



# Healthy Heart

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AHMEDABAD

**JIC 2018**  
Joint International Conference

January 5-7, 2018

**FINAL PROGRAMME**

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CASE BASED INTERACTIVE SESSION

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Annual Scientific  
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23<sup>rd</sup> Year of Academics

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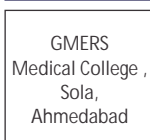
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## MESSAGE FROM JIC 2018

Dear all,

We are proud to announce JIC 2018.

All attendees can look forward to a world-class Scientific Case-Based Program designed to educate about leading trends and continuing innovations in the field of medicine and surgery.

For the first time at JIC, we have a special Symposium on 'Stroke Update' setting new standards in diversified field of education. Case-based Sessions are the best way to translate an enormous influx of theory each day into your practices. This year, JIC 2018 has some of the highest case-based practical lectures ever in JIC as well in Indian history of Conferences. Case-based Sessions are the most effective way to promote an effective learning environment where in attendees can learn from the real case-based scenarios and improve their learning and knowledge

Our entire program this year is planned to be more interactive and communicative making it extremely engaging. All the sessions will have an online quiz with prizes and many more other exciting offers.

So all delegates who register can download the "Google Classroom" APP on their phone for being a partner in the exciting interactive quizzed planned. For registered delegates, who need help in this area, please contact +91 84698 44222

All our Speakers are renowned clinicians in their field like YOU. Understanding your needs, and giving you exactly what you want.

We look forward to meeting you at JIC and interacting with you on a personal basis.

Sincerely yours,

**Dr. Keyur Parikh**

Organizing Chairman - JIC – 2018  
Chairman-CIMS Hospital

**Dr. Milan Chag**

Scientific Committee Chairman - JIC-2018  
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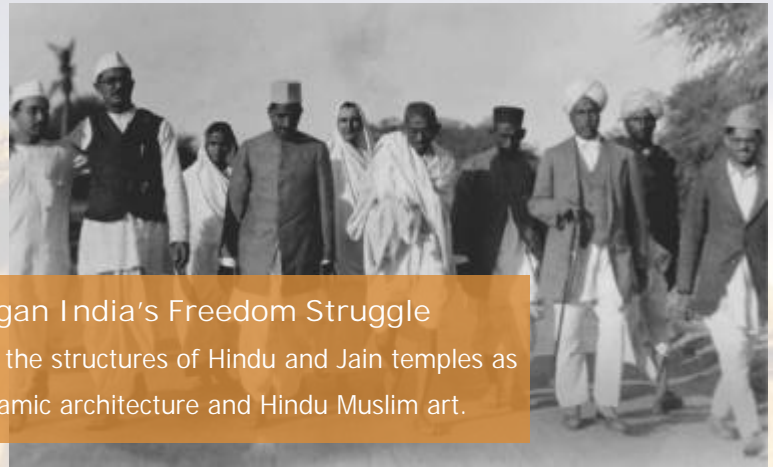


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The 600 year old walled city Ahmedabad, founded by Ahmed Shah has today become India's First World Heritage City.

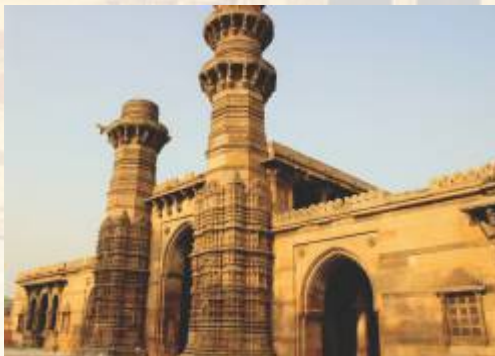
## Announces India's First World Heritage City AHMEDABAD



The Landmark city where Mahatma Gandhi began India's Freedom Struggle has stood witness to the finest architectural monuments in the structures of Hindu and Jain temples as well as being one of the standing examples of Indo-Islamic architecture and Hindu Muslim art.

During the time of Gandhi, the city became the seat of Nationalist Uprising and today still retains its enigmatic charm as one of the essential representation of what constitutes the culture of India.

Thanks to its changing monarchic lineage in the past, the city bears testimony to the prowess of Hindu, Muslim and Jain craftsmen. On one side of the city is the 15th century Bhadra Fort and on the other is the Jhulta Minara or Swaying Minaret and The Sidi Saiyyed Mosque - One of the finest specimens of Indo-Saracenic style of architecture.



Jhulta Minara



Sidi Saiyyed Mosque



Hutheesing Jain Temple

## PROGRAM AT A GLANCE

### DAY 1

JANUARY 5, 2018

- INTERNAL MEDICINE SYMPOSIUM (07:30 AM TO 06:00 PM)
- SATELLITE SESSION (08:00 PM TO 10:00 PM)
  - An Evening of Pharmacology & Management - I
  - An Evening of Pharmacology & Management - II
  - An Evening of Pharmacology & Management - III
  - An Evening of Latest Guidelines - 2018 (10 Points to Remember)

### DAY 2

JANUARY 6, 2018

- CARDIOVASCULAR SYMPOSIUM (08:00 AM TO 06:00 PM)
  - Introduction Session
  - Coronary Artery Disease / Acute Coronary Syndrome
  - General Cardiology & Heart Failure Session
  - CIMS JIC Oration Award
  - Valvular Heart Disease / Structural Heart Disease / Miscellaneous
  - Rapid Fire Session with International Faculty
- AHMEDABAD ECMO & MCS CONCLAVE (08:00 AM TO 05:00 PM)
- SATELLITE SESSION (08:00 PM TO 10:00 PM)
  - STEMI (Case-Based Session)
  - Hypertension (Case-Based Session)
  - Heart Failure (Case-Based Session)
  - Lipid & CV Risk Management

### DAY 3

JANUARY 7, 2018

- CARDIOVASCULAR SYMPOSIUM (07:00 AM TO 02:00 PM)
  - Interactive ECGs / Arrhythmia
  - My Approach In 2018
  - Best Medical Cases of Year for 'The Physician - By Physician' (With Prizes)
  - Certification Exam (Quiz) with Prizes
- AHMEDABAD ECMO & MCS CONCLAVE (08:00 AM TO 05:00 PM)
- STROKE UPDATE (08:00 AM TO 02:00 PM)

## CASE-BASED INTERACTIVE SESSION

DAY 1

### INTERNAL MEDICINE SYMPOSIUM (CASE-BASED - RAPID FIRE SESSION)

January 5, 2018, Friday (Time: 7:30 AM - 6:00 PM)

7:30 AM	<b>REGISTRATION &amp; BREAKFAST</b>	Chair	Dr. Milan Chag, Dr. Navin Khimeshra, Dr. Alkesh Pataliya, Dr. Subhash C. Patel, Dr. Hetal Pandya
	Dr. O. P. Gupta, Dr. Sunil Maniar, Dr. Neil Mehta, Dr. Keyur Parikh, Dr. Mustufa Rangwala	Moderator	Dr. Dilip Pancholi, Dr. Hitesh Patel, Dr. Sunil Panjwani, Dr. Pankaj R Shah, Dr. Haresh Udani
	Moderator	11:15 AM	Management of Polytrauma Patients - <i>Dr. Sanjay Shah</i>
8:15 AM	When Friends and Family Ambush You for Free Medical Advice - <i>Dr. Keyur Parikh</i>	11:25 AM	Fluid Challenge and Therapy in Critically ill : How to Manage? - <i>Dr. Vipul Thakkar</i>
8:30 AM	Fever of Unknown Origin- Still a Puzzle For Us! - <i>Dr. Surabhi Madan</i>	11:35 AM	Differential Diagnosis of Oral Ulcers in Physicians Practice - <i>Dr. Umakant Shah</i>
8:40 AM	Whom & When to Always Order Genetic Consult & Testing in Clinical Practice: Need of the Hour - <i>Dr. Krati Shah</i>	11:45 AM	Generic Medicines- Indian Scenario - <i>Prof. Y. K. Oza</i>
8:50 AM	Hypertension in Pregnancy : How to Manage ? - <i>Dr. Anish Chandarana</i>	12:00 PM	Acid - Based Disorder - Step by Step Approach - <i>Dr. Manthan Kansara</i>
9:00 AM	Artificial Intelligence in Medicine - <i>Dr. Neil Mehta</i>	12:10 PM	A Case of Dyslipidemia (Interactive Session) - <i>Dr. Milan Chag</i>
9:10 AM	Proton Pump Inhibitors in Our Daily Life : Too Many ? Too Few ? Never ? - <i>Dr. Bhavesh Thakkar</i>	12:25 PM	<b>Panel Discussion &amp; Question-Answer</b>
9:20 AM	A Case of Uncontrolled HT (Interactive Session) - <i>Dr. Urmil Shah</i>	12:35 PM	<b>LUNCH</b>
9:35 AM	<b>Panel Discussion &amp; Question-Answer</b>	Chair	Dr. Vazir Motwani, Dr. Ajay Naik, Dr. Harish Nagrani, Dr. Gitesh Shah, Dr. Bhagirath Solanki, Dr. Kamlesh Upadhyay
	Chair	Moderator	Dr. Amita Gandhi, Dr. Uresh Jain, Dr. Abhinav Parikh, Dr. Harendra Thakkar
	Dr. Anish Chandarana, Dr. Jayant Chauhan, Dr. J. K. Chhapparwal, Dr. Ashwin Gadhavi, Dr. Anil Kulshreshtha	1:10 PM	Differential Diagnosis on Skin Rash: With and Without Itching - <i>Dr. Sneha Gohil</i>
	Moderator	1:20 PM	Evidence-Based Transfusion Practice and Improved Blood Utilization - <i>Dr. Amit Prajapati</i>
	Dr. Tanish Modi, Dr. Jayesh Patel, Dr. Rajesh Sanghani, Dr. P. K. Solanki, Dr. Bhasmang Trivedi	1:30 PM	Is There Role of Physicians in Diagnosis & Management of Urological Malignancy ? - <i>Dr. Rupesh Shah</i>
9:45 AM	Interpretation of Thyroid Function Tests: Case-Based Approach - <i>Dr. Vivek Patel</i>	1:40 PM	Recurrent Cough : How to Approach ? - <i>Dr. Amit Patel</i>
9:55 AM	Autoimmune and Rheumatic Diseases: Myths and Facts - <i>Dr. Puja Srivastava</i>	1:50 PM	Rational Use of Diuretics in General Practice : Whom, Where, How & Why ? - <i>Dr. Jignesh Pandya</i>
10:05 AM	Non-Invasive Ventilation - Case-Based Approach for Physicians - <i>Dr. Nitesh Shah</i>	2:00 PM	Puberphonia and Role of Type 3 Thyroplasty - <i>Dr. Hemal Shah</i>
10:15 AM	Red Eye How to Deal with Them - <i>Dr. Smita Dheer</i>	2:10 PM	A Case of 'Transient LOC' (Interactive Session) - <i>Dr. Ajay Naik</i>
10:25 AM	A Case-Based Discussion on Physicians Role in High Risk Pregnancy - <i>Dr. Devang Patel</i>	2:25 PM	<b>Panel Discussion &amp; Question-Answer</b>
10:40 AM	A Case of Pulmonary Embolism (Interactive Session) - <i>Dr. Anish Chandarana</i>	Chair	Dr. Gyan Badlani, Dr. Jitendra Deliwala, Dr. Sunil Gupta, Dr. Jitendra Patel, Dr. Vineet Sankhla, Dr. Virendra Zota
10:55 AM	Approach to Refractory Gastroesophageal Reflux Disease - <i>Dr. Abhinav Jain</i>	Moderator	Dr. Shailesh Dubbal, Dr. Nitesh Patel, Dr. Viresh Patel, Dr. Milind Prakashkar, Dr. Samira Parikh
11:05 AM	<b>Panel Discussion &amp; Question-Answer</b>	2:35 PM	Reading X-Rays for Common Respiratory Conditions - <i>Dr. Kalpesh Panchal</i>

