

The National Today

OFFICIAL PUBLICATION OF THE ANNUAL SCIENTIFIC MEETING

THURSDAY,
AUGUST 8, 2024

Inside

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Opens Doors
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Meghan McClelland,
MBA
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CECH Scanning Schedule

10:00–10:30 a.m.
Scanning outside the
lecture hall
2.5 contact hours

12:00–12:30 p.m.
Scanning outside the
lecture halls
1.5 contact hours

4:00–6:00 p.m.
Scanning in the
exhibit hall
1.5 contact hours

apma



WELCOME TO The National

A PMA is delighted to welcome you to the 2024 Annual Scientific Meeting in Washington, DC!

The National is the meeting for every podiatrist. No matter your state, your practice type, or your areas of clinical interest, there's something for you at The National, and this year we're delighted to welcome you to our nation's capital.

We'll jump right into educational sessions today, including an opening address at 3 p.m. from APMA Member John S. Steinberg, DPM, professor and full-time faculty member in the department of Plastic and Reconstructive Surgery at Georgetown University School of Medicine here in Washington, DC. Dr. Steinberg is a past president of

the American College of Foot and Ankle Surgeons and currently serves as co-director of the Center for Wound Healing at MedStar Georgetown University Hospital, program director for the MedStar Health PMSR/RRA, and a faculty member for the Georgetown Diabetic Limb Salvage Research Fellowship. APMA gratefully acknowledges Averitas Pharma, Inc., for its support of our opening session.

This afternoon you'll also enjoy the return of our popular surgical blitz sessions from 1:30–3 p.m., with a track on surgical complications led by APMA Member Jacob Wynes, DPM, MS. Presenters will share quick, 10-minute surgical scenarios followed by discussion.

Also this afternoon, join us for the grand opening of our expansive



exhibit hall and meet our new CEO Meghan McClelland, MBA, at the APMA Booth (#411)! Meghan will be at the booth greeting members and our industry partners. Read more about her on page 5, and don't miss this chance to welcome her to APMA.

See **Welcome** page 8



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Walk through the Open Doors:

OPENING ADDRESS CELEBRATES PODIATRY'S STRENGTHS



JOHN S. STEINBERG, DPM

This afternoon, APMA is delighted to welcome John S. Steinberg, DPM, to present the Opening Address at The National. Dr. Steinberg is a professor and full-time faculty member in the department of Plastic and Reconstructive Surgery at Georgetown University School of Medicine here in Washington, DC.

A past president of the American College of Foot and Ankle Surgeons, Dr. Steinberg serves as co-director of the Center for Wound Healing at MedStar Georgetown University Hospital, program director for the MedStar Health PMSR/RRA, and a faculty member for the Georgetown Diabetic Limb Salvage Research Fellowship. Dr. Steinberg has published more than 200 papers and recently published his first textbook, *Functional Limb Salvage: The*

Multidisciplinary Team Approach. He has lectured extensively on diabetic limb salvage nationally and internationally and is actively involved in clinical research and publication.

Dr. Steinberg's goal for the opening address is to energize his audience as they embark on four days of education, networking, and professional development. "I plan to frame my talk around a few long-term patients who were able to maintain their legs," he said. "I want to tell their stories and talk about how podiatry was positioned to help them."

As a member of a true podiatry family (Dr. Steinberg's grandfather, father, brother, and cousins also chose podiatry), he is eager to celebrate the profession and inspire attendees to join him. "We're at a critical moment with student enrollment and student recruitment," he said. "Yet this is the best time in our profession.

We've opened so many doors, and we should all be screaming from the mountain. I would love for people to walk away from this talk and hold their heads up high and be proud of what the profession is doing and the impact we have."

Dr. Steinberg feels that too often, the profession focuses on struggles and challenges rather than reflecting on what it has achieved and being inspired to do more.

"I think we underestimate ourselves a lot. I'm a professor at Georgetown University School of Medicine. I'm treated as an equal on every committee. I interview students for [admission to] medical school. I think there are others in our profession who feel for whatever reason that those doors are closed to them, but they are not. They are very open, and

I want to encourage others to walk through those open doorways."

During the Opening Session, you will also hear updates from APMA President Lawrence A. Santi, DPM, who will introduce Meghan McClelland, MBA, APMA's new executive director and CEO. Meghan will be at the APMA Booth (#411) in the exhibit hall following the Opening Session to meet with members. ●

APMA gratefully acknowledges Averitas Pharma, Inc., for its support of our Opening Session.

OPENING SESSION

Thursday, August 8, 3-4 p.m.
146BC

The National Today

The National Today is published by the American Podiatric Medical Association during its Annual Scientific Meeting.

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MEET NEW APMA CEO

Meghan McClelland!



EXHIBIT HALL GRAND OPENING
Thursday, August 8, 4–6 p.m.
APMA Booth (#411)

Join APMA today during the Grand Opening of the exhibit hall for an opportunity to meet our new executive director in person! Meghan McClelland, MBA, comes to APMA from the Maryland Hospital Association, where she served in a variety of staff leadership roles for 17 years. Meghan most recently was COO and senior vice president and led the organization through two CEO transitions. Her official start date with APMA is August 29, but she's joining us this afternoon to begin her immersion in the profession.

Meghan has deep experience in association strategy and operations, policy development, strategic planning, governance, membership, finance, information technology, human resources, for-profit subsidiaries, and political action committees. She has worked with some of the leading hospital systems in the

country, as well as small, rural systems. Having guided the MHA to success in a state with an extremely challenging legislative and regulatory environment, Meghan looks forward to turning her attention to podiatric medicine and surgery.

"I am honored to be joining the American Podiatric Medical Association as the next executive director and CEO," Meghan said. "I look forward to working collaboratively with members, policymakers, and stakeholders to advance members' priorities and promote foot and ankle medicine and surgery and its importance for patients in our communities."

Meghan holds a Bachelor of Arts degree in political science from Arizona State University and an MBA from George Washington University. In her spare time, she enjoys walking, traveling, and spending time with her husband and daughter. ●

“ I look forward to working collaboratively with members, policymakers, and stakeholders to advance members' priorities and promote foot and ankle medicine and surgery and its importance for patients in our communities. ”

— MEGHAN McCLELLAND, MBA

VISIT OUR Exhibit Hall!



Be sure to visit the APMA booth (#411) during the Grand Opening.

Enjoy our Opening Session this afternoon, then head straight downstairs for the perfect end to a great first day. The exhibit hall Grand Opening is two hours of dedicated time to explore our expansive hall and the many vendors there to support you and The National.

During the grand opening, enjoy light refreshments and mingle with colleagues while walking the aisles. More than 130 vendors are on hand to provide all the supplies and services you need. Dermatologies, orthotics, surgical tools, diagnostics, office equipment ... if you need it to run a podiatry practice, you will find it here. Meet with your reps and make new connections. See demonstrations of cutting-edge products and familiarize yourself with new practice management services.

All meeting attendees are invited to participate in the APMA Step Up Challenge in the exhibit hall! To play, use the APMA Engage app to check in with exhibitors using the Step Up Challenge QR code at their booth. Visit and check in with at least 25 booths to be eligible to win awesome prizes, including the grand prize of a \$500 gift card!

