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2015-2016

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CHRS ANNUAL REPORT 2015-2016

President Report

As always, The CHRS Executive Committee has been very busy. Many of the concrete results of the activities of your Executive Committee and of its Standing Committees are detailed in the Committee Reports found elsewhere in this document.

The Executive Committee has completed the process of a strategic planning exercise. We have elected to focus our ongoing efforts in five general themes – engagement of the EP community recognizing that the community has grown substantially and has further diversified; collaboration with other EP communities in other countries and with other related, but not directly EP, communities in Canada; knowledge creation particularly through the facilitation of research; knowledge translation and education; and, clinical quality process and outcomes assessments. Specific goals that can be both achieved and measured in each of these focus areas have been defined and will be rolled out over the next five years.

Last year also saw the continued collaboration between the CHRS and the Cardiac Arrhythmia Network of Canada (CANet) Networks of Centres of Excellence directed by Dr. Tony Tang. The second Annual Scientific Conference of CANet (led by Dr. David Birne) was held in conjunction with the fourth Annual Conference of the CHRS (led by Dr. Shu Sanatani) in Calgary in September of 2016. The meetings were a great success. I urge all CHRS members to attend these paired meetings in Halifax in 2017. The CHRS also continues its collaboration with the C-SPIN Network spearheaded by Dr. Jeff Healey, in part through providing support for the Annual Research Meeting of cardiac electrophysiology scientists that traditionally precedes the international Heart Rhythm Society Annual Meeting.

The CHRS also continues to assist in the co-ordination of position papers, policy statements, and formal guideline activities, often in partnership with the Canadian Cardiovascular Society. Over the past year such activities have led to new guidelines for Implantable Cardioverter Defibrillator use led by an ICD Guidelines Committee co-chaired by Dr. François Philippon and Dr. Matthew Bennett. We expect that these guidelines will be published in the Canadian Journal Cardiology in the near term future. The annual update of the CCS/CHRS Atrial Fibrillation Guidelines was recently published online in the Canadian Journal of Cardiology. The Atrial Fibrillation Guidelines Committee was co-chaired by Dr. Laurent Macle and Dr. Atul Verma.

I am nearing the conclusion of my term as President of the CHRS. At the Annual General Meeting of the CHRS on Monday, October 24, 2016, I will be pleased to induct the very capable Dr. François Philippon as the next CHRS President. Please plan to attend.

In closing, I am pleased to recognize the winners the CHRS Awards as detailed elsewhere in this report, to thank the many members of the CHRS who offer their volunteer support to ensure the success of the society, and to thank Lauren Mann, CCS Affiliate Manager to the CHRS, for her ongoing efforts on our behalf.

Dr. L. Brent Mitchell
CHRS President 2014-2016



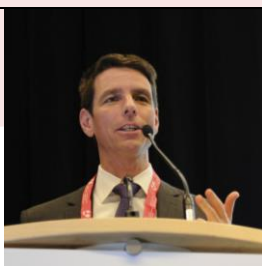
Thank you to our outgoing Board and Committee Chairs for all their time and effort.



