JIC 2014
Joint International Conference
January 10-12, 2014

JIC Daily

Friday, January 10, 2014, Day-1

In association with
American Association of Physicians of Indian Origin (AAPI)
Physicians of Ahmedabad

Organized by
GMERS Medical College, Sola, Ahmedabad
CIMSRE
Care Institute Medical Society for Research and Education

Welcome to JIC 2014

Editorial Board

Scientific Editors :

Dr. Keyur Parikh

Dr. Parloop Bhatt

Today's Highlights

- Plenary Lectures
- DEBATE-1 : Which valve to choose
  - Dr. Dhiren Shah/Dr. Dhaval Naik
- DEBATE-2 : New ACC-AHA Lipid Guideline-2013 -
  - Dr. Anish Chandarana/Dr. Vineet Sankhla

Satellite Sessions

1. An Evening of Pharmacology & Therapeutics - I
2. An Evening of Pharmacology & Therapeutics - II
3. Interactive Echocardiography- An Evening with
   Dr. Navin Nanda, Dr. S. K. Kaushik, Dr. Satya Gupta, Dr. Milan Chag
4. An Evening of Treatment Guidelines (15 Points to Remember for Physicians)
5. Peripheral / Endovascular / Diabetic Foot for Physicians

TODAY'S WEATHER

Sunrise : 7.22 AM

Sunset : 6.11 PM

Max 26°C

Min 10°C

DON'T MISS TODAY !

12:35 PM

ECMO Demonstration

12:50 PM

Cultural Bridge Award

- Dr. Sudhir Parikh, USA

Dr. Keyur Parikh /

Dr. Anish Chandarana /

Dr. Mahendra Vegad

Dr. Keyur Parikh :"When reacting to a patient, consider the melody, not the lyrics"

Having the privilege of knowing my patients and their extended families very well; interacting with them for many years under a great variety of conditions helps relate addressing behaviors related to the patients' situations. At times consistent and intense behaviors move the patients from the "tough" to the "more difficult" end of the spectrum. Reasons for patient's difficult behavior, range from medical cause to non-medical interventions; non-compliance to personality issues.

These are best addressed by knowing thyself .Know your hot buttons, your style of dealing with patients, and your tolerance for various behaviors. Be honest in this assessment, and be willing to consult with another medical provider if you feel your own issues might be complicating interactions with a patient. Step back, do a gut check, and see your feelings as a diagnostic tool. Your response to the patient is likely to be similar to the responses of others in the patient's world; find out what is driving the behavior that prompts your feelings and address it, if possible.By paying attention to the overall mood, rather than focusing on the patient's words or statements, you're likely to get a better picture of what he or she is really trying to communicate.

Trials of 2013 which changed Dr.Milan Chag's Practice

I. **Edoxaban versus Warfarin in Patients with Atrial Fibrillation:ENGAGE AF-TIMI 48 Investigators;N Engl J Med 2013; 369: 2093-104.**

Both once-daily regimens of edoxaban were noninferior to warfarin with respect to the prevention of stroke or systemic embolism and were associated with significantly lower rates of bleeding and death from cardiovascular causes.

II. **Primary Prevention of Cardiovascular Disease with a Mediterranean Diet:PREDIMED Study Investigators:N Engl J Med 2013; 368:1**279-90.
Among persons at high cardiovascular risk, a Mediterranean diet supplemented with extra-virgin olive oil or nuts reduces the incidence of major cardiovascular events.

III. **Percutaneous renal denervation in patients with Treatment resistant hypertension: final 3-year report of the Symplicity HTN-1 study:Lancet online, Nov 7, 2013**
Changes in blood pressure after RDN persist long term in patients with treatment-resistant hypertension, with good safety.

IV. **Riociguat for the Treatment of Chronic Thromboembolic Pulmonary Hypertension: CHEST-1 Study Group:N Engl J Med 2013; 369:319-29.**
Riociguat significantly improved exercise capacity and pulmonary vascular resistance in patients with chronic thromboembolic pulmonary hypertension.

V. **Macitentan and Morbidity and Mortality in Pulmonary Arterial Hypertension: SERAPHIN Investigators:N Engl J Med 2013; 369:809-18.**
Macitentan significantly reduced morbidity and mortality among patients with pulmonary arterial

Dr. Anish Chandarana Discusses the Volcanic Combination of Diabetes and Coronary Artery Diseases

India, considered as capital of diabetes, with continuously increasing number of people suffering from diabetes and its subsequent cardiovascular, renal and other complications has been facing huge challenges for prevention, detection, management and optimum control of diabetes. Risk of mortality in patients with diabetes is 2-4 times that of persons without diabetes and 55% of these have cardiovascular disease as a primary cause.

Though we know management of diabetes is much beyond control of sugar, we should not miss the paramount importance of achieving optimum values of GHb1AC to minimize micro vascular and macro vascular complications on intermediates and long term. The real concern in Indian subcontinent is detection of diabetes and getting parameters at moderately controlled level.

Management strategies for ischemic heart disease in diabetes (which is responsible for more than 40% death in these patients) needs a close attention. It is very well established that in properly selected and indicated patients, percutaneous interventions and coronary artery bypass surgeries help a lot. Similarly heart failure and chronic kidney disease in patients with diabetes do pose greater challenges. Needless to say that most cost effective efforts to prevent and help treatment of diabetes syndrome is adoption of healthy lifestyle/ therapeutic lifestyle changes including avoidance of tobacco; healthy eating habits of avoiding excess of fats (particularly SAFA) and carbohydrates and optimizing use of fruits, vegetables, fish, green tea, grains, unsaturated fats etc.; regular physical activities and exercises; stress management through yoga, pranayama and meditation and moderation of alcohol.

