

Day 1: 30th November 2017, Thursday

	Hall A	Hall B	Hall C	Hall D
	Clinical and Preventive Cardiology	National Intervention Council	EP and Pediatrics	Cardiac Imaging
9:00-10:00	Rapid fire session- Drugs that I can't avoid knowing about <ul style="list-style-type: none"> • Canagliflozin • Riociguat • PCSK9 inhibitors • ARNI • Azilsartan • Benidipine • Idarucizumab 	Theme: STEMI <ul style="list-style-type: none"> • Introduction and the themes of the sessions • Lessons learnt from Indian STEMI Guidelines • CASE 1- STEMI in Left Main • CASE 2- STEMI with Bifurcation Lesion • CASE 3- STEMI with Multi-vessel disease • CASE 4- STEMI with huge thrombus burden • Tips and Tricks for STEMI Intervention 	How do I do it? <ul style="list-style-type: none"> • EP evaluation & ablation of VT with RBBB Morphology • Paroxysmal AF ablation, my targets and end points • Atriofascicular pathway ablation • Cryoablation 	Cases which stunned me in 2017! <ul style="list-style-type: none"> • Case no. 01 • Case no. 02 • Case no. 03 • Case no. 04 • Case no. 05 • Case no. 06 • Case no. 07
10:00-11:00	Clinical dilemmas in lipid management <ul style="list-style-type: none"> • A 55-year old patient, underwent primary PCI 3 months back, receiving rosuvastatin 20 mg/d, now has LDL 25 mg/dl, TG 72 mg/dl • A 60-year old diabetic, underwent CABG 6 weeks back, has LDL 124 mg/dl, TG 178 mg/dl; develops significant myalgias with even 20 mg/d atorvastatin • A 62 years old gentleman, diabetic, no previous CAD, LDL 112 mg/dl, TG 278 mg/dl, HbA1c 7.8%, serum creatinine 1.9 mg/dl, eGFR 38 ml/min • A 23-yrs old patient, LDL 256 mg/dl, TG 182 mg/dl, non-diabetic, father had CAD at 44 years of age • A 57-year old diabetic and hypertensive, presents with hemorrhagic stroke, LDL 115 mg/dl, TG 225 mg/dl 	Theme: Calcified coronaries <ul style="list-style-type: none"> • CASE 1: • CASE 2: • CASE 3: • CASE 4: • CASE 5: • CASE 6: • Handling Pebbles & Rocks: Tips and Tricks for doing Coronary Interventions in Calcified Lesions 	Rapid fire session- (8 + 2 minutes) <ul style="list-style-type: none"> • RV septal pacing– should we go for it? • Home monitoring of devices in India is feasible, practical and cost effective • Is DFT testing after ICD implant required? • RV ectopy- Do they need ablation? • Syncope in HCM- do all need an ICD? 	Let's fight with each other and come to a consensus: <p>Fight-01: Assessment of severity of valvular regurgitations</p> <ul style="list-style-type: none"> • 3D echo solves all my problems • I can't do without MRI <p>Fight-02: Diastolic function assessment by echocardiography- A simple science made unnecessary complicated</p> <ul style="list-style-type: none"> • Restrictive physiology is all that matters • There is no gain without any pain- make an effort and you'll get a lot more information
11:00-12:00	Clinical dilemmas in hypertension- 1 <ul style="list-style-type: none"> • When should I ask for ambulatory BP monitoring in my hypertensive patient who is already on treatment? • Estimation of arterial stiffness and central aortic pressure- case scenarios where it would influence my clinical practice • Which anti-hypertensive drugs to choose here- a 52-year old diabetic, hypertensive with serum creatinine 2.7 mg/dl • Should I go for renal artery stenting in this patient- a 42-year old newly diagnosed hypertensive, BP 160/110 mmHg, bilateral renal artery stenosis, serum creatinine 1.6 mg/dl • Resistant hypertension- what investigations to order and how to interpret them? 	Theme: CTO <ul style="list-style-type: none"> • Case 1 • Case 2 • Case 3 • Case 4 • Case 5 • Case 6 • Tips and Tricks of doing CTO 	Challenges in cardiac electrophysiology <ul style="list-style-type: none"> • SVTs in the EP lab that stumped me • Non-responders to CRT- What do we do? • Recurrent symptomatic AF in a patient with prosthetic valves • Hemodynamically unstable VT storm in ischemic cardiomyopathy • CIED Infections- is it Guidelines always? 	Clinical Symposium: What is new in 2017? <ul style="list-style-type: none"> • 2D strain in valvular heart disease- Ready for primetime? • 3D echo in clinical practice- where it truly adds value? • Contrast myocardial perfusion imaging- Is it worth all the effort? • Imaging for TAVR- which modality?
12:00-1:00	Clinical dilemmas in STEMI management <ul style="list-style-type: none"> • STEMI with chest pain of 5 hours duration, cath lab not available on-site • Anterior wall STEMI, presenting late at 36-40 hours • Anterior wall STEMI, thrombolized at presentation (4-5 hours), LVEF 30%, no chest pain now • TBD • TBD 	TBD	Symposium (15 Minutes) <ul style="list-style-type: none"> • Scar VT ablation- Substrate based ablation or entrainment mapping of VTs? • Does device-detected AF really cause strokes?: What We Know and Don't Know • How to optimally program a CRT-D device • CMRI in decision-making for treatment of ventricular arrhythmias 	Complex issues put in perspective <ul style="list-style-type: none"> • IAS Aneurysm with PFO: How to diagnose and what to do? • RV volumes and function in right heart lesions- Clinical utility • PISA in regurgitant lesions- I really dread it! • Fusion imaging- 'complicated' modality 'simplifying' imaging for all
1:00-2:00	Rapid fire session- Diagnostic tests in context <ul style="list-style-type: none"> • High-sensitivity troponin assay • ST2 in heart failure • HFABP • Urine protein-creatinine ratio • Coronary calcium score • Visceral fat estimation by MRI 	Theme: Bifurcation lesions <ul style="list-style-type: none"> • Case 1 • Case 2 • Case 3 • Case 4 • Case 5 The way to go in bifurcation stenting - Methods, Tips and Tricks 	TBD	Case scenarios in cardiac imaging <ul style="list-style-type: none"> • Case scenario 1: A 45-years old gentleman with history of chest pain was subjected to stress echo. The stress echo was normal; however, ECG showed evidence of ST and T wave changes with significant breathlessness and mild heaviness in chest. <ul style="list-style-type: none"> ○ How to investigate further? ○ Consensus view. 3 min • Case scenario 2: A 28-yars old gentleman was diagnosed to have ASH during pre-employment check-up. His septal thickness is 22 mm and resting LVOT gradient 40 mmHg. He has largely sedentary life but has no h/o syncope and no family h/o SCD. <ul style="list-style-type: none"> ○ How to investigate further? ○ Consensus view. 3 min • Case scenario 3: A 38-years old lady without any significant past history presents with ischemic stroke. Initial neurological and biochemical assessment doesn't lead to any etiological possibility. The patient is then referred for cardiology evaluation. <ul style="list-style-type: none"> ○ How to investigate further? ○ Consensus view. 3 min • Case scenario 4: A 60-years old lady presents with progressive dyspnea and swelling of feet. Echocardiography reveals normal-sized ventricles and dilated atria. <ul style="list-style-type: none"> ○ How to investigate further? ○ Consensus view. 3 min
2:00-3:00	HF session <ul style="list-style-type: none"> • ABCD of pharmacotherapy in HF- A stepwise approach • Advanced therapies in advanced heart failure • Do all patients needing CRT require CRT-D? • Non-pharmacological approaches for preventing 	TBD	Pediatric Cardiology <p>Acyanotic CHD</p> <ul style="list-style-type: none"> • When should I intervene? • ASD- Device closure tips and tricks • PDA closure- beyond duct occlude • Debate- optimal closure technique for PM 	Imaging beyond echocardiography- When should I go for these? <ul style="list-style-type: none"> • Debate- Assessment of myocardial viability <ul style="list-style-type: none"> ○ Nuclear imaging remains the 'Gold-standard' ○ Nuclear imaging is passé, CMR is the new 'gold-standard' • Coronary imaging by CT- who are the right

