New Brunswick Heart Centre
Cardiovascular Symposium

A Message from the Chairman

The New Brunswick Heart Centre’s Nineteenth Annual Cardiovascular Symposium will be held September 17 - 19, 2009 in Saint John, New Brunswick.

This year’s program has been expanded to give the participant a current review 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 topics.

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 with severe aortic stenosis and pulmonary hypertension. 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 in Cardiovascular Disorders, Office-Based Cardiology, Cardiac Rehabilitation, Echocardiography and a Resident Trainee Workshop.

This year, Friday evening is going to be focusing on “Canadian Pioneers” and will also be a fundraiser for the NB Heart Centre. The audience will include the public and NB Heart symposium attendees. This will be a relaxing and informative session, highlighting the past and future directions of cardiology at the NB Heart Centre. Dr Lyall Higginson will share his perspectives of the “next 10 years” and then Senator Roméo Dallaire will offer an enlightening and inspiring perspective on a humanistic approach to leadership in difficult times.

Saturday’s plenary program will review clinically relevant cardiovascular topics, providing the participants with the latest trends in diagnosing and managing patients with heart disease, and the final session will highlight major advances in cardiology which have had a significant impact on clinical practice in 2009. In addition, there will be concurrent workshops in echocardiography and electrocardiography.

The NB Heart Symposium is proud to announce that this year’s program will be co-sponsored by the Canadian Cardiovascular Society and the Canadian Society of Echocardiography.

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
New Brunswick Heart Centre
19th Annual Symposium
Current Perspectives in Cardiovascular Disease

Through participation in the NB Heart Centre’s 19th Annual Symposium, attendees will:

- Increase their knowledge and understanding of current advances in the diagnosis and management of cardiovascular disease.

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

- Recognize the appropriateness of their current knowledge 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.

This program meets the accreditation criteria of The College of Family Physicians of Canada and has been accredited by the New Brunswick Chapter for up to 10.5 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 reviewed and co-developed for a maximum of 21 credits by the

Canadian Cardiovascular Society

This program is co-sponsored by the Canadian Society of Echocardiography
OVERVIEW

Thursday, September 17, 2009

Morning
Device/Arrhythmia Workshop

Afternoon
Cardiovascular Nursing
Stress Echocardiography Workshop
Atlantic Cardiac Rehab Network/Cardiac Rehab New Brunswick Meetings

Evening
Challenges in Clinical Cardiology

Friday, September 18, 2009

All Day
Current Concepts in Echocardiography

Morning
Primary Prevention in Cardiovascular Disorders

Afternoon
Office-Based Cardiology
Cardiovascular Health, Wellness and Rehabilitation
Resident Trainee Session

Evening
NB Heart Centre Evening “Canadian Pioneers”

Saturday, September 19, 2009

Partial Day (0830 – 1330)
Current Perspectives in Cardiovascular Disease

Morning
Echocardiography Workshop
Electrocardiography Workshop
### Device/Arrhythmia Workshop

**Thursday morning, September 17, 2009**  
Saint John Regional Hospital – Amphitheatre, Level 1  
**Moderator:** Michel D’Astous, MD

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<tr>
<td>0730 – 0830</td>
<td><strong>Registration – Level 1, Amphitheatre</strong></td>
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<tr>
<td>0825 – 0830</td>
<td><strong>Welcome and Introduction</strong></td>
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<td>0830 – 0900</td>
<td><strong>Heart Failure and Devices in 2009 “Putting it all Together”</strong></td>
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<td>Who should and should NOT get an ICD in 2009 and can a risk factor model be used to “predict” what patient subsets will derive the best outcome. The current status of biventricular pacing will also be reviewed.</td>
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<td>0900 – 0930</td>
<td><strong>The Current Trend in Ablation for Atrial Fibrillation</strong></td>
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<td>Realistic expectations and current success rates will be discussed and ancillary medical treatment will be reviewed. The current status of the “maze” procedure with cardiac surgery will be briefly reviewed.</td>
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<td>0930 – 1000</td>
<td><strong>Sudden Cardiac Death</strong></td>
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<td>Important ECG’s you should recognize in patients at risk of sudden death, and various screening modalities, including the current role of genetic testing, will be discussed.</td>
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<tr>
<td>1000 – 1030</td>
<td><strong>Nutrition Break – Please visit our exhibitors in the Light Court.</strong></td>
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<tr>
<td>1030 – 1200</td>
<td><strong>“Electrical Nightmares”</strong></td>
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<td><strong>Case Discussions presented by Sean Connors, MD</strong></td>
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<td>Expert Panel: Drs. Martin Gardner, John Sapp and Andrew Krahn</td>
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<tr>
<td>1030 – 1045</td>
<td><strong>Incessant VT</strong></td>
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<tr>
<td>1045 – 1100</td>
<td><strong>Severe Vasovagal Syncope</strong></td>
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<td>1100 – 1115</td>
<td><strong>Complications of a Cardioversion</strong></td>
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<tr>
<td>1115 – 1130</td>
<td><strong>Inappropriate ICD Shock</strong></td>
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<td>1130 – 1145</td>
<td><strong>Loop Recorder: Catching the Rhythm</strong></td>
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<tr>
<td>1145 – 1200</td>
<td><strong>Complication of ICD Implant</strong></td>
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<tr>
<td>1200 – 1300</td>
<td><strong>Lunch – Please visit our exhibitors in the Light Court.</strong></td>
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This session is made possible by an unrestricted educational grant from St Jude Medical.
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<th>Time</th>
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<tr>
<td>1230 – 1300</td>
<td><strong>Registration – Level 1, Amphitheatre</strong></td>
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<tr>
<td>1300 – 1320</td>
<td><strong>The False Positive Stress Echo – Mistakes and Conundrums</strong></td>
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<td>Sarah Ramer, MD</td>
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<tr>
<td>1320 – 1340</td>
<td><strong>Diagnostic and Prognostic Utility of a Stress Echo</strong></td>
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<td>Anthony Sanfilippo, MD</td>
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<tr>
<td>1340 – 1400</td>
<td><strong>Assessment of Pulmonary Hypertension with Stress Echo</strong></td>
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<td>Lawrence Rudski, MD</td>
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<tr>
<td>1400 – 1440</td>
<td><strong>Stress Echo in Severe Asymptomatic Aortic Regurgitation</strong></td>
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<td>David Bewick, MD</td>
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<td>1440 – 1455</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
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<tr>
<td>1455 – 1600</td>
<td><strong>Challenging Cases in Stress Echo</strong></td>
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<td>Gregory Searles, MD, Robert Stevenson, MD, David Bewick, MD, Sarah Ramer, MD, Anthony Sanfilippo, MD</td>
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</table>
The Heart Failure Continuum of Care: A Nursing Perspective