## CASE-BASED INTERACTIVE SESSION

### INTERNAL MEDICINE SYMPOSIUM (CASE-BASED - RAPID FIRE SESSION)

DAY 1

January 5, 2018, Friday (Time: 7:30 AM - 6:00 PM)

2:45 PM	Pregnancy and Seizures : How to Manage ? - <i>Dr. Sneha Baxi</i>
2:55 PM	How to Manage Systolic Hypertension in 2018 ? - <i>Dr. Vipul Kapoor</i>
3:05 PM	Immunotherapy : Role of Physicians in Immunotherapy : What, Who, Where & When? - <i>Dr. Reena Sharma</i>
3:15 PM	Empiric Antibiotic Therapy in Various Infections - <i>Dr. Surabhi Madan</i>
3:25 PM	A Case of ACS in a Patient with Chronic AF - <i>Dr. Vineet Sankhla</i>
3:40 PM	Panel Discussion & Question-Answer
Chair	Dr. Milind Desai, Dr. Satya Gupta, Dr. Sanjeev Phatak, Dr. Bansi Saboo, Dr. Navneet Shah, Dr. M I Vaja, Dr. Manoj Vithlani
Moderator	Dr. I L Chandelkar, Dr. Vijay Garg, Dr. Anish Mansuri, Dr. Prakash Patel, Dr. Jayesh Pavra
3:50 PM	Zero Coronary Calcium A 'GateKeeper' Screen in Primary Prevention? - <i>Dr. Milind Desai</i>
4:00 PM	Salt and Obesity - <i>Dr. Dhiren Joshi</i>
4:15 PM	A Case of Stable Angina - Refusing Intervention (Interactive Session) - <i>Dr. Hemang Baxi</i>
4:30 PM	Paraneoplastic Syndromes: What is It ? What to Do? - <i>Dr. Rahul Jaiswal</i>

4:40 PM	A Case of DVT (Interactive Session) - <i>Dr. Satya Gupta</i>
4:55 PM	A Case of 'Cryptogenic Stroke' (Interactive Session) - <i>Dr. Tejas V. Patel</i>
5:10 PM	SGLT2i & Diabetic Ketoacidosis - <i>Dr. Vivek Patel</i>
5:20 PM	Panel Discussion & Question-Answer
5:30 PM	Certification Exam (Quiz) with Prizes



## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

### DAY 1

### INTERNAL MEDICINE SYMPOSIUM (CASE-BASED - RAPID FIRE SESSION)

January 5, 2018, Friday (Time: 7:30 AM - 6:00 PM)

8:15 AM When Friends and Family Ambush You for Free Medical Advice - *Dr. Keyur Parikh*

This is the topic of a recent New England Journal of Medicine essay by a group of doctors looking at the challenges MDs face when asked to discuss illness, refill a prescription, or even perform surgery for a friend or a family member free of charge. There are complicated ethical issues involved in treating friends and family, as anxiety and emotional investment can result in bad medical judgment as well as issues of whether "free" advise is advisable!

8:30 AM Fever of Unknown Origin- Still a Puzzle For Us! - *Dr. Surabhi Madan*

With more than 200 causative diseases, Fever of Unknown Origin (FUO) is one of the most difficult diagnostic challenges for doctors. As there is no standard diagnostic approach for FUO, non-clue-based testing can often lead to inefficient and misleading diagnosis. Thus, timely accurate diagnosis is essential for appropriate treatment of the underlying cause of FUO. Therefore, this talk will discuss the diagnostic algorithm for accurate diagnosis of FUO.

8:40 AM Whom & When to Always Order Genetic Consult & Testing in Clinical Practice: Need of the Hour - *Dr. Krati Shah*

As technology has advanced, it is most important to look at our genes rather than horoscopes. Do we all agree?

One person in the family is suffering from a disorder which is not diagnosed- we can find out the answer. Open the windows of the mind about this new branch-CLINICAL GENETICS !!!

Living with excess weight is a serious health risk. Take care of your body. It is the only place you have to live in. Come to us and your journey from FLAB TO FAB will become easier and scientific.

8:50 AM Hypertension in Pregnancy : How to Manage - *Dr. Anish Chandarana*

9:00 AM Artificial Intelligence in Medicine - *Dr. Neil Mehta*

Artificial intelligence algorithms are not only making cars safer and shopping easier, but have improved to diagnose patients and

help make the best decisions in healthcare. Artificial intelligence will help healthcare move from traditional, "one-size-fits-all" medical solutions towards targeted treatments, personalized therapies, and uniquely composed drugs.

9:10 AM Proton Pump Inhibitors in Our Daily Life : Too Many ? Too Few ? Never ? - *Dr. Bhavesh Thakkar*

Multiple proton pump inhibitors are available nowadays. Among them are: Pantoprazole, Omeprazole, Lansoprazole, Dexlansoprazole, Ilaprazole, Esomeprazole, Rabeprazole.

Indications of Proton Pump Inhibitors:

- Dyspepsia
- Peptic Ulcer Disease
- As a Part of H. Pylori eradication Therapy
- GERD and NERD
- Barrett's Esophagus
- Eosinophilic esophagitis
- Stress gastritis and ulcer prevention in critical care unit
- Gastrinomas and other conditions that cause hypersecretion of acid including ZES.

CONCERNS OF LONG TERM PPIs USAGE:

Development of chronic kidney disease.

Development of mineral, vitamin and trace element deficiency.

Long term usage is associated with development of dementia, bone fractures and myocardial infarction, gastrointestinal malignancies and secondary infections.

Clinical practice update/ best practice advice:

Patient with GERD and acid related complications should take a PPI for short term healing, maintenance of healing and long term for symptom control.

Patients with uncomplicated GERD who respond well to short term PPI should subsequently attempt to stop /reduce PPI. Patients who cannot reduce/stop PPI should consider ambulatory esophageal pH/impedance monitoring before committing to lifelong PPIs to help to distinguish GERD from FD.

Patients with Barrett's esophagus with symptomatic GERD and asymptomatic Barrett's esophagus patients should take long term PPI.

Patients with high risk for ulcer-related bleeding from NSAIDs should take a PPI if they continue to take NSAIDs.

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

### INTERNAL MEDICINE SYMPOSIUM (CASE-BASED - RAPID FIRE SESSION)

DAY 1

January 5, 2018, Friday (Time: 7:30 AM - 6:00 PM)

The dose of long term PPIs should be periodically re-evaluated so that lowest effective PPI dose can be prescribed to manage the condition.

The COGENT study, a RCT published in 2010, provided reassurance that PPIs do not meaning fully interact with clopidogrel.

Long term users of PPIs should not routinely raise their intake of calcium, vitamin B12 or magnesium beyond the RDA.

Long term users of PPIs should not routinely screen or monitor bone mineral density, s.creatinine, magnesium or vitamin B12.

9:20 AM A Case of Uncontrolled HT (Interactive Session)  
- *Dr. Urmil Shah*

Don't you agree that uncontrolled hypertension is very common in our country! Are we doing really doing something to control blood pressure? Where are we lacking! What is best scientific approach for these groups of patient? Don't you agree that hypertensive stroke and heart failure is preventable!

9:45 AM Interpretation of Thyroid Function Tests: Case-Based Approach - *Dr. Vivek Patel*

Thyroid Function Tests (TFT) are one of the most commonly requested laboratory investigations. Fortunately, many times the results are straightforward to interpret and confirm the clinical diagnosis of euthyroidism, hypothyroidism or hyperthyroidism. However, in a subgroup of patients, the results of TFTs can seem confusing, either not correlating with the clinical picture or incongruent with each other (e.g. raised T3/T4 with non-suppressed TSH). In such cases, it is important first to revisit the clinical context and to consider potential confounding factors (e.g. drugs).

9:55 AM Autoimmune and Rheumatic Diseases: Myths and Facts  
- *Dr. Puja Srivastava*

Rheumatic diseases are common. They usually present with joint pain, stiffness, skin rashes and can involve almost any organ of the body. Untreated, these diseases can cause permanent joint damage and lifelong disability.

So if somebody is suffering from long standing joint pain, skin rashes, unexplained fever or other autoimmune disease: see your Rheumatologist today!

10:05 AM Non-Invasive Ventilation - Case-Based Approach for Physicians - *Dr. Nitesh Shah*

Non invasive ventilator is a versatile method for treating patients with respiratory failure. It helps in reducing stay of hospitalization and prevent hazards associated with invasive ventilator support.

10:15 AM Red Eye How to Deal with Them - *Dr. Smita Dheer*

A simple approach to treat red eyes in your clinical practice. Red eyes is the commonest ophthalmic manifestation most of the physicians come across. The clinical picture of red eyes has a wide spectrum. Most of the eye diseases present with red eye, which are a reflection of many systemic diseases. An insight information how to diagnose these conditions through simple torch light examination and providing tips for treatment by cleverly identifying signs and symptoms without help of sophisticated equipment and give satisfactory primary treatment to your patient.

10:25 AM A Case-Based Discussion on Physicians Role in High Risk Pregnancy - *Dr. Devang Patel*

As the incidence of pregnancies developing complications have increased , physicians involved in care of sick pregnant women need to be aware of physiological changes in pregnancy , disease specific to pregnancy and the medications used as a first line of treatment in such disorders for favourable outcome.

10:40 AM A Case of Pulmonary Embolism (Interactive Session)  
- *Dr. Anish Chandarana*

Contrary to what most Indian Doctors believe, Venous Thrombo Embolism ( VTE) which includes Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE), is much more prevalent. Severity of Acute PE varies widely and risk stratification is the key to select most effective and safe therapy. While intravenous thrombolysis is the established reperfusion therapy for high-risk and few selected intermediate-risk acute PE patients, catheter-directed ultrasound assisted low dose thrombolysis and percutaneous, catheter based thrombectomy are the growing and exciting developments for this deadly situation.

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

### INTERNAL MEDICINE SYMPOSIUM (CASE-BASED - RAPID FIRE SESSION)

#### DAY 1

January 5, 2018, Friday (Time: 7:30 AM - 6:00 PM)

10:55 AM Approach to Refractory Gastroesophageal Reflux Disease  
- *Dr. Abhinav Jain*

Author details:

Gastroesophageal reflux disease (GERD) is estimated to affect 10-20% of the general population in India. Proton pump inhibitors (PPI) are the first line of medical management, but they fail in addressing the primary pathophysiological abnormality of GERD. Upto one-third of patients of GERD do not respond to PPI. Inappropriate dosing and non-compliance to PPI are the most common causes in these patients. Ensuring adherence to lifestyle modifications is an equally important aspect. Patients with persistent symptoms despite optimization of PPI therapy require further work-up in the form of an upper GI endoscopy. Patients with normal endoscopy warrant further testing with high-resolution manometry, 24 hour ambulatory impedance-pH monitoring and gastric scintigraphy. These tests help to rule out alternative diagnosis like achalasia, motility disorders of esophagus and gastroparesis. These are also useful to identify esophageal hypersensitivity syndrome and functional heartburn, both of which are symptomatically indistinguishable from typical GERD. The options for medical management of true refractory GERD are baclofen, liquid alginate suspension and prokinetics. Surgical management is required in a fraction of patients.

