The Alliance of North American Chinese Physicians (ANACP)

2025 Joint Conference

10th Anniversary

Eisemann Center, Dallas, TX

Friday-Sunday, October 17th-19th, 2025

An Invitation from the Directive of Board

Dear ANACP members, physicians and friends:

We are very excited to extend our heartfelt invitation to each of you for the upcoming Joint conference of the Alliance of North American Chinese Physicians (ANACP), the Texas Chinese Physicians Association (TCPA), the Chinese American Heart Association (CNAHA), the Association of North American Chinese Pediatricians (ANACPED), the Alliance of North American Chinese Physicians-Pharmacists (ANACP-Rx) and the Chinese Eye Care Alliance Group (CECAG). The conference will be held at Charles W. Eisemann Center and Renaissance Dallas Richardson Hotel, Dallas, Texas, on October 17-18th, 2025.

This marks a very important milestone as this is the first annual conference of ANACP-Rx and we include Nobel Prize winner, 'C level' forum participants and Innovation leadership of different companies in the conference, creating a new and wider platform for American Chinese physicians and esteemed health care healthcare professionals to "Share, Learn, and Grow Together." Through a diverse array of multi-specialty CME courses and invaluable networking opportunities, we aim to foster an environment of knowledge exchange and professional development.

The morning session of the conference on October 17th will feature distinguished speakers covering topics such as lifestyle, the common health issues and updates in Cardiology. The morning session of October 18th will focus on updates in Oncology, Pathology and Pharmacology. This conference will also feature the Stage show in the afternoon of October 18th in the Eisemman Center, a world-renowned performance center.

The 4th Chinese American Physician (CAP) golf tournament will kick-start the excitement in the morning of October 16th, offering an adrenaline-filled experience. The 2nd national Pickleball tournament of American Chinese physicians will be held in the morning of October 19th, and the Ping Pong matches will be held in the afternoon of October 18th as well.

For our attendees' families, a Dallas city tour has been thoughtfully arranged for Friday (October 17th). The pinnacle of the weekend will arrive with an evening entertainment performance showcasing the exceptional talents of our well-rounded physicians, a not-to-be-missed spectacle. We kindly urge you to complete your registration through your respective organization, ensuring your participation in this enlightening joint gathering and a weekend filled with enjoyment.

We eagerly anticipate the pleasure of your company and the enriching interactions that lie ahead. Chicago awaits, and we are excited to welcome you!

Warmest Regards,

Sincerely,

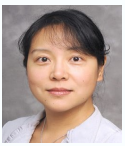
Christopher Leo

Christopher Leo MD, PhD, FACP, President
The Board of Directors, the ANACP
Email: Support@ANACP.org

An Invitation from the Directive of Board

The Board of Directors
The Alliance of North American Chinese Physicians
(ANACP)

Yanxia Li, MD, PhD, MS
Board Chair



Shenggao Han, MD, PhD, FACP
Treasure

Tao Wang, MD, PhD, FACP
Secretary

Lei Gao, MD, PhD, FACC
Advisor

Hanping Liu, MD,
Advisor

Jinghui Xie, MD, PhD
Advisor

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ANACP.org

Agenda for 2025 Joint Conference of ANACP

The Alliance of North American Chinese Physicians (ANACP) 10th Annual Conference

Where: Eisemann Center, Dallas, Texas
When: Friday-Sunday, October 17th-19th, 2025

Total available CME: 13 *AMA PRA Category 1 Credits™*
Maximum credit you can claim is 6.5 AMA Category 1 Credits

Date and Time	Eisemann Center Hill Performance Hall	Eisemann Center BOA Hall	Renaissance Dallas Richardson Hotel
10/17: 7:00 - 8:15 am			Breakfast with Promotional Talks
10/17: 8:30 - 11:40 am	General session	Cardiology session	
10/17: 12:10 - 1:10 pm		Lunch and Promotional Talks	
10/17: 1:00 - 3:00 pm	Lead Loud Forum and United for Impact		
10/17: 3:00 - 6:00 pm	Gala Rehearsal	Financial Forum	
10/18: 7:00 - 8:15 am			Breakfast with Promotional Talks
10/18: 8:30 - 9:15 am	**Nobel Speech – Cholesterol and Health**		Pathology session
10/18: 9:30 am - 12:30 pm	Oncology session	Pharmacology session Renovation panel	
10/18: 11:50 am - 12:50 12:50 - 2:20 pm		Lunch and Promotional Talks	Youth Summit
10/18: 2:30 - 5:00 pm	Gala 10th Anniversary Celebration		

Agenda for 2025 Joint Conference of ANACP (cont'd)

Total available CME: 13 *AMA PRA Category 1 Credits™*

October 17th Breakfast Session
Renaissance Dallas Richardson Hotel

7:00-8:15 am Breakfast at Renaissance Dallas Richardson Hotel
7:30-7:45 am Promotional Talk - Zbeats
7:45-8:00 am Promotional Talk - Sindy Kong
8:00-8:15 am Promotional Talk - Boston Scientific Cardiology

