20TH ANNUAL CARDIOVASCULAR SYMPOSIUM

NEW BRUNSWICK HEART CENTRE
CENTRE CARDIAQUE DU NOUVEAU BRUNSWICK

Current Perspectives in Cardiovascular Disease
September 16 - 18, 2010
Saint John, New Brunswick
New Brunswick Heart Centre
Cardiovascular Symposium

A Message from the Chairman

The New Brunswick Heart Centre’s Twentieth Annual Cardiovascular Symposium will be held September 16 - 18, 2010 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 with atrial fibrillation and congestive heart failure. These sessions are intended for cardiologists, internists, cardiac surgeons and other allied health care personnel, offering an integrative approach to commonly encountered clinical 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 Blair O’Neill, President elect of the Canadian Cardiovascular Society, will share his perspectives of the “next 10 years” and then our featured guest, Stephen Lewis, will offer an enlightening and inspiring insight on the challenges in delivering quality health care in the future.

Saturday’s plenary program is co-sponsored with the Canadian Cardiovascular Society and will review clinically relevant cardiovascular topics, providing the participants with the latest trends in diagnosing and managing patients with heart disease. The final session of the day will highlight major advances in cardiology which will have a significant impact on clinical practice in 2010. 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
New Brunswick Heart Centre
20th Annual Symposium
Current Perspectives in Cardiovascular Disease

Through participation in the NB Heart Centre’s 20th 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.

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 20.5 credits by the

Canadian Cardiovascular Society

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

Thursday, September 16, 2010

All Day
Cardiovascular Health, Wellness and Rehabilitation

Morning
Device/Arrhythmia Workshop

Afternoon
Cardiovascular Nursing
Stress Echocardiography Workshop

Evening
Challenges in Clinical Cardiology

Friday, September 17, 2010

All Day
Current Concepts in Echocardiography

Morning
Primary Prevention

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

Evening
NB Heart Centre Gala Evening

Saturday, September 18, 2010

All Day
Current Perspectives in Cardiovascular Disease

Morning
Echocardiography Workshop
Electrocardiography Workshop
**Device/Arrhythmia Workshop**

**Thursday morning, September 16, 2010**

Saint John Regional Hospital – Amphitheatre, Level 1D

**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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</table>
| 0830 – 0900| **Sean Connors, MD**  
ICD’s: Common Complications and Management  
ICD’s can save lives by treating malignant ventricular arrhythmias. However, the devices are not without risks which can vary from minor (i.e. advisory warnings) to serious (i.e. inappropriate shocks). The most relevant potential complications of ICD’s will be reviewed. |
| 0900 – 0930| **Martin Green, MD**  
Diagnosis and Management of the “Wide QRS” Tachycardia  
Wide complex tachycardia can be very serious when the rhythm is ventricular tachycardia, but not every wide complex tachycardia is VT. Accurate and rapid diagnosis of the ECG is critical. This review will highlight helpful “tips” and practical algorithms to making a correct diagnosis of a wide complex tachycardia. |
| 0930 – 1000| **Andrew Krahn, MD**  
Risk Assessment in the Young Adult With A Family History of Sudden Cardiac Death  
Having a close family member die suddenly and unexpectedly is a horrific event, and family members will naturally want to know if they are at risk. The presenter will discuss some of the more common genetic disorders that are associated with sudden cardiac arrest (SCA) and review the approach to screening families along with the current role of genetic testing. |
| 1000 – 1030| Nutrition Break – Please visit our exhibitors in the Light Court.        |

**Case-Based Approach to Clinical Challenges in Daily Practice**

**Moderator:** Sean Connors, MD

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<thead>
<tr>
<th>Time</th>
<th>Case</th>
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<tbody>
<tr>
<td>1030 – 1045</td>
<td>70 Year Old Male with Symptomatic Bradycardia (EF 40%) in Need of a Pacemaker</td>
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<tr>
<td>1045 – 1100</td>
<td>Mildly Symptomatic 45 Year Old with Dilated Cardiomyopathy (EF 30%) &amp; a LBBB</td>
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<tr>
<td>1100 – 1115</td>
<td>The Patient with Recurrent Vasovagal Syncope</td>
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<tr>
<td>1115 – 1130</td>
<td>Patient with Syncope and a LBBB</td>
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<tr>
<td>1130 – 1145</td>
<td>The Athlete with Palpitations</td>
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<tr>
<td>1145 – 1200</td>
<td>Patient with Refractory Ventricular Fibrillation</td>
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<tr>
<td>1200 – 1300</td>
<td>Lunch – Please visit our exhibitors in the Light Court.</td>
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Please note that 25% question/answer time is included in each presentation time allotment.

This session is not accredited by the College of Family Physicians of Canada.
# Stress Echo Workshop

Thursday afternoon, September 16, 2010  
Saint John Regional Hospital – Amphitheatre Level 1D  
Moderator: David Bewick, MD

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<tr>
<td>1230 – 1300</td>
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## Utility of Stress Echo in Valvular Heart Disease

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<tr>
<th>Time</th>
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| 1300 – 1320 | **New Concepts in Low Flow, Low Gradient Aortic Stenosis with LV Dysfunction**  
Ian Burwash, MD  
Aortic valve replacement improves symptoms and long-term survival in symptomatic severe aortic stenosis. However, the benefits of valve replacement are less certain in patients with low gradient severe aortic stenosis with left ventricular dysfunction. Distinguishing true from pseudo-severe aortic stenosis, and evaluating contractile reserve, are important factors in determining which patients are likely to benefit from valve replacement. This session will review the role of dobutamine stress echocardiography in clinical decision making in this challenging subset of patients. |
| 1320 – 1340 | **The Role of Stress Echo in Severe Asymptomatic Mitral Regurgitation**  
Dr. Philippe Pibarot, MD  
There is currently a debate regarding the most appropriate therapeutic strategy, (i.e. prophylactic surgery versus watchful waiting), that should be applied in patients with asymptomatic severe mitral regurgitation. There are 3 critical questions that need to be answered in order to select the right strategy for the right patient:  
1) Is this really severe MR?  
2) Is this really an asymptomatic patient?  
3) Is LV systolic function really normal?  
Exercise stress echocardiography will help the cardiologist to answer these important questions. |

