The Cardio Group has partnered with the Cardiometabolic Health Congress to provide **10 conference attendees** an opportunity to “test drive” the Max Pulse cardiovascular device for 60 days **without any obligation or out of pocket expense**.

The Max Pulse is a 3 minute functional cardiovascular diagnostic test that focuses on kinetics of blood flow, vascular compliance as well as the autonomic nervous system. The test is performed by a staff member and reimbursed between $81 and $105.

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**IMPROVE PATIENT COMPLIANCE**

**PROVE MEDICAL NECESSITY FOR UPPER LEVEL DIAGNOSTICS & LABS**

The device trials will be offered to the first 10 clinicians to complete the online submission form and/or complete the form at our booth, #210. For more information and to confirm your trial go to [www.maxpulsecmh.com](http://www.maxpulsecmh.com)
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Welcome to the 10th Annual Cardiometabolic Health Congress (CMHC). With 1/3 of the population having at least one cardiometabolic disorder – diabetes, dyslipidemia, hypertension, obesity – the 10th Annual CMHC provides a one-of-a-kind opportunity to stay informed on the latest scientific and clinical developments in these overlapping disease areas through a comprehensive and integrated agenda.

Celebrating our 10th year, the CMHC has grown to be the largest multidisciplinary conference addressing the prevention, diagnosis, and management of cardiometabolic diseases in the US.

And don’t forget to visit www.cardiometabolichealth.org for presentation highlights, expert video interviews, online CME activities and eNews and resources to supplement the live sessions and stay abreast of the most current educational information throughout the year.

Enclosed you will find the CMHC Schedule-at-a-Glance as well as information on the Exhibitor Showcase and Professional Medical Education Symposia. Should you require assistance during your stay, please do not hesitate to visit the CMHC Registration Desk located on the Second Floor of the Sheraton Boston Hotel or visit the CMHC Booth located at the front of the Exhibitor Showcase. Enjoy your stay in Boston!

The Cardiometabolic Health Congress translates the latest medical research into practical, clinical approaches for preventing, delaying, and managing cardiovascular and metabolic risk.

George L. Bakris, MD
University of Chicago
Pritzker School of Medicine

Christie M. Ballantyne, MD
Methodist DeBakey Heart Center
Baylor College of Medicine

Robert H. Eckel, MD
University of Colorado
Anschutz Medical Campus

Jay S. Skyler, MD, MACP
University of Miami
Miller School of Medicine
### Registration Desk
Second Floor - Sheraton Hotel

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<tr>
<th>Day</th>
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<tr>
<td>Wednesday, October 21</td>
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<td>Thursday, October 22</td>
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<td>Friday, October 23</td>
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<td>Saturday, October 24</td>
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### Exhibitor Showcase
Third Floor - Sheraton Hotel

Just one level up via staircase or elevators

<table>
<thead>
<tr>
<th>Day</th>
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<tbody>
<tr>
<td>Thursday, October 22</td>
<td>9:00am - 12:00pm</td>
</tr>
<tr>
<td></td>
<td>2:00pm - 7:00pm</td>
</tr>
<tr>
<td>Friday, October 23</td>
<td>9:00am - 12:00pm</td>
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<tr>
<td></td>
<td>2:00pm - 6:00pm</td>
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### 2 SPECIAL EVENTS

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
<th>Time</th>
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<tr>
<td>WELCOME RECEPTION</td>
<td>Thursday, October 22nd</td>
<td>6:00 - 7:00pm</td>
</tr>
<tr>
<td>10TH ANNUAL CELEBRATION</td>
<td>Friday, October 23rd</td>
<td>5:00 - 6:00pm</td>
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### CMHC EXHIBITOR SHOWCASE
(Third Floor - Sheraton Hotel)

**NEW THIS YEAR!**
Exhibitor Showcase located just one level up from the meeting rooms via elevators or staircase.

---

CMHC REGISTRATION
THURSDAY, OCTOBER 22, 2015

6:30 – 8:00am CME Dialectic Breakfast Symposium A Constitution Ballroom
6:45 – 7:45am CME Expert Roundtable Breakfast Workshop Symposium B Back Bay Ballroom
8:00 – 10:00am General Session Grand Ballroom
10:00 – 11:00am Morning Break/Exhibitor Showcase Exhibitor Showcase
11:00 – 11:45am General Session Grand Ballroom
11:45am – 1:45pm CME Deep Dive Lunch Symposium A Constitution Ballroom
11:45am – 1:45pm CME Lunch Symposium B Republic Ballroom
11:45am – 1:45pm CME Lunch Symposium C Back Bay Ballroom
1:45 – 2:45pm General Session Grand Ballroom
2:45 – 3:45pm Afternoon Break/Exhibitor Showcase Exhibitor Showcase
3:45 – 5:00pm General Session Grand Ballroom
5:00 – 6:00pm Symposium A (non-CME) Republic Ballroom
5:00 – 6:00pm Symposium B (non-CME) Back Bay Ballroom
6:00 – 7:00pm Welcome Reception/Exhibitor Showcase Exhibitor Showcase
7:00 – 9:00pm CME Deep Dive Dinner Symposium Constitution Ballroom