Be sure to visit the APMA booth (#411) during the Grand Opening. APMA staff will be on hand to answer your most pressing questions, plus, you'll have an opportunity to meet our new CEO Meghan McClelland, MBA. Talk to a coding expert and learn about the meeting discount for the Coding Resource Center; discover APMA's population health initiatives, including resources for falls prevention, burnout, and amputation prevention; sign up for the

See [Exhibit Hall](#), page 13



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apma

Having trouble?
Visit the APMA Booth (#411).

TEST YOUR Knowledge!



Today's Breakfast Symposium brings together podiatric physicians and vascular surgeons focused on improving the outcomes of peripheral artery disease (PAD). Test your knowledge of PAD with today's quiz, and don't miss the Breakfast Symposium: Team Approach to Peripheral Artery Disease today at 7:30 a.m. in 146BC!

What is a type of vascular surgery that creates a connection between an artery and a vein in the foot to improve blood flow?

- Intravascular ultrasound (IVUS)
- Drug-eluting stent (DES) placement
- Deep venous arterialization (DVA)
- Intravascular lithotripsy (IVL)

Continued from **Welcome**, page 1

Be sure to visit the exhibit hall often this year. Our mobile lab will be on site during exhibit hours, featuring a mobile operating room with integrated lab stations that allow visitors to experience Stryker's line of products and partner technologies. The mobile lab is set up for a wide variety of surgical specialties, procedures, and situations. Visit the mobile lab to ramp up your surgical skills!

You'll also enjoy exploring the more than 130 exhibitors on hand to support the profession. The exhibit hall features everything you need, from surgical tools to footwear to services to support your practice. Don't forget to stop at the APMA booth (#411) to learn more about the many ways APMA defends you and your practice (see more about the booth on page 6).

On Saturday, we'll welcome back the wildly popular Podiatry School Student Quiz Bowl, and we'll celebrate the outstanding research that advances the practice of podiatric medicine and surgery with our Oral Abstracts session and Poster Abstracts Symposium. As usual, Sunday will deliver the unmatched Harry Goldsmith, DPM, Memorial Coding Seminar.

Don't miss important opportunities to supplement your continuing education throughout the meeting. On Thursday, Friday, and Saturday you'll have the chance to attend non-CECH symposia on a wide variety of topics (see more on page 17). And don't forget to visit our Innovation Cafés in the exhibit hall during Friday and Saturday morning



WELCOME TO THE
**2024 Annual
Scientific
Meeting**

scanning breaks. Rest your feet, help yourself to a beverage, and listen to a sponsored talk.

As always, one of the greatest benefits of The National is the camaraderie. Tonight, following the exhibit hall grand opening, attend our Diversity, Equity, and Inclusion (DEI) reception to socialize with your peers and hear from our DEI Committee. On Friday evening, attend a Leadership Listening Session from 5:30–6:30 p.m. APMA volunteer and staff leadership will be on hand to hear from you, members of the profession. Bring your questions, concerns, and comments! Afterward, young physicians won't want to miss

the Young Physicians' Happy Hour from 6:30–7:30 p.m. On Saturday morning, get your day off to a running (or walking!) start with the Team APMA Fun Run benefiting the APMA Educational Foundation. Be sure to stop by our Member Lounge near Registration to relax, catch up with old friends, and make new ones. You'll also find a social media station near the lounge with a backdrop, lighting, and tripod so you can snap the perfect selfie for your social media accounts!

APMA gratefully acknowledges the outstanding sponsors that have made this event possible. We are fortunate to enjoy the support of these

wonderful companies that play a vital role in our podiatry community. See a full listing of sponsors on page 16.

APMA welcomes your feedback as The National evolves to meet the changing needs of the podiatric community. The meeting evaluation will be available soon after the close of the meeting. We look forward to delivering an exceptional event. ●

Need a Break?

Looking for a spot to relax and unwind with an old friend or a new acquaintance? Want to learn a bit more about how your association is protecting and fighting for you? Be sure to stop by our Member Lounge near Registration. There will be seating to rest your tired feet and drinks for a quick refresher.

Plus, you can check out what others are posting on their socials about the meeting and catch a few minutes of Olympic coverage.

Enjoy this relaxing and engaging spot just for you—our members!



Join APMA Clinical Affiliates

FOR FOCUSED EDUCATION

APMA's clinical education affiliates are organizations that advance their members' knowledge around a unique area of podiatric medical practice. Members share a significant interest in this unique area of practice, and the organizations embrace the mission and values of APMA.

This year during The National, our clinical education affiliates will share outstanding presentations on their areas of focus as part of an affiliates showcase. Don't miss the opportunity to learn from their expert speakers:

AMERICAN COLLEGE OF PODIATRIC MEDICINE

**The Diabetic Foot–Pain–Depression Cycle:
Why You Should Screen Your Patients for
Depression**

Brandon Brooks, DPM, MPH

AMERICAN SOCIETY OF PODIATRIC SURGEONS

**Complications in Minimally Invasive Foot and
Ankle Surgeries**

Vilayvanh Saysoukha, DPM

AMERICAN ACADEMY OF PODIATRIC SPORTS MEDICINE

**Twisting Ankle Injuries that Are Not Your Typical
Inversion Ankle Sprain**

Alicia Canzanese, DPM, ATC

To learn more about APMA Affiliate and Related organizations, visit our website at www.apma.org/affiliated.

APMA CLINICAL EDUCATION AFFILIATES SHOWCASE

Thursday, August 8,
10:30 a.m.–12 p.m.
146BC



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Meet the Contestants



Eli Goeglein

ARIZONA COLLEGE OF
PODIATRIC MEDICINE
AT MIDWESTERN
UNIVERSITY

On Saturday, August 10, The National will play host to an event that has quickly become one of podiatry's most beloved traditions—the Podiatry School Student Quiz Bowl! The quiz bowl brings together rising fourth-year students from the nine accredited colleges of podiatric medicine for a challenging and spirited competition. Be ready to cheer!

In today's issue, meet the contestants from Arizona College of Podiatric Medicine at Midwestern University, Western University of Health Sciences College of Podiatric Medicine, and New York College of Podiatric Medicine. Meet more of our contestants in tomorrow's edition of *The National Today*!

Eli Goeglein

Why did you choose a career in podiatric medicine and surgery?

I worked for a podiatrist throughout undergrad, and I came to enjoy the fact that we get people back on their feet, which allows them to live a healthier, active lifestyle.

What made you decide to participate in the 2024 Podiatry School Student Quiz Bowl?

I am participating because this friendly competition will allow me to test my knowledge and is a unique opportunity to represent AZCPM.

Is anyone coming to cheer you on?

My fellow APMSA delegation from AZCPM will be cheering me on, as well as any other classmates in attendance.

How will you prepare for the Quiz Bowl?

Coffee, Crozer, and Pocket Pimped.

What makes you stand out from other contestants?

My small-town childhood on the farm spending many summers on a tractor.

If you win, how will you spend your prize money?

I will put the money towards travel expenses during externships.

What are you looking forward to in Washington, DC, outside of the Quiz Bowl?