October 17th Life Cycle Session
Hill Performance Hall, Eisemann Center

Moderator: Lauren Peng MD

8:30-8:35 am **Opening Remarks - Yanxia Li MD, PhD**
Chair of BOD, ANACP

8:35-9:05 am Child urinary issues
Nianzhou Xiao MD, Valley Children's HealthCare, CA
Li Li MD, Children's Medical Center Plano, TX

9:05-9:35 am The common eye issues - Dry eyes and Presbyopia
Mingwu Wang MD, PhD, University of Arizona, AZ
Lucy Chen OD, GP Lens Institute, TX

9:35-10:05 am Anti-aging Aesthetic
Zhong Ye MD, Chicago Anti-aging Institute, IL
Xiaolu Li MD, McDonough District Hospital, IL

10:05-10:25 am **Break & Exhibitor Visits**

10:25-10:55 am Pharmacology in Cardiology
Jianwei Feng MD, PhD, FACC
Memorial Hermann Hospital, TX
Yun Lu PharmD, Hennepin HealthCare, MN

10:55-11:20 am Nutrition, Lifestyle Medicine and Health
Chaodong Wu MD, PhD, Texas A&M University, TX
Lingling Rong MD, Corewell Health, MI
Christopher Leo MD, PhD, FACP, Duke University, NC

Agenda for 2025 Joint Conference of ANACP (cont'd)

October 17th Life Cycle Session (Cont'd)
Hill Performance Hall, Eisemann Center

Moderator: Lauren Peng MD

11:20-11:50 am Culturally Responsive Primary Care Approach to HIV Screening and Prevention.
Hongmei Wang PharmD
Texas Southern University, TX
Jeremy Chow MD
UT Southwestern Medical Center, TX

11:50 am-12:00 pm Break & Exhibitor Visits

13:00-14:00 pm United for Impact: C-Suite Insights on Advancing Clinical Innovation, Global Trials, and Equitable Care
Kenneth Stein MD
Global Chief Medical Officer, Boston Scientific
Shiang Huang MD, Chief Executive Officer, Kindstar
Michael von Poncet MD, PhD, FESC
Vice President and Global Head of Medical of Clinical Affairs
SirTex
Moderator: Yixuan Yuki Ji
President of AAIMPAC THealth

14:00-15:00 pm Lead Loud:
Turning Quiet Strength into Strategic Influence
Yixuan Yuki Ji
Boston Scientific Professional Education
Huamin Henry Li MD
Institute for Asthma & Allergy
Dongfang Wang MD, PhD
Kentucky College of medicine
Moderator: Lei Gao MD, PhD, FACC

Agenda for 2025 Joint Conference of ANACP (cont'd)

October 17th Cardiology Session
Bank of America Hall, Eisemann Center

Session Chairs: Huagui Li MD, PhD. & Hanjun Wang MD
Moderator: Mingtao Zhao DVM, PhD & Lei Gao MD, PhD

8:30-8:45 am Leveraging patient-specific iPSCs for precision medicine in congenital heart disease
Mingtao Zhao, PhD, Associate Professor
Nationwide Children's Hospital
Ohio State University, Columbus, OH

8:45-9:00 am Coronary artery evaluation by CT coronary angiography
Ren Zhang, MD, PhD, Director of Noninvasive Cardiology
Hendrick Health, Ailene, TX

9:00-9:15 am AMP-activated protein kinase in the metabolic homeostasis of cardiac aging
Ji Li, PhD, Codirector
University of Mississippi Medical Center, Jackson, MS

9:15-9:30 am Electrosurgery in transcatheter heart valve intervention
Lin Wang, MD, St. Francis Heart Center, Roslyn, NY

9:30-9:45 am Using human iPSCs and CRISPR screen to study cardiotoxicity
Chun Liu, PhD, Cardiovascular Center and Cancer Center
Medical College of Wisconsin, Milwaukee, WI

9:45-10:15 am Break & Exhibit Visits

Agenda for 2025 Joint Conference of ANACP (cont'd)

October 17th Cardiology Session (Cont'd)
Bank of America Hall, Eisemann Center

Session Chairs: Huagui Li MD, PhD. & Hanjun Wang MD.
Moderator: Mingtao Zhao DVM, PhD & Lei Gao MD, PhD.

10:15-10:30 am Targeting LDL-cholesterol level in the management of ASCVD: are we clinically obsessive or objective?
Ruihai Zhou, MD, FACC
Associate Professor, President of CAAC
Department of Medicine, Division of Cardiology
University of North Carolina, Chapel Hill, NC

10:30-10:45 am Robotic cardiac surgery, is it ready for prime time?
Kangxiong Liao, MD
Baylor College of Medicine, Houston, TX

10:45-11:00 am Coronary Artery Calcium (CAC) Scoring
Haojie Wang MD, PhD
Director of Carediac CT and MRI Labs
The Heart Hospital - Dallas, Dallas, TX

11:00-11:15 am Rhythm control VS rate control for atrial fibrillation: what have we learned since AFFIRM trial?
Hongsheng Guo, MD
Kaiser Permanente Washington, Tacoma, WA

11:15-11:30 am PCKS-9 targeted therapies: present and future approaches.
Jiafu Ou, MD, Washington University, St. Louis, MO

