HOSTED BY

StopAfib.org

For patients by patients

# 2023

AUGUST 4-6

# Get in Rhythm. Stay in Rhythm.®

## Atrial Fibrillation Patient Conference

## SPONSORS

### DIAMOND PRESENTING SPONSOR

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AtriCure

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American Heart Association. heart.org/afib

UT Southwestern Medical Center

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StopAfib.org

StopAfib.org is a non-profit patient advocacy organization that educates and supports those living with atrial fibrillation (afib). The organization was founded in April 2007 by Mellanie True Hills, an atrial fibrillation patient who was afib free due to a procedure.

The mission of StopAfib.org is to raise awareness of atrial fibrillation, improve patient quality of life, bridge the communication gap between patients and their healthcare team, and rid the world of afib-related strokes.

For more information and additional resources, please visit https://www.stopafib.org.

## StopAfib.org Patient Resources

- **Get Started Learning About Atrial Fibrillation Guide:**
  https://www.stopafib.org/learn-about-afib/get-started-learning-about-afib/
- **Afib News and Videos:**
  https://www.stopafib.org/afib-news-events/
- **Afib Events:**
  https://www.stopafib.org/afib-resources/upcoming-events/
- **Patient & Caregiver Resources:**
  https://www.stopafib.org/afib-resources/patient-and-caregiver-resources/
- **Glossary:**
  https://www.stopafib.org/afib-resources/afib-glossary/
- **Afib Services Locator:**
  https://www.stopafib.org/find-afib-services/
- **Patient Discussion Forum:**
  https://forum.stopafib.org/
- **Atrial Fibrillation Blog:**
  https://www.stopafib.org/blog/
- **StopAfib Video Library featuring webinars, master classes, and past patient conferences—sign up for a free account or access the library:**
  https://www.stopafib.org/afib-resources/videos/
- **Social Media:**
  - Facebook: https://www.facebook.com/stopafib
  - Instagram: https://instagram.com/stopafib
  - Twitter: https://www.twitter.com/stopafib
  - YouTube: https://www.youtube.com/stopafib
- **My AFib Experience in collaboration with the American Heart Association:**
  https://www.myafibexperience.org

StopAfib.org

would like to thank

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Pfizer

for supporting the

## Get in Rhythm. Stay in Rhythm.®

Atrial Fibrillation Patient Conference

Get in Rhythm.
Stay in Rhythm.®
Atrial Fibrillation Patient Conference

# GENERAL INFORMATION

We are excited to have you here for the **2023 Get in Rhythm. Stay in Rhythm.® Atrial Fibrillation Patient Conference**! We are thrilled you are joining us for this powerful, transformative weekend! Please review the information below to make the most of your time at the conference.

## CUSTOMER SERVICE

The StopAfib.org Team will be available during all regularly scheduled sessions at the Resource Table at the back of the General Session room (Regency Ballroom). Please let us know if you have any concerns or questions so we can address them.

## NAME BADGES

Name badges must be worn during all functions. Entrance to general sessions or meals may be denied to those without a conference badge. Misplaced badges may be replaced at the Resource Table at the back of the Regency Ballroom.

## STAYING ON SCHEDULE

Please be respectful of your fellow attendees by being present and in your seat for the start of each session to help ensure we start on time. In addition, announcements in the foyer will alert you to program start times.

## ATTIRE

The dress code for the event, including the reception, is business casual. The ballroom will be on the cool side. We encourage you to plan accordingly and bring an additional sweater, wrap, or jacket each day.

## CELL PHONES

Please turn off all cell phones to avoid unnecessary disruptions.

## RECORDING

The Get in Rhythm. Stay in Rhythm.® Atrial Fibrillation Patient Conference does not allow audio/video recording in the sessions via phone or recording devices.

## INTERNET & COMPUTER USAGE

As a courtesy to your fellow attendees, please do NOT use laptops during the sessions. Internet will not be available in the meeting room. Instead, take advantage of the complimentary Wi-Fi in your guest room.

## NETWORKING WITH OUR SPONSORS

Please make a point to meet and thank our Sponsors who provide information about products or services to help those living with atrial fibrillation. Sponsor booths are open in the Regency Ballroom Foyer during breaks and lunch. You can find more information on our sponsors in this Program Book.

# GENERAL INFORMATION (cont'd)

## MEAL OPTIONS

The conference will provide morning coffee and tea, mid-morning breaks Friday through Sunday, and lunch and mid-afternoon breaks Friday and Saturday. Here is a list of additional food options.

The Fairmont's Pyramid Restaurant and Bar specializes in Modern American cuisine, resonating with a modern and sleek ambiance. Breakfast is available daily from 6:30 am-11:00 am. Lunch is available daily from 11:30 am-3:30 pm, and dinner is available daily from 4:00 pm-10:00 pm.

Starbucks is in the hotel lobby (near the Ross Street entrance). It offers a full-service beverage menu along with grab-and-go items. Hours of operation are daily from 6:30 am-4:00 pm.

In-Room Dining is available daily for breakfast from 6:30 am-11:00 am and dinner from 4:00 pm-9:30 pm. Order from the comfort of your own guest room.

The McKinney Avenue Trolley is free and stops just steps from the Fairmont. It goes by Whole Foods and as far as Cityplace, where there is a large Target store and Kroger. The Hotel Concierge can provide you with more details about how to catch the McKinney Avenue Trolley

.

## LUGGAGE STORAGE

The Fairmont guest room checkout time is 12:00 pm. Luggage Storage will be available throughout the event at the bell desk.

## CONFERENCE EVALUATION

For your convenience, the Conference Evaluation form is available online at https://www.surveymonkey.com/r/getinrhythm2023.

**CONFERENCE HASHTAG**
**#StopAfib23**

# Delaying A Catheter Ablation Procedure Can Be Detrimental To Your Health.

Get smart about AFIB .com

## What may happen if AFib is left untreated?

**1 in 5** Patients progress in 1 year.

**From** Paroxysmal (Occasional) AFib

**To** Persistent AFib

## Paroxysmal AFib is much easier to treat than Persistent AFib.

- AFib is a progressive disease that may get worse and become harder to treat.
- AFib may cause a wide variety of symptoms including palpitations, or racing heart beat, fatigue, shortness of breath, reduced ability to exercise, and anxiety.[2] If left untreated, these symptoms may get worse.
- Your risk of stroke and heart failure is 5x greater.[1,2]

**Catheter ablation** is a safe and effective way to treat AFib when medications don't work or cause negative side effects.[2]

- Often performed as an outpatient procedure
- 12 month post-procedure success rates forcatheter ablation for AFib are about 80%[4*]
- May improve quality of life and reduce symptoms[2]
- May alleviate the need to take medication

**To learn more and find a heart arrhythmia doctor, or Electrophysiologist, near you, visit www.getsmartaboutafib.com**

**As with any medical treatment, individual results may vary. Only a cardiologist or electrophysiologist can determine whether ablation is an appropriate course of treatment. There are potential risks including bleeding, swelling or bruising at the catheter insertion site, and infection. More serious complications are rare, which can include damage to the heart or blood vessels; blood clots (which may lead to stroke); heart attack, or death. These risks need to be discussed with your doctor and recovery takes time. The success of this procedure depends on many factors, including your physical condition and your body's ability to tolerate the procedure. Use care in the selection of your doctors and hospital, based on their skill and experience.**

*In studies, success defined as freedom from any atrial arrhythmia (atrial fibrillation, atrial flutter, atrial tachycardia) 12 months post-procedure when operator remained in the preset contact force range. Further sub-analysis showed that when thecontact force was within investigator-selected range 85% of time, success was increased by 21% to 88% (85%: n=32; <85%: n=73).

1. Atrial fibrillation and risks of cardiovascular disease, renal disease, and death: systematic review and metaanalysis. The BMJ website. Published September, 6 2016. Accessed May 19, 2020.
2. Hugh Calkins, Gerhard Hindricks, Ricardo Cappato, et al. 2017 HRS/EHRA/ECAS/APHRS/SOLAECE expert consensus statement on catheter ablation and surgical ablation of atrial fibrillation. 2017.
3. Schnabel R, Pecen L, Engler D, Lucerna M, Sellal JM et al. (2018) Atrial fibrillation patterns are associated with arrhythmia progression and clinical outcomes.
4. Natale A, Reddy VY, Monir G, Wilber DJ, Lindsay BD, McElderry HT, Kantipudi C, Mansour MC, Melby DP, Packer DL, Nakagawa H. Paroxysmal AF catheter ablation with a contact force sensing catheter: results of the prospective, multicenter SMART-AF trial. Journal of the American College of Cardiology. 2014 Aug 19;64(7):647-56. Biosense Webster, Inc., THERMOCOOL SMARTTOUCH® SF Uni-Directional Navigation Catheter Instructions For Use M5276-787XC.

THERMOCOOL® Navigation Catheters are indicated for the treatment of drug refractory recurrent symptomatic paroxysmal atrial fibrillation, when used with CARTO® 3 Systems (excluding NAVISTAR® RMT THERMOCOOL® Catheter).
Important information: Prior to use, refer to the instructions for use supplied with this device for indications, contraindications, side effects, warnings and precautions.
Caution: US law restricts this device to sale by or on the order of a physician.