Acute Ischemic Stroke An Update

Anish Chandarana,

Significant progress has been made in our knowledge about supportive treatment, reperfusion therapy and mechanical intervention during acute ischemic stroke, yet many questions remain to be answered.

Improving outcome from acute stroke requires huge efforts including patients – laymen education to encourage early presentation ; fast recruitment of qualified hospitals with skilled and willing treatment providers and early imaging technics and strategies to help patients getting best treatment options which optimizes safety and efficacy.

Modulating PCSK9 and the LDL Receptor: New approach to LDL Management

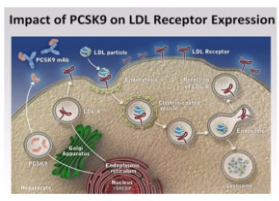


Figure: 1

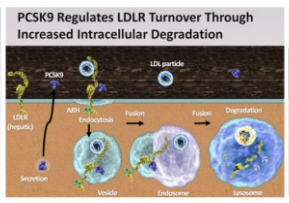


Figure: 2

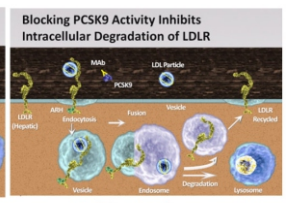


Figure: 3

Statins increase the expression of proprotein convertase subtilisin kexin 9 (PCSK9). PCSK9 promotes hepatic LDL receptor degradation, thereby reducing LDL receptor density and clearance of LDL particles. This negative feedback response attenuates statins' lipid effects. Conversely, blocking PCSK9 might be expected to increase the clearance of atherogenic lipoproteins and enhance the efficacy of statins.

PCSK9 offers a novel approach to lipid management as suggested by 3 observations.

I) A specific heterozygous PCSK9 missense mutation caused autosomal dominant hypercholesterolemia. Because loss of a single allele is usually functionally inconsequential, a gain-of function mechanism was hypothesized.

II) PCSK9 messenger ribonucleic acid levels were found to be responsive to intracellular cholesterol. In the hepatocyte, PCSK9 undergoes obligatory autocatalytic cleavage, but its catalytic activity is independent of its affinity for the LDL receptor. This spatial and functional separation has important pharmacological implications. PCSK9 binds to the receptor and channels internally towards the lysosomal compartment for degradation. In doing so, it inhibits the normal recycling of the LDL receptor back to the hepatic cell surface.

III) Perhaps most important clue was that nonsense mutations in PCSK9 were associated with 15% to 30% reductions in LDL cholesterol, with significant reductions in cardiovascular risk.

Dr. Keyur Parikh

Handling Resistant Hypertension by Renal Sympathetic Denervation

Dr. Hemang Baxi, Dr. Anish Chandarana, Dr. Keyur Parikh, Dr. Ajay Naik
Dr. Satya Gupta , Dr. Vineet Sankhla, Dr. Gunvant Patel, Dr. Milan Chag,
Dr. Urmil Shah

Basic Principles of RDN

- Reduction in surrogates of afferent/efferent denervation
- Reduction in Tissue NE levels, MSNA(Muscle Sympathetic Nerve Activity (MSNA) Total body NE "spillover"--Reduction in SBP
- Histological evidence of renal nerve disruption
- No intermediate/long-term evidence of renal artery injury, renal dysfunction, dysautonomia
- Application of percutaneous energy source to renal intima
- Accommodate anatomic renal variants
- Acute procedural safety, ease of use, an outpatient procedure

Proven Clinical Outcomes after Renal Denervation

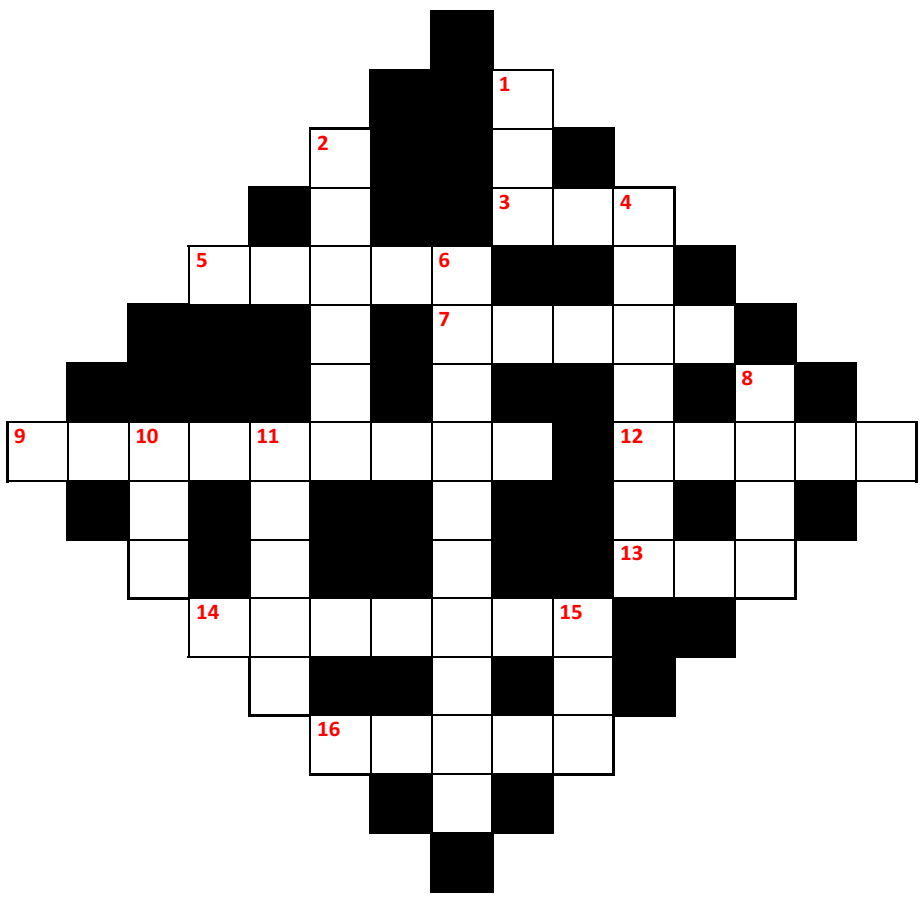
- Reduced systemic sympathetic activation
- Reduced congestion (fluid overload) and CHF
- Induced LVH regression & ventricular remodeling
- Improved renal function
- Decreased arterial stiffness
- Reduced arrhythmias
- Reduced hypertension
- Reduced Glucose Tolerance
- Reduced Insulin resistance
- Improved Obstructive Sleep Apnea

