

Canadian  
Heart Rhythm  
Society

Société canadienne  
de rythmologie



# Annual Report 2016-2017



# PRESIDENT'S REPORT



As you will see in this annual report, your CHRS executive and members worked hard again this year!

Some aspects of our strategic planning are completed but significant work is still to be done. We all recognize that many actions gravitate around communication and networking with members and with other societies. Thus, we have approved a "communication committee" to implement the actions required to modernize the CHRS. We will address the website and will engage in actions towards social media and other modern communication tools. We believe that knowledge transfer would also be improved by this process.

I want to acknowledge the great work that all standing committees have done over the past year. These CHRS activities would not be possible without the voluntary work of the chairs and members.

Thanks to the CHRS Planning Committee, the Annual Meeting held in Halifax this year in conjunction with CANet was a great success. This is an important activity for us where we can discuss clinical and research activities performed all across Canada. The 2018 Annual Meeting will take place in Ottawa from September 14-15. Stay tuned for further information. Our partnership with CANet will continue to grow since many are members of both organizations and we all share the highest standards for arrhythmia patients in Canada.

Supporting the tradition of the "Tony's meeting" during HRS, in collaboration with C-SPIN and CANet, we will hold this networking and mentorship session again in May 2018.

Our position statement proposal for this year; "The Management of Ventricular Tachycardia in Structural Heart Disease" was approved by the CCS Council. This will be co-chaired by Dr. Marc Deyell and Dr. John Sapp. This important work should be presented at CCC 2018.

We are pleased to announce that Dr. Anthony Tang is the recipient of the CHRS Annual Achievement Award and the recipient of the CHRS Magdy Basta Award. We are also pleased to announce that CHRS Past-President, Dr. Paul Dorian, is the recipient of the 2017 CCS Annual Achievement Award. Congratulations to them for all their achievements and collaboration with CHRS activities and development. You will find in this CHRS report the recipients of the Georges Mines Fellowship and other awards given to CHRS members. Congratulations to all.

We will always have great memories of Dr. Charlie Kerr who passed away this year. Our thoughts are to all his family and friends. I invite you all to read the "In Memoriam" published recently in the CJC.

Special thanks to Sara Faubert, Affiliate Coordinator/CCS. Without her dedicated work, our Society would not be operative and moving forward so well.

Remember that CHRS is YOUR organization; we want to hear from you and respond to your expectations. Please always feel free to contact me or one of your executive members.

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Comme vous pourrez le constater dans ce rapport annuel, votre exécutif de la SCR et ses membres ont travaillé sans relâche cette année encore!

Quelques aspects de notre planification stratégique ont été réalisés, mais il demeure encore beaucoup d'aspects importants à accomplir. Tous ont reconnu l'importance du réseautage et de l'amélioration des communications au sein de notre société. En conséquence, votre exécutif a approuvé la formation d'un nouveau comité "communication committee" pour répondre aux besoins de modernisation de votre société. Nous allons investir pour moderniser le site Web et nous adresser aux moyens modernes de communication tels les médias sociaux. Nous croyons ainsi améliorer nos canaux de communication et favoriser l'échange et le partage des connaissances.

Je souhaite remercier le travail accompli par tous les comités de la société et les membres qui y ont contribué. Toutes les activités et réalisations de la SCR n'auraient pas été possibles sans leur contribution volontaire.

Merci au comité de planification de la réunion annuelle tenue à Halifax cette année en association avec le réseau CANet. Cette importante activité a permis des échanges constructifs et le partage de connaissances à un haut niveau. La rencontre annuelle 2018 aura lieu à Ottawa, surveillez les communiqués vous informant de l'inscription. Notre collaboration avec CANet continuera de croître cette année.

En support à la tradition du "Tony's meeting" durant le congrès HRS, en collaboration avec C-SPIN et CANet, nous tiendrons l'évènement de nouveau cette année en mai 2018.

