

#AGS25 Schedule-at-a-Glance UofU

THURSDAY, MAY 8		
12:30 PM – 1:30 PM	A243 “Hit Me With Your Best Shot”: A themed vaccine party to promote influenza and COVID-19 vaccines at a veterans nursing home <i>K. Hueftle,1,2 M. Puckett,1 L. Watson.2 1. Geriatrics, University of Utah, Salt Lake City, UT; 2. William E Christofferson Salt Lake Veterans Home, Salt Lake City, UT.</i> Background: Older adults residing in nursing facilities (NH) are vulnerable to morbidity and mortality from influenza and COVID-19, yet vaccine completion rates in the NH setting, particularly against COVID-19, are low. Here we describe a vaccine “party” to encourage vaccinations amongst residents and staff at an 81-bed veterans NH in Salt Lake City, UT (SLCVNH).	Poster Session A Room: Riverside Center
5:00 PM – 6:00 PM	B133 Resident Presentation Arterial Stiffness Mechanisms Differ Between Young and Old Hypertensive Individuals in the SPRINT Cohort <i>C. Peterson,1 A. D. Gepner,2 T. M. Hughes,3 B. Jaeger,4 R. Pewowaruk,5 M. A. Supiano.1 1. Dept. of Internal Medicine, University of Utah, Salt Lake City, UT; 2. Division of Cardiovascular Medicine, William S. Middleton Memorial Veteran’s Hospital and University of Wisconsin School of Medicine and Public Health, Madison, WI; 3. Dept. of Internal Medicine, Section on Gerontology and Geriatric Medicine, Wake Forest University School of Medicine, Winston-Salem, NC; 4. Dept. of Biostatistics and Data Science, Wake Forest University School of Medicine, Winston-Salem, NC; 5. Ryan Pewowaruk Research Consulting, Madison, WI.</i> Background: Elastic arteries stiffen with aging through two mechanisms: a load-dependent mechanism due to elevated blood pressure and a structural mechanism mediated through changes in the arterial wall. We examined baseline differences in blood pressure (BP), total pulse wave velocity (PWV), a measure of arterial stiffness, and its two components: load-dependent (LD-PWV) and structural (S-PWV) in relation to age among SPRINT participants.	Presidential Poster Session B Room: Riverside Center
5:00 PM – 6:00 PM	B193 Utility of Peripheral Blood Next Generation Sequencing in Older Adults <i>A. L. Parks, A. Osman, X. Ye, M. A. Supiano, K. Karner. University of Utah, Salt Lake City, UT.</i> Background: To evaluate blood count abnormalities in older adults, peripheral blood next generation sequencing (NGS) panels are now available. NGS detects the proportion of blood cells (variant allele frequency [VAF]) with malignancy-associated mutations. Most often,	Presidential Poster Session B Room: Riverside Center

	NGS identifies a precursor malignant condition that is indolent but can progress to malignancy like myelodysplastic syndrome. Benefits of early detection are unknown, and NGS could lead to testing cascades. Yet NGS has high negative predictive value for malignancy and could avoid bone marrow biopsy. How NGS is being used in older adults remains unknown, which is the objective of this study.	
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FRIDAY, MAY 9		
7:00 AM – 8:30 AM	NAVIGATING A GERIATRICS ACADEMIC CAREER IN UNCERTAIN TIMES: RESILIENCE, PERSISTENCE, AND THE VALUE OF COMMUNITY Moderator: Nancy Lundebjerg, MPA Megan Young, MD; Timothy Farrell, MD, AGSF; Liron Sinvani, MD; & Maile Karris, MD Late-breaking session description TBD	Room: Grand Hall MN
12:30 PM – 1:30 PM	C70 Characterizing Clinician Communication with Patients about Lecanemab: A Qualitative Study of Clinicians across Seven Academic Medical Centers A. Thacker,³ A. Parks,¹ D. Dohan,² L. A. Ramirez-gomez,³ K. G. Johnson,⁴ C. Ritchie,³ S. Shah,³ J. Paladino.³ <i>1. University of Utah, Salt Lake City, UT; 2. University of California, San Francisco, San Francisco, CA; 3. Massachusetts General Hospital, Boston, MA; 4. Duke University, Durham, NC.</i> Background: Lecanemab, an anti-amyloid monoclonal antibody, modestly slows cognitive decline in early Alzheimer’s disease but may cause adverse events, including amyloid-related imaging abnormalities due to edema (ARIA-E) or hemorrhage (ARIA-H). A small percentage of ARIA-E and ARIA-H cases may be disabling or fatal. As lecanemab becomes available, understanding clinician communication of its benefits and risks to patients and caregivers is crucial. This qualitative study investigates clinician communication of lecanemab’s risks and benefits to support patient and caregiver decision-making.	Poster Session C Room: Riverside Center
12:30 PM – 1:30 PM	C233 Implementation of UTI triage protocol in a geriatric clinic reduces inappropriate urinary testing L. Watts. <i>Geriatrics, University of Utah, Salt Lake City, UT.</i> Background: Ordering urinalyses (UAs) to assess for urinary tract infections (UTIs) without signs or symptoms consistent with the diagnosis is a common occurrence in older adults. Factors such as pressure from caregivers or medical staff to order testing for changes in behavior, falls, urine odor or appearance contribute to this.	Poster Session C Room: Riverside Center

