



10th Asian Preventive Cardiology & Cardiac Rehabilitation Conference 22-24 November 2024

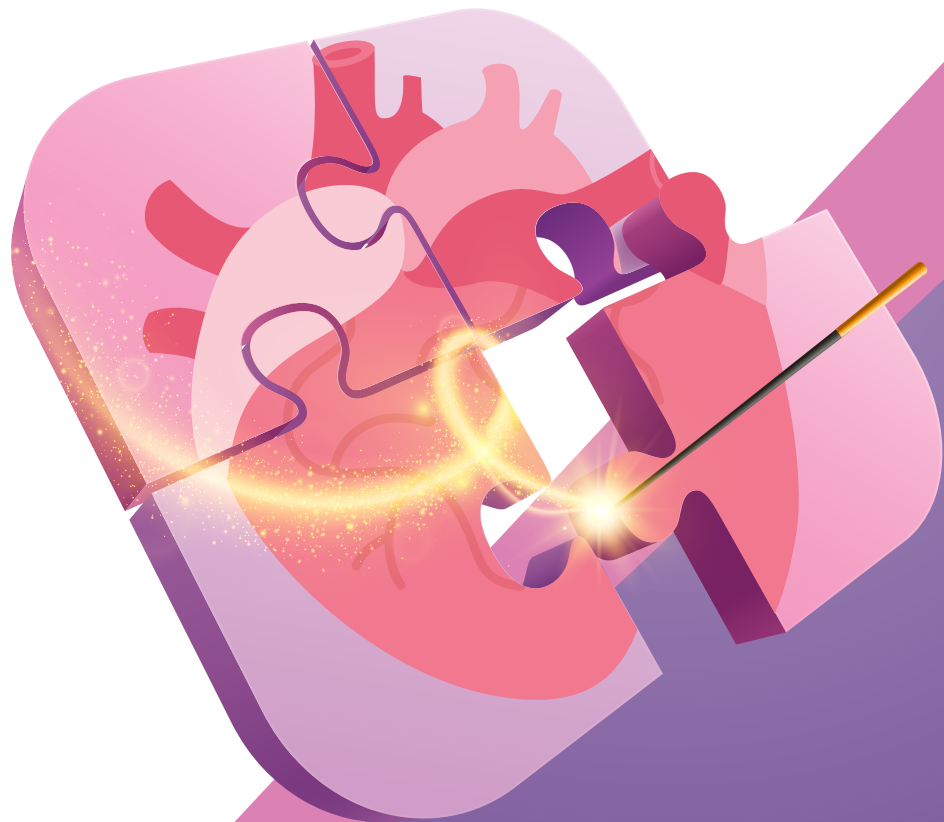
In Conjunction with
27th Annual Scientific Meeting of Institute
of Cardiovascular Science and Medicine
23 November 2024



香港心臟專科學院
Hong Kong College of Cardiology



The Magic of Prevention and Rehabilitation - Can we Avoid a Cardiovascular Event?



E-PROGRAMME BOOK

IMPACT HEART FAILURE LIKE NEVER BEFORE

Jardiance®
(empagliflozin)

The first medicine approved*
to reduce the risk of CV death
or HHF in symptomatic
heart failure across
the LVEF spectrum^{‡§1-3}

25% RRR
LVEF ≤ 40%^{‡2}

21% RRR
LVEF > 40%^{||1}

Established safety
and tolerability
profile¹⁻³

Simple dosing:
oral, 10 mg once daily,
no titration^{#3}

Recognizing EMPEROR-Reduced and EMPEROR-Preserved trial
JARDIANCE is recommended across the LVEF spectrum**^{4,5}

* Approved = Jardiance 10mg is indicated in adults for the treatment of symptomatic heart failure in Hong Kong

‡ Adult patients with chronic heart failure (NYHA class II, III, or IV) and reduced ejection fraction (LVEF ≤ 40%). Adult patients with chronic heart failure (NYHA class II, III, or IV) and preserved ejection fraction (LVEF > 40%).^{1,2}

§ In the EMPEROR-Preserved trial, a randomised, double-blind, parallel-group, placebo-controlled study of 5988 patients with HFpEF, the efficacy and safety of JARDIANCE 10 mg (n=2997) were evaluated vs placebo (n=2991). The primary endpoint in the EMPEROR-Preserved trial was a composite of CV death or HHF, analysed as time to the first event. Patients treated with JARDIANCE experienced a 21% RRR in this endpoint (HR=0.79; 95% CI: 0.69, 0.90; p<0.001). In the EMPEROR-Reduced trial, a randomised, double-blind, parallel-group, placebo-controlled study of 3730 patients with HFREF, the efficacy and safety of JARDIANCE 10 mg (n=1863) were evaluated vs placebo (n=1867). The primary endpoint in the EMPEROR-Reduced trial was a composite of CV death or HHF, analysed as time to the first event. Patients treated with JARDIANCE experienced a 25% RRR in this endpoint (HR=0.75; 95% CI: 0.65, 0.86; p<0.001).^{1,2}

^ In the EMPEROR-Reduced trial, a randomised, double-blind, parallel-group, placebo-controlled study of 3730 patients with HFREF, the efficacy and safety of JARDIANCE 10 mg (n=1863) were evaluated vs placebo (n=1867). The primary composite endpoint in the EMPEROR-Reduced trial was a composite of CV death or HHF, analysed as time to the first event. Patients treated with JARDIANCE experienced a 25% RRR in this endpoint (HR=0.75; 95% CI: 0.65, 0.86; p<0.001).²

|| In the EMPEROR-Preserved trial, a randomised, double-blind, parallel-group, placebo-controlled study of 5988 patients with HFpEF, the efficacy and safety of JARDIANCE 10 mg (n=2997) were evaluated vs placebo (n=2991). The primary composite endpoint in the EMPEROR-Preserved trial was a composite of CV death or HHF, analysed as time to the first event. Patients treated with JARDIANCE experienced a 21% RRR in this endpoint (HR=0.79; 95% CI: 0.69, 0.90; p<0.001).¹

When Jardiance is used in combination with a sulphonylurea or with insulin, a lower dose of the sulphonylurea or insulin may be considered to reduce risk of hypoglycaemia.³