Notre proposition de lignes directrices intitulée "The management of ventricular tachycardia in structural heart disease" a été approuvée par le conseil de la SCC. Les codirecteurs sont Drs John Saap et Marc Deyell. Les conclusions devraient être présentées lors du congrès annuel de la SCC en 2018.

Nous sommes heureux de souligner que le Dr Anthony Tang reçoit cette année le "CHRS Annual Achievement Award" ainsi que le "Magdy Basta Award" pour l'ensemble de ses réalisations. De plus, un de nos anciens présidents, le Dr Paul Dorian recevra de la SCC cette année le "CCS Annual Achievement Award". Félicitations pour leurs accomplissements et leur support indéfectible à la SCR.

Nous aurons une pensée spéciale pour Dr Charlie Kerr qui est décédé récemment. Nos condoléances à la famille et aux amis. Je vous invite à lire le "In Memoriam" récemment publié dans le CJC.

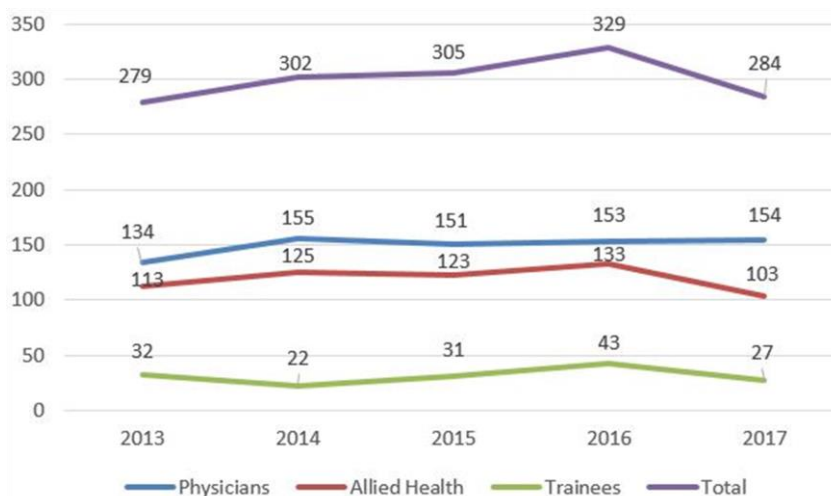
Finalement, une merci spécial à Sara Faubert, coordonnatrice affiliée/SCC. Sans son travail assidu, les réalisations et le fonctionnement de votre société ne seraient pas possibles.

Gardez à l'esprit que la SCR est VOTRE société; nous désirons vous entendre et connaître vos besoins. N'hésitez pas à me contacter ou un des membres de votre exécutif

Dr. François Philippon  
CHRS President, 2016-2018



## MEMBERSHIP STATISTICS



# BOARD OF DIRECTORS 2016-2017

<b>President:</b>	François Philippon
<b>President Elect:</b>	John Sapp
<b>Past President:</b>	L. Brent Mitchell
<b>Secretary:</b>	Christopher Gray
<b>Treasurer:</b>	Ratika Parkash
<b>Member at Large:</b>	Marc Deyell
<b>Pediatric Representative:</b>	Joseph Atallah
<b>Allied Health Representative:</b>	Jacqueline Forman
<b>MIT Representative</b>	William McIntyre
<b>Annual Meeting Planning Committee Chair:</b>	Benedict Glover
<b>Research Committee Chair:</b>	Jeff Healey
<b>Device Committee Chair:</b>	Laurence Sterns
<b>Education Committee Chair:</b>	Matthew Bennett
<b>Ablation Committee Chair:</b>	Eugene Crystal
<b>Nominations and Awards Committee Chair:</b>	L. Brent Mitchell



CHRS would like to thank outgoing Board member, **Dr. Ratika Parkash**, for all her time and effort.

Dr. Parkash has served two consecutive terms as Treasurer.



