

Canadian Cardiovascular Congress



Co-hosted by the
Canadian Cardiovascular Society and the
Heart and Stroke Foundation of Canada



PLEASE PLAN TO ATTEND

SATURDAY, October 24

“Controversies in Coronary Interventions: Annual Interventional Cardiology Workshop”
13:00-16:00, Salon 08-09, Meeting Level

16:30-18:00 Welcome reception and opening of the Community Forum
(Community Forum, Assembly Level)

“Expert Opinions: Advances in Cardiology”
18:00-21:00, Salon 11-12, Meeting Level

SUNDAY, October 25

“The CV Show: Defining the New Vulnerable Patient”
10:00-12:00, Delta Hotel Conference Centre, 3rd Floor

12:00-14:00 Canadian Journal of Cardiology Symposium (Salon 08, Meeting Level)

14:00-16:00 CCC Opening Ceremonies and HSFC Lecture: “Nature, Nurture and Cardiometabolic Risk” (Hall D, Pedway Level)

“2009 CCS Canadian Cholesterol Guidelines”
16:30-18:00, Salon 02, Meeting Level

16:30-18:00 Joint CCS/ACC Symposium: “Brain and Heart Interactions”
(Salon 08, Meeting Level)

18:00-19:30 CCS Awards Reception (Empire Ballroom, Lobby Level – MacDonald)

MONDAY, October 26

“Personalizing the Management of ACS: Matching Optimal Antiplatelet Therapy to the Right Patient at the Right Time”
7:00-9:00, Crowne Plaza Hotel, Alberta AB, Lobby Level

9:00-10:30 State-of-the-Art Session: “Antiplatelet Therapy in the Management of Ischemic Heart Disease” (Hall D, Pedway Level)

11:00-12:30 Implementation of the Canadian Heart Health Strategy (Hall D, Pedway Level)

12:30-14:00 Women in Cardiac Sciences Luncheon: “Women in the Professions - One Step Forward and Two Steps Back” (Empire Ballroom, Lobby Level - MacDonald)

14:00-15:30 Guidelines and Position Statements (Salon 08, Meeting Level)

19:30 Edmonton City Night (Hall D, Pedway Level)

TUESDAY, October 27

“Optimizing Outcomes in ACS”
7:00-9:00, Delta Hotel Conference Centre, 3rd Floor

“5th Annual Medical Debate in Lipid Management – Meeting the Challenge of Evolving Evidence”
7:00-9:00, Crowne Plaza Hotel, Alberta AB, Lobby Level

9:00-9:45 John Keith Lecture: “Convergence of Human Genetics and Stem Cell Biology: The Future of Medicine” (Hall D, Sec. 1, Pedway Level)

9:45-10:30 Wilfred G. Bigelow Lecture: “Aortic Valve Repair – State-of-the-Art”
(Hall D, Sec. 1, Pedway Level)

11:00-12:30 CIHR/ICRH Distinguished Lecture in Cardiovascular Sciences: “Stem Cells for Cardiac Regeneration” (Hall D, Sec. 1, Pedway Level)

14:00-15:30 Debates—Current Controversies in Cardiovascular Sciences
(Hall D, Sec. 2, Pedway Level)

“A Global Perspective of Cardiovascular Disease Burden and Treatment”
18:30-21:30, Hall D, Pedway Level

WEDNESDAY, October 28

“Expert Opinions: Current Issues in Cardiology”
7:00-9:00, Westin Hotel, MB/SK, Banquet Level

9:00-10:30 Late Breaking and Featured Clinical Trials (Salon 08, Meeting Level)



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INFO-CARDIO

REGISTRATION ISSUE

Saturday / Sunday Edition

14th Anniversary of the Official Newspaper of the
Annual Canadian Cardiovascular Congress
October 24-28, 2009 / Edmonton, Alberta



Welcome to Edmonton!

