

Programme



14th Meeting of the Myocardial
and Pericardial Diseases
Working Group of
the European Society
of Cardiology

Nyborg, Denmark
26-28 October, 2017



www.cardiomyopathies2017.com

Dear Colleagues

On behalf of the organising committee it is a great pleasure to welcome you to the 14th Working Group meeting for Myocardial and Pericardial diseases of the European Society of Cardiology, ESC. The meeting will take place 26-28 October 2017 at Nyborg which is an old Royal town from the 1100'th century in the centre of Denmark. The venue is at Hotel Nyborg Strand Conference Centre, with a spectacular view to the Great Belt Bridge.

The aim of this meeting is to communicate progress in basic science and practical management of myocardial and pericardial diseases to a broad audience with an interest in the conditions including physicians, specialist nurses, clinical researchers, pathologists, geneticists, basic scientist and young investigators.

Healthcare professionals encounter diseases affecting the myocardium and pericardium in many varied clinical settings. A majority of the conditions are inherited with cardiomyopathies being most frequent and may manifest for the first time with sudden unexplained death in a young person, whereas others present with progressive symptoms or are detected accidentally following family screening. Likewise, the inflammatory and infective myocardial and pericardial diseases are also of significant importance in view of the challenges in making accurate diagnoses and the evolving novel therapeutic approaches using immunosuppressive and immunomodulatory therapies.

The meeting covers three days and is divided in two parts. The first day is dedicated to educational mini courses with talks and illustrative case study presentations. There will be a focus on genetics, imaging modalities including MRI, echocardiography and CT-scan, in addition to diagnosis and management of myocardial and pericardial diseases. There will also be sessions discussing the results of basic scientific research and the potential impact on clinical management and development of novel treatment modalities by use of gene therapy.

The remaining two days will have a focus on specific topics including genetics in hereditary cardiac conditions, diagnosis and treatment of myocarditis and pericarditis, algorithms for implantable devices for management of arrhythmia and resynchronization therapy, novel algorithms for medical heart failure therapy, mechanical support of advanced heart failure, palliation, rare myocardial conditions including Anderson-Fabry disease and amyloidosis, sports-medicine and prevention of sudden cardiac death.

It is now possible to submit your abstract, which will be presented either in moderated poster sessions or selected by the scientific committee for an oral presentation of 7 minutes followed by 3 minutes discussion. The best poster and oral presentation will be awarded with 750€ each. There is a prize for the second best contribution in both categories of 500€.

We are fortunate that a majority of the speakers in the faculty are internationally recognised experts in the field of myocardial and pericardial diseases, which will make it possible to discuss difficult clinical questions and also to extend your network.

We are looking forwards seeing you soon in Denmark and wish you an enjoyable meeting.