** The SGLT2i class, such as Jardiance, has gained a 1A recommendation for HFREF, HFmrEF and HFpEF.^{4,5}

CI=confidence interval; CV=cardiovascular; HFpEF=heart failure with preserved ejection fraction; HFREF=heart failure with reduced ejection fraction; HFmrEF=heart failure with mid range ejection fraction; HHF=hospitalisation for heart failure; HR=hazard ratio; LVEF=left ventricular ejection fraction; NYHA=New York Heart Association; RRR=relative risk reduction; SGLT2i=sodium-glucose cotransporter 2 inhibitor

JARDIANCE® (aPI-JARD-05)

Presentation: Empagliflozin. Film-coated tablets 10 mg; 25 mg. **Indications: 10 mg and 25 mg:** Indicated in the treatment of type 2 diabetes mellitus to improve glycaemic control in adults as: monotherapy when diet and exercise alone do not provide adequate glycaemic control in patients for whom use of metformin is considered inappropriate due to intolerance; and as add-on combination therapy with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control. Indicated in patients with type 2 diabetes mellitus and established cardiovascular disease to reduce the risk of cardiovascular death. **10 mg:** Jardiance is indicated in adults for the treatment of symptomatic heart failure independent of left ventricular ejection fraction, as an adjunct to standard of care therapy. Jardiance is indicated to reduce the risk of kidney disease progression in adults with chronic kidney disease. **Dosage and administration: Type 2 diabetes mellitus:** 10 mg once daily. In patients tolerating 10 mg once daily with an eGFR ≥ 30 mL/min/1.73m² and requiring additional glycaemic control, the dose can be increased to 25 mg once daily. Can be taken with or without food. **Heart Failure:** 10 mg once daily. Can be taken with or without food. **Chronic kidney disease:** 10 mg once daily. Can be taken with or without food. For patients with renal impairment, 10 mg can be used regardless of renal function. However, due to limited experience, it is not recommended to initiate treatment with JARDIANCE in patients with an eGFR <20mL/min/1.73m² or on dialysis. No dose adjustment is required for patients with hepatic impairment, or for elderly patients. **Contraindication:** Hypersensitivity to empagliflozin or any of the excipients. **Special warnings and precautions:** Should not be used in patients with type 1 diabetes or for treatment of ketoacidosis. Discontinue immediately when ketoacidosis is suspected or diagnosed. Cases of ketoacidosis have also been reported in patients without diabetes mellitus who were treated with Jardiance. Treatment should be interrupted in patients who are hospitalised for major surgical procedures or acute serious medical illnesses, and may be restarted once the patient's condition has stabilised. Not recommended for use when eGFR < 20 mL/min/1.73m² or on dialysis. Discontinue in cases of recurrent UTI. Due to a risk of modest decrease in blood pressure, caution should be exercised in patients with known cardiovascular disease, patients on diuretics, patients with history of hypotension or patients aged 75 years and older. Monitoring of volume status and electrolytes is recommended. Regularly examine the feet and counsel patients on routine preventative footwear. Caution is advised in patients at increased risk of genital infections. Avoid use during pregnancy and breast-feeding. Safety and effectiveness in children under 18 years of age have not been established. Initiation for treatment of type 2 diabetes mellitus is not recommended in patients aged 85 years and older due to limited therapeutic experience. Urine will test positive for glucose while patients are taking JARDIANCE. **Interactions:** Risk of dehydration and hypotension may increase when used in combination with thiazide and loop diuretics. Lower dose of insulin or an insulin secretagogue may be required to reduce the risk of hypoglycaemia when used in combination with JARDIANCE. Empagliflozin may increase renal lithium excretion and the blood lithium levels may be decreased. Serum concentration of lithium should be monitored more frequently after empagliflozin initiation and dose changes. **Adverse reactions:** Hypoglycaemia (depends on type of background therapy of patients); Urinary tract infection, vaginal moniliasis, vulvovaginitis, balanitis and other genital infection; Increased urination, dysuria; Constipation; Pruritus; Volume depletion; Thirst; Glomerular filtration rate decreased, blood creatinine increased, haematocrit increased, serum lipids increased. Post-marketing experience: Ketoacidosis, pyelonephritis, urosepsis, necrotising fasciitis of the perineum (Fournier's gangrene), allergic skin reaction, angioedema, phimosis. **Storage condition:** Please refer to outer packaging for special precautions for storage. **Note:** Before prescribing, please consult full prescribing information.

References: 1. Anker SD, Butler J, Filippatos G, et al; EMPEROR-Preserved Trial Investigators. Empagliflozin in heart failure with a preserved ejection fraction. N Engl J Med. 2021;385(16):1451-1461. (EMPEROR-Preserved results and the publication's Supplementary Appendix.) 2. Packer M, Anker SD, Butler J, et al; EMPEROR-Reduced Trial Investigators. Cardiovascular and renal outcomes with empagliflozin in heart failure. N Engl J Med. 2020;383(15):1413-1424. (EMPEROR-Reduced results and the publication's Supplementary Appendix.) 3. Jardiance Hong Kong Prescribing Information. 4. McDonagh TA et al. Eur Heart J 2021;42:3599; 5. McDonagh TA et al. Eur Heart J 2023;44:3627.

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Welcome Message

Cardiovascular diseases are the leading cause of death globally and are escalating in prevalence in Asia due to an adverse change in lifestyle and ageing population. Simultaneously we are seeing rapid advancement in medical technology in managing different cardiovascular diseases and their risk factors. Cardiac rehabilitation, a time-honoured and highly cost-effective therapy for almost all kinds of cardiovascular diseases, has remained under-utilized.

The Asian Preventive Cardiology and Cardiac Rehabilitation Conference (APCCRC) is a biennial regional scientific conference organized by the Hong Kong College of Cardiology. Our mission is to contribute to high-quality professional education and provide a platform for sharing of experience and research findings in the field of preventive cardiology and cardiac rehabilitation, with the ultimate aim of improving the holistic management of patients with cardiovascular diseases in Asia. This year, our conference will be held on 22-24 November 2024 at the Hong Kong Convention and Exhibition Centre and it marks the 20th Anniversary of the APCCRC. Over the past 2 decades, we are proud to see that the conference has become a well-known professional platform for colleagues working or interested in the field of preventive cardiology and cardiac rehabilitation from Hong Kong and other parts of Asia to join together and share experience with each other. Although medical professionals believe and work according to science, we do see amazing reduction in cardiovascular risks and improvement in quality of life in our patients when we can apply our knowledge in preventive cardiology and cardiac rehabilitation meticulously, it can indeed be like magic to our patients! The theme of our conference this year is therefore **“The magic of prevention and rehabilitation - Can we avoid a cardiovascular event?”**.