Opening Ceremonies: lifestyle key to CVD prevention

Nurture trumps nature much of the time, as the Heart and Stroke Foundation of Canada, Dr. Robert Hegele, Director, Martha G. Blackburn Chair in Cardiovascular Research, Robarts Research Institute, London, and Professor of Medicine/Biochemistry, will discuss during his Opening Ceremonies presentation. This knowledge should help motivate those who were dealt a bad genetic hand to persevere with a healthy lifestyle.

Insights provided by advances in the Human Genome Project have allowed scientists to identify increasing numbers of genes involved in acute myocardial infarction (MI) and stroke, as Dr. Hegele tells *INFO-Cardio*. In his own laboratory, for example, Dr. Hegele and colleagues have used the candidate gene approach to discover the genetic basis of 10 different human diseases, among them the hepatic lipase deficiency (HL gene); the Dunnigan-type familial partial lipodystrophy type 2 (LMNA gene); and the Oji-Cree type 2 diabetes (HNF1A gene). As the London-based team point out, the HNF1A G319S mutation, which is present in 40% of Ontario Oji-Cree with type 2 diabetes mellitus, may be the first example of a “thrifty allele” for aboriginal diabetes.

The group has also identified approximately 100 disease-causing mutations in candidate genes in Ontario families with dyslipidemia, type 2 diabetes, long QT syndrome and various metabolic disorders, along with over 100 human mutations in known genes that contribute to dyslipidemia, diabetes and atherosclerosis. Because all genes encode for proteins, “it’s possible to design a drug that works on that pathway,” Dr. Hegele explains, “and some of the newer molecules that have been developed for the treatment of cholesterol, for example, have come from studying those rare patients who have extreme levels of different lipid fractions and identifying the genes involved in them.”



Dr. Robert Hegele

Equipped with more sophisticated genetic knowledge, physicians are now able to better identify patients whose genes predispose them to cardiovascular disease (CVD) to a greater degree than others. Simply asking patients about their family history of heart disease is a good way of determining CVD risk, he adds. Now, however, scientists can probe a patient’s genetic bar code and issue more personalized advice based on a reading of that code. Regardless of how that bar code reads, patients can be reassured that an unfortunate genetic fate is no reason for apathy.

With the exception of about 5% of the population at the extreme ends of the bell curve, “most of the population are somewhere in the middle where the effects of bad genes can usually be overcome by the environment,” Dr. Hegele confirms. Topping the list as the most important risk factor for CVD prevention is smoking. “If we could have people implement smoking cessation strategies or stop them from smoking to begin with, that would do more to prevent CVD than any high-tech approach we might come up with,” he stresses.

Diet is another vital factor, yet the way the vast majority of what North Americans now eat bears so little resemblance to our ancestral diet that it can be regarded as pathogenic in terms of our genetic evolution. Regular physical activity is also critical, another element that was integral to our ancestral lifestyle from which we have now collectively strayed.

“The more we study genetics and get down to the nitty gritty of the bar code of life, the more we understand that what your grandmother told you was probably right,” states Dr. Hegele. □

Opening Ceremonies take place Sunday, October 25,
14:00-16:00 (Hall D, Pedway Level).

Diversity of Edmonton CCC offers broad appeal



Anne Ferguson

The entire province of Alberta—and Edmonton in particular—has opened their doors and their hearts to the Canadian Cardiovascular Congress (CCC) to make sure delegates feel genuinely welcome here during the CCC experience.

“Alberta has been quite terrific in supporting the CCC and the city of Edmonton in particular,” confirms CCS CEO Anne Ferguson. Alberta’s Premier, The Honourable Ed Stelmach, is expected to attend the Opening Ceremonies as is Edmonton’s mayor, Stephen Mandel. The Mazankowski Alberta Heart Institute in Edmonton—itsself welcoming its first heart patients this year—will be offering tours to delegates on Saturday afternoon, while the C.K. Hui Heart Centre, formerly the Royal Alexandra Hospital Foundation, will offer tours on Tuesday.