## Utility of Stress Echo in Clinical Cardiology

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| 1340 – 1400 | **Challenging Cases in Stress Echo**  
Howard Leong-Poi, MD  
This presentation will review challenging case studies in stress echocardiography, highlighting some of the challenges, pitfalls and utility of stress echo in the clinical management of patients with chest pain and other cardiac conditions. Case presentations will include correlations to other cardiac testing, cardiac catheterization and, when possible, surgical findings supported by current evidence and literature. |
| 1400 – 1420 | **The Stress Test – Is it Becoming Obsolete?**  
David Bewick, MD  
Exercise treadmill testing plays an integral role in the evaluation of chest pain. However, on occasion, the stress test is entirely “negative” but the patient is subsequently found to have hemodynamically significant coronary artery disease. The role of stress echo, its indications in this clinical situation and identifying high risk patients who may benefit from coronary angiography will be discussed. |
| 1420 – 1440 | Nutrition Break – Please visit our exhibitors in the Light Court. |

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<th>Time</th>
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| 1440 – 1600 | **Case Presentations**  
David Bewick, MD  
Michel D’Astous, MD  
Gregory Searles, MD  
Sarah Ramer, MD  
Adam Clarke, MD  
Robert Stevenson, MD  
The utility of stress echo in clinical cardiology will be reviewed in a case based format. |

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

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This session is not accredited by the College of Family Physicians of Canada.
**Cardiovascular Nursing**  
Thursday afternoon, September 16, 2010  
Saint John Regional Hospital – Amphitheatre, Level 5D

A “Snapshot” of a patient’s journey  
to and through the New Brunswick Heart Centre

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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 – 1310</td>
<td>Making the List: Patient triage at the NB Heart Centre</td>
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<tr>
<td>1310 – 1345</td>
<td>Triage system and transportation plan by Ambulance New Brunswick</td>
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<tr>
<td>1345 – 1415</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
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<tr>
<td>1415 – 1500</td>
<td>What happens to the patient when they arrive in the Cardiac Cath Lab, different scenarios that can arise, reasons for medical therapy vs. PCI, and post-cath complications will be discussed.</td>
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<tr>
<td>1500 – 1545</td>
<td>Who makes a good candidate for heart surgery? A walk through the surgery itself, review of post-op complications, and an introduction to transcatheter aortic valve implantation</td>
</tr>
<tr>
<td>1545 – 1600</td>
<td>Summary and Evaluations</td>
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</table>
## Cardiovascular Health, Wellness and Rehabilitation

**Thursday, September 16, 2010**  
Saint John Regional Hospital – Classroom, Level 5D  
Moderator: Cleo Cyr, RN

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<tr>
<td>0730 – 0900</td>
<td><strong>Registration – Level 1, Amphitheatre</strong></td>
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<tr>
<td>0900 – 1200</td>
<td><strong>“Hands-On” Interactive Case Study Workshops</strong></td>
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| 0900 – 0945 | Kristal Kiland, Exercise Physiologist  
Writing Exercise Prescriptions: From Basic to Advanced! |
| 1000 – 1045 | Dean Snow, PhD  
Using the HADS: The Ins and Outs of Screening for Anxiety and Depression |
| 1100 – 1145 | Stephen Mundle, PT  
The 6-Minute Walk Test: See One - Do One - Teach One! |

### Learning Track 1

#### 1000 – 1200

**Heart Failure Workshop – Cardiac Rehab Conference Room, Level 5A North**  
**Managing Heart Failure Patients: Case Studies & More**  
Each 20 minute presentation will highlight specific case studies of interest and include how the patient was managed

- Jane Boyd-Aucoin, RN: Heart Function Clinics: An overview of routine care
- Caroline Jennings, RN: The Patient with an LVAD: Our Experience
- Jennifer Nouwens, RN  
  Krisan Palmer, RN: Managing a HF Patient Using Telehealth: STARTEL
- Rhonda Locsin, RN: Helping a Heart Failure Patient Quit Smoking

#### 1200 – 1300

**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.

#### 1300 – 1415

**Sharing the Wealth: A Learning Synopsis!**  
This practical session will invite participants to share what they are doing in their centres with respect to novel initiatives, wait times, automatic referral, telemetry tips and Wii fitness! The pearls and pitfalls of hospital and community based cardiac rehabilitation will also be highlighted.

#### 1415 – 1445

Nutrition Break and 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).

This year’s meeting agenda will include a review of the “Professional Cardiac Rehabilitation Tutorial” and a presentation on NBHC Wait Time/Access/Automatic Referral.
**Challenges in Clinical Cardiology**

Thursday evening, September 16, 2010
Saint John Trade & Convention Centre, Market Square
Chair: David Bewick, MD

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<tr>
<td>1715 – 1825</td>
<td><strong>Dinner – Saint John Trade &amp; Convention Centre</strong></td>
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<tr>
<td>1825 – 1830</td>
<td><strong>Welcome and Introduction</strong></td>
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<tr>
<td>1830 – 1850</td>
<td><strong>Why Is the Management of Atrial Fibrillation in 2010 “So Difficult”?</strong> Moderator – John Sapp, MD</td>
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</tbody>
</table>
| 1850 – 1910 | 1. Maintaining sinus rhythm with an antiarrhythmic agent  
|            | 2. Reducing cardioembolic risk  
|            | 3. Role of ablation                        |
| 1910 – 1930 | John Sapp, MD 55 year old male with “lone” AF and recurrent ER visits |
| 1930 – 1950 | Martin Green, MD 70 year old female with stable CAD, EF 45% and recurrent AF post cardioversion |
| 1950 – 1980 | Satish Toal, MD 51 year old female with “successful” ablation but returns one year later with atrial fibrillation |
| 1950 – 2010 | Martin Gardner, MD “Personal Perspective:” The contemporary role of ablation in the management of atrial fibrillation 2010 |
| 2010 – 2050 | **Management Issues In Advanced Heart Failure** Moderator – David Bewick, MD |
| 2050 – 2115 | **“State of Art:” The Contemporary Management of Heart Failure in 2010** The management of congestive heart failure has seen remarkable advances in the last two decades. However, the complexity of the patient with multiple comorbid illnesses, available pharmacological therapies and devices makes the day-to-day treatment of advanced heart failure challenging. This review will discuss new developments in acute decompensated heart failure, chronic heart failure, devices and current role of surgery in the contemporary management of heart failure in 2010. |
| 2115 – 2155 | **Panel Discussion/Questions and Answers**   |