## FINANCIAL REPORT

### Canadian Heart Rhythm Society Société canadienne de rythmologie Statement of Operations *For the year ended March 31, 2017*

	Budget	Operating Reserve 2017	Education Reserve 2017	TOTAL 2017	2016
<b>Revenue</b>					
Administration / Communications	\$ 35,942	\$ 27,652	\$ -	\$ 27,652	\$ 38,242
Research Education Initiative	10,000	-	500	500	21,125
Fellows and Trainee Initiatives	70,000	-	14,889	14,889	60,000
Annual Meeting	116,150	-	146,386	146,386	166,286
	232,092	27,652	161,775	189,427	285,653
<b>Expenses</b>					
Administration / Communications	26,275	20,328	-	20,328	50,846
Board - AGM	5,460	2,830	-	2,830	3,103
Research Education Initiative	4,900	-	-	-	3,825
Fellows and Trainee Initiatives	72,550	-	62,315	62,315	56,980
Allied Health Initiatives	2,035	-	1,839	1,839	2,113
Annual Meeting	112,545	-	116,434	116,434	98,483
	223,765	23,158	180,588	203,746	215,350
<b>Excess (deficiency) of revenue over expenses</b>	<b>\$ 8,327</b>	<b>\$ 4,494</b>	<b>\$ (18,813)</b>	<b>\$ (14,319)</b>	<b>\$ 70,303</b>



# AWARDS

## 2017 HIGHEST RATED ELECTROPHYSIOLOGY ABSTRACT BY A TRAINEE

CHRS is pleased to provide this year's award to

**Adaya Weissler Snir**

for the submission

"INCIDENCE RATE, CIRCUMSTANCES, AND CARDIAC  
SYMPTOMS PRECEDING SUDDEN CARDIAC DEATH  
CAUSED BY HYPERTROPHIC CARDIOMYOPATHY".

## THE INAUGURAL MAGDY BASTA AWARD

The Magdy Basta Award was created in 2017 to recognize a CHRS member who has made great efforts to support the research of others. This could be through mentoring; enrollment in clinical trials, research education; grant assistance or other things that someone has done to forward Canadian research, without obvious benefit for themselves.

CHRS is pleased to provide this year's  
award to

**Dr. Anthony Tang**

**WATCH FOR THE CALL FOR 2018 GEORGE MINES  
TRAVELLING FELLOWSHIP APPLICATIONS!**

## 2017 GEORGE MINES TRAVELLING FELLOWSHIP

The George Mines Travelling 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 of \$55,000 in support of academic training abroad.

CHRS is proud to announce this year's recipient: **Dr. Saman Rezazadeh.**

Dr. Rezazadeh has accepted a Fellowship position with Dr. Arthur Wilde in the Netherlands starting in January 2018.



# 2017 ANNUAL ACHIEVEMENT AWARD

## DR. ANTHONY TANG



How do you multiply an impact? Dr. Anthony Tang has a dual perspective as a clinician-scientist, one who is recognized for research in device and interventional therapy of cardiac arrhythmia associated with heart failure.

"In clinical practice, we serve one individual and offer help and assistance to the person," says Dr. Tang. "In research, we serve and offer advancement of medicine that affects many more individuals all over the world."

Dr. Tang is Scientific Director and CEO of the Canadian Arrhythmia Network, and Chair of Cardiovascular Population Health and Professor of Medicine at Western University.

He was formerly a cardiologist electrophysiologist at the Vancouver Island Health Authority, and Medical Director of Heart Rhythm British Columbia. Prior to that, he was Director of Electrophysiology, Director of Cardiology Research and attending physician in cardiology at the University of Ottawa Heart Institute.

Dr. Tang's publication record includes over 150 peer-reviewed papers, and over 250 abstracts and presentations. Among his career highlights is RAFT –Resynchronization-Defibrillation for Ambulatory Heart Failure Trial. He was the lead author of the study, which showed significant reductions in hospitalizations and mortality for patients on a combined ICD/CRT regimen.