A Known Case of Uncontrolled Hypertension, Treated Successfully by Renal Denervation System (RDN)

Case Presentation (4 cases) : A 44 year old male patient is a known case of hypertension undergoing medical treatment since last 10 years. In spite of being on stable antihypertensive medication regimen of 4 drug classes, the patient's BP was uncontrolled, over 160/90. Other 3 cases were similar. All causes of secondary (other) hypertension were ruled out & the patient was diagnosed as a case of primary severe hypertension. 3 other similar patient including one woman was selected. They were offered to participate in Symplicity Renal Denervation and informed consent was given by the patient to undergo the procedure under supervised setting.

Diagnosis and Management : All were admitted on 22 Oct 2013 for planned RDN. Their pre-procedure BP measurement was over 160/90. mmHg. After routine investigations, the RDN procedure was performed under awake analgesia to all 4 patients. Access was obtained from right groin and both renal arteries was treated. The Symplicity Renal Denervation System was used which consists of a small steerable treatment catheter and an automatically-controlled treatment delivery generator using very safe radiofrequency waves. The treatment is minimally invasive; does not require open surgery and it typically takes 40–60 minutes. The procedure "calms" the nerves of kidney blood vessels and is performed under local anesthesia. There were no complications & all patients were, walking around on the very next day and ready to go home.

Crossword



ACROSS

3. The part of the alimentary canal between the stomach and the anus. (3)
5. The inner and thicker of the two bones of the human leg between the knee and ankle. (5)
7. Of or in or relating to the nose. (5)
9. In a lateral direction or location. (9)
12. It's the body's pump. (5)
13. Technically, the part of the superior limb between the shoulder and the elbow but commonly used to refer to the whole superior limb. (3)
14. It is hinged so you can open your mouth. (7)
16. An adjective relating to, or the area near, the ulna. (5)

DOWN

1. It's commonly used to refer to a whole limb, but technically, is only the part between the knee and ankle. (3)
2. The outer and thinner of the two bones of the human leg between the knee and ankle. (6)
4. Membranous tube with cartilaginous rings that conveys inhaled air from the larynx to the bronchi. (7)
6. A gliding joint between the distal ends of the tibia and fibula and the proximal end of the talus. (5,5)
8. The inner surface of the hand from the wrist to the base of the fingers. (4)
10. It's a digit of the foot. (3)
11. Of or relating to the kidneys. (5)
15. The sense organ for hearing and equilibrium. (3)

Answer on Page-10

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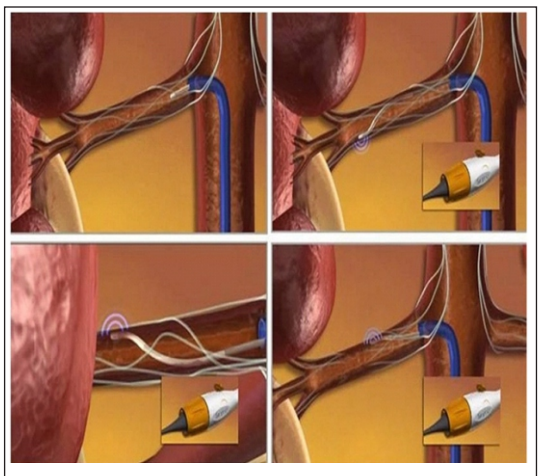
Hype or Hope? Renal Denervation (RDN) hits the headlines -Urmil Shah

For the procedure-Radiofrequency energy is used to denervate renal sympathetic system under fluroscopy guidance in anatomically suitable renal artery (renal artery length is ideally .20 mm with a diameter of.4 mm) without visible stenosis. A procedure is done from femoral artery under local anesthesia with mild sedation and it takes about 45 minutes.



Renal Denervation (RDN) Procedure Overview

Dr. Neil Mehta Leverages Social Media Tools to be a Lifelong Learner

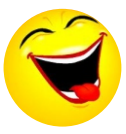
A vast majority of the information we need to practice medicine today, we learned "on the job", not in medical school. Medications and diseases and ways of treating them are constantly evolving. We are faced with SARS, Chikungunya, Dengue, Influenza Pandemics and the like and we will see more of these as the world become flatter and smaller. But there is a silver lining - we are also increasing hyper connected and able to form global knowledge communities that can work together to develop and share approaches for treating and managing these.While Facebook, Twitter and Google Plus can seem like frivolous time sinks, they can also provide a framework for building virtual personal learning networks.

Dr. Neil Mehta Uses Smart Phone (and iPad) to Optimize Patient Therapeutics

Mobile devices are the fastest growing segment of Internet enabled devices and the only segment (compared to TV, Radio, Print and PCs) where time spent consuming media is increasing. Many people cannot imagine spending a day without their smartphones and they even sleep with these next to their beds. These devices can be used by health providers as well as patients to improve health and communication.

