CIMS-CON 2012
January 6-8, 2012
Education For Innovation

CIMS-CON DAILY

Saturday, January 7, 2012 - Day-2

Editorial Board :

Scientific Editor :
Dr. Keyur Parikh
Dr. Parloop Bhatt

Editor :
Preeta Chag

Today's Highlights

- Interactive ECGs
- Plenary Lectures
- CVD: Recent Concepts and Future
- Heart Disease- Management: Present and Future
- Real Life Cases
- Evening Plenary Lectures
- CIMS-CON Young Interventional Course

Tomorrow's Highlights

January 8, 2012
Sunday (Day-3)
Certification Course

Venue : The Grand Bhagwati

- Clinical Cardiology
- Internal Medicine
- Critical Care/Pulmonary
- Neonatal and Pediatric Critical Care

Venue : CIMS Hospital

- Trauma Care

TODAY'S WEATHER

Sunrise : 7.23 AM
Sunset : 6.04 PM
Max 27°C
Min 13°C

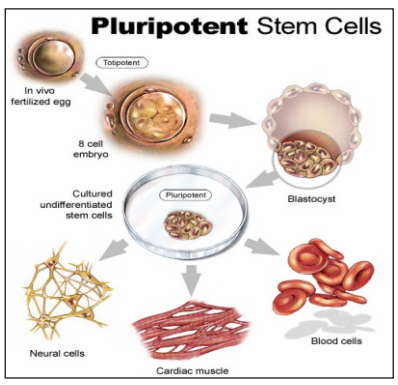
Innovation Through Education Continues.....

Welcome to Day Two of CIMSCON 2012!

A near - full house on Day-1 at CIMS-CON 2012

The Era of Stem Cells in Cardiology— Where are we now?

Stem cell research is more exciting today with new directions and approaches requiring extensive basic and applied research worldwide



According to **Prof. Rafel Beyar,** MD, Dsc, Human embryonic stem cells (HESC) can integrate with the myocardium and function as pacemakers when injected in large number to acutely infarcted tissue; they enhance ventricular function as demonstrated in a rat model. Despite enormous advances in basic research, and its clinical applications, this technology has been hampered by ethical and religious issues like HESC which are used are obtained from an 8-day old embryo and the issue of resolving the immune response against these cells.

Recently, a new approach has been developed using genetic manipulation of adult fibroblasts to generate pluripotent cells (HIPC) using cells from skin biopsy. The ability of these cells to differentiate into cardiac cells can also be used to generate auto-transplanted cells from the same patients. Although an extremely appealing solution, problems regarding safe gene transfer technology and the potential of those cells to function in vivo need to be evaluated before feasible clinical testing.

Dealing with Diastolic Heart Failure

Prof. Uri Elkayam, MD, a professor of Medicine, University of Southern California in Los Angeles describes diastolic heart failure with preserved ejection fraction as a clinical syndrome characterized by the symptoms and signs of heart failure, a preserved ejection fraction (>50%), and an abnormal diastolic function. This syndrome is more commonly seen in women, older individuals, and in patients with past or current history of hypertension. The clinical presentation is usually the same as in patients with systolic heart failure with slightly lower mortality rate. Multiple clinical trials in heart failure secondary to diastolic dysfunction using ACEI's and ARB's have failed to show substantial clinical outcome. The guidelines recommend control of blood pressure; control of tachycardia and restoration of sinus rhythm in patients with atrial fibrillation; use of diuretics to lower blood volume and revascularization where ischemia leads to diastolic dysfunction. Recent studies have demonstrated beneficial effect of phosphodiesterase 5 inhibitor sildenaphil citrate in the reduction of pulmonary hypertension and LV filling pressure in patients with diastolic heart failure.

CIMS-CON Daily

Saturday, January 7, 2012 - Day-2

CIMS-CON 2012

January 6-8, 2012

Education For Innovation

Lucky Winners of Kaun Banega iPad Pati

Day-1 at CIMS-CON 12 began with a scintillating round of KBC-like quiz wherein iPads and Samsung galaxy phones were given away to the winners. The quiz created an entertaining ambience at the academic driven conference. The lucky winners of iPads were Dr. Amrut Suthar and Dr. Ankur Rawal. While Dr. Gaurav Chayya and Dr. Paras Doshi won the phones.

The Present and Future in Acute Heart Failure Management

Identification of acute triggers for the decompensation as well as noninvasive characterization of cardiac filling pressures and output is central to management.

Bimal R. Shah, MD, from Duke Clinical Research Institute, embarks on the fact that

identification of acute triggers for the decompensation as well as noninvasive characterization of cardiac filling pressures and output is central to management. Diuretics, vasodilators, continuous positive airway pressure and inotropes can be used to alleviate symptoms. However, few agents currently available for the treatment of acute decompensated heart failure have been definitively shown in large prospective randomized clinical trials to provide meaningful improvements in intermediate-term clinical outcomes. Multiple novel therapies are in the early clinical phase.

Don't Miss

Today
7.30 pm onwards

-: Venue :-
CIMS Hospital,
Off Science City Road,
Sola, Ahmedabad.

