26th Annual Cardiovascular Symposium
Current Perspectives in Cardiovascular Disease

The New Brunswick Heart Centre gratefully acknowledges the educational grants provided for the support of this conference by the following:

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September 15 to 17, 2016
Saint John, New Brunswick
NEW BRUNSWICK HEART CENTRE CARDIOVASCULAR SYMPOSIUM

A Message from the Chairman

The New Brunswick Heart Centre’s Twenty-sixth Annual Cardiovascular Symposium will be held September 15 - 17, 2016 in Saint John, New Brunswick.

This year’s program has been broadened to give the participant exposure in key areas of cardiovascular medicine. The overall objective of this annual symposium is to provide a comprehensive review in general cardiology, in addition to focused sessions on selected areas of current interest.

On Thursday morning there will be an interactive arrhythmia workshop with a session on interpretive electrocardiography in the afternoon. The Thursday afternoon session will highlight stress echocardiography, with the evening session focusing on challenges facing clinicians in the contemporary management of severe aortic regurgitation. These sessions are intended for cardiologists, internists, cardiac surgeons and other allied health care personnel, offering an integrative approach to commonly encountered management issues. In addition, there will be sessions in cardiac rehabilitation, an ECG workshop and a sonographers’ echocardiography workshop.

Friday has been allocated to specific sessions, including Primary Prevention with an innovative and contemporary approach to cardiovascular risk stratification, screening and management of diabetes along with a debate on the contemporary use of E cigarettes to improve adherence to smoking cessation. In addition, practical solutions to common problems will be reviewed in Office-Based Cardiology, an all-day session in Echocardiography, a cardiovascular nursing session and an afternoon Resident Trainee forum in the management of acute cardiac emergencies.

Friday evening, our annual dinner will include the public and NB Heart symposium attendees. This will be a relaxing and informative session with Dominic LeBlanc, our Member of Parliament, Beausejour, Leader of Government, House of Commons, followed by our featured guest, Adam Kreek, Olympic Gold Medalist, adventurer and social entrepreneur.

Saturday’s plenary program is co-sponsored with the Canadian Cardiovascular Society and will review clinically relevant cardiovascular topics, providing the participants with the latest trends in diagnosing and managing patients with heart disease.

The New Brunswick Heart Centre’s Annual Symposium has become a forum for clinicians and health care personnel to enhance their knowledge in the field of cardiovascular medicine. This event is recognized throughout Canada as providing a timely and comprehensive review, with emphasis on clinically relevant subjects.

I invite you to participate with your colleagues in this exceptional learning opportunity and look forward to seeing you in September.

David Bewick, MD, FRCP, FACP, FACC
OVERVIEW

Thursday, September 15, 2016

All Day
0830 – 1600 Cardiovascular Health, Wellness and Rehabilitation

Morning
0830 – 1200 Sonographers’ Echocardiography Workshop
0830 – 1200 Device/Arrhythmia

Afternoon
1300 – 1600 ECG Workshop
1300 – 1600 Stress Echocardiography

Evening
1830 – 2030 Challenges in Cardiology

Friday, September 16, 2016

All Day
0830 – 1600 Current Concepts in Echocardiography

Morning
0830 – 1200 Primary Prevention
0800 – 1200 Cardiovascular Nursing

Afternoon
1300 – 1600 Office-Based Cardiology
1300 – 1600 NB Heart Resident Trainee Session

Evening
1730 – 2115 NB Heart Centre Gala Evening

Saturday, September 17, 2016

Morning
0825 – 1245 Current Perspectives in Cardiovascular Disease
New Brunswick Heart Centre
26th Annual Symposium
Current Perspectives in Cardiovascular Disease

Through participation in the NB Heart Centre’s 26th Annual Symposium, attendees will:

• Increase their recognition and comprehension of current advances in the diagnosis and management of disorders of the cardiovascular system.

• Integrate new information, through discussion with cardiovascular experts and colleagues, enhancing their existing expertise and practices related to diagnosis and management of cardiovascular disease.

• Recognize the appropriateness of their current expertise and practices related to diagnosis and management of cardiovascular disease.

• Gain exposure to a wide array of cardiovascular disorders encompassing prevention, acute and chronic management, diagnostic and imaging modalities and rehabilitation.

CONTINUING MEDICAL EDUCATION CREDITS:

This program has been accredited by the College of Family Physicians of Canada and the New Brunswick Chapter for up to 18 MainPro+ M1 credits.

This event is an accredited group learning activity under Section 1 as defined by the Royal College of Physicians & Surgeons of Canada for the Maintenance of Certification program. This program is approved for a maximum of 18.25 credits by the

Canadian Cardiovascular Society

This program is endorsed by the
Canadian Society of Echocardiography
Device/Arrhythmia Workshop
Thursday morning, September 15, 2016
Saint John Regional Hospital – Amphitheatre, Level 1D
Moderator: Michel D’Astous, MD

Recognition and Management of Clinically Important Arrhythmias

Learning Objectives:
• Evaluate and incorporate contemporary approaches, treatment and management strategies in patients with atrial and ventricular arrhythmias
• Identify the challenges in the management of patients with an implantable cardiac defibrillator
• Discuss the assessment and management of patients with clinically important arrhythmias using a case based format

Target Audience:
Registered Nurses
Physicians
Cardiology
Technologists

Learning Track – Contemporary Management of Ventricular Arrhythmias and Role of Ablation

0830 – 0900
Atul Verma, MD
- Frequent PVC’s (20,000/24 hrs)/NSVT
  - Structurally normal heart
  - Structurally abnormal heart
  - RVOT PVC’s/VT – Is it always benign and when to ablate?
- Management of symptomatic VT in patients with an ICD
  This review will discuss who and when to utilize ablation for PVC’s and ventricular tachycardia in both normal and abnormal hearts. The role of medical therapy and recently published trials will be examined.

Learning Track – Role of Devices in Challenging Situations

0900 – 0930
Sean Connors, MD
- Primary Prevention ICD’s: All should get a subcutaneous device?
- Should All ICD’s at ERI Be Replaced?
  - Replace ICD if no therapies over prolonged period?
  - Replace ICD if no therapies and original indication no longer present (ie: EF returns to normal)?
- ICD Revisited in Acute MI
  - EF <30% - how long should I wait?
  - Cardiac arrest with ACS and limited CAD/EF > 60%

Learning Track – Syncope in Special Populations

0930 – 1000
Adrian Baranchuk, MD
- Cardiac Sarcoid
- HCM
- Adult With Congenital Heart Disease and a “Funny Looking” ECG – How To Identify The High Risk Patient
  Syncope is a clinical manifestation that can represent a serious condition and should raise our concerns when it happens to patients with structural heart disease or inherited arrhythmia disorders. In this presentation we will review the value of syncope in the prognosis of HOCM, ARVD and other inherited arrhythmia disorders.

1000 – 1030 Nutrition Break – Please visit our exhibitors in the Light Court.