For over 20 years, Dr. Tang has had continuous research grant support from the Heart and Stroke Foundation of Canada and the Canadian Institutes of Health Research. In 2011, the CIHR awarded him the top achievement in Canadian health research. One of his hopes is to see patient-centred and individualized arrhythmia care for all Canadians.

"The field of arrhythmia care has evolved continuously throughout my career and my research and clinical practice have evolved with it," says Dr. Tang. "The most delightful part is the collaborative nature of the heart rhythm specialties in the country, which is unparalleled in the world."

***CHRS is also pleased to announce that Dr. Tang is the recipient of the 2017 CCS Research Achievement Award.***

# ANNUAL MEETING REPORT



Dr. Benedict Glover  
Annual Meeting Planning  
Committee Chair

The CHRS fifth Annual Meeting was held in Halifax, NS from September 15-16, 2017. Again this year, we aligned our meeting with the CANet Annual Scientific Conference, to promote collaborative research discussions and explore our shared interests. Our joint annual meetings are growing every year in both numbers of individuals and the disciplines involved.

This year's program included more interactive sessions and introduced pre-recorded cases with an opportunity to discuss procedural details with each operator. We are also pleased to announce that for the first time the Planning Committee accepted abstracts for poster presentation. The poster session was very well received. We had 16 poster presentations in total and we look forward to increasing the number of submissions for next year. We also received a record number of travel grant applications this year and over 15 recipients were selected for funds to supplement the costs of travel and accommodation. The recipients included allied health professionals, basic science researchers and EP & cardiology fellows.

The meeting brought together over 140 health care professionals, scientists and industry partners dedicated to the care of patients with heart rhythm disease.

This entire meeting is made possible through the many hours of work by our administrative staff, planning committee, members and partners in industry who all need to be congratulated for their help in an impartial manner for our professional development. As ever we are always open to suggestions, feedback and novel ideas. We are proud to promote the strong collaborative culture which exists in the Canadian heart rhythm community.



**SAVE THE DATE!**

**2018 Annual Meeting**

**September 14-15, 2018**

**Ottawa Marriott Hotel, Ottawa, ON**



# ALLIED HEALTH PROFESSIONALS (AHP)

Facing Clinical Challenges through Networking and Collaboration Opportunities



**Jackie Forman**  
**Allied Health Representative**

On behalf of the CHRS executive, I would like to thank all AHP members for their continued membership, support and participation in the many CHRS activities and educational opportunities. In my new role as your representative on the executive, I look forward to meeting and working with the many dedicated professionals that make up our AHP group. Currently we have over 100 members with roles including; EP and Device Technologists, Registered Nurses, Research Coordinators, Genetic Counsellors, Pharmacists and Instructors from a variety of academic institutions. With such a diverse group of AHP members, we are an integral part of the interdisciplinary team that provides evidence-based care and management to those with heart rhythm disorders.

During the past year, we have been successful in sharing the knowledge and clinical experiences of our members at the AHP Education Session at the CCC 2016 meeting in Montreal. We had seven exceptional presentations with a wide-range of topics such as atrial fibrillation, care of device patients and developing specific programmatic needs in the field of heart rhythm disorders. Congratulations to all our abstract presenters for providing great learning opportunities and a big thank you to our abstract review committee and session moderators. We have another great education session planned for CCC 2017 in Vancouver this fall which will be held Sunday, October 22 at 2:00pm. We hope you are able to attend.

We also held a webinar last November about the Nationwide Atrial Fibrillation Project and development of the Canadian Atrial Fibrillation Clinic Nursing Alliance (CAFcNA) which was presented by Jennifer Cruz who is a Nurse Practitioner in the Cardiac Arrhythmia Service at St. Michael's Hospital. We recently welcomed members of the CAFcNA into the CHRS allied health professional group. CAFcNA is a network of atrial fibrillation (AF) allied professional clinicians across Canada and are the first to become part of our AHP network as a sub-specialty. They have clinical expertise in the care and management of AF and are dedicated in their mission to provide networking opportunities to AF clinicians across Canada and share AF resources to improve clinical practice and outcomes. As a sub-specialty within the CHRS, members of CAFcNA bring a shared interest in building partnership amongst arrhythmia clinicians, opportunities to share resources and knowledge translation initiatives and explore future research projects.