Conference Gala Dinner
with Musical Entertainment of
Khandekar Brothers

Organized by
CIMS-CON 2012 Education For Innovation
CIMS Care Institute of Medical Sciences
The Heart Care Clinic Clinical Care Consultants

This scientific initiative is brought to you by
torrent

Makers of

ROZUCOR 5 10 20
Rosuvastatin 5 / 10 / 20 mg tablets

Delivers More

Ranolaz OD
Ranolazine 1000mg Extended Release Tablets
The Once Daily Metabolic Modulator

Xience
Everolimus Eluting
Coronary Stent System

Chosen with conviction
Contact your sales representative for more information.
Information contained herein for distribution outside the U.S. only.
All drawings are artist's representations only and should not be considered as engineering drawings or photographs.
All tests performed by and data on file at Abbott Vascular.
XIENCE is a trademark of the Abbott Group of Companies.
www.AbbottVascular.com
©2011 Abbott. All rights reserved. AP2934467 Rev. A
Abbott Vascular

Care Institute of Medical Sciences

CIMS Hospital — **Total care under one roof**

A premier multi-super specialty **GREEN** hospital
you trust...
...we care

CIMS®
Care Institute of Medical Sciences
At CIMS... we care

Opening shortly | CIMS Clinics in Maninagar OPD & investigation services (A unit of CIMS Hospital Pvt. Ltd.) | 1st Floor, Shantprabha Heights, Above Indus Ind Bank, Opp. Vallabh Vadi, Bhairavnath Road, Maninagar.

CIMS Hospital : Nr. Shukan Mall, Off Science City Road, Sola, Ahmedabad-380060.
For appointment call : +91-79-3010 1200, 3010 1008 Mobile : +91-98250 66661 or email on opd.rec@cims.me
Ph.: +91-79-2771 2771-75 (5 lines) Fax: +91-79-2771 2770 email : info@cims.me web : www.cims.me

Ambulance & Emergency : +91-98244 50000, 97234 50000, 90990 11234

Don't Miss Today 5.00 PM

How to live life ? Lessons to learn (Inspirational Oration for All) and Cloud Computing

Win prizes at CIMS-CON 2012

Lucky Draw prizes

iPad, Pen Drives etc. will be distributed at 5.30 pm today

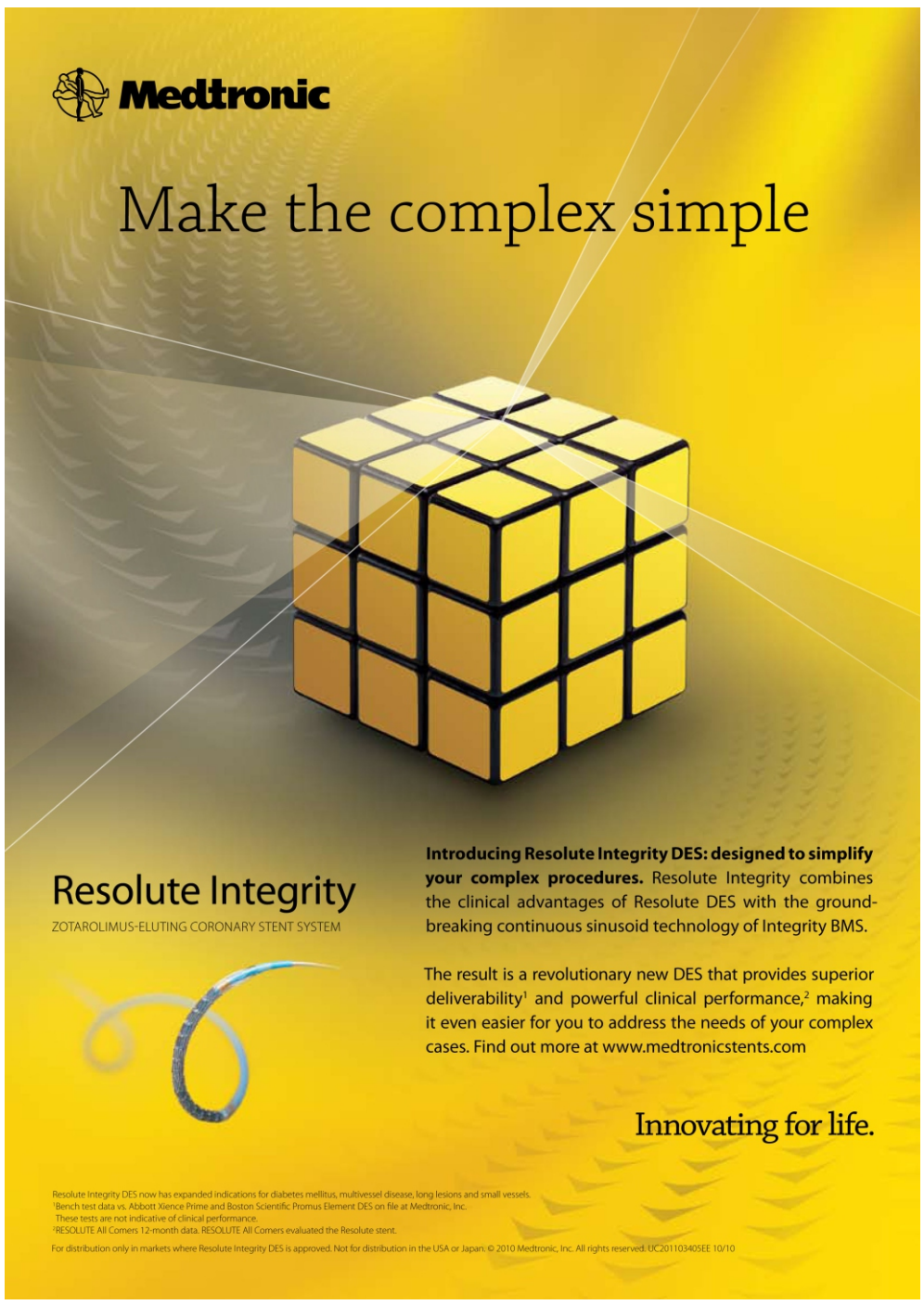
For those who came in late yesterday and today, a lucky draw will be held for delegates coming in between 2.00 - 3.30 pm. To participate, please collect your lucky draw coupon from your registration no. counter to win Galaxy Phone, Pen Drives etc.

