Atlantic Canada
Cardiovascular Conference

DALHOUSIE UNIVERSITY
DIVISION OF CARDIOLOGY

ACS Atlantic Cardiovascular Society

2026 Atlantic Canada Cardiovascular Conference

Friday, June 5 & Saturday, June 6, 2026

Kenneth C. Rowe Management Building, Dalhousie University, 6100 University Avenue

08:00 - 08:15	**Introductions and Meeting Objectives**	***Simon Jackson and Sarah Ramer***
08:15 - 08:35	**Conduction system pacing: ready for prime time?** Left bundle area pacing is the current iteration of conduction system pacing strategies. The ability to recruit the intrinsic electrical system to mimic normal conduction is appealing on many fronts. The procedure is not widely available and remains relatively "new". Who should receive this pacing technique? How do we select patients appropriately, and who needs inpatient referral to the QEII to receive this procedure? What is the evidence that LBA pacing is better in the long term, and are there specific complications we should anticipate? May this become a replacement for CRT?	***Ratika Parkash***
08:35 - 08:45	**Audience Question Period**	
08:45 - 09:05	**ALONE in the OCEAN: do all patients post AF ablation still need long term OAC?** Recent studies have suggested that long term OAC may be selectively discontinued in patients post OAC, with much press surrounding the results. What is a clinician to do when faced with a patient asking to stop OAC post ablation? If the ablation was for only atrial flutter, is the answer any different? Do they need antiplatelet therapy? Does the new discontinuation data further advance the request for ablation with asymptomatic well tolerated AF?	***Amir Abdelwahab***
09:05 - 09:15	**Audience Question Period**	
09:15 - 09:35	**Is Plavix (clopidogrel) the "Smart choice" for all patients with vascular disease requiring platelet monotherapy?** For decades, ASA has been the default antiplatelet in patients with vascular disease. Recent data (Smart choice 3) builds on a	***Zardasht Oqab***

	story that monotherapy with clopidogrel may offer advantages over ASA monotherapy. What is the science behind this potential change? What should you do now for patients in need of tantiplatelet therapy?	
09:35 - 09:45	**Audience Question Period**	
09:45 - 10:15	**Break**	
10:15 - 10:35	**The ROSS procedure for aortic stenosis: an update of patient selection, long term expected outcomes, and clinical follow up.** TAVI has refocused our attention on aortic stenosis and moved treatment to earlier intervention at the time of recognition of severe AS, often in an asymptomatic patient. Most of these individuals are > 65, and the lifelong sequelae of valve surgery is different that the prospect of replacing an AV in a much younger patient. What is the optimal surgical treatment for severe AV disease in the young (<50, less than 60?). David Horne is a local champion for selective use of the ROSS procedure, with a recent uptick in patients undergoing a ROSS. Where does this operation fit in the surgical management of AV disease? What are the short- and long-term complications? How does it compare with mechanical AVR? Who are the ideal patients and how can we ensure this procedure if offered?	***David Horne***
10:35 - 10:45	**Audience Question Period**	
10:45 - 11.05	**TAVI follow up: what needs to be done?** Patients post TAVI are seen once in clinic, then return to the primary referring MD for follow up. What specific conditions should be concerned about? What is HALT? How much of a gradient post procedure warrants repeat review by the TAVI team? What about antiplatelet or OAC treatment is no gradient, a modest gradient of an increasing gradient? SBE prophylaxis? What work up is required if the patient is no better post procedure?	***TBD***
11:05 - 11:15	**Audience Question Period**	
11:15 – 11:45	**POTS: What should the internist or cardiologist know?** Patients referred for or suffering from POTS are challenging referrals for many cardiologists. Do you understand the disease, how to make a diagnosis, and what can we do to help this patient population? Dr. Ratushny has a special interest in POTS and will share practical approach, outlining clinical diagnosis, investigations and a strategy to minimize symptoms and suffering	***Jeff Ratushny***
11:45 - 11:55	**Audience Question Period**	
11:55 - 13:00	**Lunch**	
13:00 - 13:20	**Cardiogenic shock in the community: identification, management, and deciding who (not) to send for consideration of Cath or MCS.** The focus of contemporary shock presentations is identification of patients for mechanical circulatory support (MCS) and implementation of these therapies. Managing a patient with	***Andrew Caddell***

