CHAIRPERSON

Professor Jill Belch

Professor of Vascular Medicine, Ninewells Hospital and Medical School

WHO SHOULD ATTEND

Secondary care specialists responsible for PAD management, including:

- Vascular physicians
- Vascular surgeons
- Vascular podiatrists
- Vascular Nurses
- Interventional Radiologists
- Lipidologists
- Diabetes GPs who lead foot clinics

REGISTER YOUR ATTENDANCE VIA:

Email: vascular@LCWmed.co.uk

Phone: 0333 800 8303

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Xarelto® (rivaroxaban) 2.5, 10, 15 and 20 mg film-coated tablets Prescribing Information

(Refer to full Summary of Product Characteristics (SmPC) before prescribing)

Presentation: 2.5mg/10mg/15mg/20mg rivaroxaban tablet. **Indication(s):** 2.5mg Xarelto, co-administered with acetylsalicylic acid (ASA) alone or with ASA plus clopidogrel or ticlopidine, is indicated for the prevention of atherothrombotic events in adult patients after an acute coronary syndrome (ACS) with elevated cardiac biomarkers. Xarelto, co-administered with acetylsalicylic acid (ASA), is indicated for the prevention of atherothrombotic events in adult patients with coronary artery disease (CAD) or symptomatic peripheral artery disease (PAD) at high risk of ischaemic events. 10mg Prevention of venous thromboembolism (VTE) in adult patients undergoing elective hip or knee replacement surgery. Treatment of deep vein thrombosis (DVT) & pulmonary embolism (PE), & prevention of recurrent DVT & PE in adults (see W&P for haemodynamically unstable PE patients). 15mg/20mg Prevention of stroke & systemic embolism in adult patients with non-valvular atrial fibrillation with one or more risk factors such as congestive heart failure, hypertension, age ≥ 75, diabetes mellitus, prior stroke or transient ischaemic attack (SPAF). Treatment of DVT & PE, & prevention of recurrent DVT & PE in adults (see W&P for haemodynamically unstable PE patients). **Posology & method of administration:** 2.5mg – Oral *b.i.d.* dose; patients should also take a daily dose of 75 – 100 mg ASA or a daily dose of 75 – 100 mg ASA in addition to either a daily dose of 75 mg clopidogrel or a standard daily dose of ticlopidine. Start Xarelto as soon as possible after stabilisation, including revascularisation for ACS; at the earliest 24 hours after admission & at discontinuation of parenteral anticoagulation. If dose is missed take next dose, do not double the dose. 10mg – *hip or knee replacement surgery:* Oral *o.d.* dose; initial dose taken 6 to 10 hours after surgery provided haemostasis established. *DVT & PE:* When extended prevention of recurrent DVT and PE is indicated (following completion of at least 6 months therapy for DVT or PE), the recommended dose is 10 mg *o.d.*. In patients in whom the risk of recurrent DVT or PE is considered high, such as those with complicated comorbidities, or who have developed recurrent DVT or PE on extended prevention with Xarelto 10 mg o.d., a dose of Xarelto 20 mg *o.d.* should be considered. 15mg/20mg – Take with food SPAF: 20 mg orally o.d. DVT & PE: 15 mg *b.i.d.* for 3 weeks followed by 20 mg *o.d.* for continued treatment & prevention of recurrent DVT & PE. *All strengths* - Refer to SmPC for full information on duration of therapy & converting to/from Vitamin K antagonists (VKA) or parenteral anticoagulants. ***Special populations:*** Patients undergoing cardioversion: Xarelto can be initiated or continued in patients who may require cardioversion. Patients with non-valvular atrial fibrillation who undergo PCI (percutaneous coronary intervention) with stent placement: There is limited experience of a reduced dose of 15 mg Xarelto once daily (or 10 mg Xarelto once daily for patients with moderate renal impairment [creatinine clearance 30 – 49 ml/min]) in addition to a P2Y12 inhibitor for a maximum of 12 months in patients with non-valvular atrial fibrillation who require oral anticoagulation & undergo PCI with stent placement. ***Renal impairment:*** mild (creatinine clearance 50-80 ml/min) - no dose adjustment; 2.5mg /10mg - moderate (creatinine clearance 30-49 ml/min) – no dose adjustment. 15mg/20mg – moderate (creatinine clearance 30-49 ml/min) & severe (creatinine clearance 15-29ml/min) - *SPAF:* reduce dose to 15mg *o.d.*, *DVT & PE:* 15 mg *b.i.d.* for 3 weeks, thereafter 20mg *o.d.* Consider reduction from 20mg to 15mg *o.d.* if patient's bleeding risk outweighs risk for recurrent DVT & PE; *All strengths* – Severe impairment: limited data indicate rivaroxaban concentrations are significantly increased, use with caution. Creatinine clearance <15 ml/min - not recommended. ***Hepatic impairment:*** Do not use in patients with coagulopathy & clinically relevant bleeding risk including cirrhotic patients with Child Pugh B & C ***Paediatrics:*** Not recommended. **Contra-indications:** Hypersensitivity to active substance or any excipient; active clinically significant bleeding; lesion or condition considered to confer a significant risk for major bleeding (refer to SmPC); concomitant treatment with any other anticoagulants except under specific circumstances of switching anticoagulant therapy or when unfractionated heparin is given at doses necessary to maintain an open central venous or arterial catheter; hepatic disease associated with coagulopathy & clinically relevant bleeding risk including cirrhotic patients with Child Pugh