You will have to be physically present to be eligible for the lucky draw at 5.30 pm

Therapeutic Options to Vulnerable Plaque

Prof. Guy R Heyndrickx MD, PhD, Cardiovascular Center Aalst, Belgium highlights therapeutic options to vulnerable plaque.

Acute coronary syndromes (ACS) are due to destabilization of the atheroma plaque secondary to plaque rupture, fissure or erosion. In an effort to ascertain the prevalence and clinical significance of non-flow limiting lesions defined as vulnerable plaque, the Prospect trial was launched whereby in 697 patients with ACS, treated with primary PCI, the non- culprit vessels were studied with coronary angiography, IVUS-VH and palpography. Subsequent MACE during FU (20.4% over 3 years) were equally attributable to recurrence at the site of culprit lesions and to non-culprit lesions (NCL). NCL, responsible for unanticipated events (11.6% patients) were angiographically mild and most were thin-capped fibroatheroma (TCFA) with large plaque burden and small luminal area (26/51). Specificity of plaque characterization to predict MACE is insufficient since only 26 out of 595 TCFA were sites of recurrent events. Potential therapeutic options to treat vulnerable plaques are: plaque sealing, pharmacologic reduction in lipid core and pharmacologic inhibition of plaque neovascularization. Further studies are required to prove that by inhibiting neovascularization, plaque stability is enhanced and clinical outcome is improved.