A group of dedicated experts from Asia and other parts of the world will join hands to produce a 3-day programme which will cover a wide spectrum of topics, latest advancement and controversies in the field of cardiovascular prevention and cardiac rehabilitation. Furthermore, we will co-organize joint sessions with different professional societies. On the other hand, we will organize a full day of pre-conference workshops. New to this year, to enhance the outcome of professional education and interaction, clinical scenario-based interactive lectures and workshops with patients or patient surrogates on-stage will be organized. Last but not least, dedicated sessions on heart health education to the general public will be organized.

It is our greatest pleasure to welcome all of you to join us in this highly educational and interactive biennial conference and collaborate in the global action in reducing the burden of cardiovascular diseases. We look forward to seeing you at APCCRC 2024 in our beautiful city of Hong Kong!



Dr. Ngai-Yin CHAN
Co-Chairman, Executive Committee
10th Asian Preventive Cardiology and
Cardiac Rehabilitation Conference



Prof. Leonard Sheung-Wai LI
Co-Chairman, Executive Committee
10th Asian Preventive Cardiology and
Cardiac Rehabilitation Conference

Committee

Co-Chairmen, Executive Committee

Dr. Ngai-Yin Chan

Prof. Leonard Sheung-Wai Li

Honorary Advisory Board

Dr. Kam-Tim Chan

Dr. Chung-Seung Chiang

Dr. Patrick Ko

Prof. Chu-Pak Lau

Dr. Suet-Ting Lau

Dr. Yuk-Kong Lau

Dr. Shu-Kin Li

Dr. Chris Wong

Prof. Cheuk-Man Yu

Executive Committee

Dr. Ronnie Chan

Dr. Carmen Chan

Dr. Yuet-Wong Cheng

Dr. Adrian Piers YY Cheong

Dr. Shing Ching

Ms. Sin-Hing Chiu

Dr. Man-Chun Choi

Dr. Eddie Chow

Dr. Raymond CY Fung

Dr. Kevin KH Kam

Dr. Iris WS Kwan

Dr. Jonathan TK Lai

Dr. Andrew YW Li

Ms. Yuk-Mun Ng

Dr. Catherine Shea

Dr. Sunny Tsang

Prof. Kai-Hang Yiu

Faculty

International Faculty

Keynote Speakers

Prof. Dominique Hansen

*European Association of Preventive Cardiology
(Belgium)*

Dr. Eugene Yang

*Prevention of Cardiovascular Diseases Section,
American College of Cardiology (United States)*

Representatives from Asian Federation of Sports Medicine

Prof. Mats Börjesson

Göteborg University (Sweden)

Representatives from China Cardiovascular Association

Prof. Cong Chen

*The University of Hong Kong-Shenzhen Hospital
(China)*

Prof. Yawei Xu

Shanghai Tenth People's Hospital (China)

Representatives from Singapore Heart Foundation

Dr. Swee-Yaw Tan

National Heart Centre (Singapore)

Dr. Tee-Joo Yeo

*National University Heart Centre Singapore
(Singapore)*

Representatives from The Japanese Association of Cardiac Rehabilitation

Dr. Toshiki Kaihara

*St. Marianna University School of Medicine
(Japan)*

Dr. Takashi Yokota

Hokkaido University Hospital (Japan)

Dr. Raymond HM Chan

Toronto General Hospital (Canada)

Dr. Ssu-Yuan Chen

Fu Jen Catholic University Hospital (Chinese Taipei)

Dr. Aashish Contractor

Sir H. N. Reliance Foundation Hospital (India)

Dr. Lucky R Cuenza

Cardinal Santos Medical Center (Philippines)

Prof. Weiyi Fang

Hua Dong Hospital, Shanghai Fudan University (China)

Dr. Dong Huang

Zhongshan Hospital, Fudan University (China)

Dr. Visal Kantaratanakul

Samitivej Srinakarin Hospital (Thailand)

Dr. Kushal Madan

Sir Ganga Ram Hospital (India)

Dr. Shou-Ling Mi

Zhongshan Hospital, Fudan University (China)

Dr. Mazlifah Omar

Universiti Teknologi Mara Sg. Buloh (City) (Malaysia)

Dr. Kyung-Woo Park

Seoul National University (South Korea)

Dr. Abdul Halim Raynaldo

University of Sumatera Utara (Indonesia)

Dr. Mohamad Yatim Saari

Hospital Serdang (Malaysia)

Prof. David KL Sim

(Singapore)

Prof. Xi Su

Wuhan Asia General Hospital (China)

Dr. Timothy Tan

Westmead and Blacktown Hospitals (Australia)

Faculty

Local Faculty (Hong Kong, China)

Dr. Andy WK Chan	Dr. Daniel Fong	Dr. Andrew Ng
Dr. Carmen Chan	Dr. Raymond CY Fung	Ms. Yuk-Mun Ng
Dr. Chi-Kin Chan	Dr. Jo Jo Hai	Dr. Fei-Chau Pang
Dr. Chi-Wo Chan	Dr. Kevin KH Kam	Dr. Catherine Shea
Dr. Eric Chan	Dr. Patrick Ko	Dr. Michael Sze
Dr. Kam-Tim Chan	Dr. Iris WS Kwan	Dr. Frankie Tam
Dr. Kwok-Keung Chan	Dr. Jennifer Kwok	Mr. Kanden KC Tam
Mr. Lesley Chan	Dr. Nim-Pong Kwong	Dr. Kin-Ming Tam
Dr. Ngai-Yin Chan	Dr. Shu-Keung Kwong	Dr. Li-Wah Tam
Dr. Ronnie Chan	Dr. Jonathan TK Lai	Dr. Mark Tam
Dr. Yu-Ho Chan	Dr. Sze-Wah Lai	Dr. Guang-Ming Tan
Dr. Elaine Chau	Dr. Ho Lam	Dr. Sunny Tsang
Dr. Yuet-Wong Cheng	Dr. Thomas Lam	Prof. Hung-Fat Tse
Prof. Bernard Cheung	Prof. Chu-Pak Lau	Dr. Yukie PM Tse
Dr. Adrian Piers YY Cheong	Dr. Chun-Leung Lau	Dr. Kin-Lam Tsui
Dr. Dick CY Cheung	Ms. Rebecca Law	Dr. Chi-Ming Wong
Dr. Chung-Seung Chiang	Ms. Evelyn Leung	Dr. Chi-Yuen Wong
Dr. Thomas Chik	Dr. Tat-Chi Leung	Dr. Eric Wong
Dr. Shing Ching	Dr. Andrew YW Li	Dr. Chris Wong
Ms. Sin-Hing Chiu	Prof. Leonard SW Li	Dr. Ivan Wong
Dr. Man-Chun Choi	Dr. Polly WC Li	Prof. Kai-Hang Yiu
Dr. Danny Chow	Dr. Shu-Kin Li	Prof. Cheuk-Man Yu
Dr. Eddie Chow	Dr. David Lo	Dr. Chiu-Sun Yue
Dr. Man Chung	Dr. Ying-Keung Lo	Dr. Ho-Chuen Yuen
Dr. Katherine YY Fan	Dr. Gary YK Mak	

The list is in alphabetical order and subject to change without prior notice.