Biosense Webster, Inc. I 31 Technology Drive, Suite 200 Irvine, California 92618 I USA Tel: +1-909-839-8500 I Tel: +1-800-729-9010 I www.biosensewebster.com

Medtronic

# Restoring life's rhythm. With more. For more.

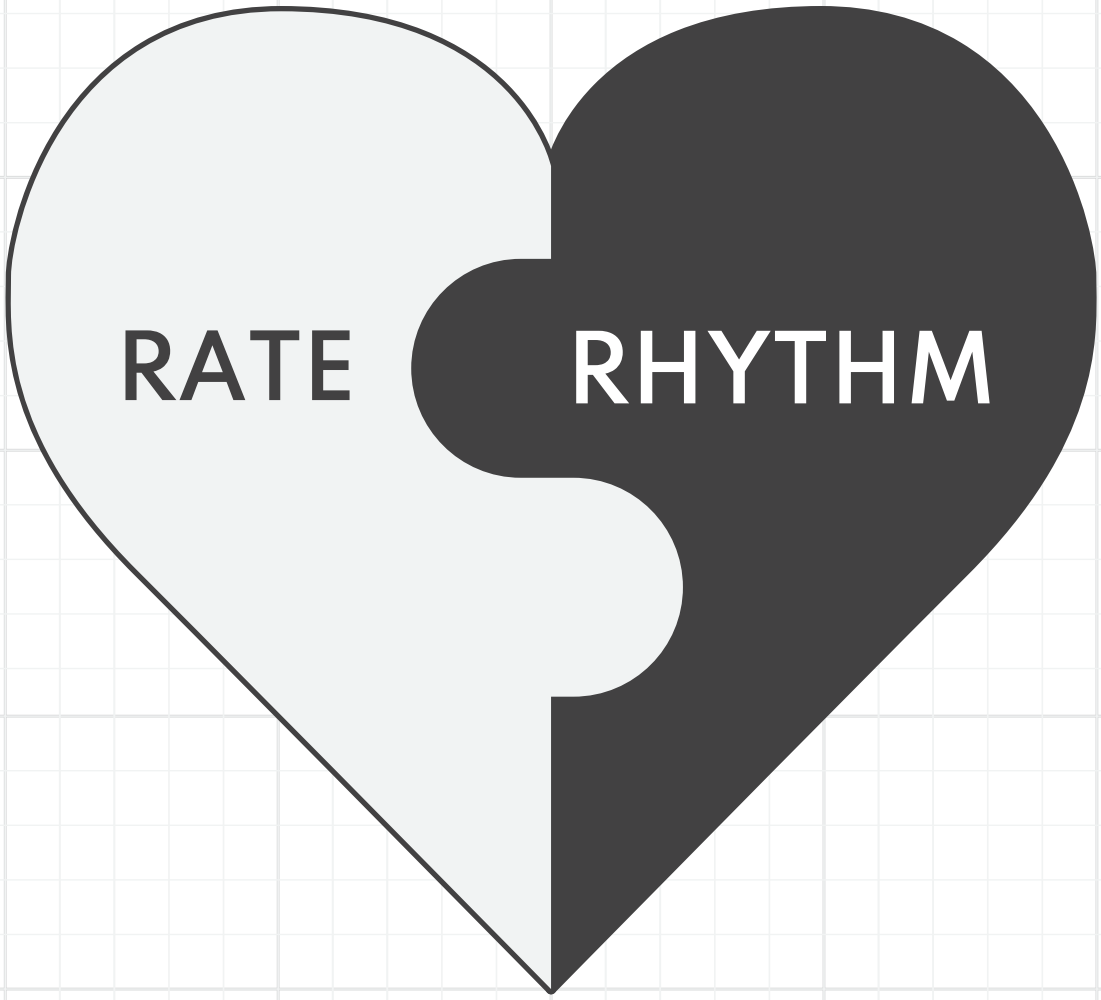
Visit the Medtronic booth to learn more about AFib treatment and heart monitoring solutions.

Scan the QR code to learn more.

UC202303070 EN 07/2022

# Thank you, Sanofi, for your support

of the **Get in Rhythm. Stay in Rhythm.®** Atrial Fibrillation Patient Conference and of the National Atrial Fibrillation Awareness Month Public Service Announcement Campaign.




**TV and Radio PSAs** aired more than **17,000** times, reaching nearly **112 million** patients nationwide about the role of early rhythm control in afib management.

Numbers as of June 2023

# AGENDA *All times are Central Daylight Time (CDT)*

## FRIDAY, AUGUST 4, 2023

**8:30 AM–10:00 AM** **Opening and Managing Afib**

- Welcome and Introduction—Mellanie True Hills, CSP
- Managing Lifestyle to Manage Afib—T. Jared Bunch, MD
- Medications for Rate and Rhythm Control—Larry Jackson, MD
- Q&A

**10:00 AM–10:30 AM** **Break and Visit Sponsors**

**10:30 AM–12:00 PM** **Preventing Afib Strokes**

- Medications for Preventing Afib Strokes—Andrea Russo, MD
- Devices for Preventing Afib Strokes—Devi Nair, MD
- Q&A

**12:00 PM–1:30 PM** **Lunch (provided in Gold Room) and Visit Sponsors**

**1:30 PM–3:00 PM** **Getting the Best Care**

- What Afib Patients Can Do to Get the Best Care—Eric Prystowsky, MD
- Why Do Different Afib Patients Get Different Care—Jodie Hurwitz, MD
- Q&A

**3:00 PM–3:30 PM** **Break and Visit Sponsors**

**3:30 PM–4:40 PM** **Digital Health for Afib Patients**

- Choosing Digital Devices to Optimize Your Care—Jagmeet Singh, MD
- The Promise of AI for Afib Patients—Jagmeet Singh, MD
- Q&A

**4:40 PM–5:00 PM** **Resources and Wrap Up**—Mellanie True Hills, CSP

**5:00 PM–6:30 PM** **VIP Reception (Gold Room)**

# AGENDA *All times are Central Daylight Time (CDT)*

## SATURDAY, AUGUST 5, 2023

**8:30 AM–10:00 AM** **Catheter Ablation Updates**

- Catheter Ablation: Conventional Procedures & Tools—Mark Link, MD
- Catheter Ablation Updates & Trials—Doug Packer, MD
- Q&A

**10:00 AM–10:30 AM** **Break and Visit Sponsors**

**10:30 AM–12:00 PM** **Catheter Ablation Innovations**

- What Patients Need to Know About Pulsed Field Ablation—Andrea Natale, MD
- Hybrid/Convergent Ablation—Randy Lee, MD
- Q&A

**12:00 PM–1:30 PM** **Lunch (provided in Gold Room) and Visit Sponsors**

**1:30 PM–3:00 PM** **Afib Surgery Updates**

- How Patients Decide on Minimally Invasive Surgery—Randall Wolf, MD
- How Patients Decide on Open Chest/Concomitant Maze Surgery—Ralph Damiano, MD
- Q&A

**3:00 PM–3:30 PM** **Break and Visit Sponsors**

**3:30 PM–5:00 PM** **Afib Research Involving Patients and Wrap Up**

- Patient Participation in Afib Research Using Consumer Devices—Gregory Marcus, MD
- Overview of Patient-Driven Research—Mellanie True Hills, CSP
- Q&A
- Wrap Up—Mellanie True Hills, CSP

**5:00 PM–7:00 PM** **Dinner (on your own)**

**7:00 PM–8:00 PM** **Special Evening Event Featuring Kareem Abdul-Jabbar, Basketball Legend who was Diagnosed with Atrial Fibrillation**

- This special appearance is brought to you by the No Time to Wait campaign and the Bristol Myers Squibb-Pfizer Alliance

## SUNDAY, AUGUST 6, 2023

**8:30 AM–10:00 AM** **Afib Research Involving Patients—Part 2**

- Patient-Driven Afib Research Update—Bianca Brundel, PhD
- Online Communication to Improve Patient Research Involvement—Myrthe Kuipers
- Q&A

**10:00 AM–10:30 AM** **Break and Visit Sponsors**

**10:30 AM–12:00 PM** **Living with Afib, Takeaways, and Closing—Mellanie True Hills, CSP**

# Suffering from Advanced Atrial Fibrillation?

## Long-Standing Persistent AF Symptoms:

- Shortness of breath
- Dizziness
- Weakness
- Fatigue
- Lowered blood pressure
- Pain or pressure in the chest
- Rapid or irregular heartbeat

Stop by the AtriCure booth to learn about the *ONLY* FDA approved minimally invasive device for Advanced Atrial Fibrillation

Learn more about the benefits of Hybrid AF Therapy
www.HybridAFTherapy.com



AtriCure


# Need an Alternative to Blood Thinners?

## WATCHMAN™

LEFT ATRIAL APPENDAGE CLOSURE IMPLANT

## The WATCHMAN Implant: One Time. For a Lifetime.

A one-time procedure to reduce stroke risk for people with atrial fibrillation not caused by a heart valve problem.