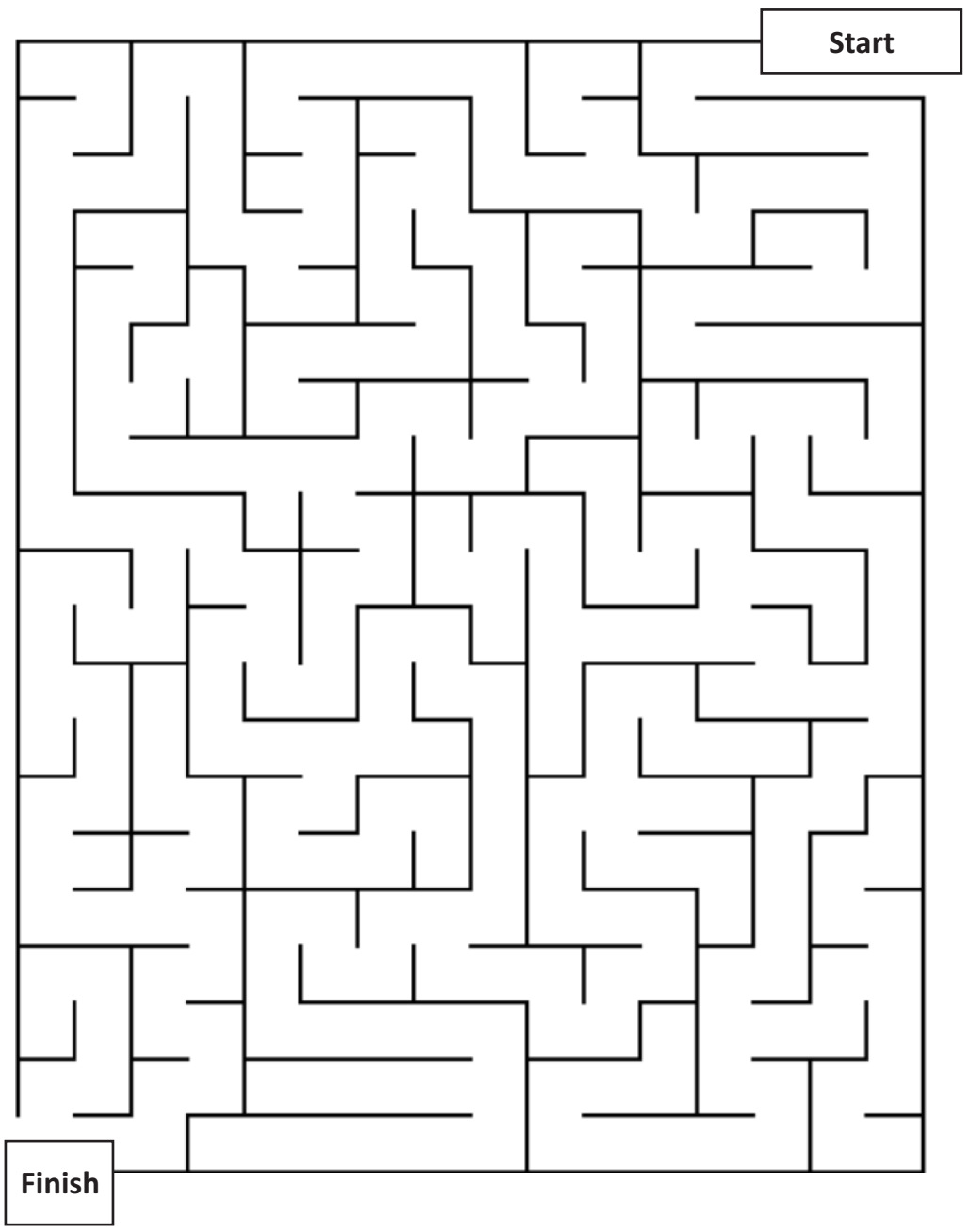


Treatment of Chronic Stable Systolic Heart Failure: From Diuretics to VADs -Explains Dr. Vinit Lal ,MD

Director of Cardiac Cath Lab at Texas Health Arlington Heart and Vascular Hospital and Director of Heart Failure Clinic and Cardiac Rehab at the Arlington Memorial Hospital, USA.

Depending on the severity of illness, lifestyle modification, avoidance of drugs that may contribute to heart failure(HF), treatment of the underline cause of HF; pharmacologic therapy to relieve symptoms; slowing the progression of HF and improving patient's survival; use of devices like Implantable Cardioverter- Defibrillator (ICD), Cardiac Resynchronization Therapy (CRT), and Ventricular Assist Devices (VAD) are part of the treatment protocol. Pharmacologic therapy includes diuretics, digoxin, beta-blockers, ACEIs, and ARBs. Prolongation of patient survival has been documented with ACEI's, beta-blockers, ARBs, hydralazine/nitrates, and aldosterone antagonists. Majority of patients with HF due to systolic dysfunction (Heart failure with reduced ejection fraction) respond well to the above therapy. However, some patients with refractory HF do not improve or experience rapid reccurrence of symptoms. Specialized strategies are needed for these patients which includes continuous IV inotropic therapy, CRT, VADs, or eventual cardiac transplantation.

