



**ISHLT ACADEMY  
MASTER CLASS IN  
MECHANICAL CIRCULATORY SUPPORT**

**TUESDAY, APRIL 4, 2017**

**7:45AM-1PM**

**SEAPORT F  
SEAPORT G**

**SCIENTIFIC PROGRAM CHAIRS**

**Chair:** **Stavros Drakos, MD, PhD**  
University of Utah School of Medicine, Salt Lake City, UT, USA

**Co-Chair:** **Ivan Netuka, MD, PhD**  
Institute for Clinical and Experimental Medicine, Prague, Czech Republic

**SCIENTIFIC PROGRAM COMMITTEE**

**Keith Aaronson, MD**, University of Michigan, Ann Arbor, Michigan, USA

**Anson Cheung, MD**, University of British Columbia, Vancouver, Canada

**Chris Hayward, MD**, St. Vincent's Hospital, Sydney, Australia

**Lars Lund, MD, PhD**, Karolinska Institute, Stockholm, Sweden

**COURSE SUMMARY**

The MCS Master Class presents a unique international educational opportunity for specialists and developing experts in the field of Mechanical Circulatory Support. A concerted effort brings together faculty and experts to provide an interactive environment well beyond core competency training. The MCS Master Class is arranged in advanced breakout sessions for every participant to take full advantage of an integrated curriculum and the exceptional networking opportunity. The specific topics are devised according to defined clinical practice gaps in this fast developing specialty.

## **PRACTICE GAPS**

- 1.** The outcomes of cardiogenic shock have remained poor, large randomized trials are scarce and the management of these patients remains challenging. Comprehensive clinical expertise of advanced usage of evolving MCS options including patient and device selection and transition to next step therapies constitute currently major limitations in the care of these critically ill patients.
- 2.** Specific approaches to optimize the exercise capacity of MCS patients is an unmet clinical need.
- 3.** The disparities in the cardiac recovery outcomes observed between various centers indicate that implementing targeted patient selection and subsequently effective diagnostic and therapeutic protocols to facilitate cardiac recovery is challenging for the majority of practitioners.
- 4.** The diagnosis and management of complex and combined adverse events such as cerebrovascular hemorrhagic accidents, device thrombosis and gastrointestinal bleeding is challenging and practitioners often face difficulties in developing effective strategies to appropriately identify and treat these adverse events.
- 5.** The diagnostic and therapeutic approaches for early and late right ventricular failure in MCS patients has been evolving with the introduction of new diagnostic criteria and new technologies/therapeutic options. Such practice gaps in specialist knowledge and clinical skills constitute major limitations in the care of MCS patients.
- 6.** With the rapid evolution of minimally invasive surgical approaches the individual practitioners may lack the extensive expertise required to appropriately select patients and surgical approaches to achieve the best possible outcome.

## **EDUCATIONAL GOALS**

The overarching goal is to provide an advanced learning opportunity for specialists and developing experts in the field of MCS and devices for treatment of heart failure patients.

## **TARGET AUDIENCE**

Cardiothoracic Surgeons and Cardiologists with MCS experience, Specialists in Heart Failure Care, allied health professionals with involvement in MCS patients, VAD and Transplant Coordinators and critical care specialists, heart transplant professionals.

## **LEARNING OBJECTIVES**

- 1.** Identify the challenges during the diagnosis and management of complex cardiogenic shock patients and the potential benefits of a multidisciplinary team approach.
- 2.** List effective strategies to optimize exercise capacity and facilitate myocardial recovery in MCS patients.
- 3.** Explain how to appropriately select patients for long-term MCS options with particular consideration in anticipated surgical management aspects.
- 4.** Describe how to develop a systematic approach to diagnosis and therapy of complex and combined adverse events such as device thrombosis, recurrent gastrointestinal bleeding and stroke.
- 5.** Name the diagnostic and therapeutic challenges of early and late RV failure.

## **ACCREDITATION STATEMENT**

The International Society for Heart and Lung Transplantation (ISHLT) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

## **CREDIT DESIGNATION STATEMENT**

ISHLT designates this live activity for a maximum of 4.25 *AMA PRA Category 1 Credits*.™ Physicians should claim only the credit commensurate with the extent of their participation in the activity.