WEDNESDAY, OCTOBER 21, 2015

12:30 – 2:00pm Lunch Symposium (non-CME) Constitution Ballroom
2:00 – 3:15pm Symposium (non-CME) Republic Ballroom
3:15 – 4:30pm Symposium (non-CME) Back Bay Ballroom
4:30 – 5:45pm Symposium (non-CME) Constitution Ballroom
5:45 – 7:00pm Reception Symposium (non-CME) Republic Ballroom
### FRIDAY, OCTOBER 23, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Location</th>
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<tbody>
<tr>
<td>6:30 – 8:00am</td>
<td>CME Breakfast Symposium A</td>
<td>Constitution Ballroom</td>
</tr>
<tr>
<td>6:45 – 7:45am</td>
<td>CME Expert Roundtable Breakfast Workshop Symposium B</td>
<td>Back Bay Ballroom</td>
</tr>
<tr>
<td>8:00 – 10:15am</td>
<td>General Session</td>
<td>Grand Ballroom</td>
</tr>
<tr>
<td>10:15 – 11:15am</td>
<td>Morning Break/Exhibit Showcase</td>
<td>Exhibitor Showcase</td>
</tr>
<tr>
<td>11:15 – 11:45am</td>
<td>General Session</td>
<td>Grand Ballroom</td>
</tr>
<tr>
<td>11:45am – 1:45pm</td>
<td>CME Lunch Symposium A</td>
<td>Republic Ballroom</td>
</tr>
<tr>
<td>11:45am – 1:45pm</td>
<td>CME Lunch Symposium B</td>
<td>Back Bay Ballroom</td>
</tr>
<tr>
<td>11:45am – 1:45pm</td>
<td>CME Clinical Advances Spotlight Lunch Symposium C</td>
<td>Constitution Ballroom</td>
</tr>
<tr>
<td>1:45 – 2:40pm</td>
<td>General Session</td>
<td>Grand Ballroom</td>
</tr>
<tr>
<td>2:40 – 3:25pm</td>
<td>Afternoon Break/Exhibitor Showcase</td>
<td>Exhibitor Showcase</td>
</tr>
<tr>
<td>3:25 – 5:00pm</td>
<td>General Session</td>
<td>Grand Ballroom</td>
</tr>
<tr>
<td>5:00 – 6:00pm</td>
<td>10th Annual Celebration/Exhibitor Showcase (Raffle)</td>
<td>Exhibitor Showcase</td>
</tr>
<tr>
<td>6:00 – 7:00pm</td>
<td>Symposium (non-CME)</td>
<td>Back Bay Ballroom</td>
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<tr>
<td>7:00 – 9:00pm</td>
<td>CME Dinner Symposium</td>
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### SATURDAY, OCTOBER 24, 2015

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>6:30 – 8:00am</td>
<td>CME Breakfast Symposium</td>
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<tr>
<td>8:00 – 9:35am</td>
<td>General Session</td>
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<tr>
<td>9:35 – 9:50am</td>
<td>Morning Break</td>
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<tr>
<td>9:50 – 11:45am</td>
<td>General Session</td>
<td>Grand Ballroom</td>
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</tbody>
</table>

For CME Symposia details, see General Session Program.
Register Today for $195
S\text{AVE} \text{U}\text{P} \text{T} \text{O} \$500
The Lowest Rate for the 2016 CMHC!

Submit the 2016 On-site Registration form found within your CMHC Meeting Bag along with payment to the CMHC Exhibit Booth at the front of the Exhibitor Showcase or the CMHC Registration Desk located on the second floor of the Sheraton by 12:00pm on Saturday, October 24 to take advantage of this exclusive registration opportunity.

Discount is available only to 2015 CMHC attendees.

\textbf{See You Next Year!}
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PROFESSIONAL MEDICAL EDUCATION (non-CME)

Round out your CMHC educational experience by attending Professional Medical Education Symposia focused on novel therapies and diagnostic testing.

WEDNESDAY • OCTOBER 21, 2015

Lunch Symposium (non-CME)
12:30 - 2:00pm • Constitution Ballroom
Repatha™ (evolocumab): Product Overview
Presenter: James A. Underberg, MD
Sponsored by Amgen, Inc.

Symposium (non-CME)
2:00 - 3:15pm • Republic Ballroom
Clinical Management of Inflammatory Responses in Vascular Patients
Presenters: Marlene Grenon, MD; John Troup, PhD
Sponsored by Metagenics

Symposium (non-CME)
3:15 - 4:30pm • Back Bay Ballroom
RNA-targeting Antisense Technology Explained
Presenter: Richard S. Geary, PhD
Sponsored by Genzyme, a Sanofi company

Symposium (non-CME)
4:30 - 5:45pm • Constitution Ballroom
Advancing Knowledge of Hypertriglyceridemia
Presenter: James M. Falko, MD
  • Epidemiology
  • Pathophysiology
  • Causes and Associated Risks
  • Assessment and Management
Sponsored by AstraZeneca

Reception Symposium (non-CME)
5:45 - 7:00pm • Republic Ballroom
Strategies for Effective Weight Management
Presenter: Nikhil Dhurandhar, PhD
Sponsored by Novo Nordisk Inc.

To review the chronic nature of obesity and discuss effective weight management strategies. Also to examine the clinical benefits of targeted appetite regulation via the glucagon-like peptide-1 (GLP-1) pathway in improving weight loss in patients affected by overweight or obesity.

These non-certified activities are planned solely by the sponsoring organizations/companies. There are no fees to attend and meals or refreshments may be provided.
THURSDAY • OCTOBER 22, 2015

Symposium A (non-CME)
5:00 - 6:00pm • Republic Ballroom

Lp-PLA2 Activity Testing: An Advanced New Biomarker for CHD Management
Moderator: Michelle O’Donoghue, MD, MPH
Presenters: Mary Cushman, MD, MSc; Leslie Donato, PhD; Peter McCullough, MD, MPH

New data and perspectives will be discussed by a panel of experts and investigators focused on the new PLAC Test for Lp-PLA2 Activity. This 60-minute curriculum includes clinical performance data based on the results of REGARDS, a large, multi-center, prospective NIH clinical study as well as Lp-PLA2 Activity data from the Mayo Clinic, and faculty roundtable discussion.

The PLAC Activity Test is the only FDA cleared test to measure Lp-PLA2 Activity, a vascular-specific inflammatory marker critical in the formation of rupture-prone plaque. The test has been validated for use on a litany of automated clinical chemistry analyzers allowing this high performance test in most all clinical laboratory settings.

Sponsored by Diadexus, Inc.

Atherosclerosis is a progressive inflammatory process leading to adverse cardiovascular outcomes. While statins have been shown to significantly reduce cardiovascular events, a high level of residual risk remains for many dyslipidemic patients. Other factors, such as high triglycerides, support the need for effective adjunctive therapy.

Please join us for this exciting program and hear from an expert who will discuss the role and data supporting an EPA-only omega-3 PUFA as add-on to statins in patients with persistent high triglyceride levels (≥200 to <500 mg/dL).

Sponsored by Amarin Pharma, Inc.