Path Finder

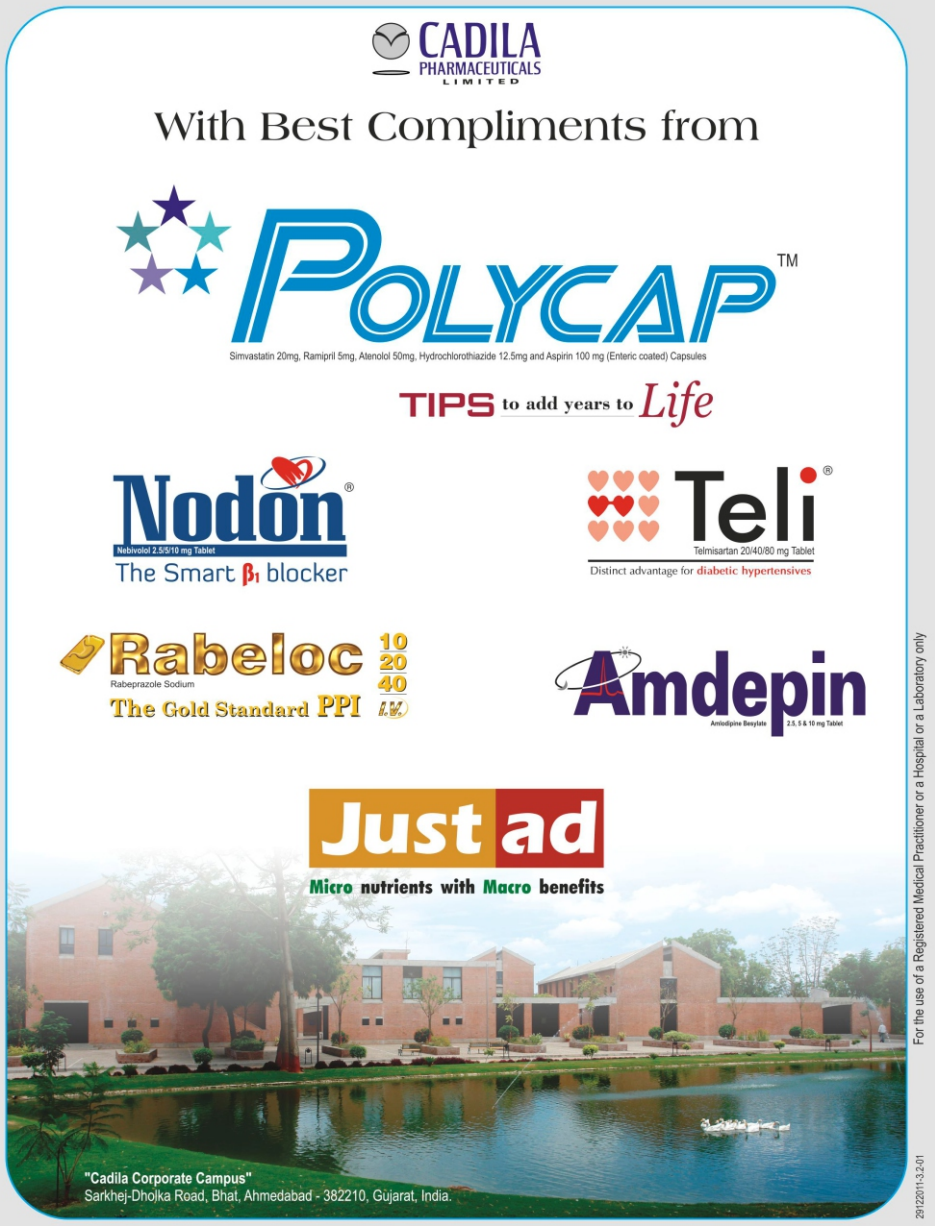


CIMS Pediatric Cardiology
One of the most reputed pediatric cardiac care team of India
CIMS Kids
Dedicated Pediatric / Neonatal services
- Daily dedicated pediatric cardiac OPD
- Neonatal and Pediatric ICU with High frequency ventilators
- State-of-the-art echocardiography machine with Pediatric 3D imaging and applications
- Pediatric / infant transesophgeal echocardiography
- Foetal medicine program
- Pediatric hypertension / arrhythmia / CHF clinics

Pediatric Interventional Cardiology
- Complete range of neonatal and pediatric interventions
- Pediatric Cath lab with ICU for 'after care'
- Pediatric electrophysiology and RF ablation and pacemaker therapy

Pediatric Cardiac Surgery
- Exclusive staff (surgeon, anaesthetist, perfusionist, intensivists) for complete neonatal & pediatric surgery
- State-of-the-art post operative cardiac ICU
- Availability of advanced techniques and therapeutics for life support

CIMS®
Care Institute of Medical Sciences



Selection of Guiding Catheters, Guide Wires and Balloons-Guy Heyndrickx and Dr. Keyur Parikh

Prof. Guy Heyndrickx

Dr. Keyur Parikh

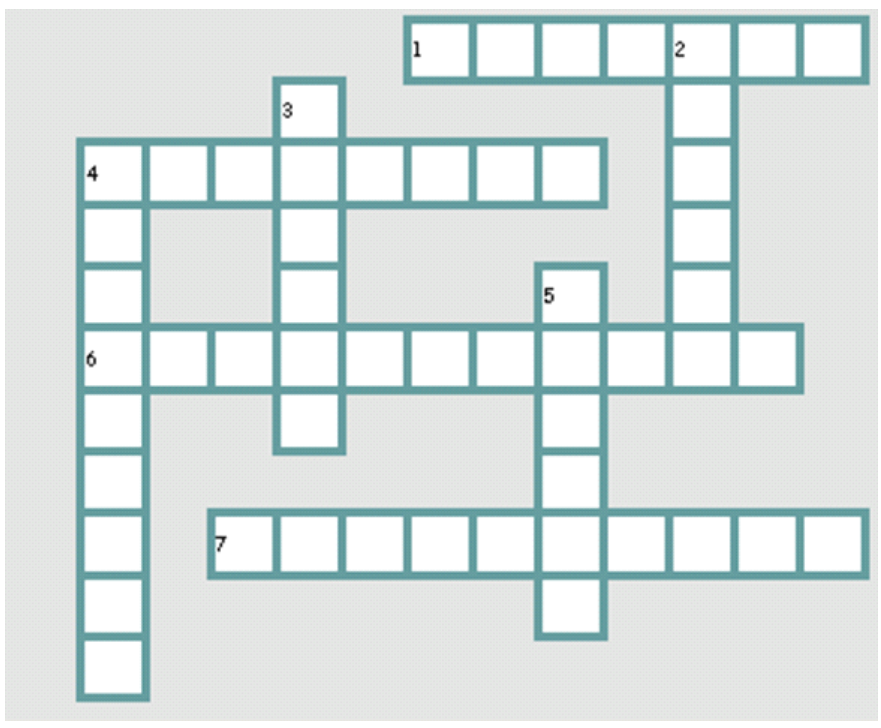
Technical knowledge and understanding the behavior how catheters, guide wires and balloons perform together with operator experience will enhance the success rate of PCI, especially in difficult cases. Guiding catheters (GC) do function as a conduit for transport of wires and devices; support for device delivery against resistance; contrast injection and recording arterial pressure. Size of GC will depend on the size of the access vessel (radial versus femoral) and type of the procedure (simple versus complex, need for special devices such as rotablator, Tornus). Guide wires are used to steer through the vessel in order to access the index lesion (steerability, flexibility and visibility) and to cross the lesion (visibility and crossability). In addition they need to support and facilitate delivery of any interventional device required to treat a specific anatomy or to resolve any potential complication (support). Special cases have dedicated wires such are CTO procedures. Balloons come in different materials: compliant, semi-compliant, non-compliant (high pressure). Special balloons such as cutting balloon and CTO balloons are available for dedicated procedures.

Cutting Balloon

- **Guidelines and Strategies for PCI in STEMI**
- **Pharmaco-invasive strategies in STEMI**
- **Shock**

Dr. Manish Parikh, MD, USA, and Dr. Hemang Baxi, MD, DM discuss in-depth guidelines and strategies of PCI for STEMI and the number of recent trials and consensus documents governing all aspects of the diagnosis, management and therapeutic options currently available in 2012. In addition, most of the recent trials and meta-analysis with respect to facilitated, rescue and transfer PCI in the treatment and triage of STEMI will be presented with special attention to the current needs of practicing physicians in India.