B & C; pregnancy & breast feeding; 2.5mg - concomitant treatment of ACS with antiplatelet therapy in patients with a prior stroke or transient ischaemic attack; concomitant treatment of CAD/PAD with ASA in patients with previous haemorrhagic or lacunar stroke, or any stroke within a month. **Warnings & precautions (W&P):** Clinical surveillance in line with anticoagulant practice is recommended throughout the treatment period. Discontinue if severe haemorrhage occurs. Increasing age may increase haemorrhagic risk. Xarelto should be discontinued at the first appearance of a severe skin rash, or any other sign of hypersensitivity in conjunction with mucosal lesions. *Not recommended:* in patients with an increased bleeding risk (refer to SmPC); in patients receiving concomitant systemic treatment with strong concurrent CYP3A4- & P-gp-inhibitors, i.e. azole-antimycotics or HIV protease inhibitors; in patients with prosthetic heart valves; for patients with a history of thrombosis diagnosed with antiphospholipid syndrome; Xarelto should not be used for thromboprophylaxis in patients having recently undergone transcatheter aortic valve replacement (TAVR); 2.5mg treatment in combination with antiplatelet agents other than ASA & clopidogrel/ticlopidine; 10mg/15mg/20mg in haemodynamically unstable PE patients or patients who require thrombolysis or pulmonary embolectomy. *Use with caution:* in patients treated concomitantly with medicines affecting haemostasis; when neuraxial anaesthesia or spinal/epidural puncture is employed; in patients at risk of ulcerative gastrointestinal disease (prophylactic treatment may be considered); 2.5mg in patients ≥75 years of age or with lower body weight (<60kg). Patients on treatment with Xarelto & ASA or Xarelto & ASA plus clopidogrel/ticlopidine should only receive concomitant treatment with NSAIDs if the benefit outweighs the bleeding risk. 2.5mg/10mg in patients with moderate renal impairment concomitantly receiving other medicinal products which increase rivaroxaban plasma concentrations; 15mg/20mg in patients with renal impairment concomitantly receiving other medicinal products which increase rivaroxaban plasma concentrations. *All strengths-* There is no need for monitoring of coagulation parameters during treatment with rivaroxaban in clinical routine, if clinically indicated rivaroxaban levels can be measured by calibrated quantitative anti-Factor Xa tests. Xarelto contains lactose. **Interactions:** Concomitant use with strong inhibitors of both CYP3A4 & P-gp not recommended as clinically relevant increased rivaroxaban plasma concentrations are observed. Avoid co-administration with dronedarone. Use with caution in patients concomitantly receiving NSAIDs, ASA or platelet aggregation inhibitors due to the increased bleeding risk; use with caution in patients concomitantly receiving SSRIs/SNRIs due to a possible increased bleeding risk. Concomitant use of strong CYP3A4 inducers should be avoided unless patient is closely observed for signs & symptoms of thrombosis. **Pregnancy & breast feeding:** Contra-indicated. **Effects on ability to drive & use machines:** syncope (uncommon) & dizziness (common) were reported. Patients experiencing these effects should not drive or use machines. **Undesirable effects:** *Common:* anaemia, dizziness, headache, eye haemorrhage, hypotension, haematoma, epistaxis, haemoptysis, gingival bleeding, GI tract haemorrhage, GI & abdominal pains, dyspepsia, nausea, constipation, diarrhoea, vomiting, increase in transaminases, pruritus, rash, ecchymosis, cutaneous & subcutaneous haemorrhage, pain in extremity, urogenital tract haemorrhage (menorrhagia *very common* in women <55 yrs treated for DVT, PE & prevention of recurrence), renal impairment, fever, peripheral oedema, decreased general strength & energy, post-procedural haemorrhage, contusion, wound secretion. *Serious: cf. CI/Warnings & Precautions – in addition:* thrombocytosis, thrombocytopenia, Stevens-Johnson syndrome/Toxic Epidermal Necrolysis, DRESS syndrome, anaphylactic reactions including shock, angioedema & allergic oedema, occult bleeding/haemorrhage from any tissue (e.g. cerebral & intracranial, haemarthrosis, muscle) which may lead to complications (incl. compartment syndrome, renal failure, fatal outcome), syncope, tachycardia, hepatic impairment, cholestasis & hepatitis (incl. hepatocellular injury), increases in bilirubin, blood alkaline phosphatase & GGT, increased conjugated bilirubin, jaundice, vascular pseudoaneurysm following percutaneous vascular intervention. Prescribers should consult SmPC in relation to full side effect information. **Overdose:** No specific antidote is available. **Legal Category:** POM. **Package Quantities & Basic NHS Costs:** 2.5mg - 56 tablets: £50.40. 10mg - 10 tablets: £18.00, 30 tablets: £54.00 & 100 tablets: £180.00. 15mg – 14 tablets: £25.20, 28 tablets: £50.40, 42 tablets: £75.60, 100 tablets: £180.00; 20mg – 28 tablets: £50.40, 100 tablets £180.00; Treatment Initiation pack (42 tablets of 15mg, 7 tablets of 20mg): £38.20 **MA Number(s):** 2.5mg - EU/1/08/472/025-035, 041, 046-047. 10mg - EU/1/08/472/001-10, 022, 042-045 15mg/20mg - EU/1/08/472/011-21, 023-024, 036-040, 048-049 **Further information available from:** Bayer plc, 400 South Oak Way, Reading, RG2 6AD, U.K. Telephone: 0118 206 3000. **Date of preparation:** July 2019