This session is made possible in part by unrestricted educational grants from Merck Frosst Canada, Boehringer Ingelheim and Sanofi-Aventis/Bristol Myers Squibb.

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# Current Concepts in Echocardiography

Friday, September 17, 2010  
Saint John Regional Hospital – Amphitheatre, Level 5D  
Chairman: David Bewick, MD

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<tr>
<td>0730 – 0830</td>
<td><strong>Registration – Level 1, Amphitheatre</strong></td>
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<tr>
<td><strong>0830 – 0900</strong></td>
<td><strong>Providing An Accurate Echo Report</strong></td>
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| Lawrence Rudski, MD | **Accurately Reporting on the Right Ventricle in 2010: Practical Guidelines to Follow (“Finally”)**  
Assessment of right ventricular size and function by echocardiography can be very important, but challenging in the management of patients with heart disease. The systematic approach to the assessment of the right ventricle will be reviewed. |
| **0900 – 0930** | **Conflicting Calculations of the “Ejection Fraction:” “What Should I Report”?**  
There are a multitude of methodologies available to estimate ejection fraction, and some labs will report several of them in each report. When there are significant discrepancies between measurements, the astute echocardiographer needs to be able to tell which assessments are most reliable and why. All of the major techniques will be discussed, along with the strengths and weaknesses of each. |
| Davinder Jassal, MD | **Conflicting Diastolic Parameters – “Resolving” the Discrepancies in the 2D and Doppler exam**  
The assessment of diastolic function is routinely performed in the echo lab. However, not infrequently, discordant information is noted with tissue doppler, LV inflow and pulsed doppler of the pulmonary vein flow. In addition, regional wall motion abnormalities, arrhythmias such as atrial fibrillation, ventricular ectopy, sinus tachycardia and a pacemaker rhythm can present technical challenges. This review will discuss how to resolve contradictory diastolic information, in order to perform accurate, practical diastolic evaluations using echocardiography. |
| **1000 – 1030** |  
**Nutrition Break – Please visit our exhibitors in the Light Court.** |
| **1030 – 1100** | **Conflicting “Numbers” in the Assessment of Aortic Valve Disease: “Tips” to Avoid Common Errors**  
The contemporary echo lab is now expected to provide clinicians with accurate hemodynamic information on native and prosthetic aortic valves. However, discordant and inaccurate information may arise in performing a hemodynamic profile. This review will highlight common errors and technical challenges when measuring stroke volume, LVOT dimension, and peak gradients; and how to avoid common errors in these routine measurements. |
| Ian Burwash, MD | **Conflicting Results in Quantifying “Severe” Mitral Regurgitation: “Putting it all Together”**  
Accurate assessment of the severity of mitral regurgitation is one of the most important uses of echocardiography, yet it can be challenging. The various qualitative and quantitative methods for assessing MR severity will be discussed, with an emphasis on optimal and accurate measurements and how to practically incorporate all the available data. |
| **1100 – 1130** |  
**The Normal “Abnormalities” On the Echo Exam**  
As echo technology improves, one is able to identify structures that may look unusual but are actually just normal variants. It is crucial not to “over-diagnose” patients with such findings. Some of the more common varieties of these “non-abnormalities” will be reviewed. |

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<tr>
<td>1200 – 1300</td>
<td>Lunch</td>
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<tr>
<td>1300 – 1320</td>
<td><strong>Philippe Pibarot, MD</strong>&lt;br&gt;<strong>Echocardiographic Characteristics of Low Gradient Severe Aortic Stenosis with Normal Ejection Fraction</strong>&lt;br&gt;Patients with severe aortic stenosis and preserved LV ejection fraction may nonetheless present with a low transvalvular gradient, which may lead to an underestimation of disease severity and thus inappropriate delay of surgery. It is important to recognize this important clinical entity so we do not deny surgery to a symptomatic patient with a small aortic valve area and low gradient. This presentation will describe the features of this &quot;paradoxical low flow, low gradient AS&quot; entity and will demonstrate how to make the differential diagnosis with other situations leading to discordant echo findings, the first one being measurement errors.</td>
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<td>1320 – 1400</td>
<td><strong>Howard Leong Poi, MD</strong>&lt;br&gt;<strong>Constriction Versus Restriction – The Echocardiographic Parameters You Should Know</strong>&lt;br&gt;The evaluation of a patient with an elevated JVP, cardiomegaly and normal left ventricular function can be challenging. The echocardiographic features of a pericardial effusion, constrictive and effusive pericardial disease and restrictive cardiomyopathy will be reviewed.</td>
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<tr>
<td>1400 – 1440</td>
<td><strong>Anthony Sanfilippo, MD</strong>&lt;br&gt;<strong>Sarah Ramer, MD</strong>&lt;br&gt;<strong>Robert Stevenson, MD</strong>&lt;br&gt;<strong>Howard Leong Poi, MD</strong>&lt;br&gt;<strong>Case Presentations - “Cases to Remember”</strong></td>
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<tr>
<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>Ian Burwash, MD</strong>&lt;br&gt;<strong>Hisham Dokainish, MD</strong>&lt;br&gt;<strong>Michel D’Astous, MD</strong>&lt;br&gt;<strong>Geoffrey Douglas, MD</strong>&lt;br&gt;<strong>Kwan-Leung Chan, MD</strong>&lt;br&gt;<strong>Case Presentations - “Cases to Remember”</strong></td>
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### Primary Prevention