Marianne Beardsall RN(EC), MN/NP
Nurse Practitioner, The Heart Rhythm Program
Certified Device Specialist, Heart Rhythm Society
Southlake Regional Health Centre

Keeping patients out of hospital will be a primary health care concern for the ever increasing population of heart failure patients over the next decade. Nursing contributions related to patient teaching and monitoring are key components of both chronic and acute care management of the heart failure patient that will assist in reducing hospital admissions from heart failure.

Case studies will be used to illustrate key aspects of the care of the heart failure patient.

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<th>Time</th>
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<tr>
<td>1200 – 1230</td>
<td>Registration – Level 1, Amphitheatre</td>
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<tr>
<td>1230 – 1235</td>
<td>Welcome and Introduction</td>
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<tr>
<td>1235 – 1345</td>
<td><strong>Part A: A Brief Review</strong></td>
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<td>• etiology and pathophysiology of the most common causes of heart failure</td>
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<td>• diagnostic workup and testing modalities related to diagnosis and management</td>
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<td>• bedside assessment strategies - acute decompensated heart failure</td>
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<td></td>
<td>• bedside assessment strategies - chronic heart failure monitoring</td>
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<td>• patient teaching strategies</td>
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<td>• current Heart Failure Guidelines for medical management</td>
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<td>1345 – 1415</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
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<tr>
<td>1415 – 1545</td>
<td><strong>Part B: Chronic Heart Failure Models of Care</strong></td>
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<td>• chronic disease management</td>
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<td>• social and psychological well being</td>
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<td>• cardiac device care</td>
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<td>• end of life concerns</td>
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<tr>
<td>1545 – 1600</td>
<td><strong>Summary and Evaluations</strong></td>
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# Cardiovascular Health, Wellness and Rehabilitation

**Thursday afternoon, September 17, 2009**  
Saint John Regional Hospital – Classroom Level 5D  
Moderator: Cleo Cyr, RN

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<tr>
<th>Time</th>
<th>Event</th>
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| 1200 – 1330 | Lunch Meeting  
**Atlantic Cardiac Rehab Network (ACRN) Annual Meeting**  
Healthcare professionals involved in cardiovascular prevention and rehabilitation will have an opportunity to meet, network and share experiences.  
**Agenda:**  
1. Introduction and Review of Minutes  
2. ACRN Terms of Reference & Year in Review  
3. Summary and Future Directions |
| 1330 – 1415 | Sherry Grace, PhD  
**Automatic Referral to Cardiac Rehabilitation: What, Why and How?**  
Objectives:  
1. This session will define automatic referral  
2. Review the literature on effects of automatic referral on CR use  
3. Best practices and pitfalls in implementing automatic referral will be shared |
| 1415 – 1445 | Nutrition Break & Networking |
| 1445 – 1630 | **Cardiac Rehab New Brunswick (CRNB) Annual General Meeting**  
Cardiac Rehab New Brunswick (CRNB) consists of a multidisciplinary group of health care professionals from each provincial health authority 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).  
**Agenda:**  
1. Introduction and Review of Minutes  
2. Year in Review  
3. “Professional Cardiac Rehabilitation Tutorial” Review  
4. NBHC Wait Time/Access Presentation |
# Challenges in Clinical Cardiology

**Thursday evening, September 17, 2009**

*Saint John Trade & Convention Centre, Market Square*

*Chair: David Bewick, MD*

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<th>Time</th>
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<tr>
<td>1715 – 1825</td>
<td>Dinner – Saint John Trade &amp; Convention Centre</td>
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<tr>
<td>1825 – 1830</td>
<td>Welcome and Introduction</td>
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<tr>
<td>1830 – 1900</td>
<td><strong>New Concepts in Severe Aortic Stenosis</strong></td>
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<tr>
<td>Phillippe Pibarot, MD</td>
<td>“Low Flow, Low Gradient” Severe Aortic Stenosis Despite Preserved LVEF – A New Syndrome?</td>
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Patients with severe aortic stenosis (AS) may present with low flow and thus low gradient despite preserved LVEF. This recently described clinical entity is relatively frequent (up to 35%) and reflects a more advanced stage of the disease, which is associated with poorer prognosis if treated medically rather than surgically. Yet, a majority of these patients do not undergo valve replacement likely due to the fact that the reduced gradient leads to an underestimation of the stenosis severity and/or of symptoms.