Scientific Programme (22 November)

Pre-Conference Workshop (Room S421)		
09:00-11:00	Session 1 - Cardiovascular Prevention: Lifestyle Management <i>Chairpersons: Dr. Iris Kwan, Dr. Ying-Keung Lo, Ms. Sin-Hing Chiu</i>	
09:00-09:30	Is alcohol a friend or an enemy of the heart?	Prof. Chu-Pak Lau (Hong Kong)
09:30-10:00	Promoting an active lifestyle for heart health	Dr. Polly WC Li (Hong Kong)
10:00-10:30	Integrating dietary therapy and digital healthcare in cardiac rehabilitation	Dr. Toshiki Kaihara (Japan)
10:30-11:00	Practical session in meditation	Dr. Kushal Madan (India)
11:00-11:30	Break / Exhibition / Poster Presentation	
11:30-13:00	Session 2 - Exercise Workshop <i>Chairpersons: Dr. Ronnie Chan, Dr. Nim-Pong Kwong, Dr. Shu-Keung Kwong</i>	
11:30-12:00	Applications of cardiopulmonary exercise test in cardiac rehabilitation program: Exercise prescription and beyond	Dr. Ssu-Yuan Chen (Chinese Taipei)
12:00-12:30	Exercise in heart failure	Dr. Abdul Halim Raynaldo (Indonesia)
12:30-13:00	Integrating Qigong in cardiac rehabilitation	Dr. Mohamad Yatim Saari (Malaysia)
13:00-14:15	Lunch Break / Exhibition / Poster Presentation	
14:15-15:45	Session 3 - Return to Work after a Cardiovascular Event <i>Chairpersons: Dr. Eddie Chow, Ms. Rebecca Law</i>	
14:15-14:45	Facilitating return to work through cardiac rehabilitation	Dr. Lucky R Cuenza (Philippines)
14:45-15:15	Return to work rehabilitation by occupational therapy	Mr. Kanden KC Tam (Hong Kong)
15:15-15:45	Return to professional driving after a heart attack	Dr. Yukie PM Tse (Hong Kong)
15:45-16:15	Break / Exhibition / Poster Presentation	
16:15-17:45	Session 4 - Sports Cardiology Workshop <i>Chairpersons: Dr. Ho Lam, Dr. Frankie Tam, Dr. Ivan Wong</i>	
16:15-16:45	Exercise for the disabled-benefits and challenges for disabled sports in Hong Kong	Dr. Man Chung (Hong Kong)
16:45-17:15	Is there something as “too much exercise”? Is there a safe upper limit?	Dr. Aashish Contractor (India)
17:15-17:45	The Asian athlete’s heart: What do we know so far?	Dr. Tee-Joo Yeo (Singapore)

The programme is subject to change without prior notice.

Scientific Programme (23 November)

Room S421		
09:00-10:30	China Cardiovascular Association @APCCRC <i>Chairpersons: Dr. Carmen Chan, Prof. Xi Su</i>	
09:00-09:30	Cardiac shock wave therapy is a novel therapy for cardiac rehabilitation in ischemic heart disease	Prof. Yawei Xu (China)
09:30-10:00	The practical exploration of cardiac rehabilitation in patients with hypertrophic cardiomyopathy	Prof. Cong Chen (China)
10:00-10:30	Cardiac rehabilitation for heart transplant patients: Hong Kong experience	Dr. Katherine YY Fan (Hong Kong)
10:30-10:45	Break / Exhibition / Poster Presentation	
10:45-12:00	Symposium 1 - Heart Failure and Cardiomyopathy Symposium I <i>Chairpersons: Dr. Elaine Chau, Dr. Daniel Fong, Dr. Ho-Chuen Yuen</i>	
10:45-11:10	Treatment strategies of fluid overload and electrolyte imbalance in heart failure: A focus on aquaresis <i>(Sponsored by Otsuka)</i>	Dr. Guang-Ming Tan (Hong Kong)
11:10-11:35	30-year anniversary of ESC guidelines: Where are we now on iron deficiency in heart failure? <i>(Sponsored by Zuellig)</i>	Prof. David KL Sim (Singapore)
11:35-12:00	Novel approach on heart failure management: What will you do when your patient worsen? <i>(Sponsored by Bayer)</i>	Dr. Dick CY Cheung (Hong Kong)
12:00-13:30	Japanese Association of Cardiac Rehabilitation @ APCCRC e-health Lunch Symposium <i>Chairpersons: Dr. Kin-Ming Tam, Dr. Takashi Yokota</i>	
12:00-12:30	Can digital healthcare be used for psychosocial management of cardiac rehabilitation?	Dr. Toshiki Kaihara (Japan)
12:30-13:00	Self-care intervention using mobile application to reduce cardiovascular risks	Dr. Takashi Yokota (Japan)
13:00-13:30	Using mobile technology to support cardiac rehabilitation	Dr. Polly WC Li (Hong Kong)

Scientific Programme (23 November)