ST elevation causes in ECG "ELEVATION"

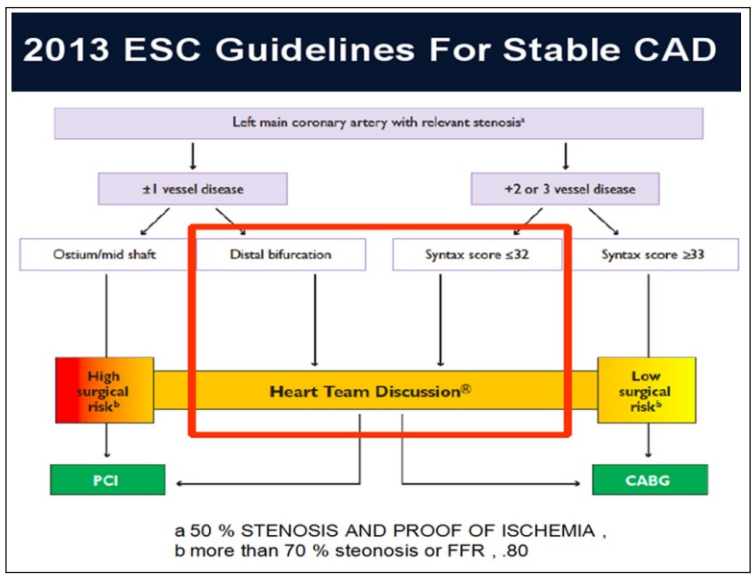
Electrolytes
LBBB
Early repolarization
Ventricular hypertrophy
Aneurysm
Treatment (e.g. Pericardiocentesis)
Injury (AMI, contusion)
Osborne waves (hypothermia)
Non-occlusive vasospasm



Doctor: I have some bad news and some very bad news.
Patient: Well, might as well give me the bad news first.
Doctor: The lab called with your test results. They said you have 24 hours to live.
Patient: 24 hours! That's terrible! What could be worse? What's the very bad news?
Doctor: I've been trying to reach you since yesterday.

Left main PCI or Bypass Surgery – Best Way to Go !Urmil Shah

European guide line published in 2013 gives a clear idea for managing stable left main disease



It is advocated to discuss all left main cases with multi vessel disease with heart surgical team and surgical risk should also be taken into account before recommending patient with left main disease. CABG for left main disease with syntax score >33 if CABG is not contraindicated or predicted risk of CABG <10 %. With syntax score <33 Angioplasty with drug eluting stent with IVUS is recommended except technically difficult lesion CRF, diabetes.

Sudoku

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

Answer on Page-11

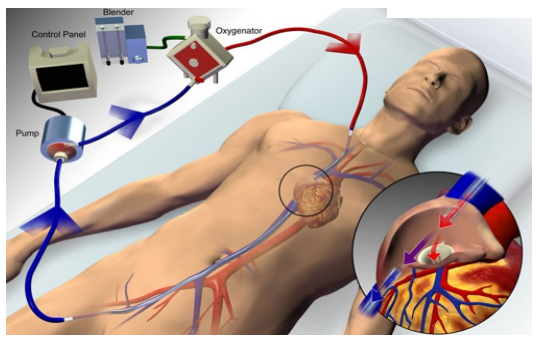
CIMS launches ECMO

First in Gujarat, Rajasthan, Madhya Pradesh

ECMO ECLS (Extracorporeal Membrane Oxygenation - Extracorporeal Life Support System)

ECMO is a ray of hope for patient's with:

- Multi organ failure
- ARDS & respiratory failure
- Complex congenital heart disease
- Newborns with complex respiratory disease (I.E. PPHN, MAS)
- Post cardiac surgeries and others



Hundreds of lives are saved worldwide by ECMO system.

One of the Largest ECMO Team in India

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Dr. Keyur Parikh	+91-98250 66664
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Dr. Bhagyesh Shah	+91-90990 68938
Dr. Harshal Thaker	+91-99099 19963
Dr. Dhanashri Atre Singh	+91-82380 01977
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Dr. Amit Chitaliya	+91-90999 87400

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Mrs. Dhanyata Dholakia	+91-95864 49430
ECMO Nursing Team	

www.cims.me/ecmo

CIMS launches CIMS EXPRESS

Same day appointment service to serve you better

Do you need an appointment today?

At CIMS, we promise you an appointment with a doctor* on the same day if you call before 12.00 Noon (Monday to Saturday) or by next morning

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- Cardiology
- Cardiac Surgery
- Critical Care
- Gastric/Abdominal Disease & Surgery
- Infectious and HIV disease
- Joint Replacement Surgery
- Orthopedics
- Neonatology and Pediatrics Disease
- Neurosurgery
- Pulmonology
- Spine Surgery
- Thoracic Surgery
- Trauma Care
- Vascular Surgery
- Pain Management
- Dentistry

*A doctor of the concerned speciality team available at CIMS on that day will see the patient

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For appointment call : +91-79-2544 0382-83 (M) +91-90991 82222

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we are on Facebook, Twitter, Blogger, Linkedin
CIMS Application available on

We bring in among the first in World Radiotherapy Versa-HD (Elekta) in Asia Pacific

Dr. Devang C. Bhavsar
MD
(M) +91-98253 74411

Consultant Radiation Oncologist at CIMS Cancer Center. Associate Professor and post graduate teacher at Gujarat Cancer & Research Center. One of the pioneers of Image Guided Radiotherapy technique in India. Special interest in Neuro Oncology, Prostate Cancers & SRS. Very active in social activities like cancer awareness camps.