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<th>Time</th>
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<tr>
<td>1900 – 1920</td>
<td><strong>Management of the Symptomatic Elderly Patient With Severe Aortic Stenosis – To intervene or Not to Intervene?</strong></td>
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<tr>
<td>Marc Pelletier, MD</td>
<td>Surgery: Patient Selection and Outcomes</td>
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Aortic stenosis is the most common valvular disorder of the elderly. With an increasing population of individuals surviving over 80 years of age, more patients with symptomatic aortic stenosis will be encountered by the clinician. The “gold standard” for managing symptomatic aortic stenosis is surgical valvular replacement. This review will discuss the current role of surgery in the very elderly.

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<tr>
<td>1920 – 1950</td>
<td><strong>Percutaneous Intervention in Aortic Stenosis in 2009</strong></td>
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<tr>
<td>Réda Ibrahim, MD</td>
<td>Percutaneous intervention provides a potential therapeutic option in these very ill patients. This review will highlight the current status of this exciting and innovative technique being increasingly utilized in the patient with severe symptomatic aortic stenosis.</td>
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<tr>
<td>1950 – 2000</td>
<td>Panel Discussion/Questions and Answers</td>
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<td>2000 – 2010</td>
<td>Nutrition Break</td>
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<tr>
<td>2010 – 2040</td>
<td><strong>State of the Art: “Severe Pulmonary Hypertension in 2009”</strong></td>
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<td>Stephen Archer, MD</td>
<td>Pulmonary hypertension is commonly encountered in daily practice. There are a number of etiologies of this disorder and generally, it is the result of “left sided” disorders of the heart or chronic lung disease, and management consists of treating the underlying condition. Primary pulmonary hypertension is a rare and, not infrequently, fatal disorder. The diagnosis and management of severe pulmonary hypertension in 2009 will be reviewed.</td>
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<tr>
<td>2040 – 2100</td>
<td>Panel Discussion/Questions and Answers</td>
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This session is made possible by an unrestricted educational grant from Merck Frosst Canada.
# Current Concepts in Echocardiography

Friday, September 18, 2009  
Saint John Regional Hospital – Amphitheatre, Level 5D  
Moderator: David Bewick, MD

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<td>0730 – 0830</td>
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| 0830 – 0900 | Lawrence Rudski, MD  
Assessment of the Right Ventricle  
The right ventricle is an often ignored chamber yet is of extreme importance clinically and prognostically. Because of its complex geometry, it is more challenging to evaluate echocardiographically. This talk will demonstrate the multiple echocardiographic techniques to evaluate RV dimensions and function, and will preview normal reference values from recent analyses. |
| 0900 – 0930 | Kwan-Leung Chan, MD  
Assessment of LV Function: “Beyond the EF”  
This review will discuss the contemporary approach to systolic and diastolic function by integrating not only the EF, but also other important echo parameters including LV volume, wall motion abnormalities, shape, doppler echocardiography and contractile reserve. The contemporary exam in 2009 should incorporate a more sophisticated echocardiographic risk stratification report, allowing for optimal management of the cardiovascular patient. |
| 0930 – 1000 | Ian Burwash, MD  
Achieving Accurate and Reproducible Measurements in the Echo Lab (or “My Pet Peeves”)  
The accurate measurement of ejection fraction, chamber sizes, valve areas and quantification of regurgitant lesions can be fraught with technical error. This review will discuss some of the common pitfalls encountered. |
| 1000 – 1030 | Nutrition Break – Please visit our exhibitors in the Light Court. |
| 1030 – 1130 | Jean Dumesnil, MD, Philippe Pibarot, MD  
The Canadian Society of Echocardiography Lecture: High Doppler Gradients in a Prosthetic Valve: A Case Based Approach  
What is normal and what is not? Identifying and assessing high gradients in either an aortic or a mitral valve prosthesis requires an accurate diagnosis to correctly manage these complex patients. A practical approach will be reviewed followed by case examples to practically integrate this information into daily practise. |
| 1130 – 1200 | Catherine Kells, MD  
Device closure?  
1] Asymptomatic atrial septal defect  
2] Patient with a cryptogenic stroke with a PFO  
Which patients should have a “watch and wait” approach versus which patients should have a device and long term follow-up will be reviewed. |
| 1200 – 1300 | Lunch |
## INNOVATIONS IN CARDIAC IMAGING

