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955th Conference

World Heart Congress

May 22- 24, 2017 Osaka, Japan

Keynote Forum (Day 1)



WORLD HEART CONGRESS

May 22- 24, 2017 Osaka, Japan



Kazutaka Aonuma

University of Tsukuba, Japan

Current status and the future direction of atrial fibrillation ablation

Electrical pulmonary vein isolation (PVI) by ablating encircle the pulmonary vein has become a standardized treatment technique for paroxysmal atrial fibrillation (PAF). The data showing sufficient long-term results has proven to be superior to antiarrhythmic therapy for long-term period. More recently, many one shot techniques such as cryo-balloon and hot-balloon has also become established as an alternative therapeutic option. However; PVI alone also appears to be insufficient for treating persistent AF (pers. AF), with disappointing long-term results. Therefore, additional ablation strategies targeting the modification and/or elimination of the AF-sustaining atrial substrate have been used including ablation of complex fractionated atrial electrograms (CFAEs), deployment of linear lesions in the left atrium (LA), and other additional ablation techniques have been tried for many year. In this key-note lecture, the author will review the history of ablation of PAF, and also pers. AF, and will discuss about the future direction of the treatment atrial fibrillation.

Biography

Kazutaka Aonuma is the Director of Cardiovascular Division, Tsukuba University Hospital and Professor of Medicine, University of Tsukuba, Graduate School of Comprehensive Human Sciences, Tsukuba, Japan. He is also the President of Japanese Heart Rhythm Society 2016 and Editorial Board Member of *Journal of Arrhythmia*- Elsevier.

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WORLD HEART CONGRESS

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Yuji Matsuzawa

Sumitomo Hospital and Osaka University, Japan

Visceral obesity, adiponectin and atherosclerosis

Although cholesterol, especially LDL-cholesterol has been considered to be a major risk factor of atherosclerosis and cholesterol lowering drugs such as statins has been valued highly for the prevention of cardiovascular disease in the clinical field of all over the world, residual risks such as non-cholesterol dyslipidemia, diabetes mellitus and hypertension, especially clustering of these risks has been also known to contribute to the occurrence of cardiovascular disease. Many epidemiological studies has revealed that obesity, especially visceral obesity may induce the development of diabetes mellitus, hypertension and dyslipidemia and the clustering of these risks may become strong risks of cardiovascular disease. In this lecture, I will show an important role of visceral fat accumulation in the development of a variety of obesity-related disease including cardiovascular disease based on our clinical studies using CT scan and also discuss the mechanism of these disorders by focusing on adipocytokines, adipose tissue-derived bioactive substances especially, adiponectin which was discovered from human adipose tissue by our group in 1995. Adiponectin is a unique collagen-like protein which has anti-diabetic, anti-atherogenic function as well as anti-inflammatory function. I would like to show that hypo adiponectinemia caused by visceral fat accumulation is a key mechanism of a variety of obesity-related diseases such as DM, hypertension and lipid disorders and also directly cardiovascular disease.

Biography

Yuji Matsuzawa has completed his graduation from Osaka University Medical School in 1966 and joined a research group of Lipid Research Laboratory at Osaka University in 1969. He became Professor of the second Department of Internal Medicine of Osaka University in 1991, until 2003 when he moved to Sumitomo Hospital as Director and Emeritus Professor of Osaka University. He has long worked on hyperlipidemia and obesity. He has discovered several novel disease entities such as "Autoimmune hyperchylomicroemia" and "Hyper HDL cholesterolemia caused by CETP deficiency". He was also interested in body fat distribution with respect to morbidity. He developed the method for fat analysis using CT scan and established the concept named visceral fat syndrome in which cardiovascular risks cluster by visceral fat accumulation. He also investigated biological characteristics of adipose tissue and found that adipose tissue abundantly expressed bioactive substances. During these works, he discovered "adiponectin", which may be one of key players in the mechanism of obesity-related diseases. He is currently the President of International Atherosclerosis Society.