Friday morning, September 17, 2010  
Saint John Regional Hospital – Amphitheatre, Level 1D

**“Healthy Aging:” Looking To the Future**

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<tr>
<td><strong>Session I</strong></td>
<td>Moderator: Catherine Kells, MD</td>
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| 0830 – 0900 | Jacques Genest, MD  
Practical Application of the NEW Cholesterol Guidelines  
The concepts of “residual risk”, (high ratio with low LDL, low HDL, high triglycerides and high CRP on a statin) will be discussed. In addition, an approach to “Low Risk” short term (i.e. 10 yr. risk) but “High Risk” lifetime (i.e. identifying CAD risk in the Framingham “low risk” 30-year old) will be reviewed. |
| 0900 – 0930 | Norman Campbell, MD  
The Contemporary Evaluation of “Blood Pressure” in 2010  
The increased utility of BP TRU and home monitoring of BP measurements to guide therapy is generally accepted. However questions remain, including what is the evidence for using “Out-of-Office” BP measurements to guide treatment? The role of “stress-induced” hypertension and risk of not treating “White Coat Hypertension will be reviewed.” |
| 0930 – 1000 | Simon Jackson, MD  
Risk Assessment and Primary Prevention: A Case-Based Approach  
a) Short Term Versus Lifetime Risk  
30 year old non-smoking active male with a strong family history of premature CAD and LDL 4.8 mmol with ratio of 6  
b) Low Risk Versus Intermediate Risk – Role of CRP in 2010  
60 year old female marathon runner with dyslipidemia and a high hsCRP  
c) Management of the “Healthy Elderly” (>80 Years Old): When Do Treatment Risks Outweigh the Benefits?  
87 year old active male with office BP 188/68 mm Hg, but home BP 128/66 mm Hg and LDL 4.2 mmol presents for his “yearly check-up” before going to Florida for the winter (doesn’t believe in smoking, drinking or pills) |
| 1000 – 1030 | Nutrition Break – Please visit our exhibitors in the Light Court.       |

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<tr>
<td>1030 – 1100</td>
<td>Gary Costain, MD</td>
<td>Controversies in Diabetes Management</td>
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<td>A. How <strong>Good</strong> Are the Current Diagnostic and Monitoring Criteria in Diabetes?</td>
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<td>What is the role of HbA1c, fasting blood glucose and an oral glucose tolerance test in 2010?</td>
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<td>B. Who <strong>Benefits</strong> from “Tight” Glycemic Control?</td>
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<td>1100 – 1120</td>
<td>Paul Oh, MD</td>
<td>Motivating the “Unmotivated”</td>
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<td>My 40 Year Old “Very High Risk” asymptomatic patient who can’t (or won’t) listen to my advice – What Do I Do??</td>
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<td>1120 – 1140</td>
<td>Paul MacDonald, MD</td>
<td>Vitamins, Supplements and CVD: Panacea or Placebo</td>
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<td>The role of a multi-vitamin {once a day or none a day}, fish oils, anti-oxidants, folate, B12,Vitamin D, chocolate and red wine will be reviewed and practical evidence based recommendations will be reviewed.</td>
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<td>Diffuse vascular disease is, in part, a manifestation of endothelial dysfunction. Inappropriate activation of the renin - angiotensin aldosterone system (RAAS) can compromise the protective properties of the largest organ in the body – the endothelium. We can now modify the RAAS at multiple branch points. We will discuss and explore the clinical implications of RAAS blockade by currently available medications alone or in combination.</td>
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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 3.0 **Mainpro-M1** credits.
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<tr>
<td>1300 – 1320</td>
<td><strong>My Patient Had One Brief Episode of Atrial Fibrillation: Office Management</strong>&lt;br&gt;What are the risk factors for recurrence after an isolated episode of atrial fibrillation? Who does NOT need Warfarin?</td>
<td>Martin Gardner, MD</td>
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<tr>
<td>1320 – 1340</td>
<td><strong>Managing My Elderly Patient with Dyspnea and Peripheral Edema, Normal Systolic Function and A Very High BNP Level</strong>&lt;br&gt;The natriuretic peptides BNP and NT-proBNP have become important and clinically useful biomarkers of left ventricular wall stress, elevated LV filling pressures, and clinical decompensation of heart failure independent of measurements of LV function. As patients (especially the elderly with a history of hypertension and some other disorders) have stiff hearts that do not relax normally, BNP can be elevated and may assist in diagnosing heart failure as opposed to other causes of dyspnea. We will discuss the advantages and limitations of NP measurements in different patient types and clinical presentations.</td>
<td>Malcolm Arnold, MD</td>
</tr>
<tr>
<td>1340 – 1400</td>
<td><strong>Potentially “Bad” Drug Interactions You Should Know In Your CV Patient</strong>&lt;br&gt;The use of NSAID's/Cox 2 Inhibitors with Aspirin, interaction of PPI's and Clopidogrel and electrolyte disturbances/renal dysfunction with ACEI/ARB will be reviewed.</td>
<td>Iqbal Bata, MD</td>
</tr>
<tr>
<td>1400 – 1420</td>
<td><strong>My Patient With A DVT/Pulmonary Embolus</strong>&lt;br&gt;The current investigation and treatment of thromboembolic disease, safety of outpatient low molecular weight heparin and the duration of oral anticoagulant therapy will be reviewed.</td>
<td>David Anderson, MD</td>
</tr>
<tr>
<td>1420 – 1440</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
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</tr>
<tr>
<td>1440 – 1500</td>
<td><strong>Management of Uncontrolled Hypertension in My 50 Year Old Patient On A Diuretic, Calcium Blocker and ACE1: Now What?</strong>&lt;br&gt;Reassessment of my patient for the common and reversible causes of resistant hypertension before adding a 4th antihypertensive agent will be discussed along with applying the revised CHEP guidelines to a practical and clinical context.</td>
<td>Patrick Bergin, MD</td>
</tr>
<tr>
<td>1500 – 1520</td>
<td><strong>Diagnosis and Management of TIA/Stroke in “The First 24 Hours”</strong>&lt;br&gt;Prompt triage, investigation and treatment of TIA is critical in order to reduce the risk of progressing to a disabling or life-threatening stroke. A practical approach to the patient with a new diagnosis of TIA will be discussed.</td>
<td>Gregg MacLean, MD</td>
</tr>
<tr>
<td>1520 – 1540</td>
<td><strong>Current Status of CT Coronary Angiography in 2010</strong>&lt;br&gt;CT coronary angiography is an increasingly available option for diagnosing the presence or absence of coronary artery disease. What is the current indication for the use of this test? What is the radiation risk to the patient?</td>
<td>Davinder Jassal, MD</td>
</tr>
<tr>
<td>1540 – 1600</td>
<td><strong>CV Surgery: “Looking to the Future”</strong>&lt;br&gt;What’s New and Coming? A review of minimally invasive techniques, percutaneous valves, MAZE procedure and other innovative technologies in cardiovascular surgery will be discussed.</td>
<td>Marc Pelletier, MD, Ansar Hassan, MD</td>
</tr>
</tbody>
</table>