Dr. Paul Dorian
Past President



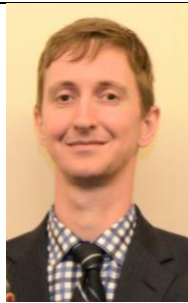
Dr. Shu Sanatani
Annual Meeting Chair



Dr. Allan Skanes
Ablation Committee



Debra Campbell
AHP Representative

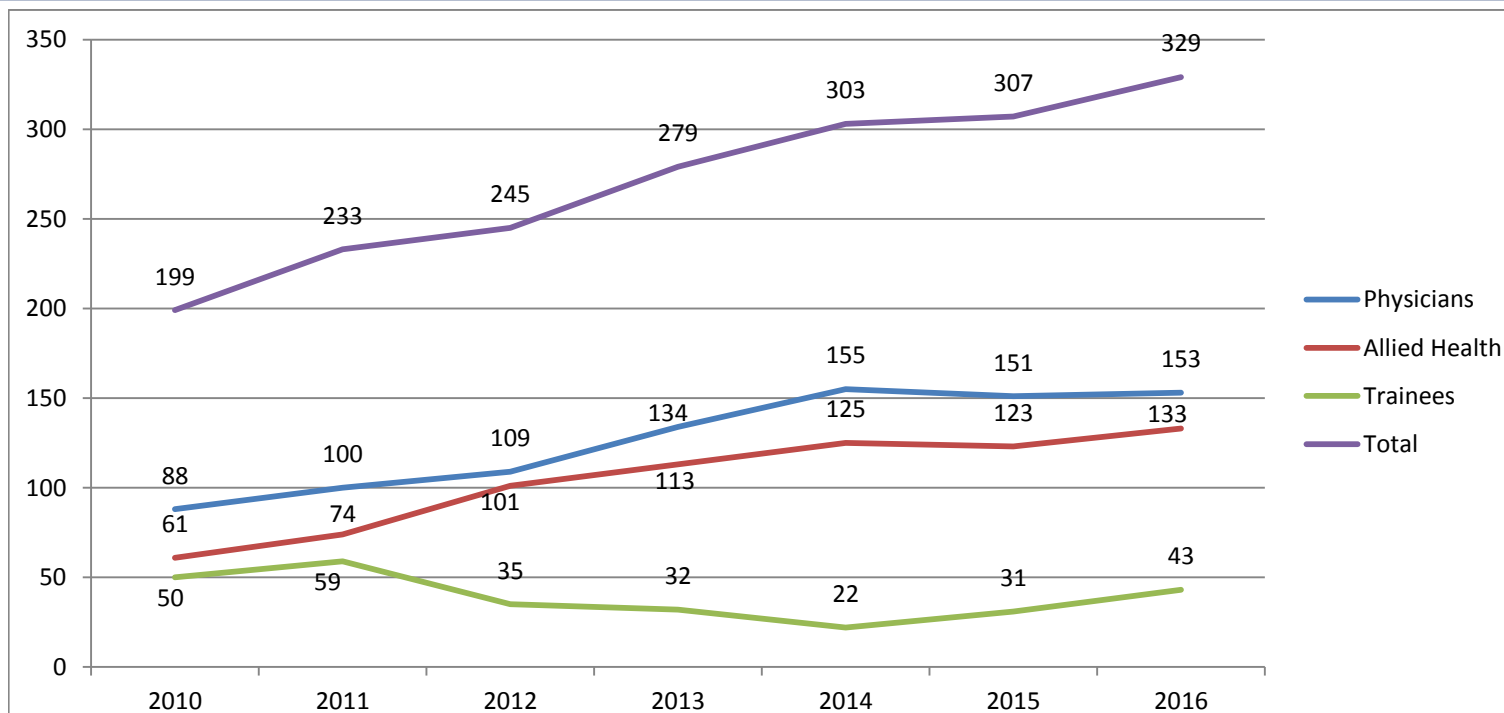


Dr. Jason Andrade
Education Committee

Incoming 2016-2017 CHRS Board of Directors

Positions	2016 -2017
President:	François Philippon
President Elect: (pending approval)	*John Sapp
Past President:	L. Brent Mitchell
Secretary:	Christopher Gray
Treasurer:	Ratika Parkash
Member at Large: (pending approval)	*Marc Deyell
Pediatric Representative:	Joseph Atallah
Allied Health Representative:	*Member Election
MIT Representative	William McIntyre
Annual Meeting Planning Committee Chair:	Benedict Glover
Research Committee Chair:	Jeff Healey
Device Committee Chair:	Larry Sterns
Education Committee Chair:	Matthew Bennett
Ablation Committee Chair:	Eugene Crystal
Nomination and Awards	Brent Mitchell

CHRS MEMBERSHIP



MEMBER IN TRAINING

This is an exciting time for trainees in the CHRS. We currently have 43 members in 10 different programs and a trainee representative on the CHRS executive for the first time ever. Arrhythmia trainees interested in research have access to a number of unique opportunities through the Canadian Stroke Prevention Intervention Network (C-SPIN) and the Cardiac Arrhythmia Network of Canada (CANet). Trainee priorities for the upcoming year will be to increase the membership to include all active trainees and distribution of a survey to assess trainee needs.

Dr. William McIntyre, CHRS MIT Representative

CHRS Fellows Day

This year's CHRS Electrophysiology Fellow's course, chaired by Drs Benoit Plourde and Matthew Bennett, occurred in conjunction with the CHRS annual conference in September in Calgary. The program featured prominent Canadian electrophysiologists and was designed to meet EP fellow's needs and interests. The didactic and interactive sessions included topics regarding the fundamentals and mechanisms of arrhythmias, device management strategies and ablation in the pediatric and congenital populations. The feedback from the trainees in attendance was excellent! We thank the sponsors (Bayer pharmaceuticals and Biosense Webster) for providing the unrestricted educational grants to support this program and are excited to expand it next year.