1030 – 1200
Case Discussions
Moderator: Martin Green, MD
- Symptomatic PVC’s with normal LV function
- Asymptomatic PVC’s with abnormal LV function
- Syncope during exercise with abnormal ECG
- Asymptomatic heart block on a holter performed for palpitations
- Abnormal pre-participation screening ECG in an athlete
- Wide QRS tachycardia

1200 – 1300 Lunch – Please visit our exhibitors in the Light Court.

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
### Learning Objectives:
- Review concepts in achieving accurate measurements of cardiac structures
- Recognize pitfalls in doppler echocardiography
- Identify current methods in the assessment of diastolic function
- Review the echo assessment of a patient having a TAVR
- Identify common congenital cardiac defects

### Target Audience:
- Sonographers
- Cardiologists & Internists
- Cardiology Technologists

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>0730 - 0825</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
<tr>
<td>0825 – 0830</td>
<td>Welcome and Introduction</td>
</tr>
<tr>
<td>0830 – 0900</td>
<td>Assessment of Systolic &amp; Diastolic Function – Review the Basics and Technical Challenges</td>
</tr>
<tr>
<td>0900 – 0930</td>
<td>Echo assessment of aortic stenosis &amp; TAVR – What the Sonographer Needs to Know</td>
</tr>
<tr>
<td>0930 – 1000</td>
<td>“Holes” In Your Heart – PFO, ASD and VSD</td>
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<td>This review will focus on common congenital heart disease abnormalities in addition to the assessment of RV size, calculation of PASP and shunt ratio.</td>
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<tr>
<td>1000 – 1030</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
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<tr>
<td>1030 – 1050</td>
<td>Image Optimization in the Technically Difficult Patient – What You Need to Know</td>
</tr>
<tr>
<td></td>
<td>Identifying system parameters to optimize Echo imaging for various clinical situations and varying patient types will be reviewed. How does frequency, compression, compounding, adaptive image processing and auto gain techniques affect the diagnostic quality of your exam?</td>
</tr>
<tr>
<td>1050 – 1110</td>
<td>Tips &amp; tricks for the sonographer</td>
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<tr>
<td></td>
<td>• Optimization of your Doppler signal</td>
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<td></td>
<td>• Strain quantification</td>
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<td>Optimizing spectral and tissue doppler, acquisition techniques for 2D Strain quantification, including analysis using a popular, automated quantification program will be discussed.</td>
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<tr>
<td>1110 – 1200</td>
<td>Workshop with live demonstration</td>
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<tr>
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<td>How to do measurements accurately!</td>
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<td></td>
<td>Live imaging and discussion surrounding the most commonly used parameters to describe LV cavity size, RV quantification and systolic function, the left and right atria along with standards for accurate vessel measurements will be thoroughly discussed.</td>
</tr>
</tbody>
</table>

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
## Stress Echocardiography

**Thursday afternoon, September 15, 2016**  
**Saint John Regional Hospital – Amphitheatre Level 5D**  
**Moderator: David Bewick, MD**

### Imaging Essentials

**Learning Objectives:**
- Discuss the utility of stress echocardiography in the evaluation and management of patients with valvular heart disease
- Discuss the advantages and limitations of various cardiac imaging modalities
- Evaluate the utility of stress echocardiography in non-ischemic heart disease
- Practical application of stress echocardiography utilizing a case presentation format

**Target Audience:**
- Cardiologists
- Internists
- Sonographers
- Cardiology Technologists

### Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>1200 – 1250</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
<tr>
<td>1255 – 1300</td>
<td>Introduction</td>
</tr>
<tr>
<td>1300 – 1330</td>
<td>Stress Echo in Evaluation of Dyspnea</td>
</tr>
<tr>
<td>1330 – 1400</td>
<td>Role of multimodality cardiovascular imaging in chest pain syndromes: Stress Echo, Cardiac CT, and Cardiac MRI&quot;</td>
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<tr>
<td>1400 – 1430</td>
<td>Challenging Cases in Stress Echo – False Positive, False Negative and Subtle Wall Motion Abnormalities</td>
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<tr>
<td>1430 – 1450</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
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<tr>
<td>1450 – 1600</td>
<td>Case Presentations</td>
</tr>
</tbody>
</table>

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Electrocardiography (ECG) Workshop with On-Line Examination
Thursday afternoon, September 15, 2016
Saint John Regional Hospital – Amphitheatre 1D
Moderator: Adrian Baranchuk, MD

Learning Objectives:
- Interpret the ECG in a variety of cardiovascular disorders, including ACS, conduction abnormalities and tachyarrhythmias
- Discuss management strategies utilizing the electrocardiogram
- Review commonly encountered issues with various conduction abnormalities

Target Audience:
Physicians
Cardiology
Technologists
Registered Nurses

<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
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<tbody>
<tr>
<td>1200 – 1250</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
<tr>
<td>1255 – 1300</td>
<td>Welcome – “Road Map”</td>
</tr>
<tr>
<td>1300 – 1315</td>
<td>ECG On-Line Examination: How It Works</td>
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<td></td>
<td>A novel online educational tool aimed at improving healthcare provider competency in ECG interpretation will be discussed.</td>
</tr>
<tr>
<td>1315 – 1345</td>
<td>“Your Personal” ECG Examination</td>
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<td></td>
<td>ECG interpretation remains a useful skill in daily clinical practice. Practicing the most relevant ECG patterns is essential to maintain competency. Come and enjoy a personal (and anonymous) ECG exam to know your current skill level. Feedback will be provided at the end of the session.</td>
</tr>
<tr>
<td>1345 – 1405</td>
<td>Approach to Wide Complex Tachycardia</td>
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<tr>
<td>1405 – 1425</td>
<td>Approach to Heart Block</td>
</tr>
<tr>
<td>1425 – 1445</td>
<td>How to Diagnose Long QT Syndrome</td>
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<tr>
<td>1445 – 1505</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
</tr>
<tr>
<td>1505 – 1530</td>
<td>ECG Exam – “How You Did!”</td>
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<td>Anonymous Stats for the Group</td>
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<tr>
<td>1530 – 1550</td>
<td>Review of ECG Exam – Correct Responses</td>
</tr>
<tr>
<td>1550 – 1600</td>
<td>Closing Remarks</td>
</tr>
</tbody>
</table>

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# Cardiovascular Health, Wellness and Rehabilitation

**Thursday, September 15, 2016**  
**Saint John Regional Hospital – Level 5D Classroom**  
**Moderator: J. Stephen Mundle, MSc**

<table>
<thead>
<tr>
<th>Learning Objectives</th>
<th>Target Audience:</th>
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<tbody>
<tr>
<td>Discuss optimal systems and strategies in the management of patients with cardiovascular disorders</td>
<td>Cardiovascular Nurses</td>
</tr>
<tr>
<td>Evaluate quality indicators in cardiac rehabilitation</td>
<td>Physicians</td>
</tr>
<tr>
<td>Incorporate current and emerging clinical evidence in the comprehensive assessment, treatment and management of patients with cardiovascular disease</td>
<td>Physiotherapists</td>
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<td>Dietitians</td>
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<td>Allied Healthcare</td>
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## Learning Objectives
- Discuss optimal systems and strategies in the management of patients with cardiovascular disorders
- Evaluate quality indicators in cardiac rehabilitation
- Incorporate current and emerging clinical evidence in the comprehensive assessment, treatment and management of patients with cardiovascular disease