## **ANCC CREDIT**

Amedco is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This course is co-provided by Amedco and the International Society for Heart and Lung Transplantation (ISHLT). Maximum of 4.25 contact hours.

## **ACPE CREDIT**

This activity may be eligible for ACPE credit, see final CPE activity announcement for specific details.

## **DISCLOSURE**

Current guidelines state that participants in CME activities must be made aware of any affiliation or financial interest that may affect the program content or a speaker's presentation. Planners, Faculty and Chairs participating in this meeting are required to disclose to the program audience any real or apparent conflict(s) of interest related to the content of their presentations or service as Chair/Planner. Please refer to the Participant Notification document for a list of all disclosures. Additionally, all speakers have been asked to verbally disclose at the start of their presentation if a product they are discussing is not labeled for the use under discussion or is still investigational.

# SCIENTIFIC PROGRAM SCHEDULE



**7:00 AM – 7:45 AM**  
REGISTRATION AND  
MORNING COFFEE

**7:45 AM – 8:00 AM**  
**WELCOME AND INTRODUCTIONS**  
**Stavros Drakos, MD, PhD**, University of  
Utah School of Medicine, Salt Lake City,  
UT, USA

**8:00 AM – 9:00 AM**  
**SMALL GROUP INTERACTIVE**  
**DISCUSSION A: Acute MCS for**  
**Profound Cardiogenic Shock/Intermacs**  
**0-1 Profiles**  
**Moderator: Stavros Drakos, MD, PhD**

**8:00 AM Case Scenario: Management**  
**Challenges for ‘Crash and Burn’ Patients:**  
**‘Shock Team’ Approach to MCS**  
**Hiroo Takayama, MD**, Columbia University,  
NY, USA

**8:30 AM Case Scenario: Transition**  
**from Short to Long-term Support**  
**Keith Aaronson, MD**, University of  
Michigan, Ann Arbor, MI, USA

**9:05 AM – 10:05 AM**  
**SMALL GROUP INTERACTIVE**  
**DISCUSSION B: Complex Coagulation**  
**Issues in MCS Patients**  
**Moderator: Ivan Netuka, MD, PhD**

**9:05 AM Case Scenario: Recurrent**  
**GI Bleeding and Pump Thrombosis**  
**Simon Maltais, MD, PhD**, Mayo Clinic,  
Rochester, MN, USA

**9:35 AM Case Scenario: Management**  
**of Cerebrovascular Hemorrhagic**  
**Accidents**  
**Chris Hayward, MD**, St. Vincent’s Hospital,  
Sydney, Australia

**10:05 AM – 10:30 AM**  
COFFEE BREAK

**10:30 AM – 11:30 AM**  
**SMALL GROUP INTERACTIVE**  
**DISCUSSION C: Patient Selection and**  
**Management (I)**  
**Moderator: Stavros Drakos, MD, PhD**

**10:30 AM Case Scenario: Bridge to**  
**Recovery: From Prediction to**  
**Implementation**  
**Snehal Patel, MD**, Einstein/Montefiore,  
Bronx, NY, USA

**11:00 AM Case Scenario: Optimizing**  
**The Exercise Capacity of Chronic MCS**  
**Pts: Implications for Heart Recovery**  
**Assessment**  
**Bart Meyns, MD**, University Hospitals  
Leuven, Leuven, Belgium

**11:35 AM – 12:35 PM**  
**SMALL GROUP INTERACTIVE**  
**DISCUSSION D: Patient Selection**  
**and Management (II)**  
**Moderator: Ivan Netuka, MD, PhD**

**11:35 AM Case Scenario: Early**  
**and Late RV Failure: From Prediction**  
**to Management**  
**Lars Lund, MD, PhD**, Karolinska Institute,  
Stockholm, Sweden

**12:05 PM Case Scenario: Minimally**  
**Invasive Surgical Approaches from**  
**Implant to Explant**  
**Anson Cheung, MD**, University of British  
Columbia, Vancouver, Canada

**12:35 PM – 12:50 PM**  
**CLOSING REMARKS**  
**Stavros Drakos, MD, PhD**, University of  
Utah School of Medicine, Salt Lake City,  
UT, USA  
**Ivan Netuka, MD, PhD**, Institute for  
Clinical and Experimental Medicine,  
Prague, Czech Republic