BASIC SCIENCE

Over the past few meetings, basic science researchers have enjoyed being welcomed to participate in CHRS annual meetings. The meeting provides excellent opportunity for knowledge translation of latest findings and we have seen 21 research talks on fundamental mechanisms underlying arrhythmogenic disorders by 18 different basic scientists from across Canada. Basic scientists who have attended meetings have commented upon the opportunities that CHRS provides to connect with clinicians to discuss ideas. This was evident at the recent meeting in Calgary, where a translational research lunch working group engaged a small group of clinicians and basic scientists in lively and active debate about the facilitation of research partnerships and the role of CHRS.

In terms of research funding success, despite a background of significant changes in the funding landscape, CHRS-related basic science researchers have had excellent success in earning support from CIHR and HSFC. CIHR awarded Project Grants to Glen Tibbits (SFU) to research familial hypertrophic cardiomyopathy: etiology involving troponin mutations, and to Filip Van Petegem (UBC) to study structural and functional investigation of arrhythmia-associated mutations in calmodulin. HSFC Grant-in-Aid awards were secured by Wayne Chen (Calgary) to study the molecular basis of cardiac ryanodine receptor luminal calcium activation and its role in arrhythmias, and to Celine Fiset (Montreal) to study the influence of pregnancy on the automaticity of the heart.





Dr. Shubhayan Sanatani
CHRS Annual Meeting Chair
2015-2016

CHRS ANNUAL MEETING

Our fourth annual meeting was held in Calgary on September 16 – 18, 2016. This year, as in the past year, we planned the Annual CHRS meeting jointly with the CANet team. By working together closely, we were able to design a meeting that was not “too many days”, one of the concerns from the last meeting. Again this year, we worked to integrate adult and pediatric EP, basic science and allied health professionals. The diversity in the attendees was a highlight of the meeting. The experienced and those new to the field were all engaged for 2 days of talks, committee meetings and informal discussions. The talks ranged from cutting-edge research, to clinical reviews, to philosophical perspectives. Dr Chris Simpson gave a provocative talk on the sustainability of health care funding in Canada. This was a real call to action for the CHRS. The talks were well received and the organizing committee is grateful to the outstanding job done by the diverse faculty.

This meeting was our biggest ever, with over 150 registrants. Drs Matt Bennett and Benoit Plourde led a Fellows day on the Sunday of the meeting.

This meeting has now established itself as a necessary event in the Canadian heart rhythm landscape. As I looked around the room repeatedly, and saw 150 people from all over Canada excitedly exchanging ideas, reconnecting, planning, I knew that this time together is very important.

On a personal note, I would like to thank the planning committee and Lauren Mann, as I step down as meeting Chair. It has been an honour to represent the CHRS in this work. Dr Ben Glover will be working hard on your behalf as plans are already underway for the 2017 meeting in Halifax, in partnership with CANet. Watch your email inbox for opportunities to provide input and session suggestions.

2016 Planning committee members



Dr. Matthew
Bennett
Education committee



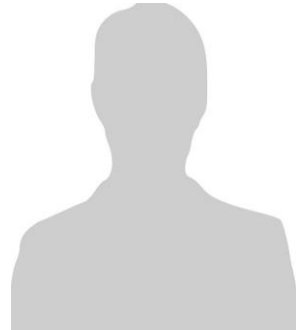
Dr. Joseph Atallah
Pediatric
Representative



