22nd ANNUAL
CARDIOVASCULAR
SYMPOSIUM

Current Perspectives in Cardiovascular Disease
September 20 - 22, 2012
Saint John, New Brunswick
New Brunswick Heart Centre Cardiovascular Symposium

A Message from the Chairman

The New Brunswick Heart Centre’s Twenty-Second Annual Cardiovascular Symposium will be held September 20 - 22, 2012 in Saint John, New Brunswick.

This year’s program has been expanded 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. The Thursday afternoon session will highlight stress echocardiography, with the evening session focusing on challenges facing clinicians in patients presenting with asymptomatic valvular heart disease and a “State of the Art” lecture on managing the adult patient with severe aortic stenosis. 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 an afternoon cardiac rehabilitation workshop and a cardiovascular nursing session.

Friday has been dedicated to specific sessions, including Primary Prevention with an innovative approach this year, utilizing a question based, printed format with specific questions to common issues arising in daily practise in addition to Office-Based Cardiology, Cardiac Rehabilitation, Echocardiography and a Resident Trainee Workshop.

Friday evening, an annual fundraiser for the NB Heart Centre, will include the public and NB Heart Symposium attendees. This will be a relaxing and informative session with our first speaker, Mark Black, a heart and double-lung transplant recipient turned four-time marathon runner, delivering a powerful and inspiring story. Our featured guest, Arlene Dickinson, one of Canada’s most renowned independent marketing communications entrepreneurs and co-star of CBC’s Gemini award-winning “Dragon’s Den”, will offer insight into her own success story. 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 with the final session highlighting major advances in cardiology which have had a significant impact on clinical practice in 2012. In addition, there will be concurrent workshops in echocardiography and electrocardiography.

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, FRCPC
OVERVIEW

Thursday, September 20, 2012

Morning
0825 – 1200 Device/Arrhythmia Workshop
0830 – 1200 Cardiovascular Health, Wellness and Rehabilitation
- Session A  Heart Failure Workshop
- Session B  Cardiovascular Health, Wellness and Rehabilitation

Afternoon
1230 – 1600 Cardiovascular Health, Wellness and Rehabilitation
1230 – 1600 Cardiovascular Nursing
1300 – 1600 Stress Echocardiography Workshop

Evening
1830 – 2100 Challenges in Cardiology

Friday, September 21, 2012

All Day
0830 – 1600 Current Concepts in Echocardiography

Morning
0825 – 1200 Primary Prevention

Afternoon
1300 – 1600 Office-Based Cardiology
1300 – 1600 Cardiovascular Health, Wellness and Rehabilitation
1300 – 1600 NB Heart Resident Trainee Session

Evening
1730 – 2115 NB Heart Centre Gala Evening

Saturday, September 22, 2012

Morning
0825 – 1300 Current Perspectives in Cardiovascular Disease
0815 – 1100 Echocardiography Workshop
0830 – 1000 Electrocardiography Workshop
Through participation in the NB Heart Centre’s 22nd 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 18.5 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 has been approved for a maximum of 18.5 credits by the

Canadian Cardiovascular Society


This program is co-sponsored by the Canadian Society of Echocardiography
# Device/Arrhythmia Workshop

**Thursday morning, September 20, 2012**  
Saint John Regional Hospital – Amphitheatre, Level 1D  
Moderator: Michel D’Astous, MD

## Achieving Better Decision Making

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>0730 – 0830</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
<tr>
<td>0825 – 0830</td>
<td>Welcome and Introduction</td>
</tr>
</tbody>
</table>
| 0830 – 0900 | **State of the Art:** “The Right and Wrong Way to Pace”  
Pacing technology has advanced considerably in the last two decades. Challenges have been encountered with the various options in multi-modality pacing. This review will discuss the various options and approaches to atrial and ventricular pacing, underlying LBBB and in patients with asymptomatic LV dysfunction. |
| 0900 – 0930 | **Controversies in ICD Treatment:**  
1. Prophylactic ICDs in the Octogenarian  
2. ICD in Recent AMI or Renal Failure – Does It Improve Survival?  
3. ICD Replacement – Time For A Change?  
The published guidelines for primary prevention ICDs are evidence-based and clear. However, decision making at the individual patient level can be a challenge when co-morbidities call into question the efficacy of the intervention, or in subgroups where the evidence for benefit is lacking. In this presentation, a general approach to these commonly encountered “real life” situations will be offered for discussion. |
| 0930 – 1000 | **Investigation of the Family of a Patient with an Unexplained Cardiac Arrest**  
Unexplained cardiac arrest may be due to a genetic cardiac problem. Thus, family members may be at risk. This review will identify when to suspect an inherited cardiac condition, which family members require investigation and how to go about evaluating family members for potential inherited cardiac conditions. The session will focus on the tests to perform, how to interpret test results and when to refer for further evaluation and management. |
| 1000 – 1030 | Nutrition Break – Please visit our exhibitors in the Light Court.  
**Challenging the Experts – The “Dragon’s Den”**  
Case Discussions Presented by Martin Green, MD  
Expert Panel: Drs. Sean Connors, Martin Gardner, Chris Simpson |
| 1030 – 1050 | **The Asymptomatic Patient With Pre-Excitation: Is It A Wolf In Sheep’s Clothing?**  
Faints and Falls – What To Do  
Exercise-Induced Ventricular Tachycardia  
Atrial Fibrillation with LV Dysfunction – What Is the Target For Therapy?  
Lunch – Please visit our exhibitors in the Light Court. |

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
### Enhancing the Diagnostic Utility of Stress Echo

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>1230 – 1300</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
<tr>
<td>1300 – 1325</td>
<td>Interpreting and Reporting the Difficult Stress Echo – “Providing Reports That Are Honest And Helpful!” Not infrequently, a stress echo results in a finding that is neither clearly positive or negative. Despite this apparent ambiguity, much clinically useful information may be available and can be shared with the referring physician. This discussion will focus on maximizing the utility of these “indeterminate” studies.</td>
</tr>
<tr>
<td>1325 – 1350</td>
<td>The Utility of Stress Echo in Left Bundle Branch Block</td>
</tr>
<tr>
<td></td>
<td>David Bewick, MD</td>
</tr>
<tr>
<td>1350 – 1410</td>
<td>Stress Echo in Detecting Early Pulmonary Hypertension – “Is It Worth the Effort?” Pulmonary hypertension (PH) is a condition with multiple etiologies, but ultimately is related to significant morbidity and mortality. PH may be present at rest, but may also be occult and detected only with exercise. This presentation will discuss the normal physiologic response of the pulmonary circuit with exercise, as well as review the abnormal response in the settings of pre- and post-capillary PH. The attendee will also learn the indications for, the technique and the interpretation of stress echo in the diagnosis of PH.</td>
</tr>
<tr>
<td>1410 – 1430</td>
<td>How To Do a Stress Echo with Contrast</td>
</tr>
<tr>
<td></td>
<td>Howard Leong-Poi, MD</td>
</tr>
<tr>
<td>1430 – 1450</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
</tr>
<tr>
<td>1450 – 1505</td>
<td>Should The Mitral Valve Be Replaced? How The Stress Echo Can Add To The Evidence</td>
</tr>
<tr>
<td></td>
<td>Adam Clarke, MD</td>
</tr>
<tr>
<td>1505 – 1520</td>
<td>Stress Echo for Mitral Disease: Doctor, I Feel Fine!</td>
</tr>
<tr>
<td></td>
<td>Michel D’Astous, MD</td>
</tr>
<tr>
<td>1520 – 1535</td>
<td>Stress Echo in HCM</td>
</tr>
<tr>
<td></td>
<td>Geoffrey Douglas, MD</td>
</tr>
<tr>
<td>1535 – 1600</td>
<td>Marathon Runners with a Negative Stress Test and Chest Pain – “No Pain, No Gain??”</td>
</tr>
<tr>
<td></td>
<td>David Bewick, MD</td>
</tr>
</tbody>
</table>

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
# Cardiovascular Health, Wellness and Rehabilitation

**Thursday, September 20, 2012**

**Saint John Regional Hospital**

<table>
<thead>
<tr>
<th>Time</th>
<th>Registration – Level 1, Amphitheatre</th>
</tr>
</thead>
<tbody>
<tr>
<td>0730 – 0900</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
</tbody>
</table>

## SESSION A

**Amphitheatre Level 5D**

**Heart Failure Workshop:**

*Case Based Approach*

*Moderator: Jane Boyd-Aucoin, RN*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Details</th>
</tr>
</thead>
</table>
| 0900 – 0930| **Device Use and Management**  
*Merilee McKenna, RN*  
*In this era of technological advancement, many new devices are becoming mainstream medicine. This session will review the devices available and how to manage the complications that arise.* |
| 0930 – 1000| **Packing Two Suitcases:**  
*Integrating Palliative Care Into Comprehensive Heart Failure Management*  
*Melody Mayberry, RN and Janice Till, RN*  
*Having one suitcase ready for emergencies in the heart failure population is not always enough. Often, our patients need a second one to meet their ever changing care needs. The importance of early inclusion of palliative care in the treatment plan for individuals with heart failure will be discussed.* |
| 1000 – 1030| **Nutrition Break – Please visit our exhibitors in the Light Court.** |
| 1030 – 1115| **Cardio-Renal Syndrome**  
*Paul Sohi, MD*  
*What is it? How do we predict it? And how do we manage the patient? Heart failure patients are often complicated enough. Now we have new challenges with the “cardio-renal syndrome”. How does this affect our care?* |
| 1115 – 1200| **Predictors of Re-Admission In The Chronic Heart Failure Population: Who Is Most At Risk?**  
*Jane Boyd-Aucoin, RN*  
*Chronic heart failure patients are often elderly, with multiple co morbid conditions. How do we determine who is “most” at risk? This session will review the most common causes of readmission.* |
| 1200 – 1300| **Lunch – Please visit our exhibitors in the Light Court.** |