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Adverse events should be reported. Reporting forms and information can be found at **www.mhra.gov.uk/yellowcard** or search for MHRA Yellow Card in Google Play or Apple App Store. Adverse events should also be reported to Bayer plc. Tel.: 0118 206 3500, Fax.: 0118 206 3703, **Email: pvuk@bayer.com**

The CPD Certification Service

Approval has been sought for Advances in Vascular Medicine to be approved by the Royal College of Physicians of the United Kingdom for 5 category 1 CPD credits

The CPD Certification Service

An application has been made for this meeting to be accredited for Continuing Professional Development (CPD)

esvs **Education endorsed by the European Society for Vascular Surgery**

BAYER

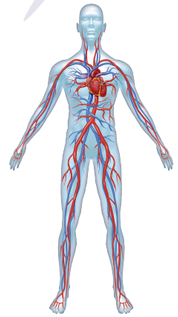
XIMPACT

IMPROVING MEDICAL PRACTICE IN ANTITHROMBOTIC THERAPY

A Bayer Summit

Advances in Vascular Medicine

- Where experts meet



LONDON - 12 SEPTEMBER 2019

The King's Fund, 11-13 Cavendish Square, London W1G 0AN

RP-XAR-GB-1005
July 2019

This meeting has been organised and fully funded by Bayer UK.
This meeting contains promotional content

IMPACT
IMPROVING MEDICAL PRACTICE IN ANTITHROMBOTIC THERAPY

A Bayer Summit

Advances in Vascular Medicine

Please note: This meeting will include promotional content

Dear Colleague,

On behalf of Bayer plc, we are delighted to invite you to a UK Bayer Summit: ***Advances in Vascular Medicine***, an educational meeting designed to bring together healthcare professionals from vascular medicine responsible for managing patients with polyvascular disease. This national CME meeting will be held at the The King's Fund, 11-13 Cavendish Square, London W1G 0AN on Thursday 12 September 2019.

The meeting, organised and funded by Bayer plc, will focus on the diagnosis, staging and management of polyvascular disease, exploring the challenges and complexities of the disease and identifying ways in which outcomes can be improved.

There will be opportunity to hear from national and international experts within the fields of vascular medicine, including the sharing of current best practice and the latest clinical and therapeutic advances.

The programme has been designed to encourage maximum attendee participation with a combination of didactic and interactive sessions that will provide a forum for sharing best practice.