Linear Accelerator, Versa HD

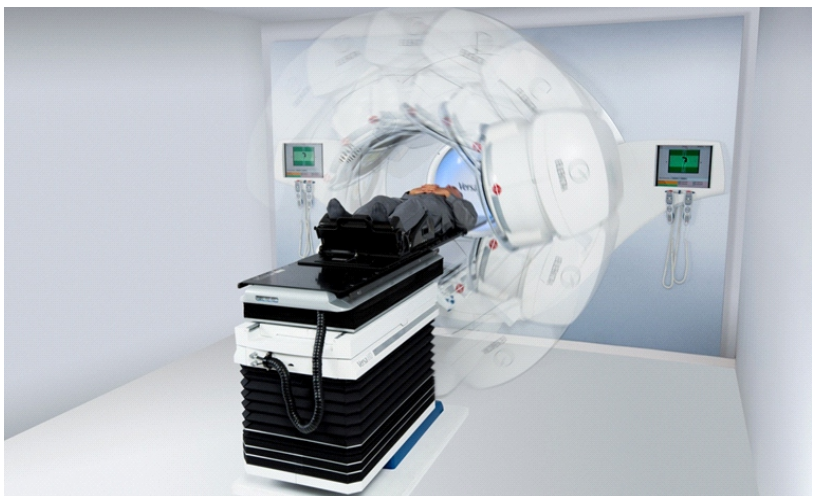
To complete its offer of a super multispecialty hospital, CIMS is proud to offer a new service, by introducing Radiation Oncology Center. This upcoming set up is all geared up to be open to service by end of March 2014.

Dr. Kinjal R. Jani
MD
(M) +91-98255 76533

Consultant Radiation Oncologist at CIMS Cancer Center. Gold medalist for subject ENT in MBBS. Received the first rank award from Gujarat Cancer Society in 2005. One of the highest experience of Image Guided Radiotherapy in India. Special interests in Head & Neck Oncology, Prostate Cancers & Breast Cancers. Very active in social activities like cancer awareness talks and camps.

Uniqueness of CIMS Radiation Centre

- First Versa HD Linear Accelerator by Elekta in Asia
- Agility- High focus 160 leaf MLC, newly launched by Elekta
- APEX DMLC - A High definition 2.5mm leaf width for brain tumors
- First FFF mode treatment in Asia by Elekta
- 3 times higher dose rate than any other normal Linac dose rate
- Hexapod-6 dimensional motion correction by robotic couch
- Minimize the treatment setup error by correcting 3 rotational & 3 transverse motions during the treatment.
- Active Breathing Coordinator™ System
  - Exactly track the position of moving target like lung tumor because of breathing motion & reduce the dose to normal tissue.
- 4D SYMMETRY
  - SymmetryTM provides acquisition and in line reconstruction of 4D volumetric data, utilizing unique patented technology for sorting each projection image into a phase based bin. This sorting occurs by reviewing the moving anatomy within the projection images and calculating a respiratory trace directly from the internal anatomy



Equipped with the latest state-of-the art equipment and supported by highly qualified and dedicated oncologists, Care Institute of Medical Sciences is all set to become one of the desired destinations of cancer patients from across the country and specifically catering to the population of Western India.

Dr.Satya Gupta Rationalizes use of CACS and CT Angiography

There are a number of ways to predict a patient's risk of a cardiac event, the most well-known being the Framingham Risk Score. Unfortunately such scores do not identify all "at risk" patients. The provision of an additional non-invasive method of determining coronary disease at an early stage may help us combat some of these problems.Cardiac risk factors and insulin resistance lead to progression of coronary artery calcification - this may help in deciding who should be investigated with this methodology.The CACS is a measure of the calcium in the coronary arteries,detected by computerized tomography scanning. It can be of two types: Electron Beam CT scan (EBCT) and Multidetector CT scan (MDCT). CT Angiography is again a non invasive tool which reveals the presence of stenotic lesions but it's a good tool to rule out presence of coronary stenosis. Negative predictive value of CT angiography is very high. It is not advisable in high risk or patient with ACS. Again, therapeutic procedure cannot be done in the same sitting. CT angiography is good tool to follow up and reassure the patient after intervention (PCI or CABG). Gold standard investigation of choice for those who have high suspicion of coronary artery disease is conventional angiography. It is highly recommended in patient with intermediate to high risk group.

Cryptogenic Stroke: Did you look for PFO?

Satya Gupta,

Up to 40% of acute ischaemic strokes in young adults are cryptogenic in nature, that is, no cause is determined. In more than half of these patients, patent foramen ovale (PFO) is seen along with an increased incidence of atrial septal aneurysm. PFO is a haemodynamically insignificant interatrial communication present in about 27% of unselected adults. It is detected in more than half of young patients undergoing evaluation for so-called cryptogenic ischaemic stroke.

The commonest method of investigation is echocardiography (preferably transoesophageal echocardiography). With the use of echocardiography, a strong association between cryptogenic stroke and PFO has become evident in young patients with stroke. On the basis of available evidence, low risk patients are treated with antiplatelet agents and high risk patients with warfarin. There are inconclusive data on the efficacy of PFO closure to prevent stroke recurrence. However, if there is recurrent stroke or intolerance to medical therapy, percutaneous closure is carried out.

Dr.Srujal Shah Updates on Venous Disease

Varicose veins, Chronic Venous Ulcers and Post thrombotic syndromes are the most common venous diseases. They affect quality of life and increase socio economical burden.