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<th>Time</th>
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<tr>
<td>1300 – 1320</td>
<td>Howard Leong-Poi, MD</td>
<td>The Clinical Utility of Contrast Echo in 2009</td>
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<td>Contrast echo has been demonstrated to be clinically useful in a variety of clinical disorders. This review will discuss the technique, potential safety issues and routine incorporation into a busy echo lab.</td>
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<td>1320 – 1400</td>
<td>Anthony Sanfilippo, MD</td>
<td>3D Echo – Is It Clinically Useful?</td>
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<td>The advent of 3D echo has allowed the echocardiographer to visualize “new images” of cardiac structures. This discussion will critically appraise the potential merits of incorporating 3D echo to the “standard” echocardiographic examination.</td>
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<td>1400 – 1420</td>
<td>Paul Mears, MD</td>
<td>The Dilated Aorta: Contemporary Imaging and Management</td>
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<td>The dilated aorta is frequently seen in a variety of conditions commonly encountered in the echo lab including aortic valve disease, hypertension, connective tissue disorders, atherosclerosis and elderly patients. Potential life threatening complications include aneurysmal dilatation, rupture and dissection mandating clinical surveillance. This review will discuss the various imaging modalities and appropriate utilization in addition to management of the dilated aorta.</td>
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<td>1420 – 1440</td>
<td>Davinder Jassal, MD</td>
<td>Role of Imaging in Cardiotoxicity</td>
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<td>The current status of cardiac imaging in 2009 with the increased utilization of newer biological agents in oncology and their propensity to interfere with myocardial protein metabolism and consequential cardiomyopathy will be discussed.</td>
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<td>1440 – 1500</td>
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<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
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<td>1500 – 1600</td>
<td>Miroslaw Rajda, MD</td>
<td>Cases to Remember</td>
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<td>Davinder Jassal, MD</td>
<td>Case examples will be presented in an interactive format with audience participation. Clinically important topics such as approach to LVH in the athlete, chordal masses and other interesting echo images will be shown.</td>
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<td>lan Burwash, MD</td>
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<td>Howard Leong-Poi, MD</td>
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<td>Sarah Ramer, MD</td>
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### Risk Prediction in Cardiovascular Disease: Current Status and Future Challenges

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<tr>
<td>0730 – 0825</td>
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<td>0825 – 0830</td>
<td>Welcome and Introduction</td>
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<tr>
<td>0830 – 0900</td>
<td>Defining Cardiovascular Risk Scores and Which to Use: Is it Time for Change?</td>
<td>Jafna Cox, MD&lt;br&gt;For years, the Framingham database has served as the basis for cardiovascular risk prediction, but it has recognized weaknesses. Newer risk engines (such as the Reynolds Risk Score) that factor in family history and inflammatory markers will be reviewed. Various risk levels are defined, but an important issue is the optimum risk stratification of the “moderate risk” individual. The speaker will review important questions such as:&lt;br&gt;1) When should these patients undergo screening testing with exercise treadmill testing, CT coronary angiography or CT calcium score testing?&lt;br&gt;2) Which patients should have measurements of their HS-CRP? What are the societal and cost implications of widespread adoption of this test? In whom should HS-CRP be “treated”?&lt;br&gt;3) Responsible Use of Lipid Lowering Drugs in Primary Prevention: What primary prevention patients should take statin therapy?&lt;br&gt;4) Is assessment of lifetime risk a better concept than that of 10 year risk?</td>
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<td>0900 – 0920</td>
<td>2009 Canadian Dyslipidemia Guidelines: How did we get here?</td>
<td>Blair O’Neill, MD&lt;br&gt;Several clinical trials published over the past few years have shaped our current recommendations for the assessment and treatment of lipid levels in Canada. Some of the more important trials will be discussed, along with a practical “walk-through” approach to using the most recent set of guidelines.</td>
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<td>0920 – 1000</td>
<td>Case Examples In Risk Assessment And Primary Prevention</td>
<td>Simon Jackson, MD&lt;br&gt;Now that current risk prediction models and lipid guidelines have been reviewed, some case examples will be discussed in order to highlight some of the areas of interest to clinicians:&lt;br&gt;a) A 35 year old male with a family history of CAD has dyslipidemia and a blood pressure of 138/90&lt;br&gt;b) A 42 year old female with atypical chest pain has “moderate risk” by Framingham criteria. She undergoes exercise stress testing and has a positive result. What should be done next?&lt;br&gt;c) A 52 year old female has a significantly elevated LDL, but no other identifiable cardiovascular risk factors. Should she be on a cholesterol-lowering medication?</td>
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<td>1000 – 1030</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
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# Successful Lifestyle Changes for Cardiovascular Risk Reduction