11:30 am-12:00 pm Break & Exhibit Visits

Agenda for 2025 Joint Conference of ANACP (cont'd)

October 17th Lunch Session
Bank of America Hall, Eisemann Center

12:00-13:00 pm Lunch at Bank of America Theater, Eisemann Center.
12:00-12:30 pm Promotional Talk
- Novel RNAi therapy for cardiac amyloidosis
Alnylam
David Zhang MD, PhD, FACC

12:30-13:00 pm Promotional Talk
- Non-Invasive HIFU ablation of prostate cancer, BPH and Dual diseases
Sonablate

October 17th Physician Finance Session
Bank of America Hall, Eisemann Center

Session Chair: David Z. Chang MD, PhD, FACP

15:00-15:30 pm Physician & noncommercial investment properties
Jianhua Zhu MD
15:30-16:00 pm Commercial real estate for busy physicians
David Z. Chang MD, PhD, FACP
16:00-16:30 pm Physician asset protection
Zhiyong Li, MD
16:30-17:00 pm Estate planning for physicians
Xin Wang, PhD, CFA
17:00-17:30 pm Discussions

October 17th Dinner Promotional talks at different venues

Oncology group - Reserved for AstraZeneca
Cardiology group - Reserved for Cleerly
Pediatrics, Ophthalmology, and Pharmacology Group - Reserved for My Financial
All providers with interest in non-invasive technology/platform - ITS/ Sonablate

Agenda for 2025 Joint Conference of ANACP (cont'd)

October 18th Breakfast Session
Renaissance Dallas Richardson Hotel

7:00-8:15 am Breakfast at Renaissance Dallas Richardson Hotel
7:30-8:00 am Promotional Talk
Dr. Katherine Wang for Immunocore.
8:00-8:15 am Promotional Talk
Boston Scientific Interventional Oncology (Reserved)

October 18th Opening Remarks & Nobel Speech
Hill Performance Hall, Eisemann Center

8:25-8:30 am Opening Remarks
Christopher Leo MD, PhD, FACP, President, ANACP
8:30-9:15 am **Nobel Speech – Cholesterol and Health**
Dr. Michael Brown
Moderator: Yu-Guang He MD
UT Southwestern Medical Center
9:15-9:30 am **Break & Exhibitor Visits**

Introduction of Keynote Speaker

Michael S. Brown received an M.D. degree from the University of Pennsylvania. He was an intern and resident at the Massachusetts General Hospital, and a postdoctoral fellow with Dr. Earl Stadtman at the National Institutes of Health. He is currently Paul J. Thomas Professor of Molecular Genetics and Director of the Jonsson Center for Molecular Genetics at UT Southwestern. Dr. Brown and his long-time colleague, Dr. Joseph L. Goldstein, together discovered the low density lipoprotein (LDL) receptor, which controls the level of cholesterol in blood and in cells. They showed that mutations in this receptor cause Familial Hypercholesterolemia, a disorder that leads to premature heart attacks in one out of every 500 people in most populations. They have received many awards for this work, including the U.S. National Medal of Science and the Nobel Prize for Medicine or Physiology.

Agenda for 2025 Joint Conference of ANACP (cont'd)

October 18th Oncology Session
Hill Performance Hall, Eisemann Center

Session Chair: David Z. Chang, MD, PhD, FACP
Virginia Oncology Associates, Newport News, Virginia

9:30-9:55 am Mantle Cell Lymphoma - Dream to Cure
Michael Wang, MD
UT MD Anderson Cancer Center, Houston, Texas
Moderator: J. Christine Ye, MD, MSc
UT MD Anderson Cancer Center, Houston, Texas

9:55-10:20 am Breast Cancer Updates
Zhiyong Li, MD, PhD
Dallas Cancer Specialist, Dallas, Texas
Moderator: Alex Liao, MD, Ph.D.
Texas Oncology, Mansfield, Texas

10:20-10:45 am Melanoma and Skin Cancer Updates
Gary G. Lu, MD, PhD
Texas Oncology, Denton, Texas
Moderator: Sarah Y. Wang, MD, MS
Northeast Texas Cancer & Research Institute, Texas

10:45-11:05 am Break & Exhibitor Visits

11:05-11:30 am Lung Cancer Updates
Katherine Wang, MD, PhD
Texas Oncology, Dallas, Texas
Moderator: Jun Zhang MD
Methodist Hospital, Houston, Texas

11:30-11:55 am Colon Cancer Updates
Henry Q. Xiong, MD, PhD
The Center for Cancer and Blood Disorders
Forth Worth, Texas
Moderator: Charles Jiang MD
University of Texas Southwest, Dallas

Agenda for 2025 Joint Conference of ANACP (cont'd)

October 18th Oncology Session (Cont'd)
Hill Performance Hall, Eisemann Center

Session Chair: David Z. Chang, MD, PhD, FACP
Virginia Oncology Associates, Newport News, Virginia

11:55-12:30 pm Case Discussion: A case of hepatocellular cancer, from incurable to curable

Case Presenter and Moderator:
David Z. Chang, MD, PhD, FACP
Virginia Oncology Associates, Newport News, VA