11:15 AM Management of Polytrauma Patients - *Dr. Sanjay Shah*  
Injury is the leading cause of death in young population from 5 year to 45 years age group. In India also, mortality due to trauma is increasing more than deaths due to tuberculosis, malaria and HIV put together. Lack of good pre-hospital care along with delayed definitive treatment is a major contributor for this. In most of hospitals in India, Trauma Care is not according to standard protocols. World across, Trauma Care is initiated as per ATLS protocols (Advanced Trauma Life Support by American College of Surgeons) which is a gold standard and widely accepted across globe. A detailed overview of this protocol will be discussed along with management of immediately life threatening injuries. Transfer to definitive centre will also be discussed to arrange for early and safe transfer of some patients who need specialised and multisystem approach.

11:25 AM Fluid Challenge and Therapy in Critically ill : How to Manage? - *Dr. Vipul Thakkar*

Fluid resuscitation with intravenous fluid is a ubiquitous intervention in acute medicine. While search and research for ideal IV Fluid is going on, there is emerging and adequate evidence that type and dose of resuscitation fluid may affect patient outcome.

In absence of high quality evidence, it would be interesting to discuss and know about indication, end-points, type, dose and harms of IV Fluid resuscitation.

11:35 AM Differential Diagnosis of Oral Ulcers in Physicians Practice - *Dr. Umakant Shah*

Most of patients are afraid of an ulcer in the oral cavity as regards cancer, 90% of ulcers are of non-malignant and of different disease and etiology. Remaining 10% cases are more common in tobacco chewing patient. Early diagnosis of cancer has chances of cure by treatment.

The Common ulcers in oral cavity are as followed

- |                     |                         |
|---------------------|-------------------------|
| I. Aphthous Ulcers  | III. Lichen Planus      |
| V. Syphilis Ulcer   | VII. Malignant Ulcer    |
| II. Herpes Zoster   | IV. Tuberculosis Ulcer  |
| VI. Pemphigus Ulcer | VIII. Candidiasis Ulcer |

11:45 AM Generic Medicines- Indian Scenario - *Prof. Y. K. Oza*

The central government has recommended that all physicians should prescribe generic medicines. This is likely to be made legal and compulsory. It is mainly because they are economical as compared to the branded medicines. Our Honorable Prime Minister is taking personal interest in the matter. The MCI has therefore issued circular in this regard. However, certain queries arise.

"How far is it beneficial to the Indian population?". "What could be the repercussions?". "What are the pros and cons?". "What will be the effect on medical practice?". The lecturer tries to clarify these issues.

12:00 PM Acid Based Disorder - Step - by - Step Approach  
- *Dr. Manthan Kansara*

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

### DAY 1

### INTERNAL MEDICINE SYMPOSIUM (CASE-BASED - RAPID FIRE SESSION)

January 5, 2018, Friday (Time: 7:30 AM - 6:00 PM)

12:10 PM A Case of Dyslipidemia (Interactive Session) - *Dr. Milan Chag*  
Indians are at the highest risk of ASCVD: We are different! How to manage typical Indian dyslipidemia?

1:10 PM Differential Diagnosis on Skin Rash: With and Without Itching - *Dr. Sneha Gohil*  
Do skin rashes occur only due to infections and allergies?  
Its time to think beyond the routine.  
Skin Rashes are important biomarkers of internal diseases.  
Timely diagnosis leads to better management of these illnesses.

1:20 PM Evidence-Based Transfusion Practice and Improved Blood Utilization - *Dr. Amit Prajapati*  
Transfusion of blood and blood products is one of the most frequently performed procedures during hospitalizations. However, with a growing evidence base supporting the use of restrictive transfusion strategies, emerged as an evidence-based, multidisciplinary approach to optimizing the care of patients who may need a transfusion.

Principles of clinical transfusion practice

- The patient with acute blood loss should receive effective resuscitation (intravenous replacement fluids, oxygen and other medication) immediately and the need for transfusion is estimated thereafter.
- The patient's haemoglobin (Hb) value, although important, should not be the sole deciding factor in the decision to transfuse blood. This decision should be supported by the need to relieve clinical signs and symptoms and to prevent significant morbidity or mortality.
- Clinicians should be aware of the risk of transfusion transmissible infections in blood products prescribed for patients.
- Transfusion should be prescribed only when the benefits to the patient are likely to outweigh the risks.
- Clinicians should clearly record the reason for ordering a transfusion (clinical diagnosis).
- Trained staff should monitor a patient undergoing transfusion and respond immediately there are signs of an adverse effect.

1:30 PM Is There Role of Physicians in Diagnosis & Management of Urological Malignancy? - *Dr. Rupesh Shah*  
During last 10 years, Uro-oncology as a subspecialty has slowly & steadily evolved & lot of Urologists are interested in this. At the same time, Uro-oncology remains affiliated to urology – the parent specialty.

1:40 PM Recurrent Cough : How to Approach? - *Dr. Amit Patel*  
Cough is a very common symptom in day-to-day practice and many times it is very much irritating. In a case-based discussion we will see how to approach cough and is the best possible treatment for the same.

1:50 PM Rational Use of Diuretics in General Practice : Whom, Where, How & Why? - *Dr. Jignesh Pandya*  
Diuretics is a balancing act to achieve euvolemic status. Utmost attention to electrolytes and organ perfusion is warranted while doing so.

2:00 PM Puberphonia and Role of Type 3 Thyroplasty - *Dr. Hemal Shah*  
The persistence of adolescent voice even after puberty in the absence of organic cause is known as puberphonia. The condition is commonly seen in males. This presentation illustrates a novel surgical method "Retrusion thyroplasty" (Type 3 Thyroplasty) in the management of puberphonia.

2:10 PM A Case of 'Transient LOC' (Interactive Session) - *Dr. Ajay Naik*  
Transient loss of consciousness due to syncope is a challenging and confusing problem to manage. Syncope can be due to transient shifts in autonomic tone, blood pressure, and / or heart rate. Syncope can be associated with potentially life-threatening ventricular arrhythmias that may require interventional evaluation and treatment.  
There is no standard evaluation for syncope other than directing testing based on a carefully and completely obtained history from the patient and observers, as well as evidence gleaned from medical records.

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

### DAY 1

### INTERNAL MEDICINE SYMPOSIUM (CASE-BASED - RAPID FIRE SESSION)

January 5, 2018, Friday (Time: 7:30 AM - 6:00 PM)

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| <p>2:35 PM Reading X-Rays for Common Respiratory Conditions<br/>- <i>Dr. Kalpesh Panchal</i><br/>What is a Chest X-ray (Chest Radiography)?<br/>The most commonly performed diagnostic X-Ray examination, a chest X-Ray produces images of the heart, lungs, airways, blood vessels and the bones of the spine and chest.<br/>An X-Ray (radiograph) is a noninvasive medical test that helps physicians diagnose and treat medical conditions.</p> <p>2:45 PM Pregnancy and Seizures : How to Manage ? - <i>Dr. Sneha Baxi</i><br/>Over 90% of women with seizure (epilepsy) have a normal pregnancy. But women with seizures are at an increased risk of perinatal complications. There are increased risk of both major &amp; minor malformations in foetuses exposed to antiseizure drugs. Therefore it is very important to manage women of child bearing age even in pre conceptional period.</p> <p>2:55 PM How to Manage Systolic Hypertension in 2018 ?<br/>- <i>Dr. Vipul Kapoor</i><br/>So many guidelines, so many agents, variable natural history and associations with multiple co-morbidities. Confused already? These and numerous other confounding dilemmas sorted out in one lecture.</p> <p>3:05 PM Immunotherapy : Role of Physicians in Immunotherapy : What, Who, Where &amp; When? - <i>Dr. Reena Sharma</i></p> <p>3:15 PM Empiric Antibiotic Therapy in Various Infections<br/>- <i>Dr. Surabhi Madan</i><br/>A good clinical history may sometimes suffice to diagnose a case of prolonged fever! At other times, a long list of investigations may be needed. Diagnosis of PUO is no less than an art!</p> <p>3:25 PM A Case of ACS in a Patient with Chronic AF - <i>Dr. Vineet Sankhla</i><br/>Management of patients with non-valvular Atrial Fibrillation (AF) and an Acute Coronary Syndrome (ACS), either STEMI (ST-elevation myocardial infarction) or a NSTEMI-ACS (non-ST-segment elevation ACS, including unstable angina and myocardial infarction), may be particularly challenging. Most AF</p> | <p>patients would be taking an oral anticoagulant therapy for stroke prevention, and various antithrombotic drugs have to be added to facilitate the restoration of coronary flow and to reduce the risk of recurrent ischaemic events, such as stent thrombosis. Such complex treatments inevitably increase risk of bleeding and must be carefully balanced. A multiplicity of choices, including new oral anticoagulants (NOACs) and antiplatelet drugs may add to the complexity of clinical decision-making. A case-based scenario to discuss about the present guidelines and current practice regarding treatment of non-valvular AF patients presenting with ACS.</p> <p>3:50 PM Zero Coronary Calcium A 'GateKeeper' Screen in Primary Prevention? - <i>Dr. Milind Desai</i></p> <p>4:00 PM Salt and Obesity - <i>Dr. Dhiren Joshi</i><br/>Every time when we talk on obesity we usually blame "Sugar and Fats". Salt was considered for HBP only. In my talk I am going to highlight Role of Salt in Inducing and making it resistant to treat. Obesity induced by salt is not just Water retention but it involves RAAS upregulation and other metabolic hormones like Ghrelin and Adiponectin. I will also highlight that Salt is responsible for Insulin Resistance. My talk will unfold a new target for Metabolic disorders particularly Obesity and that is RAAS system.</p> <p>4:15 PM A Case of Stable Angina - Refusing Intervention (Interactive Session) - <i>Dr. Hemang Baxi</i></p> <p>4:30 PM Paraneoplastic Syndromes: What is It ? What to Do?<br/>- <i>Dr. Rahul Jaiswal</i></p> <p>4:40 PM A Case of DVT (Interactive Session) - <i>Dr. Satya Gupta</i><br/>Venous Thromboembolism (VTE) which constitutes pulmonary embolism and deep vein thrombosis, is a common disorder associated with significant morbidity and mortality. Venous interventions and Newer Anticoagulant (NOAC) have shown promising results in the treatment of VTE. Judicial application of use of NOAC and venous interventions can really do wonders for VTE patients.</p> |
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## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

### DAY 1

## INTERNAL MEDICINE SYMPOSIUM (CASE-BASED - RAPID FIRE SESSION)

January 5, 2018, Friday (Time: 7:30 AM - 6:00 PM)

4:55 PM A Case of 'Cryptogenic Stroke' (Interactive Session)  
- *Dr. Tejas V. Patel*

The majority of ischemic strokes are due to cardioembolism, large vessel atherothromboembolism, small vessel occlusive disease, or other unusual mechanisms. However, many ischemic strokes occur without a well-defined etiology and are labeled as cryptogenic. In its most useful clinical sense, the term cryptogenic stroke designates the category of ischemic stroke for which no probable cause is found despite a thorough diagnostic evaluation. Large epidemiologic studies have consistently reported that cryptogenic stroke accounts for 25 to 40 percent of ischemic stroke. This talk will cover possible causes of cryptogenic stroke and further diagnosis as well as management approach in such case.