Cross word



Across

1. Drowsiness, dehydration, electrolye imbalances, gout, nausea, pain, hearing loss, blood _____ abnormalities, elevated cholesterol and lipoproteinlevels, muscle cramps, dizziness, light-headedness
4. To prevent _____ aggregation and subsequent clot formation
6. Angiotensin Receptor _____ Indications
7. Nitrates _____

Down

2. To stregthen the heart's pumping force to increase cardiac _____ and decrease electrical conduction through the AV node
3. Gastric irritation (aspirin), bleeding or hemorrage, leg or pelvic pain, rash, _____ fibrillation, tachycardia, dizziness, confusion
4. Easily bruising, joint or abdominal pain, difficulty in breathing or swallowing, _____, unexplained swelling, unusual or uncontrolled bleeding, rib and vertebral fractures
5. Dizziness, insomnia, anxiety, confustion, stroke, hypotension, _____ changes, GI/GU effects, cough, upper respiratory infection, myalgia, many other various but less common side effects

Solution on page no. 7

EXTENDED RELEASE METOPROLOL SUCCINATE
Lopresor® XL

Amongst Many Metoprolol Lies the One ...

- **Endorsed By JNC Guideline[1]**
- **Offer Unique Hydrophilli Matrix Technology Benefit[2]**

- **Available at pocket friendly price**

LOPRESOR®/LOPRESOR® XL 50: Abridged Prescribing Information: Presentation: Metoprolol tartrate: tablets of 25mg, 50 mg and 100 mg (Lopresor); Metoprolol succinate: extended-release tablets of 50mg (Lopresor XL 50). **Indications:** Hypertension, angina pectoris, disturbances of cardiac rhythm, myocardial infarction, functional heart disorders, prevention of migraine, hyperthyroidism. **Dosage:** Dosage range: oral forms 100 to 400 mg daily depending on indication. **Contraindications:** Hypersensitivity to metoprolol and related derivatives, any of the excipients, or other beta-blockers; atrioventricular block of second or third degree; sick-sinus syndrome; decompensated heart failure; clinically relevant sinus bradycardia; severe peripheral arterial circulatory disorders; cardiogenic shock; untreated phaeochromocytoma; hypotension; severe asthma. **Precautions/Warnings:** Caution is recommended in patients with bronchospastic diseases, diabetes mellitus, A-V conduction disorders, bradycardia, peripheral arterial circulatory disorders, liver cirrhosis, phaeochromocytoma, Prinzmetal's (variant) angina, patients at risk of anaphylaxis. Patients with heart failure should have their decompensation treated both before and during treatment with Lopresor. When discontinuing treatment with Lopresor or Lopresor XL 50, the drug should be withdrawn gradually. Should not be used during pregnancy, and with caution during lactation. May affect ability to drive or use machines. **Interactions:** Calcium channel blockers of the verapamil type should not be administered intravenously in combination with Lopresor or Lopresor XL 50. Patients receiving concurrent treatment with catecholamine depleting drugs, other beta-blockers, MAO inhibitors and oral calcium channel blockers of the verapamil type need to be monitored. Anaesthetists should be informed that the patient is receiving Lopresor or Lopresor XL 50. Caution is required with concomitant use of inhalation anaesthetics, prazosin, clonidine, antidiabetics, nitroglycerin, anti-arrhythmics, digitalis glycosides, lidocaine, cimetidine, adrenaline or other sympathomimetic agents, non-steroidal anti-inflammatory drugs, antibiotics such as rifampicin, as well as known clinically significant potent inhibitors of CYP2D6 (some antidepressants such as fluoxetine, paroxetine or bupropion, some antipsychotics such as thioridazine, some antiretrovirals such as ritonavir, some antihistamines such as diphenhydramine, some antimalarials such as hydroxychloroquine or quinidine and some antifungals such as terbinafine). **Adverse reactions:** Common: fatigue, dizziness, headache, bradycardia, orthostatic hypotension, exertional dyspnoea, gastrointestinal disturbances. Rare: depression, alertness decreased, somnolence or insomnia, nightmares, paraesthesia, muscle cramps, heart failure, cardiac arrhythmias, palpitation, oedema, Raynaud's phenomenon, bronchospasm, skin rash,. Very rare: thrombocytopenia, weight increase, personality disorder, hallucinations, hearing disorders (e.g. hypoacusis or deafness), visual disturbances (e.g. blurred vision), dry or/and eye irritation, cardiac conduction disorders, precordial pain, gangrene, rhinitis, dry mouth, liver function test abnormal, hepatitis, photosensitivity, hyperhydrosis, alopecia, worsening of psoriasis, disturbances of potency, arthritis, Peyronie's disease and retroperitoneal fibrosis (for the last two, the relationship to Lopresor or Lopresor XL 50 is not definitely established). Post marketing experience: Confusional state, increase in blood triglycerides, decrease in High Density Lipoprotein (HDL). **Packs:** Uncoated tablets of 25mg, 50 mg and 100 mg: Boxes of 10 X 10 in strips. Extended release film coated tablets of 50mg: Boxes of 10 X 10 in blister packs. **Note:** Before prescribing, please read full prescribing information available from Novartis India Limited. Pharmaceuticals Division, Sandoz House, Shivsagar Estate, Dr. Annie Besant Road, Worli, Mumbai - 400 018 (Tel : 02224988888; Fax : 02224970362).