Learn more at **WATCHMAN.com**

Scan me to learn more

Call a WATCHMAN Educational Specialist **1-844-355-9121**

Monday to Friday, 8am to 5pm Central Time

Be sure to talk with your doctor about the risks and benefits associated with the WATCHMAN Implant. See additional safety information at **WATCHMAN.com**

# ERIC N. PRYSTOWSKY, MD ADVOCATE FOR PATIENTS AWARD

**The Eric N. Prystowsky, MD Advocate for Patients Award** recognizes a healthcare professional who has demonstrated outstanding service to afib patients and their families.

Dr. Eric N. Prystowsky, an electrophysiologist at St. Vincent Indianapolis, was the first recipient of the Advocate for Patients Award in 2013.

He was selected because he has played an important role in getting the afib patient community a seat at the table. Hence, our concerns, wants, and needs are considered in decisions about our care. Here are just a few examples of what he has done and what it means to be an advocate for patients:

- While president of the Heart Rhythm Society arranged for patient organizations to receive free exhibit booths at the annual medical conference to connect with electrophysiologists and other healthcare professionals.
- Brought afib patients to speak at medical conferences so doctors and nurses would understand the patient's perspective and better treat us.
- Took the patient perspective to guidelines committees so our treatment would be patient-focused.
- Engaged patients in think tanks and advisory boards to influence decisions about our care.

Dr. Prystowsky is the most sought-out afib expert at global medical conferences. In addition, he is a prolific contributor to research and treatment literature. He co-authored two textbooks, published more than 700 articles, sat on numerous guidelines committees and think tanks, served on the editorial boards of 16 journals, and was Editor-in-Chief of the highly-prestigious *Journal of Cardiac Electrophysiology* for 15 years.

Additionally, Dr. Prystowsky and StopAfib.org have campaigned together to preserve the brain by helping patients and doctors understand the role of sinus rhythm in preventing afib-related strokes.

At the Get In Rhythm. Stay In Rhythm.® Atrial Fibrillation Patient Conference in 2016, the award was renamed in his honor. We bestow the Eric N. Prystowsky, MD Advocate for Patients Award on a very deserving healthcare professional each year.

**Subsequent award recipients are:**

**2017: Andrea Natale, MD**

**2018: Doug Packer, MD**

**2019: Hugh Calkins, MD**

**2020: Frank Marchlinski, MD**

**2021: Emelia Benjamin, MD**

**2022: Vivek Reddy, MD**

American Heart Association.

GETTING TO THE
HEART OF STROKE™

# YOU ARE NOT ALONE.

People with atrial fibrillation (AFib) are 5X more likely to have a stroke. Managing high blood pressure and AFib can dramatically reduce your chances of having a stroke.

AFib affects millions of Americans – both patients and loved ones who care for them. Resources are available to better help manage your AFib including an online community for people living with AFib and their loved ones.

*For a complete list of resources visit* **heart.org/AFib.**

***Resources include:***

- AFib FAQs
- AFib symptom tracker
- AFib treatment options and goals
- Medication tracker
- Stroke risk factors
- Questions for your doctor about your AFib

## MyAFibExperience®

*The American Heart Association and StopAfib.org are collaborating to support patients with atrial fibrillation.*

## CONNECT WITH PEOPLE WHO CARE

Get the support you need by connecting online with others who are living with AFib. The **MyAFibExperience®** is a place where people can share their real stories and manage a real difference in people's lives. Patients and caregivers may feel alone, confused, scared, depressed, and overwhelmed. The unique online community offers advice, encouragement, and reliable helpful information at your fingertips whenever you need it. Signing up is easy and membership is free.

**MyAFibExperience®** can help you navigate your journey.
Some frequently asked questions include:

- What can I do to manage my AFib?
- How does my AFib impact my risk for stroke?
- How can I make him feel better?
- How can I give her hope?
- Do others with AFib feel this way too?

**To learn more and sign up, visit MyAFibExperience.org**

HCA Healthcare® FOUNDATION

*The HCA Healthcare Foundation is the national sponsor of Getting to the Heart of Stroke™.*

## Mellanie True Hills, CSP

***Founder of StopAfib.org, Author, Patient Advocate***

***Conference Host***

Following a brush with death in emergency heart surgery and a subsequent close call with a stroke due to atrial fibrillation, Mellanie True Hills left behind her high-tech executive life to use her second chance to help others avoid heart disease and stroke.

She founded the non-profit American Foundation for Women's Health and StopAfib.org, a patient advocacy organization that provides information and support for those living with atrial fibrillation (afib). In addition, she speaks at medical conferences, hospital atrial fibrillation events, and corporate and association events.

From partnering in Facing AFib featuring daytime TV star **Susan Lucci** and the AF Stat coalition featuring NBA Hall-of-Famer **Jerry West** to following **Barry Manilow** at the lectern in front of members of Congress, atrial fibrillation and stroke awareness are real passions for Mellanie. Through StopAfib.org, the most visited heart arrhythmia site worldwide, she seeks to raise awareness of atrial fibrillation, wipe out afib-related strokes, improve the quality of life of those living with afib, and enhance communication with healthcare providers.

Successes include creating Atrial Fibrillation Awareness Month and lobbying with other organizations to gain U.S. Senate designation of September as National Atrial Fibrillation Awareness Month. She brings the voice of the atrial fibrillation patient community to think tanks, health policy discussions in Washington, DC, and awareness-raising coalitions and partnerships worldwide. She is the author of the multiple award-winning book *A Woman's Guide to Saving Her Own Life: The HEART Program for Health and Longevity*, and two best-sellers, *Intranet Business Strategies* (©Wiley) and *Intranet as Groupware* (©Wiley). She is a member of the Editorial Board of the *Cardiovascular Digital Health Journal* and a regular contributor on patient perspectives to medical publications. She has been featured by hundreds of media around the globe.

**Twitter: @stopafib**

## Eliz Greene

***Livestream Host***

Eliz was seven months pregnant with twins when she suffered a massive heart attack. Her life changed; not only did she survive a ten-minute cardiac arrest, the cesarean delivery of her daughters and open-heart surgery, all on the same day, she also gained new perspective and passion for life. In the years since her heart attack she has dedicated herself to protecting her heart health and to inspiring others to pay attention to their health. She advocates for advancement in treatment and technology. Her life was saved through the use of Beating Heart Bypass and she currently uses an implanted loop recorder to diagnose her arrhythmia.

Eliz's humorous and energetic style makes her one of the top female motivational speakers and a dynamic hybrid event emcee. She built a successful business as a heart health speaker, journalist and author. Her articles and interviews have an international audience. Eliz's facilitated mastermind sessions leverage her business and entrepreneurial insights and high-level moderation skills. Whether it is a heart health program or an entertaining stress management keynote, Eliz gets participants on their feet, dancing, and sends them home ready to do something different!

The author of four books including the *Busy Woman's Guide to a Healthy Heart* and a Top 50 Health and Wellness Blog, she was named a Top Ten Online Influencer on Stress. Eliz provides well-researched, down-to-earth tips and strategies to fit into an already busy day. She has been seen on CNN, TNT, Lifetime and The Doctors, and works with leaders and high-performance teams to limit the impact of stress so they can increase productivity and feel better.

**Twitter: @elizgreene**

## Bianca Brundel, PhD

Bianca Brundel received her PhD from the University Medical Center Groningen, the Netherlands and was trained in molecular and cellular biology (VU, Amsterdam) and clinical pharmacology (UMCG). Since 2016, Bianca is professor at the physiology department at the Amsterdam UMC, location VU University Medical Center.

Her research is focused on the molecular mechanisms driving proteostasis derailment and pathophysiology of cardiac diseases, including atrial fibrillation and cardiomyopathies. Molecular findings are used to identify novel druggable targets. Her laboratory utilizes experimental cardiomyocyte and Drosophila cardiac disease models in combination with genetic and pharmacological manipulations. The research of Dr. Brundel contributed to forwarding candidate drugs into (pre-) clinical proof-of-principle studies.

She is project leader of CIRCULAR, a project based on co-creation with Afib patients and StopAfib.org, which recently received funding from the Dutch government. Moreover, she is lead author of the *Nature Disease Primer 'Atrial Fibrillation'* with Mellanie True Hills and others and is founder of the Atrial Fibrillation Innovation Platform to promote translational studies in collaboration with patients, researchers, and health professionals.

**Twitter: @bbrundel**

## *T. Jared Bunch, MD, FHRS*

T. Jared Bunch, a native of Logan, Utah, graduated from the University of Utah School of Medicine with alpha omega alpha honors. He completed internal medicine residency at the Mayo Clinic and received the Outstanding Achievement Award from the Department of Medicine, Resident Research Award, and Donald J. Feist Primary Care Clinic Award for Clinical Excellence. He completed fellowships in cardiovascular diseases and electrophysiology at the Mayo Clinic and received the Mayo Brothers Distinguished Fellowship Award for clinical care and Donald C. Balfour Award for meritorious research. He served as an Assistant Professor of Medicine at the Mayo Clinic from 2003-2008.