At CIMS we studied 500 patients having venous disease from Jan 2012 to Oct 2013. Varicose veins (80%), venous ulcers (15%) and PTS (Post Thrombotic Syndrome) (5%) were evaluated by clinical exam, color Doppler scan and CT venography when indicated. They were classified according to international CEAP classification. Symptomatic patients (300) were offered treatment.RF ablation ± USG guided foam sclerotherapy was done for varicose veins. Venous ulcers were given compression stockings/bandages in addition. PTS patients were evaluated by venography and treated with venoplasty ± stenting.With focused patient centered approach and modern day technology; we can offer treatment to patients having chronic venous disorders with high success rate and improve their quality of life.

Dr.Urmil Shah Elaborates Updated Lipid Management Guidelines for Physicians

Rather than LDL–C or non-HDL–C targets, this guideline used the intensity of statin therapy as the goal of treatment.

Figure 1. Initiating statin therapy in individuals with clinical ASCVD

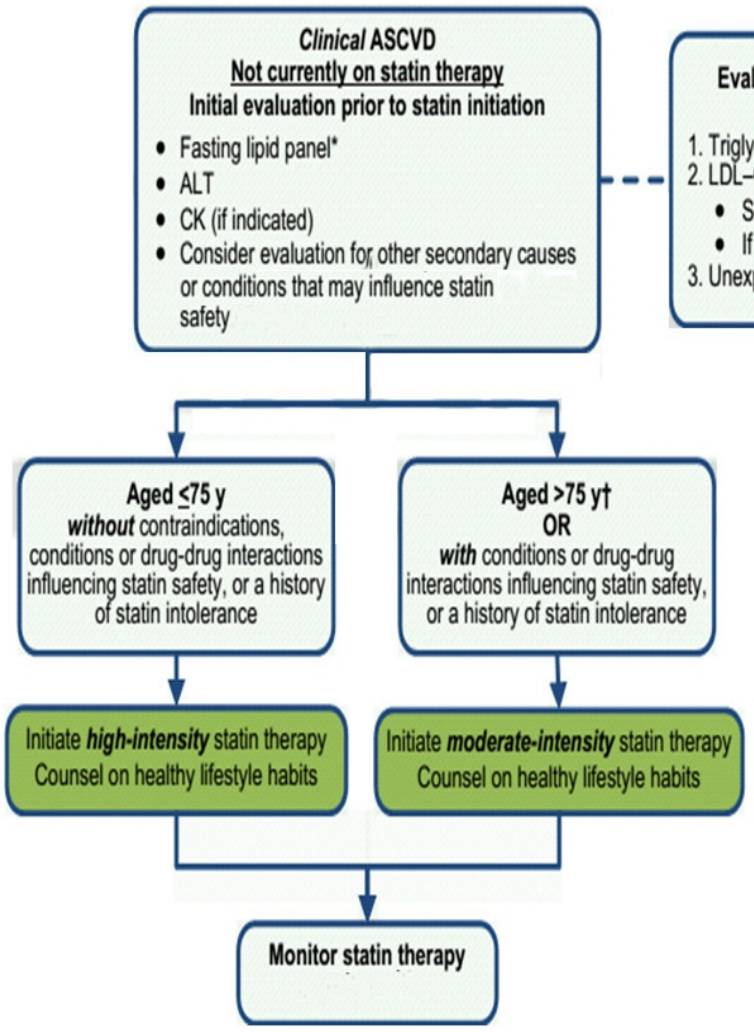
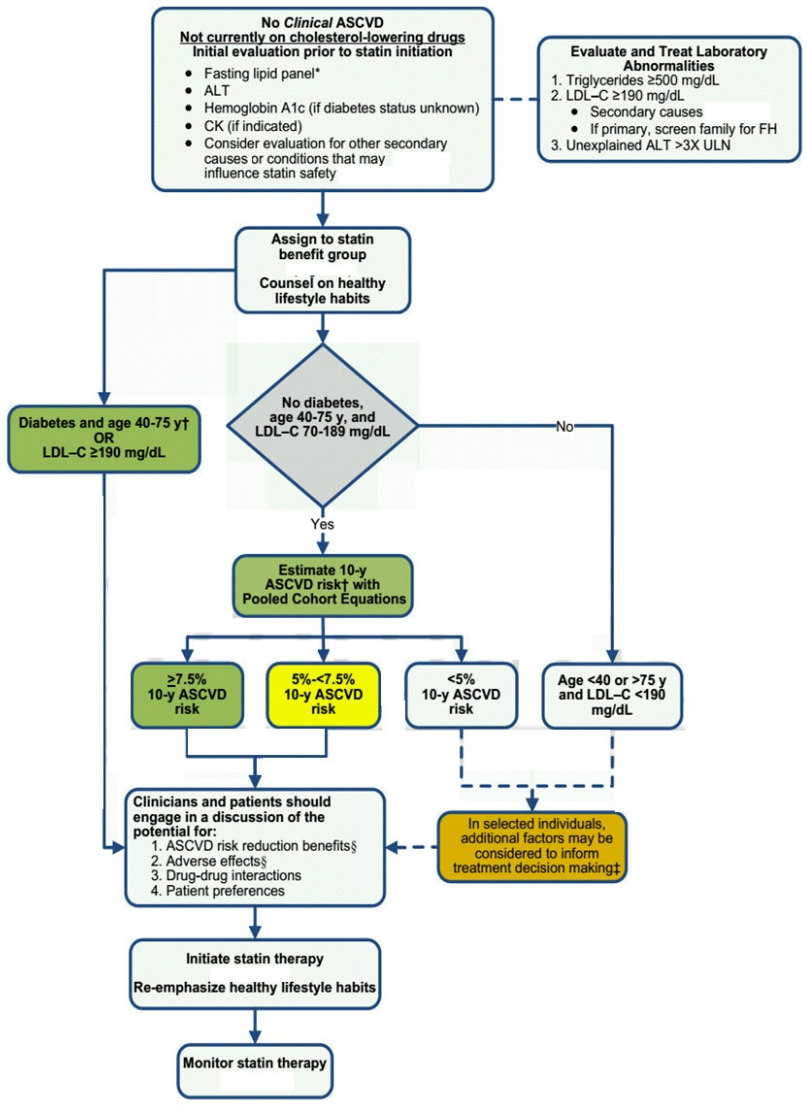
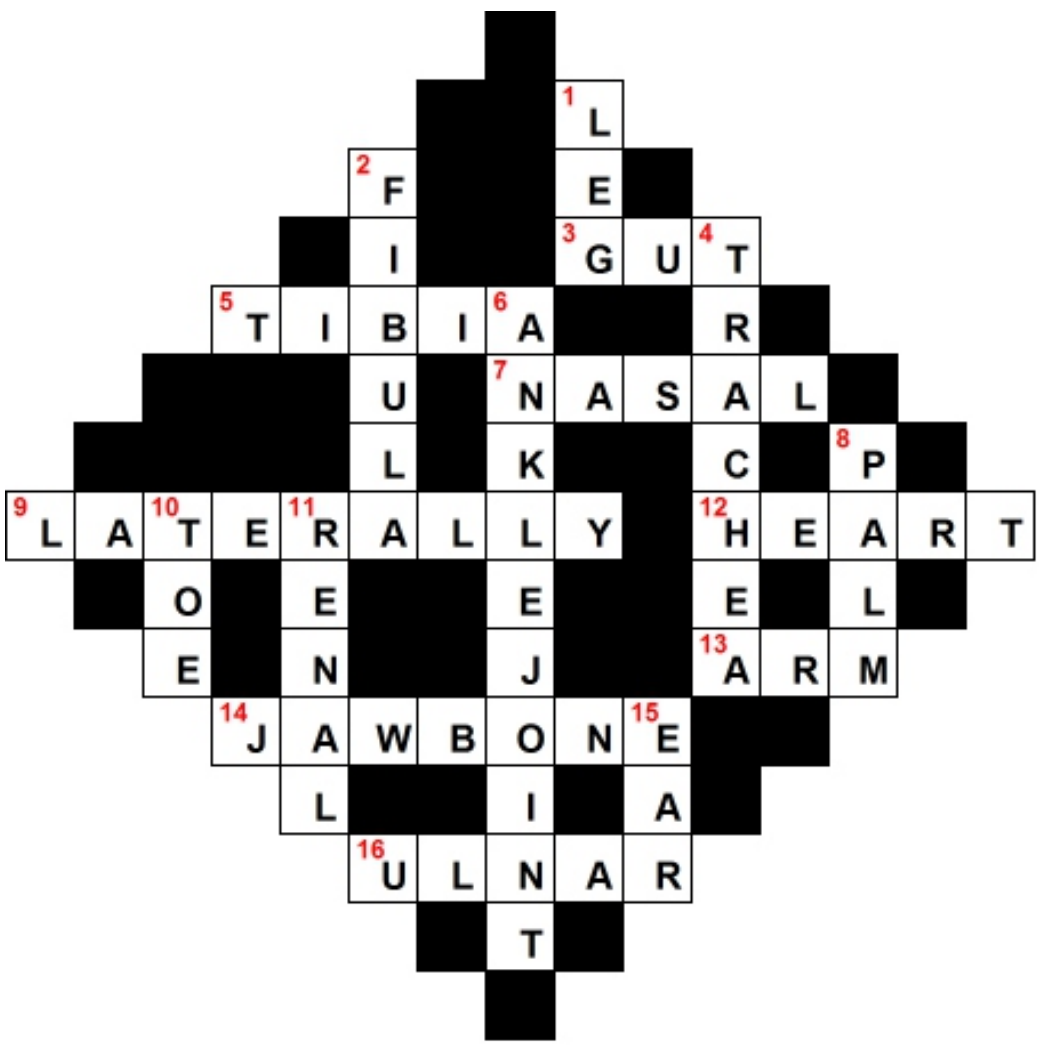