<table>
<thead>
<tr>
<th>Target Audience:</th>
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<tbody>
<tr>
<td>Cardiovascular Nurses</td>
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<td>Physicians</td>
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<tr>
<td>Physiotherapists</td>
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<tr>
<td>Dietitians</td>
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<tr>
<td>Allied Healthcare</td>
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</tbody>
</table>

## 0730 – 0830 Registration – Level 1, Amphitheatre

### Learning Track: Patient Specific Cardiac Rehab

<table>
<thead>
<tr>
<th>0830 – 1000</th>
<th>Case Studies</th>
</tr>
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</table>
| J. Stephen Mundle, MSc  
Marlene Wheatley-Downe, RN | 1. 41 year old male with severe AS, EF 10% who wishes to return to work and a normal quality of life following AVR.  
2. 59 year old male with atrial fibrillation, cardiomyopathy and severe LVSD who wishes to return to work as a Radiator Technician.  
3. 59 year old male with past NSTEMI, PCI and a history of anxiety issues suffers subsequent 2nd MI after multiple wasp stings  
4. Personal Journey – Pat Bonner |

### 1000 – 1030 Nutrition Break – Please visit our exhibitors in the Light Court.

### Learning Track: Nutrition

<table>
<thead>
<tr>
<th>1030 – 1100</th>
<th>Nutrition and Cardiovascular Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Karen Simon, RD</td>
<td>Decode the Nutrition Label with Karen Simon, RD. Take a mock tour and see what your cardiac clients learn when they participate in a label tour. You might even learn something for yourself!</td>
</tr>
</tbody>
</table>

### 1100 – 1300 Lunch – Please visit our exhibitors in the Light Court.

| 1100 – 1300 | ACRN AGM – Nancy Ellis, RN (1100 – 1130)  
CRNB AGM – Monique Dufour-Doiron (1130 – 1200) |
<table>
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<tbody>
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<td></td>
<td>Lunch – Please visit our exhibitors in the Light Court.</td>
</tr>
</tbody>
</table>

### Learning Track: Cardiology

<table>
<thead>
<tr>
<th>1300 – 1400</th>
<th>Current Issues Ongoing in Cardiac Rehab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Robert Stevenson, MD</td>
<td>Cardiac rehab is well established in the management of the cardiovascular patient. However, there are challenges and this review will discuss some of the commonly encountered difficulties.</td>
</tr>
</tbody>
</table>

### Learning Track: Physical Activity

<table>
<thead>
<tr>
<th>1400 – 1500</th>
<th>Are the Traditional Exercise Guidelines Relevant in Today's Cardiac Rehab?</th>
</tr>
</thead>
<tbody>
<tr>
<td>J. Stephen Mundle, MSc</td>
<td>The established exercise guidelines such as 500-1000 met/min per week, 150 minutes/week, or even 10,000 steps/day are evidence based and proven to produce positive outcomes, but are they fair targets for many of the patients who attend Cardiac Rehabilitation. This topic will address that issue and provide further discussion on other exercise options when the traditional methods are not practical.</td>
</tr>
</tbody>
</table>

### 1500 – 1530 Nutrition Break – Please visit our exhibitors in the Light Court.

### 1530 – 1630 Mind the Heart: How Gender/Sex Determines Post-ACS Rehabilitation and Psychological Well Being

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
### Challenges in Cardiology
Thursday evening, September 15, 2016
Royal Ballroom, Delta Brunswick Hotel, 39 King Street

**Chairman:** David Bewick, MD  
**Co-Chairman:** Ansar Hassan, MD

**Assessment and Management of Severe, Asymptomatic Aortic Regurgitation**

#### Learning Objectives:
- Incorporate current and emerging clinical evidence in the evaluation and medical management of severe but asymptomatic aortic regurgitation
- Evaluate and employ contemporary approaches & management strategies to severe aortic regurgitation including the role of surgery
- Review the current and future role of aortic valve repair versus replacement

#### Target Audience:
- Cardiologists
- Internists
- Cardiac Surgeons
- Allied Healthcare

### Schedule

<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>1730 – 1820</td>
<td><strong>Buffet Supper – Delta Brunswick Hotel</strong></td>
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<tr>
<td>1825 – 1830</td>
<td><strong>Welcome and Introduction</strong></td>
</tr>
<tr>
<td>1830 – 1850</td>
<td><strong>Severe, Asymptomatic Chronic Aortic Regurgitation</strong></td>
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<tr>
<td></td>
<td>- Critical Role of Echocardiography – Establishing Severity</td>
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<tr>
<td></td>
<td>- When to Intervene?</td>
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<td></td>
<td>- Conservative Approach Versus Early Referral for Surgery in 2016</td>
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<tr>
<td>1850 – 1910</td>
<td><strong>Bicuspid Aortopathy – Evolving Concepts</strong></td>
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<tr>
<td></td>
<td>- Assessment and Role of Genetic Screening</td>
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<td></td>
<td>- Imaging Modalities for Aortopathy</td>
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<td></td>
<td>- Restrictions with BAV – athlete, sports, pregnancy</td>
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<tr>
<td></td>
<td>- When to Intervene and Follow Up?</td>
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<tr>
<td>1910 – 1930</td>
<td><strong>Contemporary Surgical Management of Severe Aortic Regurgitation</strong></td>
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<td>- Diseased Aortic Root – Can Valve Be Spared?</td>
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<tr>
<td>1930 – 2030</td>
<td><strong>Management Dilemmas in Asymptomatic Patient &amp; Significant Aortic</strong></td>
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<tr>
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<td>- Asymptomatic Severe AI With EF 50%, Dilated LV, 42-Year Old Male</td>
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<td></td>
<td>- Physician With Severe AI and Dilated Ascending Aorta</td>
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<td></td>
<td>- Active Male with Regular Imaging Evaluations and STILL Developed LV Dysfunction</td>
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<tr>
<td></td>
<td>- Asymptomatic 65-Year Old Man With 10-Year Old “stentless” Valve and severe aortic regurgitation</td>
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<td>- 50 year runner with 4+AI, normal LV and Lack of Contractile Reserve on Stress Echo</td>
</tr>
</tbody>
</table>

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
Learning Objectives:
• Evaluate and employ contemporary approaches utilizing echocardiography in patients with valvular heart disease, cardiomyopathies and disorders of the pericardium
• Review role of echocardiography in the assessment of LVH and systemic disorders
• Incorporate current and emerging clinical evidence in the comprehensive echocardiographic assessment in the patient with cancer and stress induced cardiomyopathy
• Approach to the assessment of aortic disorders and the role of imaging modalities
• Discuss the practical utility of echocardiography using a case based format

Target Audience:
Cardiologists
Internists
Sonographers
Allied Healthcare

Learning Track – Imaging “Issues” in Echocardiography

Imaging Modalities In the Assessment of Aortic Regurgitation & Thoracic Aortic Disease – When Do You Get Worried?
Moderator: Ansar Hassan, MD

0830 – 0850
Munir Boodhwani, MD

• Optimal Imaging Modalities in the Assessment of Aortic Regurgitation and the Aortic Root
The severity of aortic regurgitation can be challenging to both the clinician and in imaging. Discussion will focus on the optimal imaging modalities to accurately access severity and in follow-up.