Professor Jens Mogensen

Professor Ales Linhart

Professor Yehuda Adler

Chairman of the meeting

Jens Mogensen, Odense, Denmark

Scientific committee

Ales Linhart, Prague, Czech Republic

Yehuda Adler, Sheba, Israel

Alida Caforio, Padua, Italy

Congress agency

MCI Nordic, Strandvejen 169-171, DK-2900

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Organising committee

Henning Bundgaard, Copenhagen, Denmark

Jacob Eifer Møller, Odense, Denmark

Perry Elliott, London, UK

Finn Lund Henriksen, Odense, Denmark

Lene Holmvang, Copenhagen, Denmark

Matias Greve Lindholm, Copenhagen, Denmark

Ales Linhart, Prague, Czech Republic

Hans Mickley, Odense, Denmark

Henning Mølgaard, Aarhus, Denmark

Peter Søgaard, Aalborg, Denmark

Eva Prescott, Copenhagen, Denmark

Hanne Søndergaard, Viborg, Denmark

Kristina Haugaa	Oslo, Norway
Tiina Helio.....	Helsinki, Finland
Carl Johan Höijer	Lund, Sweden
Finn Lund Henriksen.....	Odense, Denmark
Thomas Hey	Odense, Denmark
Lene Holmvang	Copenhagen, Denmark
Massimo Imazio.....	Turin, Italy
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Ingrid Kinderman	Saarlandes, Germany
Karin Klinge.....	Würzburg, Germany
Johanna Kuusisto.....	Kuopio, Finland
Gisle Langslet.....	Oslo, Norway
Mogens Lytken Larsen.....	Aalborg, Denmark
Giuseppe Limongelli.....	Naples, Italy
Jes Lindholt	Odense, Denmark
Ales Linhart.....	Prague, Czech Republic
Pascal McKeown	Belfast, UK
Magnus Nygren	Stockholm, Sweden
Hans Mickley	Odense, Denmark
Jens Mogensen	Odense, Denmark
Sam Mohiddin	London, UK
Lorenzo Monserrat	La Couruna, Spain
Henning Mølgaard.....	Aarhus, Denmark
Jacob Møller.....	Odense, Denmark
Jens Cosedis Nielsen	Aarhus, Denmark
Sabine Pankuweit	Marburg, Germany
Antonis Pantazis.....	London, UK
Susanne Pedersen.....	Odense, Denmark
Yigal Pinto.....	Amsterdam, Holland
Pyotr Platonov	Lund, Sweden
Eva Prescott.....	Copenhagen, Denmark
Claudio Rapezzi	Bologna, Italy
Angelos Rigopoulos	Schweinfurt, Germany
Arsen Risitic	Belgrade
Sanjay Sharma.....	London, UK
Erik Berg Schmidt	Aalborg, Denmark
Jesper Hastrup Svendsen	Copenhagen, Denmark
Peter Søgaard	Aalborg, Denmark
Peter van Tintelen	Amsterdam, Holland

Faculty

Yehuda Adler	Sheba, Israel
Aris Anastasakis	Athens, Greece
Stefan Anker	Göttingen, Germany
Michael Arad.....	Sheba, Israel
Eloisa Arbustini	Pavia, Italy
Ulrik Baandrup.....	Hjørring, Denmark
Jytte Banner.....	Copenhagen, Denmark
John Brodersen.....	Copenhagen, Denmark
Antonio Bruccato.....	Bergamo, Italy
Henning Bundgaard.....	Copenhagen, Denmark
Ivana Burazor	Belgrade, Serbia
Alida Caforio	Pavia, Italy
Lucie Carrie	Hamburg, Germany
Philippe Charron.....	Paris, France
Axel Diderichsen.....	Odense, Denmark
Hans Eiskjær.....	Aarhus, Denmark
Perry Elliott	London, UK
Urs Eriksson.....	Zürich, Switzerland
Pablo Garcia-Pavia.....	Madrid, Spain
Juan Ramon Gimeno-Blanes	Murcia, Spain

	Educational mini course I	Educational mini course II	Educational mini course III, joint session DCS/ESC
	Room I and J	Room 22 and 23	Room A
8.00-9.00	Registration		
9.00-10.30	Cardiomyopathies I. <i>Pablo Garcia-Pavia, Juan Ramon Gimeno-Blanes</i>	Myocarditis and infiltrative disease. <i>Sabine Pankuweit, Alida Caforio</i>	9.00-9.05 Welcome to joint DCS/ESC meeting. <i>Lene Holmvang</i>
			Hyperlipidaemia in collaboration with the Danish Cardiac Society DCS. <i>Finn Lund Henriksen, Erik Berg Schmidt</i>
9.00-9.20	Diagnostic work-up in cardiomyopathies. <i>Perry Elliott</i>	How to diagnose and treat cardiac sarcoidosis? <i>Claudio Rapezzi</i>	Familial hypercholesterolaemia in adults, clinical perspective and treatment. <i>Helle Kanstrup</i>
9.20-9.40	Childhood cardiomyopathies. <i>Giuseppe Limongelli</i>	How to diagnose virus in myocarditis? <i>Urs Eriksson</i>	Hypercholesterolaemia in children. <i>Gisle Langslet</i>
9.40-10.00	Natural history of RBM20 mutations in DCM. <i>Thomas Hey</i>	Impact of diagnosing myocarditis on treatment and prognosis. <i>Sabine Pankuweit</i>	When is dyslipidaemia not hereditary? <i>Johanna Kuustisto</i>
10.00-10.20	Lamin and desmin disease. <i>Eloisa Arbustini</i>	What is the value of biomarkers in myocardial disease? <i>Hans Mickley</i>	Treatment with PCSK9-inhibitors. <i>Mogens Lytken Larsen</i>
10.20-10.30	Take home message. <i>Pablo Garcia-Pavia</i>	Take home messages. <i>Sabine Pankuweit</i>	Take home message. <i>Finn Lund Henriksen</i>
10.30-11.00	Coffee break		
11.00-12.40	Cardiomyopathies II. <i>Giuseppe Limogelli, Claudio Rapezzi</i>	Challenging issues in pericardial diseases. <i>Yehuda Adler, Urs Eriksson</i>	Genetic investigations, family screening and how to become a specialist. <i>Henning Bundgaard, Pascal McKeown</i>