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<td>1030 – 1050</td>
<td>Michael Vallis, PhD</td>
<td><strong>How To Motivate The Unmotivated</strong>&lt;br&gt;We all deal with them – patients with excessive cardiovascular risk but little interest in dealing with it. What strategies have the biggest impact on these people? Are there effective means to getting them interested and involved in their health, and how can adherence to lifestyle and pharmacologic therapy be enhanced in this group?</td>
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<td>1050 – 1110</td>
<td>Andrew Pipe, MD</td>
<td><strong>Smoking Cessation: Strategies That Work</strong>&lt;br&gt;Smoking remains the most potent modifiable cardiovascular risk factor, and major advances have occurred in the war on smoking. The speaker will review current treatment strategies available, their relative merits and downsides and how to select the therapy best suited for your patient.</td>
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<tr>
<td>1110 – 1140</td>
<td>Gary Costain, MD</td>
<td><strong>Current Management of Diabetes in 2009: What is New</strong>&lt;br&gt;The pharmacological management of diabetes has undergone remarkable changes over the last few years. There is a wide array of oral hypoglycemic medications available in managing Type 2 diabetes in 2009. This review will discuss the appropriate utilization of these agents in patients with cardiovascular disease.</td>
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<td>1140 – 1200</td>
<td>Nicholas Giacomantonio, MD</td>
<td><strong>Use of Preventative Strategies in the High Risk Patient: Which, When and in Whom?</strong>&lt;br&gt;There are a staggering number of dietary supplements in popular use, as well as over-the-counter medications that our at-risk patients have available to them. This presentation will discuss the science behind the use of common dietary “aids” such as soy products, fish oils, vitamins, dark chocolate, alcohol and ASA and the role they play in primary and secondary CVD prevention.</td>
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<td>1200 – 1300</td>
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<td>Lunch – Please visit our exhibitors in the Light Court.</td>
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| 1300 – 1320 | Andrew Krahn, MD  
**Cost Efficient Recipe For Investigating Syncope**  
Syncope is commonly encountered in daily practise. There are a myriad of potential etiologies for a “black-out” and how to manage this condition can be challenging in a busy practise. This session will focus on the use of the history to direct testing in a cost and diagnosis-efficient manner. The majority of patients can be diagnosed with simple and accessible tools, the most powerful of which is a structured history followed by tailored testing. |
| 1320 – 1340 | Milan Gupta, MD  
**Is It Ever Too Late to Start Risk Reduction?**  
Elderly patients are often excluded from cardiology clinical trials, and sometimes are not treated aggressively for their hypertension and dyslipidemia. Is there an age where CV risk reduction strategies fail to work as expected? Is there a point where risks start to outweigh the benefits? This presentation will discuss what your treatment priorities should be when risk stratifying your elderly patient – if any! |
| 1340 – 1400 | Ratika Parkash, MD  
**The Office Management of My Asymptomatic Patient with Atrial Fibrillation**  
Atrial fibrillation is commonly seen and, not infrequently, is entirely asymptomatic. A pragmatic approach to diagnosis and management will be reviewed. |
| 1400 – 1420 | Peter Liu, MD  
**The Practical Role of BNP In Managing My Dyspneic Patient**  
Congestive heart failure is frequently seen in the office and management can be challenging in this chronic disorder. BNP can be a useful adjunct in these patients to provide optimal care. The “pearls and pitfalls” of BNP measurements will be discussed. |
| 1420 – 1440 | Nutrition Break – Please visit our exhibitors in the Light Court. |
| 1440 – 1500 | Victor Huckell, MD  
**Utility of Ambulatory and Home Monitoring, BP Measurements in the Office Management of Hypertension: “Getting it Right!”**  
The management of hypertension is always challenging with patient adherence to drug therapy being low when a condition is asymptomatic. We have learned that white coat hypertension can be associated with adverse outcome in a small number of patients. Furthermore we are now aware of masked hypertension in which office BP’s are normal and home BP’s are high. We will discuss and compare correct techniques of measuring BP and how to utilize home and ambulatory BP measurement in enhancing patient adherence as well as the diagnosis of treatable hypertension. |
| 1500 – 1520 | David Marr, MD  
**Pharmacological Management Of ED In Your CV Patient**  
Who can and cannot be safely prescribed these popular medications will be discussed. The issues of appropriate discontinuation and safety of blockers in patients with hypertension and CAD will be reviewed |
| 1520 – 1540 | Graham Bishop, MD  
**Sleep Apnea: A CVD Risk Factor?**  
The role of this increasingly recognized disorder in potentially causing or aggravating hypertension, arrhythmias, stroke and heart failure will be discussed as well as management solutions. |
| 1540 – 1600 | Vernon Paddock, MD  
**Managing My Coronary Stent Patient**  
How long Clopidogrel should be prescribed, management solutions with bleeding complications, and what to do with antiplatelet therapy when dental/endoscopy/surgical procedures are required, will be reviewed. |
<table>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1230 – 1300</td>
<td><strong>Registration – Level 1, Amphitheatre</strong></td>
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<tr>
<td>1300 – 1305</td>
<td>Colin Barry, MD <strong>Introduction</strong></td>
</tr>
<tr>
<td>1305 – 1325</td>
<td>Satish Toal, MD <strong>Wide Complex Tachycardias: From Emergency Management to Definitive Diagnosis and Therapy.</strong> How to differentiate VT from other wide complex tachycardias will be discussed along with who really needs and benefits from Electrophysiology evaluation and device therapy.</td>
</tr>
<tr>
<td>1325 – 1345</td>
<td>Sohrab Lutchmedial, MD <strong>How to Integrate Research into a Busy Clinical Practice</strong> Increasing research is being performed in non-Academic Institutions providing more opportunities for physicians to participate in large clinical trials. Practical suggestions for incorporating research into community clinical practice will be reviewed.</td>
</tr>
<tr>
<td>1345 – 1430</td>
<td>Gregory Searles, MD Catherine Kells, MD <strong>How to choose between Community and an Academic practice.</strong> Many practice opportunities exist in both community and academic settings. The pros and cons of each type of practice will be reviewed to help guide residents into a career that suits their professional goals.</td>
</tr>
<tr>
<td>1430 – 1445</td>
<td><strong>Nutrition Break – Please visit our exhibitors in the Light Court.</strong></td>
</tr>
<tr>
<td>1445 – 1515</td>
<td>Gregory Searles, MD <strong>How to Survive The Royal College Exam</strong> ‘Tips and Tricks’ on how to prepare for and pass your exam with the minimum amount of stress and greatest chance of success.</td>
</tr>
<tr>
<td>1515 – 1535</td>
<td>Colin Barry, MD <strong>PCI and Antiplatelet Therapy – What You Really Need To Know</strong> The bottom line on the benefits and risks of prolonged dual antiplatelet therapy and when ASA/clopidogrel may be discontinued, held, and for how long. The risk of stent thrombosis will also be discussed.</td>
</tr>
<tr>
<td>1535 – 1600</td>
<td>John Dornan, MD <strong>Insulin in Patients with Cardiovascular Disease: Why, When, and How</strong> The role of the various insulin preparations and when to implement them in the patient with CAD will be reviewed. Patients with concomitant comorbid illnesses including acute coronary syndromes, renal insufficiency and congestive heart failure will be highlighted.</td>
</tr>
<tr>
<td>1600 – 1615</td>
<td><strong>Questions and Answers</strong></td>
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This session is made possible by an unrestricted educational grant from Servier Canada.
# Cardiovascular Health, Wellness and Rehabilitation