At the Congress itself, attendees from a total of 19 different cardiovascular (CV) disciplines will bring their spectrum of CV interests and skills to the various venues, encouraging intellectual cross-fertilization among separate but inter-related disciplines. New this year as well is track programming highlighting sessions of particular interest to clinical cardiologists, starting with a half-day program at 7:30-13:00 on Saturday, October 24, entitled “Year in Review for the Clinical Cardiologist” (Salon 11-12, Meeting Level). Sessions of interest to clinical cardiologists will continue throughout the meeting.

“We are also going to have a showcase for the Heart Truth Campaign featuring dresses from Canadian designers,” Ferguson tells *INFO-Cardio*, “and there is going to be a Healthy Living section in the Community Forum where booths bearing the Health Check symbol will be featured so that delegates can learn more about their products and services.”

Attendees who come together under the umbrella of the CCC each year are increasingly representative of the CV community at large, as Ferguson points out, and the Congress continues to try to reach out to that diversity so as to appeal to one and all. □

The Heart Truth campaign for women: take charge and reduce the risks

Delegates are encouraged to drop by the Heart Truth booth in the Community Forum to find out how the Heart and Stroke Foundation of BC & Yukon are orchestrating a major outreach campaign to raise awareness of cardiovascular disease (CVD) risk in women. Launched in February 2008, the Heart Truth campaign is aiming to reach women and their healthcare providers through a national media relations campaign, public outreach, television and radio public service announcements, print ads and an interactive campaign through their Web site (thehearttruth.ca). They have also established a leadership council of Canadian female powerbrokers to help drive home the message that women are as much at risk for heart disease and stroke as men and that they need to take control of risk factors to reduce their risk of having an event.

Support has also been directed towards the Heart Truth Fashion Show held during Fashion Week in Toronto. The event spotlights Canadian celebrities and top fashion designers who together bring the Red Dress—the symbol of the campaign—to life on the runway. Sponsors are integral to the campaign’s success. The dedicated individuals behind the Heart Truth campaign would like to acknowledge Becel for distributing Red Dress pins on-pack and for organizing a major benefit concert, the “Becel Love Your Heart Benefit Concert,” in April 2009 to support the campaign. Other sponsors include Shoppers Drug Mart who distribute brochures and encourage pharmacists to educate women on their risks of heart disease; Pfizer Canada’s field representatives are also encouraging healthcare

professionals to talk with female patients about heart health; Ocean Spray, who also offer on-pack Red Dress pins; Rogers Consumer Publishing who provide ad space for the Heart Truth campaign in their magazines; Dempster’s for creating an on-line presence as well as print ads; and the Providence Heart & Lung Institute at St. Paul’s Hospital in Vancouver who are planning a health forum.

Confirms Bobbe Wood, President and CEO, Heart and Stroke Foundation of BC & Yukon, “The Heart Truth campaign has helped women across Canada take charge of their heart health, to recognize risk factors like high cholesterol and high blood pressure, to talk to their doctors and ultimately reduce the number of women who die from heart disease and stroke.” □

CCS Awards: celebrating another year of excellence

The CCS has again recognized leaders in their field and welcomes all delegates to the Awards Reception to celebrate their many collective achievements.

Annual Achievement Award: Still active in adult heart surgery and thoracic organ transplantation, Dr. Neil McKenzie joined the University Hospital in London, Ontario, in 1974 as a senior resident in the division of cardiovascular and thoracic surgery, where he eventually began chief and then chair. Under his stewardship, the University Hospital performed the first heart transplant in April 1981, and was the first Canadian centre to use cyclosporine for transplant recipients. Dr. McKenzie delivered the Wilfred. G. Bigelow lecture at the CCC in 2008.

Distinguished Teacher Award: Having earned his MD at McGill University in 1967, Dr. Israel Belenkie eventually joined the University of Alberta in 1973, where he has been pursuing his main research interests in heart failure and pericardial disease ever since. Over the years, he has become an important role model for trainees in the cardiology program and he continues to provide excellent instruction to trainees and residents during lectures and at weekly rounds. In both 2002 and 2007, cardiology trainees selected Dr. Belenkie as “Teacher of the Year.”

