

2026-2027 Live Grand Rounds Series
**Evaluating the Impact of IV Iron on Bone Health: Expert Perspectives on Best Practices
for Safely and Effectively Treating ID and IDA with IV Iron**

Jointly Provided by



Support for this accredited continuing education activity has been made possible through an independent, unrestricted educational grant from Pharmacosmos Therapeutics, Inc.

Location: live virtual, sites TBD
November 2026 – November 2027

Activity Description

This educational initiative is targeted to hematologists, hematologists/oncologists, primary care physicians, internists, gastroenterologists, otolaryngologists, allergists, and the nurse/nurse practitioner, physician assistant, and pharmacist members of their interprofessional team, who help diagnose, evaluate, and treat patients with iron deficiency (ID) and iron deficiency anemia (IDA). Designed as a grassroots, expert-led continuation of the 12 geotargeted Grand Rounds we have already delivered, this series of 8 additional live sessions will be strategically geotargeted to hospitals, health-systems, and clinics not yet reached by Cornerstone's first two Grand Rounds installments. This series will also be bolstered by a multimodal synergy of Cornerstone learner touchpoints, including our Cornerstone Clinical Tool, an episode on the Cornerstone Medical Education Podcast (CME-Pod), and a Core Clinical Concepts video summary overview by the Activity Chair. It will also be hosted as a whiteboard-animated enduring activity on *myCME* for 12 months. Strategically developed to promote clinician awareness of ID/IDA and the important role of intravenous (IV) iron in treating it, this series will begin with an overview of the clinical nature and gravity of ID/IDA, including in specific disease states like HHT, and will emphasize the differential utility of specific IV iron products, including the evidentiary base and relative risk profile of each product with regard to bone-related complications. Each session will conclude with a case-based segment that incisively examines IV iron replacement therapy best practices. Practical differentiators between available IV iron products, inclusive of a detailed analysis of IV iron-induced hypophosphatemia risk, bone metabolic and formation implications (even when independent of phosphate levels), and IV iron product label updates will be accentuated as vital determinants of best practice treatment selection in all patients living with ID and IDA.

Activity Faculty

Hanny Al-Samkari, MD

Activity Agenda

Evaluating the Impact of Intravenous Iron on Bone Health: Expert Perspectives on Best Practices for Safely and Effectively Treating ID/IDA with IV Iron	
8 min	The IV Iron Imperative: Iron Deficiency, Anemia, and the Impetus for Intravenous Iron Replacement <u>Learning Objective 1:</u> Examine the comparative clinical utility of oral iron and intravenous (IV) iron for patients living with ID or IDA, irrespective of etiology, according to current expert consensus and real-world experience.
22 min	Intravenous Iron and Bone Health: A Clinical Comprehensive of the Evidence, Mechanisms, and Product-Specific Risks of IV Iron-Related Bone Complications <u>Learning Objective 2:</u> Evaluate the relative risk and underlying molecular mechanisms associated with IV iron-related bone complications, including an increased rate of fractures. • <u>Key IV iron-related bone health teaching points</u> ○ Broadly applicable to all patients requiring iron supplementation ▪ Women (AUB/DUB/HMB), IBD, HF, CKD, HHT, and Cancer (CIA/CRA), among others ○ Meaningful variance by specific IV iron product ○ Mechanistic effects on bone metabolism and health at the molecular/cellular level ▪ Hypophosphatemia as a relevant mechanistic pillar ▪ Highlight novel hypophosphatemia-independent mechanisms (direct action on bone) ○ Clinical ramifications and patient gravity, with a focus on osteomalacia and fracture risk ○ Burgeoning ASH Guidelines on ID/IDA diagnosis and treatment <u>Whiteboard-Animated Explainer Video (extended length):</u> Audio-visual illustration of the relative influence of IV iron products on bone metabolism, osteoblast/osteocyte activity, the dysregulation of phosphate homeostasis, and all bone-related clinical complications, including significant increases in fracture risk, in all patients with ID/IDA.
14 min	Illustrating Bone Burden and Patient Impact: Therapeutic Concepts and IV Iron Case Studies in HHT <u>Learning Objective 3:</u> Recognize HHT disease manifestations, with a focus on chronic bleeding, resultant iron deficiency (ID) and iron deficiency anemia (IDA), and the effects of ID/IDA on clinical and patient-reported endpoints. <u>Learning Objective 4:</u> Summarize current and emerging HHT guideline recommendations, highlighting the central role of IV iron in treating HHT-associated ID/IDA and the implications of bone compromise in this setting.
16 min	An ID/IDA Case-Based Collaborative: Optimizing IV Iron Efficacy and Mitigating Bone-Related Toxicities <u>Using real-world patient cases developed by expert faculty and tailored to the multidisciplinary target audience:</u> • <u>Key IV iron treatment selection teaching points</u> ○ Comparative bone metabolic impacts and fracture risk among available IV iron products ▪ Predicated on molecular/mechanistic principles articulated in prior section(s) ▪ Applicable irrespective of ID/IDA etiology (i.e., any indication necessitating iron replacement) ○ Relative risk of IV iron-induced hypophosphatemia ○ Relative risk of IV iron-related effects directly on bone metabolism