## SESSION B

**Classroom Level 5D**

**Cardiovascular Health, Wellness and Rehabilitation**

*Moderator: Cleo Cyr, RN*

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Details</th>
</tr>
</thead>
</table>
| 0830 – 0915| **Why Was My Patient “Turned Down” for Surgery?**  
*Ansar Hassan, MD*  
*This session will address the criteria used to identify patients who are not candidates for CABG and include a discussion of QOL, ethics & practical Issues important from a cardiac rehab perspective.* |
| 0915 – 1000| **Plant Sterols – Not Very “Sexy” But Functional**  
*Wanda Firth, RD*  
*This discussion will review naturally occurring substances and sources that potentially inhibit the absorption of cholesterol and the clinical utility in managing patients with hypercholesterolemia.* |
| 1030 – 1115| **Annual General Meeting**  
*Atlantic Cardiac Rehab Network*  
*Chair: Nancy Ellis, RN*  
*This “get together” provides an opportunity to meet and network with fellow cardiac rehab professionals and will help generate ideas for the future of cardiac rehabilitation in Atlantic Canada.* |

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
Cardiovascular Health, Wellness and Rehabilitation
Thursday, September 20, 2012  Saint John Regional Hospital – Level 5D Classroom
Moderator:  Cleo Cyr, RN

I’m Stressed – Help!!!

This workshop will provide an overview of the contemporary impact of stress on our physical and emotional health and offer a novel approach towards stress management. At the end of this session, the attendee will have learned about this application, practising this method and learn ways to care for yourself while caring for others.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1230 – 1330</td>
<td>Joan Wright, PhD Marilynn Georgas, CSEP-CEP</td>
<td>Understanding ‘Stress Release’ Methods</td>
</tr>
<tr>
<td>1330 – 1430</td>
<td>Stress Release Practice Session (To be held in the 5D South Skills Lab) Joan Wright, PhD and Marilynn Georgas, CSEP-CEP</td>
<td>CHOOSE ONE SESSION:</td>
</tr>
<tr>
<td>1430 – 1500</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
<td></td>
</tr>
<tr>
<td>1500 – 1600</td>
<td>Stress Release Practice Session (To be held in the 5D South Skills Lab) Joan Wright, PhD and Marilynn Georgas, CSEP-CEP</td>
<td>CHOOSE ONE SESSION:</td>
</tr>
</tbody>
</table>

Cardiovascular Nursing
Thursday afternoon, September 20, 2012  Saint John Regional Hospital
Presenter:  Susan Morris RN BN MEd CNCC(C) CCN(C)

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1200 – 1230</td>
<td>Registration – Level 1, Amphitheatre</td>
<td></td>
</tr>
<tr>
<td>1230 – 1235</td>
<td>Welcome and Introduction</td>
<td></td>
</tr>
<tr>
<td>1235 – 1545</td>
<td>Each year, more than 200 000 patients in Canada and the US have in-hospital cardiac arrest, but less than one in four survive to be discharged from the hospital. This data has not changed in decades despite advances in resuscitation science and technology. Frontline healthcare providers are in a pivotal position to positively influence patient outcomes. Understanding the subtle signs of impending cardiac arrest can alter the treatment therapy and avert a catastrophic event for the patient. Knowing what to do and what to expect will better prepare the frontline nurse to assist with effective resuscitation attempts.</td>
<td></td>
</tr>
<tr>
<td>1545 – 1600</td>
<td>Summary and Evaluations</td>
<td>Learning Objectives</td>
</tr>
</tbody>
</table>

By the end of this session the healthcare provider will be able to:

- Recognize ten subtle signs to prevent cardiac arrest
- Describe the resuscitation process, role of each responder, and the consequences of interventions.
- Discuss the science behind the 2010 resuscitation guidelines and explore clinical trials that may influence the 2015 guidelines
- Define and describe the interventions needed to ensure hemodynamic optimization post resuscitation
- Explore the evidence surrounding the preservation of neurological function in the post resuscitation population with therapeutic hypothermia
- Challenge yourself with an interactive case based learning activity

The Cardiovascular Nursing session is not accredited by the College of Family Physicians of Canada. Please note that 25% question/answer time is included in each lecture/presentation time allotment.
### Challenges in Cardiology

**Thursday evening, September 20, 2012**  
**Saint John Trade & Convention Centre, Market Square**  
**Chairman: David Bewick, MD**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1715 – 1825</td>
<td>Dinner – Saint John Trade &amp; Convention Centre</td>
</tr>
<tr>
<td>1825 – 1830</td>
<td>Welcome and Introduction</td>
</tr>
<tr>
<td><strong>Learning Track</strong></td>
<td><strong>Clinical Decision Making in Asymptomatic Severe Valvular Disease – “When to Intervene?”</strong></td>
</tr>
</tbody>
</table>
| 1830 – 1850 | **Session 1:**  
David Bewick, MD  
**Moderator**  
**How “Bad” Is the Regurgitation?** |

  **Severe, Asymptomatic Mitral Regurgitation With a Moderately Dilated Left Ventricle – When to Intervene?**  
Severe but “asymptomatic” mitral regurgitation is being increasingly recognized and, not infrequently, presents a management “conundrum”. The contemporary evaluation of severe asymptomatic mitral regurgitation has evolved over the years with improved modalities to assess regurgitant volumes and LV function accompanied by improved results with mitral valve repair. The challenge that arises is determining when to refer a patient for surgical intervention versus a “watch and wait” approach. Current guidelines and literature will be reviewed.

| 1850 – 1910 | **Session 1:**  
Arsène Basmadjian, MD  
**Approach to the Asymptomatic Patient With Severe, Regurgitant Valvular Heart Disease – A Surgeon’s Perspective** |

Patients with severe yet asymptomatic valvular disease pose a considerable challenge in terms of determining if and when to intervene. While technically feasible, premature or “prophylactic” intervention places an asymptomatic patient at risk, both peri-operatively and over the long term. On the other hand, delaying intervention until the patient develops symptoms is increasingly being recognized as potentially detrimental to a patient’s long-term survival. The purpose of this presentation is to review, from a surgeon’s perspective, the current guidelines regarding surgical intervention in asymptomatic patients with severe, regurgitant valvular disease.

| 1910 – 1930 | **Session 1:**  
Ansar Hassan, MD  
**Severe, Asymptomatic Aortic Regurgitation with a Moderately Dilated Left Ventricle – When to Intervene?** |

Severe chronic aortic regurgitation causes left ventricular (LV) volume overload leading to LV dilatation and dysfunction; the decision to intervene in the asymptomatic patient is a challenging one. Symptoms and LV dysfunction represent the main indications for surgery. Aortic valve replacement is the most commonly performed surgical intervention. However, long term risks of prosthetic dysfunction or thrombosis, peripheral embolism and bleeding associated with chronic anticoagulation therapy in a relatively young population are not benign. This review will discuss a practical approach along with contemporary surgical strategies in this patient population.

| 1930 – 1945 | Nutrition Break |
**Learning Track**

“State of the Art:” Identifying the High Risk Patient With Severe Aortic Stenosis: “A Growing Epidemic”

| Session 2: Rand Forgic, MD Moderator | Issues:  
1. Adjudicating Risk More Carefully  
2. Complications, Long-Term Results and Evolving Technologies |
|--------------------------------------|---------------------------------------------------------------|
| 1945 – 2015 Josep Rodés-Cabau, MD     | **An Interventionalists Perspective**  
TAVI is currently the treatment of choice for those patients considered non-candidates for open heart surgery. However, despite the good acute and midterm clinical results obtained in recent large multicenter registries and the PARTNER trial, efforts should be made to improve patient selection and reduce periprocedural complications such as stroke, permanent pacemaker implantation and vascular complications in addition to residual paravalvular aortic regurgitation. Preliminary data on long-term outcomes, valve-in-valve procedures and the treatment of lower risk patients have been promising. The confirmation of these results in the coming years should translate into the expansion of TAVI towards the treatment of a broader spectrum of patients with aortic stenosis. |
| 2015 – 2045 Marc Pelletier, MD        | **A Surgeon’s Perspective**  
The advent of TAVI is revolutionizing the treatment of aortic stenosis. This session will review the typical cohort of Canadian TAVI patients, and review the best current risk scoring systems, the STS risk calculator and Euroscore II. Lastly, both Canadian and European registries will be discussed in order to gain a glimpse of emerging trends in the evolution of TAVI. The registries, combined with 2-year PARTNER data help to delineate the ideal patient for TAVI. The newly launched Canadian Source Registry will track cases across the country in order to better observe long-term results and to extensively classify patients pre-operatively. The aim is to provide increasing amounts of objective data to a subjective decision process. |
| 2045 – 2100 Rand Forgic, MD           | **Panel Discussion/Questions and Answers** |

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
# Providing An Accurate Report