Panelists:
Lijun Dai, MD, PhD, UPMC Hillman Cancer Center
Yan Feng, MD, Cone Health Cancer Center
Xuan Huang, MD, American Oncology Network
Jingquan Jia, MD, PhD, University of North Carolina
Peter Jiang, MD, PhD, John Amos Cancer Center
Yong Ji, MD, PhD, MD Anderson Cancer Center Cooper - Camden
Hongmei Liang, MD
University of Pittsburgh Medical Center
Janice Lu, MD, PhD, Northwest University
Shuo Ma, MD, PhD, Robert H Lurie Cancer Center
Wanwen Sun, MD, PhD, Kaiser Permanente
Weijing Sun, MD, FACP
The University of Kansas Health System
Ligeng Tian, MD, PhD, Virginia Oncology Associates
Dian Wang, MD, PhD, FASTRO
Rush University Medical Center
Xiang Wang, MD, MPH, Duke Cancer Center Cary
Faye Yin, MD, FACP
Florida Cancer Specialist & Research Institute
Lei Zheng, MD, PhD, Mays Cancer Center
UT Health San Antonio MD Anderson Cancer Center
Yu Zhou, MD, Cone Health Cancer Center Alamance Regional

12:20-12:50 pm **Break & Exhibitor Visits**

Agenda for 2025 Joint Conference of ANACP (cont'd)

October 18th Concurrent Pharmacology Session At Bank of America Hall, Eisemann Center

Session Chairs: Yun Lu PharmD MS BCCP
Min Zhang PharmD, BCPS, BCIDP

9:25-09:30 am Opening remark: Yun Lu PharmD

The moderator of the 1st half: Min Zhang PharmD
Ruodi Ren PharmD

9:30-9:50 am Critical care: Shan Wang, PharmD

9:50-10:10 am Anticoagulation Management in Pregnancy with a Mechanical Heart Valve
Mengyan Li PharmD

10:10-10:30 am Clinical Pearl of GLP1 update
Randi Song, PharmD

The moderator of the 2nd half: Andrew Zhang PhD

10:30-11:30 am Renovation panel - Unleashing the Power of Physician Industry Collaboration to Accelerate Global Health Innovation
Dongfang Wang MD, PhD (University of Kentucky)
Maggie Zeng PhD, R&D Division, Boston Scientific
Lu Wang MS
Engineering Program Director and Core Team Leader
Medtronic

October 18th Youth Summit Renaissance Dallas Richardson Hotel

12:20-1:20 pm Oral Presentation by Trainees and Students

1:20-2:20 pm Presentation Power-up Workshop - Lead by Yuki Ji

Agenda for 2025 Joint Conference of ANACP (cont'd)

October 18th Pathology Session
Renaissance Dallas Richardson Hotel

Session Chairs: Steven Shen MD and Wenxin Zheng MD

8:30 am Opening Remark --- Yanxia Li, Chair of BOD, ANACP
8:35 am Introduction of Symposium and Speakers --- Steven Shen MD
8:45 am Breast - Yun Wu (MDACC) and Songlin Zhang (Baylor)
9:05 am GI - Lan Peng (UTSW) and Zhikai Chi (UTSMC)
9:25 am GYN - Jinsong Liu (MDACC) and Wenxin Zheng (UTSW)
9:45 am GU – Charles Guo (MDACC) and Miao Zhang (MDACC)
10:05 am Thoracic - Zhaolin Xu (Canada) and Haodong Xu (Wake Forest)
10:30-11:00 am Break & Exhibitor Visit
11:00 am Hematopath in Surg Path - Youli Zu (HMH) and Mingyi Chen (UTSW)
11:20 am Cytopathology - Yun Gong (MDACC) and Wendong Yu (MDACC)
11:40 am Frozen Section - Sumin Qiu (UTMB) and Steven Shen (HMH)
12:00 pm Closing remark - Wenxin Zheng

October 18th Lunch Session
At Bank of America Hall, Eisemann Center

Lunch & Educational or Promotional Talks

11:30-14:10 Lunch time ("French hours")
11:35-12:20 Promotional Talk - Product Theater for Zepbound ® (tirzepatide)
Injection by Jennie Y Zheng MD, DABOM for Eli Lilly
12:20-12:50 pm HIV prevention
Dr. Chris Nguyen, Regional Medical Director, TX
Kim Nezianya, PharmD, Medical Science Liaison, TX.
12:50-13:20 pm Promotional Talk 4
Dr. David Chang for AstraZeneca
13:20-13:50 pm Promotional Talk 5
Dr. Weijin Sun for Ipsen.
13:50-14:10 pm Promotional Talk 6
Natera (Reserved)
14:10 pm Adjourn & Closing Remarks - Yanxia Li, Chair of Board

Agenda for 2025 Joint Conference of ANACP (cont'd)

ANACP 10th anniversary celebration
At Hill Performance Hall, Eisemann Center
(14:30 pm-17:00 pm)
October 18th Photo Session (17:00 pm)
In the Hill Performance Hall at Eisemann Center

ANACP sponsored dinner for all attendees, speakers and registered family

(Badge required. Shuttle starts at 18:00 pm in front of the Hotel)

AstraZeneca

Our Purpose

At AstraZeneca, we are leading a revolution in oncology to redefine care for the millions of Americans living with cancer. We are following the science to understand cancer and all its complexities to discover, develop and deliver life-changing treatments and increase the potential for cure. It's a lofty ambition. But we know that as with every great journey, the road always **starts with one**—one indication to pursue, one person living with cancer to help, one barrier to overcome, one system to transform—and then another, and builds from there until success is achieved.