Room S421		
13:50-14:20	Opening Ceremony <i>Guest of Honour: Prof. CM LO, Secretary for Health, The Government of HKSAR</i>	
14:20-15:00	China and Hong Kong Innovative Forum in Cardiovascular Disease Management <i>Chairpersons: Dr. Ngai-Yin Chan, Dr. Tat-Chi Leung</i>	
14:20-14:35	Introduction to National Chest Pain Center: Establishment and achievement	Prof. Weiyi Fang (China)
14:35-14:45	National Chest Pain Center Accreditation in Hong Kong	Dr. Dong Huang (China)
14:45-14:55	New approaches to cardiac rehabilitation: Experience in Princess Margaret Hospital	Dr. Ngai-Yin Chan (Hong Kong)
14:55-15:00	Panel Discussion	
15:00-16:00	Symposium 2 - Hong Kong Heart Foundation Symposium <i>Chairpersons: Dr. Chung-Seung Chiang, Dr. Patrick Ko</i>	
15:00-15:30	Cardiovascular risk assessment in Asian people: Does one size fit all?	Dr. Eugene Yang (United States)
15:30-16:00	Cardiac rehabilitation: Novelties & controversies	Prof. Dominique Hansen (Belgium)
16:00-16:30	Break / Exhibition / Poster Presentation	
16:30-18:30	Symposium 3 - Beyond the Heart Symposium <i>Chairpersons: Dr. Kin-Lam Tsui, Dr. Chiu-Sun Yue</i>	
16:30-17:00	The triad of cardiovascular-kidney-metabolic syndrome: Awareness and multidisciplinary management <i>(Sponsored by Bayer)</i>	Prof. Chu-Pak Lau (Hong Kong)
17:00-17:30	Obesity - It's not about vanity, it's a cardiovascular disease	Dr. Adrian Piers YY Cheong (Hong Kong)
17:30-18:00	It is all about prevention in metabolic syndrome	Dr. Visal Kantaratanakul (Thailand)
18:00-18:30	Pan-vascular health management practice in Zhongshan Hospital, Fudan University	Dr. Shou-Ling Mi (China)

Scientific Programme (23 November)

Room S423-S424	
09:00-10:30	Oral Abstract Presentation <i>Chairpersons & Judges: Dr. Kam-Tim Chan, Dr. Jo Jo Hai, Dr. Mark Tam</i>
09:00-09:15	(32) Concentric left ventricular geometry and blood pressure in young rugby athletes Yoshitaka Iso (Japan)
09:15-09:30	(35) Exploring clusters of social determinants of health and inferring their heterogeneous treatment effects on cardiovascular disease: Employing clustering and causal machine learning approaches Achamyelah Teshale (Australia)
09:30-09:45	(37) Identifying the best of the best: A network Meta-Analysis evaluating the comparative effectiveness of lifestyle interventions for metabolic syndrome Bernice S Chan (Hong Kong)
09:45-10:00	(51) Development and evaluation of an integrated – Cardiac rehabilitation program employing smartphone technology (I-CREST) Wenru Wang (Singapore)
10:00-10:15	(62) The indirect impact of the COVID-19 Pandemic on all-cause mortality and cardiovascular disease among people with diabetes mellitus from Hong Kong Zhuoran Hu (Hong Kong)
10:15-10:30	(65) The protective role of trimetazidine against Type II diabetes mellitus in patients with Ischemic heart disease Yuen-Ting Cheng (Hong Kong)
10:30-11:00	Break / Exhibition / Poster Presentation
11:00-12:30	Best Abstract Presentation <i>Chairpersons and Judges: Prof. Bernard Cheung, Dr Chris Wong</i> <i>Judges: Dr. Kam-Tim Chan, Dr. Jo Jo Hai, Dr. Mark Tam</i>
11:00-11:15	(18) C-reactive protein and residual cardiovascular risk in people with hypertension and controlled systolic blood pressure: A population-based prospective cohort study Anping Cai (China)
11:15-11:30	(24) Integrated care using the ABC-stroke pathway improves cardiovascular outcomes and survival in patients with first-ever Ischaemic stroke Christopher Tze-Wei Tsang (Hong Kong)
11:30-11:45	(34) Integrating social determinants of health and established risk factors to predict cardiovascular disease risk: A gender-specific analysis utilising an artificial intelligence-based model Achamyelah Teshale (Australia)
11:45-12:00	(57) The effect of external counterpulsation on vascular endothelial growth factor receptor-2 preservation in enhancing 6 minutes-walking-test in coronary artery disease with heart failure with reduced and preserved ejection fraction patients Dean Arityanti (Indonesia)
12:00-12:15	(59) Effect of SGLT2 inhibitors on skeletal muscle index in patients with outpatient cardiac rehabilitation Masanori Kanazawa (Japan)
12:15-12:30	(68) The optimal blood pressure target for antihypertensive treatment: A target trial emulation using big data Ran Zhang (Hong Kong)
12:30-14:00	Lunch Break / Exhibition / Poster Presentation
14:00-16:00	Please go to Room S421.
16:00-16:30	Break / Exhibition / Poster Presentation

Scientific Programme (23 November)

Room S423-S424		
16:30-18:30	Symposium 4 - Cardiac Rehabilitation Symposium: Specific Patient Subsets <i>Chairpersons: Dr. Yuet-Wong Cheng, Dr. Shing Ching, Dr. Chun-Leung Lau</i>	
16:30-17:00	Cardiac rehabilitation in disabled children	Dr. Visal Kantaratanakul (Thailand)
17:00-17:30	Cardiac rehabilitation program for cancer patients: experience in lung cancer survivors	Dr. Ssu-Yuan Chen (Chinese Taipei)
17:30-18:00	Integrating men health clinic for cardiac survivors	Dr. Mohamad Yatim Saari (Malaysia)
18:00-18:30	Cardiac rehabilitation in patients with cardiac implantable devices	Dr. Kushal Madan (India)

Room S425		
09:00-10:00	Moderated Poster Session <i>Chairpersons and Judges: Dr. Man-Chun Choi, Dr. Michael Sze, Dr Guang-Ming Tan, Dr. Chris Wong</i>	
09:00-09:10	(12) Trimetazidine reduces Ischemic stroke risk in atrial fibrillation: A territory-wide, propensity-matched study Yuen-Ting Cheng (Hong Kong)	
09:10-09:20	(31) A retrospective cross-sectional study on prevalence of respiratory muscle weakness and its correlation on exercise capacity in coronary artery disease Sin-Ming Li (Hong Kong)	
09:20-09:30	(33) Effect of circuit training on exercise performance and body composition in sedentary young adults Yi-Ting Yang (Chinese Taipei)	
09:30-09:40	(41) Cardiovascular health and associated factors among young and middle-aged patients with coronary artery diseases in Oman Hassan Al-Riyami (Oman)	
09:40-09:50	(63) Impact of cardiac rehabilitation on cardiovascular and non-cardiovascular outcomes in older patients before, during, and after the COVID-19 pandemic Akihiro Hirashiki (Japan)	
09:50-10:00	(66) Determinants of masked hypertension among adults who underwent 24-hour ambulatory blood pressure monitoring in a tertiary hospital in the Philippines Ian Carlo Rivera (Philippines)	

The programme is subject to change without prior notice.

