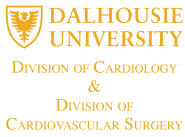




**Atlantic Canada
Cardiovascular Conference 2024**



AGENDA 2024

Friday, June 7

Sir Charles Tupper Building Dalhousie Campus Theatre B

08:00 - 08:15	Welcome and Program Objectives	Simon Jackson
	<p>EP controversies: How to manage common clinical problems Our speakers have been chosen to address EP scenarios with new and evolving treatment paradigms, some based on new evidence, others on emerging opinions as to best practice. The questions posed are relevant to your daily practice.</p>	Moderator 1 Moderator 2
08:15 - 8:35	<p>A device (phone, Kardia Mobile, Fitbit, or Pacemaker) detects a “few minutes” of atrial fibrillation. What should you do? You review the strips confirm it is AF. The patient may or may not have had symptoms. This increasingly common clinical scenario has had some recent clinical trial data shed some light on the most appropriate treatment strategy regarding the risks/benefits for treatment with OAC. What should you do when faced with this scenario?</p>	Presenter (20 minutes)
08:35 - 08:45	Audience Discussion	Group (10 minutes)
08:45 - 09:15	<p>Early AF in an otherwise well patient. What is the most appropriate strategy in 2024? Since AFFIRM, we have accepted that asymptomatic or minimally symptomatic AF should have appropriate stroke prevention, and largely we should accept the AF if the patient is “well”. Recent guidelines and thought leaders have questioned this approach, emphasizing earlier “rhythm control” strategies with medications or ablation. Why has this change occurred, and does the evidence support earlier intervention? If yes, what is the best anti-arrhythmic medication strategy? Do we really need more capacity for AF ablation or is the historic conservative ablation strategy best for our patients?</p>	Presenter (30 minutes)
09:15 - 09:30	Audience Discussion	Group (15 minutes)

09:30 - 09:50	<p>PVC's: Revisiting what we were taught?</p> <p>Benign PVC's occasionally wreak havoc on quality of life. You are sure the PVC's are benign (and lets remember how we do this), but the patient remains miserable with symptoms What should you do next? Do beta or calcium channel blockers ever work? When should you reach for an anti-arrhythmic? What about ablation? Our presenter will review a practical approach to this common clinical scenario.</p>	Presenter (20 minutes)
09:50 - 10:00	Audience Discussion	Group (10 minutes)
10:00 - 10:30	Refreshment Break	
	<p>Rapidly changing treatments in CV disease: What you should know now!</p> <p>Most change in clinical medicine is slow. Some new treatments rapidly explode and change our practice patterns rapidly. Will these treatments impact what you do now?</p>	Moderator 1 Moderator 2
10:30 - 11:00	<p>Obesity: A treatment target for all cardiovascular specialists?</p> <p>Your post ACS/new AF/new CHF patient has a BMI of 45. CV disease is therefore established. What is the current data to support weight reduction medications to reduce recurrent CV outcomes in patients with established cardiac disease? What data will be forthcoming. Is this a repeat of the statin story, with obesity management becoming the "new statin" for CV disease prevention?</p>	Presenter (30 minutes)
11:00 - 11:15	Audience Discussion	Group (15 minutes)
11:15 - 11:35	<p>HCM revisited one year post Mavacamtam: What is our early experience?</p> <p>This new therapeutic agent has had a great deal of publicity in the HCM world. We have had only early experience thus far in Canada. What are our early learnings? Dr. Moeller will follow up on his "how this works" presentation from 2023, to present clinical cases outlining some success and concerns, to help guide how we can effectively use and illustrate where to avoid mavacamtam in 2024.</p>	Presenter (20 minutes)
11:35 - 11:45	Audience Discussion	Group (10 minutes)
11:45 - 12:05	<p>Transcatheter Mitral Valve replacement: What should know now?</p> <p>Percutaneous replacement of the mitral valve is an evolving procedure, currently limited to very high risk cases where open surgery is not available, and in very specific clinical situations. Where dose this procedure fit at present? Do you have patients who may benefit? Dr. El-Khateeb will briefly overview the technique, but focus his presentation on what patients may be considered for this intervention.</p>	Presenter (20 minutes)
12:05 - 12:15	Audience Discussion	Group (10 minutes)
12:15 - 13:00	Lunch Break	

Controversies and Conundrums:

How do we make the best clinical decisions with uncertain, conflicting and changing evidence.

Moderator 1
Moderator 2

13:00 - 13:20

Plain old-fashioned stress testing for chest pain belongs in a museum not the hospital, or so Dr. Ratushny claims!

What do you think? Is there incremental value to an EST in the evaluation of a patient with chest pain that may be ischemic? Should we just do a CTA, or start first with a stress imaging study of some type? How do we deal with the reality of limited access for more specialized diagnostic procedures. Our speakers will debate the merits of abandoning the EST or not, and summarize with a practical solution for our ACCC participants

Presenter
(20 minutes)

13:20 - 13:30

Audience Discussion

Group (10 minutes)

13:30 - 14:00

Early shock: When is best to call for help?

Is the term early shock clinically useful, or a oxymoron? Patients with chronic HFrEF and ACS develop shock. Like Goldilocks, it seems when you call it is either too early or too late, but never "just the right time" for transfer. How can we systematically approach this problem? Two shock experts will provide their NS and NB perspective as to appropriate timing for transfer and discuss how we can best collaboratively support in this time of crisis.

Presenter
(30 minutes)

14:00 - 14:10

Audience Discussion

Group (10 minutes)

14:10 - 14:30

Navigating revascularization strategies for severe LV dysfunction: a real clinical conundrum. The rationale for another STITCH trial, and best practice until results are available.

There continues to be uncertainty regarding the value of viability imaging in patients with LV dysfunction and CAD. Wide practice variation exists, with proponents and antagonists arguing for/against determining if the heart is alive, before undertaking surgical or percutaneous revascularization. STITCH 3 is enrolling to address this question. What is current best practice?

Presenter
(20 minutes)

14:30 - 14:40

Audience Discussion

Group (10 minutes)

14:40 - 15:00

Refreshment Break

Heart Failure: Practice updates

Moderator 1
Moderator 2

15:00 - 15:20

HFpEF: What is gold standard treatment in 2024?

Our speaker will review the current diagnostic criteria for a firm diagnosis of HFpEF (and how to identify its mimics) and then review current best practice in evidence based pharmacologic treatment.

Presenter
(20 minutes)

15:20 - 15:30

Audience Discussion

Group (10 minutes)

15:30 - 15:50	<p>HFrEF and AF: where does ablation fit in 2024?</p> <p>Are we convinced there is a population of patients with HFrEF who benefit with AF ablation? What, if anything does the CASTLE Heart Transplant study add to this controversy. Can we identify a group who may benefit? We will hear an EP assessment of whom the ideal patient may be.</p>	Presenter (20 minutes)
15:50 - 16:00	Audience Discussion	Group (10 minutes)
16:00- 16:15	Meeting Close & Evaluations	Simon Jackson