Vasculitis:
Current Concepts and Best Practices

Held in Conjunction with the 2010 All Star Vasculitis Symposium

Saturday, July 31, 2010
8:30 AM - 1:00 PM

The Westin Long Beach
333 East Ocean Boulevard
Long Beach, California 90802

For further information call 310-423-5548
or visit www.csmc.edu/cme
**Faculty**

**Michael H. Weisman, MD - Co-Course Director**
Director, Division of Rheumatology  
Department of Medicine  
Professor of Medicine  
Cedars-Sinai Medical Center  
Los Angeles, California  

**Ulrich Specks, MD**  
Professor of Medicine  
Mayo Clinic College of Medicine  
Pulmonary and Critical Care Medicine  
Mayo Clinic  
Rochester, Minnesota  

**Cornelia M. Weyand, MD, PhD**  
Professor of Medicine  
Department of Medicine: Immunology & Rheumatology  
Stanford University  
Stanford, California  

**Peter A. Merkel, MD, MPH - Co-Course Director**  
Professor of Medicine  
Director, Vasculitis Center  
Boston University  
Boston, Massachusetts  

**Carol A. Langford, MD, MHS**  
Director, Center for Vasculitis Care and Research  
Cleveland Clinic  
Cleveland, Ohio  

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**Conference Location**

**The Westin Long Beach**  
333 East Ocean Boulevard  
Long Beach, California 90802  

**Driving Directions:**  
The Westin Long Beach is 24 miles south of Los Angeles via the 710 Freeway South. Take the Downtown/Broadway exit. Proceed through 9 lights, and turn right onto Elm Street. Turn right onto Ocean Boulevard. The hotel is located on the right.

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**ROOM RESERVATIONS**

A limited number of rooms have been reserved for meeting attendees at a special group rate of $175/night plus taxes. Rooms at our special rate are reserved until July 2, 2010. After this date, reservations will be accepted on a space and rate availability basis. PLEASE NOTE – There are instances where the room block sells out prior to the cut-off date.

Please call The Westin Long Beach at 800-937-8461 or 562-436-3000 to make your hotel reservation. Identify yourself as attending the Vasculitis Foundation Symposium meeting in order to obtain this special rate.

**Vasculitis: Current Concepts and Best Practices CME Symposium** is being held in conjunction with the:  

**2010 All Star Vasculitis Symposium**  
(for Vasculitis Patients, Families, Caregivers and Physicians)  
July 30 – August 1, 2010  
The Westin Long Beach  

For more information on this separate event go to [www.vasculitisfoundation.org](http://www.vasculitisfoundation.org)
**COURSE DESCRIPTION**

Designed by experts in the field, this half-day program will profile and discuss the recent advances made in the diagnosis and management of various forms of vasculitis, including giant cell arteritis, Takayasu’s arteritis, ANCA-associated vasculitis (Wegener’s granulomatosis and microscopic polyangiitis), and Churg-Strauss syndrome. Each presentation will highlight the latest research advances and provide attendees with a clear understanding of the current standard of care for treatment of these challenging diseases. The conference format will include lectures and question and answer sessions, allowing participants the opportunity to ask specific questions to clarify the finer points of the presentations.

**TARGET AUDIENCE**

This activity is intended for physicians specializing in rheumatology, nephrology, internal medicine, pulmonology, allergy & immunology, vascular medicine, neurology and other healthcare practitioners who treat patients with rheumatic conditions.

**EDUCATIONAL OBJECTIVES**

- Review recommendations for the management of both large and small-vessel vasculitis to assure patients are treated according to the current standard of care.
- Review the utility and appropriate use of laboratory and non-invasive imaging modalities for diagnosis and management of vasculitis.
- Review the current state of research into new therapies for vasculitis and how such work applies to the routine care of patients with vasculitis.

**ACCREDITATION STATEMENT**

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Cedars-Sinai Medical Center and the Vasculitis Foundation. Cedars-Sinai Medical Center is accredited by the ACCME to provide continuing medical education for physicians.

**CREDIT DESIGNATION STATEMENT**

Cedars-Sinai Medical Center designates this educational activity for a maximum of 3.5 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**NURSES**

The California State Board of Registered Nursing accepts courses approved by the ACCME for category 1 credit as meeting the continuing education requirements for license renewal.