I look forward to visiting the monuments along the National Mall.

Do you have advice for future podiatric medical students?

Continue working hard and keep an open mind. Shadow as much as you can and evaluate which medical career is right for you. Do not stress too much, as it truly works out how it is supposed to in the end.



Donya Anwar Rabadi

WESTERN UNIVERSITY
OF HEALTH SCIENCES
COLLEGE OF PODIATRIC
MEDICINE



Julia Reczek

NEW YORK COLLEGE OF
PODIATRIC MEDICINE

Donya Anwar Rabadi

Why did you choose a career in podiatric medicine and surgery?

My passion for podiatry stemmed from the desire to keep people on their feet and moving. Growing up as the eldest daughter of chronically ill parents, I watched them endure pain and disability just to be able to work and provide for our family. While I always thought this experience was unique to me, I soon realized that so many ailing patients face this reality on a daily basis. Being able to restore an individual's ability to walk comfortably is such a gift and one that inspires me to continue moving forward with my career every single day.

What made you decide to participate in the 2024 Podiatry School Student Quiz Bowl?

Lifelong learning, am I right? No, truly it's an honor to be selected to represent Western University at such a highly coveted event.

Is anyone coming to cheer you on?

My best friend, partner in crime, and fellow student, Sarah Seo, will be present to cheer me on.

How will you prepare for the Quiz Bowl?

The quiz bowl is an opportunity to enhance my clinical knowledge in preparation for upcoming boards and interviews. I am using a combination of material put together by years of upperclassman as well as notes I have gathered from numerous clinical rotations to prepare for this quiz bowl.

What makes you stand out from other contestants?

Academics aside, I think I have been blessed enough to be a non-traditional medical student who came into school with endless invaluable life experiences to bring to the table. Even more importantly, I am a woman in medicine, the oldest daughter of immigrant parents, and a fabulous cook.

If you win, how will you spend your prize money?

I plan on using the money to pay off the last few payments on my car. Paying for a new car during school has not been easy but I am glad it's coming to an end.

What are you looking forward to in Washington, DC, outside of the Quiz Bowl?

During my last trip to DC, I didn't have enough time to visit the National Museum of American History, and as a history buff, this is a must!

Do you have advice for future podiatric medical students?

Take pride in your profession and what you do—that's what will set you apart from any another physician and surgeon out there.

PODIATRY SCHOOL STUDENT QUIZ BOWL

Saturday, August 10, 4:30–6 p.m. | 146B

Julia Reczek

Why did you choose a career in podiatric medicine and surgery?

I shadowed a local podiatrist back in high school through a medical internship program and absolutely loved the experience! I enjoyed how different the day-to-day life of podiatry is between working in the OR or in an outpatient clinic and set my sights on a career in podiatry by the end of that program.

What made you decide to participate in the 2024 Podiatry School Student Quiz Bowl?

Not to brag, but I was vice president of my high school's Quiz Bowl team, and while we didn't focus on podiatry questions, I definitely got my love for trivia from this experience! I'm definitely very nervous for this Quiz Bowl but hope my history with this type of competition is helpful.

Is anyone coming to cheer you on?

I have a few friends from NYCPM attending The National with whom I am also presenting a poster in the student competition, so they better be coming to cheer me on!

How will you prepare for the Quiz Bowl?

I've been preparing by reading review books, doing Quizlet decks, and running some rapid-fire questions with friends. I think the past three years of school have been the greatest (and most challenging) preparation though.

What makes you stand out from other contestants?

I hope it will look like I'm really having fun during the competition, even though I'm sure I will be very nervous too. Some of my favorite experiences in classes the past few years have been when we played review games like Kahoot or Jeopardy, and hopefully the Quiz Bowl will be a little like these.

If you win, how will you spend your prize money?

Traveling for fourth year externships is very expensive, so I would be covering some Airbnb bills with the prize money if I won.

What are you looking forward to in Washington, DC, outside of the Quiz Bowl?

I went to undergrad in DC (at George Washington University), so I'm hoping to visit some of the restaurants I loved back then! I highly recommend Tonic at Quigley's and GCDC for great tater tots and grilled cheese respectively.

Do you have advice for future podiatric medical students?

I would recommend finding a way to make the long hours of studying fun. I loved studying with friends while quizzing each other or decorating the walls of my apartment with sticky notes where I have written all the important points to learn. Anything interactive really helps stick the complex information in your brain. ●

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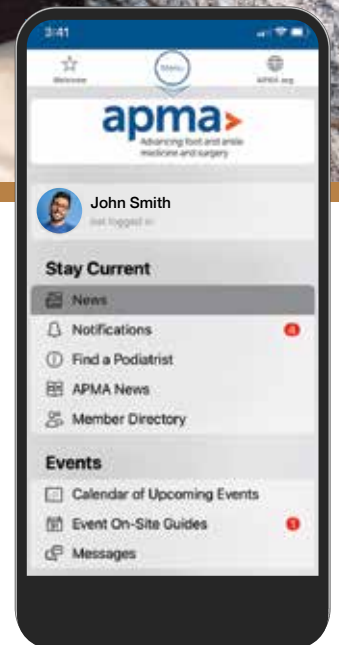
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NATIONAL
2024



The APMA Engage app is your key to making the most of your time in Washington, DC. The app is your tool to navigate the meeting, including the schedule, speakers, exhibitors, and sponsors. It includes the most up-to-date information on locations for each session, and it allows you to receive important notifications throughout the event. To download the app, search “APMA Engage” in the Apple App Store or Google Play store, find a link at www.apma.org/apmaengage, or scan the QR code on this page. If you are having trouble downloading the app, stop by the APMA booth (#411) for help.

With APMA Engage, you can create your own ideal National experience. Choose the tracks and lecturers you want to hear, flag the

vendors you need to visit in the exhibit hall, and receive important notifications about scanning, schedule changes, and more. You can use the social functions of the app to connect with fellow attendees and post your thoughts and photos for all to see. Or, start a private conversation and make plans for the evening. Some sessions also allow you to interact with the presenters by answering poll questions and posting questions through the app. To participate in polling, open up your session within the app and look under the “Resources” section. You will also use APMA Engage to participate in the APMA Step Up Challenge in the exhibit hall!

As long as you are on your mobile device using APMA Engage, hop over to your social media channels and let everyone know what

you love about your time in DC with **#APMANational2024**. For the perfect photo op, snap a selfie with our APMA background near Registration. In addition to giving your absent colleagues FOMO, you could be featured on our social media wall! Look for the wall, and be sure to tag APMA in your posts.

With so many ways to stay informed and engaged with APMA during The National, we can't wait to connect with you! ●

Use the APMA Engage App

SCAN CODE TO DOWNLOAD!



Continued from **Exhibit Hall**, page 6

Team APMA Fun Run and make an Educational Foundation donation. Plus, our legislative experts will be available to guide you on using our eAdvocacy system to make your voice heard during your stay in the nation's capital.

