ORGANIZED BY:
Department of Medical and Surgical Sciences (DIMEC)
Alma Mater Studiorum
University of Bologna, Italy

Division of Renal Diseases and Hypertension
University of Colorado
Anschutz Medical Campus
Aurora Co 80045

NOVEMBER 13TH-14TH 2018

BOLOGNA (ITALY)

INTERNATIONAL SYMPOSIUM ON:
URIC ACID AND CARDIOMETABOLIC DISEASE: FROM BENCH TO BEDSIDE
After more than a century of active research uric acid has gained the stage as of one of the most reliable candidates for the huge amount of residual cardio-metabolic risk.

The involvement of uric acid in the pathophysiology of hypertension, diabetes and metabolic syndrome, particularly at younger ages, supports the importance of the research in this area.

The interaction between genetics, biochemistry, epidemiology and lifestyle is the engine that has boosted the worldwide interest for uric acid and cardio-metabolic disease.

Now is time to move from academy to clinical practice since we urgently need a reliable tool to identify which patients deserve something more than theory and hypothesis.

The 4th edition of the Bologna meeting will be focused on the patient with the goal to discuss several burning topics:

- Are all the patients with elevated serum uric acid levels the same?
- What is the threshold level for “cardio-metabolic” hyperuricemia?
- How to identify the patients at risk of cardio-metabolic disease?
- What about in children and adolescents?
- What are the differences with cardiovascular complicated gout?
- What are the preventive/therapeutic strategies?
- What is the role of ULT?
- What advantages/harm of the use of non-ULT drugs affecting uric acid?
- What is the current position of Guidelines?
INTERNATIONAL SYMPOSIUM ON:
URIC ACID AND CARDIOMETABOLIC DISEASE: FROM BENCH TO BEDSIDE

REQUESTED ENDORSEMENTS:
University of Bologna
University Hospital S. Orsola-Malpighi of Bologna,
Region Emilia-Romagna
City of Bologna
European Society of Hypertension
Italian Society of Hypertension

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WITH AN UN_RESTRICTED GRANT BY:

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PRELIMINARY PROGRAM

TUESDAY, NOVEMBER 13TH, 2018 – MORNING
Salone del Podestà - Palazzo Re Enzo

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</table>
| 09.00 a.m. | Introduction to the meeting objectives  
C. Borghi (Bologna, I) |
| 09.20 a.m. | F. M. Galassi (Adelaide, AU)  
Uric acid and gout: tales from the Ancient World |
| 09.40 a.m. | L. Punzi (Padua, I)  
The cardio-metabolic involvement in gout. The position of guidelines |
| 10.00 a.m. | D. Rothenbacher (Ulm, D)  
How can we quantify the cardio-metabolic risk in patients with gout? An epidemiological perspective |
| 10.20 a.m. | M. Andrés (Alicante, S)  
The management of cardio-metabolic risk in patients with gout |
| 10.40 a.m. | M. M. Givertz (Boston-MA, USA)  
Treating gout in patients with cardiovascular disease |
| 11.00 a.m. | General discussion |
| 11.30 a.m. | Coffee break |
| 12.00 p.m. | Main Lecture  
Introduction:  
E. Ambrosioni (Bologna, I), M. H. Alderman (New York-NY, USA)  
R. J. Johnson (Denver, CO-USA)  
From Uric acid to cardio-metabolic disease: can we identify the patients at risk? |
| 01.00 p.m. | Lunch |
**SESSION II – UPDATE ON THE CLINICAL EVIDENCE: URIC ACID AND CARDIOVASCULAR DISEASE**

**Chairpersons:**  
P. Palatini (Padua, I)  
J. Redon (Valencia, S)

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.00 p.m.</td>
<td>A. Virdis (Pisa, I)</td>
<td>Uric acid and blood pressure</td>
</tr>
<tr>
<td>02.20 p.m.</td>
<td>S. G. Wannamethee (London, UK)</td>
<td>Uric acid, left ventricular function and heart failure</td>
</tr>
<tr>
<td>02.40 p.m.</td>
<td>G. Ambrosio (Perugia, I)</td>
<td>Uric acid and coronary artery disease</td>
</tr>
<tr>
<td>03.00 p.m.</td>
<td>K. Tsioufis (Athens, GR)</td>
<td>Uric acid and atrial fibrillation</td>
</tr>
<tr>
<td>03.20 p.m.</td>
<td></td>
<td>General discussion</td>
</tr>
<tr>
<td>03.40 p.m.</td>
<td></td>
<td>Coffee break</td>
</tr>
</tbody>
</table>