	Educational mini course I	Educational mini course II	Educational mini course III, joint session DCS/ESC
	Room I and J	Room 22 and 23	Room A
11.00-11.20	When to suspect glycogen and lysosomal storage disease in HCM? <i>Jens Mogensen</i>	How to treat recurrent pericarditis. <i>Massimo Imazio</i>	Family screening - organisation and impact of being at risk of having a hereditary condition. <i>Philippe Charron</i>
11.20-11.40	What is peripartum/non-compaction cardiomyopathy and risk of arrhythmia? <i>Aris Anastasakis</i>	Management of moderate to large pericardial effusions without pericarditis. <i>Ivana Burazor</i>	When to offer genetic investigations and how to understand the findings? <i>Lorenzo Monserrat</i>
11.40-12.00	Spectrum of cardiac involvement in neuromuscular diseases. <i>Antonis Pantazis</i>	How to recognise and treat a new onset constrictive pericarditis. <i>Arsen Ristic</i>	Training and education of specialists in hereditary cardiovascular conditions. - UK experience <i>Sam Mohiddin</i>
12.00-12.20	Why is it important to diagnose Anderson-Fabry disease? <i>Ales Linhart</i>	Etiopathogenesis of pericarditis with and without myocardial involvement. <i>Karin Klingel</i>	Perspectives from the University and education of medical doctors. <i>Pascal McKeown</i>
12.20-12.30	Take home messages. <i>Giuseppe Limongelli</i>	Take home messages. <i>Urs Eriksson</i>	Take home messages. <i>Henning Bundgaard</i>
12.30-13.30	Lunch		
13.30-15.10	Cardiomyopathies and SCD. <i>Aris Anastasakis, Perry Elliott</i>	Imaging and ECG in heart muscle disease. <i>Jacob Møller, Antonis Pantazis</i>	Screening in cardiology - current Danish projects and perspectives. <i>Eva Prescott, Mogens Lytken Larsen</i>
13.30-13.50	How to manage SCD-families? <i>Pablo Garcia-Pavia</i>	Echo-findings in specific myocardial conditions. <i>Kristina Haugaa</i>	Calcium score - ready for population prime time. <i>Axel Diederichsen</i>
13.50-14.10	Why is it important to do autopsy of SCD-victims? <i>Jytte Banner</i>	Role of MRI in diagnosis of heart muscle disease. <i>Sam Mohiddin</i>	Asymptomatic atrial fibrillation. <i>Jesper Hastrup Svendsen</i>