FRIDAY • OCTOBER 23, 2015

Symposium (non-CME)
6:00 - 7:00pm • Back Bay Ballroom

Uncovering Generalized Lipodystrophy: Clinical Characteristics and Treatment Considerations
Presenter: Tamer Yacoub, MD

Join us to learn about generalized lipodystrophy (GL), a rare, complex, and clinically heterogeneous disorder characterized by the widespread lack or loss of adipose tissue, leading to relative leptin deficiency and associated metabolic abnormalities¹. This program will review the pathophysiology of GL, the signs and symptoms for detection and diagnosis, and treatment considerations, including clinical data for the first and only FDA-approved leptin replacement therapy. A GL patient will provide the unique perspective of an individual living with the burden and challenges associated with generalized lipodystrophy.


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After the conference go to www.fleetwoodonsite.com/cmhc
2 SPECIAL EVENTS

Join your colleagues and the CMHC faculty in the Exhibit Hall for hors d’oeuvres and cocktails. Perfect place to meet the who’s who in the cardiometabolic arena!

WELCOME RECEPTION
Thursday October 22, 2015
6:00 - 7:00pm

10TH ANNUAL CELEBRATION
Friday October 23, 2015
5:00 - 6:00pm

MEET THE EXPERTS
CMHC distinguished faculty members will be available in Booth #425 in the Exhibitor Showcase to answer your questions on patient care in a one-on-one setting. Please see page 24 for schedule.

CMHC BOOTH
This year we have a home in the Exhibitor Showcase! Come ask questions, obtain program information and learn about how the CMHC is going on the road and expanding in 2016!

Visit us to submit your registration form for 2016 and your completed Exhibitor Passport.
PRIZES INCLUDE:

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- Fitbit ChargeHR
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EARLY ARRIVAL PRIZES:

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ROLEX GIVEAWAY

WINNER ANNOUNCEMENTS WILL TAKE PLACE:

CMHC Booth
Located at the Front of the Exhibitor Showcase
(enter via the 3rd Floor of the Sheraton Hotel)

Early Arrival Winners announced:
Thursday, October 22, 2015 • 10:45am

Exhibitor Passport Winners announced:
Friday, October 23, 2015 • 5:30pm

PLAY TO WIN

Be sure to complete your Exhibitor Passport! Tour the cutting-edge products and services featured in the Exhibitor Showcase for a chance to win multiple prizes!

EXHIBITOR PASSPORT

How to play:

1. Visit booths in the CMHC Exhibitor Showcase to receive your passport validation.

2. When your tour of the Exhibitor Showcase is complete and you have filled your game card with validations from the 10 specified booths, complete the contact information on the back of the card.

3. Visit CMHC Booth at the front of Exhibitor Showcase to submit your completed passport by Friday, October 23 at 5:30 pm.

MUST BE PRESENT TO WIN!
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• Network with colleagues

For all other devices, please download the web version

cmhc15.app.conexsys.com

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“We cannot solve our problems with the same level of thinking that created them.”

— Albert Einstein

Intarcia is seeking partners committed to developing innovative therapies that merge medicine with technology.

Come to Booth #400 to learn more.
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- Alliance of Cardiovascular Professionals
- American Association of Heart Failure Nurses
- American Board of Clinical Lipidology
- American Board of Obesity Medicine
- American College of Cardiology
- American Society of Bariatric Physicians
- American Society of Endocrine Physician Assistants
- Asian Pacific Society of Cardiology
- Association of Black Cardiologists
- Association of Physician Assistants in Cardiology
- Connecticut Alliance of Diabetes Educators
- Consortium for Southeastern Hypertension Control
- Coordinating Body of AADE of Massachusetts
- European Society of Lifestyle Medicine
- The FH Foundation
- Heart Attack and Stroke Prevention Center
- Lipodystrophy United
- National Association of Chronic Disease Directors
- National Kidney Foundation
- Northern Indiana Association of Diabetes Educators
- San Francisco Bay Area Association of Diabetes Educators
- Society for the Study of Ingestive Behavior
- The Obesity Society
- World Heart Federation
- World Obesity

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- Clinical Nephrology
- Current Cardiology Reviews
- Diabetes Technology & Therapeutics
- European Journal of Cardiovascular Medicine
- Future Cardiology
- International Journal of Clinical Pharmacology and Therapeutics
- Interventional Cardiology
- Kidney & Blood Pressure Research
- Metabolic Syndrome and Related Disorders
- Nutrition Today
- PharmaVoice
Add ZONTIVITY to aspirin and/or clopidogrel to further reduce CV risk

- ZONTIVITY, taken as one 2.08-mg tablet daily, was studied only as an addition to aspirin and/or clopidogrel and should be used with aspirin and/or clopidogrel according to their indications or standard of care. There is no experience with use of ZONTIVITY as monotherapy.

Selected Safety Information

- **Warning: Bleeding Risk**
  - Do not use ZONTIVITY in patients with a history of stroke, transient ischemic attack (TIA), or intracranial hemorrhage (ICH), or with active pathological bleeding (eg, ICH or peptic ulcer).
  - Antiplatelet agents, including ZONTIVITY, increase the risk of bleeding, including ICH and fatal bleeding.

- Discontinue ZONTIVITY in patients who experience a stroke, TIA, or ICH.
- ZONTIVITY increases the risk of bleeding (which may include ICH and fatal bleeding) in proportion to the patient’s underlying bleeding risk. Consider the underlying risk of bleeding before initiating ZONTIVITY.
- Withholding ZONTIVITY for a brief period will not be useful in managing an acute bleeding event due to its long half-life. There is no known treatment to reverse the antiplatelet effect of ZONTIVITY.
- Use of certain concomitant medications (eg, anticoagulants, fibrinolytic therapy, chronic nonsteroidal anti-inflammatory drugs, selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors) also increases the risk of bleeding.
In a landmark secondary prevention trial over 3 years, among more than 20,000 post-MI or PAD patients without a history of stroke or TIA

**ZONTIVITY delivered significant and sustained reduction of thrombotic CV events on top of aspirin and/or clopidogrel**

Patients who had experienced a prior MI were eligible for the trial if at least 2 weeks post-MI at enrollment.