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

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 3.0 Mainpro-M1 credits.
# NB Heart Resident Trainee Session

**Friday, September 17, 2010**  
Saint John Regional Hospital – NBHC Conference Room, Level 3C  
Moderator: Colin Barry, MD

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>1230 – 1300</td>
<td>Registration – Level 1, Amphitheatre</td>
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<tr>
<td>1300 – 1305</td>
<td>Introduction</td>
<td>Colin Barry, MD</td>
</tr>
<tr>
<td>1305 – 1325</td>
<td>All You Need To Know About STEMI in 20 Minutes (Or Less)</td>
<td>Colin Barry, MD</td>
</tr>
<tr>
<td>1325 – 1345</td>
<td>The Importance of Physical Examination in Clinical Cardiology</td>
<td>Simon Jackson, MD</td>
</tr>
<tr>
<td>1345 – 1405</td>
<td>Invasive Monitoring In The ICU – Lines, Tubes and Catheters</td>
<td>Peter West, MD</td>
</tr>
<tr>
<td>1405 – 1435</td>
<td>On Call Arrhythmias – How to Keep Your Patient Alive in the Middle of the Night</td>
<td>John Sapp, MD</td>
</tr>
<tr>
<td>1435 – 1500</td>
<td>Nutrition Break – Please visit our exhibitors in the Light Court.</td>
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</tr>
<tr>
<td>1500 – 1540</td>
<td>Is a Career in Academic Medicine Right for Me?</td>
<td>Mahesh Raju, MD and Nicholas Giacomantonio, MD</td>
</tr>
<tr>
<td>1540 – 1600</td>
<td>Financial Planning 101 For The New Graduate</td>
<td>Robert Manning, BBA</td>
</tr>
</tbody>
</table>

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

This session is made possible by an unrestricted educational grant from Servier Canada.
# Cardiovascular Health, Wellness and Rehabilitation

**Friday Afternoon, September 17, 2010**  
**Saint John Regional Hospital – Classroom, Level 5D**  
**Moderator: Cleo Cyr, RN**

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1230 – 1300</td>
<td><strong>Registration – Level 1, Amphitheatre</strong></td>
</tr>
</tbody>
</table>
| 1300 – 1330 | **High Risk Cardiac Patients: When Is It Safe To Exercise in the Community?**  
  Nicholas Giacomantonio, MD |
  Designed for patients who are high risk without cardiovascular disease (CVD) and for those with CVD but low risk for event with exercise, this session will address the issue of prescribing exercise without stress tests in community based cardiac rehab settings. |
| 1330 – 1400 | **Automatic Referral for ACS Patients: The Mazankowski Experience!**  
  Lisa Sorenson, RN |
  Timely access to cardiac rehab is an identified component in the Canadian Heart Health Strategy and Action Plan. This session will highlight one health care institution’s success with automatic referral to CR programs. |
| 1400 – 1430 | **Nutrition Break – Please visit our exhibitors in the Light Court.**     |
| 1430 – 1510 | **The Pearls and Pitfalls of Integrating Stroke Patients into Cardiac Rehab Programs**  
  Paul Oh, MD |
  This session will highlight innovations used and lessons learned at Toronto Rehab related to integrating those experiencing cerebrovascular accidents into traditional and non-traditional CR programs. |
| 1510 – 1540 | **ACSM & CSEP Certification? What Are the Differences and What Should Our “Gold Standard” Be?**  
  Kristal Kiland, Exercise Physiologist |
  Confused about the differences in certifications? This session will provide a summary of similarities and differences between two outstanding certifications. |
| 1540 – 1600 | **Discussion, Evaluation & Conclusion**                                   |

This session is not accredited by the College of Family Physicians of Canada.
# NB Heart Centre Symposium Gala Evening

**“Canadian Pioneers”**  
Friday evening, September 17, 2010  
Saint John Trade & Convention Centre, Market Square  
Chair: David Bewick, MD

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>1800 – 1830</td>
<td><strong>Cash Bar &amp; Seating</strong></td>
</tr>
</tbody>
</table>
| 1830 – 1835 | **Welcome and Introduction**  
David Bewick, MD  
Please take a seat, relax and enjoy the presentations. During the sessions, dinner will be served to your table. |
| 1835 – 1900 | **Appetizer**                                                          |
| 1900 – 1915 | **The Next 10 Years of Cardiology**  
Blair O’Neill, MD  
Vice-President, Canadian Cardiovascular Society  
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**                                                     |
| 2010 – 2015 | **Introduction of Guest Speaker**  
David Bewick, MD |
| 2015 – 2115 | **Public Health Care: Under Siege in Canada and Abroad**  
Stephen Lewis  
Globalization has succeeded in compromising the health sector in Canada and throughout the world, affecting both industrial and developing countries. If the principles of public health are to be rescued in the world, radical changes will be required. |
| 2115 | **Thank You & Conclusion**                                             |