He joined the cardiovascular team at Intermountain Heart Institute in 2008, directed heart rhythm research, and served as medical director of heart rhythm services from 2010-2019. He received the Physician Researcher of the Year for Intermountain Healthcare in 2014 and 2017. In 2020, he received the James H. Youngblood Excellence in Leadership Award from the Heart Rhythm Society. He was an Affiliated Clinical Associate Professor for Stanford University from 2015-2019 while at Intermountain. Currently, he is the section chief of electrophysiology at the University of Utah and is a Professor of Medicine.

He has served in the Heart Rhythm Society as an ambassador for Central/South America and Southeast Asia, vice chair of the atrial fibrillation task force, HRS interoperability working group member, and other writing committees and task forces. He is the founding editor of the *Heart Rhythm Case Reports Journal*, section editor for *Current Cardiology Risk Reports*, *Heart Rhythm Journal*, and guest editor for the *American Heart Journal*. He is on the editorial boards of *Heart Rhythm Journal, Journal of Cardiovascular Electrophysiology, Europace, American Heart Journal, JACC Electrophysiology,* and others. With an interest in heart rhythm treatments and outcomes, he has published over 260 manuscripts, 1 book that was listed #1 in heart disease and medicine on Amazon, 13 book chapters, and 40 editorial comments.

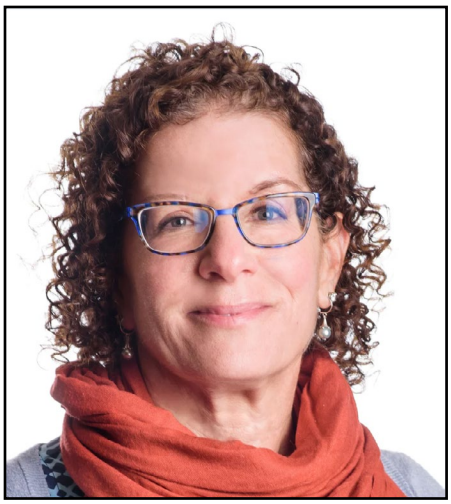
**Twitter: @TJaredBunch**

## *Ralph Damiano, MD*

Ralph J. Damiano Jr., MD, is the Evarts A. Graham Professor of Surgery and Chief of the Division of Cardiothoracic Surgery at Washington University School of Medicine and Barnes-Jewish Hospital in St. Louis. He is co-chairman of the Heart & Vascular Center.

Dr. Damiano has authored more than 430 scientific publications and given more than over 600 lectures and presentations around the nation and the world. His major contributions have been in the area of myocardial preservation, surgical electrophysiology, and minimally invasive cardiac surgery. He has been Associate Editor of the *Journal of Thoracic and Cardiovascular Surgery* of the *Journal of the American College of Cardiology*. He was Editor-in-Chief of the journal *Innovations* from 2008-2018. He has twice been a member of the Bioengineering, Technology and Surgical Sciences Study Section at the NIH. Dr. Damiano is past president of the Society of Clinical Surgery, the Cardiac Surgical Biology Club, and the International Society for Minimally Invasive Cardiothoracic Surgery. He was elected to the Board of Directors of the AATS in May 2020.

Dr. Damiano has been a pioneer in the area of minimally-invasive cardiac surgery. His developmental work on robotically-assisted microsurgery for coronary artery bypass grafting (CABG) earned him a ComputerWorld Smithsonian Award in June of 1997. Dr. Damiano performed the first robotically-assisted surgical procedure in North America, a CABG, in December 1998. He also has been a leader in the field of the surgical treatment of arrhythmias. His team at Washington University is world-renowned for its clinical and basic research on the surgical treatment of atrial fibrillation. His group has been continuously funded by the NIH for over 30 years in this area. They have developed the gold-standard surgical procedure, the Cox-Maze IV operation, which has been adopted around the world. His group has continued to evolve the procedure to be less invasive, more effective, and more widely applicable to patients with this arrhythmia.



## *Jodie Hurwitz, MD, FHRS*

Dr. Jodie Hurwitz is currently a partner with North Texas Heart Center in Dallas.

Dr. Hurwitz is a graduate of Mt Holyoke College in Massachusetts. She received her MD degree at Albert Einstein College of Medicine in NY. She was an intern/resident at Parkland Hospital in Dallas and completed her cardiology/electrophysiology training at Duke University.

She joined the faculty of the Hospital of the University of Pennsylvania from 1990–1993 and then returned to Dallas to join North Texas Heart Center. She has been there for 26 years and is Head of the Device Clinic there. She has been Chair of Electrophysiology at Medical City Dallas since 1993. She is currently Chair of Cardiology there as well.

She has been President of the North Texas EP Society for the last 10 years. She has been on the board and is currently President of the Heart Rhythm Society. She is currently on the board of the Writing Committee for Clinical Electrophysiology for the American Board of Internal Medicine.

She has a daughter and loves practicing electrophysiology.

**Twitter: @jhurwitz55**

## *Larry Jackson, MD*

Larry R. Jackson II, MD, MHSc, is an Associate Professor of Medicine at Duke University Medical Center. He is an adult clinical cardiac electrophysiologist with a clinical focus centered on the management of atrial arrhythmias.

His research focuses on analyzing racial and ethnic disparities in arrhythmia care including stroke reduction therapies for atrial fibrillation, rhythm control strategies for atrial fibrillation, and sudden cardiac death reduction for patients at risk for sudden cardiac arrest. In addition, his research focuses on identifying and analyzing the impact of social determinants of health on arrhythmia care. His research is funded by the National Institutes of Health, specifically the National Institute on Minority Health and Health Disparities (Award Number: 1U54MD012530) and National Heart, Lung, and Blood Institute (Award Number: 1K01HL159041-01) and the American Heart Association (Award Number: 851386).

Additionally, he serves on the Atrial Fibrillation Systems of Care Advisory Group-American Heart Association's Get With the Guidelines-Atrial Fibrillation committee, the American College of Cardiology's Education Grants Experts Advisory Panel, the editorial review board for ACC.org, the Scientific Sessions Program Committee for the American Heart Association, the Heart Rhythm Society's Program Committee, the Electrophysiology Committee in the Association Black Cardiologists, and advisory lead for the Biosense Webster's Diversity, Equity, and Inclusion Advisory Board.

**Twitter: @LarryRJacksonII**

## *Myrthe Kuipers*

Myrthe Kuipers is doing her PhD in Marketing at the University of Amsterdam in the Netherlands. She is co-founder of the AFIP (Atrial Fibrillation Innovation Platform) Foundation, which is an initiative that empowers Afib patients to take charge over their own health by joining forces with professionals to develop Afib solutions.

After working in the field of digital communication for over 6 years, she now investigates how online communication can impact collaboration between patients, family members, and healthcare professionals.

## *Randy Lee, MD*

Dr. Lee is a Cardiologist and a Cardiac Electrophysiologist who specializes in the treatment of arrhythmias and prevention of stroke. He is interested in improving outcomes of catheter ablation of complex arrhythmias such as atrial fibrillation and ventricular tachycardia; and is actively involved in the development of tools and techniques to improve ablation procedures. Along with his cardiovascular surgery colleagues, he has developed new hybrid epicardial/endocardial procedures that have demonstrated improved efficacy in persistent atrial fibrillation patients who have previously failed catheter ablation. He has pioneered devices for stroke prevention and initiated device-based therapies for stroke prevention at UCSF.

In addition to the development of devices and techniques for the treatment of arrhythmias and embolic stroke prevention, Dr. Lee has an active cardiac tissue engineering laboratory for myocardial repair/reconstruction. His research focuses on cellular and molecular aspects of cardiac arrhythmias and vascular regeneration, as well as in situ tissue engineering approaches for the treatment of heart failure and arrhythmias.

## *Mark S. Link, MD, FHRS*

Dr. Link is a Professor of Medicine at UTSouthwestern Medical Center in Dallas. He is the Director of Cardiac Electrophysiology in the Department of Internal Medicine/Division of Cardiology. His research interests are in arrhythmias, including atrial fibrillation and sudden cardiac death in athletes. He developed an experimental model of commotio cordis, sudden cardiac death with impact to the chest.

He is on multiple American Heart Association and American College of Cardiology Guidelines Writing Committees, including Advanced Cardiac Life Support, Eligibility and Disqualification Recommendations for Competitive Athletes with Cardiovascular Abnormalities, and Hypertrophic Cardiomyopathy. He is an active clinician and one of his primary focuses is the care of athletes, athletes with underlying cardiac abnormalities and the prevention of sudden cardiac death.

## *Greg M. Marcus, MD, FHRS*

Greg Marcus, MD, FHRS, is Professor of Medicine at the University of California, San Francisco (UCSF), Associate Chief of Cardiology for Research at UCSF Health, and the inaugural Endowed Professor of Atrial Fibrillation Research. In addition to engaging in an active clinical practice dedicated to the diagnosis and treatment of arrhythmias, including caring for patients in the clinic and hospital, performing catheter ablation procedures and implantations of pacemakers and defibrillators, and training cardiology electrophysiology fellows, Dr. Marcus has an active research program.