	rehospitalization in HF- Utmost significant in Indian scenario		VSD- <ul style="list-style-type: none"> Don't need a big scar, we will close it the cath lab? Not yet; somethings are still better in surgeon's hands 	candidates? <ul style="list-style-type: none"> Imaging in cardiomyopathy- From histology to physiology, CMR has all the answers
3:00-4:00	EP for EP ('Electrophysiology' for 'Every Practitioner') <ul style="list-style-type: none"> Atrial flutter – A different arrhythmia from atrial fibrillation Neurocardiogenic syncope- What treatment options do we have? ECG predictors of patients at risk of SCD VTs that do not need an ICD Arrhythmia monitoring beyond 24-hr Holter device 	Theme: Peripheral and structural interventions <ul style="list-style-type: none"> Case 1 Case 2 Case 3 Case 4 Case 5 TAVI in India Recent Advances in Lower Limb Interventions and Peripheral BRS Technology 	Cyanotic CHD <ul style="list-style-type: none"> Adequate evaluation in TOF Strategies for palliation in TOF A management overview of TOF like conditions Glenn and Fontan- demystified Follow up of an operated TOF patient 	NAVIN C NANDA Young Investigator Award
4:00–5:00	Clinical dilemmas in hypertension- 2 <ul style="list-style-type: none"> When and which diuretic agent for hypertension Choice of antihypertensive therapy in young individuals- Are there any differences from usual practice? Hypertensive patients receiving only a beta-blocker for their BP management- should these prescriptions be revised now? Circadian rhythm and timing of anti-hypertensive drugs- any relevance? TBD 	Invited talks <ul style="list-style-type: none"> TBD The history and future of intra-coronary imaging TBD TBD 	Larger issues in pediatric cardiology: A food for thought <ul style="list-style-type: none"> Caring for all Indian kids with CHD – A status report Should pediatric interventions be performed only by a pediatric cardiologist? Fetal echo and preventive pediatric cardiology- Will it take off in India? Native Coarctation in adults – Balloon/stent/covered stent or surgery? Heart failure in children- an update 	My best case in 2017- Cases with a learning tip <ul style="list-style-type: none"> Case no. 01 Case no. 02 Case no. 03 Case no. 04 Case no. 05 Case no. 06
5:00-6:00	TBD	TBD	TBD	Mesmerizing cases in Cardiology- A multimodality imaging session <ul style="list-style-type: none"> Case no. 01 (Echo) Case no. 02 (CT/CMR) Case no. 03 (Echo) Case no. 04 (CT/CMR) Case no. 05 (CT/CMR) Case no. 06 (Echo) Case no. 07 (Echo)
6:00-7:00				
7:00 pm onwards	INAUGURATION			