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WORLD HEART CONGRESS

May 22- 24, 2017 Osaka, Japan



Guy Hugues Fontaine

Université Pierre et Marie Curie, France

Advances in the understanding of inherited cardiomyopathies

An increasing number of genetic mutations can explain the mechanism of inherited cardiomyopathies which can lead to arrhythmias and risk of sudden death as well as irreversible heart failure in the end stage of the disease. Arrhythmogenic Right Ventricular Dysplasia (ARVD) has been identified by the presenter in 1977 as a side work at the beginning of antiarrhythmic surgery. Genetic background has been discovered mostly due to PKP2 desmosomal mutation with increased RV size, presence of large amount of fatty tissue mostly located on the right ventricle with apoptotic thinness of the free wall and segmental anomalies of contraction. Based on systematic analysis of histology of right ventricle in patients who died of a non-cardiac cause, it was found that this disease is frequent in the general population (4%), but become clinically apparent in a small number of cases. Clinical presentation is mostly ventricular arrhythmias which can lead to unexpected sudden cardiac death especially in young people and during endurance sports. Some of these patients seen at a late stage of the disease can be misclassified as IDCM in whom heart transplantation is the the only effective treatment. However, in some rare patients, the disease can stop completely its progression. An important marker of the disease is the presence of Epsilon wave on the ECG. Naxos disease, Uhl's anomaly are rare, but important forms. They have initiated the discovery of the first mutation and help in the understanding of arrhythmogenicity as well as advanced forms of treatment including drugs, ablation and implantation of Implanted Cardiac Defibrillator. Brugada syndrome (BrS) has a unique ECG pattern of coved type of the T wave of the ECG observed only in lead V1. Structural changes are sometimes suggesting ARVD. However, BrS and ARVD are two different entities with some degree overlap both phenotypically and genotypically in a small number of cases. Both of them can be controlled by antiarrhythmic drugs, ablation of ventricular tachycardia and implanted cardiac defibrillator. Right Ventricular Outflow Tract Ventricular Tachycardia (ROVT VT) is generally benign, but one personal case of SD with pathologic documentation demonstrated a localised infundibular anomaly suggesting localised ARVD. Hypertrophic Cardiomyopathy (HCM) is produced by a genetic mutation in the contractile molecules of the heart producing hypertrophy of myocardial fibres with disarray. It is also a major cause of SD during sports recognised as the most frequent. Idiopathic Dilated Cardiomyopathy (IDCM) is mostly due to multiple genetic mutations lamin and myosin affecting myocardial force of contraction. All of these cardiomyopathies can be affected by superimposed myocarditis which is frequently the determinant of prognosis and may have a genetic background which can be the same as the trouble in development.

Biography

Guy Hugues Fontaine has made 15 original contributions at the inception of cardiac pacemakers in the mid-60s. He has identified ARVD by serendipity in the late 70s, published 900 scientific papers including 201 book chapters. He is got placed in 3 books: 216 Profiles in Cardiology since the 14th century (Hurst 2003), 500 greatest Geniuses of the 21st century (ABI) 2005 USA, the 100 Life time of Achievement (IBC) 2005 Cambridge UK. He is Reviewer of 17 journals both in clinical and basic science. He has given 11 master lectures in China (2014). He is also working on brain and heart protection in cardiac arrest and stroke by therapeutic hypothermia.

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WORLD HEART CONGRESS

May 22- 24, 2017 Osaka, Japan



Damien Byas

North American Scientific Committee on Cardiovascular Health, USA

Examining risk factors associated with worldwide sudden cardiac death rates in children and adults

Introduction: Sudden Cardiac Death (SCD) occurs most frequently in adults in their mid-30s to mid-40s, and affects men twice as often as it does women. This condition is rare in children, affecting only 1 to 2 per 100,000 children each year. It was reported that more than 7 million lives are lost to SCD worldwide each year, which may include over 300,000 in the United States.

Objective: The purpose of the research was to examine the relationship between identifiable risk factor which may be associated with children and adults diagnosed with heart disease.

Methods: A large randomly drawn sample (n=524, 581) of boys (n=244, 553) and girls (n=280, 028) ages 5 to 12 was examined in this research study. A Chi-square test for association was conducted to examine the association between disease prevalence, minority status, socioeconomic status and heart disease risk in children.

Results: The results of this study showed that there were statistically significant relationships between heart disease risk and socioeconomic status ($p < .001$), heart disease risk and minority status ($p < .001$), disease prevalence and socioeconomic status ($p < .001$) and disease prevalence and minority status ($p < .001$).

Conclusion: Findings from this study provided a rationale for the need of health and medical personnel, cultural competence training and awareness and also the need for special outreach initiatives to ensure and maintain the health of children in America and around the world.

Biography

Damien Byas, PhD, is an Epidemiologist and Professor of Public Health at American Public Health Association. He is an International Public Health Delegate and President of North American Scientific Committee on Cardiovascular Health.