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0730 – 0830</td>
<td><strong>Registration – Level 1, Amphitheatre</strong></td>
</tr>
<tr>
<td>Learning Track</td>
<td>Ian Burwash, MD   Moderator</td>
</tr>
<tr>
<td>0830 – 0915</td>
<td><strong>Measurements and Hemodynamics</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Obtaining Accurate Measurements</strong></td>
</tr>
<tr>
<td></td>
<td>1. LV Size and Wall Thickness</td>
</tr>
<tr>
<td></td>
<td>2. Left Atrium</td>
</tr>
<tr>
<td></td>
<td>3. Aorta</td>
</tr>
<tr>
<td></td>
<td>It is mandatory that accurate measurements be obtained when evaluating LV</td>
</tr>
<tr>
<td></td>
<td>chamber size and wall thickness, left atrial size and the aorta. The potential</td>
</tr>
<tr>
<td></td>
<td>implications of inaccurate measurements on the management and follow up</td>
</tr>
<tr>
<td></td>
<td>of patients with structural heart disease or an aneurysmal aorta can be</td>
</tr>
<tr>
<td></td>
<td>profound. This review will discuss the pearls and pitfalls encountered in</td>
</tr>
<tr>
<td></td>
<td>making these measurements.</td>
</tr>
<tr>
<td>0915 – 1000</td>
<td><strong>Hemodynamics &amp; Quantification: “Pearls and Pitfalls”</strong></td>
</tr>
<tr>
<td></td>
<td>1. Mitral Regurgitation</td>
</tr>
<tr>
<td></td>
<td>2. Aortic Stenosis</td>
</tr>
<tr>
<td></td>
<td>3. Pulmonary Hypertension</td>
</tr>
<tr>
<td></td>
<td>The use of echocardiography is pivotal in the assessment and management of</td>
</tr>
<tr>
<td></td>
<td>patients with known or suspected mitral regurgitation, aortic stenosis or pulmonary</td>
</tr>
<tr>
<td></td>
<td>hypertension. In clinical practice, echocardiography has become the “go-to” test for</td>
</tr>
<tr>
<td></td>
<td>these and other cardiac hemodynamic lesions. However, there are several potential</td>
</tr>
<tr>
<td></td>
<td>pitfalls that can lead to incorrect evaluation of these common problems and hence, it</td>
</tr>
<tr>
<td></td>
<td>is mandatory that sonographers and echocardiographers be familiar with the pearls</td>
</tr>
<tr>
<td></td>
<td>and pitfalls of echo-Doppler acquisition and interpretation in order to provide an</td>
</tr>
<tr>
<td></td>
<td>accurate report.</td>
</tr>
<tr>
<td>1000 – 1030</td>
<td><strong>Nutrition Break – Please visit our exhibitors in the Light Court.</strong></td>
</tr>
<tr>
<td>Learning Track</td>
<td>David Bewick, MD   Moderator</td>
</tr>
<tr>
<td>1030 – 1050</td>
<td><strong>Challenges in Imaging</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Right Ventricular Imaging: Gold Standards and Emerging Approaches</strong></td>
</tr>
<tr>
<td></td>
<td>Due to its complex anatomy and different physiology, the right ventricle is far</td>
</tr>
<tr>
<td></td>
<td>more complex to evaluate echocardiographically. With the recent publication of</td>
</tr>
<tr>
<td></td>
<td>right heart guidelines by the ASE and endorsed by the CSE, an initial framework for</td>
</tr>
<tr>
<td></td>
<td>assessing RV size and function has been established. This review will discuss current</td>
</tr>
<tr>
<td></td>
<td>recommendations and emerging approaches including 3D Echo and 2D strain, as well</td>
</tr>
<tr>
<td></td>
<td>as update the attendee about recent insights gained since the guidelines publication.</td>
</tr>
<tr>
<td>1050 – 1115</td>
<td><strong>Evolving Concepts in the Echocardiographic Approach to Severe Asymptomatic Aortic Stenosis</strong></td>
</tr>
<tr>
<td></td>
<td>Echocardiography remains the key diagnostic test for patients with aortic stenosis.</td>
</tr>
<tr>
<td></td>
<td>This review will discuss recent evidence assisting the clinician to clarify the evaluation</td>
</tr>
<tr>
<td></td>
<td>of the asymptomatic patient with high gradient aortic stenosis.</td>
</tr>
<tr>
<td>1115 – 1145</td>
<td><strong>The Spectrum of Endocarditis – “When to Operate”</strong></td>
</tr>
<tr>
<td></td>
<td>Endocarditis is a serious condition with a high mortality and morbidity. The diagnosis is</td>
</tr>
<tr>
<td></td>
<td>frequently delayed due to its myriad manifestations which can mimic many other diseases. Surgery has a key role in the management of these patients, and early involvement of the surgical team is desirable. Recent studies have supported the “prophylactic” use of surgery. The indications and timing of surgery will be discussed using case studies.</td>
</tr>
<tr>
<td>Time</td>
<td>Speaker/Presenter</td>
</tr>
<tr>
<td>-----------</td>
<td>-------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 1145 – 1200 | Ansar Hassan, MD                                       | **A Surgeon’s Perspective**  
Surgery is widely accepted as the definitive management strategy in patients with complicated infective endocarditis. While much has been published regarding the variety of surgical techniques employed in such cases, less is known regarding the ideal timing of surgical intervention, particularly in the setting of ongoing systemic infection or complications resulting from the infection. The purpose of this talk will be to review indications for surgery for infective endocarditis and to discuss timing of surgery, operative technique and peri-operative patient management. |
| 1200 – 1300 | Lunch                                                 |                                                                                 |
| 1300 – 1330 | Arsène Basmadjian, MD                                 | **Evolving Concepts in Echocardiography**                                     |
|            |                                                       | **The Role of Echo in the Emerging Era of TAVI**  
Transcatheter aortic valve implantation (TAVI) is an emerging therapy for high risk and nonsurgical patients with severe aortic stenosis (AS). The number of TAVI procedures is rapidly growing with the need for a multidisciplinary approach to these complex patients. Echocardiography plays a crucial role in the initial evaluation, periprocedural and post-TAVI patient. The utility of echo will be discussed in this patient population. |
| 1330 – 1400 | James Tam, MD                                          | **Cancer and the Heart: Effects of Radiation and Chemotherapy**  
This session will review the role of echocardiography in the spectrum of cancer care including diagnosis, screening, surveillance and detection of complications. Is it time for echo to replace MUGA in the serial assessment of ventricular function in patients receiving cardiotoxic chemotherapy? |
| 1400 – 1430 | Howard Leong-Poi, MD                                  | **The Prosthetic Valve with “High Gradients”**  
1. Aortic  
2. Mitral  
The comprehensive echocardiographic assessment of prosthetic mitral and aortic valves remains challenging. Many factors need to be considered, including hemodynamics (stroke volume, heart rate, technical factors, presence of regurgitation and prosthesis parameters). A practical case-based approach on the assessment of prosthetic mitral and aortic valves will be presented. |
| 1430 – 1450 | Nutrition Break – Please visit our exhibitors in the Light Court. |                                                                                 |
| 1450 – 1600 | Adam Clarke, MD                                        | **Case Presentations**  
1. Stress-Induced Cardiomyopathy (a Variant)  
2. Right Ventricular Involvement in Metastatic Cancer |
|            | Hisham Dokainish, MD                                  | **The Tetralogy of Fallot Patient After Surgical Repair**                     |
|            | Ian Burwash, MD                                        | **Sudden Death in a 22 year old**                                           |
|            | Michel D’Astous, MD                                    | 1. Atypical Chest Pain  
2. What’s That Artifact? |
|            | James Tam, MD                                           | **Is This a Normal Heart? Application of Strain Imaging to Decision Making** |
|            | Kwan-Leung Chan, MD                                    | **Dilated Coronary Sinus: Variant of A Normal Variant**                      |

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
## PRIMARY PREVENTION: Common Sense in Primary Prevention of CVD

**Friday morning, September 21, 2012**

**Saint John Regional Hospital – Amphitheatre, Level 1D**

### “The White Paper”

#### Registration – Level 1, Amphitheatre

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>0730</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
<tr>
<td>0825</td>
<td>Welcome and Introduction</td>
</tr>
</tbody>
</table>

#### Moderator: David Bewick, MD

<table>
<thead>
<tr>
<th>Time</th>
<th>Speaker</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>0830</td>
<td>Andrew Pipe, MD</td>
<td>A. CVD Risk in Children and Adolescents</td>
</tr>
<tr>
<td>0915</td>
<td>Yoni Freedhoff, MD</td>
<td>B. Obesity</td>
</tr>
<tr>
<td>0915 – 1000</td>
<td>Yoni Freedhoff, MD</td>
<td>1. What is the “definition” of obesity and what are the critical cut-off points for BMI and waist circumference?  2. Is weight loss “good for you”? What is the amount of weight loss to actually achieve benefit?  3. Is Weight Loss Necessary? “I eat like a bird, but cannot lose weight!! What is an effective, practical strategy with various dietary approaches?  4. What is effectiveness of a comprehensive lifestyle intervention? How MUCH exercise does one have to do to lose weight?  5. What are the long term weight and health effects of bariatric surgery?  6. How does one answer patients’ questions on diet and weight loss? What drugs may interfere with weight loss?</td>
</tr>
<tr>
<td>1000</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
<td></td>
</tr>
<tr>
<td>1030</td>
<td>Jacques Genest, MD</td>
<td>C. Dyslipidemia</td>
</tr>
<tr>
<td>1030 – 1115</td>
<td>Jacques Genest, MD</td>
<td>1. What is the best risk assessment tool?  2. What is the contemporary role of hsCRP in daily practice? What is the value of repeat testing?  3. What is therapeutic LDL goal in primary prevention in:  - Pre-Menopausal Women  - Age &lt;40 yrs, &gt;80 yrs  4. Is there an &quot;added&quot; benefit for further lipid lowering therapy to achieve recommended guidelines with an insignificant LDL lowering? (ie LDL 2.3 to 2.0)  5. What is the impact of LDL lowering in primary prevention on lifetime CV risk? Safety vs efficacy?  6. Statin Intolerance - What are the options?</td>
</tr>
<tr>
<td>1115</td>
<td>Martin MacKinnon, MD</td>
<td>D. Hypertension</td>
</tr>
<tr>
<td>1200</td>
<td>Lunch – Please visit our exhibitors in the Light Court.</td>
<td></td>
</tr>
</tbody>
</table>