As the EP community grows, so does the volume of patients with heart rhythm disorders and thus the roles and potential roles of the AHP. As a unified AHP group, we have the opportunity to continue learning and providing the best care possible through education, research and networking opportunities. I hope you will continue to get involved and encourage your colleagues to join CHRS.







## ABLATION COMMITTEE REPORT

### **EP Ablation Registry Progress**

During 2016-2017 a second round of the country wide EP labs registry was conducted; the results were posted on the CHRS website. The registry now provides a useful reference for national benchmarks of typical laboratory equipment, personnel structure, type and amount of procedures performed, individual operators' volumes, ratio between full time and part time electrophysiologists, trainees and allied health practitioners involved in EP procedures.

Extended summary of the results for the first and second rounds of the EP labs registry can be found on the CHRS (members) website.

In June 2017, a conference call between members of the ablation committee opened the third round of the registry. It has been modified to address various specific questions of clinical and research planning values with an extended focus on Atrial Fibrillation ablation.

Cluster randomization trials for ablation and mapping technology usage were contemplated during the conference call.

### **Electrophysiology Equipment Malfunction Monitoring**

Members of the ablation committee shared numerous suspected systemic malfunctions of the equipment with the committee. While the majority of the alerts were not systemic and were likely related to the local ablation settings, at least one was clearly systemic in nature.

The most significant equipment malfunction alert was related to the disintegration of the header of sheaths manufactured by St Jude Medical. Initial reports of malfunctions occurred in mid-2016. A survey of individual operators across all EP labs was conducted by the CHRS ablation committee during the third quarter of 2016. The malfunction survey was focused on the overall usage of the sheaths, type and intraprocedural timing of failure, type of the procedure, and clinical complications. In total, 26 respondents (about 1/3 of the estimated active operators in Canada) from 17 different centres completed the survey, 21 (81%) of them have used the Swartz SL1 sheath over a period of 3 months. In total, an estimated 444 SL 1 Sheaths were used by the respondents, and 15 (3.4%) malfunctions were encountered. 6 operators reported problems in 5 centres (Hamilton Health Sciences Centre and Royal Jubilee Hospital in BC responded as a group). Similar observations were reported for some SL0 sheaths. There were no major peri-procedural complications related to the issue, which in majority of cases was managed by sheath exchange. Most of the procedures were left atrium related and sheath disintegration occurred in the later part of the procedure.

The findings were communicated to the known active operators, Health Canada, and the manufacturer. In later communication St Jude informed us that the issue traced to manufacturing process was resolved by December 2016.

*Dr. Eugene Crystal*  
*Ablation Committee Chair*

# EDUCATION COMMITTEE REPORT



**Dr. Matthew Bennett**  
**Education Committee Chair**

The members of the CHRS Education Committee have been active again this year through the CHRS Annual Meeting, CHRS Fellow's Course, Royal College AFC committee, and CCC.

CHRS members have been very involved in both the planning and the content of CCC. This content promises to include exciting lectures and debates pertinent to the CHRS members daily practice.