0850 – 0910
Subodh Verma, MD

• Optimal Imaging of a Bicuspid Aortic Valve
Is it clinically important to differentiate a true bicuspid AV vs. a tricuspid valve? The role of Echo, CT and MRI will be discussed.

Challenges In the Assessment of Mitral Regurgitation

0910 – 0935
Howard Leong-Poi, MD

• What Is the Definition of “Severe” in Primary and Secondary Mitral Regurgitation?
• Ischemic MR – Is it Different from Degenerative MR?
• Quantifying Severity with a Systematic, Integrated 2D Echo Approach

Challenges in the Assessment of Aortic Stenosis – Gradients Versus Valve Area

0935 – 1005
Ian Burwash, MD

• Low Gradient, Low Flow, Low AVA with Normal or Abnormal EF: The “Gray Zone” – When the Echo and Cath Do NOT Agree!
• Moderate AS and Moderate AI – When to Intervene?
• Recent Prosthetic Valve Implant: Patient – Valve Mismatch

1005 – 1030 Nutrition Break – Please visit our exhibitors in the Light Court.

Cardio-Oncology – An Emerging Disorder

1030 – 1100
Dinesh Thavendiranathan, MD

• Radiation and Toxin Induced CV Disorders
• Role of Imaging (Echo/MRI/CTA)
• Strain Imaging – Useful or Not?
• I am performing serial EF and there is a decrease in EF – now what??? (role of BB, ACE I, how long, continue chemotherapy?, frequency of Imaging?)
The presentation will review cardiac complications in patients receiving cancer therapy, methods for early detection, and potential interventions. Clinical cases will be reviewed.

“Hiding in Plain Sight” – Echo in Systemic Diseases

1100 – 1130
Susan Fagan, MD

The echo exam can add important clinical information and in some situations, can be diagnostic in patients with various systemic disorders. This review will highlight some of these “diagnostic pearls”.

“Hiding in Plain Sight” – Echo in Systemic Diseases

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<th>Time</th>
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<th>Topic</th>
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<tbody>
<tr>
<td>1130-1200</td>
<td>Davinder Jassal, MD</td>
<td><strong>Role of multimodality cardiovascular imaging of incidental cardiac masses:</strong> Echo, CT, and Cardiac MRI”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lambl’s Excrscence&lt;br&gt;• Fibroelastoma&lt;br&gt;• Thrombus&lt;br&gt;• Vegetations&lt;br&gt;• MAC&lt;br&gt;• Cystic Masses</td>
</tr>
<tr>
<td>1200 – 1300</td>
<td><strong>Lunch</strong></td>
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<tr>
<td>1300 – 1330</td>
<td>Wendy Tsang, MD</td>
<td><strong>The Thick Apex</strong>&lt;br&gt;• Over-Diagnosing Non-Compaction&lt;br&gt;• False Tendons&lt;br&gt;• Athletes Heart Versus Pathological LVH</td>
</tr>
<tr>
<td>1330 – 1400</td>
<td>Anthony Sanfilippo, MD</td>
<td><strong>Contemporary Classification of Cardiomyopathy – Is “idiopathic“ a thing of the past?</strong>&lt;br&gt;The classification of the traditional three categories of cardiomyopathy is evolving rapidly. This review will discuss the contemporary classification of structural heart disease with echocardiography and ancillary imaging modalities.</td>
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<tr>
<td>1400 – 1430</td>
<td>Kwan-Leung Chan, MD</td>
<td><strong>“Stress Cardiomyopathy” – NOT A Romantic Disease</strong>&lt;br&gt;• Definitions and Subsets&lt;br&gt;• Echo Wall Motion Abnormalities&lt;br&gt;• Complicated Cases (LVOT, RV Involvement, Apical Thrombus)&lt;br&gt;• Outcomes</td>
</tr>
<tr>
<td>1430 – 1455</td>
<td><strong>Nutrition Break – Please visit our exhibitors in the Light Court.</strong></td>
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<tr>
<td>1455 – 1600</td>
<td><strong>Case Presentations</strong></td>
<td>Susan Fagan, MD&lt;br&gt;Ian Burwash, MD&lt;br&gt;Dinesh Thavendiranathan, MD&lt;br&gt;Wendy Tsang, MD&lt;br&gt;Davinder Jassal, MD&lt;br&gt;Kwan-Leung Chan, MD</td>
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Please note that 25% question/answer time is included in each lecture/presentation time allotment.
Join the New Brunswick Heart Centre and the Canadian Council of Cardiovascular Nurses as they examine some interesting cases presenting to the New Brunswick Heart Centre. These case studies will review the patient presentation; catheterization reports; operative reports; laboratory data and discuss the implications for nursing.

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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>0730 – 0800</td>
<td><strong>Registration – Level 1, Amphitheatre</strong></td>
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<tr>
<td>0800 – 0815</td>
<td><strong>Welcome and Opening Remarks</strong></td>
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<tr>
<td>0815 – 0850</td>
<td><strong>Not Your Average STEMI . . . . It’s SCAD!</strong></td>
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<tr>
<td>0850 – 0925</td>
<td><strong>When the Healthy Heart Fails Quickly . . . . Impella To the Rescue!</strong></td>
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<tr>
<td>0925 – 10:00</td>
<td><strong>ACLS Guidelines In the ER: Does One Size Really Fit All?</strong></td>
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<tr>
<td>1000 – 1030</td>
<td><strong>Nutrition Break – Please visit our exhibitors in the Light Court.</strong></td>
</tr>
<tr>
<td>1030 – 1100</td>
<td><strong>More Than Just a Routine Echo: Consult the Electrician!</strong></td>
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<tr>
<td>1100 – 1130</td>
<td><strong>Adhesions Post Sternotomy Can Create Chaos for All!</strong></td>
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<tr>
<td>1130 – 1145</td>
<td><strong>I’m Cool, You’re Cool, We’re All Cool . . . . But Are We TOO Cool?</strong></td>
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<tr>
<td>1145 – 1200</td>
<td><strong>Summary and Evaluations</strong></td>
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</tbody>
</table>

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
NB Heart Resident Trainee Session  
Friday, September 16, 2016  
Saint John Regional Hospital – Level 5D Classroom  
**Moderator:** Colin Barry, MD

## Critical Care Cardiology

### Learning Objectives:
- Discuss optimal systems and strategies for the diagnosis and management of acute cardiac emergencies
- Evaluate and employ contemporary approaches, treatment and management strategies in patients with chest pain, heart failure, coronary interventions and their complications
- Review the current role of bedside ultrasonography in the ICU