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1230 – 1300</td>
<td>Registration – Level 1, Amphitheatre</td>
<td></td>
</tr>
<tr>
<td>Learning Track</td>
<td>Management Issues in the Very Elderly</td>
<td></td>
</tr>
<tr>
<td>1300 – 1320</td>
<td>Managing Hypertension and Diabetes in the Very Elderly (&gt;85 Years) – How Far Do I Go?</td>
<td>Cindy Hobbs, MD</td>
</tr>
<tr>
<td></td>
<td>Medical management of diabetes and hypertension in frail elderly patients is challenging.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strict adherence to evidence based guidelines developed for a younger healthier population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>often results in significant adverse outcomes in frail seniors. This presentation will focus on</td>
<td></td>
</tr>
<tr>
<td></td>
<td>the “big picture” and review new recommendations for treatment.</td>
<td></td>
</tr>
<tr>
<td>1320 – 1340</td>
<td>Stroke Prevention, Atrial Fibrillation and the Very Elderly</td>
<td>David Anderson, MD</td>
</tr>
<tr>
<td></td>
<td>• Antiplatelet vs Anticoagulant? Which One?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bleeding and When to Consider Discontinuing Rx</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This presentation will discuss the parameters impacting decision making about the appropriate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>choice of antithrombotic therapy in the elderly patient with atrial fibrillation at risk of</td>
<td></td>
</tr>
<tr>
<td></td>
<td>stroke. Focus will include considerations in discontinuing therapy as a result of the development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>of bleeding complications.</td>
<td></td>
</tr>
<tr>
<td>Learning Track</td>
<td>Evolving Treatment Options</td>
<td></td>
</tr>
<tr>
<td>1340 – 1400</td>
<td>Cardioprotection in My Renal Patient Without CAD - What is the role of lipid treatment,</td>
<td>Iqbal Bata, MD</td>
</tr>
<tr>
<td></td>
<td>ACEI/ARB and antiplatelet therapy for “vascular protection?”</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Patients with chronic kidney disease have a high risk factor burden for coronary artery disease.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ischemic heart disease is a major cause of morbidity and mortality in this population.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Therefore, aggressive efforts to prevent coronary artery disease in patients with renal dysfunction</td>
<td></td>
</tr>
<tr>
<td></td>
<td>are important. Therapies in renal patients that have shown reduction in coronary disease will</td>
<td></td>
</tr>
<tr>
<td></td>
<td>be presented and discussed.</td>
<td></td>
</tr>
<tr>
<td>1400 – 1420</td>
<td>The Current Status of SBE Prophylaxis</td>
<td>Simon Jackson, MD</td>
</tr>
<tr>
<td></td>
<td>The issues surrounding SBE prophylaxis remain confusing to physician, patients and dentists.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>We will review the rationale for antibiotic prophylaxis, which patients require treatment, and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>what drugs to use. Clinical scenarios will be used to highlight the decision making process.</td>
<td></td>
</tr>
<tr>
<td>1420 – 1440</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
<td></td>
</tr>
<tr>
<td>1440 – 1500</td>
<td>Generic Drugs – Is There A Difference That Is Clinically Meaningful?</td>
<td>Sylvain Matteau, MD</td>
</tr>
<tr>
<td></td>
<td>Generic drugs are becoming more frequent in our practice. Theoretically, they should be the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>same as the branded ones. But in their everyday use, are they really the same? The pharmacology</td>
<td></td>
</tr>
<tr>
<td></td>
<td>of generic drugs, their production and control of quality in comparison to branded medication</td>
<td></td>
</tr>
<tr>
<td></td>
<td>will be discussed.</td>
<td></td>
</tr>
<tr>
<td>Learning Track</td>
<td>Screening Procedures</td>
<td></td>
</tr>
<tr>
<td>1500 – 1520</td>
<td>Appropriate Cost-Effective Monitoring for My CHF Patient</td>
<td>Jason Yung, MD</td>
</tr>
<tr>
<td></td>
<td>An approach to monitoring your heart failure patient in a cost-effective manner will be presented</td>
<td></td>
</tr>
<tr>
<td></td>
<td>with focus on the physical exam, laboratory investigations (renal function, electrolytes, BNP),</td>
<td></td>
</tr>
<tr>
<td></td>
<td>assessment of ejection fraction and radiographic evaluation.</td>
<td></td>
</tr>
<tr>
<td>1520 – 1540</td>
<td>Microalbuminuria: Something Old, Something New …</td>
<td>Pat Bergin, MD</td>
</tr>
<tr>
<td></td>
<td>• When to screen? • What is best test? • Management and follow-up</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This presentation will review the significance of early detection of microalbuminuria in renal</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and CV disease and its influence in the subsequent management of these patients.</td>
<td></td>
</tr>
<tr>
<td>1540 – 1600</td>
<td>Utility of the Stress Test</td>
<td>Gregory Searles, MD</td>
</tr>
<tr>
<td></td>
<td>• Who should and should not get a stress test?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What does a “negative” test mean?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A positive test in the asymptomatic patient – Now what?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exercise treadmill “stress” testing is a commonly used tool in cardiology. Its main use is as a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>diagnostic tool for detecting coronary artery disease. The test has several other clinical uses,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>including assessment for arrhythmias, formalized assessment of functional capacity, as well as</td>
<td></td>
</tr>
<tr>
<td></td>
<td>general cardiovascular risk stratification. Although commonly used and clinically useful, the test</td>
<td></td>
</tr>
<tr>
<td></td>
<td>has many important limitations. Use and interpretation of the exercise treadmill test and how it</td>
<td></td>
</tr>
<tr>
<td></td>
<td>fits in clinical practice will be discussed.</td>
<td></td>
</tr>
</tbody>
</table>

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
# Contemporary “Hot Topics in Cardiology”

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>1230 – 1255</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
</tbody>
</table>
| 1255 – 1300 | Colin Barry, MD  
Interpreting the “New” High Sensitivity TnT  
The ‘High Sensitivity Troponin is the new standard for diagnosing  
acute coronary syndromes. The benefit and limitations of hsTNT  
will be reviewed along with its role in assessing patients with  
possible acute coronary syndromes’. |
| 1300 – 1320 | Colin Barry, MD  
CT Angiography – Prognostic Value, Radiation Exposure and  
Cancer Risk  
The author will discuss current CT imaging with 64-slice  
prospective and retrospective cardiac imaging. Experience with  
pre-scan medication will be discussed. Patient selection will be  
an additional focus. |
| 1320 – 1340 | Michael Barry, MD  
Utilizing the Risk Score Models in Stroke Prevention With  
Atrial Fibrillation (CHADS2/VASC/HASBLED)  
• To delineate and understand the application of risk factor risk  
scores for stroke prevention in non valvular atrial fibrillation  
• To understand where application of risk factor formula is  
inappropriate  
• To delineate and understand the application of risk factor  
assessment for bleeding within the context of application of  
various therapeutic measures  
• To use risk factor assessment to appropriately select patients  
for anticoagulation |
| 1340 – 1400 | David Marr, MD  
LVAD’s As “Destination Therapy” in Refractory CHF  
The goals of this lecture will be:  
• To review the surgical options for congestive heart failure  
• To review the indications for placement of a left ventricular  
assist device, specific to destination therapy  
• To review currently available devices in North America, with a  
focus on devices approved for destination therapy  
• To review implantation techniques and the likely  
postoperative/maintenance issues associated with a  
destination LVAD |
| 1400 – 1420 | Marc Pelletier, MD  
Nutrition Break – Please visit our exhibitors in the Light Court. |
<table>
<thead>
<tr>
<th>Time</th>
<th>Presenter</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1440 – 1500</td>
<td>David Anderson, MD</td>
<td>Evolving Management Strategies in DVT/Pulmonary Emboli&lt;br&gt;The focus of this presentation will cover three controversial areas of the management of deep vein thrombosis and pulmonary embolism. These will include the potential role of novel anticoagulants in the acute care of patients with VTE, decision around the duration of anticoagulation after an episode of VTE, and the management of asymptomatic pulmonary embolism inadvertently detected by CT pulmonary angiography.</td>
</tr>
<tr>
<td>1500 – 1520</td>
<td>Robert Macdonald, MD</td>
<td>Unusual Causes of Acute Myocardial Infarction&lt;br&gt;1. Females With Non-Critical Coronary Artery Disease and An AMI&lt;br&gt;2. Stress-Induced Cardiomyopathy (“Takatsubo’s”) – New Insights&lt;br&gt;Current management of patients with ST or non ST elevation myocardial infarction usually involves immediate or urgent cardiac catheterization. This not infrequently demonstrates severe left ventricular dysfunction but normal or only mildly diseased coronary arteries. Increasingly, it is recognized that most of these cases represent “stress induced cardiomyopathy”. This presentation will review the incidence, natural history, diagnostic criteria and medical management of these patients.</td>
</tr>
<tr>
<td>1520 – 1540</td>
<td>Blair O’Neill, MD</td>
<td>Physician Manpower&lt;br&gt;This presentation will review a personal perspective on cardiology manpower needs in the next 5-10 years.</td>
</tr>
<tr>
<td>1540 – 1600</td>
<td></td>
<td>Questions and Answers</td>
</tr>
</tbody>
</table>

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
### Cardiac Rehab New Brunswick Annual General Meeting
Cardiac Rehab New Brunswick (CRNB) consists of a multidisciplinary group of health care professionals from provincial health zones who are dedicated to providing expertise in the areas of clinical practice, research and advocacy with respect to cardiac rehabilitation and cardiovascular disease prevention. CRNB functions as a professional body of the New Brunswick Heart Centre (NBHC). This meeting will provide an overview of projects and initiatives the group are engaged in and discuss opportunities for the future of cardiovascular chronic care in NB.