Room S426-S427	
08:30-17:15	27th Annual Scientific Meeting of Institute of Cardiovascular Science and Medicine (ICSM ASM 2024) <i>Separate registration is required.</i> <i>Please visit the website: https://www.iccreq.com/icsm2024/ for details.</i>

Scientific Programme (24 November)

Room S421		
09:00-10:15	Symposium 5 - Heart Failure and Cardiomyopathy Symposium II <i>Chairpersons: Dr. Chi-Wo Chan, Dr. Kwok-Keung Chan, Dr. David Lo</i>	
09:00-09:25	Optimizing heart failure management in hospital setting: Role of SGLT2i and practical considerations <i>(Sponsored by BI)</i>	Dr. Kevin KH Kam (Hong Kong)
09:25-09:50	Comprehensive heart failure program - From acute to chronic management <i>(Sponsored by Novartis)</i>	Dr. Chi-Yuen Wong (Hong Kong)
09:50-10:15	Management of hypertrophic cardiomyopathy in 2024: What has changed? <i>(Sponsored by BMS)</i>	Dr. Raymond HM Chan (Canada)
10:15-10:45	Break / Exhibition / Poster Presentation	
10:45-12:35	Symposium 6 - Cardiovascular Risk Factors Symposium I <i>Chairpersons: Dr. Shu-Kin Li, Dr. Li-Wah Tam, Dr. Sunny Tsang</i>	
10:45-11:15	Advances in lipid lowering therapies	Dr. Eugene Yang (United States)
11:15-11:40	Air pollutant as new cardiovascular risk	Dr. Abdul Halim Raynaldo (Indonesia)
11:40-12:10	The turning point of hypertension management – Renal denervation <i>(Sponsored by Medtronic)</i>	Dr. Raymond CY Fung (Hong Kong)
12:10-12:35	Exploring new frontiers in oral non-statin lipid-lowering agents <i>(Sponsored by Daiichi Sankyo)</i>	Prof. Hung-Fat Tse (Hong Kong)
12:35-14:05	Singapore Heart Foundation @ APCCRC Lunch Symposium <i>Chairpersons: Dr. Andy WK Chan, Dr. Sze-Wah Lai, Dr. Tee-Joo Yeo, Prof. Cheuk-Man Yu</i>	
12:35-13:05	CVD prevention strategies from Singapore	Dr. Tee-Joo Yeo (Singapore)
13:05-13:35	Streamlining cardiac rehabilitation: NHCS experience	Dr. Swee-Yaw Tan (Singapore)
13:35-14:05	Evolution of cardiac rehabilitation service in Hong Kong: Lessons learnt	Prof. Leonard SW Li (Hong Kong)

Scientific Programme (24 November)

Room S421		
14:05-15:35	Symposium 7 - Cardiac Rehabilitation Symposium <i>Chairpersons: Dr. Eric Chan, Dr. Yu-Ho Chan, Dr. Andrew Ng</i>	
14:05-14:35	Applications of cardiopulmonary exercise testing in cardiology practice: From heart failure to sports performance	Dr. Lucky R Cuenza (Philippines)
14:35-15:05	Strength training: Is it better for heart failure rehabilitation?	Dr. Mazlifah Omar (Malaysia)
15:05-15:35	AI in cardiac rehabilitation	Dr. Swee-Yaw Tan (Singapore)
15:35-16:00	Break / Exhibition / Poster Presentation	
16:00-17:25	Symposium 8 - Cardiovascular Risk Factors Symposium II <i>Chairpersons: Dr. Kevin KH Kam, Dr. Jennifer Kwok, Dr. Eric Wong</i>	
16:00-16:25	Herpes Zoster in cardiology: An interdisciplinary approach to the management and prevention of Shingles <i>(Sponsored by GSK)</i> <i>Part I: Addressing the burden and prevention strategies of Herpes Zoster in Hong Kong</i> <i>Part II: Cardiovascular health: Why Herpes Zoster Prevention matters?</i>	Dr. Thomas Chik (Hong Kong) Dr. Timothy Tan (Australia)
16:25-16:55	Role of epicardial fat in cardiovascular diseases	Dr. Takashi Yokota (Japan)
16:55-17:25	Use of Clopidogrel vs Aspirin for secondary prevention according to clinical, ischemic and bleeding risk	Dr. Kyung-Woo Park (Korea)
17:25-17:30	Closing Remarks and Presentation of Awards	Prof. Leonard SW Li (Hong Kong)

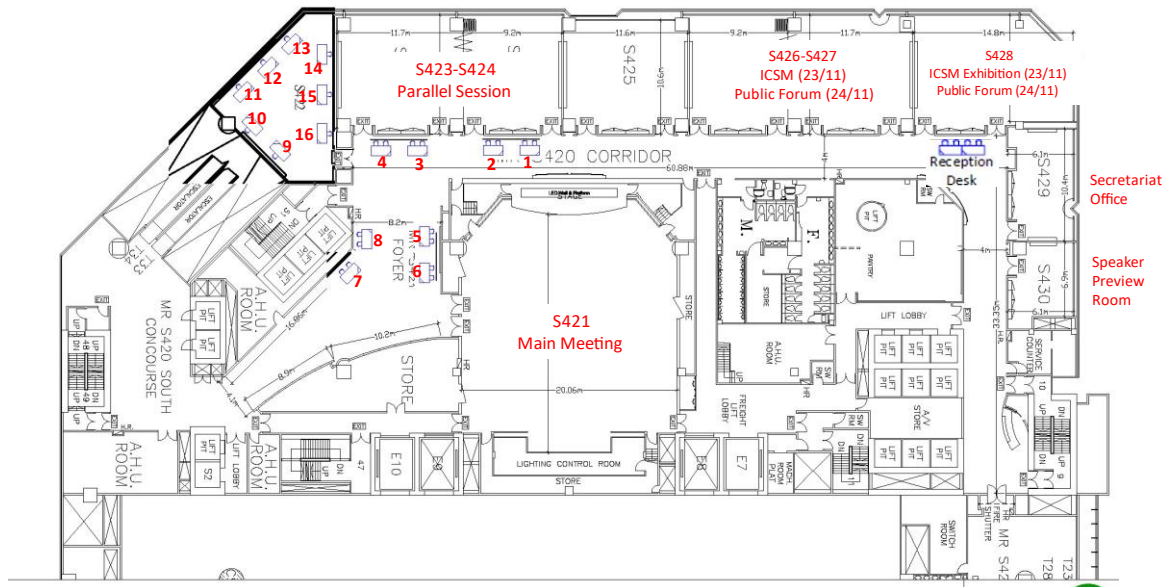
Scientific Programme (24 November)