Dr. Thomas
Claydon
Basic Science



Jacqueline Forman
Allied Health
Representative



Dr. Benoit Plourde
MIT Representative



THANK YOU TO DR. RUSSELL QUINN FOR THE PHOTOGRAPHY

Saturday, October 22, 2016

11:00 - 12:30: **CCS 2016 GUIDELINE UPDATE: ATRIAL FIBRILLATION**

11:00 - 12:30: **STIMULATEURS ET DÉFIBRILLATEURS: REPOUSSER LES LIMITES AVEC LES NOUVELLES TECHNOLOGIES**

4:00 - 5:30: **SARCOID, SYNCOPE AND SUDDEN DEATH**

Sunday, October 23, 2016

Core Curriculum Workshops: repeating at 9:00, 10:15, and 11:30

A SESSION FOR ECG LOVERS: "CLUES FOR DIFFICULT CASES" MY WORST ARRHYTHMIA NIGHTMARE 2016

12:30 - 1:30: **FRACTIONATION, PROPAGATION, FREQUENCIES, AND RESISTANCE**

2:00 - 3:30: **ATRIAL FIBRILLATION ABLATION**

2:00 - 6:00: **CHRS ALLIED HEALTH EDUCATION SESSION**

6:15 - 8:00: **CANADIAN CARDIOVASCULAR SOCIETY AWARDS RECEPTION**

Monday, October 24, 2016

9:00 - 10:30: **CCS/CHRS 2016 GUIDELINE: UPDATE ON CIED FOR THE MANAGEMENT OF VENTRICULAR ARRHYTHMIAS, SUDDEN DEATH AND COMMON CLINICAL SCENARIOS**

11:00 - 12:30: **FAINTS, FALLS, AND FRAILTY IN THE AGING PATIENT**

2:00 - 3:30: **IMPLANTABLE CARDIAC DEFIBRILLATORS**

4:30 - 6:00: **A CANADIAN HEART RHYTHM SOCIETY WORKSHOP: EVOLVING DEVICE TECHNOLOGY: WHAT'S NEW IN ARRHYTHMIA MANAGEMENT**

6:00: **CHRS ANNUAL GENERAL MEETING**

Tuesday, October 25, 2016

8:00 - 9:30: **END OF LIFE CARE, PACEMAKER DEACTIVATION AND MEDICAL ASSISTANCE IN DYING: AN EMERGING PARADIGM OF CIED CARE IN CANADA**

Pediatrics

In conjunction with CCC (Canadian Cardiovascular Congress), the CPCHRN (Canadian Pediatric and Congenital Heart Rhythm Network) will be running the first **CPCHRN EP course** on **25 Oct 2016**, in Montreal. This course is intended mainly for pediatric cardiologists and trainees, with the main objectives being a review and an update on basic and clinically relevant topics in Pediatric and Congenital EP

Dr. Joseph Atallah, CHRS Pediatric Representative

CHRS AT CCC 2016

CCC 2016 is at your fingertips!

Create your schedule to learn, collaborate and network.

Download the **CCC 2016** event App today.

Get it now



CHRS Annual General Meeting Monday, October 24, 2016, 18:00 PCM 518

This meeting will highlight the activities and accomplishments of the CHRS and its members. Members will also elect the slate of candidates to the 2016-2017 Board of Directors.

Sunday, October 23, 14:00 – 18:00

CHRS ALLIED HEALTH EDUCATION SESSION

Moderators: Debra Campbell, Sherri Patterson, Lyne Charbonneau

IMPROVING THE CARE EXPERIENCE: RECOMMENDATIONS AND ADVICE FROM SUBCUTANEOUS IMPLANTABLE-CARDIOVERTER DEFIBRILLATOR IMPLANT PATIENTS
J Forman

AUTO-CAPTURE - HAS IT FULLY CAPTURED YOUR ATTENTION?
A Taylor

CARDIOVASCULAR ELECTRONIC DEVICE INFECTIONS
N. Marco

PRACTICAL TOOL FOR A SAFE CARE PATHWAY FOR PATIENTS ON NOAC (NOVEL ORAL ANTICOAGULANT) FOR NON VALVULAR ATRIAL FIBRILLATION
L Charbonneau

ATRIAL FIBRILLATION ABLATION: CREATING THE ULTIMATE PATIENT EXPERIENCE
L Blair

LEFT ATRIAL APPENDAGE CLOSURE (LAAC) PROGRAM AT IUCPQ-UL: THE IMPORTANCE OF INTER-PROFESSIONAL TEAM WORK WITH FOCUS ON THE NURSE'S ROLE
M Lemyre

A COMPASSION FATIGUE RESILIENCY PROGRAM PLAN FOR ALL INDIVIDUALS IN AN ACUTE CARE SETTING
R Pierog

Allied Health Professionals (AHP)

Facing Clinical Challenges through Networking and Collaboration Opportunities

The electrophysiology service continues to expand and create many new clinical challenges for Allied Health Professionals (AHP). Through membership and networking opportunities we have minimized the silo approach to many of these challenges by conducting educational workshops, webinars, AHP representation on CHRS committees, engaging more AHPs by alternating CHRS Annual Meeting location, and encouraging our participation in research, position papers, and guideline development. As a result, we now have AHP representation in almost every province with a total of 153 members..