### The Impact of Mindfulness to Help Motivate Behaviour Change
This 2-hour workshop will provide the participant with an introduction to “Mindfulness” as a practical way to impact lifestyle change and will include brief times of practice.
# NB Heart Centre Symposium Gala Evening

**“Canadian Pioneers”**

Friday evening, September 21, 2012  
Saint John Trade & Convention Centre, Market Square  
Chair: David Bewick, MD

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1730 – 1830</td>
<td>Cash Bar &amp; Seating</td>
</tr>
<tr>
<td>1830 – 1835</td>
<td>Welcome and Introduction</td>
</tr>
<tr>
<td>1835 – 1900</td>
<td>Appetizer</td>
</tr>
<tr>
<td>1900 – 1915</td>
<td>Live Life from the Heart™</td>
</tr>
<tr>
<td>1915 – 2000</td>
<td>Main Entrée</td>
</tr>
<tr>
<td>2000 – 2015</td>
<td>Dessert/Coffee</td>
</tr>
<tr>
<td>2015 – 2115</td>
<td>Marketing Yourself</td>
</tr>
<tr>
<td>2115</td>
<td>Thank You &amp; Conclusion</td>
</tr>
</tbody>
</table>

---

This session is not accredited by the College of Family Physicians of Canada.
Current Perspectives in Cardiovascular Disease
Saturday, September 22, 2012
Saint John Regional Hospital – Amphitheatre, Level 1D
Chairman: David Bewick, MD

Contemporary Review of Cardiovascular Medicine

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>0730 – 0815</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
<tr>
<td>0825 – 0830</td>
<td>Introduction</td>
</tr>
<tr>
<td></td>
<td>Learning Track: Acute Coronary Syndromes</td>
</tr>
<tr>
<td></td>
<td>Iqbal Bata, MD, Moderator</td>
</tr>
<tr>
<td>0830 – 0855</td>
<td>Rob Welsh, MD</td>
</tr>
<tr>
<td></td>
<td>The 1st Hour Following A STEMI: Urban Versus Rural Divide Issues:</td>
</tr>
<tr>
<td></td>
<td>1. “Drip and Ship” vs Immediate Transfer for Primary PCI</td>
</tr>
<tr>
<td></td>
<td>2. Antiplatelet and Anticoagulant Therapy</td>
</tr>
<tr>
<td></td>
<td>In patients with acute STEMI timely reperfusion is critical to optimize</td>
</tr>
<tr>
<td></td>
<td>clinical outcomes and minimize short and long term adverse events.</td>
</tr>
<tr>
<td></td>
<td>Discussion regarding optimal reperfusion specific to the individual</td>
</tr>
<tr>
<td></td>
<td>patient will be undertaken. This process mandates individual patient</td>
</tr>
<tr>
<td></td>
<td>risk assessment based upon select clinical features at presentation.</td>
</tr>
<tr>
<td></td>
<td>A contemporary reperfusion strategy will be reviewed.</td>
</tr>
<tr>
<td>0855 – 0920</td>
<td>Michael Love, MD</td>
</tr>
<tr>
<td></td>
<td>ACS – Getting It Right Through “Thick and Thin” Issues:</td>
</tr>
<tr>
<td></td>
<td>1. New Standard of Care for Antithrombotic and Antiplatelet Therapy</td>
</tr>
<tr>
<td></td>
<td>2. “More Drugs or Less Bleeding”</td>
</tr>
<tr>
<td></td>
<td>Combination antithrombotic and antiplatelet therapy plays a pivotal role</td>
</tr>
<tr>
<td></td>
<td>in the management of patients with acute coronary syndromes. Although</td>
</tr>
<tr>
<td></td>
<td>new agents such as prasugrel, ticagrelor and rivaroxaban have been shown</td>
</tr>
<tr>
<td></td>
<td>to reduce ischemic complications and sometimes mortality, this has</td>
</tr>
<tr>
<td></td>
<td>invariably come at the expense of an increased risk of major bleeding.</td>
</tr>
<tr>
<td></td>
<td>The latest clinical trial evidence for these new therapies will be</td>
</tr>
<tr>
<td></td>
<td>reviewed as well as the key factors which will need to be considered</td>
</tr>
<tr>
<td></td>
<td>when they come to be incorporated into clinical practice.</td>
</tr>
<tr>
<td>0920 – 0930</td>
<td>Blair O’Neill, MD</td>
</tr>
<tr>
<td></td>
<td>Management of STEMI/ACS in 2012: A Clinician’s Perspective</td>
</tr>
<tr>
<td></td>
<td>Therapy for STEMI and NSTEACS have evolved and outcomes have improved</td>
</tr>
<tr>
<td></td>
<td>dramatically over the last decade. How do we balance safety and efficacy</td>
</tr>
<tr>
<td></td>
<td>of all the new anti-thrombotic and antiplatelet agents we now have at</td>
</tr>
<tr>
<td></td>
<td>our disposal. What do we expect from our systems of care to help us care</td>
</tr>
<tr>
<td></td>
<td>for our patients?</td>
</tr>
<tr>
<td></td>
<td>Learning Track: Prevention in Cardiovascular Disease</td>
</tr>
<tr>
<td>0930 – 0955</td>
<td>Gary Costain, MD</td>
</tr>
<tr>
<td></td>
<td>Treating Diabetes in 2012 – “I Am Confused” Issues:</td>
</tr>
<tr>
<td></td>
<td>1. Diagnosis and When to Initiate Therapy</td>
</tr>
<tr>
<td></td>
<td>2. Benefits/Risks of Current Oral Agents and the Role of Newer Agents</td>
</tr>
<tr>
<td></td>
<td>3. When and How to Start Insulin</td>
</tr>
<tr>
<td></td>
<td>The speaker will provide practical guidance on improving diabetes care</td>
</tr>
<tr>
<td></td>
<td>by highlighting the need for a sense of urgency in diagnosing and treating</td>
</tr>
<tr>
<td></td>
<td>diabetes earlier, achieving and maintaining glycemic targets early in</td>
</tr>
<tr>
<td></td>
<td>the course of the disease, earlier use of combinations of drugs with</td>
</tr>
<tr>
<td></td>
<td>complementary methods of action and low risk of side effects, and earlier</td>
</tr>
<tr>
<td></td>
<td>use of insulin.</td>
</tr>
<tr>
<td>0955 – 1020</td>
<td>Jacques Genest, MD</td>
</tr>
<tr>
<td></td>
<td>“High” Risk with Low LDL – Emerging Therapies Issues:</td>
</tr>
<tr>
<td></td>
<td>1. Hypertriglyceridemia &amp; Very Low HDL</td>
</tr>
<tr>
<td></td>
<td>2. How “Low to Go” with LDL in Secondary Prevention in 2012</td>
</tr>
<tr>
<td></td>
<td>3. Future Directions and Evolving Therapeutic Strategies</td>
</tr>
<tr>
<td></td>
<td>The speaker will discuss novel therapies in dyslipidemias and a primer</td>
</tr>
<tr>
<td></td>
<td>on the new Canadian Cholesterol Guidelines. Novel therapies include the</td>
</tr>
<tr>
<td></td>
<td>CETP inhibitors, inhibitors of hepatic secretion of lipoproteins and</td>
</tr>
<tr>
<td></td>
<td>PCSK9 as a novel treatment target.</td>
</tr>
<tr>
<td>1020 – 1040</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
</tr>
</tbody>
</table>
### Learning Track: Atrial Fibrillation and Stroke Prevention

<table>
<thead>
<tr>
<th>Time</th>
<th>Presenter</th>
<th>Title</th>
</tr>
</thead>
</table>
| 1040 – 1105 | Milan Gupta, MD       | Practical Utility of the New Anticoagulants in Atrial Fibrillation – “Putting It All Together” Issues:  
1. Risks and Benefits of Current Anticoagulants  
2. Clinical Challenges (Bleeding, Surgery, Cost, Antidote)  
The past several years have seen an incredible advance in the field of stroke prevention in atrial fibrillation, with the introduction of 3 new oral anticoagulants as alternatives to warfarin. In tandem, there have been refinements in the risk stratification for stroke, and enhanced understanding of the importance of bleeding, alongside recently updated stroke prevention guidelines from the Canadian Cardiovascular Society. This presentation will attempt to highlight the fundamental differences and similarities between the new agents, and address relative indications and contraindications for the various oral anticoagulants in atrial fibrillation. |
| 1105 – 1130 | Atul Verma, MD        | Treating Symptomatic Atrial Fibrillation In The Next Decade – Should We Be “Optimistic?” Issues:  
1. Rhythm vs Rate – “Revival of Rhythm Control?”  
2. Ablation – “The More We Burn, The Less We Know”  
This presentation will highlight updates to both pharmacologic and interventional approaches to maintaining sinus rhythm in 2012. A brief review of the guidelines as well as important, recent publications will give perspective on both the advantages and limitations for maintaining sinus rhythm with drugs or ablation. |