### Target Audience:
- Nurses
- Emergency Physicians
- Cardiologists/Internists
- Family Medicine Residents

<table>
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<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>1230 – 1255</td>
<td>Registration – Level 1, Amphitheatre</td>
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<tr>
<td>1255 – 1300</td>
<td>Introduction</td>
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<tr>
<td>1300 – 1325</td>
<td>Joe Rigley, MD – Fluid and Cardiac Output Management of the Critically Ill Patient</td>
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<tr>
<td>1300 – 1325</td>
<td>• Invasive and Non-Invasive Tools</td>
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<td>1300 – 1325</td>
<td>• Evaluation of Fluid Status</td>
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<td>1300 – 1325</td>
<td>• Inotrope and Vasodilator Therapies</td>
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<tr>
<td>1325 – 1340</td>
<td>Colin Barry, MD – How to Avoid Bleeding in ACS Patients</td>
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<tr>
<td>1325 – 1340</td>
<td>Bleeding complications are frequently encountered in ACS patients. This review will discuss potential solutions to mitigate this potentially life threatening condition.</td>
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<tr>
<td>1340 – 1400</td>
<td>Robert Teskey, MD – Acute Heart Failure with Normal Systolic Function</td>
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<tr>
<td>1340 – 1400</td>
<td>• What Is It?</td>
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<td>1340 – 1400</td>
<td>• How do you assess it?</td>
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<tr>
<td>1340 – 1400</td>
<td>• How do you treat it?</td>
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<tr>
<td>1400 – 1430</td>
<td>Sohrab Lutchmedial, MD – Recognizing Critical Complications Following:</td>
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<tr>
<td>1400 – 1430</td>
<td>• Cardiac Cath/PCI</td>
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<tr>
<td>1400 – 1430</td>
<td>• Cardiac Surgery</td>
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<tr>
<td>1430 – 1500</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
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<tr>
<td>1500 – 1520</td>
<td>David Marr, MD – Evaluation of Chest Pain In the ER – Mistakes I Have Made and How I Changed My Practice</td>
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<tr>
<td>1500 – 1520</td>
<td>Chest pain is a common disorder in the emergency room. The range of potential diagnoses is broad from a benign symptom to a life threatening disorder. This review will discuss some of the challenges encountered.</td>
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<tr>
<td>1520 – 1540</td>
<td>Robert Stevenson, MD – Therapeutic Hypothermia – “Nuts and Bolts”</td>
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<tr>
<td>1520 – 1540</td>
<td>Hypothermia is an accepted therapy in the cardiac arrest patient. This review will discuss the practical aspects of therapeutic hypothermia.</td>
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<tr>
<td>1540 – 1600</td>
<td>Mark Tutschka, MD – Role of Bedside Ultrasonography In the Intensive Care Unit</td>
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<tr>
<td>1540 – 1600</td>
<td>The contemporary use of cardiopulmonary point of care ultrasound in the ICU environment will be reviewed.</td>
</tr>
</tbody>
</table>

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
Primary Prevention
Friday morning, September 16, 2016
Saint John Regional Hospital – Amphitheatre, Level 1D

Reducing Cardiovascular Risk

Learning Objectives:
• Incorporate current and emerging clinical evidence in the comprehensive assessment, treatment and management of patients with, or at increased risk of, cardiovascular disease
• Interpret the impact of various “preventive” therapies in 2016
• Identify the challenges and management of the elderly in “reducing” cardiovascular risk
• Review new pharmacological therapies for diabetes that potentially reduce cardiovascular events
• Debate on the approach to managing smoking cessation

Target Audience:
Family Physicians
Nurse Practitioners
Internists/Cardiologists
Registered Nurses
Allied Healthcare

0730 – 0825 Registration – Level 1, Amphitheatre
Moderator: Blair O’Neill, MD

0825 – 0830 Welcome and Introduction
Blair O’Neill, MD

Learning Track – Cardiovascular Risk Assessment
0830 – 0900 The Basics of CV Risk Assessment – Things You Need to Know
Paul Oh, MD
• Ancillary Testing Only Useful in Intermediate Risk?
• Should We Look at Risk Factor Changes Over Time or Lifetime Risk?
• Should I Stop Using Framingham Over Age 60 Years?

Learning Track – Prevention
0900 – 0930 Controversies and “Myths” in CV Prevention
Nicholas Giacomantonio, MD
• Is ASA Useful in “Primary Prevention?”
• Contemporary HRT and Its Role in Preventing Heart Disease in Women
• No Limits on Saturated Fat/Cholesterol in 2016?
• Does Exercise REALLY Make Any Difference In My Lipid Levels?

Learning Track – Nutrition to “Prevent” Cardiovascular Disease
0930 – 1000 Supplements – Cardiovascular Quackery or Disease Modifiers
Iqbal Bata, MD
• Coconut Oil for Lowering CVD Risk
• Are All Omega 3 Products Equal?
• Non-Nutritive Sweeteners – Beneficial or Not?
• Calcium Supplements – Helpful or Harmful?

1000 – 1030 Nutrition Break – Please visit our exhibitors in the Light Court.
Moderator: Paul MacDonald, MD

Learning Track – Elderly and Cardiovascular Risk
1030 – 1100 Cardiovascular Prevention in My >80-Year Old WITHOUT CAD – Therapeutic Illusion or Is It Ever Too Late?
Barry Rose, MD
• Appropriate Intensity, Frequency and Types of Exercise
• Hypertension – When to Intervene, Target BP and Optimal Drug(s)
• Dyslipidemia In the Elderly – What Do We Know? Is a Statin Really Necessary?
• All Elderly Are High-Risk – Treat All With CV Cocktail?

Learning Track – Diabetes
1100 – 1125 Contemporary Management of Diabetes in my CV patient
Mary Catherine MacSween, MD
• Is there a single A1C goal for patients with CVD?
• Which patients should I treat, or not treat, with empagliflozin?
This session will clarify the dramatic changes in the landscape of managing diabetes in the setting of CVD.

Learning Track – Smoking Debate
1125 – 1200 E Cigarettes – Friend or Foe?
Paul MacDonald, MD
PRO: “Definitely Helpful and Valuable”
Gregory Searles, MD
CON: “Smoke and Mirrors?”
Rob Stevenson, MD

1200 – 1300 Lunch – Please visit our exhibitors in the Light Court.

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
Office-Based Cardiology
Friday afternoon, September 16, 2016
Saint John Regional Hospital – Amphitheatre, Level 1D
Moderator: Simon Jackson, MD

Learning Objectives:
• Incorporate current and emerging clinical evidence in the comprehensive assessment, treatment and management of patients with, or at increased risk of, cardiovascular disease
• Evaluate and employ contemporary approaches, treatment and management strategies in patients with CAD, atrial fibrillation and congestive heart failure
• Identify the potential errors of medications in managing patients with cardiovascular disease
• Evaluation of the patient with two common disorders: sleep apnea and sexual health in males
• Review current therapies in the management of DVT/pulmonary emboli

Target Audience:
Family Physicians
Nurse Practitioners
Internists/Cardiologists
Registered Nurses
Allied Healthcare

1230 – 1300  Registration – Level 1, Amphitheatre

Learning Track – Atrial Fibrillation and Stroke

1300 – 1320  Barry Rose, MD
Assessing Cardioembolic and Bleed Risk In My Elderly AF Patient – A “Critical Conundrum”
• CHADS2
• CHADS2 – VASC
• Bleed Risk

1320 – 1340  Sean Connors, MD
Atrial Fibrillation – Evolving Concepts
• Old and New Risk Factors (Inflammation, Obesity, Upstream Therapies)
• “Back To the Basics” – Role of Diet, OSA and Weight Reduction in Managing AF – Superior to Drugs/Ablation?