Across the aisle from the APMA booth, visit the APMA Career Center (#307). Whether you are looking for your first job, want to bring on an associate, or are looking to sell your practice and retire, this space is your spot to make connections. Peruse career resources and job listings and check out profiles of job seekers and employers attending The National. Connect with fellow attendees through APMA Engage and make a plan to chat in the booth. The next step in your career starts at the APMA Career Center. Complimentary headshots will also be available in the Career Center booth during the

grand opening and on Saturday during lunch.

Visit the Stryker mobile lab while you're in the exhibit hall and ramp up your surgical skills! The lab is a mobile operating room with integrated lab stations that allow visitors to experience Stryker's line of products and partner technologies. The mobile lab is set up for a wide variety of surgical specialties, procedures, and situations.

In addition to the grand opening, the exhibit hall is open on Friday from 9:30 a.m.–2 p.m. and Saturday from 9:30 a.m.–2:30 p.m. Be sure to visit the exhibit hall often to express your appreciation to our vendors for supporting The National, and don't leave DC without finding the products and tools you need for your office. ●

GRAND OPENING

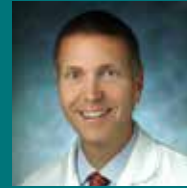
Thursday, August 8, 4–6 p.m.
Exhibit Hall A, Concourse Level



Question OF THE DAY

What are you looking forward to at The National?

JOHN S. STEINBERG, DPM



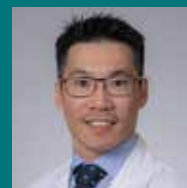
It's always great to reconnect with colleagues and friends from years or even decades ago. DC is a great city—and my home city right now—and a great place to celebrate where podiatry fits into this country and what we do for folks. The science is what everyone signs up for, but the networking is what keeps people in the hallways.

WILLIAM HARRIS IV, DPM



Seeing the growth of APMA's incorporation of the DEI principles to make our educational and interprofessional experiences more encompassing.

CHIA-DING (JD) SHIH, DPM, MPH



Learning new things, and a secondary goal at the national conference is to meet colleagues I haven't seen for months or sometimes years—it's always good to catch up.

PICA POLICYHOLDERS:
**Earn a 15%
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PICA policyholders attending The National are eligible for up to a 15-percent premium discount for attending the risk management programming*. Those attendees who have participated in other meetings or the pre-approved online program and received a 10-percent discount can receive an additional 5-percent discount for attending the risk management programming at The National.

*Content for "Risk Management Programming" includes attending both the Expert Panel on "How Would I Approach This?" on Saturday, August 10, from 2:30–4:30 p.m. and the Breakfast Symposium "AI and Ethical Implications for Podiatrists" on Sunday, August 11, from 7:00–8:30 a.m.

APMA gratefully acknowledges PICA's long-term commitment to The National.

Explore Podiatry's Role

ON THE PAD TEAM

This morning, enjoy a hot breakfast and a hot topic: John N. Evans, DPM; Micah Watts, MD; and William P. Shutze, MD, will discuss the team approach to peripheral artery disease (PAD).

Dr. Evans will speak from the perspective of podiatry, while Drs. Watts and Shutze will represent interventional radiology and vascular surgery, respectively. Dr. Evans was APMA's representative to the writing committee for the recently

released ACC/AHA/AACVPR/APMA/ABC/SCAI/SVM/SVN/SVS/SIR/VESS Guideline for the Management of Lower Extremity Peripheral Artery Disease.

"This breakfast symposium is a great opportunity for all to see how

**BREAKFAST SYMPOSIUM:
TEAM APPROACH TO
PERIPHERAL ARTERY
DISEASE**

Thursday, August 8,
7:30–9 a.m. | 146BC

podiatrists are using their diagnostic skills to ensure that those suffering with PAD are getting to the proper place for care for their circulatory issues—while continuing to treat the local manifestations resulting from their condition," said APMA Trustee David B. Alper, DPM, who will serve as session moderator. "APMA has worked over the past few years to build strong bridges with both the Society for Vascular Surgery (SVS) and the Society of Interventional Radiology (SIR) to share educational opportunities



and display how it really does take a village to treat these manifestations of PAD. Attendees will have a wonderful chance to hear how it results in excellent patient care and often amputation prevention."

Don't miss this exciting and timely topic this morning to kick off your National experience! ●

PLENARY LECTURE AIMS TO IMPROVE CARE Across Racial, Ethnic, Cultural Boundaries

This morning, the APMA Diversity, Equity, and Inclusion (DEI) Committee and the Podiatric Population Health (PPH) Committee will present a plenary lecture given by Somnath Saha, MD, MPH, a professor of medicine at Johns Hopkins School of Medicine in Baltimore. Dr. Saha's research focuses on the influence of race and ethnicity in the doctor-patient relationship, its connection to racial disparities in the quality of health care, and its implications for diversity in the health-care workforce.

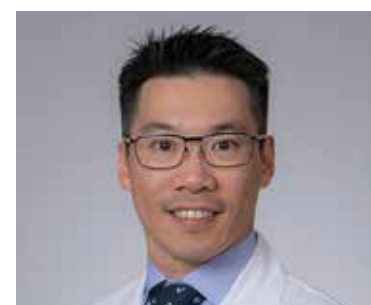
The National Today caught up with William Harris IV, DPM, and Chia-Ding (JD) Shih, DPM, MPH, the chairs of the DEI and PPH Committees, respectively, and moderators for the lecture, to learn more about the committees' goals and what they hope attendees will take back to practice. Read on for more.



**WILLIAM HARRIS IV,
DPM**

Why did your committees feel so strongly about this topic? Why should it matter to our attendees?

DR. HARRIS: DEI principles are important because they improve health-care outcomes, improve patients' quality of life, and increase patient trust and engagement with their physicians. And most



**CHIA-DING (JD) SHIH,
DPM, MPH**

importantly in our current economy where we are moving toward value-based care, minimizing barriers to care helps to reduce health-care costs because patients get the care they need early on.

DR. SHIH: Personally, I think it's a very important topic. Unfortunately in our society, race and socioeconomic See [Plenary Lecture](#), page 15

Continued from **Plenary Lecture**, page 13

status are often closely connected. Evidence has suggested that the socioeconomic status is also closely related to clinical outcomes. It affects access to care and medical supplies, disparities in insurance coverage that delay care, and more. The bottom line is that as a profession, if we want to really improve clinical outcomes and to provide good value in our care, we cannot ignore DEI when we treat patients.

What will the session cover, and what do you hope that attendees will walk away with and take back into practice?

DR. HARRIS: The session will offer tools that will help attendees mitigate their implicit biases, which affect the care they provide, allowing them to tailor treatment for each individual patient to address their differences.

What are some techniques that podiatric physicians and surgeons can implement to improve care across racial, ethnic, and cultural boundaries? What do you do in your practice?

DR. SHIH: I think the most fundamental technique to improve care across racial, ethnic, and cultural boundaries is simply to listen to the patients. As providers, we want to tell the patient what needs to be done, but sometimes that ignores what really works for patients. Having a conversation with the patient to figure out if the proposed plan will work will likely improve the outcomes. We need to treat the people, not just the conditions.

What else should our readers know?