*This session is made possible by an unrestricted educational grant from AstraZeneca Canada.*

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This session is not accredited by the College of Family Physicians of Canada.
# Current Perspectives in Cardiovascular Disease

Saturday, September 18, 2010  
Saint John Regional Hospital – Amphitheatre, Level 1D  
Chairman: David Bewick, MD

<table>
<thead>
<tr>
<th>Time</th>
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<tbody>
<tr>
<td>0730 – 0815</td>
<td>Registration – Level 1, Amphitheatre</td>
</tr>
<tr>
<td>0810 – 0815</td>
<td>Introduction</td>
</tr>
<tr>
<td><strong>Learning Track 1:</strong> Acute Coronary Syndromes</td>
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<tr>
<td>0815 – 0835</td>
<td>J Michel LeMay, MD</td>
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<tr>
<td></td>
<td><strong>Primary PCI and Pharmacoinvasive Strategies for a Regional STEMI Program</strong></td>
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<td>In centres without local access to cardiac catheterization, the appropriate selection of patients for early transfer is critical. Several programs and protocols have been initiated in Canada to deal with this issue, and experiences with these systems will be discussed.</td>
</tr>
<tr>
<td>0835 – 0855</td>
<td>Christopher Buller, MD</td>
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<td></td>
<td><strong>Should All Patients with ACS Have Coronary Angiography in 2010?</strong></td>
</tr>
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<td>Cardiac catheterization has become an “expected” part of the management of most patients with acute coronary syndromes. Can <em>any</em> patient be managed medically in 2010 without a coronary angiogram or revascularization? What is the optimal timing of an intervention?</td>
</tr>
<tr>
<td>0855 – 0915</td>
<td>Michael Love, MD</td>
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<tr>
<td></td>
<td><strong>Current Anti-Platelet and Anti-Thrombotic Strategies in ACS: What Drugs &amp; When?</strong></td>
</tr>
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<td>Early use of appropriate anti-platelet and anti-thrombotic therapy can help stabilize patients with acute coronary syndrome, help improve the procedural success during PCI, and reduce the risk of recurrent MI and ischemia after discharge. Contemporary therapy will be discussed, including a discussion of existing protocols in the Atlantic Provinces as well as a brief discussion on new agents that are soon to be available.</td>
</tr>
<tr>
<td>0915 – 0940</td>
<td>Paul Armstrong, MD</td>
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<td><strong>Clinician’s Personal Perspective and Practice</strong></td>
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<td>A practical “personal perspective” on the contemporary management of my patient with stable coronary artery disease will be reviewed.</td>
</tr>
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| **Learning Track 2:** Management of Stable Coronary Artery Disease |
| 0940 – 1010 | Blair O’Neill, MD                                                   |
|              | **Can Patients With Stable CAD Be Safely Treated Without Coronary Angiography?** |
|              | How does one identify a “low risk” patient group? Does the extent of ischemia, severity of symptoms or degree of impaired LV function dictate management? A practical approach to this common clinical scenario will be reviewed. |
| 1010 – 1030 | Catherine Kells, MD                                                 |
|              | **Challenges in Antiplatelet Therapy**                             |
|              | This review will discuss both the strategy and duration of dual antiplatelet therapy in patients with stable coronary disease who have undergone coronary stenting. In addition, the controversy of a potential deleterious interaction of PPI’s and Clopidogrel and the subset of patients requiring anticoagulant therapy who undergo a PCI with subsequent exposure to the “triple threat” of ASA, Clopidogrel and Warfarin will be discussed. |
| 1030 – 1045 | Paul Armstrong, MD                                                  |
|              | **Clinician’s Personal Perspective and Practice**                   |
|              | A practical “personal perspective” on the contemporary management of my patient with stable coronary artery disease will be reviewed. |
| 1045 – 1110 | Nutrition Break - Please visit our exhibitors in the Light Court.   |
### Learning Track 3: Controversies and Debates in Cardiology

**Moderator:** Simon Jackson, MD

<table>
<thead>
<tr>
<th>Time</th>
<th>Presenter, MD</th>
<th>Topic</th>
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</thead>
<tbody>
<tr>
<td>1110 – 1130</td>
<td>Milan Gupta</td>
<td><strong>Controversies in Lipid Management</strong>&lt;br&gt;The new guidelines in the management of dyslipidemia recommend aiming for an LDL &lt; 2.0 or 50% reduction. What are the implications and practical applications of this new recommendation and how it changes one’s current practice will be reviewed. In addition, the current management of “residual risk” (low HDL, high ratio with low LDL and hypertriglyceridemia) will be discussed.</td>
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<tr>
<td>1130 – 1150</td>
<td>Peter Liu</td>
<td><strong>The Role of Targeted Based Therapies – Innocent Bystander or “Cause and Effect?”</strong>&lt;br&gt;Should the physician use a specific laboratory value or the patient’s clinical status to dictate management strategies? The evidence supporting targeted based therapies for two commonly used biomarkers (BNP and CRP) will be reviewed.</td>
</tr>
<tr>
<td>1150 – 1210</td>
<td>Norman Campbell</td>
<td><strong>Investigation and Management of “Resistant Hypertension”</strong>&lt;br&gt;How does one define “drug failure” in this relatively common scenario? A practical approach towards screening investigations and management will be reviewed. In addition, with current effective medical therapies available, is there still a future role for the diagnosis and treatment of renal artery stenosis in 2010?</td>
</tr>
<tr>
<td>1210 – 1230</td>
<td>Andrew Pipe</td>
<td><strong>Confronting the Tsunami: Obesity and Physical Inactivity in Canada</strong>&lt;br&gt;Confronting the epidemic of obesity and inactivity will be an important challenge for all health professionals in the decades ahead. Lessons from the past can inform and influence the approaches of the future. The understanding and advocacy of health professionals will be central to success in this area.</td>
</tr>
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</table>