1340 – 1400  Simon Jackson, MD
Top 10 Medication Errors I Encounter in Cardiovascular Disease Management
The contemporary management of the CVD patient not infrequently requires a “cocktail” of multiple medications. This increases the potential for drug interactions and potential errors which will be reviewed.

Learning Track – CHF

1400 – 1420  Blair O’Neill, MD
Stable IHD in the Elderly – Is 80 the New 60?
• Drugs and More Drugs – Age Related Issues Re Dosing, Polypharmacy and Adverse Events
• When Should I Refer for A Cath?
• Antiplatelet Rx in the Frail Elderly with Epistaxis/+++Bruising Post PCI

1420 – 1445  Nutrition Break – Please visit our exhibitors in the Light Court.

Learning Track – Sexual Health

1445 – 1510  Scott Bagnell, MD
Men’s Sexual Health and Cardiovascular Disease
• When and When Not to Use PD5 Inhibitors
• How to Interpret “Low T” and Clinical Impact of Testosterone Deficiency on Men’s Health, Quality of Life and Mortality
• Contemporary Use of Testosterone Replacement Therapy

Learning Track – Sleep Apnea

1510 – 1535  Glen Sullivan, MD
Cardiovascular Consequences of Sleep Disordered Breathing
• Modifiable Risk Factor?
• Does CPAP Therapy Improve Cardiovascular Events?
• “Mild to Moderate” OSA Reported on Testing – Role of CPAP and “Over-Prescribing”. Is There Evidence for Rx Benefits?

Learning Track – Thromboembolic Disease

1535 – 1600  Patrick Bergin, MD
Contemporary Management of DVT/Pulmonary Emboli
• Initial Outpatient Treatment
• What Anticoagulant and How Long?
• When Can I Safely Stop Anticoagulation?

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
NB Heart Centre Symposium Gala Evening
“Canadian Pioneers”
Friday evening, September 16, 2016
Royal Ballroom, Delta Brunswick Hotel, 39 King Street
Chairman: David Bewick, MD

Masters of Ceremony:
Ansar Hassan, MD & Sohrab Lutchmedial, MD

Cash Bar & Seating 1730 – 1830

Welcome and Introduction
Please take a seat, relax and enjoy the presentations. During the sessions, dinner will be served to your table.

The Honourable Dominic LeBlanc
Member of Parliament, Beauséjour
Leader of Government, House of Commons

Adam Kreek
Canadian Gold Medal Olympic Rower

An Olympic Gold Medalist, Adventurer, and Social Entrepreneur, Adam is a corporate trainer who walks the talk. During his 13 year rowing career, Adam won over 60 medals, including 43 gold medal performances. In 2013, Adam made the first ever attempt to row unsupported across the Atlantic Ocean from Africa to America, the subject of the NBC Dateline Documentary, Capsized.

“You row an ocean by taking one stroke at a time. You build a business by solving one problem at a time. Make forward progress one inch at a time. Inch by inch. Repeat.” – Adam Kreek
# Current Perspectives in Cardiovascular Disease

**Saturday, September 17, 2016**  
Saint John Regional Hospital – Amphitheatre, Level 1D  
**Moderators:** Iqbal Bata & David Bewick, MD

## Learning Objectives:
- Identify the methods and timing of treatment for coronary artery disease, including the latest advances in atherothrombosis
- Evaluate and employ contemporary approaches, treatment and management strategies in patients with ACS and stable CAD, dyslipidemia and lifestyle interventions
- Interpret the impact of recent clinical trials and discuss optimal strategies in the assessment and management of patients with cardiovascular disorders, including issues in anticoagulation, stroke prevention, hypertension and cardiovascular surgery

## Target Audience:
- Family Physicians  
- Cardiologists  
- Internists  
- Nurses  
- Allied Healthcare

### Schedule:

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<tr>
<th>Time</th>
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<tr>
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<td>0825 – 0830</td>
<td><strong>Moderator: Iqbal Bata, MD</strong></td>
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<td></td>
<td><strong>Introduction</strong></td>
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<tr>
<td>0830 – 0855</td>
<td><strong>Learning Track: Acute Coronary Syndrome</strong></td>
<td>Blair O’Neill, MD</td>
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<tr>
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<td><strong>Acute Chest Pain in the ER</strong></td>
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<td>• Making Sense of “Troponin-itis”: Myocardial Injury Versus Ischemia Versus Nothing At All</td>
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<td>• Conundrums In the Evaluation of Chest Pain In the ER</td>
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<td>• Role of CT and CTA in Evaluation of Chest Pain In the ER</td>
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<td>- Are CT Anatomical Findings More Valuable Than Functional Findings by Stress Testing?</td>
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<td>0855 – 0920</td>
<td><strong>Optimal Strategies In the Post ACS Patient to Reduce Residual Risk</strong></td>
<td>Michael Love, MD</td>
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<td>• Pharmacotherapy Post-Revascularization</td>
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<td>• Duration of DAPT – When Can One Safely Interrupt and/or Stop</td>
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<td>• Primary PCI – Only the Culprit? (Culprit Versus Multi-Vessel PCI)</td>
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<tr>
<td>0920 – 0945</td>
<td><strong>ACS in Young Females – It’s Not All ”Obstructive CAD”</strong></td>
<td>Jacqueline Saw, MD</td>
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<tr>
<td></td>
<td>• Gender Consideration In Presentation, Diagnosis and Management of ACS</td>
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<td>• Spontaneous Coronary Artery Dissection</td>
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<td>• Patients with ”Angina” and Non-Obstructive CAD</td>
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<td>0945 – 1010</td>
<td><strong>The Post MI Patient – Controversies in Preventive Cardiology</strong></td>
<td>Paul Oh, MD</td>
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<td>• Exercise – How Much Is Enough and How Much Is Too Much?</td>
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<td>• Does Stress Management Training Improve Outcome in Cardiac Rehabilitation?</td>
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<td>• Blockers and ACE Inhibitor with Normal EF and BP – Useful or Not?</td>
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<td>• My Patient with LDL 0.9 and Is On Atorvastatin 80 mg . . . . Forever?</td>
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<tr>
<td>1010 – 1035</td>
<td><strong>Learning Track: Challenges in Anticoagulation</strong></td>
<td>Sean Connors, MD</td>
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<td><strong>DOAC’s and Stroke Prevention</strong></td>
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<td></td>
<td>• Which One for Which Patient?</td>
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<td>• Is Coumadin Dead?</td>
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<td>• Role of Antidotes in 2016</td>
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<td>• Bridging is Obsolete with DOAC?</td>
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<td>• CKD/ESRD – Any Value with Anticoagulation?</td>
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</table>
### Learning Track: Hypertension