5:10 PM SGLT2i & Diabetic Ketoacidosis - *Dr. Vivek Patel*

Sodium–glucose cotransporter 2 inhibitors are a newer class of antidiabetic drugs. Because of unique insulin independent mechanism of action, it has also been tried with some success in Type 1 diabetic patients. SGLT2 inhibitors also offer beneficial effects in addition to glycaemic control such as weight loss, blood pressure reduction and cardiovascular protection. Recently, some data suggests that SGLT2 inhibitors may lead to Diabetic Ketoacidosis (DKA), which is a serious acute complication of diabetes. In May 2015, the USFDA issued an updated drug safety communication warning about SGLT2 inhibitors potentially increasing the risk of DKA. We will discuss possible mechanisms and strategies to avoid this complication by choosing a right candidate for the drug.

## CASE-BASED INTERACTIVE SESSION

DAY 1

### SATELLITE SESSION

January 5, 2018, Friday (Time: 8:00 PM - 10:00 PM)

#### ■ AN EVENING OF PHARMACOLOGY & MANAGEMENT - I

Chair	Dr. Pankaj Akholkar, Dr. Kashyap Nanavati, Dr. Tejas V. Patel, Dr. Paresh Shah, Dr. Javed Shaikh
Moderator	Dr. Akhil Mori, Dr. Hitesh Parekh, Dr. Lalji Patel, Dr. Vimal Prajapati, Dr. Haresh Thekdi
8:00 PM	Efficacy and Safety of Tolvaptan in Patients Hospitalized With Acute Heart Failure - <i>Dr. Anish Chandarana</i>
8:15 PM	Role of Newer Heart Failure Molecules in Current Practice - <i>Dr. Keyur Parikh</i>
8:30 PM	Therapeutic Fibrinolysis: Indication & Timings - <i>Dr. Tejas V. Patel</i>
8:45 PM	Anti-inflammatory Agent Canakinumab Modestly Reduces Major CVD Events - <i>Dr. Vipul Kapoor</i>
9:00 PM	Case-Based Non STEMI Management - <i>Prof. Peter Magnusson</i>
9:15 PM	Acute Aortic Dissection Management - <i>Dr. Shaunak Shah</i>
9:30 PM	Panel Discussion & Question-Answer

#### ■ AN EVENING OF PHARMACOLOGY & MANAGEMENT - III

Chair	Dr. Neil Mehta, Dr. Mahesh Nayak, Dr. Sudhendu Patel, Dr. Dhiren Shah, Dr. Kamlesh Shah
Moderator	Dr. Pravin Garg, Dr. Uresh Jain, Dr. Suresh Khatod, Dr. Vishal Mehta, Dr. Kaushik Patel
8:00 PM	Cardiac Drugs in Pregnancy - <i>Dr. Satya Gupta</i>
8:20 PM	Aspirin for Primary Prevention - <i>Dr. Neil Mehta</i>
8:40 PM	CV Risk Assessment Before Non-cardiac Surgery : Algorithm for Physicians - <i>Dr. Niren Bhavsar</i>
9:00 PM	Prosthetic Cardiac Valves: Update for Physicians - <i>Dr. Dhiren Shah</i>
9:20 PM	Rivaroxaban in Stable CAD: Where do We End? - <i>Dr. Tejas V. Patel</i>
9:40 PM	Panel Discussion & Question-Answer

#### ■ AN EVENING OF PHARMACOLOGY & MANAGEMENT - II

Chair	Dr. Dhaval Naik, Dr. Mukund Patel, Dr. Tapan Shah, Dr. Viren Shah, Dr. Kris Vijay
Moderator	Dr. Prakash Bhambharolia, Dr. Rakesh Chhajed, Dr. Kamlesh Fatania, Dr. Raman Patel, Dr. Kishor Sheth
8:00 PM	Innovative Therapeutics: Designer Natriuretic Peptides - <i>Dr. Milan Chag</i>
8:20 PM	The Triple Challenge of Triple Therapy - <i>Dr. Vineet Sankhla</i>
8:40 PM	Non-statin Anti Lipid Drugs - <i>Dr. Kris Vijay</i>
9:00 PM	Evaluating Bleeding Risks with NOACs and its Management - <i>Dr. Ajay Naik</i>
9:20 PM	ECMO/LVAD/Heart Transplant - Update for Physicians : When, Where, Why, How ? - <i>Dr. Dhaval Naik</i>
9:40 PM	Panel Discussion & Question-Answer

#### ■ AN EVENING OF LATEST GUIDELINES - 2018 (10 POINTS TO REMEMBER)

Chair	Dr. Manish Agrawal, Dr. Neal Kleiman, Dr. Vimal Patel, Dr. Ramesh Sadhwani, Dr. Urmil Shah
Moderator	Dr. Bhumi Dave, Dr. Maulik Kinariwala, Dr. Shashikant Nigam, Dr. Mohamad Shafi Shaikh, Dr. Jayesh Trivedi
8:00 PM	Guidelines for Severe Hypertension : Return of RDN : 10 Points to Remember - <i>Dr. Keyur Parikh</i>
8:15 PM	Guidelines for Acute Stroke Management : 10 Points to Remember - <i>Dr. Parindra Desai / Dr. Shalin Shah</i>
8:30 PM	Heart Failure: What the New Guidelines Didn't Tell Us : 10 Points to Remember - <i>Dr. Urmil Shah</i>
8:45 PM	Guidelines for Management of Valvular Heart Disease : 10 Points to Remember - <i>Dr. Satya Gupta</i>
9:00 PM	STEMI - Update & Guidelines : 10 Points to Remember - <i>Dr. Neal Kleiman</i>
9:15 PM	Guidelines for Oral Antiplatelets (OAP) & NOACs in Coronary Artery Disease : 2018 Update for Physicians : 10 Points to Remember - <i>Dr. Alpesh Shah</i>
9:30 PM	Panel Discussion & Question-Answer

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

DAY 1

### SATELLITE SESSION

January 5, 2018, Friday (Time: 8:00 PM - 10:00 PM)

#### ■ AN EVENING OF PHARMACOLOGY & MANAGEMENT - I

- 8:00 PM Efficacy and Safety of Tolvaptan in Patients Hospitalized With Acute Heart Failure - *Dr. Anish Chandarana*
- 8:15 PM Role of Newer Heart Failure Molecules in Current Practice - *Dr. Keyur Parikh*
- 8:30 PM Therapeutic Fibrinolysis: Indication & Timings - *Dr. Tejas V. Patel*  
Have you ever encountered clinical scenario, which created dilemma whether to go for Fibrinolysis or not? Are you worried about major bleeding complications of Fibrinolysis? Do you know clinical scenarios other than STEMI, where Fibrinolysis is indicated? Do you know what's successful or failed Fibrinolysis in STEMI? - Then don't miss this talk by Dr Tejas V Patel at Satellite Session
- 8:45 PM Anti-inflammatory Agent Canakinumab Modestly Reduces Major CVD Events - *Dr. Vipul Kapoor*
- 9:00 PM Case-Based Non STEMI Management - *Prof. Peter Magnusson*
- 9:15 PM Acute Aortic Dissection Management - *Dr. Shaunak Shah*  
Acute Aortic Dissection is an event of sudden onset in which blood leaves the normal aortic lumen through an intimal tear & rapidly dissects layers of media to produce a false lumen. High index of suspicion, timely diagnosis with modern imaging, & prompt management in a cardiac unit with interest in aortic interventions & surgery can provide optimum outcome in these difficult subset of cases.

#### ■ AN EVENING OF PHARMACOLOGY & MANAGEMENT - II

- 8:00 PM Innovative Therapeutics: Designer Natriuretic Peptides - *Dr. Milan Chag*  
Angiotensin-receptor-Nepriylsin Inhibitor (ARNI) sacubitril / valsartan should or should not replace ACE inhibitors as first-line therapy for patients with chronic heart failure with reduced ejection fraction (HFrEF)?

- 8:20 PM The Triple Challenge of Triple Therapy - *Dr. Vineet Sankhla*
- 8:40 PM Non-statin Anti Lipid Drugs - *Dr. Kris Vijay*
- 9:00 PM Evaluating Bleeding Risks with NOACs and its Management - *Dr. Ajay Naik*
- 9:20 PM ECMO/LVAD/Heart Transplant - Update for Physicians : When, Where, Why, How? - *Dr. Dhaval Naik*

#### ■ AN EVENING OF PHARMACOLOGY & MANAGEMENT - III

- 8:00 PM Prosthetic Cardiac Valves: Update for Physicians - *Dr. Dhiren Shah*
- 8:20 PM Aspirin for Primary Prevention - *Dr. Neil Mehta*  
The benefit-to-risk ratio of use of Aspirin in primary prevention, i.e among apparently healthy people, is less clear due to paucity of randomized evidence. Discussed is the utilization of aspirin, as for any over-the-counter drug used long term, carefully weighing all the absolute benefits against all the absolute risks
- 8:40 PM CV Risk Assessment Before Non-cardiac Surgery : Algorithm for Physicians - *Dr. Niren Bhavsar*  
Every year many patients undergo non-cardiac surgery who are at increased risk of cardiovascular complications. Many patients do suffer cardiovascular complications due to non-cardiac surgery which sometimes becomes life threatening. Due to high incidence of cardiovascular mortality and morbidity in high risk patients for cardiovascular events, there is a significant impact on postoperative outcome. Here we will describe a stepwise approach for the assessment of perioperative cardiovascular risk using the clinical risk factors and type of surgical procedure. Systematic approach to address the impact of comorbidities on the post-operative outcome and use of risk reduction strategies can significantly reduce the cardiac morbidity and mortality associated with non-cardiac surgery. Based on the patient's cardiac risk like IHD, VHD, Heart failure, etc. and type of surgery,



## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

### DAY 1

### SATELLITE SESSION

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preoperative tests are recommended. This review is based on international guidelines and evidences. Explained in a stepwise approach and algorithms, Risk assessment of CV events in non-cardiac surgeries is made simple and easy for physicians to approach.

9:00 PM Cardiac Drugs in Pregnancy - *Dr. Satya Gupta*

9:20 PM Rivaroxaban in Stable CAD: Where do We End?  
- *Dr. Tejas V. Patel*

9:40 PM Panel Discussion & Question-Answer

#### ■ AN EVENING OF LATEST GUIDELINES - 2018 (10 POINTS TO REMEMBER)

8:00 PM Guidelines for Severe Hypertension : Return of RDN : 10 Points to Remember - *Dr. Keyur Parikh*  
Results from the randomised, sham-controlled SPYRAL HTN-OFF MED trial show a "clinically meaningful" blood pressure reduction in patients treated with renal denervation. With Novel Catheter, Renal Denervation Makes a Comeback ... "clinically meaningful data will be shared.

8:15 PM Guidelines for Acute Stroke Management : 10 Points to Remember - *Dr. Parindra Desai / Dr. Shalin Shah*

8:30 PM Heart Failure: What the New Guidelines Didn't Tell Us : 10 Points to Remember - *Dr. Urmil Shah*  
What is new classification of heart failure in relation to echocardiogram and natriuretic peptides – BNP! Where dose ACE inhibitor / ARB , beta-blocker ,MRA , newer ARNI , ivabradine , IV iron therapy fits in management of chronic heart failure . Management of chronic heart failure – Know the Simple flow chart. How to manage heart failure with renal dysfunction! What is importance of perfusion – hypo vs adequately and volume – dry or wet in management of acute heart failure.

