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The KIDNEY,
HYPERTENSION *and*
CARDIOVASCULAR
RISK

GENOVA, PALAZZO DUCALE, MAY 19/21, 2016



PRESENTATION

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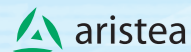
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SCIENTIFIC SECRETARIAT

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The cardiovascular system is profoundly affected by changes in renal function. In fact, it has long been known that patients with end stage renal disease undergoing renal replacement treatment carry a dramatically higher risk of cardiovascular and cerebrovascular events as compared to the general population with normal renal function. More recently, it has been fully appreciated that even mild abnormalities in renal function such as the presence of microalbuminuria or a slight, subclinical reduction in glomerular filtration rate, already entail a significant increase in cardiovascular risk.

Thus, the kidney may well be looked at as a sensor of cardiovascular risk as well as a target for treatment. This is even more important when one considers that high blood pressure and diabetes, arguably the two most important risk factors for the development of chronic kidney disease are highly prevalent in western countries and are going to be even more over the next two decades. In the U.S., it is currently estimated that over 10% of the general population has a glomerular filtration rate below 60 ml/min and an even greater percentage, about 20-30%, do have an increased urine albumin excretion.

Hypertension has a bidirectional relationship with kidney damage: on the one hand it is the most important risk factor for disease progression and, on the other hand, it is the result of renal disease itself. Furthermore a subtle, subclinical abnormality in renal function has long been regarded as one of the pathogenetic mechanisms underlying the development of primary hypertension.

A better knowledge of the mechanisms underlying the relationship between arterial hypertension, renal function abnormalities and the excess cardiovascular mortality may favourably impact clinical practice at the diagnostic and therapeutic level.

Many international experts in the field will attend the Meeting to discuss and present the latest advances on the topic. The Kidney, Hypertension and Cardiovascular Risk aims at providing both general practitioners and specialists with an up-to-date and in depth overview about therapeutic strategies to prevent hypertension and renal related complications as well as the associated excess of cardiovascular events.

Roberto Pontremoli, President of the Meeting



THURSDAY, MAY 19, 2016

15.00 **Opening Ceremony**

15.30 **Presentation of the Meeting**
R. Pontremoli

MAIN LECTURES

Chairmen: G. Deferrari, A. Stella

16.00 **The Renin Angiotensin Aldosterone system, hypertension and cardiovascular risk: an update in 2016**
A. Morganti

16.45 **Treatment of Chronic Heart Failure in the renal patient**
M. Volpe

17.30 **Dietary intervention in chronic kidney disease: balancing the risks and the benefits**
M. Muscaritoli

18.15 **Sympathetic nervous system in hypertension and chronic kidney disease**
G. Grassi

19.00 **Open Discussion with the Opinion Leader**

19.45 Welcome Cocktail

FRIDAY, MAY 20, 2016

08.45 **SESSION 1**

The ageing kidney and cardio-metabolic risk

Chairmen: P. Odetti, A. Pende

- Improving blood pressure control in the elderly population: the next public policy mission?
G. Tocci
- Hypertension and cognitive dysfunction: Assessment and therapeutic strategies
G. Bellelli
- Resistant hypertension: drugs vs device
S. Taddei
- Clinical use of Phosphodiesterase-5 inhibitors in the cardiorenal patient
C. Ferri

10.05 **Open Discussion with the Opinion Leader**

11.00 Coffee Break

11.15 **SESSION 2**

Uric Acid and cardiorenal risk

Chairmen: C. Borghi, R. Pontremoli

- Uric Acid, Hypertension and Diabetes: casual or causal associations?
G.B. Desideri
- Uric Acid and renal damage
F. Viazzi
- Asymptomatic hyperuricemia and CV risk: is it time to act?
C. Borghi
- Uric Acid as a target of treatment: a lesson in pharmacoeconomy
L. Degli Esposti

12.35 **Open Discussion with the Opinion Leader**

13.30 Lunch



FRIDAY, MAY 20, 2016

14.30 **SESSION 3****The kidney, diabetes and cardiovascular disease**Chairmen: *R. Cordera, G. Garibotto*

- Metabolic syndrome, obesity and renal damage
L. Del Vecchio
- Glucose lowering treatment in Diabetic Kidney Disease
R. Trevisan
- Antihypertensive treatment in Chronic Kidney Disease
R. Pontremoli

15.30 **Open Discussion with the Opinion Leader**

16.30 Coffee Break

16.45 **SESSION 4****Assessing global risk profile for optimal management of the hypertensive patient**Chairmen: *G. Grassi, G. Murialdo*

- Ambulatory Blood Pressure Monitoring
G.F. Parati
- Left ventricular hypertrophy
M.L. Muiesan
- Vascular Stiffness
G. Schillaci
- Microalbuminuria
L.M. Ruilope