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Rui Manuel de Sousa Sequeira Antunes de Almeida

Brazilian Society of Cardiovascular Surgery, Brazil

How can we change training for cardiovascular surgeons? A new way of looking at an old problem

Cardiovascular surgery has always been a specialty that has a solid education, when we take training into account. In a country vast as Brazil, with a population growing, it is imperative to have the same strategies to teach in different subsets. Lately with the increasing number of new techniques and the diseases severity of most patients, it is becoming more difficult to train new surgeons, or for the matter, to retrain old surgeons, not only in new techniques, but also to intend to train to become expertise in some operations. It is know that to become an expert in a known technique a continuous training in a full time period will be needed for some years. It is also known that for a training program to be efficient, the trainers, tutors or teachers, should have skills different from what we were accustomed to. In Brazil, through the national society of cardiovascular surgery, a program was started, to train new cardiovascular surgeons, after a four year residency in general cardiac surgery, or retrain established cardiac surgeons, into becoming experts in endovascular surgery. The program has a theoretical approach, followed by a part where the trainee is located to a "Hands On" lab or a biological simulator, under the supervision of specialists, and also to virtual simulators. After this, the trainee follows a strict program in a specialized center, where he has the opportunity not only to participate in all cases, being the theoretical discussion and the clinical and surgical part of the procedure. An integrated center for the theoretical and simulator part was created in the center of Brazil, in cooperation with the industry, and eight clinical centers, which receive the trainees, after a process of evaluation, so that they can actually perform the surgeries. These features are a way to solve the problems of training with good specialists in a vast country, with some logistic problems.

Biography

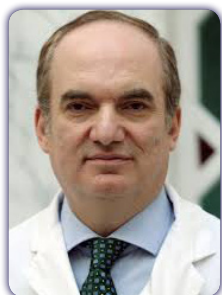
Rui Manuel de Sousa Sequeira Antunes de Almeida is the Board Member of the Paraná' Society of Cardiovascular Surgery, since 2002, and became its President (2006-08). He was elected as a President of the South Brazilian' Society of Cardiovascular Surgery (2007-09), a Member of the Board of the Brazilian' Society of Cardiovascular Surgery (2009-2010), President of the Board (2011-2013) and President of the Endovascular Department of the Brazilian' Society of Cardiovascular Surgery (2011-2013), Scientific Director of the Brazilian' Society of Cardiovascular Surgery (2014-15) and Vice-President for the period of 2016-17. He has published more than 100 papers in peer reviewed national and international medical journals and presented more than 250 papers in scientific meetings. He also served as the Editorial Board Member of 10 international journals and five Brazilian journals.

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WORLD HEART CONGRESS

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Samer Ellahham

Senior Cardiovascular Consultant, Sheikh Khalifa Medical City, Cleveland Clinic, UAE

The Importance of Multidisciplinary Approach to Heart Failure

In most countries worldwide, the number of patients with chronic heart failure (HF) is growing, with 1–3% of the adult population suffering from this syndrome, rising to about 10% in the very elderly. In the near future a large part of the worldwide population will suffer from heart failure and society will be faced with the consequences. On average one in five patients is readmitted within 12 months, making heart failure one of the most common causes of hospitalization in people over 65 years of age. A multidisciplinary team approach involving several professionals with their own expertise is important in attaining an optimal effect. Physicians, nurses, and other health care professionals are key to ensuring the delivery of evidence based care. Markers of clinical (in) stability, psychosocial risk factors, and issues related to patient mobility might be important indicators to determine which inter-professional service might be most effective for which patient. Current HF guidelines recommend that HF patients are enrolled in a multidisciplinary-care management program to reduce the risk of HF hospitalization. A multidisciplinary approach to HF may reduce costs, decrease length of stay, curtail readmissions, improve compliance, and reduce mortality. An important limitation, however, is the substantial heterogeneity in both the terms of the models of care and the interventions offered, including: clinic or community-based systems of care, remote management, and enhanced patient self-care. Conventional trials that randomize individual patients may not be the best way to test the effect of a service; novel approaches, such as the cluster randomized controlled trial, may be superior. It is unlikely that any one approach is optimal. The best form of care might seek to compensate for the weaknesses of each approach by exploiting their strengths.

A strong HF cardiology lead, supported by primary care physicians, nurse specialists, and pharmacists in the hospital and community with the ability to offer patients remote support might offer the best service. Key to the success of multidisciplinary HF programs may be the coordination of care along the spectrum of severity of HF and throughout the chain-of-care delivered by the various services within the healthcare system. Further research is warranted to identify the most efficacious multidisciplinary approaches to HF.

Biography

Samer Ellahham has served as Chief Quality Officer for SKMC since 2009. In his role, Dr. Ellahham has led the development of a quality and safety program that has been highly successful and visible and has been recognized internationally by a number of awards. As Chief Quality Officer and Global Leader, Dr. Ellahham has a focus on ensuring that that implementation of this best practices leads to breakthrough improvements in clinical quality and patient safety. Ellahham is the recipient of the Quality Leadership Award from the Global Awards for excellence in Quality and Leadership and the Business Leadership Excellence Award from the World Leadership Congress. He was nominated in 2015 for SafeCare magazine Person of the Year. Ellahham is Certified Professional in Healthcare Quality (CPHQ). He is a recognized leader in quality, safety, and the use of robust performance improvement in improving healthcare delivery. He serves on a number of US and international committees and advisory bodies.

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