Last year we had an AHP Educational Session at Canadian Cardiovascular Congress in Toronto which was well attended and evaluations were extremely positive. In Montreal this year we have expanded our session to include 3 Device and 3 Atrial Fibrillation topics, as well as a keynote speaker who will be addressing *Compassion Fatigue in our Workplace*. I want to thank all our presenters in advance for sharing their knowledge with us, and those AHP members who assisted in the organization of this year's Education Session.

In early May our webinar on "*Left Appendage Closure Program at Institut universitaire de cardiologie et de pneumologie de Quebec (IUCPQ): The Importance of Inter-Professional Team Work*" was presented. This presentation was conducted by the expert team at IUCPQ and included Dr. Paradis, Dr. O'Hara, Maryse Lemyre, and Lyne Charbonneau. It was a very timely and interesting topic. Our next webinar is planned for the evening of November 24, 2016. Our presenter will be Jennifer Cruz who will be sharing her expertise on her Atrial Fibrillation Teaching Tools and organization of the Canadian Atrial Fibrillation Clinic Nursing Alliance (CAFcNA) Group. More deals to follow in the near future.

We had a record number of members registered for the Annual Meeting in Calgary. I want to thank Karen Gibb, Michael Thai, and Lauren Mann for chairing the AHP Breakout Session in my absence. Minutes of the meeting will be sent to members at a later date.

This will be my last newsletter as your Allied Health Representative on the CHRS Executive, as my term ends this October. I plan to support the newly elected AHP representative over the next year, and plan to continue my CHRS-AHP membership. As a result of my membership, I have had the opportunity to work with very dedicated, committed, supportive AHP members who really want to make a difference in the care they provide our arrhythmia patients. It has been quite a journey and one I will never forget. Please know it has truly been an absolute honour and privilege to have had the opportunity represent you on the CHRS Executive. I want to thank the past and present Executive Members for their support, vision, and commitment to AHP engagement in this society.

I hope you will continue to get involved and encourage your fellow AHP to join CHRS, so collaboratively we can face future challenges. Do not hesitate to contact us if you are interested in becoming more involved in 2016-17.

Be the change you want to see.

Debra Campbell RN BScN CCN(c)

AHP Executive Member



Ablation Committee Report

Fortunately, 2015 - 16 was quiet, with no catheter or ablation technology recalls or challenges. As such, the ablation committee focused on other things. A Canada-wide survey was expanded to understand a current state-of-the-art as to where we stand with respect to spectrum of ablation and volumes, human resource requirements, capital resources and industry resource use for procedures. This was led by Eugene Crystal with a good response. The results were reviewed at this year's Annual Meeting. Based on these preliminary data, a mandate was proposed to improve outcomes of procedures by developing best practices before, during and after ablation, to demonstrate value of ablation procedures in the overall healthcare system, to provide guidance for lab equipment and staff, and to benchmarking common practices. In addition, the committee wants to move forward trying to establish common data sets allowing for planning and facilitating cluster randomized trials in ablation.

Importantly, it has been a highly productive time for research in the Canadian Ablation landscape. STAF AF II, ADVICE, VANISH were all published in high impact journals - all multicenter Canadian led studies with significant impact on ablation practice worldwide. Congratulations to all investigators, contributors and collaborators and research staff that made such studies possible. SMAC is on the horizon and will be presented at this year's AHA meeting.

Two ablation-based CANet programs have been initiated – Early AF investigating cryoablation as a strategy to maximize ablation outcomes early in the atrial substrate – when AF may be a predominantly electrical disease. Enrolment is underway. AID-AF has begun to investigate the utility of atrial imaging as a tool within a broader decision tool to predict both very good and poor ablation outcomes and maximize the efficiency of catheter ablation. Within this work, an atrial imaging network has been constructed to facilitate the work. We look forward to supporting the work and the results when they are available.

It is time for renewal on the Ablation Committee. Based on his ongoing work and support in the committee, Eugene Crystal will take over as chair. I will provide support as past chair for the coming year.