8:45 PM Guidelines for Management of Valvular Heart Disease : 10 Points to Remember - *Dr. Satya Gupta*

9:00 PM STEMI - Update & Guidelines : 10 Points to Remember  
- *Dr. Neal Kleiman*

Despite the decline in acute and long-term death associated with STEMI, mortality remains substantial between 4–12%. Women tend to receive reperfusion therapy less frequently and/or delayed. Routine radial access and routine drug-eluting stent implant is the standard of care during primary PCI. A sizeable proportion of STEMI patients do not present significant coronary artery stenosis on urgent angiography. It is important to perform additional diagnostic tests in these patients to identify the etiology and tailor appropriate therapy, which may be different from typical STEMI.

9:15 PM Guidelines for Oral Antiplatelets (OAP) & NOACs in Coronary Artery Disease : 2018 Update for Physicians : 10 Points to Remember - *Dr. Alpesh Shah*

In addition to their use in approved conditions (AF and VTE), Novel non vitamin K antagonist oral antagonists (NOACs) are also being evaluated for use in patients with Coronary Artery Disease (CAD), Peripheral Artery Disease (PAD), and other conditions, such as heart failure. In addition, NOACs are also being assessed in new clinical scenarios, such as when patients with AF require Percutaneous Coronary Intervention (PCI). In line with the recent guidelines, Updates on the use of oral antiplatelet agents and NOAC in CAD.

## CASE-BASED INTERACTIVE SESSION

DAY 2

### CARDIOVASCULAR SYMPOSIUM

January 6, 2018, Saturday (Time: 8:00 AM - 6:00 PM)

8:00 AM REGISTRATION & BREAKFAST

#### INTRODUCTION SESSION

Chair	Dr. Milan Chag, Dr. Monika Maheshwari, Dr. R. P. Maheshwari, Dr. Neil Mehta, Dr. Mahadev Patel
Moderator	Dr. Paras Doshi, Dr. Manisha Panchal, Dr. Tushar H. Shah, Dr. Falguni Vora, Dr. Bhadrash Zaveri
8:30 AM	Introduction to JIC - 2018 : Where Healthcare & Future of Doctors is Heading in India ? - <i>Dr. Keyur Parikh</i>
8:45 AM	Cardiovascular Risk Factors in Healthy Individuals: Glass Half Empty or Half Full : Role of Oxidative Stress - <i>Dr. Keyur Parikh</i>
9:00 AM	Improving ACS Outcomes: Acute Treatment and Chronic Management - <i>Dr. Keyur Parikh</i>
9:15 AM	Plenary Lecture I - Last Remnants of the Crumbling Ivory Tower Social Media Changes Everything - <i>Dr. Neil Mehta</i>
9:30 AM	Trials of 2017 Which Changed My Clinical Practice Part - I - <i>Dr. Milan Chag</i>

#### CORONARY ARTERY DISEASE / ACUTE CORONARY SYNDROME

Chair	Dr. H.K. Bhavsar, Dr. Hemang Baxi, Dr. Ajay Kothiala, Dr. Alpesh Shah, Dr. Jyotin Shah, Dr. L. S. Vora
Moderator	Dr. Dinkar N. Goswami, Dr. Manoj Patel, Dr. Ajay Prajapati, Dr. Kishor P. Shah, Dr. Dilip B. Vyas
9:50 AM	Plenary Lecture II - Case of Ischemic Heart Disease: Role of CT & MRI - <i>Dr. Milind Desai</i>
10:05 AM	Bioabsorbable Vascular Scaffolds - What Happened ? - <i>Dr. Alpesh Shah</i>
10:15 AM	Case of Intermediate Lesions in CAD: What to Do? - <i>Dr. Vipul Kapoor</i>
10:25 AM	Case of Stable CAD: OMT OR Revascularization : Where is Evidence? - <i>Dr. Hemang Baxi</i>
10:35 AM	Case of Unstable Angina - <i>Dr. Urmil Shah</i>
10:45 AM	Case of Acute MI (Post Revascularization) : Ideal Pharmacology in 2018 - <i>Dr. Tejas V. Patel</i>
10:55 AM	Tachyarrhythmia's in AMI - <i>Dr. Ajay Naik</i>
11:05 AM	NOAC in CAD - <i>Dr. Vineet Sankhla</i>
11:15 AM	Panel Discussion & Question-Answer

#### GENERAL CARDIOLOGY & HEART FAILURE SESSION

Chair	Dr. Anish Chandarana, Dr. Amit Hapani, Dr. Pramod Jha, Prof. Peter Magnusson, Dr. Bharat I. Patel, Dr. Dinesh Parmar
Moderator	Dr. Vijay J. Bhatt, Dr. Sunil Chhaya, Dr. P. M. Patel, Dr. R. R. Vaniya
11:30 AM	Plenary Lecture III - Case of Heart Failure : Role of Sacubitril / Valsartan Should Every One Get It ? - <i>TBA</i>
11:45 AM	Plenary Lecture IV - Treatment of Acute Myocardial Infarction: A 100 Year Perspective - <i>Prof. Peter Magnusson</i>
12:00 PM	A Case of Exertional Syncope, Dyspnoea and Angina - <i>Dr. Milan Chag</i>
12:20 PM	Case of Acute MI: What Went Wrong? - <i>Dr. Satya Gupta</i>
12:30 PM	CV Risk Assessment Before Non-cardiac Surgery - <i>Dr. Anish Chandarana</i>
12:40 PM	Management of Aortic Stenosis : A Shift in Paradigms : From SAVR to TAVR - <i>Dr. Neal Stephen Kleiman</i>
12:50 PM	Case of Heart Failure : Role of Beta Blocker - <i>TBA</i>
1:00 PM	Panel Discussion & Question-Answer

#### CIMS JIC ORATION AWARD

1:15 PM	Introduction to Dr. Bhavin Dalal - <i>Dr. Keyur Parikh / Dr. Milan Chag / Dr. Nitin Vora</i>
1:25 PM	CIMS JIC ORATION: Sleep Disordered Breathing and Heart Failure : What Does the Future Hold ? - <i>Dr. Bhavin Dalal</i>
1:45 PM	LUNCH

#### VALVULAR HEART DISEASE / STRUCTURAL HEART DISEASE / MISCELLANEOUS

Chair	Dr. Chaitanya Buch, Dr. Keyur Baxi, Dr. Bhavin Dalal, Dr. Ashish Makadia, Dr. Raman Patel, Dr. Mahesh Thakkar
Moderator	Dr. Akash Joshi, Dr. Ketan Joshi, Dr. Ilesh Mehta, Dr. Dharmesh Prajapati, Dr. J L Pungalia, Dr. Padmanabh Zinzuwadia
2:30 PM	Familial Hypercholesterolemia - <i>Dr. Kris Vijay</i>
2:40 PM	Cardiac Challenges During Pregnancy - <i>TBA</i>
2:50 PM	LAA Closure: Here to Stay : Why, When, Who - <i>Dr. Neal Kleiman</i>
3:00 PM	Pulmonary Embolism: Acute & Chronic Management - <i>Dr. Bhavin Dalal</i>

## CASE-BASED INTERACTIVE SESSION

DAY 2

### CARDIOVASCULAR SYMPOSIUM

January 6, 2018, Saturday (Time: 8:00 AM - 6:00 PM)

#### ■ VALVULAR HEART DISEASE / STRUCTURAL HEART DISEASE / MISCELLANEOUS

3:10 PM	Pulmonary Hypertension : An Update for Physicians - <i>Dr. Bhavin Dalal</i>
3:20 PM	Plenary Lecture V - Robotics in CV Intervention - <i>Dr. Alpesh Shah</i>
3:30 PM	<b>Panel Discussion &amp; Question-Answer</b>
Chair	Dr. Kirit Devani, Dr. Ashit Jain, Dr. J. V Parikh, Dr. Suresh Sakaria, Dr. Mahesh Sanghavi, Dr. Dhiren Shah
Moderator	Dr. Dharmang Oza, Dr. Nitu Parikh, Dr. Vijay Patel, Dr. Ankur Raval, Dr. Jignesh Shah
3:45 PM	Heart Valves, Thrombosis, Anticoagulation : What to do for Physicians ? - <i>Dr. Milind Desai</i>
3:55 PM	How a Physician will Approach a Patient to Guide Him Towards Heart Transplant ? - <i>Dr. Dhiren Shah</i>
4:05 PM	Carotid Stenting: Current Status - <i>Dr. Ashit Jain</i>
4:15 PM	Critical Limb Ischemic: Saving Limbs, Saving Lives - <i>Dr. Alpesh Shah</i>
4:25 PM	CABG Vs PCI for Multivessel Disease : A Burning Challenge - <i>Dr. Pranay Vaidya</i>
4:35 PM	My Approach : An Elderly Aortic Stenosis - <i>Dr. Keyur Parikh</i>
4:45 PM	Panel Discussion & Question-Answer

#### ■ RAPID FIRE SESSION WITH INTERNATIONAL FACULTY

Chair	Dr. Varis Contractor, Dr. Bhavesh N. Patel, Dr. Balmukund S. Shah, Dr. Amrut Suthar, Dr. K. D. Tibrewala, Dr. Kris Vijay
Moderator	Dr. Sanjay Chandani, Dr. Harsha Jivrajani, Dr. Upendra Patel, Dr. Joozer Rangwala, Dr. Ashok J Shah
5:00 PM	Plenary Lecture VI : New Frontiers in Lipid Management : An Update for Physicians - <i>Dr. Kris Vijay</i>
5:15 PM	Gut Microbiome and our Health / Gut is the way to Healthy Life - <i>Dr. Neil Mehta</i>
5:25 PM	No Mortality Benefit of Supplement Oxygen in Acute MI - Bye, bye to Oxygen ! - <i>Dr. Bhavin Dalal</i>
5:35 PM	Panel Discussion & Question-Answer

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

DAY 2

## CARDIOVASCULAR SYMPOSIUM

January 6, 2018, Saturday (Time: 8:00 AM - 6:00 PM)

### ■ INTRODUCTION SESSION

- 8:30 AM Introduction to JIC - 2018 : Where Healthcare & Future of Doctors is Heading in India ? - *Dr. Keyur Parikh*  
India ranked a lowly 154th on Healthcare Access and Quality Index in 2017. In fact, recent world health statistics have indicated that India has the highest out-of-pocket private healthcare costs for families. Penetration of health insurance in India is low by international standards. With socialist attitude of Government as well as reluctance by patients to pay out of pocket expense creates a difficult situation. What we, the doctors will face in future
- 8:45 AM Cardiovascular Risk Factors in Healthy Individuals: Glass Half Empty or Half Full : Role of Oxidative Stress - *Dr. Keyur Parikh*  
The identification and the present wide acceptance of cardiovascular risk factors such as pollution, age, sex, hypertension, hyperlipidemia, smoking, obesity, diabetes, and physical inactivity have led to dramatic reductions in cardiovascular morbidity and mortality. Discuss on roles of oxidative stress, and updates on the same and what can be done in various areas to help us all especially POLLUTION.
- 9:00 AM Improving ACS Outcomes: Acute Treatment and Chronic Management - *Dr. Keyur Parikh*  
Case-Based clinical characteristics, management and in-hospital outcomes of patients with acute coronary syndrome will be discussed with latest guidelines and clear take-home message.
- 9:15 AM Plenary Lecture I - Last Remnants of the Crumbling Ivory Tower Social Media Changes Everything - *Dr. Neil Mehta*  
Digital devices render our words and actions permanent and public. On social media does information fight to be free? And those who try to curtail the freedom of information, are they taking the risk of incurring a stinging public rebuke—or irrelevance?
- 9:30 AM Trials of 2017 Which Changed My Clinical Practice Part - I - *Dr. Milan Chag*  
With innumerable important trials getting published every year, it is very difficult to get time to read and interpret them. Be updated, in just 20 minutes!