	Educational mini course I	Educational mini course II	Educational mini course III, joint session DCS/ESC
	Room I and J	Room 22 and 23	Room A
14.10-14.30	How do I select and manage ICDs in patients with cardiomyopathies? <i>Jens Cosedis Nielsen</i>	When to use CT, PET, and nuclear imaging? <i>Juan Ramon Gimeno-Blanes</i>	Abdominal aortic aneurism. <i>Jes Lindholt</i>
14.30-14.50	Psychological impact of ICD treatment. <i>Susanne Petersen</i>	ECG findings in cardiomyopathies. <i>Henning Mølgaard</i>	The unintended harms of medical screening. <i>John Brodersen</i>
14.50-15.00	Take home messages. <i>Perry Elliott</i>	Take home messages. <i>Antonis Pantazis</i>	Take home message. <i>Eva Prescott</i>
15.00-15.30	Coffee break		DCS session and farewell by <i>Lene Holmvang</i> General assembly Danish position statement papers.
15.30-18.45	Opening of WG meeting 2017		
	Room I and J		
15.30-15.45	Welcome. <i>Ales Linhart, Yehuda Adler, Alida Caforio, Jens Mogensen</i>		
15.45-16.10	Stefan Anker Medical treatment in heart failure	KEYnote speaker!	
16.10-16.35	Jacob Eifer Møller Advanced heart failure – role and evidence of inotropes, pumps and assist devices	KEYnote speaker!	
16.35-17.00	Perry Elliott Hypertrophic cardiomyopathy, diagnostic challenges and risk stratification	KEYnote speaker!	
17.00-17.20	Coffee break		
17.20-17.45	Claudio Rapezzi Cardiac amyloidosis, diagnosis and novel principles of treatment	KEYnote speaker!	
17.45-18.10	Carl Johan Höijer Palliation in end-stage heart disease	KEYnote speaker!	
18.10-18.35	Yehuda Adler Pericardial disease – what do guidelines tell us?	KEYnote speaker!	
18.45-19.30	Welcome reception		
19.30-21.30	Nucleus meeting		

Plenary-sessions

	Room I and J
8.30-10.40	Dilated cardiomyopathy Chair: <i>Kristina Haugaa, Philippe Charron</i>
8.30-8.50	Diagnosis and clinical cascade screening in DCM. <i>Yigal Pinto</i>
8.50-9.10	When should genetic investigations be performed in DCM? <i>Tiina Helio</i>
9.10-9.30	What is the role of CRT in DCM? <i>Peter Søgaard</i>
9.30-9.50	Implications of DANISH-trial for ICD therapy in DCM. <i>Jens Cosedis Nielsen</i>
9.50-10.10	When to consider HTx in DCM? <i>Hans Eiskjær</i>
10.10-10.30	How to organise care for heart failure patients? <i>Magnus Nygren</i>
10.30-10.45	Take home message. <i>Philippe Charron</i>
10.45-11.00	Coffee break
11.00-13.00	Hypertrophic cardiomyopathy Chair: <i>Pascal McKeown, Perry Elliott</i>
11.00-11.25	Genetic diagnosis and family screening in HCM. <i>Lorenzo Monserrat</i>
11.25-11.50	Management of symptoms and randomized drug trials. <i>Henning Bundgaard</i>
11.50-12.15	Myectomy and septal alcohol ablation. <i>Angelos Rigopoulos</i>
12.15-12.40	ESC registries in cardiomyopathies. <i>Philippe Charron</i>
12.40-12.50	Take home messages. <i>Perry Elliott</i>
13.00-14.00	Satellite Symposium sponsored by Shire A closer look at hypertrophic cardiomyopathy: The right time to act in Fabry disease • When, who and how to screen for Fabry disease. <i>Prof. Philippe Charron</i> • Imaging techniques in Fabry disease. <i>Prof. James Moon</i> • When to treat and what outcomes to expect. <i>Prof. Ales Linhart</i>
14.00-15.00	Moderated poster walk <i>Pascal McKeown, Yigal Pinto</i>
15.00-17.10	Front line research <i>Lorenzo Monserrat, Jens Mogensen</i>
15.00-15.30	Hunting for novel disease genes, modifiers and pitfalls in genetic diagnosis. <i>Peter van Tintelen</i>
15.30-16.00	Personalized medicine in hereditary cardiac conditions and future modalities of treatment. <i>Lucie Carrier</i>
16.00-16.30	The mystery of Titin mutations in cardiomyopathies. <i>Eloisa Arbustini</i>
17.00-17.10	Take home messages. <i>Lorenzo Monserrat</i>
17.10-17.30	Coffee break