Dr. Allan Skanes

CHRS Ablation Committee Chair

Dr. Eugene Crystal

Incoming CHRS Ablation Committee Chair

Development of Canadian Cardiovascular Society (CCS) Quality Indicators for Atrial Fibrillation (AF)

[*The Development and Feasibility Assessment of Canadian Quality Indicators for Atrial Fibrillation*](#) was published in the Canadian Journal of Cardiology (CJC), marking another important milestone for the CCS [Quality Project](#). Dr. Jafna Cox (Departments of Medicine and of Community Health and Epidemiology, Dalhousie University) led the AF Quality Indicators Working Group to national consensus. Initially 25 QIs were developed using the Canadian Cardiovascular Society's "Best Practices for Developing Cardiovascular Quality Indicators" methodology. To facilitate early adoption of the Quality Indicators, the Working Group identified the 5 most likely to have the greatest relative importance for quality assurance and measurability. Of these, three QIs were used to assess the feasibility of measurement using administrative databases, including the number of patients with a diagnosis of nonvalvular AF/AFL at high risk of stroke (75 years or older, or CHADS₂ ≥ 2) receiving an oral anticoagulant, and the rates of stroke and major haemorrhage in patients with nonvalvular AF/AFL according to CHA₂DS₂-VASc score and anticoagulant use. Importantly, investment in new infrastructure is required to facilitate the regular monitoring of QIs to improve cardiovascular care as none of the 3 QIs tested were readily measurable across Canada using existing datasets.

RESEARCH COMMITTEE REPORT

The Canadian Heart Rhythm research community had great successes in 2015/16. The VANISH trial (J. Sapp) was published in the New England Journal of Medicine, and demonstrated the superiority of VT ablation over intensified drug therapy. Early in the academic year, the ADVICE trial (L. Macle) was published in the Lancet and the STAR-AF-II trial (A. Verma) in the NEJM and gave important insights to improve the technique of catheter ablation. Finally, at this year's AHA, the SMAC study (R. Parkash) will present results on the value of blood pressure management around the time of AF ablation, and the ASSERT-II trial will report on the prevalence of sub-clinical AF in older patients with AF risk factors.

Our colleagues were also quite successful in this year's very competitive grant cycle, obtaining grants to study cardiac sarcoidosis, VT ablation, left atrial appendage occlusion, anticoagulation for sub-clinical AF, knowledge translation for AF-stroke prevention therapies, the genetics of AF, AF ablation and unexplained cardiac arrest.

The two Canadian EP networks (CANeT and CSPIN) continue to support researchers, research projects and educational endeavors. Many thanks to the many individuals who contribute to these programs.

Finally, the research committee has tabled several agenda items, with the goal of improving the research environment in Canada. This year's CHRS meeting highlighted the outstanding basic science EP research that is conducted in Canada and we continue to explore ways that basic and clinical research can work to help each other.

We continue with the semi-annual protocol review sessions, and are now giving formal quantitative feedback to presenters, which they can use for their grant submissions. Anthony Tang is also leading an initiative to improve the quality of trial budgets, so that these can be more reflective of the costs of conducting research locally. Finally, at the Annual Meeting, the Board supported the creation of an annual CHRS award, in honour of Dr. Magdy Basta, to recognize one of our members who works to support the research of others on an annual basis.

The 2016/17 academic year is already off to a strong start, and I look forward to reporting more exciting achievements next year.

2016 Focused Update of the CCS Guidelines for the Management of Atrial Fibrillation

The CCS Atrial Fibrillation (AF) Guidelines have been updated to address clinically important and recent advances in AF management. The 2016 Focused Update deals with: (1) the management of antithrombotic therapy for AF patients in the context of the various clinical presentations of coronary artery disease; (2) real-life data with non-vitamin K antagonist oral anticoagulants; (3) the use of antidotes for the reversal of non-vitamin K antagonist oral anticoagulants; (4) digoxin as a rate control agent; (5) perioperative anticoagulation management; and (6) AF surgical therapy including the prevention and treatment of AF after cardiac surgery.

For more information and to access to the AF Knowledge Translation tools please visit www.ccs.ca.

Primary panel members: Laurent Macle (co-chair), Atul Verma (co-chair), Jason Andrade, Clare Atzema, Alan D. Bell, John A. Cairns, Stuart Connolly, Jafna L. Cox, Paul Dorian, David J. Gladstone, Jeff S. Healey, Kori Leblanc, L. Brent Mitchell, Stanley Nattel, Ratika Parkash, Louise Pilote, Mike Sharma, Allan Skanes, Mario Talajic, Teresa S.M Tsang, Subodh Verma

Secondary panel members: David Bewick, Vidal Essebag, Peter G. Guerra, Milan Gupta, Brett Heilbron, Charles R. Kerr, Paul Khairy, Bob Kiaii, George J. Klein, Simon Kouz, Daniel Ngui, Pierre Pagé, P. Timothy Pollak, Calum J. Redpath, Jan Surkes, Richard P. Whitlock, D. George Wyse