Mark your calendars for the following events:

- Atrial Fibrillation Mini Debates (October 21, 4-5pm): when, in whom and which ablation strategy should be used for atrial fibrillation
- CCS/ESC Joint Session (October 22, 9-10:30am): ICD and sudden death
- CCC Trainee Program (October 22: 9-10am, 11am-noon): ICD and pacemaker interrogation hands on session.
- My Worst Arrhythmia Nightmare (October 22, 1 hour repeating session starting at 9, 10:15 and 11:30 am)
- CHRS Allied Health Education Session (October 22: 2-3:30pm and 4-5:30pm)
- A Session for ECG Lovers (October 23, one-hour sessions starting at 9am, 10: 15 am and 11:30 am)
- The Great Syncope Workshop (October 23, 11am-noon)
- CHRS Endorsed Workshop: Management of Ventricular Tachycardia (October 23, 4-5:30 pm)
- CHRS Annual General Meeting (October 23, 6:30-7)

In addition, many CHRS members will be presenting their research at both the poster and moderated poster sessions. Please attend and support them.

## MEMBER-IN-TRAINING REPORT

Trainees continue to play an important role in CHRS. We currently have 27 members enrolled in different programs. This year 8 trainees have received the generous support of a CHRS Travel Bursary to attend the Annual Meeting, where the Fellow's Course was once again exciting and informative. The priority for trainees in the coming year will be engagement of trainee membership to define needs to be addressed in the strategic plan.

*Dr. William F. McIntyre*  
*MIT Representative*

## PEDIATRIC REPORT

The two things to report are:

- 1) The successful pediatric EP Course during CCC last year. There were over 50 attendees and feedback was very positive.
- 2) The recent initiation of a Canadian collaborative pediatric research project.

*Dr. Joseph Atallah*  
*Pediatric Representative*

## EDUCATION COMMITTEE CALL FOR SPEAKERS AND TOPICS:

We are looking for volunteers to participate in our quarterly lecture series. Please contact us at [CHRS@ccs.ca](mailto:CHRS@ccs.ca) if you are interested in participating.

# RESEARCH COMMITTEE REPORT



**Dr. Jeff Healey**  
**Research Committee Chair**

The CHRS research community has experienced continued success over the past year. Several high-impact trials have been published in major journals or presented at hotline sessions, including: the SMAC trial (R. Parkash, Dalhousie; Circulation) which evaluated intensive blood pressure lowering around the time of AF ablation; an ARVC biomarker study (R. Hamilton, Toronto Sick Kids, ESC Hotline) examining a novel biomarker for the diagnosis of ARVC; the ASSERT-II trial (J. Healey, McMaster; Circulation) demonstrating the high prevalence of sub-clinical AF in older individuals and a sub-study from the BRUISE-CONTROL trial (V. Essebag, McGill; JACC) demonstrating that wound hematoma increases the risk of device-related infection.

Investigators have also had success in obtaining peer-reviewed funding, to study: AF ablation techniques (G. Nair, Ottawa, CIHR); catheter ablation for AF (P. Nery, Ottawa; HSF); exercise training in AF (J. Reid, Ottawa; CIHR); epinephrine in cardiac arrest (P. Dorian, Toronto; CIHR);

NOAC therapy for sub-clinical AF (J. Healey, McMaster; CIHR) and surgical left atrial appendage removal (R. Whitlock, McMaster; CIHR). CHRS grants have been among the top-rated at this highly-competitive environment; in large part, due to the past track record of our network. In addition to our many members who serve on these peer-review committees, CHRS members including J. Sapp (CIHR), R. Parkash (HSF) and J. Healey (HSF) chair several committees, where they advocate to maintain or increase our current level of research support. As their terms near completion, I would encourage others to take up this important work.

CHRS has also had the great fortune of having two, well-funded research Networks, which have supported early trial work and early career investigators in our field. CSPIN is now entering its final year, while CANet continues to grow in its activities. These networks have provided a framework for developing arrhythmia research in Canada, but will eventually come to an end. For this reason, myself and others have tried to increase the role of the CHRS research committee in providing valuable assistance to members to facilitate ongoing research. In addition to continuing with the twice-yearly protocol development and clinical trial update sessions (HRS and CHRS), the CHRS research committee has begun providing quantitative feedback to investigators (i.e. demonstration of equipoise, importance, minimally-important clinical difference) which members can then use for their grant applications. At the 2017 HRS meeting, there was general agreement to further this mandate to provide investigators with a more formal ranking of the perceived importance of their research question to our community, and to provide formal feedback on study budgets – to both assist with their preparation of budget justifications and to ensure that collaborating sites can conduct clinical research without financial penalty.