What We Do

We approach treatment with the intent to transform survival and provide cures for cancer in every form. We take pride in the industry-leading speed at which we challenge treatment boundaries, focusing on finding cures for some of the most aggressive and hard-to-treat cancers, including breast, lung, ovarian, prostate, bladder, liver, cervical and pancreatic cancers, as well as certain blood cancers.

We help transform the way people with cancer are diagnosed and treated, deploying new strategies and focusing on the properties of a tumor, not just its type. Most cancers have underlying dependencies, although they might be difficult to decipher. We use new data, artificial intelligence (AI) and digital therapeutics, and strengthen the way data are used to identify and target new dependencies. We also leverage technology to improve the speed of our clinical trials and enhance data quality, while deploying AI and machine learning to revolutionize clinical trial design. We focus on all phases of the patient journey from diagnosis to treatment and beyond to ensure every person living with cancer gets the right treatment at the right time.

"The Start with One approach is ingrained in everything we do at AstraZeneca and fuels our relentless pursuit in the oncology revolution. If we continue to follow this path, our potential is limitless."

— **Chatrick Paul**, SVP and Head of US Oncology at AstraZeneca

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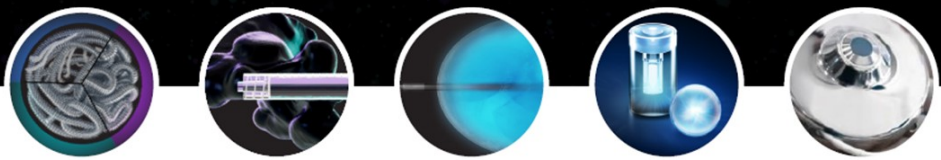


Saturday, October 18, 2025

11:35 AM-12:20 PM CT

Eisemann Center
Richardson, Texas

Join us to learn more about Zepbound: the first and only glucose-dependent insulinotropic polypeptide (GIP) and glucagon-like peptide-1 (GLP-1) receptor agonist for the treatment of obesity and moderate-to-severe obstructive sleep apnea (OSA) in adults with obesity in combination with a reduced-calorie diet and increased physical activity.[1] This presentation will include a review of clinical efficacy and safety results, and will discuss practical considerations for initiating and maintaining Zepbound therapy in appropriate adult patients.

Please visit us at the Lilly booth in the Hill Performance Hall Lobby

Jennie Y. Zheng, MD, DABOM

Clinical Assistant Professor,
The University of Texas at Tyler Health Science Center
Tyler, Texas

Family Medicine Physician,
UT Health East Texas Physicians
Bullard, Texas

Indications

Zepbound is indicated in combination with a reduced-calorie diet and increased physical activity:

- to reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition.
- to treat moderate-to-severe obstructive sleep apnea (OSA) in adults with obesity.

Limitations of Use

Zepbound contains tirzepatide. Coadministration with other tirzepatide-containing products or with any glucagon-like peptide-1 (GLP-1) receptor agonist is not recommended.

Important Safety Information for Zepbound® (tirzepatide) injection

WARNING: RISK OF THYROID C-CELL TUMORS

In rats, tirzepatide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether Zepbound causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as human relevance of tirzepatide-induced rodent thyroid C-cell tumors has not been determined.

Zepbound is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk for MTC with the use of Zepbound and inform them of symptoms of thyroid tumors (eg., a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Zepbound.

Contraindications: Zepbound is contraindicated in patients with a personal or family history of MTC or in patients with MEN 2, and in patients with known serious hypersensitivity to tirzepatide or any of the excipients in Zepbound. Serious hypersensitivity reactions including anaphylaxis and angioedema have been reported with tirzepatide.

Risk of Thyroid C-cell Tumors: Counsel patients regarding the potential risk for MTC with the use of Zepbound and inform them of symptoms of thyroid tumors (eg., a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Zepbound. Such monitoring may increase the risk of unnecessary procedures, due to the low test specificity for serum calcitonin and a high background incidence of thyroid disease. Significantly elevated serum calcitonin values may indicate MTC and patients with MTC usually have calcitonin values >50 ng/L. If serum calcitonin is measured and found to be elevated, the patient should be further evaluated. Patients with thyroid nodules noted on physical examination or neck imaging should also be further evaluated.

Severe Gastrointestinal Adverse Reactions: Use of Zepbound has been associated with gastrointestinal adverse reactions, sometimes severe. In a pool of two Zepbound clinical trials (SURMOUNT-1 and SURMOUNT-2), severe gastrointestinal adverse reactions were reported more frequently among patients receiving Zepbound (5 mg 1.7%, 10 mg 2.5%, 15 mg 3.1%) than placebo (1.0%). Similar rates of severe gastrointestinal adverse reactions were observed in Zepbound clinical trials for weight reduction and in Zepbound clinical trials for obstructive sleep apnea (OSA). Zepbound has not been studied in patients with severe gastrointestinal disease, including severe gastroparesis, and is therefore not recommended in these patients.