**Selected Safety Information**

- Avoid concomitant use of warfarin or other anticoagulants due to the risk of bleeding. Avoid concomitant use of strong CYP3A inhibitors or inducers due to their effect on ZONTIVITY exposure.
- **ZONTIVITY is not recommended in patients with severe hepatic impairment**
- Bleeding, including life-threatening and fatal bleeding, is the most commonly reported adverse reaction with ZONTIVITY. Among post-MI or PAD patients with no history of stroke or TIA, three-year bleeding rates (shown with hazard ratios and 95% confidence intervals) in patients who added ZONTIVITY or placebo, respectively, to aspirin and/or clopidogrel were:
  - GUSTO moderate or severe bleeding,\(^a\) 3.7% vs 2.4%, HR 1.55 (1.30–1.86)
  - GUSTO severe bleeding,\(^a\) 1.3% vs 1.0%, HR 1.24 (0.92–1.66)
  - Any GUSTO bleeding (severe/moderate/mild),\(^a\) 27.7% vs 19.8%, HR 1.52 (1.43–1.61)
  - ICH, 0.6% vs 0.4%, HR 1.46 (0.92–2.31)
  - Fatal bleeding, 0.2% vs 0.2%, HR 1.15 (0.56–2.36)
  - Clinically significant bleeding,\(^b\) 15.5% vs 10.9%, HR 1.47 (1.35–1.60)

Please see the adjacent Brief Summary of the Prescribing Information, including the Boxed Warning about bleeding risk.

\(^a\)Global Utilization of Streptokinase and Tissue Plasminogen Activator for Occluded Arteries (GUSTO) severe bleeding: fatal, intracranial, or bleeding with hemodynamic compromise requiring intervention; GUSTO moderate bleeding: bleeding requiring transfusion of whole blood or packed red blood cells without hemodynamic compromise.

\(^b\)Clinically significant bleeding: bleeding requiring medical attention including ICH, or clinically significant overt signs of hemorrhage with a drop in Hgb ≥3 g/dL (or, when Hgb is not available, an absolute drop in Hct ≥8%).

RRR=relative risk reduction; ARR=absolute risk reduction; HR=hazard ratio; CI=confidence interval.
**INDICATIONS AND USAGE**

Patients with a history of myocardial infarction (MI) or with peripheral arterial disease (PAD). ZONTIVITY® is contraindicated in patients with a history of stroke, TIA, or ICH because of an increased risk of ICH in this population. Discontinue ZONTIVITY in patients who experience a stroke, TIA, or ICH. ZONTIVITY is contraindicated in patients with active pathological bleeding such as ICH or peptic ulcer.

**WARNINGS AND PRECAUTIONS**

General Risk of Bleeding. Antiplatelet agents, including ZONTIVITY, increase the risk of bleeding, including ICH and fatal bleeding. Avoid concomitant use of warfarin or other anticoagulants.

ZONTIVITY increases the risk of bleeding in proportion to a patient’s underlying bleeding risk. Consider the underlying risk of bleeding before initiating ZONTIVITY. General risk factors for bleeding include older age, low body weight, reduced renal or hepatic function, history of bleeding disorders, and use of certain concomitant medications (e.g., anticoagulants, fibrinolytic therapy, chronic nonsteroidal anti-inflammatory drugs [NSAIDs], selective serotonin reuptake inhibitors, serotonin norepinephrine reuptake inhibitors) increases the risk of bleeding.

**ACTIVE PATHOLOGIC BLEEDING.** ZONTIVITY is contraindicated in patients with active pathological bleeding such as ICH or peptic ulcer.

**ADVERSE REACTIONS**

The following adverse reactions are also discussed elsewhere in the labeling:

- **Bleeding** [see Boxed Warning and Warnings and Precautions].

Clinical Trials Experience. Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

ZONTIVITY was evaluated for safety in 13,186 patients, including 2,187 patients treated for more than 3 years, in the Phase 3 study TRI 2°P TIMI 50 (Thrombin Receptor Antagonist in Secondary Prevention of Atherosclerotic Ischemic Events). The overall study population, patients who had evidence or a history of atherosclerosis involving the coronary (post-MI), cerebral (ischemic stroke), or peripheral vascular (documented history of PAD) systems, was treated once a day with ZONTIVITY (n=13,186) or placebo (n=13,166). Patients randomized to ZONTIVITY received treatment for a median of 2.3 years.

The adverse events in the ZONTIVITY-treated (n=10,059) and placebo-treated (n=10,049) post-MI or PAD patients with no history of stroke or TIA are shown below [see Contraindications].

**BLEEDING.** GUSTO severe bleeding was defined as fatal, intracranial, or bleeding with hemodynamic compromise requiring intervention. GUSTO moderate bleeding was defined as requiring transfusion of whole blood or packed red blood cells without hemodynamic compromise. **(GUSTO: Global Utilization of Streptokinase and Tissue Plasminogen Activator for Occluded Arteries.)**

The results for the bleeding endpoints in the post-MI or PAD patients without a history of stroke or TIA are shown in Table 1. ZONTIVITY increased GUSTO moderate or severe bleeding by 55%.