Rapid fire poster session

4 chairmen: Ales Linhart, Perry Elliott, Peter van Tintelen, Lucie Carrier

Room I and J

17.30-18.30	Rapid fire oral abstract presentation , 6 abstracts each presented in 7 minutes with 3 minutes discussion. Awards for best 2 presentations
18.30-19.30	BREAK
19.30-23.00	Gala dinner with presentation of award winners

Saturday 28.10.2017**Room I and J**

8.30-10.10	Myocarditis and pericarditis Karin Klingel, Sabine Pankuweit
8.30-8.50	Red flags and diagnosis of myocarditis. Ingrid Kindermann
8.50-9.10	Autoimmune disease in myocarditis and impact on treatment. Alida Caforio
9.10-9.30	Therapy of refractory pericarditis. Antonio Brucato
9.30-9.50	The pathologists perspective. Ulrik Baandrup
10.00-10.10	Take home message. Sabine Pankuweit
10.10-10.30	Coffee break
10.30-11.30	Athletes, arrhythmias and cardiomyopathies. Sam Mohiddin, Aris Anastasakis
10.30-10.50	Risk of SCD in athletes. Sanjay Sharma
10.50-11.10	Clinical diagnosis and management in ARVC. Pyotr Platonov
11.10-11.30	Is it possible to offer predictive genetic testing in ARVC? Peter van Tintelen
11.30-12.00	What is the advice and evidence about physical exercise in cardiomyopathies? Antonis Pantazis
12.00-12.30	Rare diseases , what are the challenges and future perspectives? Perry Elliott
12.30-12.45	Closing remarks and sandwich to go. Ales Linhart, Yehuda Adler, Alida Caforio, Jens Mogensen

Abstracts

It is now possible to submit your abstract, which will be presented either in moderated poster sessions or selected by the scientific committee for an oral presentation of 7 minutes followed by 3 minutes discussion. The best poster and oral presentation will be awarded with 750€ each. There is a price for the second best contribution in both categories of 500€. The deadline for abstract submissions is 10.10.2017

Meeting venue

Nyborg Strand Hotel
Østerøvej 2 · DK-5800 Nyborg
www.nyborgstrand.dk

Travel

It is most convenient to fly to Copenhagen Airport CPH and take a train from the airport directly to Nyborg train station. Trains are leaving twice per hour from the airport and the journey is approximately 1 hour and 15 minutes. Tickets may be bought at the train station or at www.dsb.dk

It is also possible to fly to Billund Airport BLL and go by bus and train to Nyborg www.bll.dk
Taxis are available from the train station to the venue unless you choose to walk 15 minutes.

Secretariat during the meeting

The secretariat will be open:
Thursday, 26.10: 8-18
Friday, 27.10: 8-18
Saturday, 28.10: 8-10