The Harold N. Segall Award of Merit: As founder of The Running Room, Dr. John Stanton has done more than his fair share to improve the cardiovascular health of Canadians. When not giving pep talks about running health and fitness, Dr. Stanton runs himself—over 60 marathons—including the Canadian Ironman and the Hawaiian World Championship Ironman competition, and hundreds of road races. Dr. Stanton works with many charitable organizations and is Vice President of the Commonwealth Games Association of Canada.

Research Achievement Award: Dr. Duncan Stewart completed both his MD and his residency training at McGill, after which he trained in physiology and pharmacology in Freiburg, Germany. On his return he established a vascular biology laboratory at the Royal Victoria Hospital in Montreal, where he pursued his interest in the endothelium and its role in vascular disease. In 1994, Dr. Stewart became head of cardiology at St. Michael’s Hospital in Toronto, and subsequently moved on to become CEO and scientific director of the Ottawa Hospital Research Institute in 2007, where he continues to focus on the role of endothelium in disease and health.

Trainee Excellence in Education Award: Dr. Joel Price is currently a senior resident in cardiac surgery at the University of Ottawa Heart Institute. Concurrently, he is also completing his Masters of Public Health degree at Harvard University in Boston. Dr. Price has already assumed responsibility for supervising and teaching third- and fourth-year students in his aim to become a clinician-educator in academic cardiac surgery.

Young Investigator Award—Clinical Science: Dr. Douglas Lee is appointed to the Institute for Clinical and Evaluative Sciences and is a scientist at both the Toronto General Research Institute and clinician-scientist within the University Health Network.

Young Investigator Award—Basic Science: Dr. Gavin Oudit is currently assistant professor of medicine and clinician-scientist at the Mazankowski Alberta Heart Institute in Edmonton. His main research interests concern the role of ACE2 in heart disease. □

The CCS Awards Reception will take place on Sunday, October 25, 18:00-19:30 (The Fairmont Hotel Macdonald, Empire Ballroom, Lobby Level).



CCS President looks back—and forward—to another busy, productive year

It has been another typically busy and productive year for the Canadian Cardiovascular Society (CCS) under President Dr. Charles Kerr, Professor of Medicine, University of British Columbia, with future plans promising to keep everyone equally active meeting the needs of the diverse CCS membership.

Having heard from the membership that guidelines and policy statements are very important to them, the CCS guidelines committee has made every effort to identify areas of practice on which members feel they need more official guidance. As a result, “we’ve developed an unprecedented number of guidelines and policy statements over the past year and we have a fairly large menu of ongoing guidelines and policy statements that are being developed in the year ahead,” Dr. Kerr revealed to *INFO-Cardio*.

At the same time, the CCS has continued to expand its communications ability through improved Web site interactions, as members have once more identified Web site communication as an important priority. “We continue to highlight our trainee program and now have a program in both cardiac surgery and pediatric cardiology as well as adult cardiology,” Dr. Kerr notes. Indeed, the CCS has identified full support of cardiology trainees as one of their most important membership initiatives; trainees, in turn, have responded enthusiastically, letting the CCS know that their programs are an extremely valuable component of their education.



Dr. Charles Kerr

Access to care policy issues also continue to garner much of the CCS’s attention, and the Society is now working with the Canadian Medical Association among other groups to advance monitoring of wait times around cardiovascular (CV) care. In terms of wait times, the CV care community can take credit because as a specialty, they are farther ahead than any other specialty in reducing wait times across the board from CV surgery to consultation. As the pivotal group behind the Heart Health Initiative, the CCS continues to champion the implementation of its many recommendations, all aimed at improving the quality of CV care to all Canadians.

It is understood that the CCS has taken a leadership role in the development of national standards in order to more accurately assess the effectiveness and quality of CV care delivered across the country. To that end, the CCS is hoping to partner with organizations such as the Public Health Agency of Canada who share a similar interest in assessing the CV health of the nation. “We are also changing the editorship of the official journal of the CCS,” Dr. Kerr announced. At a time when support for all printed publications is waning, the CCS also wants to rethink their business model for both the Society and for the journal in an effort to guarantee a secure future for both. □

Have-a-Heart Bursary program continues to boost youth presence at the CCC

Fifteen deserving young recipients of the Canadian Cardiovascular Society Academy’s (CCSA)’s Have-a-Heart Bursary program will again make their way to the Canadian Cardiovascular Congress (CCC) this year to share the experience with seasoned CCC members.

