

SEMINAR OVERVIEW

This seminar series will provide updates on the latest clinical research with a strong focus on patient care. Teams of local hepatology experts (physicians and advanced practice providers) will provide an interdisciplinary approach to diagnosis and treatment in a classroom setting that stresses strong interaction between participants and faculty. Further, the interdisciplinary faculty promotes how optimal patient outcomes can be achieved through a team approach.

To lower the barriers to participation and increase access, the program will be offered on Saturdays in seven cities throughout the country beginning in February 2018. See the calendar of programs.

The seminar will concentrate on key diseases of the liver and address the latest diagnosis, treatment and care management approaches for each.

Primary Biliary Cholangitis (PBC) is an old disease but one that is experiencing some major changes. A new treatment, Obeticholic Acid (OCA), the first new drug for the disease in 20 years, is expected to be a breakthrough for patients who have had an incomplete response to Ursodiol (URSO).

Non-Alcoholic Steatohepatitis (NASH) is an epidemic in the US and is expected to be the major cause of cirrhosis in the coming decades as chronic Hepatitis C quickly wanes. There are many unmet needs associated with NASH including simple biomarkers to help diagnose it and follow experimental therapies. Clinical experts will provide a thorough review of non-invasive diagnostic testing and discuss several exciting new therapies being developed.

End Stage Liver Disease (ESLD) is expected to continue to grow in prevalence largely due to the burden of chronic viral hepatitis that exists in our population. As these patients age, a larger number will develop decompensation events such as variceal bleeding, hepatic encephalopathy, hyponatremia and renal failure.

Hepatocellular Carcinoma (HCC) is the most common form of liver cancer and occurs predominantly in patients with underlying chronic liver disease and cirrhosis. HCC is now the third leading cause of cancer deaths worldwide, with over 500,000 people affected. New research is yielding some promising therapies.

2018

Emerging Therapies for PBC, NASH, ESLD and HCC

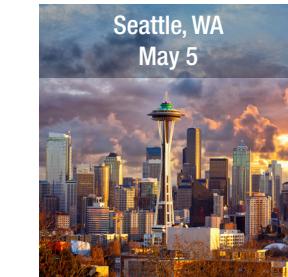
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Don't Miss Out On This National Program Coming To A City Near You!

PROGRAM HIGHLIGHTS

- New content based on the latest clinical guidelines and outcomes trials developed by national experts
- Strong patient-focused educational sessions using evidence-based studies from the latest AASLD, EASL and DDW programs
- Interactive format that includes practical patient case review, small group discussion and the use of Audience Response technology to gauge opinion and build consensus
- Convenient local venues and affordable registration fees
- Teams of local experts, comprised of physicians and advanced practice providers, providing an interdisciplinary team approach to treatment.
- Participants can receive up to **6.0 AMA PRA Category 1 Credits™** or up to 7.1 nursing education credits



WHO SHOULD ATTEND

This program is especially suited for Hepatologists, Gastroenterologists, Internists, and Family Physicians, as well as related advanced practice providers, clinical pharmacists and nurse specialists.

These are the providers who are primarily tasked with caring for PBC, PSC, NASH, Liver Cancer and complications of ESLD, both in the hospital and in the outpatient setting. The conference will primarily focus on the challenges of: Diagnosis, Natural history, Drug therapies, Side effect management, Hepatocellular carcinoma, Hepatic encephalopathy, Hyponatremia, Variceal bleeding and Hepatorenal syndrome.

SEMINAR SCHEDULE

7:30 am	Registration, Continental Breakfast & View Exhibits
8:00 am	Welcome and Pre-Test
8:20 am	End Stage Liver Disease: Treatment, Managing Complications and Transplant <ul style="list-style-type: none">• Staging, workup, and diagnosis of cirrhosis• Medical care of the patient with end stage liver disease Liver Transplantation <ul style="list-style-type: none">• Listing Criteria and MELD Exceptions Case Study 1 – Cirrhosis and Encephalopathy
9:20 am	Hepatocellular Carcinoma <ul style="list-style-type: none">• Screening diagnostic serum assays and imaging tests• Diagnosis without histology• Treatment and management options: Ablation, TACE and Surgery
10:00 am	Break & View Exhibits
10:15 am	Hepatocellular Carcinoma: New Systemic Treatment Options <ul style="list-style-type: none">• Current FDA-approved Therapies• New chemotherapy regimens in development and testing• Immunotherapy as the new MoA for HCC Case Studies 2 and 3 – Diagnosis and Treatment of Hepatocellular Carcinoma
11:00 am	Primary Sclerosing Cholangitis (PSC) <ul style="list-style-type: none">• Epidemiology• Ursodiol and Antibiotic Treatments• Predicting Outcomes and Improving Survival
11:40 am	New Treatments for Primary Biliary Cholangitis (PBC) <ul style="list-style-type: none">• Causes and Markers of PBC• Treatment Management• Ursodeoxycholic Acid (UDCA) and Obeticholic Acid
12:00 pm	Lunch & View Exhibits
12:30 pm	The Best Use of Non-Invasive Imaging for Fibrosis Assessment <ul style="list-style-type: none">• Technologies, Procedures and Outcomes
1:00 pm	NAFLD, LAL-D and NASH <ul style="list-style-type: none">• Epidemiology and Demographics• Diagnosis and Evaluation• Treatment of Patients with Lysosomal Acid Lipase Deficiency (LAL-D) Causing Adult Fatty Liver• Conventional treatments
1:45 pm	Break & View Exhibits
2:00 pm	NASH Treatments in Development <ul style="list-style-type: none">• Lifestyle Changes• Drugs in Clinical development for NASH Case Study 4 - NASH Diagnosis and Treatment
3:00 pm	Post Test and Adjourn at 3:15pm