### Learning Track 4: Comprehensive Management of Atrial Fibrillation in 2010

**Moderator:** David Bewick, MD

<table>
<thead>
<tr>
<th>Time</th>
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<th>Topic</th>
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<tbody>
<tr>
<td>1230 – 1250</td>
<td>L. Brent Mitchell</td>
<td><strong>Atrial Fibrillation: Revisiting Rhythm Control (“Again”): Will Dronedarone Become “First Line” Treatment?</strong>&lt;br&gt;The debate about the best strategy for managing patients with atrial fibrillation continues, and a new agent, dronedarone, has cardiologists again revisiting this long-standing debate. How does one utilize this new pharmacological therapy in the management of patients with atrial fibrillation in 2010?</td>
</tr>
<tr>
<td>1250 – 1310</td>
<td>Victor Huckell</td>
<td><strong>New Approaches to Stroke Reduction – Drugs, Devices or Both?</strong>&lt;br&gt;Atrial fibrillation is one of the common causes of ischemic stroke caused by cerebrovascular embolic events. We will discuss how to risk stratify patients with AF and then review new concepts of rate versus rhythm control. High risk patients need protection against embolism – can this be done with devices or should we use oral anticoagulants? We will discuss a possible alternative to vitamin K antagonists for stroke prevention in non-valvular AF.</td>
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### Learning Track 5: Landmark Trials in 2010

**Moderator:** David Bewick, MD

<table>
<thead>
<tr>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>1310 – 1350</td>
<td>Milan Gupta</td>
<td><strong>High-Impact Trials in 2010: How My Practise Will Change</strong>&lt;br&gt;Pertinent clinical trials in 2010 will be reviewed with particular attention to impact on the practice of clinical cardiology.</td>
</tr>
<tr>
<td>1350 – 1405</td>
<td>David Bewick</td>
<td><strong>Questions and Answers/Closing Remarks</strong></td>
</tr>
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</table>

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### Echocardiography Workshop

**Saturday, September 18, 2010**  
Saint John Regional Hospital – Amphitheatre, Level 5D  
**Moderator:** Gregory Searles, MD

<table>
<thead>
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<tr>
<td>0730 – 0815</td>
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<tr>
<td>0815 – 0830</td>
<td>Welcome and Introduction</td>
</tr>
<tr>
<td>0830 – 0900</td>
<td>Utility of 3D Echo</td>
</tr>
<tr>
<td>0900 – 0930</td>
<td>Accurate Assessment of the Prosthetic Aortic Valve</td>
</tr>
<tr>
<td>0930 – 1030</td>
<td>Sonographers “Boot Camp” 2</td>
</tr>
<tr>
<td>1030 – 1100</td>
<td>Nutrition Break - Please visit our exhibitors in the Light Court.</td>
</tr>
<tr>
<td>1100 – 1200</td>
<td>Concurrent Hands-On Demonstrations</td>
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<td></td>
<td>Cafeteria Conference Room A/B, Level 2B</td>
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</table>

- **Utility of 3D Echo**  
  3D echo is an exciting and evolving technology that promises to change the way we look at cardiac structures and function. In the past, widespread adoption of this technology has been limited by practicality issues, hardware limitations and training. Evolving technological advances has allowed 3D echo to approach mainstream use and there is a sense of anticipation this imaging modality will become more clinically relevant. The current and future uses of 3D echo will be discussed.

- **Accurate Assessment of the Prosthetic Aortic Valve**  
  Assessment of prosthetic aortic valve function is both challenging and important. Small errors in measurements can lead to large errors in calculated valve areas and assessment of valvular insufficiency is often challenging. The speaker will present a practical approach to achieving consistent measurements, gradients and valve areas from bioprosthetic and mechanical valves in the aortic position, as well as tips on assessment for aortic regurgitation.

- **Sonographers “Boot Camp” 2**  
  Conducting a proper and careful echo study requires an organized assessment, particularly in patients with unusual or complex deformities. A “no-nonsense” approach to any patient, no matter how complicated, will be discussed and demonstrated.

Please note that 25% question/answer time is included in each lecture/presentation time allotment.
**Electrocardiography Workshop**

Saturday, September 18, 2010  
Saint John Regional Hospital – Classroom, Level 5D

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<tr>
<td>0730 – 0830</td>
<td><strong>Registration – Level 1, Amphitheatre</strong></td>
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</table>
| 0830 – 1000 | This workshop will review a practical approach to interpretation of the electrocardiogram. The format will consist of numerous ECGs being presented to highlight common arrhythmias and its utility in the evaluation of chest pain, hypertension and electrolyte disturbances in addition to other cardiovascular disorders. | David Marr, MD  
Satish Toal, MD |
**Faculty**

David R. Anderson, MD, FRCP
Head, Division of Hematology
Deputy Head, Department of Medicine, Capital Health and Dalhousie University

Paul W. Armstrong, MD
Distinguished University Professor
Director, Canadian VIGOUR Centre
Department of Medicine (Cardiology)
University of Alberta

Malcolm Arnold, MD, FRCP, FRCPC, FACC, FACP
Professor of Medicine, Physiology and Pharmacology
Research Director, Division of Cardiology
University of Western Ontario
Program Leader, Circulation Group, Lawson Health Research Institute
Chair, Canadian Heart Failure Network

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President CCSNS (HeartLand Tour/HeartSafe Communities)
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Provincial Advisor Cardiac Wellness & Rehabilitation
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Sydney, Nova Scotia

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Dalhousie University

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McGill/Novartis Chair in Medicine
Director, Division of Cardiology
McGill University Health Centre
Royal Victoria Hospital