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<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>1055 – 1120</td>
<td>Milan Gupta, MD</td>
<td><strong>Special Considerations in Managing Hypertension</strong></td>
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<tr>
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<td>• Re-Visiting Blood Pressure Targets: What Is Low Enough?</td>
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<td>• Adverse Consequences of Masked and White-Coat Hypertension</td>
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<td>• Dietary Sodium Restriction: “Less Intake or Severe Restriction Not Necessary?”</td>
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<td>• Contemporary Role of Mineralocorticoid Antagonists in Resistant HTN</td>
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### Learning Track: Heart Failure

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<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1120 – 1145</td>
<td>Simon Jackson, MD</td>
<td><strong>Important Advances and Controversies in CHF Management</strong></td>
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<tr>
<td></td>
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<td>• Chronic Heart Failure Therapy Guided by BNP</td>
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<td>• Can We Ever Stop Heart Failure Therapy?</td>
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<td>• “New Drug, New Paradigm” – Should Neprilysin Inhibitor Be Limited to Select Patients or Rx Everyone with Class 2/3 CHF?</td>
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### Learning Track: Lipids

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<tr>
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<tbody>
<tr>
<td>1145 – 1210</td>
<td>Jacques Genest, MD</td>
<td><strong>What the Guidelines Did Not Say and Current Controversies</strong></td>
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<tr>
<td></td>
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<td>• Intermediate Risk – Statin Useful?</td>
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<td>• Can We Eat As Many Eggs As We Want? (Daily Limits of Cholesterol Intake Should Be Removed)</td>
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<td>• Hypertriglyceridemia – Why Treat?</td>
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<td>• Potential Role of PCSK9 Inhibitors in 2016 –</td>
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<td>o How They Work and Who Should Get Them</td>
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<td>o How Low Can You Go!</td>
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<td>Preventive measures for patients at intermediate cardiovascular risk must take into account patient’s preferences and evidence-based decisions. While diet and lifestyle measures are paramount, certain recommendations – such as dietary cholesterol intake – must be weighed carefully. Lowering LDL-C has proven important in the prevention of cardiovascular disease. New powerful LDL-C lowering medications – such as inhibitors of PCSK9 – can bring LDL-C to levels never reached before.</td>
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### Learning Track: Cardiac Surgery

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1210 – 1235</td>
<td>Ansar Hassan, MD</td>
<td><strong>Top 10 Recent Controversies in Cardiac Surgery</strong></td>
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<tr>
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<td>• TAVR – the New ”AVR” for Everyone with Aortic Stenosis?</td>
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<td>• Vein Harvesting</td>
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<td>• DAPT Post CABG</td>
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<td>• Ischemic MR Repair, Replacement or Nothing?</td>
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<td>• Tissue Versus Mechanical Valve in My 45-Year Old Patient</td>
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<tr>
<td>1235 – 1245</td>
<td>David Bewick, MD</td>
<td><strong>Closing Remarks</strong></td>
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<td>“Grab &amp; Go” – Bagged lunch in the Light Court to take with you.</td>
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</tbody>
</table>

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FACULTY

Scott Bagnell, MD, FRCPC
Adrian Baranchuk, MD FACC FRCPC
Colin Barry, MD FRCPC FACC
Iqbal Bata, MD FRCPC
Patrick C Bergin, MD FRCPC FACP
David Bewick, MD FRCPC FACC FACP
Munir Boodhwani, MSc MD FRCS
Ronald Bourgeois, MD MSc FRCPC
Ian G. Burwash, MD FRCPC
Kwan-Leung Chan, MD FRCPC FAHA FACC
Sean P Connors, MD DPhil FRCPC
Michel D’Astous, MD FRCPC
Sabe De, MD FRCPC FACP
Jackie Doherty, RN BN CCN(C)
Susan Fagan, MD FRCPC
Erin Folkins, RN
Jacques J.G. Genest, Jr. MD FRCPC
Nicholas B. Giacomantonio, MD FRCPC
Martin S Green, MD FRCPC
Milan Gupta, MD FRCPC FACC
Ansar Hassan, MD PhD FRCSC
Simon D Jackson, MD MMed Ed FRCPC
Davinder S. Jassal, MD FACC FRCPC
Jalila Jbilou, MD
Howard M Leong-Poi, MD FRCPC FASE FACC
Michael P. Love, MB ChB MRCP MD
Sohrab Lutchmedial, MDCM, FRCPC
Paul MacDonald, MD, FRCPC
Vanessa MacDonald, RN
Alex MacLean, MD FRCPC
Mary Catherine MacSween, MD FRCPC
David Marr, MD FRCPC FACC
Sue Morris, RN BN MEd CNCC(C) CCNC
J. Stephen Mundle, MS BSc PT B.PE
Cathy Murphy, RN BN CNCC (C),
Paul Oh, MD MSc FRCPC FACP
Blair J. O’Neill, MD FRCPC FCCS FACC FSCAI
Frédéric Paulin, MD FRCPC
Kieran Quinn, MD MSc
Joseph Rigley, MD FRCPC
Tina Roch, BN CCN (C)

Barry Rose, MD FRCPC FACC
Anthony J Sanfilippo, MD FRCPC FACC
Jacquelyn Saw, MD FRCPC FACC FSCAI
Gregory Searles, MD FRCPC
Karen Simon, BSc RD
Jennie Small, RN BN
Robert S Stevenson, MD CCFP FRCPC
Glendon Sullivan, MD FRCPC FCCP
Traci Surette, RN
Robert Teskey, MD FRCPC FSCAI
Dinesh Thavendiranathan, MD, MSc, SM, FRCPC FASE
Satish Toal, MD
Wendy Tsang, MD FRCPC
Mark Tutschka, MD FRCPC
Atul Verma, MD FRCPC
Subodh Verma, MD, PhD, FRCSC, FAHA
Julie Vicente, RDACS CRCS
Marlene Wheatley-Downe, RN, BHScN
Susan Young, RN BN CCN(C)

PLANNING COMMITTEE

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Coordinator

Elaine Gilchrist, RN
Assistant Coordinator

Brenda McNamara
Administrative Assistant

Colin Barry, MD, FRCPC, FACC
Ronald Bourgeois, MD MSc FRCPC
Jane Boyd Aucoin, RN BN CCN(C)
Brian Craig, MD
Michel D’Astous, MD FRCPC
Natalie Graves, MD
Ansar Hassan, MD PhD FRCSC
Ann Jansen, MBBch CCFP
Pat Lively, RCTA HSM
Stephen Mundle, MS BSc PT B.PE

William O’Brien, MD
Allan Rombaut, MD CCFP FCFP
Gregory R. Searles, MD FRCPC
Michael Simon, MD CCFP
Julie Vicente, RDACS CRCS

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

In keeping with accreditation guidelines, committee members and faculty participating in this event have been asked to disclose to the audience any involvement with industry or other organizations that may potentially influence the presentation of the educational material.
REGISTRATION FEES
The following registration fees include all program materials, refreshments during conference breaks and lunch. Thursday evening’s session and the Friday evening gala will include complimentary supper.

Full Registration:  MD $400, Other $275
Two-Day registration:  MD $350, Other 225
One-Day registration:  MD $300, Other $180

NEW BRUNSWICK HEART CENTRE GALA EVENING
Not attending the daytime educational sessions or want to bring more guests? Additional tickets for the Gala may be purchased from the Saint John Regional Foundation Office (506)648-6400 for $80 each or $600 per table of eight. Visit www.sjrhf.ca for more information.