The CCSA was set up to promote education among young individuals who are interested in pursuing a career in the cardiovascular sciences. Applicants—numbering between 50 and 70 each year—are generally already in an undergraduate program at university or they may already be in a Masters program; either way, they must submit a formal application to the Have-a-Heart Bursary program along with their CV and reference letters.

Once selected, the 15 successful applicants are invited to attend the CCC, all expenses paid, where they are encouraged to meet staff scientists and clinicians whose work is of particular interest to them. The CCSA also keeps track of recipients in order to gauge how many successful applicants do, in fact, go on to have a career in CV medicine: Research indicates that many, indeed, do.

This year’s recipients are as follows:

Ravi Bajaj (Toronto, ON)	Paul R. Hiebert (Vancouver, BC)
Vineet Bhan (Toronto, ON)	Guillaume-Marquis Gravel (Montreal, QC)
Peggy DeJong (Kingston, ON)	Ines B. Menjak (Toronto, ON)
Charles Dussault (Sherbrooke, QC)	Anton Mihic (Toronto, ON)
Carolina Escudero (St. John’s, NL)	Colleen H. Parker (Toronto, ON)
Jennifer Gordon (Montreal, QC)	Amanda Rossi (Lachine, QC)
Juan Guzman (Ancaster, ON)	Kim Tardif (Montreal, QC)
Samir Hazra (Toronto, ON)	

Canadian Journal of Cardiology Symposium: “Upstream” prevention key to reining in CVD

Experts in field will be discussing how to rein in an expected future rise in cardiovascular disease (CVD) during this year’s Canadian Journal of Cardiology (CJC) Symposium.

Initiated in 2006, the Canadian Heart Health Strategy and Action Plan (CHHS-AP) recognized that prevention is important across all aspects of the healthcare continuum. “Realizing this, we thought to move the emphasis on prevention upstream towards risk factors that cause heart disease and stroke,” stated Dr. Eldon Smith, Professor Emeritus, University of Calgary, chair of the symposium and of the CHHS-AP steering committee. During this year’s CJC symposium, four speakers will address prevention tactics in four key areas: the socio-economic determinants of health; hypertension; obesity and the metabolic syndrome; and dietary deficiency/excess.

Dr. Sonia Anand, Associate Professor of Medicine, McMaster University, Hamilton, will discuss the complex contribution that socioeconomic status makes to health. It is well established that low income status is a strong independent risk factor for CVD.

Between 50% and 60% of deaths from CVD are related to hypertension. Dr. Norm Campbell, Professor of Medicine, University of Alberta, and Canadian Chair in Hypertension Prevention and Control and President of Blood Pressure Canada, is deeply involved in strategies to both prevent and better treat Canadians with hypertension and will expand on this subject.

Obesity and the metabolic syndrome are other major risk factors for CVD, not the least because both are highly prevalent, even among the young. The fear is that increasing obesity will incur an increase in type 2 diabetes, hypertension and heart failure, making the prevention of obesity and the metabolic syndrome a critical step in the prevention of CVD-related morbidity and mortality. Dr. Raj Padwal, Assistant Professor, Division of General Internal Medicine, University of Alberta, will address this issue.

Kim Raine, PhD, Professor, Centre for Health Promotion Studies and Co-director, Healthy Alberta Communities, University of Alberta School of Public Health, will discuss the role of diet especially dietary excesses but also a nutritionally poor diet and how control of excess calories, along with an improvement in the quality of the diet, could help prevent a significant proportion of CVD.

“I think it will be a superb session,” Dr. Smith predicts.

The Canadian Journal of Cardiology symposium will be held Sunday, October 25, 12:00-14:00 (Salon 08, Meeting Level).

Don’t miss informative CCC-sanctioned satellite symposia

Delegates are encouraged to attend the many official satellite symposia offered during the meeting that are both co-developed and accredited by the Canadian Cardiovascular Society (CCS).