DR. HARRIS: True DEI principles are not what is politicized on TV. We as health-care providers have to be the leaders in correcting the narrative as a whole in order to save more feet and lives! ●

PLENARY LECTURE
Thursday, August 8,
9–10 a.m. | 146BC

DEI Panel and Reception

THIS EVENING

The APMA Diversity, Equity, and Inclusion (DEI) Committee invites you to an insightful panel on "Championing Diversity: Insights from the DEI Committee." Join us this evening, Thursday, August 8, at 6 p.m. in room 147A for an engaging discussion led by William Harris IV, DPM, chair of the DEI Committee, along with several passionate committee members dedicated to promoting diversity and fostering a more inclusive and equitable environment within podiatric medicine and surgery and the APMA community.

This panel offers a unique opportunity to learn about the committee's ongoing initiatives, challenges, and successes. Following the panel,



CHAMPIONING DIVERSITY: INSIGHTS FROM THE DEI COMMITTEE
Thursday, August 8,
6 p.m.–7 p.m. | 147A

attendees are invited to a reception, providing a chance to network with peers and discuss the importance of diversity and inclusion in our profession. We look forward to seeing you there! ●

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Today's Schedule

6:30 a.m.–6:00 p.m.	Registration Open		
7:30–9:00 a.m.	Breakfast Symposium: Team Approach to Peripheral Artery Disease		
9:00–10:00 a.m.	Plenary Lecture: Improving Health Care Across Racial, Ethnic, and Cultural Boundaries		
10:00–10:30 a.m.	Scanning Break		
10:30 a.m.–12:00 p.m.	APMA Clinical Education Affiliates Showcase	Assistants Program: Office Administration	
12:00–1:30 p.m.	Lunch and Scanning Break		
12:00–1:00 p.m.	Non-CECH Lunch Symposium 1: Transforming Wound Management: Real-world Insights on Advanced Solutions to Support Healing	Non-CECH Lunch Symposium 2: Proper Use of Legal Entities for Lawsuit Protection and Tax Reduction	
1:30–3:00 p.m.	Track 1: Wound Care	Track 2: Surgical Complications	Assistants Program: Clinical Medicine
3:00–4:00 p.m.	Opening Address		
4:00–6:00 p.m.	Exhibit Hall Grand Opening & Scanning		
6:00–7:00 p.m.	Championing Diversity: Insights from the DEI Committee		

Coming Tomorrow

Don't miss these highlights of tomorrow's schedule!

- **BREAKFAST SYMPOSIUM: PAINFUL DIABETIC PERIPHERAL NEUROPATHY**
7–8:30 a.m.
146BC
- **PLENARY LECTURE: FALLS PREVENTION**
8:30–9:30 a.m.
146BC
- **LIMB PRESERVATION: SURGICAL OFFLOADING OF THE HIGH-RISK DIABETIC LOWER EXTREMITY**
2–3:30 p.m.
146BC
- **LEADERSHIP LISTENING SESSION (NON-CECH)**
5:30–6:30 p.m.
146A

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*List current as of July 19, 2024.

On the Menu NON-CECH PROGRAMS

Did you work up an appetite to learn more after a morning of our premier educational program? Join our corporate sponsors for one of two non-CECH luncheons this afternoon. Be sure to take advantage of one of these lunches, as they are the only lunch being offered today! If you did not register for a non-CECH lunch, you may check at Registration about availability of seats or walk in. Space is limited; first-come, first-served.

THURSDAY AUGUST 8, 12–1 P.M.

Transforming Wound Management: Real-World Insights on Advanced Solutions to Support Healing

SPEAKERS: Windy Cole, DPM, and R. Daniel Davis, DPM
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Proper Use of Legal Entities for Lawsuit Protection and Tax Reduction

SPEAKER: Leland McKay
147A | Sponsored by Legally Mine

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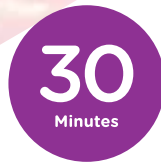
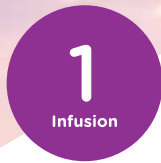
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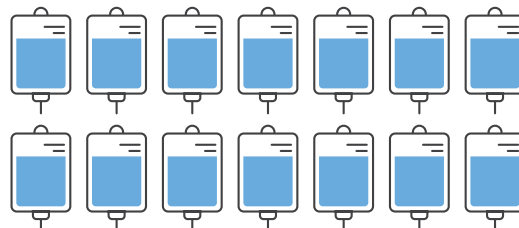
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A single 30-minute infusion for 1 day¹



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NO PICC line¹



NO known drug-drug interactions¹



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No known drug-drug interactions¹

- There is minimal potential for drug-drug interactions between DALVANCE and cytochrome P450 (CYP450) substrates, inhibitors, or inducers
- No clinical drug-drug interaction studies have been conducted with DALVANCE

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[†]Benefit verifications coverage was based on a total of 3602 patients from 01/01/2023 to 11/05/2023, as reported by DALVANCE Connects[®] and included both covered cases and covered with restrictions cases. "Covered with restrictions" typically means a prior authorization, proof of medical necessity, or step edit may be required.



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INDICATION AND USAGE

DALVANCE[®] (dalbavancin) for injection is indicated for the treatment of adult and pediatric patients with acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible strains of Gram-positive microorganisms: *Staphylococcus aureus* (including methicillin-susceptible and methicillin-resistant isolates), *Streptococcus pyogenes*, *Streptococcus agalactiae*, *Streptococcus dysgalactiae*, *Streptococcus anginosus* group (including *S. anginosus*, *S. intermedius*, *S. constellatus*) and *Enterococcus faecalis* (vancomycin-susceptible isolates).

To reduce the development of drug-resistant bacteria and maintain the effectiveness of DALVANCE and other antibacterial agents, DALVANCE should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria.

IMPORTANT SAFETY INFORMATION

Contraindications

DALVANCE is contraindicated in patients with known hypersensitivity to dalbavancin.

Please see additional Important Safety Information on next page.

Please see accompanying Brief Summary of full Prescribing Information or visit https://www.rxabbvie.com/pdf/dalvance_pi.pdf



IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions

Hypersensitivity Reactions

Serious hypersensitivity (anaphylactic) and skin reactions have been reported with glycopeptide antibacterial agents, including DALVANCE. Exercise caution in patients with known hypersensitivity to glycopeptides due to the possibility of cross-sensitivity. If an allergic reaction occurs, treatment with DALVANCE should be discontinued.

Infusion-related Reactions

Rapid intravenous infusion of DALVANCE can cause reactions, including flushing of the upper body, urticaria, pruritus, rash, and/or back pain.

Hepatic Effects

ALT elevations with DALVANCE treatment were reported in clinical trials.

Clostridioides difficile-associated Diarrhea

Clostridioides difficile-associated diarrhea (CDAD) has been reported with nearly all systemic antibacterial agents, including DALVANCE, with severity ranging from mild diarrhea to fatal colitis. Evaluate if diarrhea occurs.

Development of Drug-resistant Bacteria

Prescribing DALVANCE in the absence of a proven or strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

Adverse Reactions

The most common adverse reactions in adult patients treated with DALVANCE in Phase 2/3 trials were nausea (5.5%), headache (4.7%), and diarrhea (4.4%). The most common adverse reaction that occurred in more than 1% of pediatric patients was pyrexia (1.2%).