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>Hazard Ratio (95% CI)</th>
<th>Total Events Z</th>
<th>Total Events P</th>
<th>HR (95% CI)</th>
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</thead>
<tbody>
<tr>
<td>Post-MI</td>
<td>1.54 (1.24, 1.90)</td>
<td>252 (1.2)</td>
<td>171 (1.2)</td>
<td>1.22</td>
</tr>
<tr>
<td>PAD</td>
<td>1.60 (1.53, 1.67)</td>
<td>325 (1.1)</td>
<td>208 (1.1)</td>
<td>1.25</td>
</tr>
<tr>
<td>Renal Insufficiency eGFR &lt;60 ml/min/1.73 m²/m &lt; 60 m²/min/1.73 m²/m</td>
<td>1.70 (1.22, 2.37)</td>
<td>2846 (1.9)</td>
<td>17037 (1.9)</td>
<td>1.22</td>
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<tr>
<td>Geographic Region US Non-US</td>
<td>1.80 (1.16, 2.81)</td>
<td>4907 (2.4)</td>
<td>15201 (2.4)</td>
<td>1.22</td>
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<tr>
<td>History of Diabetes Mellitus Yes No</td>
<td>1.84 (1.32, 2.58)</td>
<td>4745 (3.7)</td>
<td>15362 (3.7)</td>
<td>1.22</td>
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<tr>
<td>History of Heart Failure Yes No</td>
<td>1.92 (1.34, 2.75)</td>
<td>1722 (2.7)</td>
<td>18385 (2.7)</td>
<td>1.22</td>
</tr>
<tr>
<td>Thienopyridine Use at Baseline Yes No</td>
<td>1.97 (1.39, 2.79)</td>
<td>14353 (2.4)</td>
<td>5755 (2.4)</td>
<td>1.22</td>
</tr>
<tr>
<td>Aspirin Use at Baseline Yes No</td>
<td>1.99 (1.34, 2.95)</td>
<td>19446 (3.9)</td>
<td>662 (3.9)</td>
<td>1.22</td>
</tr>
<tr>
<td>Body Weight &lt;60 kg ≥60 kg</td>
<td>1.90 (1.34, 2.69)</td>
<td>1171 (3.2)</td>
<td>18908 (3.2)</td>
<td>1.22</td>
</tr>
<tr>
<td>Weight Quartiles &lt;72 kg ≥72 kg &lt;82 kg ≥82 kg</td>
<td>1.97 (1.34, 2.79)</td>
<td>4787 (3.5)</td>
<td>4999 (3.5)</td>
<td>1.22</td>
</tr>
<tr>
<td>Age &lt;65 yrs ≥65 yrs</td>
<td>2.08 (1.34, 3.24)</td>
<td>13399 (1.9)</td>
<td>18265 (1.9)</td>
<td>1.22</td>
</tr>
<tr>
<td>Female Male</td>
<td>2.09 (1.34, 3.24)</td>
<td>4344 (1.7)</td>
<td>4530 (1.7)</td>
<td>1.22</td>
</tr>
<tr>
<td>Asian Non-white</td>
<td>2.05 (1.32, 3.17)</td>
<td>685 (1.0)</td>
<td>2293 (1.0)</td>
<td>1.22</td>
</tr>
<tr>
<td>African-American</td>
<td>2.09 (1.34, 3.24)</td>
<td>466 (1.2)</td>
<td>17605 (1.2)</td>
<td>1.22</td>
</tr>
<tr>
<td>No Events (%) Total</td>
<td>1769 (17.6%) 19.8% 2518 (25.0%) 27.7% 1.52 (1.43-1.61)</td>
<td>1769 (17.6%) 19.8% 2518 (25.0%) 27.7% 1.52 (1.43-1.61)</td>
<td>1769 (17.6%) 19.8% 2518 (25.0%) 27.7% 1.52 (1.43-1.61)</td>
<td>1769 (17.6%) 19.8% 2518 (25.0%) 27.7% 1.52 (1.43-1.61)</td>
</tr>
<tr>
<td>Z P</td>
<td>20108 303 (1.3) 199 (0.8) 1.55 (1.30, 1.86)</td>
<td>1769 (17.6%) 19.8% 2518 (25.0%) 27.7% 1.52 (1.43-1.61)</td>
<td>1769 (17.6%) 19.8% 2518 (25.0%) 27.7% 1.52 (1.43-1.61)</td>
<td>1769 (17.6%) 19.8% 2518 (25.0%) 27.7% 1.52 (1.43-1.61)</td>
</tr>
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</table>

Table 1: Non-CABG-Related Bleeds in Post-MI or PAD Patients without a History of Stroke or TIA (First Dose to Last Dose + 30 Days) in the TRA 2°P Study
In TRA 2°P, 367 post-MI or PAD patients without a history of stroke or TIA underwent CABG surgery. Study investigators were encouraged not to discontinue treatment with study drug (i.e., ZONTIVITY® [vorapaxar] or placebo) prior to surgery. Approximately 12.3% of patients discontinued ZONTIVITY more than 30 days prior to CABG. The relative risk for GUSTO moderate or severe bleeding was approximately 1.2 on ZONTIVITY vs. placebo.

Bleeding events that occurred on ZONTIVITY were treated in the same manner as for other antiplatelet agents.

*Use in Patients with History of Stroke, TIA, or ICH.* In the TRA 2°P study, patients with a history of ischemic stroke had a higher rate for ICH on ZONTIVITY than on placebo. ZONTIVITY is contraindicated in patients with a history of stroke, TIA, or ICH [see Contraindications].

Other Adverse Reactions. Adverse reactions other than bleeding were evaluated in 19,632 patients treated with ZONTIVITY (13,186 patients in the TRA 2°P study and 6,446 patients in the TRA•CER [Thrombin Receptor Antagonist for Clinical Event Reduction in Acute Coronary Syndrome] study). Adverse events other than bleeding that occurred at a rate that was at least 2% in the ZONTIVITY group and also 10% greater than the rate in the placebo group are shown in Table 2.

Table 2: TRA 2°P / TRA•CER - Percentage of Patients Reporting Non-hemorrhagic Adverse Reactions at a Rate at Least 2% in the ZONTIVITY Group and at Least 10% Greater than Placebo

<table>
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<th>ZONTIVITY (N=19,632)</th>
<th>Placebo (N=19,607)</th>
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<tr>
<td>n (%)</td>
<td></td>
<td></td>
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<tr>
<td>Anemia</td>
<td>982 (5.0)</td>
<td>783 (4.0)</td>
</tr>
<tr>
<td>Depression</td>
<td>477 (2.4)</td>
<td>405 (2.1)</td>
</tr>
<tr>
<td>Rash, Eruptions, and Exanthesmas</td>
<td>439 (2.2)</td>
<td>395 (2.0)</td>
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</table>

The following adverse reactions occurred at a rate less than 2% in the ZONTIVITY group but at least 40% greater than placebo. In descending order of rate in the ZONTIVITY group: iron deficiency, retinopathy or retinal disorder, and diplopia/oculomotor disturbances.

An increased rate of diplopia and related oculomotor disturbances was observed with ZONTIVITY treatment (30 subjects, 0.2%) vs. placebo (10 subjects, 0.06%). While some cases resolved during continued treatment, information on resolution of symptoms was not available for some cases.