Friday Afternoon, September 18, 2009  
Saint John Regional Hospital – Classroom, level 5D  
Moderator: Cleo Cyr, RN

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<tr>
<td>1230 – 1300</td>
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</tbody>
</table>
| 1300 – 1330 | **Depression and Cardiac Rehabilitation: Current Challenges and Recommendations**  
Sherry Grace, PhD  
This session will highlight the burden of depression in cardiac patients, and its effect on patient prognosis and health behaviours such as exercise and smoking. It will also summarize current recommendations for depression screening and treatment, with a focus on exercise and antidepressants. |
| 1330 – 1400 | **The Utility of Screening for Peripheral Vascular Disease in the Cardiac Rehabilitation Population**  
Robert Stevenson, MD  
This session will identify the benefits of using the Edinburgh questionnaire and Ankle Brachial Index measurements as screening tools, and discuss diagnosis, management and referral options using case studies. |
| 1400 – 1430 | **Nutrition Break – Please visit our exhibitors in the Light Court.** |
| 1430 – 1500 | **The Diagnosis and Management of Sleep Apnea and Sleep Disorders in the Heart Failure Population**  
Rachel Morehouse, MD  
This session will provide an overview of current evidence regarding sleep apnea and sleep disorders in the heart failure population and provide case based diagnosis, management and treatment options that work. |
| 1500 – 1520 | **The Hampton Project! Outcomes of a Community Based Cardiac Rehab Program**  
Karen Crane, RN  
Jennifer Gendron, C-PT  
Debbie Blais, RD  
This session will provide knowledge gained from developing and implementing an off-site community based CR program. |
| 1520 – 1540 | **Prevention Before Rehabilitation**  
Darren Steeves, MSc Kinesiology  
One of the top triggers for an individual to become physically active and move towards a healthy lifestyle is their physician suggesting they start. Medical and exercise professionals working in concert can tackle this challenge head on. This session will discuss the lifestyle choices plaguing our society and strategies to effect change. |
| 1540 – 1600 | **Discussion, Evaluation & Conclusion**                  |
NB Heart Centre Symposium Gala Evening
“Canadian Pioneers”
Friday evening, September 18, 2009
Saint John Trade & Convention Centre, Market Square
Chair: David Bewick, MD

<table>
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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1730 – 1830</td>
<td><strong>Cash Bar &amp; Seating</strong></td>
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</tbody>
</table>
| 1830 – 1835 | **Welcome and Introduction**
               Please take a seat, relax and enjoy the presentations.
               During the sessions, dinner will be served to your table. |
| 1835 – 1840 | **NB Heart Centre Video Presentation**                               |
| 1840 – 1900 | **Appetizer**                                                         |
| 1900 – 1915 | **Perspectives in Cardiac Care in Canada – The Next 10 Years**
               Tremendous advances in the management of cardiovascular disease
               have been seen in the last decade. The “next 10 years” in treating
               patients with heart disease will present new challenges. A “Canadian
               Perspective” of the future directions in cardiovascular care will be
               discussed. |
| 1915 – 2000 | **Main Entrée**                                                      |
| 2000 – 2015 | **Dessert / Coffee**                                                 |
| 2015 – 2115 | **The New Leadership - A Humanistic Approach**
               Competitive edge and personal fulfillment will be yours if you put your
               team members and your fellow man - their skills, their continuous
               development and their quality of life - at the forefront.     |
# Current Perspectives in Cardiovascular Disease

