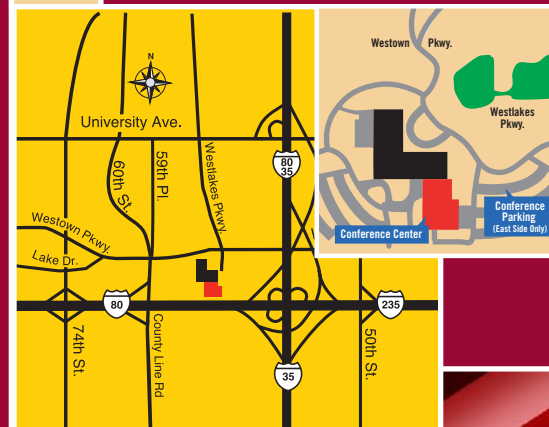
LOCATION

Hy-Vee Conference Center
5820 Westown Parkway
West Des Moines, IA 50266
(515) 267-2800

From North or South:
University Exit. University
West to Westlakes Parkway.
Westlakes South to Hy-Vee.

From West:
60th Street Exit. North to
Westown Parkway. Westown
Parkway East to Hy-Vee.

From East:
50th Street Exit. North to
Westown Parkway. West
to Westlakes Parkway.
South to Hy-Vee.



AUDIENCE/PURPOSE

Physicians ■ Podiatrists ■ Dietitians
Physician Assistants ■ Nurse
Practitioners ■ Registered Nurses
Sonographers ■ Radiologic
Technicians ■ Coders ■ EMS

The purpose of the Cardiovascular
Today program is to increase
knowledge of the diagnosis,
treatment and prevention of
cardiovascular disease.

REGISTRATION

Registration deadline is February 1,
2012. The \$35 registration fee must
be prepaid by cash or check.
Please register early — space is
limited. Cancellations must be
made by 4:00 pm January 30, 2012
to receive a refund.

Continental breakfast, lunch
and materials are provided.

ACCREDITATION

This activity has
been planned and
implemented in
accordance with The
Essential Areas and Policies of the
Iowa Medical Society (IMS) through
joint sponsorship of Mercy Medical
Center–Des Moines and Iowa Heart
Center. Mercy Medical Center–
Des Moines is accredited by the
Iowa Medical Society to provide
continuing medical education for
physicians. Mercy Medical Center–
Des Moines designates this live
activity for a maximum of 6 AMA
PRA Category 1 credit(s)[™]. Physicians
should claim only credit commensurate
with the extent of their participation
in the activity.

Speakers will disclose to attendees
the nature of any significant financial
relationships they have with the
commercial firms providing support,
as well as the commercial
manufacturers of products
and/or the providers of services
discussed in their presentations.

They will also disclose if any
pharmaceuticals or medical
procedures and devices discussed
are investigational or unapproved



for use by the U.S. Food and Drug
Administration (FDA).

This live activity, 21st Annual
Cardiovascular Today Conference,
with a beginning date of February 4,
2012, has been reviewed and is
acceptable for up to 6.00 Prescribed
credits by the American Academy
of Family Physicians.

American Osteopathic Association
AOA Category 2-A = 6 credits

Nursing CEU Credit
CEUs = 0.7 Iowa Board of Nursing
Provider No 321

Radiologic technician credits
have been requested with
review pending.

This conference has been
approved by AAPC for 6.0 CEU(s)
which can be split between Core
and/or CCC, or CCVTC, specialty
continuing education units.

Mercy College of Health Sciences
will award 7 hours of Optional CEH.
CEH's earned will be applicable
for renewal of an EMS Provider
Certification/license in Iowa.

SESSION I: 7:00 AM

7:00 – 8:00 AM
Registration and
Continental Breakfast
Exhibits

8:00 – 8:05 AM
Welcome & Announcements
Moderator – David Laughrun, MD

8:05 – 8:30 AM
CoreValve Update
Atul Chawla, MD,
Interventionalist,
Iowa Heart Center
Obj: Describe percutaneous
valve replacement.

8:30 – 8:55 AM
Cardiac Stents: 2012 and Beyond
Mark Tannenbaum, MD,
Interventionalist,
Iowa Heart Center
Obj: Describe emerging stent
options for coronary disease.

8:55 – 9:45 AM
Left Ventricular Assist Device (LVAD)
–State of the Art CHF Management
David Feldman, MD,
Cardiologist, Minneapolis
Heart Institute
Obj: Describe criteria for use of
left ventricular assist device in
congestive heart failure.

9:45 – 10:05 AM
Panel Discussion
(Chawla, Tannenbaum, Feldman)
Obj: Discuss application of current
cardiac intervention modalities.

10:05 – 10:30 AM
Break /Exhibits

SESSION II: 10:30 AM

10:30 – 10:55 AM
Chronic Atrial
Fibrillation Management
Robert Hoyt, MD,
Electrophysiologist,
Iowa Heart Center
Obj: Describe current management
modalities for atrial fibrillation.

10:55 – 11:20 AM
Anticoagulation Update
Mathew McCormick, MD,
Cardiologist, Iowa Heart Center
Obj: Describe current treatment
criteria and therapies for
anticoagulation.

11:20 – 12:10 PM
Pulmonary Hypertension
Maxwell Cosmic, MD,
Chest, Infectious Diseases
and Critical Care Associates,
PC, Des Moines
Obj: Describe current diagnosis
and management guidelines
for pulmonary hypertension.

12:10 – 12:25 PM
Panel Discussion
(Hoyt, McCormick, and Cosmic)
Obj: Discuss current management
guidelines for atrial fibrillation,
anticoagulation, and
pulmonary hypertension.

12:25 – 1:30 PM
Lunch/Exhibits

SESSION III: 1:30 PM

1:30 PM
Moderator – David Laughrun, MD

1:30 – 1:55 PM
Radial Angiography and Intervention
Aaron From, MD
Obj: Describe trans-radial
angiography and utilization in
percutaneous coronary intervention.

1:55 – 2:20 PM
Current Aortic Aneurysm
Repair Therapies
David Chew, MD,
Vascular Surgeon,
Iowa Heart Center
Obj: Describe current aortic
aneurysm repair therapies.

2:20 – 2:45 PM
Peripheral Disease Update
Bobby Borromeo, MD,
Vascular Surgeon,
Iowa Heart Center
Obj: Describe current therapies
for treatment of peripheral
vascular disease.

2:45 – 3:10 PM
Cardiac Surgery Update
Ganga Prabhakar, MD,
Cardiothoracic Surgeon,
Iowa Heart Center
Obj: Identify current cardiac
surgery therapies.

3:10 – 3:30 PM
Panel Discussion
(From, Chew, Borromeo, Prabhakar)
Obj: Describe application of current
interventional techniques for
cardiovascular patients.

3:30 – 3:45 PM
Adjourn
(certificates, evaluations)

* Schedule and speakers are
subject to change.

CARDIOVASCULAR TODAY REGISTRATION FORM

Please print or type, detach and
mail form and payment (payable to
the Iowa Heart Foundation) to:

Iowa Heart Foundation
5880 University Avenue, Suite 101
West Des Moines, IA 50266

(515) 633-3555

Please include the \$35 registration
fee. Registration deadline is
Wednesday, February 1, 2012

Name _____

MD ■ DO ■ DPM ■ PA ■ ARNP ■ RN ■ LPN ■ RD ■ RVT ■ Other _____
Please circle appropriate designation.

Practice/Hospital/Clinic Name _____

Address _____

City _____ State _____ Zip _____ Telephone (____) _____

E-mail _____

Nursing CEU – please check appropriate box:

NO CEU CEU License # _____