OVERVIEW

The field of cardiac electrophysiology has evolved from a specialty that primarily managed arrhythmias with drug therapy to one with an expanded role of various nonpharmacologic therapies in detecting and terminating arrhythmias. Representative of this development are the rapidly evolving treatment options for patients with ventricular tachycardia and fibrillation (VT/VF), the most common cause of sudden cardiac death. Pharmacotherapy has not proven to be an adequate treatment option for many of these patients. Although implantable cardioverter defibrillators (ICDs) are effective in terminating VT/VF, repetitive shocks significantly impair quality of life, and inappropriate ICD shocks in patients with heart failure are associated with increased mortality. Percutaneous catheter ablation has evolved as a promising therapy, particularly in patients with recurrent VT refractory to drugs.

There have also been recent changes to the way we manage patients with atrial fibrillation (AF). Guidelines for the use of anticoagulants have been updated and expanded. There are non-pharmacologic therapies now available to prevent embolic stroke in patients who are at increased risk of bleeding. Catheter ablation for AF has become a mainstream treatment option. New catheters with force sensing technology have improved outcomes and reduced complications. The Ali Massumi Cardiac Arrhythmia Symposium is designed to provide electrophysiologists, cardiologists, internists, and associated professionals with state-of-the-art information on the fundamental mechanisms of cardiac arrhythmias and the best practice approaches to clinical diagnosis, evaluation, and management of abnormal heart rhythms.

TARGET AUDIENCE

The symposium has been designed for: Cardiologists, cardiologists with an interest in electrophysiology, cardiac electrophysiologists, internists with an interest in cardiology, cardiology fellows, CHI Baylor St. Luke’s cath lab technicians; family and general practitioners.
LEARNING OBJECTIVES

At the conclusion of this symposium, participants should be able to:

• Cite the recent guidelines for management of AF.
• Decide appropriate patients for catheter ablation.
• Review the up to date guidelines for the VT ablation.
• Discuss the Genetic Basis of LQTS, ARVD and Brugada Syndrome.
• Discuss patient selection and cardiac resynchronization therapy device optimization.
• Discuss new cardiac device technologies available for monitoring arrhythmias.
• Review the role of cardiac imaging in the evaluation of arrhythmias.
• Select specific anticoagulant agent for an individual patient based on each agent’s pharmacodynamics and pharmacokinetic properties.
• Identify and label the level of risk for embolic stroke among patients with AF.
• Review the advancement of Leadless Cardiac Devices.
• Discuss role left atrial appendage exclusion in the management of patients with AF.

ACCREDITATION

Texas Heart Institute is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CREDIT DESIGNATION

Texas Heart Institute designates this live activity for a maximum of 6.0 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

LOCATION & LODGING

The Houstonian Hotel
111 North Post Oak Lane
Houston, Texas 77024

The Houstonian Hotel is offering a special conference rate of $199 plus tax, per night. Reservations can be made by calling 713-685-6810 and requesting the Texas Heart Institute rate.

GROUND TRANSPORTATION & PARKING

Taxi service to the hotel from Hobby Airport averages $35 (one way). Taxi service from Bush Intercontinental Airport averages $50 (one way). From Hobby Airport, the drive to the hotel takes approximately 25 minutes, and from Bush Intercontinental Airport, the drive takes approximately 45 minutes. Rental car services are available at both airports. Hotel garage self-parking is free. Valet parking is $9 per day (no in-and-out privileges).
7:30   Registration and Continental Breakfast
8:00   Welcome

8:05–8:35    Catheter Ablation of Atrial Fibrillation
              Paul Wang, MD
8:35–8:55    Catheter Ablation of Ventricular Tachycardia
              Nilesh Mathuria, MD
8:55–9:15   The Genetic Basis of LQTS, ARVD and Brugada Syndrome
              Wilson Lam, MD
9:15–9:35   CRT: Patient Selection and Device Optimization
              J. Alberto Lopez, MD
9:35–9:55   Advances in Cardiac Monitoring for Arrhythmias
              Joanna Molina Razavi, MD
9:55–10:15  Break

10:20–10:50  Pathophysiology of AF: Aging, Inflammation and Fibrosis
              Andrea Natale, MD
10:50–11:10  Role of Cardiac Imaging in the Evaluation of Arrhythmias
              Benjamin Cheong, MD
11:10–11:30  Anticoagulation in Atrial Fibrillation
              Ali Nazeri, MD
11:30–12:00  Assessing Stroke Risk in AF
              Indranill Basu Ray, MD
12:00–12:20  Case Presentations from THI Alumnus
              Scott Greenberg, MD
12:20–1:20    Lunch

1:20–1:40    Leadless Cardiac Devices: The New Frontier
              John Seger, MD
1:40–2:00    Left Atrial Appendage Closure
              Abdi Rasekh, MD
2:00–2:20    Entrepreneurship in EP
              Mehdi Razavi, MD
2:20–2:50    Case Presentations
              Brian Greet, MD & David Burkland, MD
2:50–3:20    EP Jeopardy
3:20–3:30    Closing Remarks and Adjourn
Mohammad Saeed, MD *(Program Director)*
Cardiologist and Electrophysiologist, CHI St. Luke’s Health – Baylor St. Luke’s Medical Center; Program Director, Clinical Cardiac Electrophysiology Fellowship at Baylor St. Luke’s Medical Center; Teaching Staff, Cardiovascular Disease Fellowship at Baylor St. Luke’s Medical Center, Texas Heart Institute; Associate Professor, Medicine-Cardiology, Baylor College of Medicine; Houston, Texas

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Brian Greet, MD
Fellow, Clinical Cardiac Electrophysiology Fellowship at Baylor St. Luke’s Medical Center, Texas Heart Institute; Houston, Texas

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Cardiologist and Electrophysiologist, CHI St. Luke’s Health – Baylor St. Luke’s Medical Center; Houston, Texas

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Paul J. Wang, MD
Director, Stanford Cardiac Arrhythmia Service; Professor of Medicine and of Bioengineering, Stanford University Medical Center; Stanford, California
REGISTRATION

Register online at www.cme.texasheart.org or mail this form to:
Texas Heart Institute
Office of Continuing Medical Education, MC 3-276
PO Box 20345
Houston, Texas 77225-0345

Last Name __________________________________ First Name __________________________________

Address ______________________________________________________________________________

City _______________________________________ State/Province _______________________________
Postal Code _________________________________ Country ____________________________________

Telephone __________________________________ Fax _______________________________________

E-mail ______________________________________________________________________________

☐ Subscribe me to cme-news newsletter (email address required)

Title: ☐ MD ☐ PhD ☐ DO ☐ RN ☐ Other ____________________________________________________

Practice: ☐ Cardiac Electrophysiology ☐ Cardiology ☐ Internal Medicine ☐ Other _______________________

Registration fee includes all course materials, continental breakfast, lunch, and afternoon break.

Physicians (MD, DO) $200
Non-Physician (Nurses, Nurse Practitioners, Other Allied Health) $125
Fellows-in-training, Residents $125

☐ Please indicate if you need special assistance. You will be contacted by a staff member.

All fees should be in U.S. dollars, drawn on a U.S. bank, and made payable to Texas Heart Institute.

☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Account # ___________________________ Date ___________________________

Cancellation Policy
All cancellations must be received in writing by Friday, January 19, 2018 in order for a refund to be issued. A $50 processing fee will be assessed for each cancellation. Refunds cannot be made for those who register but do not attend the scheduled activities. Texas Heart Institute reserves the right to cancel this activity if registration is deemed insufficient.