Official language

The official language of the meeting is English

Registration and accommodation

Please register and book accommodation at www.cardiomyopathies2017.com

Technical facilities

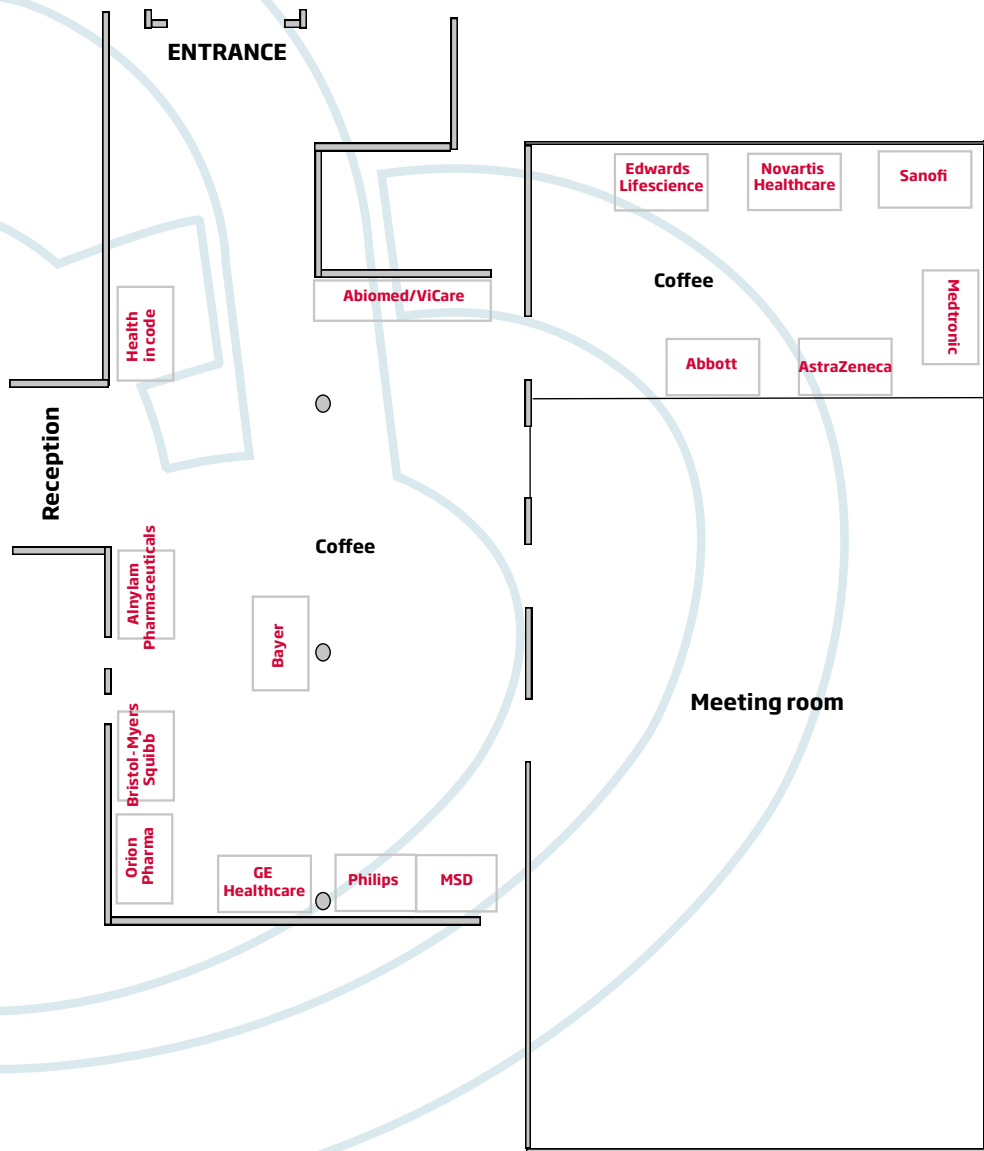
A slide centre for Powerpoint will be available for check and preview. It is essential that speakers upload their presentation at least 2 hours before their session starts.

Food and drinks

Breakfast will be available 26.10 from 8-9. There is a welcome reception 26.10 with snacks and drinks. Lunch and coffee breaks are included throughout the meeting.

Fees	Early fee Until 15 September	Late fee After 15 September
Attendee	3.000,- (400€)	3.900,- (520€)
Abstract submitter	1.300,- (175€)	1.300,- (175€)
DCS member attending only DCS Autumn meeting 26.10, 8.00-15.30*	Free of charge	Free of charge
Congress Dinner	400,- (55€)	400,- (55€)

*If participation in the entire meeting the full fee is applicable



Medtronic



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SANOFI



Please join us at a Shire-sponsored symposium:

A closer look at hypertrophic cardiomyopathy: the right time to act in Fabry disease

Friday 27th October 2017, 13:00-14:00

IJ Meeting room, Hotel Nyborg Strand



A notable proportion of patients with hypertrophic cardiomyopathy may have unrecognised Fabry disease.^{1,2} This educational symposium will give you an opportunity to discover more about this unusual condition, with practical guidance to help identify and manage Fabry disease in the cardiology setting.

Chaired by **Prof. Philippe Charron (France)**, the symposium features a panel of internationally recognised expert cardiologists. Prof. Charron will explain when, who and how to screen for Fabry disease, **Prof. James Moon (UK)** will discuss imaging techniques in Fabry disease and the role of T1 mapping, and **Prof. Ales Linhart (Czech Republic)** will share the latest insights on when to initiate treatment and what outcomes might be expected.