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Faculty

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Ottawa, Ontario

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Assistant Professor of Medicine, University of Toronto
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Saint John, New Brunswick

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IWK Grace Health Centre for Children, Women & Families
Professor of Medicine
Dalhousie University

Kristal Kiland, BPAS, MKin, ACSM
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Special Projects Coordinator
Canadian Association of Cardiac Rehabilitation
Calgary, Alberta

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London Health Sciences Centre
London, Ontario

J Michel R LeMay, MD, FRCP(C), FACC
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Director, STEMI Regional Program
The University of Ottawa Heart Institute
Ottawa, Ontario

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St Michael’s Hospital Toronto, Ontario

Peter P. Liu, MD, FRCPC
Heart and Stroke/Polo Chair Professor
University of Toronto
Toronto General Hospital/UHN
Scientific Director
CIHR, Institute of Circulatory and Respiratory Health

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Heart Function Clinic
Smoking Cessation Clinic
Research Coordinator
New Brunswick Heart Centre
Horizon Health Network, Zone 2
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Halifax, Nova Scotia

June MacDonald, RN, CCN(C)
Access Coordination
New Brunswick Heart Centre
Horizon Health Network, Zone 2
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Saint John, New Brunswick

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Canada Research Chair in Valvular Heart Diseases
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Québec, Québec

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Chief, Division of Prevention and Rehabilitation
University of Ottawa Heart Institute

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Saint John Regional Hospital  
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Saint John Regional Hospital  
Saint John, New Brunswick

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Electrodiagnostics Services/Respiratory Therapy  
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New Brunswick Regional Health Authority B  
New Brunswick Heart Centre  
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Memorial University

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Saint John Regional Hospital  
Saint John, New Brunswick

Keith Wilson, BA, MD, PhD, CCFP  
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Horizon Health Network, Zone 2  
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

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

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

**By August 20, 2010:**
(Ask for NB Heart Centre Cardiovascular Symposium block.)

Downtown/ Harbour View:
$129.00 + taxes
Junior Suite $164.00 + taxes
Club Floor: $179.00 + taxes

**By August 15, 2010:**
(Ask for block booking #004453.)

Rooms: $114.99 + taxes
Double occupancy (includes breakfast)

**By September 1, 2010:**
(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.*

### Thursday:

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

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<td>Hilton/Holiday Inn/ Château SJ</td>
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### Saturday:

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<th>To</th>
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<tr>
<td>0700 – 0930</td>
<td>Hilton/Holiday Inn/ Château SJ</td>
<td>Regional Hospital</td>
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<tr>
<td>1100 – 1500</td>
<td>Regional Hospital</td>
<td>Hilton/Holiday Inn/ Château SJ</td>
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</table>
Space for all sessions is limited, so register early!

THURSDAY, SEPTEMBER 16

**Full Day Session**
- 0900 to 1630 Cardiovascular Health, Wellness and Rehabilitation

**Partial Day Sessions**
- 0830 to 1200 Device/Arrhythmia Workshop

**Concurrent sessions – choose one only:**
- 1300 to 1600 Stress Echo Workshop
- 1230 to 1600 Cardiovascular Nursing
- 1715 to 2115 Challenges in Clinical Cardiology - Registration fee is complimentary for participants of the daytime sessions. Spouse/Guest $50.00

FRIDAY, SEPTEMBER 17

**Full Day Session**
- 0830 to 1600 Current Concepts in Echocardiography

**Partial Day Sessions**
- 0830 to 1200 Primary Prevention

**Concurrent sessions – choose one only:**
- 1300 to 1600 Office-Based Cardiology
- 1300 to 1600 NB Heart Resident Trainee Session
- 1300 to 1600 Cardiac Health, Wellness and Rehabilitation
- 1820 to 1945 NB Heart Centre Symposium Gala - Registration fee is complimentary for participants of the daytime sessions. Spouse/Guest $50.00

SATURDAY, SEPTEMBER 18

**Full Day Session**
- 0830 to 1345 Current Perspectives in Cardiovascular Disease

**Partial Day Sessions**

**Concurrent sessions – choose one only:**
- 0830 to 1200 Echocardiography Workshop
- 0830 to 1000 Electrocardiography Workshop

**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 supper.

Please reserve my seat for:

<table>
<thead>
<tr>
<th>FEES</th>
<th>Amount</th>
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<tr>
<td>3 Full Days</td>
<td>MD $350 Other $225 $</td>
</tr>
<tr>
<td>2 Full Days</td>
<td>MD $300 Other $175 $</td>
</tr>
<tr>
<td>1 Full Day</td>
<td>MD $175 Other $100 $</td>
</tr>
<tr>
<td>____ Partial Day(s)</td>
<td>MD $100 Other $75 $</td>
</tr>
</tbody>
</table>

**EARLY REGISTRATION DISCOUNT**
(for registrations received by SEPTEMBER 9)
- $25.00

**Total registration fees:**

Cheques should be made payable to the NB Heart Centre Symposium. We are unable to accept credit/debit card payments.

MAIL THIS FORM WITH YOUR FEE TO:

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

If for any reason you have to cancel, your registration fee will be refunded minus a $50 processing fee.

Pre-Registrations Will Be Accepted Up To September 10 Via Fax (506)648-7778 or Mail. Registrations during the conference will be accepted September 16, 17 and 18 at the registration desk, Level 1 Amphitheatre, Saint John Regional Hospital (depending on available seating).

□ Dr □ Mr □ Ms □ Mrs □ Prof

First Name __________________________________________ Last Name __________________________________________

Organization __________________________________________ Dept ________________________________

Street Address ________________________________________________________________________________________________

City ______________________________________ Prov _________ Postal Code ______________________________________

Telephone ________________________ Fax __________________________ Email ______________________________________

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

Confirmation of educational credit hours will be distributed via mail four to six weeks after the symposium.
Attention All Symposium Registrants!

Have Your Lipid Profile and Cardiac Risk Assessment Done!

Available
September 17 & 18, 2010
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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