**POLICY ON DISCLOSURE**

It is the policy of Cedars-Sinai Medical Center to ensure balance, independence, objectivity, and scientific rigor in all of its educational activities. Cedars-Sinai Medical Center assesses conflict of interest with its faculty, planners and managers of CME activities. Conflicts of interest that are identified are resolved by reviewing that presenter’s content for fair balance and absence of bias, scientific objectivity of studies utilized in this activity, and patient care recommendations.

While Cedars-Sinai Medical Center endeavors to review faculty content, it remains the obligation of each physician or other healthcare practitioner to determine the applicability or relevance of the information provided from this course in his or her own practice.

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**Agenda**

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<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>8:30 - 9:00 AM</td>
<td>Registration and Breakfast</td>
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<tr>
<td>9:00</td>
<td>Welcome</td>
<td>Don Gebhart, MD, Vasculitis Foundation</td>
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<tr>
<td>9:05</td>
<td>Introduction and Overview</td>
<td>Michael H. Weisman, MD</td>
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<td>9:15</td>
<td>Giant Cell Arteritis/Polymyalgia Rheumatica</td>
<td>Cornelia M. Weyand, MD, PhD</td>
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<tr>
<td>10:00</td>
<td>Takayasu’s Arteritis</td>
<td>Carol A. Langford, MD, MHS</td>
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<td>10:45</td>
<td>Break</td>
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<tr>
<td>11:00</td>
<td>ANCA-Associated Vasculitis</td>
<td>Peter A. Merkel, MD, MPH</td>
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<tr>
<td>11:45</td>
<td>(Wegener’s and Microscopic Polyangiitis)</td>
<td>Ulrich Specks, MD</td>
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<tr>
<td>12:30 PM</td>
<td>Churg-Strauss Syndrome</td>
<td>All Faculty</td>
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<td>1:00</td>
<td>Faculty Panel and Q&amp;A</td>
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<td></td>
<td>Meeting Adjourns</td>
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Registration

Fees:

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<tr>
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<th>Standard</th>
<th>Late and On Site</th>
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<td>July 1, 2010</td>
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<tr>
<td>Physicians</td>
<td>$100</td>
<td>$125</td>
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<td>Allied Healthcare Professionals</td>
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<td>$85</td>
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<td>*Residents/Fellows</td>
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*Residents/Fellows registration must include written proof of residency (a letter from Program Director) to receive reduced fee. Residents/Fellows must send the registration form and written proof via mail or fax.

CME credit, course materials and continental breakfast are included with the registration fee.

FOUR METHODS FOR REGISTERING

- **Mail** registration form and payment (checks made payable to Cedars-Sinai Medical Center) to:

  Cedars-Sinai Medical Center  
  Office of Continuing Medical Education  
  Attn: Registration  
  8797 Beverly Boulevard, Suite #250  
  Los Angeles, CA 90048

- **Register online** at www.csmc.edu/cme and click on CME Courses

- **Fax** completed registration form with credit card payment information to (310) 423-0309.

- **Call** (310) 423-5548 to register with a credit card.

CONFIRMATION:
In order to receive a registration confirmation, please provide your e-mail address or fax number. If you do not receive a confirmation, please call 310-423-5548 to confirm your registration.

REFUND POLICY:
All cancellations must be submitted in writing and refunds will be subject to a $25 administrative charge. No refunds will be given after Friday, July 23, 2010.

We encourage participation by all individuals. If you have a disability, advance notification of any special needs will help us better serve you.

For further information call 310-423-5548 or visit www.csmc.edu/cme

Registration Form

**Vasculitis: Current Concepts and Best Practices**  
**Saturday, July 31, 2010**

*Please Print Clearly*

Last Name: _______________________  First Name: _______________________

Address: ____________________________________________

City: ________________________________________  State: _______  Zip: __________________

Phone: (     ) _______________  Fax: (     ) _______________  E-mail: ________________________

Specialty/Area of Interest: ________________________  Degree:  □  MD  □  DO  □  RN  □  PA  □  Other ________________________

Payment Method:

- □ Check (payable to CSMC)  Amount: $______________  □  Credit Card:  □  Visa  □  MasterCard  □  American Express

  Credit Card Number: ____________________________  Exp. Date: ________  Amount: $________

  Name on Card: ____________________________________________

Authorized Signature: ____________________________________________