His research is dedicated to understanding the fundamental causes of abnormal heart rhythms, identifying optimal therapeutic approaches for those arrhythmias, understanding the overall health effects of common exposures such as caffeine, alcohol, tobacco smoke, and cannabis, and using technology and wearable sensors to enhance health and the efficiency of patient-oriented research. He is one of the founders and continues to serve as one of the Principal Investigators of the world-wide, internet-based, Health eHeart Study as well as the NIH-funded national infrastructure to facilitate mobile health, called Eureka. He also runs several ongoing single-center and multi-center randomized, prospective trials, and oversees a team of investigators including post-doctoral fellows, clinical research coordinators, statisticians, and data analysts.

A graduate of UC, San Diego as a Philosophy major, he went to medical school at George Washington University. He then went on to complete his internship, residency, and served as Chief Medical Resident at Stanford. Subsequently, he completed his general cardiology and cardiac electrophysiology fellowships at UCSF. As part of an NIH-funded career development award, he then completed a Masters in Advanced Studies in Clinical Research at UCSF. He has published more than 280 peer-reviewed research articles and has been elected to the Association of University Cardiologists and the American Society of Clinical Investigation.

**Twitter: @gregorymmarcus**

## *Devi Nair, MD, FHRS*

Dr. Devi G Nair, MD, FACC, FHRS is the Director of the Cardiac Electrophysiology Division at St. Bernard's Heart & Vascular Center, Jonesboro, Arkansas. Dr. Nair completed her medical training at the University of Kerala, India, followed by Internal Medicine Residency at Columbia University College of Physicians and Surgeons, St. Luke's Roosevelt Campus, New York. She completed her Cardiology and Cardiac Electrophysiology Fellowships at Case Western Reserve University, Metro Health Campus. Her clinical practice focuses on heart rhythm disorders, including atrial and ventricular arrhythmias, bradycardia, heart failure and the treatments for these disorders including cardiac ablation, pacemakers, defibrillators, cardiac resynchronization therapy devices, and left atrial appendage occlusion therapy.

Dr. Nair's research interests include the evaluation of fluoroscopy reduction techniques in cardiac electrophysiology and cardiac resynchronization therapy. She also has a major focus on the quality of life and healthcare outcomes, particularly in atrial fibrillation and sudden cardiac death. Dr. Nair is actively involved in the teaching of residents and fellows and has received several awards for teaching excellence including the Golden teaching excellence award by the University of Arkansas Medical Sciences. Dr. Nair has won the People's Choice award for the best cardiologist in Jonesboro for the last 5 years in a row.

Dr. Nair has served as the Chair and Vice-Chair for the Heart Rhythm Society Membership Subcommittee in 2020, 2019, 2018, 2017, respectively. She serves as the physician chair for the annual St. Bernard's Health and Fitness expo that brings health screening, community education, and preparticipation physicals for athletes, providing these services free of cost to thousands of people residing in Northeast Arkansas. She is on the governing board of the Arkansas chapter of the American College of Cardiology. In addition to her clinical and research practices, she is well-published and actively participates in multiple clinical trials in cardiac electrophysiology.

**Twitter: @Drdevignair**

## Andrea Natale, MD, FHRS

Patients from around the world seek treatment from Dr. Natale. A world-recognized leader in the field of electrophysiology, Dr. Natale is a dedicated clinician, academician, and researcher.

Prior to the establishment of Texas Cardiac Arrhythmia Institute at St. David's Medical Center, Dr. Natale was a member of the Cardiovascular Medicine Department at the Cleveland Clinic from 1999 to 2007, serving most recently as Section Head for the Department of Cardiac Pacing and Electrophysiology and as Medical Director for the Cleveland Clinic's Center for Atrial Fibrillation. In 2006, Dr. Natale was named to the Food and Drug Administration's Task Force on Atrial Fibrillation.

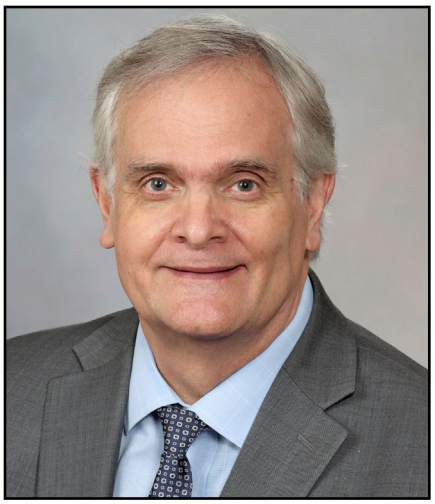
A committed academician, Dr. Natale's faculty positions at a variety of prestigious universities include Duke University and Stanford University. He has been an invited lecturer at more than 200 symposiums and conferences around the world, and is the author or co-author of hundreds of published articles on pacing and electrophysiology. In addition to serving on the editorial boards of numerous medical journals, he is editor-in-chief of the *Journal of Atrial Fibrillation*.

Dr. Natale's greatest reward is restoring his patients to a life free of cardiac arrhythmia. He pioneered a circumferential ultrasound vein-ablation system to correct atrial fibrillation and performed the procedure on the world's first five patients. He also developed some of the current catheter-based cures for atrial fibrillation and was the first electrophysiologist in the nation to perform percutaneous epicardial radiofrequency ablation, which is a treatment for people who fail conventional ablation. He also holds a patent for a device used to treat Atrial Fibrillation.

A forefront researcher, Dr. Natale focuses on innovative advances in the treatment of atrial fibrillation. His goal is to benefit patient care through technologies such as robotic devices and specialized ablation catheters.

Dr. Natale was the 2017 recipient of the Eric N. Prystowsky, MD Advocate for Patients Award bestowed by StopAfib.org

**Twitter: @natale_md**



## *Douglas L. Packer, MD, FHRS*

Douglas L. Packer, MD, is a Professor of Medicine, and the John M. Nasseff, Sr., Professor in Cardiovascular Diseases in the Department of Cardiovascular Diseases, Division of Cardiac Electrophysiology, at Mayo Clinic Rochester. He is Director of the Translational Electrophysiology Research Laboratory. Dr. Packer is internationally known in cardiac electrophysiology.

He received the MD degree at the University of Utah and completed an internship, residency, and fellowship at Duke University, where he was on staff before coming to Mayo. His honors and awards include the ACC 2019 Distinguished Scientist Award (Translational), the Distinguished Service Award from Brigham Young University, the Haskel Schiff Award in Internal Medicine from Duke University, the 2018 Eric Prystowsky Advocate for Patients Award from StopAfib.org, and a variety of Visiting Professorship awards.

Dr. Packer is active in the Heart Rhythm Society where he is a past president and member of the Board of Trustees. He is also active in the American Heart Association and the American College of Cardiology.

He has served/currently serves on editorial boards for the *Circulation Arrhythmia & Electrophysiology, American Heart Journal,* the *Journal of Cardiovascular Electrophysiology*, *Heart Rhythm* journal, and the *EP Journal of the American College of Cardiology*. He also has served on multiple National Heart, Lung, and Blood Institute workgroups on atrial fibrillation, ablation, and planning for future NIH studies.

Dr. Packer has been an active teacher and mentor and also lectures widely on cardiac arrhythmias. He has written or co-authored more than 379 publications. He has lectured extensively in national and international meetings, giving over 1,872 invited lectures in 41 countries. He has served on the executive committee of a number of NIH multicenter randomized clinical trials, including the MUSTT, SCD-HeFT, and HAT Trials. Dr. Packer is also the International Principal Investigator of the recently reported NIH CABANA Trial. In this capacity, he led the consortium of centers directing the trial. He is the PI of the Thermedical VT Needle Electrode study, and on the Executive Committee of the LESS VT Study.

Dr. Packer is a Mayo Clinician Investigator. His translational work focuses on the mechanisms and ablation of atrial fibrillation and other cardiac arrhythmias, autologous fibroblast modulation of electrical impulse propagation in the heart, and the development of carbon particle catheter-free ablation of arrhythmias. His clinical work investigates 4/5 dimensional integrated image-guided ablation, and the development of new energy sources for the modification of cardiac tissue.

His work has been funded in part by private foundations, the American Heart Association, and the NIH. A key part of his research is the development of the US Catheter Free Particle Therapy Ablation Program. He is also the PI of the Extracorporeal Particle Therapy Ablation Using Proton and Carbon Beams that is currently underway. Dr. Packer holds US and European patents in the development of intracardiac ultrasound and 4/5D imaging, and particle therapy ablation.

## Eric N. Prystowsky, MD, FHRS

Dr. Prystowsky is a practicing Cardiologist with St. Vincent Medical Group and Director of the Clinical Electrophysiology Laboratory at St. Vincent Indianapolis Hospital. He is also a Consulting Professor of Medicine at Duke University Medical Center.