### ■ CORONARY ARTERY DISEASE / ACUTE CORONARY SYNDROME

- 9:50 AM Plenary Lecture II - Case of Ischemic Heart Disease: Role of CT & MRI - *Dr. Milind Desai*
- 10:05 AM Bioabsorbable Vascular Scaffolds - What Happened ? - *Dr. Alpesh Shah*  
Bioresorbable Vascular Scaffolds (BVS) have emerged as an interesting alternative since the presence of the prosthesis in the coronary artery is transient. This technology restores normal vasomotor tone and allows positive remodeling, simultaneously reducing the trigger for persistent inflammation and facilitating further interventions by percutaneous or surgical means. Absorb BVS was the first generation everolimus-eluting poly-L-lactide (PLLA) bioresorbable scaffold. Concerns regarding stent thrombosis, and the real vessel functionality restoration at long-term observation are debatable. New bioresorbable scaffolds are under development with DESolve and DREAM 2G, which are the most advanced.  
The pitfalls and resolutions associated with the technology.
- 10:15 AM Case of Intermediate Lesions in CAD: What to Do? - *Dr. Vipul Kapoor*  
Want to know latest from the guidelines in the management of hypertension and CAD?  
What's update management of stable CAD and ACS What's new in cardiovascular imaging? What's different about CVD in Indians?
- 10:25 AM Case of Stable CAD: OMT OR Revascularization : Where is Evidence? - *Dr. Hemang Baxi*
- 10:35 AM Case of Unstable Angina - *Dr. Urmil Shah*  
Unstable Angina – what is the difference between natural history of Unstable Angina from stable angina acute myocardial infarction
- 10:45 AM Case of Acute MI (Post Revascularization) : Ideal Pharmacology in 2018 - *Dr. Tejas V. Patel*  
The routine medical management of patients with acute myocardial infarction (AMI) has undergone major changes in the

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

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last few years. Purpose of this review is to discuss briefly the results of major trials of primary and secondary pharmacological management which have direct impact on the care of patients with AMI. It concludes with clear take home message from the latest guidelines recommendations for the management of patients with AMI.

10:55 AM Tachyarrhythmia's in AMI - *Dr. Ajay Naik*

11:05 AM NOAC in CAD - *Dr. Vineet Sankhla*

The implementation of therapeutic anticoagulation influences the severity and outcome of patients with Coronary Artery Disease (CAD). This talk aims to summarize the current guideline-based recommendations about the use of new oral anticoagulants (NOACs) in patients with stable CAD (SCAD), Acute Coronary Syndromes (ACS), Percutaneous Coronary Interventions (PCI) and in patients with concomitant Atrial Fibrillation (AF). The implications of the use of specific NOACs, such as the direct factor Xa inhibitors apixaban and rivaroxaban as well as the direct thrombin inhibitor dabigatran are outlined and compared to the benefits of Vitamin k antagonists and antiplatelet agents such as thienopyridines in these settings.

### ■ GENERAL CARDIOLOGY & HEART FAILURE SESSION

11:30 AM Plenary Lecture III - Case of Heart Failure : Role of Sacubitril / Valsartan Should Every One Get It? - *TBA*

11:45 AM Plenary Lecture IV - Treatment of Acute Myocardial Infarction: A 100 Year Perspective - *Prof. Peter Magnusson*  
Myocardial Infarction (MI) is the most important cause of death and disability in Western and Indian society. It is open to refinement in its therapeutic approaches. Although we are in the third decade of myocardial reperfusion therapy, we expect ultimately a fused approach of pharmacology and mechanical therapies to achieve the optimal outcomes.

12:00 PM A Case of Exertional Syncope, Dyspnoea and Angina

- *Dr. Milan Chag*

A real life case: Is it ischemia, valvar heart disease or something else? An interesting real life case...

12:20 PM Case of Acute MI: What Went Wrong? - *Dr. Satya Gupta*

12:30 PM CV Risk Assessment Before Non-cardiac Surgery - *Dr. Anish Chandarana*

A physician is very frequently asked to examine a patient and decide about his / her perioperative risk of acute cardiovascular event or death. In addition to history and examinations, which tests in a given patient would be justified and add value for risk stratification? How to use risk assessment tools? How to mitigate the risk - What is the role of beta-blockers and statin? What to do with antiplatelet and anticoagulation medications? Which patients need close monitoring and intensive care?

12:40 PM Management of Aortic Stenosis : A Shift in Paradigms : From SAVR to TAVR - *Dr. Neal Kleiman*

Transcatheter Aortic Valve Replacement (TAVR) has become the treatment of choice for patients with severe symptomatic Aortic Stenosis (AS) at high risk and potentially also at moderate surgical risk. The question on hand is whether TAVR represents a disruptive innovation that might change the future of Surgical Aortic Valve Replacement (SAVR).

12:50 PM Case of Heart Failure : Role of Beta Blocker - *TBA*

### ■ CIMS JIC ORATION AWARD

1:15 PM Introduction to Dr. Bhavin Dalal - *Dr. Keyur Parikh / Dr. Milan Chag*

1:25 PM CIMS JIC ORATION: Sleep Disordered Breathing and Heart Failure : What Does the Future Hold? - *Dr. Bhavin Dalal*

Most patients with Heart Failure (HF) have Sleep-Disordered Breathing (SDB). These patients have a worse prognosis than those without SDB. New therapies for sleep apnea like implantable phrenic nerve stimulators await robust assessment. Surrogate endpoints of improvement in respiratory and sleep metrics have to be related as adequate therapeutic outcome measures in patients with HF and Sleep Apnea.

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

DAY 2

## CARDIOVASCULAR SYMPOSIUM

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### ■ VALVULAR HEART DISEASE / STRUCTURAL HEART DISEASE / MISCELLANEOUS

- 2:30 PM Familial Hypercholesterolemia - *Dr. Kris Vijay*
- 2:40 PM Cardiac Challenges During Pregnancy - *TBA*
- 2:50 PM LAA Closure: Here to Stay : Why, When, Who - *Dr. Neal Kleiman*  
Stroke prevention has long been perceived as the Achilles heel in the management of Atrial Fibrillation (AF). Recently, Percutaneous Left Atrial Appendage (LAA) closure, a novel catheter-based therapy designed to occlude the primary nidus responsible for cardioembolic events is emerging as a safe and effective alternative, amidst the multiple limitations encountered with conventional Oral Anticoagulants (OAC). Data from randomized controlled trials and real-world registries have helped elucidate the safety and efficacy of this therapy.
- 3:00 PM Pulmonary Embolism: Acute & Chronic Management - *Dr. Bhavin Dalal*  
Pulmonary Embolism (PE) can be life-threatening without rapid appropriate therapy and often leads to chronic disease and disability. The ambiguity of symptoms makes PE difficult to diagnose, and available imaging strategies have their limitations. Unprovoked events, and those that occur in the presence of continuing risk factors such as cancer, or clinical markers such as residual vein thrombosis and elevated D-dimers can predict a higher risk of recurrent events and warrant extended anticoagulation.
- 3:10 PM Pulmonary Hypertension : An Update for Physicians - *Dr. Bhavin Dalal*  
Often patients with pulmonary hypertension initially present to family physicians; however, since the symptoms are typically nonspecific or easily attributable to comorbid conditions, diagnosis can be challenging and requires a stepwise evaluation. For pulmonary arterial hypertension, treatment options are rapidly evolving, and early diagnosis and prompt referral to an expert center are critical to ensure the best prognosis. There are no directed therapies for many other categories of pulmonary

- hypertension. Therefore, family physicians have a central role in managing Pulmonary hypertension.
- 3:20 PM Plenary Lecture V - Robotics in CV Intervention - *Dr. Alpesh Shah*
- 3:45 PM Heart Valves, Thrombosis, Anticoagulation : What to do for Physicians? - *Dr. Milind Desai*
- 3:55 PM How a Physician will Approach a Patient to Guide Him Towards Heart Transplant ? - *Dr. Dhiren Shah*
- 4:05 PM Carotid Stenting: Current Status - *Dr. Ashit Jain*
- 4:15 PM Critical Limb Ischemic: Saving Limbs, Saving Lives - *Dr. Alpesh Shah*
- 4:25 PM CABG Vs PCI for Multivessel Disease : A Burning Challenge - *Dr. Pranay Vaidya*  
Until the beginning of the current decade, CABG has remained the "Gold Standard" for symptomatic multi-vessel CAD with or without LM involvement, particularly in patients with diabetes and reduced left ventricular function. However, older trials had a lot of limitations and have become outdated due to the rapid advancement in technology and techniques of the PCI and medical therapy; CABG is once again challenged. Recent Landmark Trial and its 5 year outcome demonstrated that in low Syntax scores <23, PCI did equally well and CABG was superior in only high risks scores. Two recent trials Excel and Noble (2017) reinforces the Syntax scores and patients with complex CAD who are being considered for revascularization require a multi-disciplinary approach. A CAD heart team consists of a cardiac surgeon, interventional cardiologist, non-invasive cardiologist along with the patient and their family. Optimum medical therapy and aggressive risk factor modification will benefit and is a must for both post-PCI and CABG.
- 4:35 PM My Approach : An Elderly Aortic Stenosis - *Dr. Keyur Parikh*  
In the last decades, a trend towards worldwide aging has been reported and diseases which are common in the elderly people

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

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would have important implications in clinical practice. Aortic Stenosis (AS) is perhaps the most common and most often cause of sudden death among valvular heart diseases. A case-based discussion on the same.

### ■ RAPID FIRE SESSION WITH INTERNATIONAL FACULTY

5:00 PM Plenary Lecture VI : New Frontiers in Lipid Management : An Update for Physicians - *Dr. Kris Vijay*

5:15 PM Gut Microbiome and our Health / Gut is the way to Healthy Life - *Dr. Neil Mehta*

The gut microbiome affects the body from birth and throughout life by controlling the digestion of food, immune system, central nervous system and many physiological processes. Gut dysbiosis may lead to weight gain, elevated blood sugar, block arteries and lead to heart disease.

5:25 PM No Mortality Benefit of Supplement Oxygen in Acute MI - Bye, bye to Oxygen! - *Dr. Bhavin Dalal*

Oxygen therapy has been used for more than a century and is still widely recommended by guidelines despite limited evidence. Recently in a new randomized trial, routine use of supplemental oxygen in patients with suspected acute myocardial infarction showed no benefit on all-cause mortality at 1 year in patients without hypoxia at baseline, - resounding no for oxygen therapy in normoxic patients.

An evolutionary clinical practice to change to reflect this definitive evidence.