Use in Specific Populations

- There are no adequate and well-controlled studies with DALVANCE use in pregnant or nursing women. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for DALVANCE and any adverse effects on the breast-fed child from DALVANCE or from the underlying maternal condition.
- In patients with renal impairment whose known creatinine clearance (CL_{cr}) is less than 30 mL/min and who are not receiving regularly scheduled hemodialysis, the recommended regimen of DALVANCE is 1125 mg, administered as a single dose, or 750 mg followed one week later by 375 mg. No dosage adjustment is recommended for patients receiving regularly scheduled hemodialysis, and DALVANCE can be administered without regard to the timing of hemodialysis. There is insufficient information to recommend dosage adjustment for pediatric patients younger than 18 years of age with CL_{cr} less than 30 mL/min/1.73m².
- Caution should be exercised when prescribing DALVANCE to patients with moderate or severe hepatic impairment (Child-Pugh Class B or C) as no data are available to determine the appropriate dosing in these patients.

Please see Brief Summary of full Prescribing Information on adjacent page or visit

https://www.rxabbvie.com/pdf/dalvance_pi.pdf

References: 1. DALVANCE® (dalbavancin) [prescribing information]. Madison, NJ: Allergan USA, Inc.; 2021. 2. Data on file. AbbVie, Inc.



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DALVANCE® (dalbavancin) for injection, for intravenous use

PROFESSIONAL BRIEF SUMMARY

CONSULT PACKAGE INSERT FOR FULL PRESCRIBING INFORMATION

INDICATION AND USAGE

Acute Bacterial Skin and Skin Structure Infections

DALVANCE® is indicated for the treatment of adult and pediatric patients with acute bacterial skin and skin structure infections (ABSSSI) caused by designated susceptible strains of the following Gram-positive microorganisms: *Staphylococcus aureus* (including methicillin-susceptible and methicillin-resistant isolates), *Streptococcus pyogenes*, *Streptococcus agalactiae*, *Streptococcus dysgalactiae*, *Streptococcus anginosus* group (including *S. anginosus*, *S. intermedius*, *S. constellatus*) and *Enterococcus faecalis* (vancomycin susceptible isolates).

Usage

To reduce the development of drug-resistant bacteria and maintain the effectiveness of DALVANCE and other antibacterial agents, DALVANCE should be used only to treat or prevent infections that are proven or strongly suspected to be caused by susceptible bacteria. When culture and susceptibility information are available, they should be considered in selecting or modifying antibacterial therapy. In the absence of such data, local epidemiology and susceptibility patterns may contribute to the empiric selection of therapy.

CONTRAINDICATIONS

DALVANCE is contraindicated in patients with known hypersensitivity to dalbavancin.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Serious hypersensitivity (anaphylactic) and skin reactions have been reported in patients treated with DALVANCE. If an allergic reaction to DALVANCE occurs, discontinue treatment with DALVANCE and institute appropriate therapy for the allergic reaction. Before using DALVANCE, inquire carefully about previous hypersensitivity reactions to other glycopeptides. Due to the possibility of cross-sensitivity, carefully monitor for signs of hypersensitivity during treatment with DALVANCE in patients with a history of glycopeptide allergy [see Patient Counseling Information].

Infusion-Related Reactions

DALVANCE is administered via intravenous infusion, using a total infusion time of 30 minutes to minimize the risk of infusion-related reactions. Rapid intravenous infusions of DALVANCE can cause flushing of the upper body, urticaria, pruritus, rash, and/or back pain. Stopping or slowing the infusion may result in cessation of these reactions.

Hepatic Effects

In Phase 2 and 3 clinical trials, more DALVANCE than comparator-treated subjects with normal baseline transaminase levels had post-baseline alanine aminotransferase (ALT) elevation greater than 3 times the upper limit of normal (ULN). Overall, abnormalities in liver tests (ALT, AST, bilirubin) were reported with similar frequency in the DALVANCE and comparator arms [see Adverse Reactions].

Clostridioides difficile-Associated Diarrhea

Clostridioides difficile-associated diarrhea (CDAD) has been reported in users of nearly all systemic antibacterial drugs, including DALVANCE, with severity ranging from mild diarrhea to fatal colitis. Treatment with antibacterial agents can alter the normal flora of the colon, and may permit overgrowth of *C. difficile*.

C. difficile produces toxins A and B which contribute to the development of CDAD. Hypertoxin-producing strains of *C. difficile* cause increased morbidity and mortality, as these infections can be refractory to antibacterial therapy and may require colectomy. CDAD must be considered in all patients who present with diarrhea following antibacterial use. Careful medical history is necessary because CDAD has been reported to occur more than 2 months after the administration of antibacterial agents.

If CDAD is suspected or confirmed, ongoing antibacterial use not directed against *C. difficile* should be discontinued, if possible. Appropriate measures such as fluid and electrolyte management, protein supplementation, antibacterial treatment of *C. difficile*, and surgical evaluation should be instituted as clinically indicated.

Development of Drug-Resistant Bacteria

Prescribing DALVANCE in the absence of a proven or strongly suspected bacterial infection or a prophylactic indication is unlikely to provide benefit to the patient and increases the risk of the development of drug-resistant bacteria.

ADVERSE REACTIONS

The following clinically significant adverse reactions are also discussed elsewhere in the labeling:

- Hypersensitivity Reactions [see Warnings and Precautions]
- Infusion Related Reactions [see Warnings and Precautions]
- Hepatic Effects [see Warnings and Precautions]
- *Clostridioides difficile*-associated Diarrhea [see Warnings and Precautions]

Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of DALVANCE cannot be directly compared to rates in the clinical trials of another drug and may not reflect rates observed in practice.

Clinical Trials Experience in Adult Patients

Adverse reactions were evaluated for 2473 patients treated with DALVANCE: 1778 patients were treated with DALVANCE in seven Phase 2/3 trials comparing DALVANCE to comparator antibacterial drugs and 695 patients were treated with DALVANCE in one Phase 3 trial comparing DALVANCE single and two-dose regimens. The median age of patients treated with DALVANCE was 48 years, ranging between 16 and 93 years. Patients treated with DALVANCE were predominantly male (59.5%) and White (81.2%).

Serious Adverse Reactions and Adverse Reactions Leading to Discontinuation

Serious adverse reactions occurred in 121/2473 (4.9%) of patients treated with any regimen of DALVANCE. In the Phase 2/3 trials comparing DALVANCE to comparator, serious adverse reactions occurred in 109/1778 (6.1%) of patients in the DALVANCE group and 80/1224 (6.5%) of patients in the comparator group. In a Phase 3 trial comparing DALVANCE single and two-dose regimens, serious adverse reactions occurred in 7/349 (2.0%) of patients in the DALVANCE single dose group and 5/346 (1.4%) of patients in the DALVANCE two-dose group. DALVANCE was discontinued due to an adverse reaction in 64/2473 (2.6%) patients treated with any regimen of DALVANCE. In the Phase 2/3 trials comparing DALVANCE to comparator, DALVANCE was discontinued due to an adverse reaction in 53/1778 (3.0%) of patients in the DALVANCE group and 35/1224 (2.9%) of patients in the comparator group. In a Phase 3 trial comparing DALVANCE single and two-dose regimens, DALVANCE was discontinued due to

an adverse reaction in 6/349 (1.7%) of patients in the DALVANCE single dose group and 5/346 (1.4%) of patients in the DALVANCE two-dose group.