18.05 **Open Discussion with the Opinion Leader**

19.00 End of session

SATURDAY, MAY 21, 2016

08.30 **SESSION 5****Strategies to reduce CV risk and progression of renal damage in CKD**Chairmen: *F. Dallegri, A. Morganti*

- Fibromuscular dysplasia revisited: from clinical description to genetic dissection
A. Persu
- RAAS inhibition: monotherapy vs combination
S. Bianchi
- Hypertension in CKD: a diagnostic and therapeutic challenge
L. De Nicola

09.30 **Open Discussion with the Opinion Leader**

11.00 Coffee Break

11.15 **SESSION 6****The high-risk comorbid patient**Chairmen: *E. Paoletti, F. Viazzi*

- Atrial Fibrillation in CKD: a therapeutic challenge
S. Genovesi
- Onco-Cardiology: the time has come
C. Giannattasio
- New developments in atherosclerosis: from pathogenetic mechanisms to therapeutic innovations
F. Cipollone

12.15 **Open Discussion with the Opinion Leader**14.00 **Closing Remarks and Take home Message***R. Pontremoli*

15.00 Farewell cocktail

<u>G. Bellelli</u>	<u>Milano</u>
<u>S. Bianchi</u>	<u>Livorno</u>
<u>C. Borghi</u>	<u>Bologna</u>
<u>F. Cipollone</u>	<u>Chieti</u>
<u>R. Cordera</u>	<u>Genova</u>
<u>F. Dallegri</u>	<u>Genova</u>
<u>G. Deferrari</u>	<u>Genova</u>
<u>L. Degli Esposti</u>	<u>Ravenna</u>
<u>L. Del Vecchio</u>	<u>Lecco</u>
<u>L. De Nicola</u>	<u>Napoli</u>
<u>G.B. Desideri</u>	<u>L'Aquila</u>
<u>C. Ferri</u>	<u>L'Aquila</u>
<u>G. Garibotto</u>	<u>Genova</u>
<u>S. Genovesi</u>	<u>Milano</u>
<u>C. Giannattasio</u>	<u>Milano</u>
<u>G. Grassi</u>	<u>Milano</u>
<u>A. Morganti</u>	<u>Milano</u>

<u>M.L. Muiesan</u>	<u>Brescia</u>
<u>G. Murialdo</u>	<u>Genova</u>
<u>M. Muscaritoli</u>	<u>Roma</u>
<u>P. Odetti</u>	<u>Genova</u>
<u>E. Paoletti</u>	<u>Genova</u>
<u>G.F. Parati</u>	<u>Milano</u>
<u>A. Pende</u>	<u>Genova</u>
<u>A. Persu</u>	<u>Brussels, Belgium</u>
<u>R. Pontremoli</u>	<u>Genova</u>
<u>L.M. Ruilope</u>	<u>Madrid, Spain</u>
<u>G. Schillaci</u>	<u>Perugia</u>
<u>A. Stella</u>	<u>Milano</u>
<u>S. Taddei</u>	<u>Pisa</u>
<u>G. Tocci</u>	<u>Roma</u>
<u>R. Trevisan</u>	<u>Bergamo</u>
<u>F. Viazzi</u>	<u>Genova</u>
<u>M. Volpe</u>	<u>Roma</u>



CONGRESS VENUE

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UEMS CREDIST



The “The Kidney, Hypertension and Cardiovascular Risk” is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) to provide the following CME activity for medical specialists.

The EACCME is an institution of the European Union of Medical Specialists (UEMS), www.uems.net
The “The Kidney, Hypertension and Cardiovascular Risk” is designated for a maximum of 9 hours of European external CME credits. Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. Through an agreement between the European Union of Medical Specialists and the American Medical Association, physicians

may convert EACCME credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME credit to AMA credit can be found at www.ama-assn.org/go/internationalcme
Live educational activities, occurring outside of Canada, recognized by the UEMS-EACCME for ECMEC credits are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of The Royal College of Physicians and Surgeons of Canada.



C.M.E. - CONTINUING MEDICAL EDUCATION - (For Italian Physicians only)

Aristea Education (Provider n. 500) has included the Meeting in the Educational Plan 2016. The Congress will be suited for Physicians (Nephrologists, Cardiologists, Internal Medicine Physicians, General Practitioners, Diabetologists, Endocrinologists, Geriatricians) and provides 9,5 C.M.E. credits. In order to obtain C.M.E. credits, participants must attend the 100% of the Meeting and submit the filled in evaluation questionnaire and C.M.E.: Verification Form.

The certificate of attendance with the number of C.M.E. assigned credits can be downloaded after 60 days from the date of the Congress directly through the website www.aristea.com/ecm

TRAINING OBJECTIVES

Clinical research. Clinical care and rehabilitation programs.
Patient management and care profiles.