- *Role of TDI capacity in patient adherence and health economics*
- *Interference with MRI imaging modalities*

Learning Objective 5: Collaborate with your multidisciplinary team to develop safe, effective, and individualized treatment plans for patients living with ID or IDA using IV iron.

Target Audience

Hematologists, hematologists/oncologists, primary care physicians, internists, gastroenterologists, otolaryngologists, allergists, and the nurse/nurse practitioner, physician assistant, and pharmacist members of their interprofessional team, who help diagnose, evaluate, and treat patients with iron deficiency (ID) and iron deficiency anemia (IDA).

Learning Objectives

After participating in the activity, learners should be better able to

- Examine the comparative clinical utility of oral iron and intravenous (IV) iron for patients living with ID or IDA, irrespective of etiology, according to current expert consensus and real-world experience.
- Evaluate the relative risk and underlying molecular mechanisms associated with IV iron-related bone complications, including an increased rate of fractures.
- Recognize HHT disease manifestations, with a focus on chronic bleeding, resultant iron deficiency (ID) and iron deficiency anemia (IDA), and the effects of ID/IDA on clinical and patient-reported endpoints.
- Summarize current and emerging HHT guideline recommendations, highlighting the central role of IV iron in treating HHT-associated ID/IDA and the implications of bone compromise in this setting.
- Collaborate with your multidisciplinary team to develop safe, effective, and individualized treatment plans for patients living with ID or IDA using IV iron.

Accreditation and Credit Designation



In support of improving patient care, this activity has been planned and implemented by American Academy of CME, Inc. and Cornerstone Medical Education. American Academy of CME, Inc. is Jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Physicians

- American Academy of CME, Inc., designates this live activity for a maximum of 1.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Nurse Practitioners and Nurses

- American Academy of CME, Inc., designates this educational activity for 1.0 ANCC contact hours (1.0 pharmacotherapeutic contact hours).

Pharmacists

- This activity provides 1.0 ACPE contact hours (.10 CEUs) of continuing education credit.

Physician Associates

- American Academy of CME, Inc. has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 1.0 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.

Other HCPs

- Other members of the care team will receive a certificate of participation.

Instructions on How to Receive Credit

There are no fees to participate in the activity. Participants must review the activity information including the learning objectives and disclosure statements, as well as the content of the activity. To receive CME credit for your participation, please complete the post-test (achieving a passing grade of 80% or greater), and program evaluation. Your certificate can be printed immediately.

Contact

For any questions, please contact: CEServices@academycme.org

Disclosures

According to the disclosure policy of the Academy, all faculty, planning committee members, editors, managers and other individuals who are in a position to control content are required to disclose any relationships with any ineligible company(ies). The existence of these relationships is not viewed as implying bias or decreasing the value of the activity. Clinical content has been reviewed for fair balance

and scientific objectivity, and all of the relevant financial relationships listed for these individuals have been mitigated.

