REGISTRATION FORM

Registration Fees

Be an early bird ... sign up and pay your registration by April 11, and take $35 off your registration fee!

- Physicians and Industry: $160 ($75 early bird by 4/11/14)**
- Mid Level Providers: Nurses, Fellows, Residents: $110 ($75 early bird by 4/11/14)**
- Price reflects discount of $6 for payment by credit card. Please add $6 for Visa/MC/AMEX.

Syllabus

Several days prior to the program, syllabus including presentations will be available for download from a secure website. At registration you will receive a USB storage device with the same information at no additional charge.

At the conference, neither printers nor electrical outlets are available for attendees use. Hard copy black & white syllabus is for attendee use. Additional printed syllabi not available on site. Faculty PowerPoint presentation handouts are for the use of course attendees only pre and post-conference. This material may not be used, shared or distributed electronically.

Important Notes:

You MUST register by April 18, 2014 to guarantee your seat.

Please make checks payable to Cardiovascular Institute of Philadelphia
P.O. Box 56598 • Philadelphia, PA 19111
Phone: 215-389-2300 • Fax: 215-389-5400
Register online at www.cviphiladelphia.org

Course Registration Cancellation Policy:
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Payment

- Pay by Visa/MC/Amex
- Pay by check
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**FREE Apple iPad Drawing Details

In order to be entered into the FREE Apple iPad Drawing, you must:

- Register and pay for CVI’s 3rd Annual New Paradigms in Arrhythmia Management by 5:00pm EST on Fri April 11, 2014
- Submit your fully completed online program evaluation for CVI’s 3rd Annual New Paradigms in Arrhythmia Management by 5:00pm EST on Fri May 16, 2014
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Order Early Bird Discount Regular Price Total

Physicians Industry Registration _____ @ $125 _____ @ $140 $________
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Pay by Visa/MC/Amex Add $6 per registration Add $6 per registration $________
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Please JOIN us for

CVI’s 3rd Annual New Paradigms in Arrhythmia Management

Sunday, April 27, 2014

Loews Philadelphia Hotel

Course Directors:

Charles Gottlieb, MD
Allan Greenspan, MD
Scott Hessen, MD
Reginald Ho, MD
Colin Movsovitz, MD
Pasquale Proacci, MD

Register by April 11, 2014 for $35 registration discount and FREE Apple iPad drawing
GOALS & OBJECTIVES

Why You Should Attend:
CVI’s New Paradigms in Arrhythmia Management 2014 focuses on the molecular basis, screening, risk stratification and management considerations of genetic arrhythmia syndromes and implantable cardiac electronic devices. ECMG interpretation skills and therapeutic options for patients with atrial fibrillation.

Our morning begins with a focus on the molecular basis of genetic arrhythmia syndromes followed by the benefits, limitations and unintended consequences of screening children and adolescents for heart disease.

We continue with our Keynote Presentation by Dr. Arthur Moss on risk stratification and management considerations of patients with Long QT syndrome followed by an update on cardiac implantable electronic devices.

During lunch we will offer a “Read with the Experts” session focusing electrocardiographic challenges. Our afternoon will look at near future changes to the available novel oral anticoagulant agents; risk stratification and management considerations of genetic arrhythmia syndromes; advances in pediatric medicine.

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Learning Objectives:
After attending CVI’s 3rd Annual New Paradigms in Arrhythmia Management CME program, attendees will be able to:
• Describe the ion currents which underlie the normal cardiac action potential.
• Compare and contrast the mutations that underlie Brugada and Long QT Syndromes, CPVT and ARVC, and how they may cause ventricular arrhythmia.
• Identify the criteria for acceptable screening tests, including the effect of even small false positive rates applied to a population with low disease incidence.
• Compare and contrast current devices for left atrial appendage closure, and their utility compared to standard anticoagulation therapy.
• Identify risk factors associated with cardiac events (syncope, aborted cardiac arrest, and sudden death) in patients with Long QT Syndrome.
• Utilize beta-blockers, mevetolol, or left cardiac sympathetic denervation, versus the implantable cardiodefibrillator for the prevention of life-threatening cardiac events in patients with Long QT Syndrome.
• Recognize the safety and efficacy benefits of newer cardiac implantable electronic devices, which obviate the need for chronic in-device ventricular overdrive.
• Minimize the infection risks associated with cardiac implantable electronic devices.
• Recognize common electrocardiographic patterns that may be associated with sudden death syndromes.
• Identify common technical errors encountered during the performance and interpretation of electrocardiographic studies.
• Compare and contrast potential outcomes between medical and ablative therapy for atrial fibrillation.
• Discuss the results of the pivotal trial that tested the novel oral anticoagulant agents against warfarin.
• Describe the development status of potential anticoagulants for novel oral anticoagulants agents.
• Explain the current indications for catheter ablation therapy for atrial fibrillation.
• Compare and contrast currently available devices for left atrial appendage closure.
• Compare and contrast currently available devices for left atrial appendage closure, and their utility compared to standard anticoagulation therapy.
• Interpret historical data of stroke risk in patients with permanent versus paroxysmal atrial fibrillation.
• Utilize current data of atrial fibrillation burden detected by device monitoring and stroke risk.
• Explain the role of device monitoring in patients with cryptogenic stroke.