Ref.: 1. JNC VII Recommendation. **2.** Data on File

NOVARTIS

Full product information available from:
Novartis India Limited
Pharmaceuticals Division, Sandoz House,
Dr. Annie Besant Road, Worli, Mumbai 400 018, India.
Telephone : (022) 2495 8888, Fax No.: (022) 2497 0362.

For the use of a Registered Medical Practitioner or a Hospital or a Laboratory only.

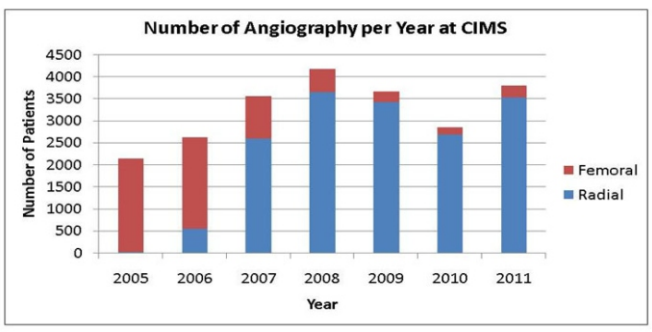
Technique, Results and Complications with Radial Artery Access

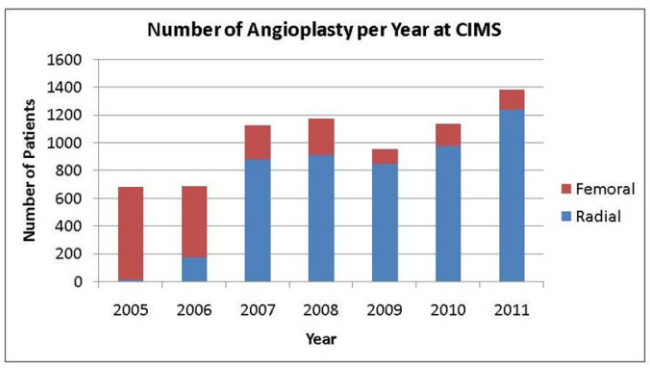
Dr. Joyal Shah

Dr. Satya Gupta

Thriving on their experience, **Dr. Joyal Shah, and Dr. Satya Gupta** both interventional cardiologists deliberate increased use of radial artery as the access site for cardiac interventions over the last decade. With this, its application to primary percutaneous coronary intervention (PCI) for ST-elevation myocardial infarction (STEMI) has also become more common and continues to rise.

While technically it may have some challenges, the most obvious benefits of this approach are the increased mobility and patient comfort that is afforded by avoiding a femoral approach.





However, as more data are generated for PCI in general and specifically for PCI for STEMI, the benefits of reductions in access site complications, and possibly major adverse cardiovascular events, are becoming apparent. These benefits are achieved without any significant reduction in efficacy. This combination suggests that the current trend of increasing adoption of the transradial approach in STEMI should continue to broaden. The technique is not difficult to learn, and the equipment is similar to that used in more traditional approaches. Patient safety and operator ease are of prime importance.

A peep into the exhibition area

Sudoku

				5	9	4		
					1	7	5	
	2		4			9		3
1	9							8
8							3	4
4		8			7		2	
	5	3	1					
		7	8	4				

Solution on page no. 7

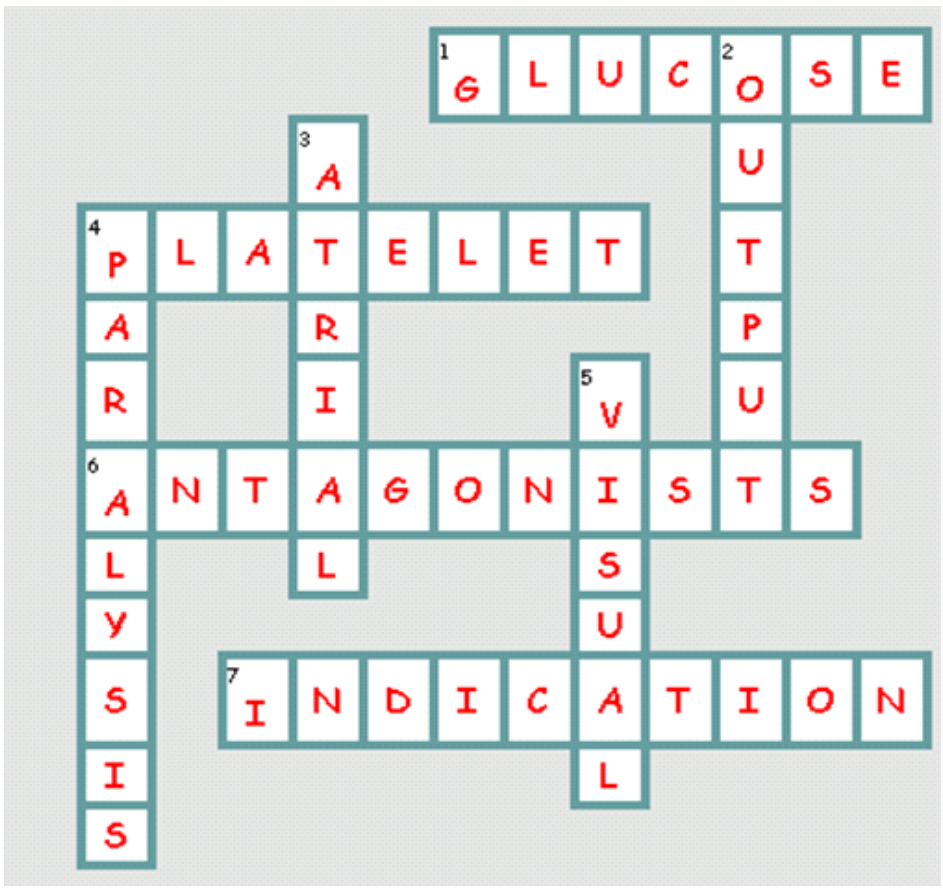
Rationale for Functional Assessment of Lesions in Patients with MVD