Dr. Prystowsky is a graduate of Pennsylvania State University and the Mt. Sinai School of Medicine. He completed his internal medicine training at Mt. Sinai Hospital, New York City, and his training in cardiology and clinical electrophysiology at Duke University Medical Center, Durham, North Carolina. From 1979 to 1986, Dr. Prystowsky was a full-time faculty member at the Indiana University School of Medicine, where he was Director of the Electrophysiology Laboratory. In 1986, he returned to Duke University as Professor of Medicine and Director of the Cardiac Arrhythmia Center. He joined The Care Group in 1988.

In addition to co-authoring two textbooks, *Cardiac Arrhythmias: An Integrated Approach for the Clinician*; and *Clinical Electrophysiology Review*, Dr. Prystowsky has also authored over 700 publications concerning cardiac arrhythmias.

He was the Editor-in-Chief of the *Journal of Cardiovascular Electrophysiology* for 15 years and is currently on the editorial board of 9 journals. Additionally, he is past chairman of the American Heart Association's Committee on Electrocardiography and Electrophysiology, past president of the Heart Rhythm Society, and past chairman of the Test Writing Committee for Clinical Electrophysiology for the American Board of Internal Medicine. He was given the Distinguished Alumni Award from Pennsylvania State University in 2007.

Dr. Prystowsky was the first-ever recipient, in 2013, of the Advocate for Patients Award bestowed by StopAfib.org. The award was renamed in his honor to the Eric N. Prystowsky, MD Advocate for Patients Award, which is given annually.

**Twitter: @EPrystowskyonEP**

## *Andrea Russo, MD, FHRS*

Dr. Russo is Professor of Medicine at Cooper Medical School of Rowan University, Director of Electrophysiology and Arrhythmia Services, and Director of the Clinical Cardiac Electrophysiology Fellowship Program at Cooper University Hospital in Camden, New Jersey.

She is a recent Past President of the Heart Rhythm Society (HRS) and is a current member of the HRS Board of Trustees. She has authored multiple manuscripts on a variety of arrhythmia and device topics and has been co-chair or member of various writing groups, including guidelines, consensus, and appropriate use documents. Areas of special interest include sex differences in arrhythmias, implantable cardioverter defibrillators, atrial fibrillation therapy, and the role of digital health on arrhythmia management.

**Twitter: @AndreaRussoEP**

## *Jagmeet Singh, MD, FHRS*

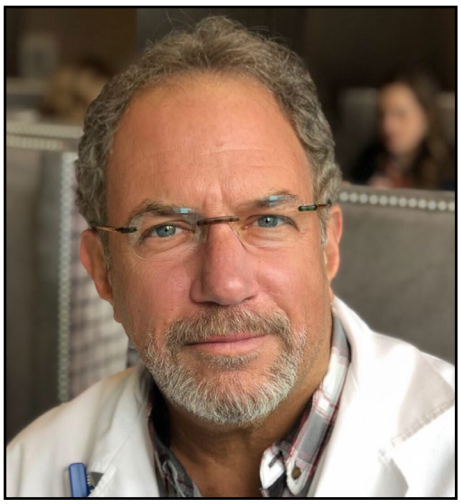
Jag Singh, MD, is a Professor of Medicine at Harvard Medical School. He is the former Clinical Director of the Cardiology Division and the Roman W. DeSanctis Endowed Chair in Cardiology at Mass General Hospital. He is also the Founding Director of the Resynchronization and Advanced Cardiac Therapeutics Program at the Massachusetts General Hospital Heart Center. Dr. Singh received his medical degree from Pune University, India, and completed his internal medicine residency, cardiology, and cardiac electrophysiology fellowships at Mass General Hospital. He also earned a doctorate from Oxford University, a Master of Science in clinical investigation from MIT-Harvard, and a research fellowship at the Framingham Heart Study.

Dr. Singh has over 400 peer-reviewed publications and has given over 550 invited lectures at national and international conferences. He has served as an International Associate editor for the *European Heart Journal*, the former Deputy Editor of the *Journal of American College of Cardiology: Clinical EP*, and Editor-in-chief of the *Current Treatment Options in Cardiovascular Medicine*.

Dr. Singh is the national & global principal investigator on six ongoing multi-center clinical trials in device therapy and sensor strategies for heart failure and atrial fibrillation. Much of his current efforts are focused on healthcare redesign, digital health, and medical device innovations.

Jag is a member of the Board of Trustees of the Heart Rhythm Society and the Co-Executive Producer of HRX 2023. He is the author of the book *Future Care: Sensors, Artificial Intelligence, and the Reinvention of Medicine.*

**Twitter: @JagSinghMD**



## *Randall Wolf, MD*

Dr. Randall Wolf graduated from Indiana University School of Medicine and shortly after became a surgical innovator who pioneered a minimally-invasive procedure for the surgical treatment of lone Atrial Fibrillation. He was the first North American heart surgeon to perform DaVinci cardiac surgery.

He has served as Professor of Surgery, Ohio State University and Professor of Surgery and Biomedical Engineering, University of Cincinnati, and the inaugural Ethicon-Endosurgery Chair for Innovation in Surgery.

Dr. Wolf has served as Co-Director, International AFIB Center of Excellence at the Indiana Heart Hospital and Afib Clinic at Memorial Hermann Hospital. Currently, he is the Arrhythmia Specialist at Houston Methodist DeBakey Heart & Vascular Center and Houston Methodist Hospital. He has also served as President of both the International Society of Minimally Invasive Cardiothoracic Surgery (ISMICS) and the 21st Century Cardiothoracic Surgery Club and was the inaugural co-editor of the *Innovations Journal*.

Dr. Wolf has performed over 3000 Wolf minimaze procedures and demonstrated the procedure to heart surgeons worldwide. He has been Visiting Professor in 18 countries, including Oxford University, University of Tokyo, and Peking University. He has delivered hundreds of invited lectures at hospitals, academic meetings, and seminars and has over 100 peer-reviewed papers and textbook/chapters.

Milestone is a patient-centric, clinical-stage biopharmaceutical company dedicated to bringing novel therapies to patients with cardiovascular disease.

Current areas of development include atrial fibrillation with rapid ventricular rate (RVR) and paroxysmal supraventricular tachycardia (PSVT).

We are proud to be a sponsor of the Get in Rhythm. Stay in Rhythm.® Atrial Fibrillation Patient Conference.

**Did You Know?**

- Atrial fibrillation (AFib) is a common arrhythmia marked by an irregular and often rapid heartbeat. AFib is estimated to affect five million patients in the United States, a prevalence projected to increase to twelve million patients by 2030 by the Centers for Disease Control.
- Many patients with atrial fibrillation experience a rapid ventricular rate (AFib-RVR), often associated with symptoms of palpitations, shortness of breath, dizziness, and weakness. Oral calcium channel blockers and/or beta blockers are used to reduce the heart rate in this condition. When AFib-RVR occurs, symptoms are often burdensome enough to cause patients to seek acute care in the emergency department, where standard-of-care procedures include intravenous administration of calcium channel blockers or beta blockers, or electrical cardioversion, under medical supervision.
- Cardiologists surveyed in 2021 report that 30-40% of patients with AFib experience one or more symptomatic episodes of RVR per year that require treatment.

Source(s): 1. Colilla et al., Am. J. Cardiol. 2013, 112(8), 1142-1147; Miyasaka et al., Circulation, 2006, 114, 119-125. American Heart Association 2. Quantitative Survey conducted by Triangle Insights, May 2021, N=250 Clinical Cardiologists, Interventional Cardiologists, and Electrophysiologists

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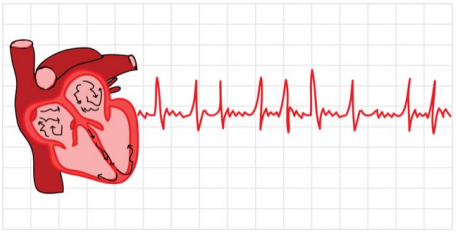

# Atrial Fibrillation Support Forum

The largest AFib/AFlutter member support on Facebook with over 25,000 global members

**As featured in:**

*The AFib Cure* and the
European Heart Rhythm Association
Consensus Document
(in *EP Europace*)