DAY 2

## SATELLITE SESSION

January 6, 2018, Saturday (Time: 8:00 PM - 10:00 PM)

### STEMI (CASE BASED SESSION)

Chair	Dr. Mayank Patel, Dr. Bhupendra Shah, Dr. Vineet Sankhla, Dr. P.K. Solanki, Dr. Pranay Vaidya, Dr. Sunil Wadhvani
Moderator	Dr. Pinakin Dalal, Dr. Krunal Jhaveri, Dr. K H Markana, Dr. Parag Parikh, Dr. Suresh Patel, Dr. Nishant Pujara
8:00 PM	Case 1: AMI Cardiogenic Shock - <i>Dr. Alpesh Shah</i>
8:15 PM	Case 2: Case of Acute MI - How to Approach with Guidelines - <i>Dr. Vineet Sankhla</i>
8:30 PM	Case 3: Multivessel CAD - <i>Dr. Pranay Vaidya</i>
8:45 PM	Case 4: DAPT Score Utility for Risk Prediction in Patients With or Without Previous Myocardial Infarction - <i>Dr. Neal Kleiman</i>
9:00 PM	Case 5: AMI : Use of Statin & Other Antilipid Drugs - <i>Dr. Kris Vijay</i>
9:15 PM	Panel Discussion & Question-Answer

### HYPERTENSION (CASE BASED SESSION)

Chair	Dr. B. M. Dave, Dr. Umesh Gediya, Dr. Satya Gupta, Dr. Ashok Jain, Dr. Kanu Kothari, Dr. M. M. Surti, Dr. Alpesh Shah
Moderator	Dr. Lalit G. Badarkia, Dr. Gaurav Chhaya, Dr. Bhupendra Goswami, Dr. Mahendra Munjpara, Dr. Mahesh Zala
8:00 PM	A Case of HT with DM & CHD : How will I Optimize Therapy ? - <i>Dr. Vipul Kapoor</i>
8:15 PM	Case of Resistant Hypertension: What to do ? - <i>Dr. Satya Gupta</i>
8:30 PM	A Case of 80 yr with 150/80: What to do ? - <i>Dr. Vineet Sankhla</i>
8:45 PM	Case of Renovascular Hypertension: Role of Renal Artery Stents - <i>Dr. Alpesh Shah</i>
9:00 PM	A Case of Middle Aged Hypertensive : How to Apply 2017 New AHA Guidelines - <i>Dr. Anish Chandarana</i>
9:15 PM	Panel Discussion & Question-Answer

### HEART FAILURE (CASE BASED SESSION)

Chair	Dr. Surendra Gupta, Dr. Aparna Jaswal, Dr. Dhaval Naik, Dr. Rajni Patel, Dr. Shital Patel, Dr. P. L. Sachapara
Moderator	Dr. Ketan Doshi, Dr. Vasant Mungra, Dr. Rajesh Oza, Dr. Nitin Rathod, Dr. Jayesh C. Shah, Dr. Naresh M. Shah
8:00 PM	A Case of NT-proBNP The Gold Standard Biomarker in Heart Failure: We keep on forgetting ! - <i>Dr. Kris Vijay</i>

8:15 PM	A Case of Chronic Heart Failure : Role of New Dual Molecular Therapy - <i>TBA</i>
8:30 PM	Novel Heart Failure Therapies - <i>Dr. Urmil Shah</i>
8:45 PM	A Case of Worsening Renal Function in Heart Failure: It Takes Two to Tango - <i>Dr. Manthan Kansara</i>
9:00 PM	A Case of Left Ventricular Assist Device as a Bridge to Recovery for Patients With Advanced Heart Failure - <i>Dr. Dhaval Naik</i>
9:15 PM	TBA - <i>Dr. Aparna Jaswal</i>
9:30 PM	Panel Discussion & Question-Answer

### LIPID & CV RISK MANAGEMENT

Chair	Dr. Hemang Acharya, Dr. Nilesh Bhatt, Dr. Madhup Baxi, Dr. Anuj Garg, Prof. Peter Magnusson, Dr. Ashok Parmar, Dr. Urmil Shah
Moderator	Dr. Deepak Chaudhry, Dr. Bharat Kachhawa, Dr. Joozer Limbdiwala, Dr. Shailesh J. Metalia, Dr. Namrata Vadodariya
8:00 PM	Case 1 : A Case of Dyslipidemia - <i>Dr. Urmil Shah</i>
8:15 PM	Case 2 : A Case of Statin Intolerance - <i>Dr. Anish Chandarana</i>
8:30 PM	Case 3 : A Case of Very Low HDL - <i>Prof. Peter Magnusson</i>
8:45 PM	Case 4 : A Case of Hypertriglyceridemia - <i>Dr. Tejas V. Patel</i>
9:00 PM	Case 5: CV Risk Profiles of Indians - <i>Dr. Vipul Kapoor</i>
9:15 PM	Case 6: Should I Routinely use Newer Anti-diabetic Drugs for CV Benefits? - <i>Dr. Milan Chag</i>
9:30 PM	Panel Discussion & Question-Answer



## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

### DAY 2

### SATELLITE SESSION

January 6, 2018, Saturday (Time: 8:00 PM - 10:00 PM)

#### ■ STEMI (CASE BASED SESSION)

- 8:00 PM Case 1: AMI Cardiogenic Shock - *Dr. Alpesh Shah*
- 8:15 PM Case 2: Case of Acute MI - How to Approach with Guidelines - *Dr. Vineet Sankhla*
- 8:30 PM Case 3: Multivessel CAD - *Dr. Pranay Vaidya*
- 8:45 PM Case 4: DAPT Score Utility for Risk Prediction in Patients With or Without Previous Myocardial Infarction - *Dr. Neal Kleiman*
- 9:00 PM Case 5: AMI : Use of Statin & Other Antilipid Drugs - *Dr. Kris Vijay*

#### ■ HYPERTENSION (CASE BASED SESSION)

- 8:00 PM A Case of HT with DM & CHD : How will I Optimize Therapy ? - *Dr. Vipul Kapoor*
- 8:15 PM Case of Resistant Hypertension: What to do ? - *Dr. Satya Gupta*
- 8:30 PM A Case of 80 yr with 150/80: What to do ? - *Dr. Vineet Sankhla*
- 8:45 PM Case of Renovascular Hypertension: Role of Renal Artery Stents - *Dr. Alpesh Shah*
- 9:00 PM A Case of Middle Aged Hypertensive : How to Apply 2017 New AHA Guidelines - *Dr. Anish Chandarana*

#### ■ HEART FAILURE (CASE BASED SESSION)

- 8:15 PM A Case of Chronic Heart Failure : Role of New Dual Molecular Therapy - *TBA*
- 8:30 PM Novel Heart Failure Therapies - *Dr. Urmil Shah*
- 8:45 PM A Case of Worsening Renal Function in Heart Failure: It Takes Two to Tango - *Dr. Manthan Kansara*
- 9:00 PM A Case of Left Ventricular Assist Device as a Bridge to Recovery for Patients With Advanced Heart Failure - *Dr. Dhaval Naik*
- 9:15 PM TBA - *Dr. Aparna Jaswal*

#### ■ LIPID & CV RISK MANAGEMENT

- 8:00 PM Case 1 : A Case of Dyslipidemia - *Dr. Urmil Shah*  
Primary prevention of coronary disease – how to approach in Indian context! How to manage statin intolerance! What is option for genuine statin intolerance? 12 year old person with serum LDL level of 600 mg! What to do in patient with triglyceride level of 1600 mg / dl. Where do we stand in 2018 regarding non-statin lipid lowering agent! Ldl level of 110 in spite of atorvastatin 80 Mg with known CAD --- is this a indication of PCSK 9 inhibitor or not! How to modify lipid lowering in very elderly with CRF on dialysis and with liver dysfunction !
- 8:15 PM Case 2 : A Case of Statin Intolerance - *Dr. Anish Chandarana*  
Statins have been a very effective treatment to reduce adverse cardiovascular events in patients with or at high risk for ASCVD. Though RCTs do not support much increased risk of myopathy with Statin, in real world, we do see many patients who develop various muscle-related symptoms with or

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

### DAY 2

### SATELLITE SESSION

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without CPK elevation. In many cases, correcting coexisting issues like drug-interactions, hypothyroidism, Vitamin D3 deficiency do help the patient to tolerate at least some dose of one of the statins. What are the options for “really intolerant” patients?

8:30 PM Case 3 : A Case of Very Low HDL - *Prof. Peter Magnusson*

8:45 PM Case 4 : A Case of Hypertriglyceridemia - *Dr. Tejas V. Patel*  
An elevated serum level of LDL cholesterol is a well-known risk factor for Cardiovascular Disease (CVD), but the role of elevated triglyceride levels is debated. Controversies regarding hypertriglyceridaemia as an independent risk factor for CVD have occurred partly because elevated triglyceride levels are often a component of atherogenic dyslipidaemia — they are associated with decreased levels of HDL cholesterol and increased levels of small dense LDL particles, which are highly atherogenic.

9:00 PM Case 5: CV Risk Profiles of Indians - *Dr. Vipul Kapoor*

9:15 PM Case 6: Should I Routinely use Newer Anti-diabetic Drugs for CV Benefits? - *Dr. Milan Chag*

Individuals with T2DM have a 2- to 3-fold increased risk of cardiovascular (CV) events compared with their non-diabetic counterparts, and CV mortality is responsible for around 80% of the mortality in T2DM. Emerging evidence suggest that in T2DM patients, hyperglycemia plays a little role in the progression of CV disease. Recent clinical trials of glucagon-like peptide 1 receptor agonists (GLP-1 RAs) and sodium glucose cotransporter-2 (SGLT-2) inhibitors showed encouraging CV outcomes in T2DM patients: Should we use them in all diabetics for CV benefit?

## CASE-BASED INTERACTIVE SESSION

DAY 2

### AHMEDABAD ECMO & MCS CONCLAVE

January 6, 2018, Saturday (Time: 8:00AM - 5:00 PM)