We are looking forward to you joining us!

This Symposium will include information about a Shire-promoted product.
This Symposium is funded and organised by Shire.
Please consult the Summary of Product Characteristics (SmPC), which will be available in the room.

1. Elliott P, et al. *Heart*. 2011;97(23):1957-1960.
2. Terryn W, et al. *Int J Cardiol*. 2013;167(6):2555-2560.

C-APROM/INT//0949 | Date of preparation: September 2017



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Southern Denmark



Ansøgning om individuelt tilskud til ENTRESTO®

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Mulighed for at reducere kardiovaskulær død og hospitalisering som følge af hjerteinsufficiens med 20%^{1,2}

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- Lægemiddelstyrelsens sagsbehandlingstid er maksimalt 2 uger

I tilfælde af spørgsmål vedrørende enkelttilskudsansøgning på ENTRESTO® kan henvendelse rettes til: Medicintilskudssektionen i Lægemiddelstyrelsen kl. 8.30-15.30, tlf. 44 88 96 96 eller e-mail: medicintilskud@dkma.net

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Scan koden

Baseret på tilskudsansøgninger bevilliget til ENTRESTO® fra 1. juni 2016 - 1. april 2017, oplyst af Lægemiddelstyrelsen i henhold til enkelttilskudskriterierne for ENTRESTO® angivet på lægemiddelstyrelsens hjemmeside: <https://laegemiddelstyrelsen.dk/tilskud/individuelle-tilskud/ansoegningstilskud/vaeldende-kriterier/hjertesvigt-entresto>. Behandlingen med ENTRESTO® skal initieres i specialiseret eventuel på henvisning fra praktiserende læge. ENTRESTO® er indiceret til patienter med kronisk symptomatisk hjertesvigt. **Reference 1.** McMurray JJ et al. Angiotensin-neprilysin inhibition versus enalapril in heart failure. *N Engl J Med.* 2014;371:993-1004. 2. ENTRESTO® Produktresumé 16-03-2017.