Room S423-S424		
14:00-15:20	District Health Centre & Express Forum <i>Chairpersons: Dr. Ngai-Yin Chan, Dr. Shu-Kin Li</i> <i>Panelists: Dr. Harriet Chung (SSPDHC), Ms. Evelyn Leung (KTDHC), Ms. Tammy TY So (WTSDHC)</i>	
14:00-14:05	Opening Speech	Dr. Fei-Chau Pang (Hong Kong)
14:05-14:35	Screening for hypertension and diabetes in District Health Centre & Express: Primary health care strategies in preventing cardiovascular complications	Dr. Fei-Chau Pang (Hong Kong)
14:35-15:05	Pilot experience in community-based cardiac rehabilitation program in Kwai Tsing District Health Centre	Ms. Evelyn Leung (Hong Kong)
15:05-15:20	Panel Discussion	
15:20-15:50	Break / Exhibition / Poster Presentation	
15:50-17:20	AFSM @ APCCRC <i>Chairpersons: Prof. Mats Börjesson, Dr. Danny Chow, Dr. Chi-Ming Wong</i>	
15:50-16:20	Sudden cardiac death in young athletes - Why and how to prevent?	Prof. Mats Börjesson (Sweden)
16:20-16:50	Prevention of SCA (Sudden Cardiac Arrest) in master/leisure-time athletes	Prof. Mats Börjesson (Sweden)
16:50-17:20	Pre-participation cardiovascular evaluation of athletes: A cornerstone of sport-related sudden cardiac death	Dr. Gary YK Mak (Hong Kong)
S426-S427 室		
09:30-13:30	心臟健康公眾教育坊	
09:30-13:30	新興運動 / 攤位 / 示範 (S428 室)	
10:00-11:00	心血管病診斷與治療新趨勢 主持人: 陳志堅醫生、佘佩芝醫生	
10:00-10:30	心臟衰竭	曾振峯醫生
10:30-11:00	高血壓	賴俊光醫生
11:00-12:15	心臟健康工作坊 主持人: 陳穎思醫生、吳玉敏物理治療師	
11:00-11:45	魚素食如何改善心血管健康	陳國賓註冊營養師
11:45-12:15	心肺復甦法及自動心臟除顫器	林峻濠醫生

The programme is subject to change without prior notice.

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College	Max. for whole function	22 Nov 2024	23 Nov 2024	24 Nov 2024	Category and Remarks
CME					
Anaesthesiologists	15	6.5	7	7.5	PP-NA
Community Medicine	10	6	6	6	PP-PP
Emergency Medicine	12	6	6	6	CME-PP
Family Physicians	10	5	5	5	OEA-5.02
Obstetricians and Gynaecologists	5	5	5	5	PP-PN
Ophthalmologists	pending	pending	pending	pending	pending
Otorhinolaryngologists	pending	pending	pending	pending	pending
Paediatricians	18	6	6	6	A-PP
Pathologists	21	6.5	7	7.5	CME-PP
Physicians	20	6	7	7	PP-PP
Psychiatrists	15	6	6	6	PP-OP
Radiologists	21	6.5	7	7.5	B-PP
Surgeons	18	6	6	6	CME-PP
MCHK CME Programme (Accredited by HKAM)	10	5	5	5	PASSIVECME
CNE					
Hong Kong College of Cardiology <i>Participants must submit an evaluation form to claim CNE point(s).</i>		6.5	5 - 8	6.5 - 7.5	
CPD					
Hong Kong Physiotherapist Association	pending	pending	pending	pending	pending
Occupational Therapists Board	pending	pending	pending	pending	pending
CDE					
Hong Kong Dietitians Association		1 core 4 non-core	5 non-core	5 non-core	
CEU					
Pharmacy Central Continuing Education Committee	pending	pending	pending	pending	pending

The final accreditation will be at the discretion of individual college/association based on your submission of check-in and check-out attendance during the Conference. The Conference Secretariat will send your attendance record to the listed college/association you specified during your registration directly.

Acknowledgement

The Organizing Committee would like to extend their sincere thanks to the following Sponsors for their unfailing support and generous contribution towards the success of the 10th Asian Preventive Cardiology and Cardiac Rehabilitation Conference (APCCRC 2024).

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- FORXIGA is indicated in adults for the treatment of symptomatic chronic heart failure¹
- In DAPA-HF, the primary endpoint showed that FORXIGA administered in conjunction with other HF therapies reduced the relative risk of the composite endpoint of worsening of HF or CV death by 26% (4.9% ARR) vs placebo with other HF therapies in 4744 adult patients with HFpEF (median follow-up of 18.2 months; $P < 0.001$).² In DELIVER, the primary endpoint was a composite of worsening heart failure or cardiovascular death. DELIVER showed that FORXIGA administered in conjunction with other HF therapies reduced the relative risk of the composite endpoint of worsening HF or CV death by 18% (3.1% ARR) vs placebo with other HF therapies in 6263 adult patients with HF and LVEF $> 40\%$ (median follow-up of 2.3 years; $P < 0.001$).³ In both trials, worsening of HF is defined as hHF or urgent HF visit requiring initiation or intensification of treatment specifically for HF.^{2,3}

*In the DAPA-HF trial, FORXIGA significantly reduced the risk of the primary composite endpoint, CV mortality alone, and all-cause mortality.^{1,2} The DELIVER trial, which included recently hospitalised patients in addition to patients with ejection fraction $> 40\%$, was the largest and broadest trial in patients with HF and LVEF $> 40\%$.^{3,4} In DELIVER, FORXIGA significantly reduced risk of the primary composite endpoint but did not reach significance in CV death alone or all-cause mortality.³ In a prespecified pooled analysis of the DAPA-HF and DELIVER trials, FORXIGA significantly reduced risk of CV mortality and all-cause mortality.⁵