### Learning Track: Evolving Approaches to Cardiovascular Disease

<table>
<thead>
<tr>
<th>Time</th>
<th>Presenter</th>
<th>Title</th>
</tr>
</thead>
</table>
| 1130 – 1155 | Réda Ibrahim, MD     | Novel Interventions in Cardiology Issues:  
1. Sympathetic Denervation of Renal Arteries for Severe Resistant Hypertension  
2. Mitral “Clipping” for Mitral Regurgitation  
3. Left Atrial Appendage Closure for Atrial Fibrillation  
The speaker will describe the concept and the technique of few novel percutaneous interventions. A brief review of the results and of the literature will give perspective on both the advantages and limitations of each procedure. This presentation will also clarify the target population and when to refer. |
| 1155 – 1220 | Yoni Freedhoff, MD | The Misuse of Evidence in Creating Canada’s Food Guide: Why Following the Guide May Be Bad For Your Health (and Your Weight)  
The use of an evidence base should be straightforward. Take the best evidence you’ve got and then apply it to your clinical recommendations. What’s worse than not properly reflecting an evidence base? Purposely misusing one, and sadly, that’s what happened with Canada’s Food Guide’s 2007 redesign. By the end of this session you’ll gain an understanding into why the Food Guide may not be the healthiest dietary guidelines to hand to your patients as well as links to an evidence-based alternative. |
| 1220 – 1250 | Simon Jackson, MD    | Staying At the Forefront of Cardiology in 2012 Issue:  
Practical Review of Innovative Therapies and Management Strategies  
This “what’s new” session is a chance to highlight the latest advances in the pharmacologic and non-medicinal treatments of cardiovascular disease. |
| 1250 – 1300 | David Bewick, MD      | Questions and Answers/Closing Remarks                                |

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0730 – 0815</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
<tr>
<td>0815 – 0830</td>
<td>Welcome and Introduction</td>
</tr>
<tr>
<td>0830 – 0850</td>
<td><strong>Learning Track</strong></td>
</tr>
<tr>
<td></td>
<td>The Disconnect Between Measurements – “Putting It All Together”</td>
</tr>
<tr>
<td>0850 – 0850</td>
<td>Ian Burwash, MD</td>
</tr>
<tr>
<td></td>
<td><strong>Aortic Stenosis: The Valve Area Is Severe But Visually Appears Mild</strong></td>
</tr>
<tr>
<td></td>
<td>Optimal management of the patient with aortic stenosis (AS) requires an accurate measurement of the severity of the valve stenosis. However, it is not uncommon to encounter discrepant data during the echocardiographic evaluation. This session will discuss the common causes of discrepant data, and how to sort out the “true” severity.</td>
</tr>
<tr>
<td>0850 – 0910</td>
<td>Hisham Dokainish, MD</td>
</tr>
<tr>
<td></td>
<td><strong>Mitral Regurgitation: “The ERO Is c/w Severe, But Visually The MR Is Mild”</strong></td>
</tr>
<tr>
<td></td>
<td>Mitral regurgitation, whether primary (leaflet disease) or secondary (caused by structures surrounding MV, such as the LV) is a common clinical problem and requires accurate assessment by echocardiography. Quantitative methods such as calculation of regurgitant volume/fraction and effective regurgitant orifice area (ERO) can be calculated using echocardiography by the volumetric or PISA methods. However, many technical issues (both in acquisition and interpretation) can affect calculation of the degree of MR, leading to spurious values. This talk will highlight important technical and interpretative issues that can lead to more accurate assessment of MR in a given patient.</td>
</tr>
<tr>
<td>0910 – 0930</td>
<td>James Tam, MD</td>
</tr>
<tr>
<td></td>
<td><strong>Ejection Fraction</strong></td>
</tr>
<tr>
<td></td>
<td>“The calculated EF is 29% but visually it is 40%.”</td>
</tr>
<tr>
<td></td>
<td>Assessment of left ventricular systolic function is the most common indication for echocardiography. Although a number of quantitative and semi-quantitative techniques exist, none are without their limitations. This talk will highlight important technical and interpretative issues that can lead to more accurate assessment of LVEF.</td>
</tr>
<tr>
<td>0930 – 0950</td>
<td>Sherief Kamel, MD</td>
</tr>
<tr>
<td></td>
<td>How to Do A Diastolic Exam</td>
</tr>
<tr>
<td></td>
<td>Diastolic dysfunction or ‘heart failure with preserved EF’ is a clinical problem that affects morbidity and mortality. Echocardiographic assessment had become the mainstay for making this diagnosis. This presentation will review an echocardiographic stepwise approach to assessing left ventricular diastolic function and filling pressures.</td>
</tr>
<tr>
<td>0950 – 1010</td>
<td>Vernon Paddock, MD</td>
</tr>
<tr>
<td></td>
<td><strong>Learning Track</strong></td>
</tr>
<tr>
<td></td>
<td>Evolving Interventions in Aortic Stenosis</td>
</tr>
<tr>
<td>0950 – 1010</td>
<td>Vernon Paddock, MD</td>
</tr>
<tr>
<td></td>
<td>TAVI in 2012 – “A Sonographer’s Perspective”</td>
</tr>
<tr>
<td></td>
<td>Trans Catheter Aortic Valve Implantation is becoming a more widely available treatment for patients with Aortic Stenosis. Several clinical and imaging tools are required for appropriate patient selection. This presentation will provide an overview of the TAVI procedure with a discussion of clinical and imaging evaluation.</td>
</tr>
<tr>
<td>1010 – 1030</td>
<td>Nutrition Break - Please visit our exhibitors in the Light Court.</td>
</tr>
<tr>
<td>1030 – 1100</td>
<td>How to Get Started on a 3D Exam</td>
</tr>
<tr>
<td></td>
<td>The Proper Technique to Quantify Mitral Regurgitation</td>
</tr>
</tbody>
</table>

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
Trouble Shooting with Pacemakers and ICDs

Saturday, September 22, 2012
Saint John Regional Hospital – Classroom, Level 5D
Moderator: Ronald Bourgeois, MD

Trouble Shooting – Pacemakers and ICDs

Pacemaker and defibrillator implantations have increased dramatically in the last decade as the burden of chronic heart disease increases. Concomitantly, the ongoing surveillance and follow up of these devices has become increasingly complex. Hence, an “implant and cure/forget” therapy/strategy cannot be undertaken. On the contrary, they frequently initiate a new “device disease”, requiring close follow up and optimization of their multi-modality functions.

This workshop will discuss in a case-based format commonly-encountered along with more complex issues in the device clinic.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>0730 – 0830</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
<tr>
<td>0830 – 0850</td>
<td>Common Issues In The Initial Visit Post Pacemaker/Device Implant (threshold margin test, sensing parameters and appropriate programming)</td>
</tr>
<tr>
<td>0850 – 0910</td>
<td>Pacemaker Syndrome, Mode-Switching And Hysteresis</td>
</tr>
<tr>
<td>0910 – 0930</td>
<td>Inappropriate and Appropriate ICD Discharges – What To Do</td>
</tr>
<tr>
<td>0930 – 0950</td>
<td>Managing Device/Lead Recalls</td>
</tr>
<tr>
<td>0950 – 1000</td>
<td>Questions and Answers</td>
</tr>
</tbody>
</table>

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
Planning Committee

David Bewick, MD, FRCPC
Chairman

Judy Melanson, BA, RN, RCVT, MN
Coordinator

Elaine Gilchrist, RN
Assistant Coordinator

Brenda McNamara
Administrative Assistant

Colin Barry, MD, FRCPC, FACC
Internal Medicine, Interventional Cardiology
New Brunswick Heart Centre
Horizon Health Network, Zone 2
Saint John Regional Hospital
Saint John, New Brunswick

Ronald Bourgeois, MD FRCPC
Lecturer
Dalhousie University Medical School Cardiology
The Moncton Hospital
Moncton, New Brunswick

Jane Boyd Aucoin, RN, CCN(C)
Cardiovascular Health and Wellness Program
Heart Function Clinic
New Brunswick Heart Centre
Horizon Health Network, Zone 2
Saint John Regional Hospital
Saint John, New Brunswick

Brian Craig, MD
Department of Family Medicine
Saint John Regional Hospital
Saint John, New Brunswick

Cleo Cyr, RN, BN, MHS, CCNC
ACSM Exercise Specialist
Program Coordinator & Manager, Cardiovascular Health & Wellness Program
Provincial Advisor Cardiac Wellness & Rehabilitation
New Brunswick Heart Centre
Horizon Health Network, Zone 2
Saint John Regional Hospital

Michel D’Astous, MD, FRCPC
Internal Medicine, Cardiology
Centre hospitalier universitaire Dr Georges-L Dumont
Moncton, New Brunswick

Ansar Hassan, MD PhD
Department of Cardiac Surgery
New Brunswick Heart Centre
Saint John Regional Hospital

Ruth Ingersoll, MD
Family Medicine
Saint John Regional Hospital
Saint John, New Brunswick

Sherief Kamel, MD, MEd, FRCPC
Department of Internal Medicine Cardiology
The Moncton Hospital
Moncton, New Brunswick

Pat Lively, RCTA, HSM
Regional Administrator, Zone 2 Electrodiagnostic Services/ Respiratory Therapy
Horizon Health Network

Susan Morris, RN BN MEd CNCC(C) CCN(C)
President Elect Canadian Council of Cardiovascular Nurses
Clinical Nurse Educator NBHC
Horizon Health Network, Zone 2
Saint John Regional Hospital
Saint John, New Brunswick