Forkortet produktinformation for Entresto® (sacubitril/valsartan) 24 mg/26 mg, 49 mg/51 mg, 97 mg/103 mg, filmovertrukne tabletter. **Indikation:** Entresto er indiceret til behandling af voksne patienter med symptomatisk kronisk hjertesvigt med nedsat udryvingsfraktion. **Dosering*:** Anbefalet startdosering er 1 tablet på 49 mg/51 mg to gange daglig, med undtagelse af tilfælde, der er beskrevet herunder. Dosis bør forøges efter 2-4 uger til en måldosis på 1 tablet på 97 mg/103 mg to gange daglig, efter toleranceevne. Ved tolerabilitetsproblemer (systolisk blodtryk [SBT] \leq 95 mmHg, symptomatisk hypotension, hyperkalemi, nedsat nyrefunktion), er justering af samtidig administrerede lægemidler, midlertidig nedbringelse eller seponering af Entresto anbefalet. Startdosis hos patienter, der ikke er i behandling med ACE-hæmmere eller ARB, eller som får lave doser af disse, bør være 24 mg/26 mg to gange daglig samt langsom dosistitring (forholdning hver 3-4 uge). Behandling bør ikke initieres ved serum-kalium-værdier $>$ 5,4 mmol/l eller ved SBT $<$ 100 mmHg. Ved SBT \geq 100-110 mmHg bør startdosis på 24 mg/26 mg to gange daglig overvejes. Må ikke administreres sammen med ACE-hæmmere eller ARB. Behandling med Entresto må ikke startes før mindst 36 timer efter afslutning af behandling med ACE-hæmmere eller ARB. Dosis skal tilpasses ældre patienters nyrefunktion. Ved moderat nedsat nyrefunktion bør startdosis på 24 mg/26 mg to gange daglig overvejes. Ved svært nedsat nyrefunktion anbefales startdosis på 24 mg/26 mg. Anbefales ikke ved nyrøygdom i slutstadiet. Anvendes med forsigtighed og med startdosis på 24 mg/26 mg ved moderat nedsat leverfunktion eller ASAT/ALT mere end 2x den øvre grænse for normale værdier. Kontraindiceret ved svært nedsat leverfunktion, bilier cirrose eller cholestase. **Overdosering*:** Det mest sandsynlige symptom ved overdosering er hypotension. Behandles symptomatisk. Pga. høj proteinbinding er det usandsynligt, at det kan fjernes ved hæmodialyse. **Kontraindikationer:** - Overfølsomhed over for det aktive stof eller hjælpestoffer. - Brug sammen med ACE-hæmmere. - Kendt angødeme i anamnesen ved behandling med ACE-hæmmere eller ARB. - Hæreditær eller idiopatisk angødeme. - Brug sammen med aliskiren hos patienter med diabetes mellitus eller hos patienter med svært nedsat nyrefunktion. - Svært nedsat leverfunktion, bilier cirrose eller cholestase. 2. og 3. trimester af graviditet. **Bivirkninger*:** Meget almindelige (\geq 10%): Hyperkalemi, hypotension, nedsat nyrefunktion. **Almindelige (\geq 1/100 til $<$ 1/10):** Anæmi, hypokalemi, hypoglykæmi, svimmelhed, hovedpine, synkope, vertigo, ortostatisk hypotension, hoste, diarré, kvalme, gastritis, nyrøygsvigt (nyrøygsvigt, akut nyrøygsvigt), træthed, asteni, ikke almindelige (\geq 1/1.000 til $<$ 1/100): Overfølsomhed, postural svimmelhed, pruritus, udslæt, angødeme. **Interaktioner*:** ACE-hæmmere og ARB (se "Dosering"). Aliskiren (se "Kontraindikationer"). Kombination med direkte renin-hæmmere som fx aliskiren fratages. Forsigtighed skal udvises ved administration samtidig med saliner. Serumkalium bør monitoreres ved administration samtidig stoffer, der kan føre til forøget af serumkalium og serumkreatinin. Ved samtidig administration af NCAID bør nyrefunktionen overvåges ved start eller ændring af behandling. Samtidig brug med lithium er ikke undersøgt, hvorfor denne kombination ikke anbefales. Der skal udvises passende forsigtighed, når samtidig behandling med DAP1B1, DAP1B3 og OAT3, DAT1 eller MRP2 startes eller afsluttes. **Særlige advarsler og forsigtighedsregler vedrørende brug*:** **Dobbel hæmning:** Brug sammen med ACE-hæmmere og ARB er kontraindiceret. Brug sammen med en direkte renin-hæmmer fratages. **Hypotension:** Behandling må ikke initieres medmindre SBT \geq 100 mmHg. Symptomatisk hypotension er set, især hos patienter \leq 65 år, patienter med nyrøygdom og patienter med lavt SBT ($<$ 112 mmHg); blodtrykket bør monitoreres regelmæssigt ved behandlingsstart eller dosistitring. **Nyrefunktion:** Vurdering af patienter med hjertesvigt bør altid inkl. måling af nyrefunktion. Brug af Entresto kan være forbundet med nedsat nyrefunktion. Nedbringelse bør overvejes hos patienter, som udvikler klinisk signifikant fald i nyrefunktionen. **Angødeme:** Ved forekomst skal Entresto straks seponeres og passende behandling og monitoring af monitoring og monitoring iværksættes. Angødeme forbundet med laryngedem kan være fatalt. **Renal arteriostenose:** Entresto kan øge mængden af serumkreatinin og uanset for blodet. **NYHA klasse IV:** Manglende erfaring, forsigtighed skal udvises. **Virkning på evnen til at føre motorkøretøj eller betjene maskiner*:** Der skal tages hensyn til, at der ligger risiko for at føre motorkøretøj eller betjene maskiner. **Graviditet og amning*:** Entresto anbefales ikke i første trimester af graviditet og er kontraindiceret i andet og tredje trimester af graviditet. Entresto bør ikke anvendes under amning. **Udleveringsoplysninger:** B. ikke tilskudsberettiget. Der kan ansøges om individuelt begrundet enkelttilskud, og Lægemiddelstyrelsen har udarbejdet vejledende kriterier for dette. 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