



As part of the Section 3 self-assessment portion of this program, take the time to compare your responses with the correct ones highlighted below and reflect on the reasoning behind any differences, using the references provided as support.

Heart Failure with Preserved Ejection Fraction (HFpEF): Is a Therapy within Reach? Scott D. Solomon, MD

Which HFpEF patients are more likely to benefit from ARNI?

a) Males	b) Females
c) Patients <75 years old	d) Patients 75+ years old

Correct response: b. Females

According to the prespecified subgroup analysis, women had a greater overall reduction in the primary endpoint (RR 0.73, 95% CI 0.59-0.90) *Reference: Solomon et al. Circ Heart Fail* 2018;11(7) :e004962



The Case of Mrs. Pef



- 73 years old, female, BMI 36
- HTN and DM2 but no known CAD
- HF hospitalization 1 year ago
- LVEF 50% with LVH on Echo Feb 2018, NYHA 2
- NT-proBNP 900 pg/ml, HbA1c 7.7
- Ramipril 5 mg po OD, metformin 500mg po BID, furosemide 40 mg po OD
- K⁺ 4.8, eGFR 60 mL/min/1.73m²
- BP 130/76 mmHg, HR 80 bpm, JVP 3, S4, no murmurs, mild ankle edema

What next steps should be taken with this HFpEF patient?

- a) Continue symptom-based management
- b) Switch to sacubitril/valsartan
- c) Add an SGLT2i

Correct response: b. Switch to sacubitril/valsartan Reference: Solomon et al. Circ Heart Fail 2018;11(7) :e004962

Heart Failure with Reduced Ejection Fraction (HFrEF) and In-hospital Initiation Heather J. Ross, MD, MHSc, FRCPC, FCCS, FACC

What is the best time to initiate/optimize HF therapy?

a) In the ER	b) In-hospital
a, in the Ert	b) III IIoopitai

- c) At discharge
- d) Post-discharge (primary care setting)
- e) Post-discharge (HF clinic)

Correct response: There is no single "correct" response, all options are applicable. The key message that clinicians should retain is that they should never miss an opportunity to optimize HF therapy. *Reference: Bhagat et al. JACC Heart Fail 2019;7(1):1-12*



The Case of Mrs. Ref



- 73 years old, female, BMI 32
- NYHA 3 symptoms due to congestion
- No longer diabetic but has AFib and HFrEF
- TTE: LVEF 20%, 6.5 cm LVEDD, moderate functional MR, mild RV dysfunction
- X-ray confirms an ICD
- Ramipril 5 mg po BID, metoprolol 37.5 mg po BID, spironolactone 25 mg po OD, rivaroxaban 20 mg po OD, furosemide 80 mg po BID
- K⁺ 3.8, eGFR 45 mL/min/1.73m²
- BP 110/76 mmHg, HR 80 bpm and irregular, 95% on 2 liters, JVP 4, crackles lower 1/3, edema to mid shin and a 3 kg weight gain

What additional therapies would you consider?

- a) Metolazone b) Uptitrate ß-blocker
- c) Outpatient sacubitril/valsartan $\,$ d) Inpatient sacubitril/valsartan $\,$

Correct response: d. Inpatient sacubitril/valsartan

Reference: Velazquez et al. N Engl J Med 2019;380:539-548



Register Your Section 3 Credits Guidance on how to record your continuing education hours "Self-Assessment Programs"

Per the Royal College Maintenance of Certification program, you can claim 3 credits per hour of Self-Assessment (Section 3) Activity, such as this program. A reminder that you must document at least 25 credits of the Maintenance of Certification Program before your five-year cycle ends.

You must enter your credits manually by following the steps outlined below:



In your browser, enter the following link to access the MAINPORT ePortfolio homepage: https://rclogin.royalcollege.ca/oamlogin/login.jsp

Step 2

Login with your Royal College ID and Password



Click on register a CPD activity in your MAINPORT ePortfolio

Step 4

Select "Section 3 - Learning Programs" and "Self-Assessment Programs" in the drop down menu

Please choose the main specialty for this program

Name of the Self-Assessment Program: THE HF QUEST: Decoding the Evidence to Transform Heart Failure Outcomes (as indicated on your certificate of attendance)



Complete the reflective steps using the program answer key on the previous page as a reference.

This event is an Accredited Self-Assessment Program under Section 3 as defined by the Royal College of Physicians & Surgeons of Canada for the Maintenance of Certification program and has been approved by the Canadian Cardiovascular Society.

This program was co-developed with the Canadian Cardiovascular Society and Novartis Pharmaceuticals Canada Inc. and was planned to achieve scientific integrity, objectivity and balance.

This program was made possible through an educational grant from Novartis Pharmaceuticals Canada Inc.



Society



Canadian Cardiovascular

. Knowledae. Community

CANADIAN CARDIOVASCULAR CONGRESS CONGRÈS CANADIEN SUR LA SANTÉ CARDIOVASCULAIRE

Société canadienne de cardiologie nces. Leadershin