This past year, we lost Charlie Kerr, a colleague, friend, and research leader. We have also seen the retirement of George Wyse, a world-leader in AF clinical research. The CHRS research committee has also moved forward and honored a tireless supporter of clinical research, with the creation of the Magdy Basta award. The inaugural award has been given to Dr. Anthony Tang for his career-long contributions to CHRS research. Although we are always faced with new challenges the organization, mentorship and talent of the CHRS position us well for the future. I would encourage my colleagues to continue their support of game-changing Canadian research, such as the RAFT-AF, OCEAN and REFINE trials, which face recruitment challenges, but must be completed. The pioneers of Canadian Heart Rhythm research have set a high-standard for excellence, which is all of our responsibility to preserve.



# DEVICE COMMITTEE REPORT

The CHRS Device committee was relatively active with several major advisories and ongoing work on position papers for ICD implantation and utilization. The nucleus committee consists of Drs. Philippon, Parkash, Yee, Exner, and Sterns who have been the primary contact persons for device advisories. The extended committee involves physicians and allied professionals from all implant and follow-up centers in Canada.

Advisories in 2016-2017 included the following:

- Medtronic LinQ inappropriate ERI advisory
- St. Jude Medical Nanostim battery chemistry advisory
- LivaNova ICD ERI notification advisory
- St. Jude Medical ICD lithium cluster sudden battery depletion advisory
- Boston Scientific SCD unintended programming advisory
- Medtronic MRI compatible CRT-D programming advisory
- Boston Scientific SCD VF induction advisory

While some of these advisories were relatively minor, and manageable with notifications and clinic attention, some were more worrisome and continue to affect patients at risk; specifically, the Nanostim and St. Jude Medical ICD lithium cluster issues. Many of the other advisories have been resolved or had risk mitigated with software updates. In this regard, we have made connections with Health Canada which have been very helpful in approving software and firmware patches for these advisories in Canada. Thanks to their prompt assessment and approval of SCD software updates, the potentially lethal SCD VF induction anomaly was resolved in Canada sooner than any other jurisdiction in the world.

From a guidelines standpoint, the 2016 CCS/CHRS ICD guidelines chaired by Drs. Matt Bennett and Francois Philippon were published in February of this year. The companion paper "Management of Implantable Cardioverter Defibrillator Recipients: Care Beyond Guidelines" also chaired by Dr. Philippon was published in August in the CJC.

Ongoing device based research projects across Canada include many multicenter trials including:

- DxAF ICD trial
- CREDO 1 and 2 registries looking at failures of Riata leads and St. Jude ICDs
- ARTESiA – subclinical AF anticoagulation trial
- ATLAS – SCD vs. transvenous ICD
- RAFT-permAF – CRT-D in AF trial
- RPM – Remote Patient Management
- Endocardial CRT cohort and RAFT-LVendo randomized trials

As well, the recently closed Bruise Control-2 study has been completed and will be presented at the late breaking clinical trials presentation at the AHA meeting this November.

Our congratulations to these investigators and their collaborators across the country for these accomplishments.

Moving forward, we will be discussing options for development of this committee to become more pro-active in Canadian device based research and database collection, building on the work of Dr. Parkash and others in developing a multi-centered approach to following CIEDs across Canada. We will also work with other investigators to help spread a network for prospective device research, especially working to coordinate with Dr. Tang's network. For the next year the nucleus committee responsible for advisory responses will continue unchanged under the chair of Dr. Sterns. We hope to bring on new faces to help drive the new directions for other aspects of the committee in the next year.