	However, numerous studies demonstrate that many of these symptoms are not consistent with UTIs, leading to inappropriate antibiotic administration and adverse outcomes. Increasing requests for phone or patient-portal-based (non-face-to-face) care adds to this diagnostic dilemma as it reduces provider oversight and ability to assess the nuances in older adults.	
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SATURDAY, MAY 10		
7:30 AM – 8:30 AM	MAKING MEDICAL TREATMENT DECISIONS FOR UNREPRESENTED OLDER ADULTS: UPDATES TO THE AGS POSITION STATEMENT Track: Clinical Practice CME/CE: 1.0 <i>Sponsored by the Ethics Committee</i> Moderator: Joseph Dixon, MD, MA Making medical decisions on behalf of unrepresented older adults, who by definition lack medical decision-making capacity, an identifiable surrogate decision maker, and an advance directive, is likely to become increasingly common with demographic changes in the United States and remains a challenge in clinical practice. In order to assist AGS members in caring for unrepresented older adults, in 2024 the AGS Ethics Committee updated the 2017 “AGS Position Statement: Making Medical Treatment Decisions for Unbefriended Older Adults.” Learning Objectives: (1) discuss key findings from the updated position statement, including the rationale for changing the term “unbefriended” to “unrepresented”; (2) describe an ethical framework for decision-making on behalf of unrepresented older adults; (3) review findings from the literature on clinicians’ experiences in caring for unrepresented older adults. Older Adults Without Advocates and the Unrepresented: Change in Terminology Rachel Brenner, MD A Bioethics Approach to Medical Decision Making in Unrepresented Older Adults Thaddeus Pope, JD, PhD, HEC-C Clinician Experience in Caring for Unrepresented Older Adults and Future Directions Timothy Farrell, MD, AGSF & Yael Zweig, AGPCNP-BC	Concurrent Session Room Grand Hall I-J
7:30 AM – 8:30 AM	P29 Changes in Oral Anticoagulant Use in Atrial Fibrillation after Long-Term Care Entry L. Luo,¹ A. Parks,⁴ P. Evans,³ S. Berry,¹ D. Kim,¹ S. Shah,⁵ D. Ko.^{1,2} <i>1. Marcus Institute for Aging Research, Boston, MA; 2. Section of Cardiovascular Medicine, Boston Medical</i>	Paper Session Room: Grand Hall L

	<i>Center, Boston, MA; 3. Boston Medical Center, Wellesley, MA; 4. University of Utah, Salt Lake City, UT; 5. Division of General Internal Medicine, Massachusetts General Hospital, Boston, MA.</i> Background: Transition to long-term care (LTC) is a sentinel event for older adults. For those with atrial fibrillation (AF), the risks and benefits of oral anticoagulation (OAC) should be reassessed. This study examined OAC use patterns during this transition and factors associated with changes.	
11:45 AM – 12:45 PM	CHINA-US JOINT SYMPOSIUM ON CONTEMPORARY GERIATRICS TOPICS Track: Clinical Practice CME/CE: 1.0 Learning Objectives: (1) discuss clinical assessment, mechanisms, and intervention of vascular aging; (2) review modifiable risk factors for ADRD - inclusive of SBP control; (3) explore perioperative care models and impact of geriatric syndromes on surgical decision-making in older Chinese patients; (4) describe the utility of ultrasound for muscle mass assessment as well as its muscle parameters and locations for the diagnosis of sarcopenia; (5) explore the role of age-related chronic inflammation and immune remodeling in cardiovascular aging, ADRD, sarcopenia, as well as the impact on perioperative outcomes. Vascular Aging: Clinical Assessment, Mechanisms, and Intervention Cuntai Zhang Modifiable Risk Factors for ADRD - Inclusive of SBP Control Mark A. Supiano, MD Perioperative Care Models and Impact of Geriatric Syndromes on Surgical Decision Making in Older Chinese Patients Jin hui Wu, MD Ultrasound as a Useful Clinical Tool for Muscle Mass Assessment: It Optimal Muscle Parameters and Locations for the Diagnosis of Sarcopenia Qin Zhang, MD Chronic Inflammation and Immune Aging: Role in Common Geriatric Conditions and Impact on Perioperative Outcomes Sean X. Leng, MD, PhD	Concurrent Session Room: Crystal A
11:45 AM – 12:45 PM	2025 UPDATE ON VACCINATION STRATEGIES FOR OLDER ADULTS: UNDERSTANDING THE CDC GUIDANCE AND STRATEGIES FROM THE AGS OLDER ADULTS VACCINE INITIATIVE Track: Clinical Practice CME/CE: 1.0	Concurrent Session Room: Grand Ballroom

Co-Moderators: Sharon A. Brangman, MD, AGSF & Timothy Farrell, MD, AGSF

This session is intended to provide the latest information for healthcare professionals on vaccinations for older adults and to share how the AGS' Older Adults Vaccine Initiative is making strides to increase vaccinations.

Learning Objectives: (1) review the latest recommendations and guidelines pertaining to vaccination indications and schedules for older patients (2) discuss strategies to actively promote the CDC's Standards of Adult Immunization Practices (SAIP); (3) describe approaches to improve vaccination rates among older adults. The AGS Older Adults Vaccine Initiative is supported by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award to the Council of Medical Specialty Societies (CMSS), with 100 percent funded by CDC/HHS. In this initiative, AGS leverages existing resources and ongoing investments in content and technology. Click [here](#) for the press release.

Welcome & Introductions

Sharon A. Brangman, MD, AGSF & Timothy W. Farrell, MD, AGSF

AGS Older Adults Vaccine Initiative Update

Sharon A. Brangman, MD, AGSF & Timothy W. Farrell, MD, AGSF

Staying Up to Date and the Latest Vaccine Guidance from the CDC

Kenneth Schmader, MD

Emerging Insights from Health Systems in Improving Vaccination Rates

SUNY Upstate Medical University: Dona Varghese, MD, FACP University of Texas Health Science Center at Houston, Texas (UTHealth Houston): Nuzha A. Amjad, MD & Yen-Chi Le, PhD

Q&A and Discussion

Sharon A. Brangman, MD, AGSF & Timothy W. Farrell, MD, AGSF