Device Committee Report

Advisories

This year, the Device Committee was informed of some minor advisories. The “nucleus” group composed of Dr Parkash, Dr Exner, Dr Sterns and Dr Philippon met with each company and then informed the Canadian EP community by email and give advice. These recommendations from the CHRS device committee can be found on our Website. The advisories were:

- Reveal LINQ™ Insertable Cardiac Monitor (ICM) Model LNQ11
- InSync® III Cardiac Resynchronization Therapy Pacemakers (CRT-P) Models 8042, 8042U.
- St-Jude Medical, Optisure™ Dual Coil HV Leads Model # LDA220, LDA220Q, LDA230Q, LDP220Q.
- St-Jude Medical : 37 Units of Ellipse™ Implantable Cardioverter Defibrillator (None in Canada)

Guidelines and position statements

An important task of some members of the Device Committee and many Canadian physicians and allied professionals was the development of the CHRS/CCS 2016 ICD guidelines. These guidelines are an update of the previous 2005 guidelines. A second manuscript (Implementation of guidelines) was also prepared and is under review. These 2 manuscripts address the recommendation for ICD implantation and management of common conditions in ICD recipients in the Canadian context. We want to thank all members of the primary and secondary panels for their contribution to these important tasks.

- “CCS/CHRS 2016 Implantable Cardioverter-Defibrillator (ICD) Guidelines”
Primary Panel: Matthew Bennett MD(Co-Chair), Ratika Parkash MD, Pablo Nery MD, Mario Sénéchal MD, Blandine Mondesert MD, David Birnie MD, Larry Sterns MD, Claus Rinne MD, Derek Exner MD and François Philippon MD (Co-Chair)
- “Implementation of the 2016 CCS/CHRS 2016 ICD Guidelines”
François Philippon, MD, Larry Sterns, MD, Pablo Nery, MD, Ratika Parkash, MD, David Birnie, MD, Claus Rinne, MD, Blandine Mondesert, MD, Derek Exner, MD and Matthew Bennett, MD

Members of the device committee are also deeply involved in clinical research. These initiatives will help improve the quality and delivery of care for patients implanted with an electronic device and again confirms the great collaboration amongst Canadian EP physicians. There is also an important collaboration and opportunities coming from the CANet Network. Here some examples of the ongoing research:

- Canadian Lead ExtrAction Registry (CLEAR)
J. Andrade, J. Bashir & M. Dubuc
- Canadian Registry of Electronic Device Outcomes (CREDO)
R. Parkash
- Remote Patient Management
R. Parkash and CANet
- ATLAS – SubQ ICD
J. Healey and B. Mondesert
- Participation in LeadLess pacing trials
D. Exner, NEJM (St-Jude) – F. Philippon, B. Mondesert, F. Molin, Y. Thibault (Medtronic)
- Magnetic Resonance Imaging Study of Allocation of Pacing Targets in CRT (MAPIT CRT),
J. White & R. Yee
- Resynchronization in Ambulatory Heart Failure Trial Permanent Atrial Fibrillation (RAFT PAF),
A. Tang
- Risk Estimation Following Infarction Noninvasive Evaluation - ICD Efficacy (REFINE ICD)
D. Exner and CANet
- Prevention of Arrhythmia Device Infection Trial (PADIT)
A. Krahn (Vancouver)

Future development

The device committee will continue its surveillance and will inform the Canadian community of any important advisory. Future guidelines will have to be developed and will be discussed inside the committee. Quality indicators in collaboration with CCS will also be part of the 2017 agenda. A more efficient way of communicating with members will also be considered. Starting in October 2016, Dr Larry Sterns will be the chair of the device committee and will take the lead for the next 2 years.

CHRS AWARDS



2016 Highest Rated Electrophysiology Abstract by a Trainee

The CHRS is pleased to provide this year's award to

Sheng He

For the submission

"CONDUCTIVE BIOMATERIAL ENHANCED ELECTRICAL PROPAGATION OF LEFT VENTRICULAR SCAR TO ATTENUATE VENTRICULAR ARRHYTHMIA".

The award will be presented at the CHRS Annual Business Meeting on Monday October 26, 2015.