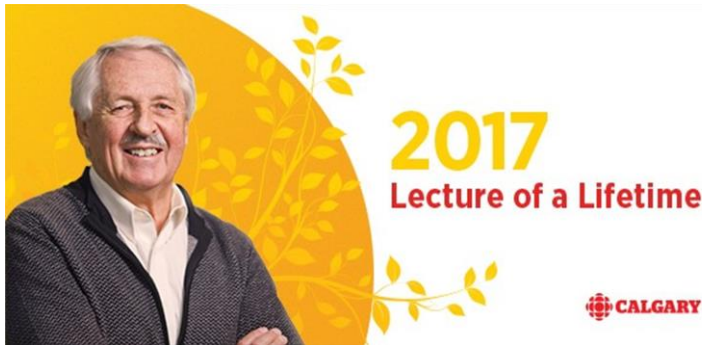
Dr. Laurence Sterns  
Device Committee Chair

# IN RECOGNITION

Each year, the Canadian Cardiovascular Society (CCS) recognizes the outstanding accomplishments of Canadians and organizations that contribute significantly to cardiovascular health and care. We are proud to announce that CHRS member, **Dr. Paul Dorian**, is the recipient of the 2017 CCS Annual Achievement Award.



CHRS would like to congratulate fellow Board member, **Dr. Ratika Parkash**. Dr. Parkash is the recipient of the 2017 CCS AF Research Award for the Proposal Title: *Reversal of atrial substrate to prevent atrial fibrillation (RASTA-AF)*.



In May 2017, **Dr. George Wyse** was the speaker for the Lecture of a Lifetime Series presented by the University of Calgary. This year's lecture was the most successful to date, with a crowd of nearly 500 people in attendance. CHRS would like to congratulate Dr. Wyse for this success and for his amazing talk.



**Dr. Charlie Kerr**, CCS Past President (2008-2010) and CHRS member passed away in May 2017. Over the years, Charlie served on about 20 CCS committees and working groups, volunteering his expertise for guidelines, CCC, governance, the CCSA and the CJC. Over the years, he was heavily involved with the BC government, helping to craft their Cardiac Services provincial system and he was the cardiovascular expert witness for the Taser Inquiry. In his personal life, he was an expert skier, a solid golfer and father of two children and husband to his wife Karen. Charlie Kerr was 68 years old.



## DEVELOPMENT OF CCS QUALITY INDICATORS FOR ATRIAL FIBRILLATION (AF)

In Spring 2017, the CCS Atrial Fibrillation/Flutter Working Group underwent a partial refresh of its membership. In June, the refreshed Working Group reviewed current CCS priority and non-priority indicators for arrhythmia, and identified a need to further populate the quality indicator priority areas of Access (clinics), Therapies (anti-coagulation) and Outcomes (stroke). Working sub-groups were established for each of these three areas, and met over the summer to discuss and make recommendations in regards to which existing indicators should be prioritized, altered and/or removed. Groups have also begun to assess feasibility of development of new priority indicators, and will establish indicator development work plans for 2017-18, following CCC. At the end of 2017, Working Group Vice-Chair **Dr. George Wyse** will retire from the group, and **Dr. Allan Skanes** will fill his role.

## CANADIAN JOURNAL OF CARDIOLOGY EDITORS TOP PICK



Be sure to check out Dr. Stanley Nattel's, Editor-in-Chief of the *Canadian Journal of Cardiology (CJC)*, top article pick published in the CJC over the past year:

Andrade JG, Macle L, Nattel S, Verma A, Cairns J. **Contemporary Atrial Fibrillation Management: A Comparison of the Current AHA/ACC/HRS, CCS, and ESC Guidelines.** Can J Cardiol. 2017 Aug;33(8):965-976.



**SAVE THE DATE!**

**2018 Annual Meeting**

**September 14-15, 2018**

**Ottawa Marriott Hotel, Ottawa, ON**



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*CHRS would like to thank all of our  
sponsors for their generous support*

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Bristol-Myers Squibb



**Medtronic**





## **CONTACT US**

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