Atlantic Canada Cardiovascular Conference

DALHOUSIE UNIVERSITY
DIVISION OF CARDIOLOGY

ACS Atlantic Cardiovascular Society

AGENDA 2025

Friday, June 6, 2025

Sir Charles Tupper Building: Dalhousie Campus:Theater B

• Overall Program Learning Objectives •

Enhance clinical judgment and individualized patient care by engaging in case-based discussions and audience dialogues addressing real-world challenges in cardiology, with particular emphasis on emerging technologies, risk stratification, and treatment personalization.

Critically evaluate and apply current evidence and guideline-based strategies to optimize the diagnosis, management, and therapeutic decision-making across key cardiovascular domains including pharmacotherapy, electrophysiology, intervention, and imaging.

8:00 AM - 8:15 AM	Welcome and Program Objectives	Simon Jackson
Pharmacotherapy		
8:15 AM - 8:35 AM	**What is the natural history of provoked atrial fibrillation? Who needs long term OAC?** "How do we define "provoked" atrial fibrillation? AF post open heart surgery complicates about 30-40 percent of patients, and we do not suggest long term oral anticoagulation. How do we determine when it is safe not to start long term OAC after an episode of AF? Do we have any good data to support our decision making? This practical review will address the challenging clinical conundrum of identifying provoked AF, and what to do when you find it.	David Lee
8:35 AM - 8:45 AM	**Audience Discussion**	**Group**

8:45 AM - 9:05 AM	**DAPT duration post ACS - where are we in 2025** DAPT duration poses clinical problems. What if there is lots of bruising, nose bleeds, recurrent GI bleeding, or the patient needs a procedure? What is the minimum duration for current generation of stents? What factors make you reluctant to stop earlier? Who should still have long term DAPT? Additionally, a recent BMJ article highlights ongoing controversy regarding the PLATO trial which has called into question the role of ticagrelor. Our presenter will provide a practical overview of DAPT duration and how to address the common clinical problems that occur.	Wael Sumaya
9:05 AM - 9:15 AM	**Audience Discussion**	**Group**
9:15 AM - 9:35 AM	**Beta-blocker therapy in CAD without HFrEF** Beta blockade (BB) in CAD has been considered gold standard for the prevention of cardiac complications post MI for decade. What was the evidence for this recommendation? How did BB change risk post MI in the 1970-80's? How impactful is this therapy in the current era? New data has created controversy in the routine use of BB post ACS with a preserved EF. What is the clinician to practically do? Our presenter will review the historic data and apply new studies to provide a reasonable plan for action.	Simon Jackson
9:35 AM - 9:45 AM	**Audience Discussion**	**Group**
9:45 AM - 10:15 AM	**Refreshment Break**	

Electrophysiology

10:15 AM - 10:35 AM	**VT ablation for all? Patient selection for referral** VT ablation is a complex procedure used selectively as part of the treatment of recurrent (or first line) VT events. Halifax is fortunate to have world leading expertise in this area. Dr. Sapp will review new data which helps to refine when VT ablation could be considered and advise you which patients should be referred for consideration.	John Sapp
10:35 AM - 10:45 AM	**Audience Discussion**	**Group**
10:45 AM - 11:05 AM	**Anti-arrhythmic therapy for troublesome AFib: - patient and drug selection, expected outcomes and adverse effects.** Clinical data and clinical guidelines have questioned the wisdom of accepting AF, debating if patients are truly asymptomatic, and worrying about the long term sequelae of permanent AF. Selective patients are highly symptomatic with paroxysmal AF. The net result is a trend to consider increased use of anti-arrhythmic drug (AAD) therapy. What drugs should we use or avoid in which patients? What should we tell patients about adverse impact and counselling them as to drug therapy	Ciorsti MacIntyre