**Saturday, September 19, 2009**  
Saint John Regional Hospital – Amphitheatre, Level 1  
Moderator: David Bewick, MD

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<tr>
<td>0730 – 0815</td>
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<tr>
<td>0825 – 0830</td>
<td>Introduction</td>
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<tr>
<td>0830 – 0850</td>
<td><strong>Acute Coronary Syndromes</strong></td>
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<tr>
<td>Iqbal Bata, MD</td>
<td><strong>Acute STEMI – Management in the 1st Hour</strong></td>
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<tr>
<td>0850 – 0910</td>
<td><strong>Optimal Timing for Intervention in ACS – Who and When?</strong></td>
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<tr>
<td>Lyall Higginson, MD</td>
<td><strong>Current Anti-Platelet and Anti-Thrombotic Strategies in ACS</strong></td>
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<tr>
<td>0930 – 0950</td>
<td><strong>Management of Stable CAD – Who Needs a Cardiac Catheterization in 2009?</strong></td>
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<tr>
<td>Blair O’Neill, MD</td>
<td><strong>CT Angiography – What is the REAL Clinical Value?</strong></td>
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<tr>
<td>0950 – 1010</td>
<td><strong>PVD: How Many Patients Did You Miss This Week?</strong></td>
</tr>
<tr>
<td>Davinder Jassal, MD</td>
<td><strong>Management of Stable CAD – Who Needs a Cardiac Catheterization in 2009?</strong></td>
</tr>
<tr>
<td>1010 – 1030</td>
<td><strong>Current Anti-Platelet and Anti-Thrombotic Strategies in ACS</strong></td>
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<tr>
<td>Victor Huckell, MD</td>
<td><strong>CT Angiography – What is the REAL Clinical Value?</strong></td>
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<td>1030 – 1110</td>
<td>Nutrition Break - Please visit our exhibitors in the Light Court.</td>
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<td>Time</td>
<td>Speaker</td>
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<tr>
<td>1110 – 1130</td>
<td>Atul Verma, MD</td>
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<td>1130 – 1150</td>
<td>Christopher Simpson, MD</td>
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<td>1150 – 1210</td>
<td>Robert S Stevenson, MD</td>
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<td>1210 – 1230</td>
<td>Jean-Claude Tardif, MD</td>
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<tr>
<td>1230 – 1255</td>
<td>David H Fitchett, MD</td>
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<tr>
<td>1255 – 1325</td>
<td>Milan Gupta, MD</td>
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<tr>
<td>1325 – 1340</td>
<td>David Bewick, MD</td>
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<td>1340 – 1345</td>
<td>David Bewick, MD</td>
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### Echocardiography Workshop
Saturday, September 19, 2009
Saint John Regional Hospital – Multipurpose Room, Level 5D
Moderator: Michel D’Astous, MD

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<tr>
<td>0815 – 0830</td>
<td>Welcome and Introduction</td>
</tr>
</tbody>
</table>
| 0830 – 0850| **Assessment of the Tricuspid Valve**
Ian Burwash, MD
The echocardiographic assessment of the tricuspid valve is often performed in a limited manner because tricuspid disease is not considered as a potential source of symptoms, and the impact of tricuspid disease on patient prognosis is underappreciated. This session will review the echocardiographic evaluation of the tricuspid valve, common tricuspid valve abnormalities encountered in clinical practice and the techniques that can be used to quantitate disease severity. |
| 0850 – 0910| Practical Measurements of Diastolic Function
Paul Mears, MD
Diastolic function plays an important role in diagnosing and managing patients with a variety of clinical problems. A practical approach to the assessment of diastolic function in health and disease will be reviewed along with useful tips when diastolic parameters don’t agree. |
| 0910 – 0930| Pitfalls in the Quantification of Mitral Regurgitation
Robert Stewart, MD
Doppler echocardiography is the premier modality for assessing the severity of valvular regurgitation. This review will outline the technical aspects of the common methods used in quantifying mitral valve regurgitation and their limitations along with some of the “pitfalls” when calculating the degree of mitral regurgitation. |
| 0930 – 1030| Sonographers “Boot Camp:” Getting an Accurate Report for the Cardiologist!
Terri Potts, RDCS
A practical approach to accurate measurements of wall thickness, chamber sizes and doppler echocardiography in the “difficult to image patient” can be challenging. This review will discuss some of the “pearls and pitfalls” encountered in a busy echo lab. |
| 1030 – 1110| Nutrition Break - Please visit our exhibitors in the Light Court.         |
| 1110 – 1230| Work Stations
Terri Potts, RDCS
Francine Tardif, Clinical Applications Specialist
The practical application of utilizing various techniques to obtain the optimal echo exam will be illustrated with a “hands on” approach using selected patients. This session will be interactive and echo machines will be “on site” to highlight sonographic techniques utilized in a busy echo lab. The assessment of severe mitral regurgitation and approach to the patient with congenital heart disease will be incorporated at “work stations.” |
## Electrocardiography Workshop

Saturday, September 19, 2009
Saint John Regional Hospital – Amphitheatre, Level 5D
Moderator: Satish Toal, MD

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</table>
| 0830 – 1000 | ECG Workshop  
Analyzing tachyarrhythmias and bradyarrhythmias from the 12-Lead ECG can be challenging. This workshop will highlight pertinent features along with useful and practical “tips” to arrive at a correct electrocardiographic diagnosis. |
Faculty

Stephen L Archer, MD, FACC, FRCPC
Harold Hines Jr Professor of Medicine
Chief, Section of Cardiology
University of Chicago Medical Center
Chicago, Illinois

Colin Barry, MD, FRCPC, FACC
Internal Medicine, Interventional Cardiology
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Certified Device Specialist, Heart Rhythm Society
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Faculty

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Director Cardiac Rehab. (Primary & Secondary Prevention) CDHA
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Cardiologist, QEII Health Sciences Centre, Halifax, Nova Scotia

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Coordinator

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Julie Vicente, RTNM, RDCS
Cardiac Sonographer
Department of Electrodiagnostics
Saint John Regional Hospital
Saint John, New Brunswick

Keith Wilson, BA, MD, PhD, CCFP
Family Medicine
St. Joseph’s Community Health Centre
Saint John, New Brunswick
ACCOMMODATIONS

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

By August 21, 2009:
(Ask for NB Heart Centre /Heart Symposium block.)
Downtown/Harbour View: $129.00 + taxes
Junior Suite $164.00 + taxes
Club Floor: $179.00 + taxes

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

By August 19, 2009:
(Ask for NB Heart Centre Symposium block.)
Rooms: $139.00 + taxes

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

By August 19, 2009:
(Ask for NB Heart Centre Symposium block.)
Rooms: $109.00 + taxes
(includes breakfast)

Please use the shuttle service.
Parking is severely restricted at the Hospital due to construction.
Check hotel/hospital lobbies for schedule updates.