EDUCATIONAL OBJECTIVES

After attending this activity, participants should be able to:

- > Speak to new treatments for liver disorders using evidence-based literature.
- > Review the current therapies and new treatment options for PBC.
- > Evaluate diagnostic tests for PBC, NASH and HCC that are in daily use soon, including newer non-invasive tools and procedures.
- > Discuss the therapeutic and management options for HCC: Ablation, TACE and Chemotherapies.
- > Identify the multiple causes for renal insufficiency in patients with ESLD including diuretic overuse, GI bleeding, systemic infection, hepatic decompensation, and hepatorenal syndromes type 1 and 2.
- > Discover why immunotherapy is the new Mechanism of Action for HCC.
- > Consider the benefits of therapeutic and lifestyle approaches to managing NAFLD and NASH patients.
- > Follow the guidelines for diagnosis and management of ascites in patients with ESLD including diuretics, therapeutic paracentesis, and transjugular intrahepatic portasystemic shunt (TIPS).
- > Solve detailed clinical studies based on the lessons presented in the seminar.

COURSE DIRECTORS

Paul Pockros, MD, FACG

Director, Liver Disease Center, Scripps Clinic
Director, Clinical Research
Scripps Translational Science Institute

Catherine Fernette, MD,

Medical Director for Liver Transplantation
Director, Center of Excellence for HCC
Scripps Center for Organ and Cell Transplantation

Registration Information

	Early Registration	Regular Registration
Physicians and Clinical Pharmacists	\$95	\$115
Nurses, Nurse Practitioners and PA's	\$70	\$90
Medical Residents & Fellows	\$60	\$80

To Register & For More Information: <http://bit.ly/liver2018>

Or call: University of Louisville CME & PD (502) 852-5329

Early Registration ends Tuesday prior to program date.

Regular Registration begins Wednesday prior to through program date.

Cancellation Policy – Requests for cancellation must be submitted to cme@louisville.edu at least seven (7) days prior to the program. Such requests will receive a full refund less a \$20 processing fee.

ACCREDITATION

Joint Provider Statement

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University of Louisville and SC Liver Research Consortium. The University of Louisville is accredited by the ACCME to provide continuing education for physicians.

Designation Statement

Physicians (MD/DO) - The University of Louisville Office of Continuing Medical Education & Professional Development designates this live activity for a maximum of **6.0 AMA PRA Category 1 Credit(s)™**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurses

This program has been approved by the Kentucky Board of Nursing for 7.1 continuing education credits through University of Louisville Hospital, provider number 4-0068-7-18-1030. The Kentucky Board of Nursing approval of an individual nursing education provider does not constitute endorsement of program content.

Nurse Practitioners

AANP accepts Category I credit from **AMA PRA Category 1 Credit(s)™** organizations accredited by ACCME.

Physician Assistants

AAPA accepts Category I credit from **AMA PRA Category 1 Credit(s)™** organizations accredited by ACCME.

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The mission of the University of Louisville Continuing Medical Education and Professional Development program (CME & PD) is to facilitate the needs of physicians and other healthcare team members as they seek self-improvement through life-long learning. For more information visit <http://louisville.edu/medicine/cme>



The SC Liver Research Consortium (SCLRC) is an organization of physicians specializing in hepatology and gastroenterology clinical research. SCLRC's mission is to team research sponsors and SCLRC's over 80 research sites together to provide faster, higher-quality research results compared to the current "conventional" sponsor-site arrangement. For more information visit www.scliver.com

DISCLOSURE

Commercial Support

This course is supported, in part, by educational grants from industry, in accordance with ACCME accreditation Standards for Commercial Support. At the time this brochure was developed, a complete listing of commercial supporters is not available. Appropriate acknowledgment will be given to all supporters at the time of the educational activity.

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