# ACRONYM LIST

| Acronym | Definition |
|---|---|
| AAD | Antiarrhythmic drug |
| AC | Anticoagulant |
| ACC | American College of Cardiology |
| ACP | Amplatzer Cardiac Plug |
| AFL | Atrial flutter |
| AHA | American Heart Association |
| AHI | Apnea-hypoxia index or apnea-hypopnea index |
| AI | Artificial intelligence |
| ANP | A-Type natriuretic peptide or atrial natriuretic peptide |
| ANS | Autonomic nervous system |
| APC | Atrial premature complexes |
| APD | Antiplatelet drug |
| APD | Action potential duration |
| ARIC | Atherosclerosis Risk in Communities Study |
| ARP | Atrial refractory period |
| ASA | Acetyl salicylic acid/aspirin |
| ASV | Adaptive servo-ventilation (treat central sleep apnea) |
| AT/ATA | Atrial tachyarrhythmia/tachycardia |
| AUC | Area under the curve |
| AV | Atrioventricular |
| BID/bid | Twice daily |
| BiPAP | Bilevel positive airway pressure (treat sleep apnea) |
| BMI | Body mass index |
| BNP | B-Type natriuretic peptide or brain natriuretic peptide |
| BP | Blood pressure |
| CA | Catheter ablation |
| CABG | Coronary artery bypass graft (open-heart bypass surgery) |
| CAD | Coronary artery disease |
| CAM | Complementary alternative medicines |
| CAST | Cardiac Arrhythmia Suppression Trial |
| CBD | Cannabidiol |
| CCS | Canadian Cardiovascular Society |
| CFAE | Complex fractionated atrial electrogram |
| $CHA_2DS_2$-VASc | Afib stroke risk score (1 point each, 2 points when noted): C=congestive heart failure; H=high blood pressure; $A_2$=age 75 or more; D=diabetes mellitus; $S_2$=stroke; V=vascular disease; A=age 65-74; Sc=sex /female |

| Acronym | Definition |
|---|---|
| CHF | Congestive heart failure |
| CI | Confidence interval |
| CKD | Chronic kidney disease |
| CM | Cardiomyopathy |
| CMC | Circular mapping catheter |
| CNS | Central nervous system |
| CO | Carbon monoxide |
| $CO_2$ | Carbon dioxide |
| Co-PI | Co-principal investigator |
| COPD | Chronic obstructive pulmonary disease |
| CPAP | Continuous positive airway pressure (treat sleep apnea) |
| CPB | Cardiopulmonary bypass |
| CrCl | Creatinine clearance (kidney function) |
| CRF | Cardiorespiratory fitness |
| CRP | C-reactive protein |
| CS | Coronary sinus |
| CSA | Central sleep apnea |
| CT | Computerized tomography (also CAT scan) |
| CTA | Computed tomographic angiography |
| CTI | Cavotricuspid isthmus |
| CV | Cardiovascular (heart) |
| CVA | Cerebrovascular accident or stroke |
| CVD | Cardiovascular disease (heart disease) |
| $CVRCO_2$ | Cerebrovascular carbon dioxide reactivity |
| CW | Chicken wing |
| DB | Double-blind |
| DCCV | Direct current cardioversion |
| DE-MRI | Delayed Enhancement-Magnetic resonance imaging |
| DF | Dominant Frequency |
| DM | Diabetes mellitus |
| DMC | Data Monitoring Committee |
| DOAC | Direct-acting oral anticoagulant (Xarelto, Eliquis, Pradaxa, Savaysa) |
| DOE | Dyspnea on exertion |
| DPP-4i | Dipeptidyl peptidase 4 inhibitor |
| DRT | Device related thrombus |
| DSMB | Data Safety Monitoring Board |
| DVT | Deep vein thrombosis (clot) |
| EAM | Electroanatomic mapping |

# ACRONYM LIST (cont'd)

| Acronym | Definition |
|---|---|
| EAT | Epi adipose tissue |
| ECG/EKG | Electrocardiogram |
| ECGI mapping | Electrocardiographic imaging |
| ECV | Electrical cardioversion |
| EEG | Electroencephalogram |
| EF | Ejection fraction |
| EGM | Electrogram |
| EMG | Electromyelogram |
| EOG | Electrooculogram |
| EOS | End-of-study |
| EP | Electrophysiologist |
| ER | Event rate |
| ERP | Effective refractory period |
| ETOH | Ethyl alcohol |
| EVOO | Extra virgin olive oil |
| FDA | US Food and Drug Administration |
| FH | Family history |
| FU | Follow up |
| FXa | Factor 10a inhibitor |
| FXI | Factor 11 inhibitor |
| GFR | Glomerular filtration rate (for kidney disease) |
| GGA | Geranylgeranylacetone |
| GLP-1 | Glucagon-like peptide-1 |
| GP | Ganglionic plexi |
| GWAS | Genome-wide association studies |
| HC | Healthy controls |
| HF | Heart failure |
| HFpEF | Heart failure with preserved ejection fraction |
| HFrEF | Heart failure with reduced ejection fraction |
| HIFU | High-intensity focused ultrasound |
| HR | Hazard ratio |
| HR | Heart rate |
| HRS | Heart Rhythm Society |
| HSAT | Home sleep apnea test |
| HSP | Heat shock protein |
| HT or HTN | Hypertension/high blood pressure |
| Hx | History |
| ICD | Implantable cardioverter defibrillator |
| ICE | Intracardiac echocardiography |
| ICH | Intracranial hemorrhage |
| IDE | Investigational device exemption (FDA) |
| ILR | Implantable loop recorder |
| ILRS | Implantable loop recorder system |
| INR | International normalized ratio |
| IPH | Intraparenchymal hemorrhage |
| iPSC | Inducible pluripotent stem cell |
| IR | Incidence rate |
| IRAF | Immediate reinitiation of atrial fibrillation |
| IRB | Institutional Review Board |
| ISMICS | International Society for Minimally Invasive Cardiothoracic Surgery |
| ITT | Intention to treat |
| IV | Intravenous |
| IVC | Inferior vena cava |
| LA | Left atrium |
| LAA | Left atrial appendage |
| LAAC | Left atrial appendage closure |
| LAAEI | Left atrial appendage electrical isolation |
| LAA-FV | Left atrial appendage flow volume |
| LAAI | Left atrial appendage isolation |
| LAAO | Left atrial appendage occlusion |
| LAAOS | Left Atrial Appendage Occlusion Study |
| LICU | Low-intensity collimated ultrasound |
| LINQ | Reveal insertable cardiac monitor (Medtronic) |
| LMWH | Low molecular weight heparin |
| LS | Longstanding |
| LSP | Longstanding persistent |
| LSPV | Left superior pulmonary vein |
| LUPV | Left upper pulmonary vein |
| LV | Left ventricular |
| LVEF | Left ventricular ejection fraction |
| LVF | Left ventricular function |
| LVH | Left ventricular hypertrophy |
| MCOT | Mobile cardiac outpatient telemetry |
| MCT | Mobile cardiac telemetry |
| mEHRA | Modified European Heart Rhythm Association (AF Symptom Classifications) |
| MET | Metabolic equivalent |
| MI | Myocardial infarction |
| ML | Machine learning |
| MRI | Magnetic resonance imaging |
| N | Number of participants |
| Na | Sodium |
| NASPE | North American Society of Pacing & Electrophysiology (HRS predecessor) |

# ACRONYM LIST (cont'd)

| Acronym | Definition |
|---|---|
| NATT | No antithrombotic therapy |
| NCDR | National Cardiovascular Data Registry (ACC) |
| NHLBI | National Heart, Lung, and Blood Institute (of the NIH) |
| NI | Natural intelligence |
| NIH | National Institutes of Health (of US Department of Health & Human Services) |
| $NO_2$ | Nitrogen dioxide |
| NOAC | Novel oral anticoagulant (Xarelto, Eliquis, Pradaxa, Savaysa) |
| NPV | Non-pulmonary vein |
| NSR | Normal sinus rhythm |
| NSVT | Nonsustained ventricular tachycardia |
| OAC | Oral anticoagulation (especially coumadin or warfarin) |
| OD/od | Once daily |
| OHS | Open-heart surgery |
| OR | Odds ratio |
| OSA | Obstructive sleep apnea |
| OSAS | Obstructive sleep apnea syndrome |
| P (value) | Probability (calculation) |
| PAC | Premature atrial contractions |
| PAF | Paroxysmal AF |
| PAP | Positive airway pressure (treat sleep apnea) |
| PCI | Percutaneous coronary intervention or stent |
| PCORI | Patient-Centered Outcomes Research Institute |
| PER | Persistent |
| PFA | Polyunsaturated fatty acids (Omega-3s) |
| PFA | Pulsed field ablation |
| PI | Principal investigator |
| PLA | Posterior of the left atrium |
| PLAATO | Percutaneous left atrial appendage transcatheter occlusion device |
| POAF | Post-operative AF |
| PPG | Photoplethysmography |
| PSG | Polysomnogram or polysomnography (sleep apnea test) |
| PUFA | Polyunsaturated fatty acids (Omega-3s) |
| PV | Pulmonary vein(s) |
| PVAI | Pulmonary vein antrum/antral isolation |
| PVC | Premature ventricular contractions |
| PVI | Pulmonary vein isolation (catheter ablation) |
| PW | Posterior wall |
| QALY | Quality-adjusted life year (economic measure of an intervention) |
| QOL | Quality of life |
| QRS | QRS is a heartbeat segment on the ECG |
| QT | QT interval is a heartbeat segment on the ECG |
| R01 | Health-related research grant from the NIH |
| RA | Right atrium |
| RAA | Right atrial appendage |
| RCT | Randomized controlled trials |
| RDI | Respiratory disturbance index |
| REM | Rapid eye movement |
| RF | Radiofrequency |
| RF | Risk factors |
| RFM | Risk factor management |
| RR | Risk reduction |
| RR | Relative risk |
| RSPV | Right superior pulmonary vein |
| RUPV | Right upper pulmonary vein |
| RV | Right ventricular |
| RVH | Right ventricular hypertrophy |
| RVR | Rapid ventricular response |
| SCAF | Subclinical atrial fibrillation |
| SCD | Sudden cardiac death |
| SDB | Sleep-disordered breathing |
| SDH | Subdural hemorrhage |
| SE | Systemic embolism (clot) |
| S-LAAO | Surgical left atrial appendage occlusion |
| SOB | Short of breath |
| SR | Sinus rhythm |
| SSE | Stroke or systemic embolism |
| STS | Society for Thoracic Surgery |
| SVC | Superior vena cava |
| TCM | Traditional Chinese medicine |
| TEE | Transesophageal echocardiography |
| TIA | Transient ischemic attack (mini-stroke) |
| TTE | Trans-thoracic echocardiogram |
| TTM | Transtelephonic monitor |
| TTR | Time in therapeutic range |
| VATS | Video-assisted thoracic surgery |
| VGLB | Visually-guided laser balloon |
| WACA | Wide area circumferential ablation |
| WL | Weight loss |