	"success"? This practical perspective will guide your clinical decision making when using AAD treatment for the treatment of AF.	
11:05 AM - 11:15 AM	**Audience Discussion**	**Group**
11:15 AM - 11:35 PM	**What is new in the world of pacing, and why is there so much change?** Pacemaker technology is evolving. Leadless, dual chamber leadless, His bundle and left bundle area pacing is being done with increasing frequency. What is the evidence that these new technologies are better, and in what clinical circumstances should a new device be strongly considered? Our presenter will review current state of the art for novel pacing strategies, complications, and provide a list of your "must know" if follow up of the devices will be provided locally.	Tom Basso
11:35 PM - 11:45 PM	**Audience Discussion**	**Group**
11:45 PM - 1:00 PM	**Lunch Break**	

Intervention

1:00 PM - 1:30 PM	**Hello, SENIOR-RITA! Do all elderly patients presenting with a NSTEMI require an early invasive approach?** Evidence from RCT completed about 25 years ago demonstrated the advantages of early intervention in the management of NSTEMI. Many elderly patients seen today would not have been included. Our diagnostic criteria have evolved, with small troponin rises defining many ACS events. Is there value in routine "cath for all" in the elderly, or can a traditional risk stratification approach be safely adopted? The Senior-RITA trial sheds light on this complex question.	Ata ur Rehman Quraishi
1:30 PM - 1:40 PM	**Audience Discussion**	**Group**
1:40 PM - 2:00 PM	**Breaking Boundaries: Expanding Indications of TAVR for Asymptomatic Aortic Stenosis** Clinical decision making with severe asymptomatic AS has been reviewed on several occasions in this forum. Prior discussions were based on retrospective series, and clinical opinions. New data regarding the use of TAVR in severe asymptomatic has been presented, with some controversy regarding how the results should be clinically interpreted. Our speaker with review current data, and provide recommendations for the management of patients with severe asymptomatic AS.	Osama Elkhateeb
2:00 PM - 2:10 PM	**Audience Discussion**	**Group**
2:10 PM - 2:30 PM	**Left atrial appendage closure: who should be referred?** Left atrial appendage percutaneous closure technology has	Nicolas Berbenetz

	evolved. Healthy debate exists as to where this technology should be applied, and the magnitude of its benefit. Surgical LAA exclusion has been subjected to RCT evaluation at the time of planned cardiac surgery. Very few percutaneous procedures have been done at the QEII. It is unclear why there appear to be very few patients referred. Our presenter will review the data from the large surgical trial, and update recent developments in percutaneous closure, summarizing where we feel this technology fits in current practice in Atlantic Canada.	
2:30 PM - 2:40 PM	**Audience Discussion**	**Group**
2:40 PM - 3:00 PM	**Refreshment Break**	

Clinical Scenarios

3:30 PM - 3:20 PM	**My patient's echo shows a 4.4 cm aorta: What should you do?** This common clinical scenario leads to patient, referring and consulting MD distress. What is the appropriate next step? How does age, gender, and patient size influence your decision making? What is the appropriate follow up? Our presenter will provide a practical overview to help you manage this common clinical situation.	Gabbie Horne
3:20 PM - 3:30 PM	**Audience Discussion**	**Group**
3:30 PM - 3:50 PM	**How do we improve timely imaging of non-ischemic CMP when a "unique" cause is suspected – How to get what test when?** Your patient has new HFrEF or new HFpEF and a thick heart. The coronaries are normal. You wonder about "other causes". What work up is required? What specialized tests are "must have" versus "would be nice"? How can we get these investigations (specialized imaging, biopsy, or genetic testing) done in a reasonable timeline? Our presenter will share a practical approach to defining patients that require specialized testing and suggest an effective method to access these investigations in a reasonable timeline.	Andrew Moeller
3:50 PM - 4:00 PM	**Audience Discussion**	**Group**
4:00 PM - 4:15 PM	**Meeting Close & Evaluations**	Simon Jackson

DALHOUSIE UNIVERSITY
FACULTY OF MEDICINE
Continuing Professional Development

Educationally approved by Dalhousie University Continuing Professional Development and Medical Education.

This activity is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, and approved by Dalhousie University Continuing Professional Development and Medical Education. You may claim a maximum of 5.75 hours (credits are automatically calculated).

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