Invitations are open to secondary care healthcare professionals and delegate spaces will be allocated on a first-come, first-served basis. To confirm your attendance please register for the meeting by email: **vascular@LCWmed.co.uk** or by phone on: **0333 800 8303.**

Lunch will be available and light refreshments will be offered throughout the day. Please state any specific dietary requirements when registering.

An application has been made for this educational event to be accredited for Continuing Professional Development (CPD) and has been endorsed by the European Society for Vascular Surgery. We hope you will be able to join us and look forward to hearing from you soon!

Yours faithfully,

Professor Jill Belch

Meeting Chairperson

Professor Jill Belch
Professor of Vascular Medicine, Ninewells Hospital and Medical School

AGENDA - 12 SEPTEMBER 2019

TIME	SESSION	SPEAKERS
9.15 am	**Chairperson's opening address**	Professor Jill Belch *Professor of Vascular Medicine, Ninewells Hospital and Medical School*
9.30 am	**State of the nation: Where are we now?**	Mr Kevin Varty *Consultant Vascular Surgeon, Cambridge University Hospitals NHS Foundation Trust*
10.00 am	**Implementing guidelines into clinical practice**	Professor Victor Aboyans *Head of Cardiology Department, Dupuytren University Hospital. Limoges, France*
11.00 am	*Coffee*	
11.20 am	**CVD prevention in vascular patients: What is the evidence?**	Dr Ander Cohen *Vascular Physician and Epidemiologist, Guy's and St Thomas' Hospital, King's College London* Mr Richard Bulbulia *Consultant Vascular Surgeon, Cheltenham General Hospital and CTSU, Nuffield Department of Population Health, University of Oxford*
12.00 pm	**Practical management of CV risk in vascular patients - Exploring patient sub-groups through interactive case studies**	Dr Ander Cohen *Vascular Physician and Epidemiologist, Guy's and St Thomas' Hospital, King's College London*
12.45 pm	*Lunch*	
1.45 pm	**Where are we heading? The future landscape of vascular medicine**	Mr Richard Bulbulia *Consultant Vascular Surgeon, Cheltenham General Hospital and CTSU, Nuffield Department of Population Health, University of Oxford*
2.30 pm	**Workshops**	
	Workshop 1. The 10 year plan - what does it mean for me and my vascular patients?	Michaela Nuttall *Independent Cardiovascular Nurse Consultant*
	Workshop 2: Vascular podiatry supporting primary care with early diagnosis, triage and management of PAD	Martin Fox *Vascular Specialist Podiatrist, Manchester Local Care Organisation*
	Workshop 3: Complex Venous Thromboembolism	Mr Stephen Black *Consultant Vascular Surgeon, Guy's and St Thomas' NHS Foundation Trust*
3.30 pm	*Coffee*	
3.45 pm	**Debate:** **'The house believes that an investment of £25k a month in NHS vascular services should be best placed in a non-acute setting'**	Mr Tawqeer Rashid *Consultant Vascular Surgeon, Manchester University NHS Foundation Trust* Michaela Nuttall *Independent Cardiovascular Nurse Consultant*
4.30 pm	**Chairperson's summary and close**	Professor Jill Belch *Professor of Vascular Medicine, Ninewells Hospital and Medical School*

NB: Please note the agenda can be subject to change

SPEAKERS

PROFESSOR VICTOR ABOYANS
Head of Cardiology Department, Dupuytren University Hospital, Limoges, France

PROFESSOR JILL BELCH
Professor of Vascular Medicine, Ninewells Hospital and Medical School

MR STEPHEN BLACK
Consultant Vascular Surgeon, Guy's and St Thomas' NHS Foundation Trust

MR RICHARD BULBULIA
Consultant Vascular Surgeon, Cheltenham General Hospital and CTSU, Nuffield Department of Population Health, University of Oxford

DR ANDER COHEN
Vascular Physician and Epidemiologist, Guy's and St Thomas' Hospital, King's College London

MARTIN FOX
Vascular Specialist Podiatrist, Manchester Local Care Organisation

MICHAELA NUTTALL
Independent Cardiovascular Nurse Consultant

MR KEVIN VARTY
Consultant Vascular Surgeon, Cambridge University Hospitals NHS Foundation Trust

MR TAWQEER RASHID
Consultant Vascular Surgeon, Manchester University NHS Foundation Trust

CPD The CPD Certification Service

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Education endorsed by the European Society for Vascular Surgery