**DRUG INTERACTIONS**

Effects of Other Drugs on ZONTIVITY. Vorapaxar is eliminated primarily by metabolism, with contributions from CYP3A4 and CYP2J2.

- **Strong CYP3A Inhibitors.** Avoid concomitant use of ZONTIVITY with strong inhibitors of CYP3A (e.g., ketoconazole, itraconazole, posaconazole, clarithromycin, nefazodone, ritonavir, saquinavir, nelfinavir, indinavir, bocceprevir, telaprevir, telithromycin and conivaptan) [see Warnings and Precautions].

- **Strong CYP3A Inducers.** Avoid concomitant use of ZONTIVITY with strong inducers of CYP3A (e.g., rifampin, carbamazepine, St. John's Wort and phenytoin) [see Warnings and Precautions].

**USE IN SPECIFIC POPULATIONS**

**Pregnancy.** Pregnancy Category B. There are no adequate and well-controlled studies of ZONTIVITY use in pregnant women.

**Risk Summary:** Based on data in rats and rabbits, ZONTIVITY is predicted to have a low probability of increasing the risk of adverse developmental outcomes above background. No embryo/fetal toxicities, malformations or maternal toxicities were observed in rats exposed during gestation to 56 times the human systemic exposure at the recommended human dose (RHD). No embryo/fetal toxicities, malformations or maternal toxicities were observed in rabbits exposed during gestation to 26 times the human systemic exposure at the RHD. The No Adverse Effect Level (NOAEL) for decreased perinatal survival and body weight in offspring exposed in utero and during lactation was 31 times the human systemic exposure at the RHD. Both male and female pups displayed transient effects on sensory function and neurobehavioral development at weaning at 67 times the human exposure at the RHD, whereas female pups displayed decreased memory at 31 times the human exposure at the RHD. However, animal studies are not always predictive of a human response. ZONTIVITY should be used during pregnancy only if the potential benefit to the mother justifies the potential risk to the fetus.

**Animal Data.** In the rat embryo/fetal developmental toxicity study, pregnant rats received daily oral doses of vorapaxar at 0, 5, 25, and 75 mg/kg from implantation to closure of the fetal hard palate (6th to 17th day of gestation). Maternal systemic exposures were approximately 0, 7, 56, and 285 times greater than exposures in women treated at the RHD based on AUC. No embryo/fetal toxicities, malformations, or maternal toxicities were observed in rats receiving exposures up to 56 times the human systemic exposure at the RHD.

In the rabbit embryo/fetal developmental toxicity study, pregnant rabbits received daily oral doses of vorapaxar at 0, 2, 10, or 20 mg/kg from implantation to closure of the fetal hard palate (7th to 19th day of gestation). The NOAEL for maternal and fetal toxicity was equal to or above the highest dose tested. However, an overall increase in the number of litters with any malformation was observed at the highest dose, where systemic exposures were 89-fold higher than the human exposure at RHD.

The effects of vorapaxar on prenatal and postnatal development were assessed in pregnant rats dosed at 0, 5, 25, or 50 mg/kg/day from implantation through the end of lactation. Rat pups had decreased survival and body weight gain from birth to postnatal day 4 and decreased body weight gain for the overall pre-weaning period at exposures 67 times the human exposure at the RHD. Both male and female pups displayed effects on sensory function (acoustic startle) and neurobehavioral (locomotor assay) development on postnatal day (PND) 20 and 21, but not later (PND 60, 61) in development, whereas decreased memory was observed in female pups on PND 27 at 31 times the human exposure at the RHD. In utero and lactational exposure did not affect fertility or reproductive behavior of offspring at exposures up to 67 times the RHD.

**Nursing Mothers.** It is unknown whether vorapaxor or its metabolites are excreted in human milk, but it is actively secreted in milk of rats. Because many drugs are excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from ZONTIVITY, discontinue nursing or discontinue ZONTIVITY.

**Pediatric Use.** The safety and effectiveness of ZONTIVITY in pediatric patients have not been established.

**Geriatric Use.** In TRA 2°P, in post-MI or PAD patients without a history of stroke or TIA, 33% of patients were ≥65 years of age and 9% were ≥75 years of age. The relative risk of bleeding (ZONTIVITY compared with placebo) was similar across age groups. No overall differences in safety or effectiveness were observed between these patients and younger patients. ZONTIVITY increases the risk of bleeding in proportion to a patient's underlying risk. Because older patients are generally at a higher risk of bleeding, consider patient age before initiating ZONTIVITY [see Adverse Reactions].

**Renal Impairment.** No dose adjustment is required in patients with renal impairment.

**Hepatic Impairment.** No dose adjustment is required in patients with mild and moderate hepatic impairment. Based on the increased inherent risk of bleeding in patients with severe hepatic impairment, ZONTIVITY is not recommended in such patients [see Warnings and Precautions].

**OVERDOSAGE**

There is no known treatment to reverse the antiplatelet effect of ZONTIVITY, and neither dialysis nor platelet transfusion can be expected to be beneficial if bleeding occurs after overdose. Inhibition of platelet aggregation can be expected for weeks after discontinuation of normal dosing. There is no standard test available to assess the risk of bleeding in an overdose situation.

**NONCLINICAL TOXICOLOGY**

**Animal Pharmacology**

Vorapaxar did not increase bleeding time in non-human primates when administered alone. Bleeding time was prolonged slightly with administration of aspirin or aspirin plus vorapaxar. The combination of aspirin, vorapaxar, and clopidogrel produced significant prolongation of bleeding time. Transfusion of human platelet rich plasma normalized bleeding times with partial recovery of ex vivo platelet aggregation induced with arachidonic acid, but not induced with ADP or TRAP. Platelet poor plasma had no effect on bleeding times or platelet aggregation [see Warnings and Precautions].

**PATIENT COUNSELING INFORMATION**

Advise the patient to read the FDA-approved Patient Labeling (Medication Guide).