**SESSION III – UPDATE ON THE CLINICAL EVIDENCE: URIC ACID, METABOLIC AND RENAL DISEASE**

**Chairpersons:**  
M. Burnier (Lausanne, CH)  
B. Trimarco (Naples, I)

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>04.10 p.m.</td>
<td>D. H. Kang (Seul, K)</td>
<td>Uric acid and new-onset metabolic syndrome</td>
</tr>
<tr>
<td>04.30 p.m.</td>
<td>M. Kuwabara (Tokyo, J)</td>
<td>The interaction between uric acid and lipid profile</td>
</tr>
<tr>
<td>04.50 p.m.</td>
<td>R. Pontremoli (Genoa, I)</td>
<td>Uric acid and renal dysfunction: what is the egg?</td>
</tr>
<tr>
<td>05.10 p.m.</td>
<td>R. Cifkova (Prague, CZ)</td>
<td>Uric acid, pregnancy and cardio-renal disease</td>
</tr>
<tr>
<td>05.30 p.m.</td>
<td></td>
<td>General discussion</td>
</tr>
<tr>
<td>06.00 p.m.</td>
<td></td>
<td>Conclusion and end of the sessions</td>
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</tbody>
</table>
**SESSION IV – QUANTIFICATION OF CARDIO-METABOLIC RISK IN PATIENTS WITH HYPERURICEMIA**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Chairpersons</th>
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</thead>
<tbody>
<tr>
<td>08.30 a.m.</td>
<td>Introduction to the meeting objectives</td>
<td>C. Borghi (Bologna, I)</td>
</tr>
<tr>
<td>09.00 a.m.</td>
<td>G. Desideri (L’Aquila, I)</td>
<td>Is the determination of serum uric acid enough?</td>
</tr>
<tr>
<td>09.20 a.m.</td>
<td>T. R. Merriman (Dunedin, NZ)</td>
<td>Is genetic approach the right solution?</td>
</tr>
<tr>
<td>09.40 a.m.</td>
<td>J. Dawson (Glasgow, UK)</td>
<td>Is genetic profile useful for clinical practice?</td>
</tr>
<tr>
<td>10.00 a.m.</td>
<td>B. Gondouin (Marseille, F)</td>
<td>Is the measure of xantino-oxidase a reliable tool?</td>
</tr>
<tr>
<td>10.20 a.m.</td>
<td>L. Scheepers, (Gothenborg, SE)</td>
<td>Is it reasonable to consider a functional index?</td>
</tr>
<tr>
<td>10.40 a.m.</td>
<td>General discussion</td>
<td></td>
</tr>
<tr>
<td>11.00 a.m.</td>
<td>Coffee break</td>
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</table>

**SESSION V – PREVENTION OF CARDIO-METABOLIC RISK IN PATIENTS WITH HYPERURICEMIA**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Chairpersons</th>
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</thead>
<tbody>
<tr>
<td>11.30 a.m.</td>
<td>E. Lurbe (Valencia, S)</td>
<td>Age-dependent prevention of hyperuricemia: the earlier is the better?</td>
</tr>
<tr>
<td>11.50 a.m.</td>
<td>D. I. Feig (Birmingham-AL, USA)</td>
<td>The role of fructose consumption and dietary approach</td>
</tr>
<tr>
<td>12.10 a.m.</td>
<td>G. Grassi (Milan, I)</td>
<td>The management of additional risk factors in patients with hyperuricemia</td>
</tr>
<tr>
<td>12.30 p.m.</td>
<td>C. Ferri (L’Aquila, I)</td>
<td>Is drug-induced hyperuricemia a cardio-metabolic risk factor?</td>
</tr>
<tr>
<td>12.50 p.m.</td>
<td>General discussion</td>
<td></td>
</tr>
<tr>
<td>01.00 p.m.</td>
<td>Lunch</td>
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</tbody>
</table>
**Session VI – Hyperuricemia and Cardio-metabolic Risk: Who is to Treat?**

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>02.00 p.m.</td>
<td>P.M. Nilsson (Malmo, SE)</td>
<td>SGLT-2 inhibitors and control of uric acid: mechanism and potential advantages</td>
</tr>
<tr>
<td>02.20 p.m.</td>
<td>J. George (Dundee, UK)</td>
<td>Urate lowering drugs and prevention of cardiometabolic disease: the evidence</td>
</tr>
<tr>
<td>02.40 p.m.</td>
<td>S. Masi (Pisa, I)</td>
<td>Recent evidence in cardiorenal protection with Urate Lowering Treatment</td>
</tr>
<tr>
<td>03.00 p.m.</td>
<td>A. Stack (Limerick, IRL)</td>
<td>Is there any “J-shaped” curve for serum uric acid?</td>
</tr>
<tr>
<td>03.20 p.m.</td>
<td>C. Borghi (Bologna, I)</td>
<td>Hyperuricemia and cardiometabolic disease: the role of renal impairment</td>
</tr>
<tr>
<td>03.40 p.m.</td>
<td>A. D. Struthers (Dundee, UK)</td>
<td>The treatment of asymptomatic hyperuricemia: who, when and why</td>
</tr>
<tr>
<td>04.00 p.m.</td>
<td>L. G. Sanchez-Lozada (Mexico City, Mex)</td>
<td>The non-pharmacologic approach to hyperuricemia. Solutions beyond diet</td>
</tr>
<tr>
<td>04.20 p.m.</td>
<td>J. T. Kielstein (Munster, D)</td>
<td>How to investigate the cardiovascular and renal effects of urate-lowering drugs?</td>
</tr>
<tr>
<td>04.40 p.m.</td>
<td>General discussion</td>
<td></td>
</tr>
<tr>
<td>05.10 p.m.</td>
<td>Closing Remarks and end of the Symposium</td>
<td></td>
</tr>
</tbody>
</table>
**GENERAL INFORMATION**