PAYMENT OPTIONS:
• Online by visiting http://sjrhf.ca/nbhc-symposium
• By mail via Cheque or Money Order
• In person via Cash, Cheque, Credit or Debit Card at the SJRH Foundation office.  
  (Monday – Friday 8:30 a.m. – 4:00 p.m.)

PLEASE INCLUDE THE REGISTRATION FORM (see following page) WHEN MAILING PAYMENT or PAYING IN PERSON  (All amounts are payable to the SJRHF – NB Heart Centre Symposium.)

NB Heart Centre Symposium Payments
c/o SJRH Foundation Office, Level 1
Saint John Regional Hospital
PO Box 2100, Saint John, NB E2L 4L2
Telephone:  506.648.6400
CME CREDIT
CME application forms will be included in your registration package when you arrive at the conference. After the conference, confirmation of educational credit will be provided four to six weeks after we receive your completed CME Application Form, and will only be given for those sessions for which you have registered and attended.

ACCOMMODATIONS
Please reserve rooms directly with the hotel prior to the reservation deadline:

Delta Brunswick
39 King Street
Saint John, NB E2L 4W3
Tel: (800) 335-8233

Château Saint John
369 Rockland Road
Saint John, NB E2K 3W3
Tel: (506) 644-4444 or (877) 772-4040

By August 16, 2016:
(Ask for NB Heart Centre Symposium block.)
Rooms: $149 + taxes

By August 15, 2016:
(Ask for NB Heart Centre Symposium block.)
Rooms: $124.99 + taxes
(includes breakfast)

TRANSPORTATION
Please use the shuttle service.
Vehicle Parking Passes Are Not Provided.
Check hotel/hospital lobbies for schedule updates.

<table>
<thead>
<tr>
<th>Time</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>0700 – 0845</td>
<td>Delta/Château SJ</td>
<td>Regional Hospital</td>
</tr>
<tr>
<td>1115 – 1330</td>
<td>Regional Hospital</td>
<td>Delta/Château SJ and return</td>
</tr>
<tr>
<td>1500 – 1700</td>
<td>Regional Hospital</td>
<td>Delta/Château SJ</td>
</tr>
<tr>
<td>1700 – 1815</td>
<td>Château SJ</td>
<td>Delta</td>
</tr>
<tr>
<td>2100 – 2300</td>
<td>Delta</td>
<td>Château SJ</td>
</tr>
<tr>
<td>0700 – 0900</td>
<td>Delta/Château SJ</td>
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<td>Château SJ</td>
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<tr>
<td>0700 – 1300</td>
<td>Delta/Château SJ</td>
<td>Regional Hospital and return</td>
</tr>
</tbody>
</table>
Space for all sessions is limited, so register early! Pre-Register Up To September 6

- Dr □ Mr □ Ms □ Mrs □ Prof □ Resident / Student □ Sonographer

First Name: ________________________________ Last Name: ________________________________

Address: If work address, please include Facility/Dept.: ______________________________________

Street Address: ____________________________________________ Province/State: __________ Postal/Zip Code: __________________

City: ____________________________________________ Province/State: __________ Postal/Zip Code: __________________

Telephone: __________________ Fax: __________________ Email: __________________

REGISTRATION Pre-register to reserve your seat(s) up to September 6

Register ONLINE at http://sjrhf.ca/nbhc-symposium or by completing the form below and selecting the applicable box(es). Send your completed form via fax 506.648.6232 or scan it and email to Brenda.McNamara@HorizonNB.ca.

When sessions are running concurrently, please select only one of the concurrent sessions.

<table>
<thead>
<tr>
<th>Thursday</th>
<th>8:00 – 12:00</th>
<th>1:00 – 4:00</th>
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<tbody>
<tr>
<td>Amphitheatre 1D</td>
<td>□ Device/Arrhythmia</td>
<td>□ ECG Workshop</td>
</tr>
<tr>
<td>Amphitheatre 5D</td>
<td>□ Sonographers Workshop</td>
<td>□ Stress Echocardiography</td>
</tr>
<tr>
<td>Classroom 5D</td>
<td>□ CV Health Wellness &amp; Rehabilitation</td>
<td>□ CV Health Wellness &amp; Rehabilitation</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Thursday Evening</th>
<th>Delta Hotel 1730 - 2030</th>
<th>Challenges in Cardiology</th>
<th>COMPLIMENTARY FOR THURSDAY’S SYMPOSIUM ATTENDEES ONLY – PLEASE CHECK BOX(ES) IF YOU PLAN TO ATTEND/BRING A GUEST</th>
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<tbody>
<tr>
<td>Amphitheatre 1D</td>
<td>□ Primary Prevention</td>
<td>□ Office-Based Cardiology</td>
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<tr>
<td>Amphitheatre 5D</td>
<td>□ Current Concepts in Echocardiography</td>
<td>□ Current Concepts in Echocardiography</td>
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<tr>
<td>Classroom 5D</td>
<td>□ CV Nursing</td>
<td>□ Resident Trainee</td>
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<th>Friday</th>
<th>8:00 – 12:00</th>
<th>1:00 – 4:00</th>
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</thead>
<tbody>
<tr>
<td>Delta Hotel 1730</td>
<td>□ NB Heart Centre Gala</td>
<td>COMPLIMENTARY FOR FRIDAY’S SYMPOSIUM ATTENDEES ONLY – PLEASE CHECK BOX(ES) IF YOU PLAN TO ATTEND/BRING A GUEST</td>
</tr>
<tr>
<td>Amphitheatre 1D</td>
<td>□ Current Perspectives in Cardiovascular Disease</td>
<td>BAGGED LUNCH – GRAB &amp; GO!</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Friday Evening</th>
<th>Delta Hotel 1730</th>
<th>NB Heart Centre Gala</th>
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</table>

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- ONLINE by visiting http://sjrhf.ca/nbhc-symposium
- BY MAIL: Cheque or Money Order
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<table>
<thead>
<tr>
<th>Physician</th>
<th>400</th>
<th>2-Day</th>
<th>3-Day</th>
<th>3-Day Subtotal</th>
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<tr>
<td>Other Health Professional</td>
<td>275</td>
<td>225</td>
<td>180</td>
<td></td>
</tr>
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</table>

Thurs Evening Guest (1 only) – add $50
Fri Evening Guest (1 only) – add $50

TOTAL AMOUNT: ____________________________

CANCELLATION FEE: If you cancel, your registration fee will be refunded minus a $50.00 processing fee.
The New Brunswick Heart Centre gratefully acknowledges the educational grants provided for the support of this conference by the following:

**DIAMOND**

AstraZeneca

Bayer

**GOLD**

Medtronic

**SILVER**

Aspen Pharmacare
Boehringer Ingelheim Lilly
MacMurray Endowment
Pfizer BMS
St Jude Medical Canada

**BRONZE**

Amgen Canada
Dairy Farmers of Canada
Edwards Lifesciences
Janssen
Merck Canada
Novartis Pharmaceuticals Canada
Philips Healthcare
Servier Canada
Valeant Canada