2016 George Mines Travelling Fellowship

The George Mines Fellowship, funded by St. Jude Medical and Bayer Inc., provides recognition to outstanding Canadian arrhythmia specialists in order to provide a reliable supply of future Canadian leaders in our field. The fellowship comes with a sum in excess of \$55,000 in support of academic training abroad. The CHRS is proud to announce this year's recipient, Dr. Julia Cadrin-Tourigny. Dr. Cadrin-Tourigny will be attending Johns Hopkins Hospital in Baltimore for an 18 month fellowship starting in January 2017.

WATCH FOR THE CALL FOR 2017 APPLICANTS COMING SOON!

2016 CHRS ANNUAL ACHIEVEMENT AWARD

Join us at the CCS Awards Ceremony on Sunday, October 23, 2016 at 6:15pm in the Westin to Congratulate Dr. Mitchell and recognize his remarkable lifetime achievements.

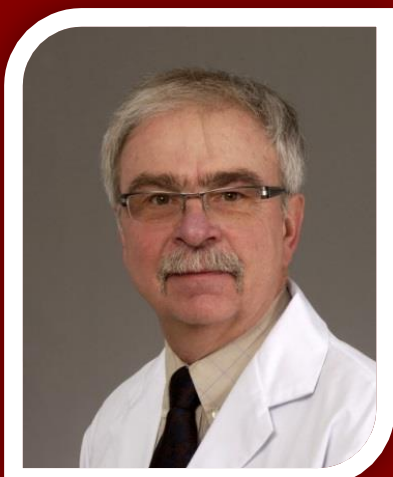
Dr. Brent Mitchell is a Professor, Department of Cardiac Sciences, Alberta Health Services and Libin Cardiovascular Institute of Alberta (of which he was the first Director). He has been a leader in the Canadian cardiology community .

Dr. Mitchell has been recognized as an Alberta Heart Foundation Senior Investigator and a Scholar of the Alberta Heritage Foundation for Medical Research. He has led local efforts in many seminal clinical trials, including CAST, CAMIAT, CIDS, MUSST, DINAMIT, RELY and MADIT-RIT. He led the PAPA-BEAR clinical trial of amiodarone to prevent post-operative atrial fibrillation. More recently, he served as the leader of the sudden death track in the Canadian Arrhythmia Network of Canada. Overall, he has published over 300 peer-reviewed papers.

"My message for newcomers – and it's not specific to cardiac electrophysiology, nor to cardiology – is question everything. Most considerations of fact should be followed by 'Why?' The greatest opportunities are found when there is no clear response."

Dr. Mitchell has served as President of the Heart and Stroke Foundation of Alberta, NWT & Nunavut. He has been the Chair of the Scientific Program Committee for the Canadian Cardiovascular Congress, and President of the Canadian Heart Rhythm Society. For his contributions to medical education, Dr. Mitchell has received the Distinguished Teacher Award from the Heart Rhythm Society.

As a clinical cardiac electrophysiologist, the rewards are clear. "Curing heart rhythm abnormalities through trans-catheter ablation and changing – for the better and forever – the life of another individual. From a more global perspective, each of us leaves our mark by adding to the knowledge base of our field and transmitting this knowledge to the next generation of practitioners."



Canadian Journal of Cardiology (CJC) Editors Top Picks

Be sure to check out Dr. Stanley Nattel's, Editor-in-Chief of the Canadian Journal of Cardiology, top articles and must-reads published over the past year.

1. Manian U, Gula LJ. [Arrhythmia Management in the Elderly-Implanted Cardioverter Defibrillators and Prevention of Sudden Death](#). *Can J Cardiol*. 2016 Sep;32(9):1117-23.
2. Salehi N, Nasiri M, Bianco NR, Opreanu M, Singh V, Satija V, Jhand AS, Karapetyan L, Safadi AR, Surapaneni P, Thakur RK. [The Wearable Cardioverter Defibrillator in Nonischemic Cardiomyopathy: A US National Database Analysis](#). *Can J Cardiol*. 2016 Jan 14. pii: S0828-282X(16)00011-8. (will appear in Oct issue)
3. Macle L, Cairns JA, Andrade JG, Mitchell LB, Nattel S, Verma A; CCS Atrial Fibrillation Guidelines Committee. [The 2014 Atrial Fibrillation Guidelines Companion: A Practical Approach to the Use of the Canadian Cardiovascular Society Guidelines](#). *Can J Cardiol*. 2015 Oct;31(10):1207-18



Sept 14-17, 2017

HALIFAX



Contact us at www.CHRSONLINE.ca