**MEETING VENUE**
The venue for the Meeting is **Salone del Podestà, Palazzo Re Enzo** - Piazza del Nettuno, 1 - Bologna

**SECRETARIAT DESK DURING THE MEETING**
The Secretariat desk is open at the following times:
- Tuesday, November 13th, from 07.30 a.m. to 06.00 p.m.
- Wednesday, November 14th, from 08.00 a.m. to 05.30 p.m.

**OFFICIAL LANGUAGE**
The official language of the Meeting is English.

**REGISTRATION**
The Meeting is free to attend. The registration link is available on the website www.iec-srl.it
Please register **within October 20, 2018**.

**TECHNICAL FACILITIES SPEAKERS**
Facilities are available for computer presentations and overhead projections.
A business center with PC (Powerpoint for Windows) is available for check and preview of presentations. It is essential that speakers take their presentations to the slide center at least one hour before the session starts.
The slide center is open at the following times:
- Tuesday, November 13th, from 07.30 a.m. to 06.00 p.m.
- Wednesday, November 14th, from 08.00 a.m. to 05.30 p.m.

**LUNCHES AND COFFEE BREAKS**
Lunches and coffee breaks are served in the Congress area.

**ABSTRACTS BOOK**
Participants can get the Abstract book at the Symposium.

**CERTIFICATE OF ATTENDANCE**
The certificate of attendance is available, on request, at the end of the Meeting at the Secretariat desk.

**CME CREDITS**
EACCME and EBAC Credits have been requested for physicians for the following disciplines:
Cardiology, Internal Medicine, Metabolic and Diabetes Diseases, Nephrology, Rheumatology, Endocrinology, Neurology, Clinical Biochemistry, Hygiene.

Italian CME credits
Provider Italian CME Credits: I&C srl 5387 (event number 240472)
Number of credits: 4,2
I&C srl is responsible for the content, the quality and the ethical honesty of the CME activity. The meeting is accredited for the following specialties: Nurse, Pharmacist, Biologist, Physician and Surgeon (Cardiology, Internal Medicine, Metabolic and Diabetes Diseases, Nephrology, Rheumatology, Endocrinology, Neurology, Clinical Biochemistry, Hygiene). The physicians belonging to other disciplines will not get the credits.
The attendance to the meeting is partially on sponsor companies invitation.

**METHODOLOGY: Residential**

**COURSE OBJECTIVES: Clinical, Diagnostic, Therapy, Treatment Path**
In order to obtain CME credits, it is mandatory for participants to attend 90% of the course (both days) and to complete CME procedures online: learners’ feedback form and educational needs form. Instructions are provided on site.
The URIC ACID AND CARDIOMETABOLIC DISEASE: FROM BENCH TO BEDSIDE, Bologna, Italy, 13/11/2018-14/11/2018 has been accredited by the European Accreditation Council for Continuing Medical Education (EACCME®) with 14 European CME credits (ECMEC®s). Each medical specialist should claim only those hours of credit that he/she actually spent in the educational activity. Through an agreement between the Union Européenne des Médecins Spécialistes and the American Medical Association, physicians may convert EACCME® credits to an equivalent number of AMA PRA Category 1 Credits™. Information on the process to convert EACCME® credit to AMA credit can be found at www.ama-assn.org/education/earn-credit-participation-international-activities. Live educational activities, occurring outside of Canada, recognised by the UEMS-EACCME® for ECMEC®s are deemed to be Accredited Group Learning Activities (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada.

EACCME® credits
Each participant can only receive the number of credits he/she is entitled to according to his/her actual participation at the event once he/she has completed the feedback form. Cf. criteria 9 and 23 of UEMS 2016.20.
In order to help you issue individual certificates to each participants, please find below the breakdown of ECMEC®s per day:
13.11.2018 - 7,00
14.11.2018 - 7,00
The EACCME® awards ECMEC®s on the basis of 1 ECMEC® for one hour of CME with a maximum of 8 ECMEC®s per day. Cf. Chapter X of UEMS 2016.20.

INTERNATIONAL SYMPOSIUM ON:
URIC ACID AND CARDIOMETABOLIC DISEASE: FROM BENCH TO BEDSIDE
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