Today’s highlights from the Canadian Cardiovascular Congress
The latest in heart health research discoveries and innovations

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More than 3,500 cardiovascular experts from across Canada and around the world are in Toronto today for the Canadian Cardiovascular Congress (CCC). The annual conference unites Canada’s cardiovascular community, from physicians to researchers and policy makers, to network, learn and showcase the latest in research innovations.

“Our theme this year, Innovation and Collaboration: Pathways to the Heart, is about sparking scientific progress through research and partnerships,” says Dr. Todd Anderson, the CCC annual meeting chair. “Experts will return home to their labs and medical practices armed with new tools and knowledge that will improve the health of people in communities across Canada.”

The country’s largest gathering of cardiovascular and allied health professionals features leading researchers, presenting close to 600 studies, along with 30 interactive workshops, educational plenary sessions, lively debates, case studies, accredited symposia, featured lectures, and more. It includes 20 national cardiovascular health affiliate associations and societies.

Sunday Oct. 25 Conference Highlights:

Stopping cardiac arrest before it happens in families at risk

Imagine if you had a genetic risk for sudden cardiac death but didn’t know it. Or if your child had inherited an undiagnosed cardiac abnormality. Unexplained cardiac arrest (UCA) may be explained by an inherited arrhythmia syndrome, placing unsuspecting family members at risk.

Investigators with the CASPER registry have done extensive assessments of first-degree family members of UCA survivors or victims of sudden unexplained death (SUD). Detailed cardiac screening, including genetic testing in some, revealed cardiac abnormalities in almost a third of these first-degree relatives.

What does this mean for families at risk? It’s confirmation that systematic cascade screening and genetic testing in asymptomatic family members can identify vulnerable family members and lead to preventive lifestyle and/or medical treatments — protecting vulnerable relatives from sudden death.

Presented by: Christian Steinberg, Vancouver, B.C.

Using technology to promote physical activity in children with congenital heart disease

Children with congenital heart disease (CHD) are less active and less fit than children
without CHD. A Vancouver study testing a combo pack of exercise prescriptions and activity trackers resulted in increased moderate-to-vigorous physical activity levels and decreased sedentary time in these young patients. Children who did not receive the intervention had decreased activity levels over the course of the study.

Researchers say next steps include a larger scale randomized trial to determine the impact that activity trackers and exercise prescription have on the children’s physical activity and overall health.

*Presented by: Dr. Kevin Harris, Vancouver, B.C.*

**High-intensity activity improves the heart health of people with diabetes**

A CCC study finds that “burst activity” improves cardiovascular health of newly diagnosed diabetes patients. Physical activity, an integral part of diabetes rehabilitation, has historically been low intensity, sustained exercise. Recent studies have shown short-term cardiometabolic benefits of high intensity “burst” exercise in healthy volunteers.

The study of people recently diagnosed with diabetes compared the impact of burst and sustained exercises on their cardiometabolic health. Patients undergoing the burst regimen exercised 27 per cent more than the control group, had a 2.3 fold greater improvement in blood glucose control, and saw significantly greater improvement in cholesterol levels, along with improved BMI and cardiopulmonary fitness. Even among patients who exercised a similar number of minutes per day as the traditional low-intensity group, burst exercise resulted in greater improvements. A burst regimen could be a simple and effective way to improve the heart health of individuals with diabetes.

*Presented by: Avinash Pandey, Cambridge, ON*

**Are men from Mars and Women from Venus when it comes to heart disease?** Dr. Louise Pilote, one of Canada’s leading sex and gender researchers, leads this year’s Women in Cardiac Sciences session.

**The Great TAVI Debate:** Will TAVI (transcatheter aortic valve implantation) replace aortic valve replacement (AVR) as the main intervention for severe aortic valve disease by 2020? Using a unique courtroom trial format, with a judge, prosecution and defense, and a jury of peers, experts debate the pros and cons. TAVI – a minimally invasive procedure which replaces diseased valves in the heart by implanting them using a long narrow tube called a catheter – is currently only performed on patients for whom AVR open-heart surgery is considered too risky. Dr. Jean Rouleau stars as judge, with Dr. Andre Lamy as lead prosecutor and Dr. Anita Asgar leading Team TAVI.

**The intersection between the heart and cancer:** This year’s CCS/ACC Symposium, focused on cardio-oncology, is co-chaired by Drs. Catherine Kells and Mary Walsh.

**Heart failure in 2015:** The Canadian Cardiovascular Society(CCS) presents their newly published Heart Failure (HF) Companion Bridging Guidelines to your Practice, with answers
to key questions asked by HF practitioners, including timelines for patient assessment, therapies, imaging testing and when to see patients again.

**Outstanding achievements in cardiovascular care and health:** The 2015 CCS Awards recognize exceptional contributions to the cardiovascular field in Canada. This year’s recipients include:

- Annual Achievement Award: Dr. Ruth Collins-Nakai
- Distinguished Teacher Award: Dr. Chi-Ming Chow
- Dr. Harold N Segall Award of Merit: Dr. Beth Abramson
- Research Achievement Award: Dr. Rob Beanlands

**Can we afford the rising cost of cardiovascular care in Canada?** In this year’s Public Policy Session, Dr. Chris Simpson looks at moving cardiac care to patients; Dr. Craig Mitton highlights an economic- and ethics-based approach to help guide health care decision making; and Dr. Lee Fairclough discusses the role of quality improvement in sustaining affordable health care.

“The toll of heart disease is still too high in Canada,” says David Sculthorpe, CEO of the Heart and Stroke Foundation. “We count it in lives as well as dollars, as our healthcare system consumes up to 40 per cent of provincial and territorial budgets.”

Heart disease and stroke are a leading cause of death, the leading cause of hospitalizations and the biggest driver of prescription drug use in Canada. Every seven minutes in Canada, someone dies from heart disease or stroke.

“Research is the essence of innovation and collaboration,” says Sculthorpe. “The ideas put forward and partnerships seen at Congress will help us change the face of cardiovascular disease, as research discoveries become part of best practices aimed at improving the health and lives of Canadians.”

*The Canadian Cardiovascular Congress is co-hosted by the Heart and Stroke Foundation and the Canadian Cardiovascular Society. The Congress is being held in Toronto from October 24 to 27. #CCCTO*

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The **Canadian Cardiovascular Congress**, the largest gathering of cardiovascular and allied health professionals in Canada, is co-hosted by the Heart and Stroke Foundation and the Canadian Cardiovascular Society.

The **Canadian Cardiovascular Society** is the national voice for cardiovascular physicians and scientists. Its mission is to promote cardiovascular health and care through knowledge translation, professional development, and leadership in health policy.
The Heart and Stroke Foundation, a volunteer-based health charity, leads in eliminating heart disease and stroke, reducing their impact through initiatives to prevent disease, save lives and promote recovery. Healthy lives free of heart disease and stroke. Together we will make it happen. Heartandstroke.ca

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