Acute Kidney Injury: Use of Zepbound has been associated with acute kidney injury, which can result from dehydration due to gastrointestinal adverse reactions to Zepbound, including nausea, vomiting, and diarrhea. In patients treated with GLP-1 receptor agonists, there have been postmarketing reports of acute kidney injury and worsening of chronic renal failure, which may sometimes require hemodialysis. Some of these events have been reported in patients without known underlying renal disease. A majority of the reported events occurred in patients who had experienced nausea, vomiting, diarrhea, or dehydration. Monitor renal function in patients reporting adverse reactions to Zepbound that could lead to volume depletion.

Acute Gallbladder Disease: Treatment with Zepbound and GLP-1 receptor agonists is associated with an increased occurrence of acute gallbladder disease. In a pool of two clinical trials of Zepbound (SURMOUNT-1 and SURMOUNT-2), cholelithiasis was reported in 1.1% of Zepbound-treated patients and 0.7% of placebo-treated patients, cholecystitis was reported in 0.7% of Zepbound-treated patients and 0.2% of placebo-treated patients, and cholecystostomy was reported in 0.2% of Zepbound-treated patients and no placebo-treated patients. Acute gallbladder events were associated with weight reduction. Similar rates of cholelithiasis were reported in Zepbound clinical trials for weight reduction and in Zepbound trials for OSA. If cholecystitis is suspected, gallbladder diagnostic studies and appropriate clinical follow-up are indicated.

Acute Pancreatitis: Acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis, has been observed in patients treated with GLP-1 receptor agonists or tirzepatide. In clinical trials of tirzepatide for a different indication, 14 events of acute pancreatitis were confirmed by adjudication in 13 tirzepatide-treated patients (0.23 patients per 100 years of exposure) versus 3 events in 3 comparator-treated patients (0.11 patients per 100 years of exposure). In a pool of two Zepbound clinical trials (SURMOUNT-1 and SURMOUNT-2), 0.2% of Zepbound-treated patients had acute pancreatitis confirmed by adjudication (0.14 patients per 100 years of exposure) versus 0.2% of placebo-treated patients (0.15 patients per 100 years of exposure). The exposure-adjusted incidence rate for treatment-emergent adjudication-confirmed pancreatitis in the pooled clinical studies for OSA was 0.84 patients per 100 years for Zepbound and 0 for placebo-treated patients. Observe patients for signs and symptoms of pancreatitis, including persistent severe abdominal pain sometimes radiating to the back, which may or may not be accompanied by vomiting. If pancreatitis is suspected, discontinue Zepbound and initiate appropriate management. Continuation of Zepbound after a confirmed diagnosis of pancreatitis should be individually determined in the clinical judgment of a patient's health care provider.

Hypersensitivity Reactions: There have been postmarketing reports of serious hypersensitivity reactions (e.g., anaphylaxis, angioedema) in patients treated with tirzepatide. In a pool of two Zepbound clinical trials (SURMOUNT-1 and SURMOUNT-2), 0.1% of Zepbound-treated patients had severe hypersensitivity reactions compared to no placebo-treated patients. Similar rates of severe hypersensitivity reactions were observed in Zepbound clinical trials for weight reduction and in Zepbound trials for OSA. If hypersensitivity reactions occur, advise patients to promptly seek medical attention and discontinue use of Zepbound. Do not use in patients with a previous serious hypersensitivity reaction to tirzepatide or any of the excipients in Zepbound. Use caution in patients with a history of angioedema or anaphylaxis with a GLP-1 receptor agonist because it is unknown if such patients will be predisposed to these reactions with Zepbound.

Hypoglycemia: Zepbound lowers blood glucose and can cause hypoglycemia. In a trial of patients with type 2 diabetes mellitus and BMI ≥27 kg/m² (Study 2), hypoglycemia (plasma glucose <54 mg/dL) was reported in 4.2% of Zepbound-treated patients versus 1.3% of placebo-treated patients. In this trial, patients taking Zepbound in combination with an insulin secretagogue (e.g., sulfonylurea) had increased risk of hypoglycemia (10.3%) compared to Zepbound-treated patients not taking a sulfonylurea (2.1%). There is also increased risk of hypoglycemia in patients treated with tirzepatide in combination with insulin. Hypoglycemia has also been associated with Zepbound and GLP-1 receptor agonists in adults without type 2 diabetes mellitus. Inform patients of the risk of hypoglycemia and educate them on the signs and symptoms of hypoglycemia. In patients with diabetes mellitus, monitor blood glucose prior to starting Zepbound and during Zepbound treatment. The risk of hypoglycemia may be lowered by a reduction in the dose of insulin or sulfonylurea (or other concomitantly administered insulin secretagogue).