**Glossary: https://www.stopafib.org/downloads/glossary.**

# NOTES

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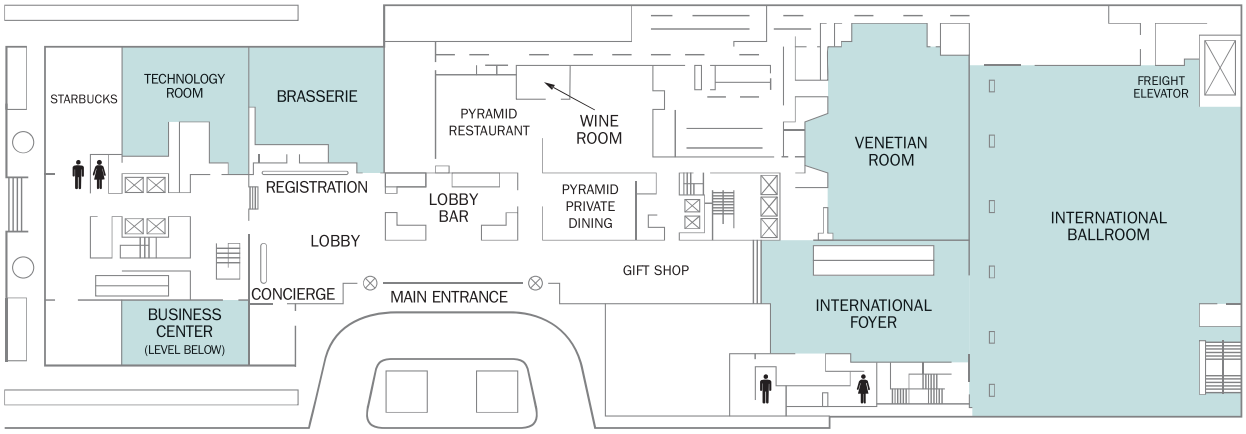
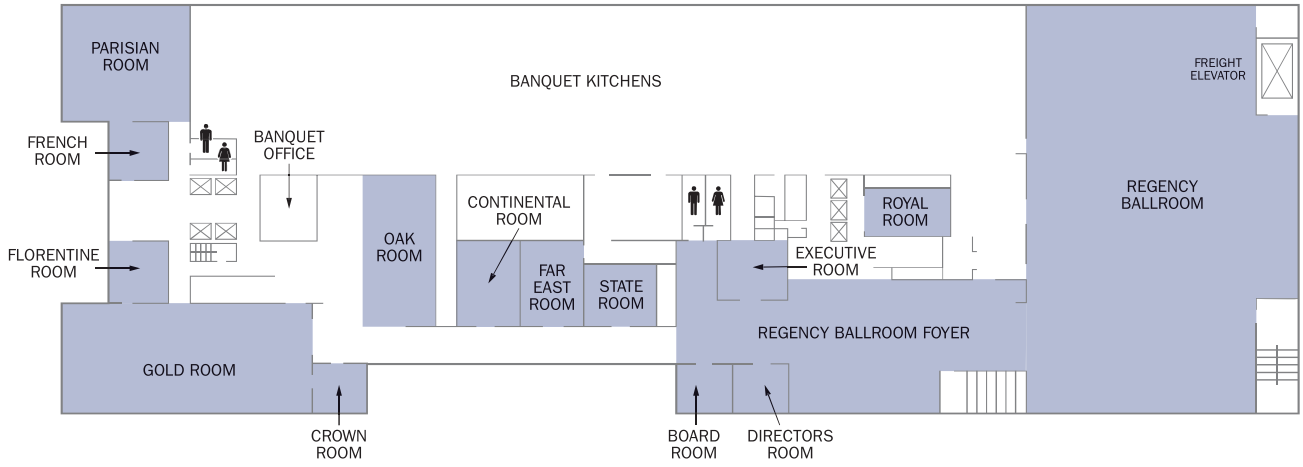
## FLOOR PLAN

### LOBBY LEVEL




### BANQUET LEVEL (2ND FLOOR)



# CONFERENCE EVALUATION AND FEEDBACK



**You can fill out this evaluation online at https://www.surveymonkey.com/r/getinrhythm2023**

I am a: ❑ Patient ❑ Family member ❑ Other: _____

If a patient, how long have you had afib? _____

Type of afib: ❑ Paroxysmal (Intermittent) ❑ Persistent/Longstanding Persistent (Continuous)

Before this conference, what was your level of knowledge or understanding about the following afib-related areas? (1 = none, 10 = thorough)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Causes & risk factors | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Medications | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Stroke risk | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Stroke prevention | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Procedures | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Afib overall | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

After attending this conference, what is your level of knowledge or understanding about the following afib-related areas? (1 = none, 10 = thorough)

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Causes & risk factors | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Medications | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Stroke risk | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Stroke prevention | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Procedures | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Afib overall | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

What were the most valuable things you learned at the conference? _____

_____

_____

_____

# CONFERENCE EVALUATION AND FEEDBACK



What actions do you plan to take as a result of what you learned from the conference?_____

_____

_____

_____

May we email you in 2–3 months to find out what actions you took because of what you learned at the conference, and your results? Please provide your contact information:

Name: _____

E-mail address (please print): _____

Phone number (as backup option): _____

How did you travel to the 2023 Get in Rhythm. Stay in Rhythm.® Atrial Fibrillation Patient Conference?

❑ By Airplane

❑ By Car (stayed at the hotel)

❑ By Car or Mass Transit (commuted daily, staying somewhere other than the host hotel)

❑ Other (please specify): _____

Please share your comments about the conference, including program, speakers, venue, food, etc. _____

_____

_____

_____

_____

What should be added, or covered in more detail, at our next conference? Do you have any other suggestions for our next conference? _____

_____

_____

_____

❑ Please subscribe me to the StopAfib.org email newsletter at this email address (please print):

_____

Thank you for attending the 2023 Get in Rhythm. Stay in Rhythm.® Atrial Fibrillation Patient Conference and for providing us with this feedback. We hope to see you at the live event again next year.

HOSTED BY StopAfib.org
For patients by patients

# Get in Rhythm. Stay in Rhythm.®

Atrial Fibrillation Patient Conference

## AGENDA

*All times are Central Daylight Time (CDT)*

### Friday, August 4, 2023

| | |
|---|---|
| 8:30 AM–10:00 AM | Opening and Managing Afib |
| 10:00 AM–10:30 AM | Break and Visit Sponsors |
| 10:30 AM–12:00 PM | Preventing Afib Strokes |
| 12:00 PM–1:30 PM | Lunch (provided in Gold Room) and Visit Sponsors |
| 1:30 PM–3:00 PM | Getting the Best Care |
| 3:00 PM–3:30 PM | Break and Visit Sponsors |
| 3:30 PM–4:40 PM | Digital Health for Afib Patients |
| 4:40 PM–5:00 PM | Resources and Wrap Up |
| 5:00 PM–6:30 PM | VIP Reception (Gold Room) |

### Saturday, August 5, 2023

| | |
|---|---|
| 8:30 AM–10:00 AM | Catheter Ablation Updates |
| 10:00 AM–10:30 AM | Break and Visit Sponsors |
| 10:30 AM–12:00 PM | Catheter Ablation Innovations |
| 12:00 PM–1:30 PM | Lunch (provided in Gold Room) and Visit Sponsors |
| 1:30 PM–3:00 PM | Afib Surgery Updates |
| 3:00 PM–3:30 PM | Break and Visit Sponsors |
| 3:30 PM–5:00 PM | Afib Research Involving Patients and Wrap Up |
| 5:00 PM–7:00 PM | Dinner (on your own) |
| 7:00 PM–8:00 PM | Special Evening Event Featuring Kareem Abdul-Jabbar |

### Sunday, August 6, 2023

| | |
|---|---|
| 8:30 AM–10:00 AM | Afib Research Involving Patients—Part 2 |
| 10:00 AM–10:30 AM | Break and Visit Sponsors |
| 10:30 AM–12:00 PM | Living with Afib, Takeaways, and Closing |