Erin Palmer, MD, CCFP
Family Medicine
Saint John Regional Hospital
Saint John, New Brunswick

Allan Rombaut, MD, CCFP, FCFP
Family Medicine
Saint John Regional Hospital
Saint John, New Brunswick

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST
In keeping with accreditation guidelines, committee members 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.
Faculty

David Anderson, MD, FRCP
Head Department of Medicine, Capital Health and Dalhousie University
Professor of Medicine, Community Health and Epidemiology and Pathology
Dalhousie University
Halifax, Nova Scotia

Colin Barry, MD, FRCP, FACC
Internal Medicine, Interventional Cardiology
New Brunswick Heart Centre
Horizon Health Network, Zone 2
Saint John Regional Hospital
Saint John, New Brunswick

Michael Barry, MD FRCP(C)
Diagnostic Imaging Department
Horizon Health Network, Zone 2
Saint John Regional Hospital

Arsène Basmajian, MD, FRCP
Director of Echocardiography and Non-Invasive Cardiology,
Montreal Heart Institute
Associate Professor of Medicine, University of Montreal
Montreal, Quebec

Iqbal Bata, MD, FRCP
Professor, Department of Medicine (Cardiology)
Dalhousie University
Staff Cardiologist
Queen Elizabeth II Health Sciences Centre

Patrick Berzin, MD, FRCP
Internal Medicine
Queen Elizabeth Hospital
Charlottetown, Prince Edward Island

Ricardo Bessoudo, MD, FRCP, FACC
Cardiology
Horizon Health Network, Zone 2
Lecturer
Dalhousie University

David Bewick, MD, FRCP, FACC, FACP
Associate Professor of Medicine
Dalhousie University
Director of Cardiovascular Health, Wellness and Heart Function Clinic
New Brunswick Heart Centre
Horizon Health Network, Zone 2
Saint John Regional Hospital

Ronald Bourgeois, MD FRCP
Lecturer
Dalhousie University Medical School
Cardiology
The Moncton Hospital
Moncton, New Brunswick

Jane Boyd Aucoin, RN, CCN(C)
Cardiovascular Health and Wellness Program
Heart Function Clinic
New Brunswick Heart Centre
Horizon Health Network, Zone 2
Saint John Regional Hospital
Saint John, New Brunswick

Ian Burwash, MD, FRCP
Associate Professor of Medicine
University of Ottawa Heart Institute
Ottawa, Ontario

Kwan-Leung Chan, MD, FRCP, FACC
Professor of Medicine
University of Ottawa Heart Institute
Ottawa, Ontario

Adam Clarke, MD, FRCP
Cardiology and Internal Medicine
Valley Regional Hospital
Kentville, Nova Scotia

Sean Connors, MD, DPhil, FRCP
Cardiology, Electrophysiology, Health Sciences Centre
Associate Professor, Memorial University
St. John's, Newfoundland

William Cook, MD, PhD, FRCSC
MindBody Medicine & Bioethics
Horizon Health Network
Dr. Everett Chalmers Hospital
Fredericton, New Brunswick

Gary Costain, MD, FRCP
Internal Medicine
Horizon Health Network, Zone 2
Saint John Regional Hospital
Assistant Professor, Faculty of Medicine
Dalhousie University

Michel D'Astous, MD, FRCP
Internal Medicine, Cardiology
Centre hospitalier universitaire Dr Georges-L Dumont
Moncton, New Brunswick

Hisham Dokainish, MD, FRPC, FACC, FASE
Associate Professor of Medicine, McMaster University
Director of Echocardiography, Hamilton Health Sciences
Hamilton, Ontario

Geoffrey Douglas, MD
Cardiology
Horizon Health Network, Zone 2
Saint John Regional Hospital
Saint John, New Brunswick

Wanda Firth, Pdt
Program Lead, Research Manager
Community Cardiovascular Hearts in Motion
Clinical Dietitian
Cardiovascular & Pulmonary Health in Motion
Halifax, Nova Scotia

Rand Forgie, MD FRCSC
Department of Cardiac Surgery
New Brunswick Heart Centre
Horizon Health Network, Zone 2
Saint John Regional Hospital

Yoni Freedhoff, MD CCFP Dip ABOM
Assistant Professor
Department of Family Medicine, University of Ottawa
Medical Director, Bariatric Medical Institute

Martin Gardner, MD, FRCP
Professor of Medicine, Division of Cardiology
Capital District Health Authority
Dalhousie University
Jacques Genest, MD, FRCPC  
Professor, Faculty of Medicine  
McGill University  
McGill/Novartis Chair in Medicine  
Director, Division of Cardiology  
McGill University Health Centre  
Royal Victoria Hospital  

Marilynn Georgas, BSPE, MSc, BS Ed  
Certified Exercise Physiologist  
Executive Director  
Fitness New Brunswick  

Martin Green, MD, FRCPC  
Cardiology (Arrhythmias)  
University of Ottawa Heart Institute  
Professor of Medicine (Cardiology)  
University of Ottawa  
Ottawa, Ontario  

Milan Gupta, MD, FRCPC  
Associate Clinical Professor of Medicine, McMaster University  
Assistant Professor of Medicine, University of Toronto  
Division of Cardiology, William Osler Health System, Brampton, Ontario  
Co-Director, Canadian Cardiovascular Research Network  

Richard Harvey, MD, FRCPC  
Internal Medicine  
Horizon Health Network  
Dr. Everett Chalmers Hospital  
Fredericton, New Brunswick  

Ansar Hassan, MD PhD  
Department of Cardiac Surgery  
New Brunswick Heart Centre  
Saint John Regional Hospital  

Cynthia Hobbs, MD FRCP  
Department of Geriatric Medicine  
St. Joseph's Hospital  
Saint John, New Brunswick  

Réda Ibrahim, MD, CSPQ, FRCP  
Interventional Cardiology  
Director, MICU  
Montreal Heart Institute  
University of Montreal  
Montreal, Quebec  

Simon Jackson, MD, MMed Ed, FRCP  
Program Director Adult Cardiology  
Associate Professor of Medicine (Cardiology)  
Dalhousie University  
Halifax, Nova Scotia  

Sherif Kamel, MD, MEd, FRCP  
Department of Internal Medicine  
Cardiology  
The Moncton Hospital  
Moncton, New Brunswick  

Howard Leong-Poi, MD, FRCP, FASE  
Head, Division of Cardiology  
St Michael's Hospital  
Toronto, Ontario  

Michael Love, MB, ChB MRCP MD  
President, Canadian Association of Interventional Cardiology  
Staff Cardiologist and Associate Professor of Medicine  
Queen Elizabeth II Health Sciences Centre and Dalhousie University  

Martin MacKinnon, MD, MSc, FRCP  
Lecturer, Faculty of Medicine  
Dalhousie University  

Nephrology  
Horizon Health Network, Zone 2  
Saint John Regional Hospital  

Robert G. Macdonald, MD, FRCPC, FACC, FSCAI  
General and Interventional Cardiology, Carolina Medical Affiliates  
Associate Professor of Medicine, Virginia College of Medicine, Spartanburg, South Carolina  

David Marr, MD, FRCP  
Staff Cardiologist  
Saint John Regional Hospital  
Medical Director, Zone 2  
Horizon Health Network  
Associate Professor Medicine  
Dalhousie University  
Clinical Associate Professor Medicine  
Memorial University  

Sylvain Matteau, MD, B.Sc., FRCPC, CSPQ, FACC  
Cardiology  
Centre Hospitalier Universitaire Dr.-Georges.-L.-Dumont  
Assistant Professor of Clinic, Cardiology  
Centre de Formation Medicale du Nouveau-Brunswick  

Melody Mayberry, RN, BN  
Hospice Palliative Care Coordinator  
New Brunswick Extra Mural Program  
Horizon Health Network, Zone 2  
Saint John, New Brunswick  

Merilee McKenna, RN BN CCN(C)  
Electrophysiology Nurse Associate  
New Brunswick Heart Centre  
Horizon Health Network, Zone 2  
Saint John Regional Hospital  
Saint John, New Brunswick  

Susan Morris, RN BN MEd CNCC(C)  
President Elect Canadian Council of Cardiovascular Nurses  
Clinical Nurse Educator NBHC  
Horizon Health Network, Zone 2  
Saint John Regional Hospital  
Saint John, New Brunswick  

Blair O'Neill, MD, FRCP, FACC, FSCAI  
Internal Medicine, Interventional Cardiology  
President, Canadian Cardiovascular Society  
Professor of Medicine, University of Alberta  
Director, Division of Adult Cardiology  
Section Head, Edmonton Zone Mazankowski Alberta Heart Institut  

Vernon Paddock, MD FRCP(C)  
Medical Director NB Heart Centre  
Director of Interventional Cardiology  
Chief, Division of Cardiology  
Horizon Health Network, Zone 2  
Saint John Regional Hospital
Faculty

Marc Pelletier, MD, MSc, FRCSC
Associate Professor, Dalhousie University
Head, Department of Cardiac Surgery
New Brunswick Heart Centre
Horizon Health Network, Zone 2
Saint John Regional Hospital

Lorraine Peters, Certified Personal Trainer
Herbalist Practitioner
Wellness Coach & Yoga Teacher
Saint John, New Brunswick

Andrew Pipe, CM, MD
Professor, Faculty of Medicine, University of Ottawa
Chief, Division of Prevention and Rehabilitation
University of Ottawa Heart Institute

Josep Rodés-Cabau, MD
Quebec Heart and Lung Institute
Laval University
Quebec City, Quebec