†A patient-level pooled meta-analysis of two trials testing dapagliflozin in participants with heart failure and different ranges of left ventricular ejection fraction ($\leq 40\%$ and $> 40\%$). The pre-specified endpoints were: death from cardiovascular causes; death from any cause; total hospital admissions for heart failure; and the composite death from cardiovascular causes, myocardial infarction or stroke (major adverse cardiovascular events (MACEs)). A total of 11,007 participants with a mean ejection fraction of 44% (s.d. 14%) were included. Dapagliflozin reduced the risk of death from cardiovascular causes (hazard ratio (HR) 0.86, 95% confidence interval (CI) 0.76-0.97; $P = 0.01$), death from any cause (HR 0.90, 95% CI 0.82-0.99; $P = 0.03$), total hospital admission for heart failure (rate ratio 0.71, 95% CI 0.65-0.78; $P < 0.001$) and MACEs (HR 0.90, 95% CI 0.81-1.00; $P = 0.045$).⁵

ARR, absolute risk reduction; CI, confidence interval; CV, cardiovascular; ESC, European Society of Cardiology; HF, heart failure; HFpEF, heart failure with preserved ejection fraction; HFREF, heart failure with reduced ejection fraction; hHF, hospitalisation for heart failure; HR, hazard ratio; LVEF, left ventricular ejection fraction; MACE, major adverse cardiovascular events; RRR, relative risk reduction; s.d., standard deviation; SGLT2, sodium-glucose co-transporter 2; SoC, standard of care.

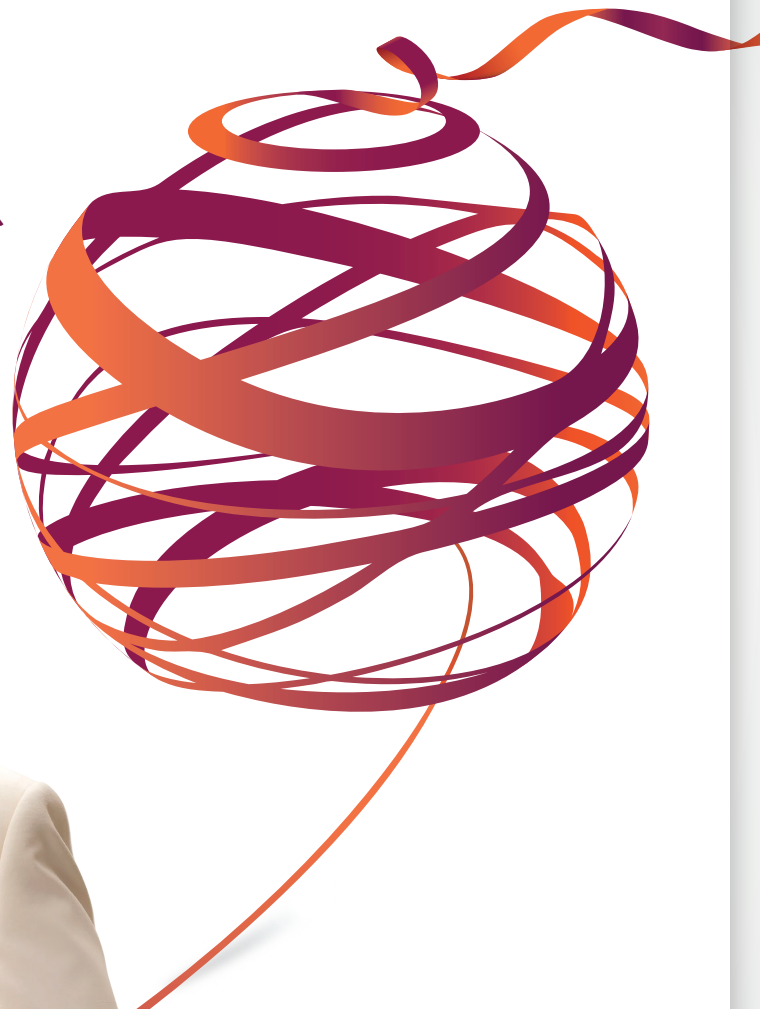
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References: 1. FORXIGA 10 mg film-coated tablets. Hong Kong Prescribing Information. December 2023. 2. McMurray JVV, et al. *N Engl J Med.* 2019;381(21):1995-2008. 3. Solomon SD, et al. *N Engl J Med.* 2022;387(12):1089-1098. 4. Solomon SD, et al. *JACC Heart Fail.* 2022;10(3):184-197. 5. Jhund PS, et al. *Nat Med.* 2022;28(9):1956-1964. 6. McDonagh TA, et al. *Eur Heart J.* 2023;00:1-13. 7. McDonagh TA, et al. *Eur Heart J.* 2021;42:3599-3726.

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^{**}Indications accounted for by factoring standard unit volume based on medical source data and relevant WHO ICD10 codes

[§]Methodology - Patient treatment days prescribed estimated based on the latest six-month period Q4'23 Sell-In/Sell-Out data. Standard Units divided by recommended administration of each NOAC within 24 hours (apixaban BID, dabigatran BID, edoxaban QD, rivaroxaban QD). VKA drugs treatment days estimated based on standard units divided by medical average daily dose

[†]Other NOACs include dabigatran, rivaroxaban and edoxaban^{††}

^{††}In patients ≥80 years old: compared with dabigatran, rivaroxaban and edoxaban; In patients with CKD (defined as having a diagnosis of chronic kidney disease or a dialysis procedure): compared with dabigatran and rivaroxaban^{†††}

^{†††}ELIQUIS™ provided significant risk reduction across all types of bleeding vs enoxaparin/warfarin in patients treated for DVT/PE[§]

BID, twice daily; CKD, chronic kidney disease; DVT, deep vein thrombosis; GIB, gastrointestinal bleeding; ICD, International Statistical Classification of Diseases and Related Health Problems; NOAC, non-vitamin K antagonist oral anticoagulant; NVAf, nonvalvular atrial fibrillation; OAC, oral anticoagulant; PE, pulmonary embolism; QD, once daily; SE, systemic embolism; UAE, United Arab Emirates; UK, United Kingdom; US, United States; VKA, vitamin K antagonist; VTE, venous thromboembolism; WHO, World Health Organization.

References: 1. Granger CB, et al. *N Engl J Med* 2011;365:981-992. 2. Ruff CT, et al. *Lancet* 2014;383:955-962. 3. IQVIA MIDAS® Quarterly Volume Sales Data Q4'23 Sell-In/Sell-Out data. 4. IQVIA MIDAS Medical Summary and IQVIA MIDAS Medical Detailed Data Q4'23. 5. Lau WCY, et al. *Ann Intern Med* 2022;175:1515-1524. 6. Agnelli G, et al. *N Engl J Med* 2013;369:799-808. 7. Heine GH, et al. *Dtsch Arztebl Int* 2018;115:287-294.

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