Disclosure of relevant financial relationships are as follows:

Planners' and Managers' Disclosures

American Academy of CME and Cornerstone Medical Education Planners: No relevant financial relationships with ineligible companies to disclose.

Disclosure of Unlabeled Use

This activity will not review off-label or investigational information.

Disclaimer

The opinions expressed in this accredited continuing education activity are those of the faculty, and do not represent those of the Academy or Cornerstone Medical Education. This educational activity is intended as a supplement to existing knowledge, published information, and practice guidelines. Learners should appraise the information presented critically and draw conclusions only after careful consideration of all available scientific information.

FACULTY AND DISCLOSURES TAB

Hanny Al-Samkari, MD

The Peggy S. Blitz Endowed Chair in Hematology/Oncology
Classical Hematologist and Clinical Investigator
Co-Director, HHT Center of Excellence
Massachusetts General Hospital and Harvard Medical School
Associate Professor of Medicine
Boston, MA

Faculty Disclosures

Dr. Al-Samkari discloses the following:

Consultancy: Agios, Amgen, Alnylam, Sobi, Sanofi, Argenx, Pharmacosmos, Novartis, Alpine, Diagonal, Vaderis, Terremoto

Research Funding: Agios, Sobi, Amgen, Vaderis, Novartis, Alnylam, Terremoto

The opinions expressed in this accredited continuing education activity are those of the faculty, and do not represent those of the Academy or Cornerstone Medical Education. This educational activity is intended as a supplement to existing knowledge, published information, and practice guidelines. Learners should appraise the information presented critically, and draw conclusions only after careful consideration of all available scientific information.

Per regulatory guidelines, the educational grant used to support this activity may only be used for medical professionals attending the presentation. Our grant funding does not allow for participation by non-healthcare providers and/or guests.

Implicit Bias: Implicit bias refers to unconscious attitudes and stereotypes that influence our thoughts, judgements, decisions, and actions without our awareness. Everyone is susceptible to implicit bias, even clinicians. In healthcare, implicit biases can have a significant impact on the quality of care an individual receives. These biases can be both favorable and unfavorable and are activated involuntarily without an individual's awareness or intentional control. Studies have indicated that healthcare providers' incorrect perceptions can impact providers' communications and clinical decision-making contributing to disparities in clinical outcomes. Addressing implicit biases in healthcare is critical to improving health outcomes and promoting health equity for all patients. Patient-centered care can reduce the impact of implicit bias, by treating each patient as a unique individual who may or may not hold beliefs associated with their backgrounds and circumstances. In addition, recognizing implicit bias in one's own practice using techniques such as self-reflection and mindful clinical decision-making can ensure more equitable and effective care for all patients.

Over the past several decades, cognitive science research has demonstrated human behavior, beliefs and attitudes are shaped by automatic and unconscious cognitive processes. The healthcare profession is devoting greater attention to how these automatic and unconscious processes impact care including: (1) preferential treatment toward or against specific patient populations causing healthcare inequities, (2) influence patient-provider communications leading to misunderstandings and mistrust, and (3) impact access to healthcare and affect treatment decisions resulting in misdiagnosis, delays in treatment and specialty referrals and poor pain management. Considering one might have unconscious biases and exploring them may be uncomfortable because the very idea that they exist may conflict with how clinicians perceive themselves. It is only by becoming aware of one's unconscious biases that members of the healthcare team can take steps to mitigate them to ensure all their patients receive quality healthcare. For more information on strategies to reduce implicit bias, visit:

<https://www.ihl.org/library/blog/how-reduce-implicit-bias>

Copyright

© 2026. This accredited continuing education activity is held as copyrighted © by American Academy of CME and Cornerstone Medical Education. Through this notice, the Academy and Cornerstone Medical Education grant permission of its use for educational purposes only. These materials may not be used, in whole or in part, for any commercial purposes without prior permission in writing from the copyright owner(s).