Dr. Anish Chandarana, and Prof. Guy Heyndrickx inform that while a direct link between a flow limiting lesion and ischemia was apparent in symptomatic patients with single vessel disease, this link was more elusive and difficult to establish for each lesion separately in patients with multi vessel disease (MVD) due to limitations of coronary angiography as well as myocardial perfusion imaging. Fractional Flow Reserve (FFR) measurement has been shown to be superior in sensitivity and specificity compared to angiography and even myocardial perfusion imaging in differentiating flow-limiting from non flow-limiting lesions. The FAME trial revealed that routine measurements of FFR during PCI significantly reduced the rate of primary composite endpoint of death, myocardial infarction and repeat revascularization at 1 year and at the same time reduced the number of stents used while resulting in a similar if not improved functional result. The FAME trial provides strong evidence that coronary angiography and clinical data alone are not sufficient for decision making about the appropriateness of revascularization of individual lesions in patients with MVD.

Answer of Sudoku

7	8	6	3	5	9	4	1	2
3	4	9	2	8	1	7	5	6
5	2	1	4	7	6	9	8	3
1	9	5	6	3	4	2	7	8
6	3	4	7	2	8	1	9	5
8	7	2	9	1	5	6	3	4
4	6	8	5	9	7	3	2	1
9	5	3	1	6	2	8	4	7
2	1	7	8	4	3	5	6	9

Answer of cross word



Don't Miss Today Real Life Cases with Renowned International Faculty

Dr. Samin Sharma
USA

Dr. Charles Simonton
USA

Live Cases from the Cath Lab/ OT or Pre-recorded live cases With Physician Interaction and Management Pathway

02.25 PM	**Clinical Case-1 :** A 68-year-old man with left main undergoes PCI of the unprotected left main coronary artery - ***Dr. Samin Sharma / Dr. Keyur Parikh***
02.40 PM	**Clinical Case-2 :** A patient with 60 % lesion in LAD, after successful thrombolysis - ***Prof. Guy Heyndrickx Robert / Dr. Joyal Shah***
02.55 PM	**Clinical Case-3 :** A patient with non-healing ulcer in leg - ***Dr. Vinit Lal***
03.10 PM	**Clinical Case-4 :** A patient with severe Heart Failure and Coronary Artery Disease - ***Dr. Manish Parikh/Dr. Hemang Baxi***
03.25 PM	**Clinical Case-5 :** A patient with severe triple vessel disease - ***Prof. Rafael Beyar/Dr. Anish Chandarana***
03.40 PM	**Clinical Case-6 :** A patient with paravalvular leak closure - ***Dr. Milan Chag***
03.55 PM	**Clinical Case-7 :** A Real life case of bioabsorbable stent - A glimpse into the future - ***Dr. Charles Simonton / Dr. Urmil Shah***
04.10 PM	**Clinical Case-8 :** Mitral Regurgitation : innovative approach - ***Dr. Dhiren Shah/Dr. Dhaval Naik***
04.25 PM	**Clinical Case-9 :** Radio Frequency segmental Ablation using VNUS Closure FAST catheter/Generator for Primary Varicose Veins - ***Dr. Milan Chag/Dr. Rajesh Hydrabadi***

CIMS-CON 2013
Education For Innovation
January 4-6, 2013

Organized by
CIMS® Care Institute of Medical Sciences
The Heart Care Clinic Clinical Care Consultants
9th Annual Scientific Symposium, 18th Year of Academics

SUPER EARLY BIRD REGISTRATION

₹ 2,500/- only* **instead of ₹ 5,000/-**

The first 500 registered delegates will get a GIFT
And also 5 more lucky draw winners will be gifted
iPad / TV / DVD Player

* Offer valid till March 31, 2012

For more information call on +91-3010 1059 / 1060 or mail on communications@cims.me

A multi-specialty Hi-tech Conference

CIMS-CON 2014
Education For Innovation
January 3-5, 2014

COVERSYL® 8mg Once daily
COVERSYL®-AM Once daily
COVERSYL® PLUS Once daily
DIAMICRON® XR 60
DIAMICRON® XR MEX 500
NATRILIX® SR
INDAPAMIDE 1.5mg
1 tablet daily
NATRILAM®
Indapamide SR 1.5mg + Amlodipine 5mg
1 tablet daily
FLAVEDON® MR
2 tablets daily
SERVIER
Manufactured by:
Serdia® Pharmaceuticals (India) Pvt. Ltd.