As noted by CCS CEO Anne Ferguson, many industry supporters contribute to the educational fabric of the CCC every year via sponsored satellite symposia, some of which provide opportunities to network over a meal in addition to erudite presentations by acknowledged experts in their field. These satellite symposia, valued by delegates each year, may be found in the Final Program under “Accredited Symposia” and the choice this year is indeed wide-ranging (consult page 169).

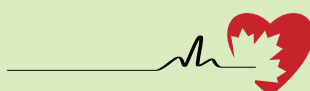
Community Forum Hours

Saturday, October 24
16:30-1800

Sunday, October 25
11:30-17:00

Monday, October 26
9:30-16:30

Tuesday, October 27
9:30-16:30



CCS, CPS, CACAP: new position statement on cardiac assessment of children prior to stimulant use in ADHD

A joint effort of the Canadian Cardiovascular Society (CCS), the Canadian Pediatric Society and the Canadian Academy of Child and Adolescent Psychiatry has forged a new position statement on cardiac assessment of children prior to stimulant use in attention-deficit/hyperactivity disorder (ADHD). This will be discussed in detail during a special session on CCS guidelines and position statements.

As the authors of the new position statement indicate, expert societies advocate physicians carry out a thorough history and physical exam prior to initiating treatment with a stimulant medication, with a particular emphasis on identification of risk factors for sudden death (SD). Yet the same experts do not recommend routine ECG screening or consultation with a cardiac subspecialist unless warranted by findings on history or physical examination.

Based on the best currently available evidence, expert societies submit the following main conclusions and recommendations (please note that the following are abbreviated versions of the original statements):

- Analysis of patient-year exposure data for children on ADHD medications suggests that the rate of SD in this patient group is similar to that of the general population.
- Patients with congenital heart disease frequently have ADHD and can potentially benefit from ADHD therapies, including appropriately prescribed medication.
- Patients with ADHD, like all pediatric patients, should undergo a careful history and physical examination including personal and family history details which may identify those at risk of SD. This should be carried out by their primary care physician.
- Routine ECG assessment of ADHD patients prior to starting medication is not supported by evidence and is not recommended.
- For ADHD patients without known heart disease, the physician managing the ADHD is the appropriate individual to evaluate benefit and risk and make recommendations for medication therapy.
- For ADHD patients with known heart disease and who are followed by a cardiologist, the physician with expertise in ADHD likely remains the appropriate individual to evaluate benefit and risk and to make recommendations for medication therapy, as there is little evidence that taking medication further increases the risk of SD.
- For ADHD patients with suspected heart disease or identified risk factors for SD, assessment by a cardiologist is recommended, similar to what would be recommended for a non-ADHD patient.

Checklist for SD risk factor identification

A “yes” to any of the following questions should prompt further investigation or review by a specialist in pediatric cardiology

- History Yes No
- Shortness of breath with exercise (more than other children of the same age) in the absence of an alternative explanation (e.g. asthma, sedentary lifestyle, obesity) Yes No
- Poor exercise tolerance (in comparison with other children) in the absence of an alternative explanation (e.g. asthma, sedentary lifestyle, obesity) Yes No
- Fainting or seizures with exercise, startle or fright Yes No
- Palpitations brought on by exercise Yes No
- Family history of sudden or unexplained death including SIDS, unexplained drowning or unexplained motor vehicle accidents (in first- or second-degree relatives) Yes No
- Personal or family history (in first- or second-degree relatives) of non-ischemic heart disease such as:
 - Long QT syndrome or other familial arrhythmias Yes No
 - Wolff-Parkinson-White syndrome Yes No
 - Cardiomyopathy Yes No
 - Heart transplant Yes No
 - Pulmonary hypertension Yes No
 - Unexplained motor vehicle collisions or drowning Yes No
 - Implantable defibrillator Yes No
- Physical examination
 - Hypertension Yes No
 - Organic (not functional) murmur present Yes No
 - Sternotomy incision Yes No
 - Other abnormal cardiac findings Yes No

The guidelines and position statements session will take place on Monday, October 26, 14:00-15:30 (Salon 08, Meeting Level).