**Benefits and Risks**

- Summarize the benefits and potential side effects of ZONTIVITY.
- Tell patients to take ZONTIVITY exactly as prescribed.
- Inform patients not to discontinue ZONTIVITY without discussing it with the prescribing physician.
- Tell patients to read the Medication Guide.

**Bleeding**

Inform patients that they:

- May bleed and bruise more easily.
- Should report any unanticipated, prolonged or excessive bleeding, or blood in their stool or urine.

**Invasive Procedures**

Instruct patients to:

- Inform physicians and dentists that they are taking ZONTIVITY before any surgery or dental procedure.
- Tell the doctor performing any surgery or dental procedure to talk to the prescribing physician before stopping ZONTIVITY.

**Concomitant Medications**

Tell patients to list all prescription medications, over-the-counter medications, or dietary supplements they are taking or plan to take so that the physician knows about other treatments that may affect bleeding risk.

For more detailed information, please read the Prescribing Information.

uspi-mk5348-t-15044001

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CARD-1154460-0003 09/15
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- 10:00 – 11:00am
- 2:45 – 3:45pm
- 6:00 – 7:00pm

**FRIDAY, OCTOBER 23, 2015**

- 10:15 – 11:15am
- 2:40 – 3:25pm
- 5:00 - 6:00pm
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The Cardiometabolic Health Congress (CMHC) is more than an annual conference or regional meeting. Cardiometabolichealth.org provides a single point of access for busy practitioners to stay abreast of evolving science, clinical practice advances and continuing education in cardiometabolic disease prevention and management. CMHC provides a complete platform of education spanning live and digital communications that extends the energy and experience of our national and regional conferences throughout the year and to a wider audience of frontline clinicians with an interest in cardiometabolic health.

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Phone: 617-500-7867
Website: www.aegerion.com

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Amarin Pharma Inc
1430 Route 206, Suite 200
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Phone: 908-719-1315
Website: www.amarincorp.com

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Washington, DC 20037
Phone: 202-375-6000
Email: jwong@acc.org
Website: www.acc.org • www.thediabetesregistry.org

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Arbor Pharmaceuticals, LLC

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Arbor Pharmaceuticals, headquartered in Atlanta, Georgia, is a specialty pharmaceutical company currently focused on the cardiovascular, hospital, and pediatric markets as well as generics through its Wilshire division. Visit www.arborpharma.com or send email inquiries to info@arbopharma.com

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Ideal Protein of America
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Gatineau, QC J8Z1W1 Canada
Phone: 866-314-4447
Email: tradeshows@idealprotein.com
Website: www.idealprotein.com

Ideal Protein is a supervised, four-phase VLCD weight loss method utilizing foods of highly bio-available amino acids combined with lowered carbohydrate and fat intake. This is not a high protein diet. Rather, it is a medically sound, balanced diet wherein the dieter received the ideal amount of protein as recommended by the FDA (.8g/kg of body weight), as well as vegetables, carbohydrates and other vitamins. The goal is to support and coach the dieter and then give them the education to maintain their weight loss for the long-term.

InBody
13850 Cerritos Corporate Dr.
Unit C Cerritos, CA 90703
Phone: 323-932-6503
Email: info@inbodyusa.com
Website: www.inbody.com

InBody is the worldwide leader in body composition, offering an unparalleled analysis of your body’s makeup. By utilizing Segmental Multifrequency BIA technology with InBody’s patented voltage thumb electrodes, InBody devices represent the best in body composition analysis. In two minutes or less, InBody’s devices can determine your body fat percentage, total body water, skeletal muscle mass, BMR, and much more.

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Intarcia Therapeutics, Inc.
155 Seaport Boulevard, Suite 11B
Boston, MA 02210
Phone: 617-936-2500
Email: busdev@intarcia.com
Website: www.intarcia.com

Intarcia Therapeutics, Inc. is an independent, privately held, biopharmaceutical company developing therapies to enhance treatment outcomes by optimizing and improving the efficacy, continuous administration and tolerability of drug therapies. Delivering medicines just once or twice yearly has the potential to ensure improved patient adherence and compliance, which is otherwise difficult to achieve in most chronic diseases. Intarcia’s drug development expertise and competitive edge are demonstrated by its abilities to stabilize proteins and peptides at above-body temperature and to deliver them in a constant and consistent manner via Intarcia’s proprietary technology platform. Intarcia is conducting a phase 3 development program for type 2 diabetes that consists of four separate clinical trials, two of which have been completed. Intarcia continues to conduct research and development, utilizing its platform technology, to treat other chronic serious disorders in the field of diabetes, obesity and autoimmune diseases. For more information on Intarcia, please visit www.intarcia.com.

Janssen Pharmaceuticals Inc.
1000 Route 202
Raritan, NJ 08869
Phone: 908-218-6000
Website: www.janssenpharmaceuticalsinc.com

Janssen Pharmaceuticals, Inc. a pharmaceutical company of Johnson & Johnson, provides medicines for an array of health concerns in several therapeutic areas, including ADHD, general medicine (acid reflux disease, infection diseases), mental health (bipolar I disorder, schizophrenia), neurology (Alzheimer’s disease, epilepsy, migraine prevention and treatment), pain management, cardiovascular, and women’s health.

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Website: www.medifast1.com

Medifast Vision: We provide hope, health, and happiness for millions of Americans through clinically proven weight management products, programs, and support. Medifast Mission: We combat the obesity epidemic and improve the health of our nation by delivering clinically proven weight management products and protocols through multiple, innovative support programs, each of which meets different personal weight management, health, and wellness needs.

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Metagenics, headquartered in Aliso Viejo, CA, is a global life sciences company focused on reversing chronic illness and improving health. Founded in 1983, the company serves tens of thousands of health care professionals and more than a million patients worldwide, and holds over 40 proprietary patents for use in nutraceuticals, medical foods, and pharmaceuticals. Today, Metagenics continues its leadership role by successfully merging the disciplines of nutritional genomics, functional medicine, and lifestyle medicine programs to find solutions to society’s most pressing health concerns. For more information, please visit www.metagenics.com.