Most Common Adverse Reactions

The most common adverse reactions in patients treated with DALVANCE in Phase 2/3 trials were nausea (5.5%), headache (4.7%), and diarrhea (4.4%). The median duration of adverse reactions was 3.0 days in patients treated with DALVANCE. In the Phase 2/3 trials comparing DALVANCE to comparator, the median duration of adverse reactions was 3.0 days for patients in the DALVANCE group and 4.0 days in patients in the comparator group. In a Phase 3 trial comparing DALVANCE single and two-dose regimens, the median duration of adverse reactions was 3.0 days for patients in the DALVANCE single and two-dose group.

Table 1 lists selected adverse reactions occurring in 2% or more of patients treated with DALVANCE in Phase 2/3 clinical trials.

Table 1. Selected Adverse Reactions Occurring in ≥ 2% of Patients Receiving DALVANCE in Phase 2/3 Trials (Number (%) of Patients)

Adverse Reactions	DALVANCE (N = 1778)	Comparator* (N = 1224)
Nausea	98 (5.5)	78 (6.4)
Diarrhea	79 (4.4)	72 (5.9)
Headache	83 (4.7)	59 (4.8)
Vomiting	50 (2.8)	37 (3)
Rash	48 (2.7)	30 (2.4)
Pruritus	38 (2.1)	41 (3.3)

* Comparators included linezolid, cefazolin, cephalexin, and vancomycin.

In the Phase 3 trial comparing the single and two-dose regimen of DALVANCE, the adverse reaction that occurred in 2% or more of patients treated with DALVANCE was nausea (3.4% in the DALVANCE single dose group and 2% in the DALVANCE two-dose group).

The following selected adverse reactions were reported in DALVANCE treated patients at a rate of less than 2% in these clinical trials:

Blood and lymphatic system disorders: anemia, hemorrhagic anemia, leucopenia, neutropenia, thrombocytopenia, petechiae, eosinophilia, thrombocytosis
Gastrointestinal disorders: gastrointestinal hemorrhage, melena, hematochezia, abdominal pain

General disorders and administration site conditions: infusion-related reactions
Hepatobiliary disorders: hepatotoxicity

Immune system disorders: anaphylactic reaction

Infections and infestations: *Clostridioides difficile* colitis, oral candidiasis, vulvovaginal mycotic infection

Investigations: hepatic transaminases increased, blood alkaline phosphatase increased, international normalized ratio increased, blood lactate dehydrogenase increased, gamma-glutamyl transferase increased

Metabolism and nutrition disorders: hypoglycemia

Nervous system disorders: dizziness

Respiratory, thoracic and mediastinal disorders: bronchospasm

Skin and subcutaneous tissue disorders: rash, pruritus, urticaria

Vascular disorders: flushing, phlebitis, wound hemorrhage, spontaneous hematoma

Alanine Aminotransferase (ALT) Elevations

Among patients with normal baseline ALT levels treated with DALVANCE 17 (0.8%) had post-baseline ALT elevations greater than 3 times the upper limit of normal (ULN) including five subjects with post-baseline ALT values greater than 10 times ULN. Among patients with normal baseline ALT levels treated with non-DALVANCE comparators 2 (0.2%) had post-baseline ALT elevations greater than 3 times the upper limit of normal. Fifteen of the 17 patients treated with DALVANCE and one comparator patient had underlying conditions which could affect liver enzymes, including chronic viral hepatitis, history of alcohol abuse and metabolic syndrome. In addition, one DALVANCE-treated subject in a Phase 1 trial had post-baseline ALT elevations greater than 20 times ULN. ALT elevations were reversible in all subjects with follow-up assessments. No comparator-treated subject with normal baseline transaminases had post-baseline ALT elevation greater than 10 times ULN.

Clinical Trials Experience in Pediatric Patients

Adverse reactions were evaluated in one Phase 3 pediatric clinical trial which included 161 pediatric patients from birth to less than 18 years of age with ABSSSI treated with DALVANCE (83 patients treated with a single dose of DALVANCE and 78 patients treated with a two-dose regimen of DALVANCE) and 30 patients treated with comparator agents for a treatment period up to 14 days. The median age of pediatric patients treated with DALVANCE was 9 years, ranging from birth to <18 years. The majority of patients were male (62.3%) and White (89.0%).

The safety findings of DALVANCE in pediatric patients were similar to those observed in adults.

Serious Adverse Reactions and Adverse Reactions Leading to Discontinuation

Serious adverse reactions (SARs) occurred in 3/161 (1.9%) of patients treated with DALVANCE, all in the single-dose arm. There were no adverse reactions leading to DALVANCE discontinuation.

Most Common Adverse Reactions

Most common adverse reaction occurring in more than 1% of pediatric patients 2/161 (1.2%) was pyrexia.

Other Adverse Reactions

The following selected adverse reactions were reported in DALVANCE-treated patients at a rate of less than 1% in this pediatric clinical trial:

Gastrointestinal disorders: diarrhea

Nervous system disorders: dizziness

Skin and subcutaneous tissue disorders: pruritus

Post Marketing Experience

The following adverse reaction has been identified during post-approval use of dalbavancin. Because the reaction is reported voluntarily from a population of uncertain size, it is not possible to reliably estimate the frequency or establish a causal relationship to drug exposure.

General disorders and administration site conditions: Back pain as an infusion-related reaction [See Warnings and Precautions].

DRUG INTERACTIONS

Drug-Laboratory Test Interactions

Drug-laboratory test interactions have not been reported. DALVANCE at therapeutic concentrations does not artificially prolong prothrombin time (PT) or activated partial thromboplastin time (aPTT).

Drug-Drug Interactions

No clinical drug-drug interaction studies have been conducted with DALVANCE. There is minimal potential for drug-drug interactions between DALVANCE and cytochrome P450 (CYP450) substrates, inhibitors, or inducers.

USE IN SPECIFIC POPULATIONS

Pregnancy

Risk Summary

There are no adequate and well-controlled studies with DALVANCE use in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage or adverse developmental outcomes.

No treatment-related malformations or embryo-fetal toxicity were observed in pregnant rats or rabbits at clinically relevant exposures of dalbavancin. Treatment of pregnant rats with dalbavancin at 3.5 times the human dose on an exposure basis during early embryonic development and from implantation to the end of lactation resulted in delayed fetal maturation and increased fetal loss, respectively [see Data].

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the U.S. general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

Data

Animal Data

No evidence of embryo or fetal toxicity was found in the rat or rabbit at a dose of 15 mg/kg/day (1.2 and 0.7 times the human dose on an exposure basis, respectively). Delayed fetal maturation was observed in the rat at a dose of 45 mg/kg/day (3.5 times the human dose on an exposure basis).

In a rat prenatal and postnatal development study, increased embryo lethality and increased offspring deaths during the first week post-partum were observed at a dose of 45 mg/kg/day (3.5 times the human dose on an exposure basis).