<table>
<thead>
<tr>
<th>Thursday</th>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>0700 – 0845</td>
<td>Hilton/Holiday Inn</td>
<td>Regional Hospital</td>
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<tr>
<td>1115 – 1330</td>
<td>Regional Hospital</td>
<td>Hilton/Holiday Inn and return</td>
</tr>
<tr>
<td>1500 – 1700</td>
<td>Regional Hospital</td>
<td>Hilton/Holiday Inn</td>
</tr>
<tr>
<td>1700 – 1815</td>
<td>Holiday Inn Express</td>
<td>Trade &amp; Convention Centre</td>
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<tr>
<td>2130 – 2300</td>
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<tr>
<td>0700 – 0900</td>
<td>Hilton/Holiday Inn</td>
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<tr>
<td>1030 – 1430</td>
<td>Regional Hospital</td>
<td>Hilton/Holiday Inn</td>
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</tbody>
</table>
Space for all sessions is limited, so register early!

☐ Dr  ☐ Mr  ☐ Ms  ☐ Mrs  ☐ Prof

First Name ________________________ Last Name ________________________  
Organization ________________________  Dept ________________________
Street Address ________________________
City ___________________________ Province ______ Postal Code ____________
Telephone ________________________ Fax ________________________ Email ________________________

Please check for CME Credit:  
☐ Royal College of Physicians and Surgeons  ☐ Canadian Society of Diagnostic Sonographers  
☐ College of Family Physicians of Canada  Cardup #: __________ ARDMS #: __________  
☐ Other:

REGISTRATION FEES

- The following registration fees include all program materials, refreshments during conference breaks and lunch during the all-day sessions. Thursday and Friday evenings’ sessions will include complimentary suppers.
- Pre-registrations will be accepted via fax (506)648-7778, mail or drop off until September 15. (Please mail payment prior to September 15 to reserve your seat.) A $50.00 fee will be charged for cancellations.
- Cheques should be made payable to the NB Heart Centre Symposium. We are unable to accept credit/debit card payments.

MAIL REGISTRATION FOR AND FEE TO:

Judy Melanson, Symposium Coordinator  
New Brunswick Heart Centre  
Saint John Regional Hospital  
PO Box 2100  Saint John, NB  E2L 4L2

<table>
<thead>
<tr>
<th>On or Before Sept 15:</th>
<th>3 Days</th>
<th>2 Days</th>
<th>1 Day</th>
<th>Partial Day</th>
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<tr>
<td>(After Sept 15 please add $25.00.)</td>
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<tr>
<td>MD</td>
<td>$325</td>
<td>$275</td>
<td>$150</td>
<td>$75</td>
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<tr>
<td>RN/Tech/Other</td>
<td>$200</td>
<td>$150</td>
<td>$75</td>
<td>$50</td>
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Please reserve your seat at one or more of the session(s) you wish to attend by checking the applicable box(es):

<table>
<thead>
<tr>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
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<tbody>
<tr>
<td>Thursday, September 17</td>
<td></td>
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</tr>
<tr>
<td>☐ 0830 to 1200 (Partial Day) Device/Arrhythmia Workshop</td>
<td>☐ 1300 to 1600 (Partial Day) Stress Echocardiography</td>
<td>☐ 1715 to 2100 Challenges in Clinical Cardiology</td>
</tr>
<tr>
<td>Concurrent sessions: choose one only</td>
<td>☐ 1230 to 1600 (Partial Day) Cardiovascular Nursing</td>
<td>Registration fee is complimentary for participants of the daytime sessions. Spouse/guest $50.00</td>
</tr>
<tr>
<td>☐ 1200 to 1630 (Partial Day) Atlantic Cardiac Rehab/Cardiac Rehab NB Luncheon Meeting</td>
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Friday, September 18                           |
| ☐ 0830 to 1600 (Full Day) Current Concepts in Echocardiography | ☐ 1820 to 1945 NB Heart Centre Symposium Gala: Canadian Pioneers |
| ☐ 0830 to 1200 (Partial Day) Primary Prevention in Cardiovascular Disorders | ☐ 1300 to 1600 (Partial Day) Office-Based Cardiology |
| Concurrent sessions: choose one only             | ☐ 1300 to 1600 (Partial Day) Resident Trainee Session |
| ☐ 1300 to 1600 (Partial Day) | Resident Trainee Session |
| ☐ 1300 to 1600 (Partial Day) Cardiovascular Rehabilitation |

Saturday, September 19                           |
| ☐ 0830 to 1345 (Partial Day) Current Perspectives in Cardiovascular Disease |
| ☐ 0830 to 1200 (Partial Day) Echocardiography Workshop |
| Concurrent sessions: choose one only             |
| ☐ 0830 to 1000 (Partial Day) Electrocardiography Workshop |
Attention All Symposium Registrants!

Have Your Lipid Profile and Cardiac Risk Assessment Done!

Available
September 18 & 19, 2009
8am – 4pm

No need to register!

In the Electrodiagnostics Department
Saint John Regional Hospital

Supported by an unrestricted educational grant through AstraZeneca Canada
The New Brunswick Heart Centre gratefully acknowledges the unrestricted educational grants provided for the support of this conference by the following companies:

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