Diabetic Retinopathy Complications in Patients with Type 2 Diabetes Mellitus: Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy. Tirzepatide has not been studied in patients with non-proliferative diabetic retinopathy requiring acute therapy, proliferative diabetic retinopathy, or diabetic macular edema. Patients with a history of diabetic retinopathy should be monitored for progression of diabetic retinopathy.

Suicidal Behavior and Ideation: Suicidal behavior and ideation have been reported in clinical trials with other weight management products. Monitor patients treated with Zepbound for the emergence or worsening of depression, suicidal thoughts or behaviors, and/or any unusual changes in mood or behavior. Discontinue Zepbound in patients who experience suicidal thoughts or behaviors. Avoid Zepbound in patients with a history of suicidal attempts or active suicidal ideation.

Pulmonary Aspiration During General Anesthesia or Deep Sedation: Zepbound delays gastric emptying. There have been rare postmarketing reports of pulmonary aspiration in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation who had residual gastric contents despite reported adherence to preoperative fasting recommendations. Available data are insufficient to inform recommendations to mitigate the risk of pulmonary aspiration during general anesthesia or deep sedation in patients taking Zepbound, including whether modifying preoperative fasting recommendations or temporarily discontinuing Zepbound could reduce the incidence of retained gastric contents. Instruct patients to inform healthcare providers prior to any planned surgeries or procedures if they are taking Zepbound.

Most Common Adverse Reactions: The most common adverse reactions reported in ≥5% of patients treated with Zepbound are nausea, diarrhea, vomiting, constipation, abdominal pain, dyspepsia, injection site reactions, fatigue, hypersensitivity reactions, eructation, hair loss, and gastroesophageal reflux disease.

Drug Interactions: Zepbound lowers blood glucose. When initiating Zepbound, consider reducing the dose of concomitantly administered insulin or insulin secretagogues (e.g., sulfonylureas) to reduce the risk of hypoglycemia. Zepbound delays gastric emptying and thereby has the potential to impact the absorption of concomitantly administered oral medications. Caution should be exercised when oral medications are concomitantly administered with Zepbound. Monitor patients on oral medications dependent on threshold concentrations for efficacy and those with a narrow therapeutic index (e.g., warfarin) when concomitantly administered with Zepbound.

Pregnancy: Advise pregnant patients that weight loss is not recommended during pregnancy and to discontinue Zepbound when a pregnancy is recognized. Available data with tirzepatide in pregnant patients are insufficient to evaluate for a drug-related risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Based on animal reproduction studies, there may be risks to the fetus from exposure to tirzepatide during pregnancy. There will be a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to Zepbound (tirzepatide) during pregnancy. Pregnant patients exposed to Zepbound and healthcare providers are encouraged to contact Eli Lilly and Company at 1-800-Lillyrx (1-800-545-5979).

Lactation: There are no data on the presence of tirzepatide or its metabolites in animal or human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Zepbound and any potential adverse effects on the breastfed infant from Zepbound or from the underlying maternal condition.

Females and Males of Reproductive Potential: Use of Zepbound may reduce the efficacy of oral hormonal contraceptives due to delayed gastric emptying. This delay is largest after the first dose and diminishes over time. Advise patients using oral hormonal contraceptives to switch to a non-oral contraceptive method, or add a barrier method of contraception, for 4 weeks after initiation with Zepbound and for 4 weeks after each dose escalation.

Pediatric Use: The safety and effectiveness of Zepbound have not been established in pediatric patients.

Please see accompanying Prescribing Information, including Boxed Warning about possible thyroid tumors, including thyroid cancer, and Medication Guide.

Please see Instructions for Use.

Zepbound is available as a 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg and 15 mg injection.

ZP HCP ISI 20DEC2024

Reference

1. Zepbound. Prescribing Information. Lilly USA, LLC.

As a result of enacted state and federal legislation, if you are a prescriber or other licensed healthcare professional with an active license from NJ, MA, MN, and/or VT, a Veterans Affairs employee, and/or a state government employee, you may be restricted from accepting industry-provided food/beverage and/or educational item(s). Please consult your state or federal regulations or ethics laws. This program is intended only for invited healthcare professionals (HCPs) or other appropriate personnel for whom the information that is being presented will be relative to their practice. We regret that spouses or other guests cannot be accommodated. In accordance with Lilly Policy and anticipation of Updated PhRMA Code on Interactions with HCPs, Lilly will not provide or pay for alcohol at this educational event.

For more information, please visit www.zepbound.lilly.com/hcp.

Lilly A MEDICINE COMPANY

Learn about a metastatic pancreatic cancer regimen.

With Sonablate AI-Robotic HIFU

Patients can eliminate prostate cancer and preserve their quality of life.

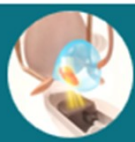
How does HIFU work?

Just as a magnifying glass can focus the sun's rays to burn a leaf, HIFU focused ultrasound waves to ablate tissue. And just as the sun light between the magnifying glass and the leaf will not burn your hand, the HIFU ultrasound waves do not burn the tissue between the transducer and the focal point.

How does Sonablate HIFU treat?

Based on MRI, biopsy results and your individual needs, your physician will create a treatment plan for tissue that needs to be ablated (destroyed).