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FACULTY

Course Directors
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Director of Electrophysiology Section, Division of Cardiology
Albert Einstein Medical Center
Charles D. Gottlieb, MD
Director, Electrophysiology Laboratory
Abington Memorial Hospital
Reginald Ho, MD
Associate Professor of Medicine
Thomas Jefferson University
Scott E. Hessen, MD
Clinical Assistant Professor of Medicine
Drexel University College of Medicine
Colin M. Movsowitz, MD
Clinical Assistant Professor of Medicine
Drexel University College of Medicine
Pasquale M. Procacci, MD
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Associate Chief, Division of Cardiology
Drexel University College of Medicine
Moussa C. Mansour, MD
Associate Professor in Medicine, Harvard Medical School
Director, Cardiac Electrophysiology Laboratory
Director, Atrial Fibrillation Program
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George F. Van Hare, MD
The Lewis Luriek Ward Professor Washington University School of Medicine
Pediatric Cardiology
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St. Louis Children’s Hospital
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Professor of Pediatrics, Perelman School of Medicine at the University of Pennsylvania
Director, Electrophysiology Laboratory
The Children’s Hospital of Philadelphia

Conflict of Interest Statement:
The faculty and all others who have the ability to control the content of continuing medical education activities sponsored by Albert Einstein Medical Center are expected to disclose to the audience whether they do or do not have any real or apparent conflict(s) of interest or other relationships related to the content of their presentation(s).

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CVI’s 3rd Annual New Paradigms in Arrhythmia Management

Sunday, April 27, 2014 • Loews Philadelphia Hotel

AGENDA

BREAKFAST AND REGISTRATION OPEN

Introduction and Overview
Scott E. Hessen, MD
7:45am – 8:00am

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Victoria L. Vetter, MD
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Long QT Syndrome: Risk Stratification and Management Considerations
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Steven P. Kutelek, MD
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LUNCH

Interactive ECG Interpretation
12:00pm – 12:15pm

Read Along with the Experts
Scott E. Hessen, MD; Charles D. Gottlieb, MD; Allan M. Greenspan, MD; Colin M. Movsowitz, MD; Pasquale M. Procacci, MD
12:15pm – 1:00pm

Management of Atrial Fibrillation:
Pharmacology vs. Ablation
Moussa C. Mansour, MD
1:09pm – 1:35pm

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Prospects of New Drugs and Reversal Agents
Michael D. Ezekowitz, MD
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Moussa C. Mansour, MD
2:15pm – 2:50pm

What are the Implications and Provider Obligations to Patients who have had Atrial Fibrillation Incidentally Identified by Long Duration Cardiac Monitoring?
Reginald Ho, MD
2:50pm – 3:25pm

Review and Closing
Charles D. Gottlieb, MD
3:25pm – 3:30pm
GOALS & OBJECTIVES

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- Compare and contrast the molecular changes that underlie Brugada and Long QT Syndromes, CAVT and ARVC, and how they may cause ventricular arrhythmias.
- Identify the criteria for acceptable screening tests, including the effect of even small false positive rates applied to a population with low disease incidence.
- Describe other approaches to case identification, including national health system-based approaches which employ genetic testing.
- Describe the rationale of cardiac screening in youth, including etiology and epidemiology of sudden cardiac death in youth.
- Report on different screening models for detection of disease states that could lead to sudden death in the young and student athletes.
- Identify risk factors associated with cardiac events (syncope, aborted cardiac arrest, and sudden death) in patients with Long QT Syndrome.
- Utilize beta-blockers, mexiletine, or left cardiac sympathetic denervation, versus the implantable cardioverter defibrillator for the prevention of life-threatening cardiac events in patients with Long QT Syndrome.
- Recognize the safety and efficacy benefits of newer cardiac implantable electronic devices, which obviate the need for chronic drug therapy in venous leads.
- Minimize the infection risks associated with cardiac implantable electronic devices.
- Recognize common electrocardiographic patterns that may be associated with sudden death syndromes.
- Identify common technical errors encountered during the performance and interpretation of electrocardiographic studies.

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In partnership with Pennsylvania STATE UNIVERSITY PENN STATE MDA HEALTH SYSTEM

FACULTY

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AOA: This program is eligible for 7.0 credits in category 2A of the American Osteopathic Association through the Pennsylvania Osteopathic Medical Association Foundation.

CVI's 3rd Annual New Paradigms in Arrhythmia Management
Sunday, April 27, 2014 • Loews Philadelphia Hotel

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Review and Closing
Charles D. Gottlieb, MD
3:25pm – 3:30pm
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- Recognize the safety and efficacy benefits of newer cardiac implantable electronic devices, which obviate the need for chronic in-dwelling venous leads.
- Minimize the infection risks associated with cardiac implantable electronic devices.
- Recognize common electrocardiographic patterns that may be associated with sudden death syndromes.
- Identify common technical errors encountered during the performance and interpretation of electrocardiographic studies.
- Cite the indications for catheter ablation therapy for atrial fibrillation.
- Compare and contrast potential outcomes between medical and ablation therapy for atrial fibrillation.
- Discuss the results of the pivotal trial that tested the novel oral anticoagulant agents against warfarin.
- Describe the development status of potential anticoagulants for novel oral anticoagulants.
- Explain the current indications for left atrial appendage closure.
- Compare and contrast current available devices for left atrial appendage closure, and their utility compared to standard anticoagulation therapy.
- Interpreting historical data of stroke risk in patients with permanent versus paroxysmal atrial fibrillation.
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CVI’s 3rd Annual New Paradigms in Arrhythmia Management

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Regnold T. Hu, MD
2:50pm – 3:25pm

Review and Closing
Charles D. Gottlieb, MD
3:25pm – 3:30pm
## CVI's 3rd Annual New Paradigms in Arrhythmia Management

### Sunday, April 27, 2014

#### Loews Philadelphia Hotel

### Registration Form

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- **FREE Apple iPad 2**
- **FREE Apple**

### Course Directors:

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- Allan Greenspan, MD
- Scott Hessen, MD
- Reginald Ho, MD
- Colin Mowsowitz, MD
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