

Douglas L. Mann, MD, Barnes-Jewish Hospital and Washington University at St. Louis

- 1 Use of sodium-glucose co-transporter 2 inhibitors in diabetic and non-diabetic populations — because it affects so many people.
- 2 Implementation of the new hypertension practice guideline — because it too affects so many people.
- 3 Use of PCSK9 inhibitors — the issue of how insurance companies will deal with the cost for a lifesaving drug will be important.



Bruce L. Wilkoff, MD, Cleveland Clinic

- 1 Anticoagulation with direct oral anticoagulants will become an even more prominent issue.
- 2 Control of infection for patients with pacemakers and ICDs is crucial to achieving positive outcomes with those devices.
- 3 Percutaneous valves should grow in prevalence.



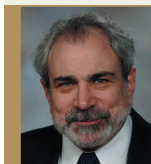
Javed Butler, MD, MPH, Stony Brook University

- 1 Implementation science will receive more of a focus.
- 2 Mobile technologies will become more prominent in how cardiologists assess their patients, and how patients care for themselves.
- 3 Personalized medicine has great potential to change the CV medicine landscape.



Timothy Henry, MD, Cedars-Sinai

- 1 There will be an increased focus on cardiogenic shock to influence outcomes in those patients.
- 2 Machine learning will grow in prominence — we are approaching an era of artificial intelligence in CVD.
- 3 Value-based case in cardiology will be emphasized.



Allan S. Jaffe, MD, Mayo Clinic

- 1 More implications for anti-inflammatory therapies on the heels of the CANTOS trial.
- 2 Many more high-sensitivity troponin assays should be approved, prompting further discussion of the pros and cons of those technologies.
- 3 Additional progress with percutaneous valves should be observed.



Barry Greenberg, MD, University of California, San Diego

- 1 There will be more widespread use of SGLT2 inhibitors in patients with diabetes based on favorable results in reducing CV risk.
- 2 We should see increased use of sacubitril/valsartan (Entresto, Novartis) in patients with HF with reduced ejection fraction as providers recognize the advantages of this combination compared to an ACE inhibitor or angiotensin receptor blocker alone.
- 3 An increased focus on prevention and cardiac rehabilitation should occur.