With pinpoint accuracy, HIFU will ablate only the targeted tissue, leaving the surrounding healthy tissue unharmed.



Your physician will monitor the procedure in real time, adjusting and customizing the procedure to address your individual condition.

Percent of Patients Who Did Not Require Radical or Systematic Treatment after HIFU(at median follow up of 48 mo.)

- **94.4%** Intermediate-Risk Group
- **95.1%** Hign-Risk Group
- **96.1%** Low-Risk Group

Why choose Sonablate HIFU?

NON-INVASIVE
No incision, no blood, radiation-free procedure.

TARGETED TREATMENT
It targets only the affected prostate tissue.

SAME DAY
It is a same-day, outpatient procedure.

LOW CHANCE OF SIDE EFFECTS
There is a low chance of side effects when compared to traditional surgery.

QUALITY OF LIFE PRESERVING
Robust, long-term clinical data

SHORTER RECOVERY
Patients enjoy a shorter recovery time：getting back to normal activity within days.

Sonablate HIFU is a customizable approach, preserving patient quality of lif e

Urinary continence (no pads required)	98-100%
Rectal fistula	0-0.1%
Interventional treatment required	0-0.7%
Preserved erectile function	86-100%

A little bit about Sonablate HIFU's Evolution

- **1987** *Sonablate-100*
- **2001** *Sonablate-500 coupled with more algorithm*
- **2015** *FDA approval*
- **2021** *Congressional endorsement recognizing Sonablate's impact.*
- **2023** *CMS reimbursement increased, securing Medicare coverage of $9300 per case.*
- **2024** *Sonablate-Lux, more applications to expect*

Sonablate HIFU provides an optimal option to cancer patients that balances cancer control and quality of life.

Contact Information

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InnovoTech Solutions

Welcomes physicians to join our network!

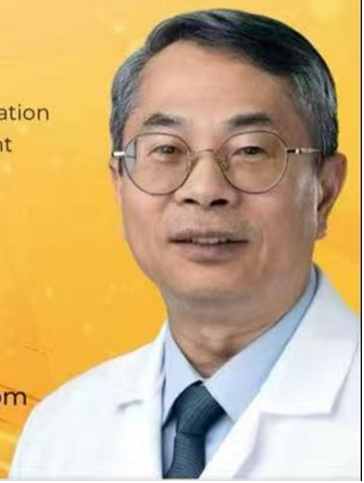
InnovoTech Solutions (ITS) connects independent physicians, specialists, and Ambulatory Surgery Centers (ASCs) to deliver faster, more transparent, and patient-centered care. By cutting through hospital bureaucracy, ITS empowers physicians to provide high-quality surgical solutions for conditions like BPH and prostate cancer—and soon, other specialties.

Advantages For Patients:

- Rapid access to surgical care, avoiding hospital operating room delays
- Transparent, surprise-free billing

Advantages For Physicians:

- Streamlined diagnostic and surgical flow coordination
- Access to ITS-financed specialized ASC equipment
- Simplified out-of-pocket billing and reimbursement process



Dr. Henry Chen
Executive Chairman

Henry.Chen@myInnovoTech.com

Dinner invitation on 10/17

ViiV HEALTHCARE
US MEDICAL AFFAIRS

We are ViiV Healthcare: a specialist pharmaceutical company 100% dedicated to HIV medicines and research and focused on people living with HIV and AIDS.

US Medical Affairs is a key medical and scientific information partner serving a variety of healthcare professionals, delivering the highest caliber evidence, education and engagement.

We are committed to helping more people living with HIV & people who may benefit from PrEP.

We create & nurture partnerships with our key stakeholders.

EVIDENCE

- Identify and facilitate sites for early and Phase 3b/4 studies
- Investigator initiated studies
- Case reports
- Publications

EDUCATION

- Disease state
- ViiV medicines/pipeline
- Injection education
- Patient education

ENGAGEMENT

- Data updates
- Clinical needs or questions

Scan to visit the medical website at

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Visit the medical website to:

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- Or call us at 1-888-226-8434*

*Available weekdays from 8am—6pm EST

This information is intended for US healthcare professionals only.

ViiV Healthcare

Expanding Options in HIV Prevention: The Role of Long-Acting Innovations

This session will explore how long-acting injectable innovations are expanding options in HIV prevention and reshaping the national effort to end the HIV epidemic. Faculty will examine the current prevention landscape, the evolving role of HIV Pre-exposure Prophylaxis (PrEP), and the clinical and practical implications of integrating long-acting approaches into care.

By the end of this session, attendees will be able to:

- Examine the current landscape of HIV in the United States
- Explore the strategic role of PrEP in ending the HIV epidemic
- Understand the clinical and practical implications of long-acting PrEP
- Translate emerging evidence into action and identify opportunities to enhance engagement, equity, and access in HIV prevention

PRESENTED BY:

Christopher Nguyen, MD

Regional Medical Director

ViiV Healthcare

Saturday,
October 18, 2025
12:20-12:50 PM (CST)

Bank of America Hall
Eisemann Center
2351 Performance Drive
Richardson, TX 75082


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