	presumed cardiogenic shock in a tertiary center but without a Cath lab is challenging and often complicated by uncertainty as to etiology of shock in medically complex patients, and potential for salvage. How can we better support referring centers manage and stabilize patients while final decisions regarding transfer are made? Should this involve repeated reassessments with frequent "back and forth" calls? What vasoactive agents in what order should be used? What about the subgroup post prolonged arrest? The goal of the presentation is to help referring centers manage the "too sick or not sick enough yet" patient population locally, with ongoing support and transfer as needed.	
13:20-13:30	**Audience Question Period**	
13:30 - 13:50	**When to suspect, and how to work up constrictive pericarditis.** Pericardial constriction is uncommon and can be clinically difficult to identify. In this review, Dr. Ramer will update on the clinical conditions where constriction should be considered, and specific clues that should point to the diagnosis. While most patients should be considered for surgical intervention, there may be a subset of patients with "early disease" mimicking constriction that can be trialed with medical therapy.	***Sarah Ramer***
13:50-14:00	**Audience Question Period**	
14:00 - 14:40	**Heart failure with nonreduced ejection fraction in 2026: Beyond SGLT2i: integrating GLP-1's, MRAs and weight reduction** This presentation will look critically in the therapeutic interventions shown to be of value in patients with heart failure with nonreduced ejection fraction, highlighting recent evidence, and integrating new information in our CCS guidelines. A brief update on appropriate patient identification, and initial work up will be followed by careful overview of therapies we should consider in this common patient population.	***Kim Anderson***
14:40 - 14:50	**Audience Question Period**	
14:50 - 15:10	**Break**	
15:10 - 15:30	**Minimally invasive MV repair: a surgical overview. (20 min)** Dr Ribeiro is a new cardiac surgery with specific training in minimally invasive surgical procedures. With support from cardiology, CV surgery and nursing he is creating capacity for minimally invasive MV interventions, ideal for patients with structurally abnormal MV's. Who are the correct patients? How care we access this procedure? What are the advantages compared with conventional surgical intervention?	***Roberto Ribeiro***
15:30 - 15:40	**Audience Question Period**	
15:40 - 16:00	**Mitra Clip: patient identification, procedural concerns and long-term outcome.** Mitra-clip is available in Halifax for suitable patients with severe MR. Patient volumes remain modest. Is it possible we are missing patients who may benefit from this procedure? How can you identify patients who may be eligible, and what needs to be done	***Osama ElKhateeb***

	before and after referral for assessment of potential percutaneous MV intervention? Looking forward, how might this change as percutaneous MV implants become more prevalent.	
16:00 - 16:10	**Audience Question Period**	
16:10 - 16:15	**Meeting Close & Evaluation**	***Simon Jackson and Sarah Ramar***

ACCC ECHO Symposium, Saturday, June 6, 2026

8:00 - 8:10	**Welcome and program objectives**	***Robbie Stewart***
When Echo Measurements are Wrong: Challenging Valvular Assessments		
8:10-8:30	**How to assess LVOT obstruction** With growing use of new therapy for LVOT obstruction in hypertrophic cardiomyopathy, we are seeing more echo requests for these patients with an accurate assessment critical for guiding therapy. But determining the degree of LVOT can be more difficult than the textbooks suggest. This presentation will provide tips for evaluation of SAM and LVOT obstruction when assessing for candidacy and for monitoring of Mavacamten.	***TBD***
8:30 - 8:40	**Audience discussion**	
8:40 - 9:00	**When echo measurements are wrong: Quantitative assessment of mitral regurgitation** There are numerous validated quantitative methods to assess mitral regurgitation. Are they always right? How much faith do we put in EROA vs. vena contracta vs. PISA? Is there any role for a visual assessment? This case based presentation will discuss the strengths and weaknesses of various methods of MR quantification.	***Doug Hyami***
9:00 - 9:10	**Audience discussion**	
9:10 - 9:30	**When echo measurements are wrong: Discordant findings in aortic stenosis** How do we avoid over diagnosing "moderate to severe" AS? Is paradoxical low flow-low gradient aortic stenosis real? The presenter will review several cases to hi-light how to assess aortic stenosis severity and some of the pitfalls that can lead to misdiagnosis.	***TBD***
9:30 - 9:40	**Audience discussion**	
9:40 - 10:10	**Refreshment break**	
Echo in Challenging Clinical Situations		
10:10 - 10:30	**Structured right heart assessment** Evaluation of right heart can be highly variable. What measurements are useful? And are they reproducible? The presenter will take you through a practical approach to the right heart based on recent ASE guidelines.	***Dan Belliveau***

10:30 - 10:40	**Audience discussion**	
10:40 - 11:00	**Contrast is great, but am I using it right?** Use of ultrasound enhancing agents (i.e. contrast) is growing and can be very helpful in assessing LVEF and for LV thrombus. But are you using it correctly? And are there any patients I shouldn't be using it on? This is a review of some of the practical and technical aspects to help the sonographer and the echocardiographer optimize the use of contrast in your lab.	***TBD***
11:00 - 11:10	**Audience discussion**	
11:20 - 11:50	**Benchmark echo cases from Atlantic Canada** Challenging clinical cases from different provinces.	***Amy Hendricks*** ***Kyle Murnaghan***
11:50 - 12:00	**Audience discussion**	
12:00 - 12:15	**Meeting close and evaluations**	***Robbie Stewart***

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