Heart and Stroke Foundation: cut the salt

Canadians are consuming too much salt, and the Heart and Stroke Foundation has made reduction in dietary sodium a major priority to reduce rates of hypertension, stroke and other sodium-attributable cardiovascular disease (CVD) events.

According to Statistics Canada, Canadians consume over 3000 mg of sodium a day, well over levels beyond which health risks increase. By the year 2020, Blood Pressure Canada would like to see adults reduce sodium intake to between 1200 and 2300 mg a day—a policy to which the Heart and Stroke Foundation and 16 other organizations has subscribed. The Heart and Stroke Foundation is part of a Health Canada working group on dietary sodium reduction which includes representatives from food manufacturing and food service industry groups, the scientific community and consumer advocacy groups, among others.

An essential component of a sodium-reduction strategy is targeting the food supply itself. About 11% of the sodium consumed comes from salt added to food either during cooking or at the table; the same amount occurs naturally in foods. This means the lion's share of our salt intake—77%—comes from processed foods or from food consumed outside the home. With over 20,000 food products in the average grocery store—and Canadians spending \$58 billion on dining out each year—this presents the most fertile area for potential change.

One important way the Heart and Stroke Foundation is already tackling this is through the Health Check™ program. Health Check is the only non-profit, voluntary and independent food information program in the country; to earn the Health Check symbol, products or menu items must meet nutrient criteria developed by the Heart and Stroke Foundation's registered dietitians based on recommendations in Canada's Food Guide. In 2007 and 2008, Health Check announced reductions in sodium on a number of food groups by at least 25%. In some food groups, this reduction has been over 50%.

Already companies including Nestlé, Campbell's and Heinz have embraced the principles of the Health Check program and have reformulated foods to meet the new nutrient criteria. For example, Campbell's has removed some 9 million teaspoons of salt from its tomato soup alone. Boston Pizza and White Spot restaurants have similarly modified menu items to comply with the nutrient criteria. And there are now over 2000 Health Check items in grocery stores and over 700 restaurant outlets that offer Health Check menu items. Check out Health Check products in the Community Forum at this year's CCC or visit healthcheck.org anytime for more information on this important and innovative initiative.



Edmonton City Night hosts Casino Royale: high rollers welcome!

Edmonton is putting on the Ritz as the Shaw Convention Centre hosts Casino Royale night and high rollers will be encouraged to gamble their chips away!

Billed as an optional “black tie” or at least “black-white-and-red” affair, the much-anticipated social evening of the CCC promises to entertain one and all—and the more money gambled, the greater the chance of winning the evening's prize. Kiosks will be set up around the ceiling-to-floor windowed area (Hall D) where delegates can sample cross-cultural cuisine in easy tapas style.

Comedian Lou Eisen, who got his start at Toronto's legendary Second City, will draw on his own experiences and deliver the Angina Monologues, his not-so-funny brush with a near fatal heart attack in 2005. Eisen credits his sense of humour for getting him through the experience reasonably easily and back on the road to recovery.

Keeping the cardiology entertainment theme going is the music. Edmonton's own hardWired might be your ultimate party band, but its members are not standard party animal types: three out of the five band members—Daniel Kim, Shane Kimber and Gabor Gyenes—are practising cardiologists at the University of Alberta Hospital when not playing their hearts out!

Casino Royale doors open at 19:00 on Monday night, so come early and gamble often: the more chips you play, the more likely you'll claim the evening's prize. All proceeds from the Casino Royale evening will go to the Heart and Stroke Foundation of Canada to help support research into cardiovascular disease by Canadian researchers.

Don't forget to buy your tickets!

Edmonton City Night takes place Monday, October 26, at 19:00 in Hall D, Pedway Level.



hardWired band members (left to right): Lon Turner (guitar); Jef Gibbs (lead vocals); Gabor Gyenes (drums); Daniel Kim (bass); Shane Kimber (guitar).

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