Lawrence Rudski, MD FACC FASE
Associate Professor of Medicine, McGill University
Director, Non-Invasive Cardiology
Jewish General Hospital
McGill University
Montreal, Quebec

Anthony Sanfilippo, MD, FRCPC, FACC
Professor of Medicine
Associate Dean, Undergraduate Medical Education
Queen's University
Member, Division of Cardiology
Kingston General Hospital
Kingston, Ontario

Gregory Searles, MD, FRCPC
Cardiology
New Brunswick Heart Centre
Horizon Health Network, Zone 2
Saint John Regional Hospital

Christopher Simpson, MD, FRCPC, FACC, FHRSC
Professor and Head, Division of Cardiology
Queen's University
Program Medical Director (Cardiac)
Kingston General Hospital/Hotel Dieu Hospital
Kingston, Ontario

Paul Sohi, MASC, MD, FRCPC
Assistant Professor of Medicine
Dalhousie University
Nephrology and Hypertension
Horizon Health Network, Zone 2

James Tam, MD, FRCPC, FACC
Section Chief of Cardiology
WRHA Cardiac Sciences Program
St Boniface General Hospital
Professor of Medicine
University of Manitoba

Janice Till, RN, CHPCN(C)
Palliative Care Nurse Consultant/Charge Nurse
Horizon Health Network, Zone 2
Saint John Regional Hospital
Saint John, New Brunswick

Satish Toal, MD
Cardiac Electrophysiology
New Brunswick Heart Centre
Horizon Health Network, Zone 2
Saint John Regional Hospital

Atul Verma, MD, FRCPC
Cardiology, Cardiac Electrophysiology
Southlake Regional Health Centre
Newmarket, Ontario

Robert C. Welsh, MD, ABIM, FRCPC
Internal Medicine, Cardiology
University of Alberta Hospital

Joan Wright, PhD, Lic. Psych
Fredericton, New Brunswick

Jason Yung, MD, FRCPC
Cardiologist, Dartmouth General Hospital
Lecturer, Faculty of Medicine
Dalhousie University
Dartmouth, Nova Scotia

DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

In keeping with accreditation guidelines, speakers 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. Disclosure may be done verbally or using a slide prior to the speaker's presentation.
Please reserve rooms directly with the hotel prior to the reservation deadline:

**Hilton Saint John**
One Market Square  
Saint John, NB  E2L 2Z6  
Tel: (506) 693-8484 or (800) 561-8282  

**By August 27, 2012:**  
(Ask for NB Heart Centre Symposium block.)  

Downtown/Harbour View: $130 + taxes  
Junior Suite $165 + taxes  
Club Floor: $180 + taxes

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

**By August 28, 2012:**  
(Ask for NB Heart Centre Symposium block.)  

Rooms: $109 + taxes  
(includes breakfast)

**Holiday Inn Express**
Hotel & Suites  
400 Main Street  
Saint John, NB  
Tel: (506) 642-2622 or (800) 475-4656  

**By September 1, 2012:**  
(Ask for NB Heart Centre Symposium block.)  

Rooms: $109 + 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>Thursday:</th>
<th>Time</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0700 – 0845</td>
<td>Hilton/Holiday Inn/Château SJ</td>
<td>Regional Hospital</td>
</tr>
<tr>
<td></td>
<td>1115 – 1330</td>
<td>Regional Hospital</td>
<td>Hilton/Holiday Inn/Château SJ and return</td>
</tr>
<tr>
<td></td>
<td>1500 – 1700</td>
<td>Regional Hospital</td>
<td>Hilton/Holiday Inn/Château SJ</td>
</tr>
<tr>
<td></td>
<td>1700 – 1815</td>
<td>Holiday Inn Express/Château SJ</td>
<td>Trade &amp; Convention Centre</td>
</tr>
<tr>
<td></td>
<td>2100 – 2300</td>
<td>Trade &amp; Convention Centre</td>
<td>Holiday Inn Express/Château SJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Friday:</th>
<th>Time</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0700 – 0900</td>
<td>Hilton/Holiday Inn/Château SJ</td>
<td>Regional Hospital</td>
</tr>
<tr>
<td></td>
<td>1130 – 1330</td>
<td>Regional Hospital</td>
<td>Hilton/Holiday Inn/Château SJ and return</td>
</tr>
<tr>
<td></td>
<td>1500 – 1730</td>
<td>Regional Hospital</td>
<td>Hilton/Holiday Inn/Château SJ</td>
</tr>
<tr>
<td></td>
<td>1700 – 1815</td>
<td>Holiday Inn Express/Château SJ</td>
<td>Trade &amp; Convention Centre</td>
</tr>
<tr>
<td></td>
<td>2100 – 2300</td>
<td>Trade &amp; Convention Centre</td>
<td>Holiday Inn Express/Château SJ</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Saturday:</th>
<th>Time</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0700 – 1400</td>
<td>Hilton/Holiday Inn/Château SJ</td>
<td>Regional Hospital and return</td>
</tr>
</tbody>
</table>
Space for all sessions is limited, so register early!

First Name: ___________________________ Last Name: ___________________________

Address: If work address, please include Facility: ___________________________ Dept: ___________________________

City: ___________________________ Province: ___________________________ Postal Code: ___________________________

Telephone: ___________________________ Fax: ___________________________ Email: ___________________________

To receive confirmation of credit hours, you must register for EACH session you plan to attend AND select one of the CME providers from the list below. Educational credit will only be given for those sessions for which you have registered and attended.

☐ Royal College of Physicians and Surgeons  ☐ Canadian Society of Diagnostic Sonographers
☐ College of Family Physicians of Canada  ☐ Cardup #: __________ ARDMS #: __________
☐ Other: ___________________________

Confirmation of educational credit hours will be mailed to you four to six weeks after the symposium.

THURSDAY, SEPTEMBER 20

Concurrent sessions – *CHOOSE ONE ONLY*:
Cardiovascular Health, Wellness and Rehabilitation

Session A
☐ 0830 to 1200 Heart Failure Workshop
☐ 0825 to 1200 Device/Arrhythmia Workshop

Session B
☐ 0830 to 1130 Cardiovascular Health Wellness and Rehab
☐ 1230 to 1600 Cardiovascular Nursing

Cardiovascular Health, Wellness and Rehabilitation

Concurrent sessions – *CHOOSE ONE FROM EACH TIME SLOT*:
1345 to 1445 ☐ Stress Release OR ☐ Caring for Yourself
1500 to 1600 ☐ Stress Release OR ☐ Caring for Yourself

☐ 1715 to 2120 Challenges in Cardiology

Please check box if you plan to attend. Registration is complimentary for participants of Thursday sessions. Spouse/Guest $45.00

FRIDAY, SEPTEMBER 21

☐ 0830 to 1600 Current Concepts in Echocardiography
☐ 0830 to 1200 Primary Prevention

Concurrent sessions – *CHOOSE ONE ONLY*:
1300 to 1600
☐ Office-Based Cardiology
☐ NB Heart Resident Trainee Session
☐ Cardiac Health, Wellness and Rehabilitation

1830 to 2115 NB Heart Centre Symposium Gala

Please check box if you plan to attend. Registration is complimentary only to Friday’s daytime participants. Spouse/Guest $50.00

SATURDAY, SEPTEMBER 22

Concurrent sessions – *CHOOSE ONE ONLY*:
0825 to 1250 Current Perspectives in Cardiovascular Disease
0815 to 1100 Echocardiography Workshop
0830 to 1000 ICD Troubleshooting

REGISTRATION FEES

The following registration fees include all program materials, refreshments during conference breaks and lunch. Thursday and Friday evening’s sessions will include complimentary supper.

<table>
<thead>
<tr>
<th></th>
<th>MD Other Health Professional</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Registration – Thurs., Fri. &amp; Sat. including evening sessions</td>
<td>$400</td>
<td>$275</td>
</tr>
<tr>
<td>2 Days – Thursday and Friday including evening sessions</td>
<td>$350</td>
<td>$225</td>
</tr>
<tr>
<td>One Day (Thursday or Friday) including same day evening</td>
<td>$225</td>
<td>$150</td>
</tr>
<tr>
<td>Partial Day (1 Morning or 1 Afternoon)</td>
<td>$150</td>
<td>$125</td>
</tr>
<tr>
<td>Thursday Evening if not registered for daytime session</td>
<td>$50</td>
<td>$25</td>
</tr>
<tr>
<td>Spouse/Guest</td>
<td>Thursday Evening $50</td>
<td>$50</td>
</tr>
<tr>
<td></td>
<td>Friday Evening $50</td>
<td>$50</td>
</tr>
</tbody>
</table>

EARLY BIRD DISCOUNT (for registrations received by SEPTEMBER 10) - $25.00

TOTAL: $75

Pre-Registrations Will Be Accepted Up To September 10 Via Fax (506)648-7778 or Mail. Registrations during the conference will be accepted September 20, 21 and 22 at the registration desk, Level 1 Amphitheatre, Saint John Regional Hospital (depending on available seating).
The New Brunswick Heart Centre gratefully acknowledges the educational grants provided for the support of this conference by the following companies:

PLATINUM SPONSOR

AstraZeneca

Health Connects Us All

GOLD SPONSOR

Bayer

SILVER SPONSOR
Boehringer Ingelheim
Eli Lilly Canada
MacMurray Endowment
Medtronic of Canada
Merck Canada
St Jude Medical

BRONZE SPONSOR
Biotronik Canada
Boston Scientific
Health Canada Vigilance Program
Edwards Lifesciences
Pfizer Canada
Philips Healthcare
Sanofi Canada
Servier Canada
Sorin Group Canada
Zoll Medical