Figure 2. Initiating statin therapy in individuals without clinical ASCVD



Answer of Crossword



Don't Miss Today

11:12 AM
Newer Biomarkers in Cardiology: Worth Spending Extra?
- Dr. Hemang Baxi

2:55 PM
Plenary Lecture - V: Carotid Artery Stenting: Class I Indication in Suitable Cases ***- Dr. Ashit Jain***

3:25 PM
Plenary Lecture - VII: CABG vs. PCI: Where & What Does Evidence Support ? ***- Dr. Raj Makkar***

Home Monitoring of Arrhythmias and HF via Devices

Ajay Naik, Cardiovascular Implantable Electronic Device (CIED) Monitoring

Patient Related

- Patient education, reassurance
- Records, databases

Device Related

- Assessing/ Optimizing device performance and safety
- Identify/ correct any system abnormalities
- Plan elective replacement

Disease Related

- Monitor arrhythmias
- Monitor Heart Failure parameters

Communication Related

- Reports to physicians and health care providers

CIED implantation and monitoring

- The focus of CIED use has been on the value of implantation
- The implication of CIED implantation is that it has a sustained purpose
- In order for that purpose to be manifest, the CIED must be monitored, maintained and followed up regularly.

Advantages of wireless networks:

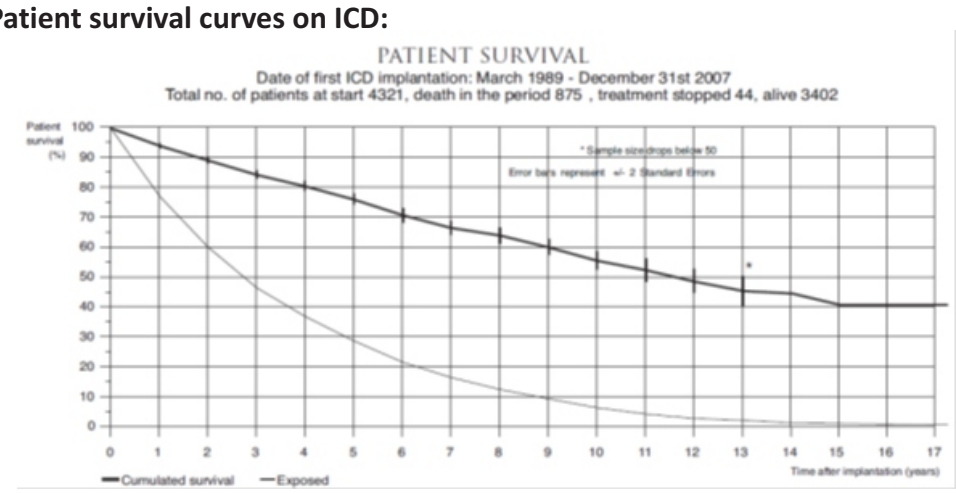
- Better able to accommodate changing needs and schedules of both patients and of clinicians.
- Easier for clinician to set up a scheduling routine that fits into current practice methods. Scheduling becomes automated, saving time for the clinic.
- Automatic prescheduled checks can improve patient care and convenience while reducing compliance issues
- Alerts triggered by device or physiologic events, provide early event notification to help better manage patient outcomes.

Answer

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

Dr. Ajay Naik Discusses Advances, Perceptions and Realities in ICD Therapy

Patient survival curves on ICD:



Advances in ICD therapy:

1. Reduced ICD shocks
2. Minimized Ventricular Pacing
3. Wireless Telemetry
4. Leadless ECG
5. Remote Monitoring
6. Fluid Monitoring for HF (Optivol / Corvue)
7. Proactive ST segment monitoring
8. Round-the-clock automated ICD monitor
9. Single connector (DF4) leads
10. Increased device longevity
11. Subcutaneous ICD
12. MRI safe ICDs

ABSORB-4th Revolution in Interventional Cardiology

The concept of "regenerative therapy of coronary vessels" using the ABSORB™ scaffold provides
1) A mechanical support for the coronary artery wall after the percutaneous coronary intervention (PCI) procedure,
2) Its biodegradation leads to attenuation of a chronic inflammatory reaction in the vascular wall,
3) May facilitate repeated percutaneous or surgical revascularization in case of atherosclerosis progression and
4) Permits noninvasive control of patients with the use of imaging modalities such as MSCT or magnetic resonance imaging (MRI) without the risk of artifacts.

Absorb was designed with the premise of working in three phases to deliver Vascular Reparative Therapy.

At CIMS, we studied the 30-day outcomes in 26 such patients implanted with multiple ABSORB BVS .At 30 days; Bioabsorbable scaffolds show good results in patients with multi-lesion CAD. It is a novel approach, without limitations of metallic drug eluting stents like long-term dual anti-platelet therapy, metal jackets from multiple metallic stents, and after 1 year with the artery being in natural state future intervention including Re-PCI or bypass surgery is easier. The polymeric material as an implantation medium in BVS potentially has numerous advantages compared to DES.

The main challenges faced by the ABSORB (BVS) are its limited distensibility, and therefore its suitability for implantation in appropriately sized vessels. Consequently, at present Quantitative coronary angiography (QCA) guidance is mandatory for implantation of the device. Long term efficacy and safety needs to be assessed.

- Dr. Keyur Parikh

Latest ACC/AHA Guideline for Management of Heart Failure

Parikh Keyur,

Ten points to remember from the guideline for the management of HF

i. Definition of HF has now expanded to:
   a) HF with reduced ejection fraction (HFrEF, EF ⩽40%)
   b) HF failure with preserved ejection fraction (HFpEF, EF ⩾50%)
   c) HFpEF, borderline (EF 41-49%)
   d) HFpEF, improved (EF >40%)

ii. The number of patients with HF, as well as the cost to treat HF patients is expected to increase.

iii. All causes of HF must be evaluated, with consideration of multigenerational family histories and genetic testing.

iv. Risk factors need to be continually addressed when managing a patient with HF: hypertension, lipid disorders, obesity, diabetes mellitus, tobacco use, and known cardio toxic agents.

v. Anticoagulation should not be used in patients with chronic HFrEF with no risk factors (atrial fibrillation, thromboembolic event, or cardio embolic source).

vi. Aim to control systolic and diastolic blood pressures, as well as volume status, to treat HFpEF.

vii. Re-evaluate patients with left ventricular EF ⩽ 35%, New York Heart Association class II-IV, left bundle branch block, and a QRS ⩾150 ms for cardiac resynchronization therapy.

viii. HF education, dietary restrictions, and exercise training should be provided for all patients to enhance self-care.

ix. A HF multidisciplinary team, including a palliative care team, should be involved when treating patients with advanced HF.

x. There is a clear mortality benefit from using guideline-directed medical therapy.

Evidence-based guideline directed diagnosis, evaluation and therapy should be the mainstay for all patients with HF to reduce mortality, improve QoL and preserve health care resources. Ongoing research is required to answer the remaining questions including: prevention, dietary adjustments, treatment of HFpEF, management of hospitalized HF, effective reduction in HF readmissions, more precise use of device-based therapy, smaller MCS platforms and cell-based regenerative therapy.

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12:00 PM to 2:00 PM

Poster Presentation

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Third	₹ 7,500
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