Lactation

Risk Summary

There are no data on the presence of dalbavancin or its metabolite in human milk, the effects on the breast-fed child, or the effects on milk production. Dalbavancin is excreted in the milk of lactating rats. When a drug is present in animal milk, it is likely that the drug will be present in human milk.

The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for DALVANCE and any potential adverse effects on the breast-fed child from DALVANCE or from the underlying maternal condition.

Pediatric Use

The safety and effectiveness of DALVANCE for the treatment of ABSSSI has been established in pediatric patients aged birth to less than 18 years. Use of DALVANCE for this indication is supported by evidence from adequate and well-controlled studies in adults with additional pharmacokinetic and safety data in pediatric patients aged birth to less than 18 years [see Adverse Reactions].

There is insufficient information to recommend dosage adjustment for pediatric patients with ABSSSI and CLcr less than 30 mL/min/1.73m².

Geriatric Use

Of the 2473 patients treated with DALVANCE in Phase 2 and 3 clinical trials, 403 patients (16.3%) were 65 years of age or older. The efficacy and tolerability of DALVANCE were similar to comparator regardless of age. The pharmacokinetics of DALVANCE was not significantly altered with age; therefore, no dosage adjustment is necessary based on age alone.

DALVANCE is substantially excreted by the kidney, and the risk of adverse reactions may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection in this age group.

Renal Impairment

In patients with renal impairment whose known CLcr is less than 30 mL/min and who are not receiving regularly scheduled hemodialysis, the recommended regimen for DALVANCE is 1125 mg, administered as a single dose, or 750 mg followed one week later by 375 mg. No dosage adjustment is recommended for patients receiving regularly scheduled hemodialysis, and DALVANCE can be administered without regard to the timing of hemodialysis. There is insufficient information to recommend dosage adjustment for pediatric patients younger than 18 years with CLcr less than 30 mL/min/1.73m².

Hepatic Impairment

No dosage adjustment of DALVANCE is recommended for patients with mild hepatic impairment (Child-Pugh Class A). Caution should be exercised when prescribing DALVANCE to patients with moderate or severe hepatic impairment (Child-Pugh Class B or C) as no data are available to determine the appropriate dosing in these patients.

OVERDOSAGE

Specific information is not available on the treatment of overdose with DALVANCE, as dose-limiting toxicity has not been observed in clinical studies. In Phase 1 studies, healthy volunteers have been administered cumulative doses of up to 4500 mg over a period of up to 8 weeks (not an approved dosing regimen), with no signs of toxicity or laboratory results of clinical concern.

Treatment of overdose with DALVANCE should consist of observation and general supportive measures. Although no information is available specifically regarding the use of hemodialysis to treat overdose, in a Phase 1 study in patients with renal impairment less than 6% of the recommended dalbavancin dose was removed.

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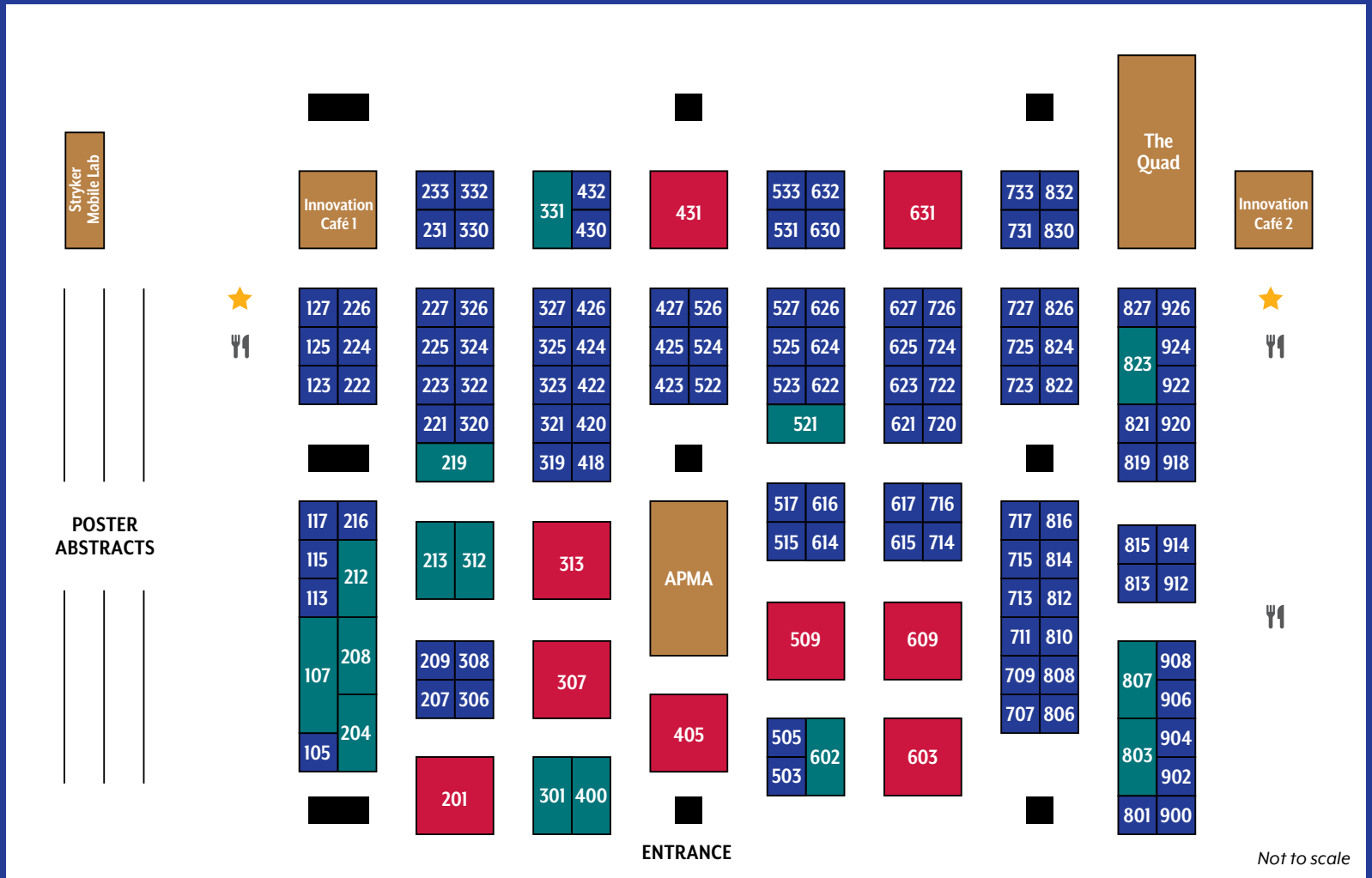
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Exhibit Hall Floor Plan



Products displayed in the exhibit hall have not been investigated or approved by APMA with regard to efficacy or regulatory compliance. Each physician should perform his or her own due diligence regarding any claims made about products displayed.

Exhibit Hall Hours

THURSDAY, AUGUST 8 | 4:00–6:00 p.m.,
Grand Opening/Reception

FRIDAY, AUGUST 9 | 9:30 a.m.–2:00 p.m.

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