Headquartered in Denmark, Novo Nordisk is a global healthcare company with more than 90 years of innovation and leadership in diabetes care. The company also has leading positions within haemophilia care, growth hormone therapy and hormone replacement therapy. Novo Nordisk employs approximately 41,500 employees in 75 countries, and markets its products in more than 180 countries. For more information, visit novonordisk.com, Facebook, Twitter, LinkedIn, YouTube.
Obesity Management System

Obesity affects over 35% of adults nationwide, making it more prevalent than asthma, diabetes or hypertension. Higher insurance reimbursements as a result of the Affordable Care Act now exist to incentivize providers. Despite a growing obesity epidemic, many healthcare providers find themselves ill-equipped to competently treat obesity, resulting in less healthy patients and missed opportunities to bolster the revenue of the medical practice. OMS’s mission is to enable healthcare providers to become knowledgeable of obesity services and treatment options available under the Affordable Care Act. Through OMS’s comprehensive training, providers will learn how to enhance their revenue by billing insurers for obesity services in a ICD-10 compliant systematic fashion that will pay more than traditional medical insurance billing.

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OxyHealth is the world’s leading provider of the hyperbaric chambers. Presently, OxyHealth is the pioneer of the industry with over 12,000 chambers in use, more than all other providers combined. OxyHealth continues to remain at the forefront of superior performance, quality and cutting-edge design concepts that far exceed industry safety standards. Our chambers are utilized by over 3,000 physicians world-wide. More medical professionals entrust the health, safety and recovery of their patients to our chambers. Tons of clinical studies, published in numerous peer-reviewed journals, have demonstrated hyperbaric oxygen therapy’s therapeutic effect for a wide range of indications and is reported by physicians to be a growing modality for preventing and treating chronic health challenges. OxyHealth is committed to delivering the safest and most trusted hyperbaric chambers world-wide.

Postgraduate Medicine

Postgraduate Medicine is a rapid, peer-reviewed, MEDLINE-indexed medical journal that aims to present the most authoritative, diversified, and up-to-date information, while remaining clinical and highly practical. Established in 1916 by Charles Mayo, it communicates the latest research across many medical specialities to aid physicians when making treatment decisions, with an emphasis on appealing to primary care physicians. Postgraduate Medicine publishes many high-quality articles focussing on and related to cardiometabolic conditions, with upcoming themed issues including a November 2015 issue on Cardiometabolic Conditions, a March 2016 issue on Cardiovascular Disease, and a May 2016 issue on Diabetes. Postgraduate Medicine will be welcoming manuscript submissions for these issues and their in-house Editors are on hand to promptly answer any queries; pre-submission contact is always welcome at Postgraduate Medicine.

Prevention Pharmaceuticals

Prevention Pharmaceuticals is the maker of Omax3®, the ultra-pure omega-3 dietary supplement. Formulated by Yale University affiliated physicians, Omax3® contains a patented EPA:DHA ratio, which has proven highly effective in reducing multiple markers of inflammation in several clinical studies. Prevention Pharmaceuticals’ unique formula stands out from the competitors by starting with fish low on the food chain from the purest waters, the oil is then double distilled to ensure pollutants such as mercury and lead are removed. Our capsules are filled with more than 93% actual omega 3 fatty acids, not fillers. This is the highest concentration of beneficial omega-3 available in capsules on the market today. At Prevention, we strive to provide clinicians with high quality, evidence based products which can contribute to improved patient outcomes.
Renua Medical™

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Renua Medical is a privately held medical company helping healthcare professionals improve and enhance patient care. We provide cutting-edge medical equipment including our Waveform TENS Electro-muscular Stimulators, our N-LAL Lipolysis Series and our insurance reimbursable RM-3A Analysis Series equipment. In addition, we can show you how to take advantage of the U.S. Government Affordable Healthcare Act and Obesity Program. Our scientifically formulated nutritional supplements and medical grade foods will add to your endeavors as well. Improving healthcare is our underlying passion as we provide the finest technology; through advanced scientific principles which address health and wellness for our customers worldwide.

Sanofi-Regeneron

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Sanofi, a global healthcare leader, discovers, develops, and distributes therapeutic solutions focused on patients’ needs. Regeneron, a leading biopharmaceutical company, discovers, develops, manufactures, and commercializes biologic medicines for serious medical conditions. Since 2007, Sanofi and Regeneron have collaborated to develop and commercialize fully human monoclonal antibodies utilizing proprietary technologies.

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seca, the global leader in medical measuring and weighing, offers healthcare providers advanced solutions that go beyond height and weight. Based on 175 years of quality German engineering, seca medical devices set the standard for innovation, design and reliability. seca products range from pediatric scales, measuring stations, column scales, flat scales, height measuring systems, multifunctional wheelchair scales, chair scales and the newest medical Body Composition Analyzer, seca mBCA 514. The seca mBCA is the first and only body composition analyzer designed for medical use, and validated against the Four Compartment Model - the gold standard for fat mass estimation. Offering a non-invasive analysis that measures fat mass, fat-free mass, total body water, intracellular water, extracellular water and skeletal muscle mass in 17 seconds. All of which can assist in understanding how a patient's diet, lifestyle, and exercise regimen are influencing their body composition.

Singulex, Inc.

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The Cardio Group is the leader in Pulse Wave Analysis technology. The Max Pulse cardiovascular device is a three minute functional diagnostic with a primary focus on endothelial function, arterial elasticity, eccentric constriction as well as remaining blood volume valuations. The test can be administered by a staff member and is recognized by Medicare and most commercial payers. Within three minutes the patient and clinician are presented with valuable information regarding cardiovascular risk factors. The clinician may use this objective data to prove clinical efficacy, improve patient compliance as well as prove medical necessity for upper level diagnostics. This cardiovascular profit center will save lives through early detection as well as add six figures to your bottom line.

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Based in Deerfield, Ill., Takeda Pharmaceuticals U.S.A., Inc. and Takeda Global Research & Development Center, Inc. are subsidiaries of Takeda Pharmaceutical Company Limited, the largest pharmaceutical company in Japan. The respective companies currently market oral diabetes, insomnia, rheumatology and gastroenterology treatment and seek to bring innovative products to patients through a pipeline that includes compounds in development for diabetes, cardiovascular disease, gastroenterology, neurology and other conditions. To learn more about these Takeda companies, visit www.tpna.com.
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