08:00 AM	REGISTRATION & BREAKFAST	01:50 PM	Complications of VA ECMO - <i>Dr. Sachin Shah</i>
08:25 AM	Welcome - <i>Dr. Bhagyesh Shah</i>	02:10 PM	Left Heart Decompression in VA ECMO : Why, When, & How - <i>Dr. Venkat Goyal</i>
08:30 AM	Overview of ECMO: Past , Present & Future - <i>Dr. Sachin Shah</i>	02:25 PM	Question-Answer
Chair	Dr. Mahendra Bafna, Dr. Mansi Dandnaik, Dr. Gaurav Goyal, Dr. Raviraj Gohil	Chair	Dr. Sudhir Adalati, Dr. Gaurang Majumdar, Dr. Manish Tiwari, Dr. Vipul Vaghela
Moderator	Dr. Vipul Parekh, Dr. Abhisek Parmar, Dr. Amit Prajapati, Dr. Nitesh Shah	Moderator	Dr. Vishal Gupta, Dr. Sanjeev Jadhav, Dr. Bhupesh Shah, Dr. Dhiren Shah
08:50 AM	How I Established My ECMO Programme ? - <i>Dr. Pranay Oza</i>	02:35 PM	ECHO in ECMO - <i>Dr. Naman Shastri</i>
09:05 AM	An Art of ECMO Cannulation - <i>Dr. Chirag Doshi</i>	02:50 PM	VA ECMO as Bridge to Decision: Something OR Nothing - <i>Dr. K. R. Balakrishnan</i>
09:25 AM	ECMO in Special Situations : Few to Frequently - <i>Dr. Vivek Gupta</i>	03:05 PM	Mechanical Circulatory Devices: ECMO & Beyond - <i>Dr. Kewal Krishnan</i>
09:40 AM	Question-Answer	03:25 PM	Question-Answer
Panelist	Dr. Sandeep Dewan, Dr. Harjit Dumra, Dr. Jay Kothari, Dr. Gopal Rawal, Dr. Bhagyesh Shah	Panelist	Dr. Nanda Kishore, Dr. Amit Mishra, Dr. Pranay Oza, Dr. Snehal Patel, Dr. Kashyap Sheth, Dr. Periyaswami
09:50 AM	Debate: VV ECMO in ARDS - Rest V/S Recruit ? - <i>Dr. Samir Gami, Dr. Amrish Patel</i>	03:35 PM	Panel Discussion: ECMO in Paediatrics : Children are Not Small Adults - <i>Dr. Amit Chitaliya</i>
10:10 AM	Question-Answer	Chair	Dr. Niren Bhavsar, Dr. Milan Chag, , Dr. Yatin Mehta, Dr. Ramesh Patel
Chair	Dr. Anish Joshi, Dr. Amit Patel, Dr. Mukesh Patel, Dr. Harendra Thakkar	Moderator	Dr. Dhaval Naik, Dr. Divyesh Sadadiwala, Dr. Shaunak Shah
Moderator	Dr. Farook Memon, Dr. Shanti Bhushan, Dr. S. K. Shah, Dr. Jasmin Rachhadiya	03:55 PM	Challenges in VA ECMO for Congenital Heart Disease - <i>Dr. Periyasamy</i>
10:20 AM	ECMO in Pulmonary Embolism: An Overview - <i>Dr. Julius Punnen</i>	04:15 PM	Should Cardiologists Become More Aggressive to use ECMO ? - <i>Dr. Venkat Goyal</i>
10:35 AM	What can go Wrong on ECMO ? - <i>Dr. Rajamiyer Venkateswaran</i>	04:30 PM	ECPR : Are we Talking More & Doing Less ? - <i>Dr. Rajamiyer Venkateswaran</i>
10:55 AM	Do Patients on ECMO Need Special Attention in ICU ? - <i>Dr. Suresh Rao</i>	04:45 PM	VA ECMO in Septic Shock, Is It Worth ?- <i>Dr. Sukumar Mehta</i>
11:15 AM	Persistent Hypoxia in VV ECMO: How I Manage ? - <i>Dr. Sandeep Dewan</i>	05:00 PM	Question-Answer
11:30 AM	Question-Answer	Panelist	Dr. Sanjay Gandhi, Dr. Vishal Gupta, Dr. Jagdish Mange, Dr. Mahesh Vinchurkar
Chair	Dr. P.K. Das, Dr. Minesh Mehta, Dr. Sukumar Mehta, Dr. Anand Sancheti	05:10 PM	Short Cases 3 - 4 Cases (Periop / Toxins / ARDS Due to Infection / Other Cases)
Moderator	Dr. Vivek Gupta, Dr. Kalpesh Panchal, Dr. S. K. Singh, Dr. Vipul Thakkar		
11:40 AM	Nosocomial Infections on ECMO : A Booming Problem - <i>Dr. Yatin Mehta</i>		
12:00 PM	Coagulation Management & Heparin Alternatives in ECMO - <i>Dr. Poonam Malhotra</i>		
12:15 PM	ECMO Transport : Is it Feasible & Possible in India - <i>Dr. Rajkumar</i>		
12:30 PM	Question-Answer		
12:40 PM	LUNCH		
Chair	Dr. V. Arul, Dr. Bhavin Desai, Dr. Rajesh Desai, Dr. Snehal Dixit		
Moderator	Dr. P. Babu, Dr. Abhisek Parmar, Dr. Tejas Padodara, Dr. Tushar Patel		
01:30 PM	VA ECMO : First Four Hours - <i>Dr. Arpan Chakraborty</i>		

## CASE-BASED INTERACTIVE SESSION

DAY 3

### CARDIOVASCULAR SYMPOSIUM

January 7, 2018, Sunday (Time: 7:00 AM - 2:00 PM)

#### 7:00 AM REGISTRATION & BREAKFAST

##### ■ INTERACTIVE ECGs / ARRHYTHMIA

Chair	Dr. Aparna Jaswal, Dr. S. K. Kaushik, Dr. Ajay Naik, Dr. M. S. Rajpurohit, Dr. Raghu Satyanarayan, Dr. Hemen Shah, Dr. Rahul Shridhrani
Moderator	Dr. Yagnesh Bhalodia, Dr. Abbas Maljiwala, Dr. Darshak Salat, Dr. Nehal Shah, Dr. Bipin Thakkar
7:30 AM	Interactive ECG with Masters - Dr. Ajay Naik / Dr. Vineet Sankhla / Dr. Aparna Jaswal
8:30 AM	My Approach: A Case of Atrial Fibrillation - Dr. Aparna Jaswal
8:45 AM	My Approach: A Case of Syncope - Dr. Ajay Naik
9:00 AM	All ST Elevation in ECG are not STEMI - Dr. Vineet Sankhla
9:15 AM	Case of Ventricular Arrhythmia in AMI - Dr. Ajay Naik
9:30 AM	Trials of 2017 Which Changed My Clinical Practice Part - II - Dr. Milan Chag
9:50 AM	Panel Discussion & Question-Answer

##### ■ MY APPROACH IN 2018

Chair	Dr. Krishnakant Bhatt, Dr. Milan Chag, Dr. Manish Mehta, Dr. Gajanand Mohta, Dr. Alpesh Shah
Moderator	Dr. Haresh Acharya, Dr. Pravin Oza, Dr. Alpesh Patel, Dr. Anju Rani, Dr. Subhash Telang, Dr. Vijay Thaker
10:00 AM	My Approach to SVT - Dr. Vineet Sankhla
10:07 AM	Discussion
10:10 AM	My Approach: A Patient With HT: How to Treat Using New AHA 2017-2018 Guidelines ? - Dr. Anish Chandarana
10:17 AM	Discussion
10:20 AM	My Approach: For Physicians to Tell Their Patients About a Healthy Dietary Pattern ? - Prof. Peter Magnusson
10:27 AM	Discussion
10:30 AM	My Approach : Left Ventricular Pseudoaneurysm After Myocardial Infarction - Dr. Deepa Shah/ Dr. Tejas V. Patel
10:37 AM	Discussion
10:40 AM	My Approach: A Patient with Acute DVT - Dr. Satya Gupta
10:47 AM	Discussion
10:50 AM	My Approach: A Patient with Advanced Chronic Heart Failure - Dr. Milan Chag
10:57 AM	Discussion
11:00 AM	My Approach: Chronic Heart Failure: New Therapeutic Options for Improving Patient Outcomes - TBA

11:07 AM	Discussion
11:10 AM	My Approach: A Patient with Ischemic Dilated Cardiomyopathy - How will I Utilize MRI? - Dr. Vipul Kapoor
11:17 AM	Discussion
11:20 AM	My Approach: 80 Yr. Old Patient with Class-III Angina Refuses to Undergo PCI / CABG? - Dr. Hemang Baxi
11:27 AM	Discussion
11:30 AM	My Approach: A Patient with Acute Pulmonary Embolism - Dr. Urmil Shah
11:37 AM	Discussion
11:40 AM	My Approach: NOACs in Clinical Practice - Dr. Alpesh Shah
11:47 AM	Discussion
11:50 AM	My Approach: A Patient with Cryptogenic Stroke - Dr. Tejas V. Patel
11:57 AM	Discussion

##### ■ BEST MEDICAL CASES OF YEAR FOR 'THE PHYSICIAN - BY PHYSICIAN' (WITH PRIZES)

Chair	Dr. Prabhulal Acharya, Dr. Y.K. Oza, Dr. Asha Shah, Dr. Rajesh Teli, Dr. Mayank Thakkar
Moderator	Dr. Dilip Agarwal, Dr. Bharat Makwana, Dr. Mayur Shah, Dr. Viren Shah, Dr. Dipti Trivedi
12:00 PM	"Case 1 : Carney's Complex - A Rare Variant of ACTH Independent Cushing's Syndrome (Four Members of Family Affected)" - Dr. Manish Mehta
12:08 PM	Discussion
12:11 PM	Case 2 : Presentation - Dr. Manoj Vithlani
12:19 PM	Discussion
12:22 PM	Case 3 : Presentation - Dr. Dhiren Joshi
12:30 PM	Discussion
12:33 PM	Case 4 : Presentation - Dr. Rajesh Teli
12:41 PM	Discussion
12:49 PM	Case 5 : Presentation
12:52 PM	Discussion
1:05 PM	LUNCH

##### ■ CERTIFICATION EXAM (QUIZ) WITH PRIZES

01:50 PM	Exam
02:20 PM	Discussion

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

DAY 3

### CARDIOVASCULAR SYMPOSIUM - LECTURE HIGHLIGHTS

January 7, 2018, Sunday (Time: 7:00 AM - 2:00 PM)

#### ■ INTERACTIVE ECGs / ARRHYTHMIA

- 7:30 AM Interactive ECG with Masters  
- *Dr. Ajay Naik / Dr. Vineet Sankhla / Dr. Aparna Jaswal*  
Learn with the Masters!  
ECGs from real patient cases offer a complete and in-depth learning experience by focusing on fundamental electrophysiologic properties and clinical concepts as well as detailed discussion of important diagnostic findings and relevant management decisions.
- 8:30 AM My Approach: A Case of Atrial Fibrillation - *Dr. Aparna Jaswal*
- 8:45 AM My Approach: A Case of Syncope - *Dr. Ajay Naik*  
Syncope is a transient and abrupt loss of consciousness with complete return to preexisting neurologic function.  
Older adults are more likely to have orthostatic, carotid sinus hypersensitivity, or cardiac syncope, whereas younger adults are more likely to have vasovagal syncope. An algorithmic approach should be followed for evaluation of syncope; beginning with history and physical examination. Patients presenting with syncope require ECG and orthostatic vital signs evaluation. They may also need Echocardiogram and QT interval monitoring.  
High risk patients should be hospitalized for further diagnostic evaluation.
- 9:00 AM All ST Elevation in ECG are not STEMI - *Dr. Vineet Sankhla*  
The European Society of Cardiology (ESC) has issued new guidelines for the management of acute MI patients presenting with ST-segment elevation, placing a new emphasis on the use of radial access, drug-eluting stents, and complete revascularization as part of their upgraded recommendations.  
What's new about antiplatelet agents, revascularization strategy, the elimination of "Door-to-Balloon" and addition of term-MINOCA is discussed in this talk

- 9:15 AM Case of Ventricular Arrhythmia in AMI - *Dr. Ajay Naik*  
Life-threatening Ventricular Arrhythmias (VT/ VF) — are infrequent but serious complications of an acute STEMI. VT and VF occurring early ( 24 to 48 hours) have been thought to be epiphenomena of the MI. It mandates immediate management; but may not require long-term therapy because they are not associated with a worse prognosis after hospital discharge. In contrast, VT or VF occurring later reflects the development of arrhythmic substrate, and require chronic therapy because of an increased risk of SCD.
- 9:30 AM Trials of 2017 Which Changed My Clinical Practice  
Part - II - *Dr. Milan Chag*  
With innumerable important trials getting published every year, it is very difficult to get time to read and interpret them.  
Be updated, in just 20 minutes!

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

DAY 3

### CARDIOVASCULAR SYMPOSIUM

January 7, 2018, Sunday (Time: 7:00 AM - 2:00 PM)

#### MY APPROACH IN 2018

- 10:00 AM My Approach to SVT - *Dr. Vineet Sankhla*
- 10:07 AM Discussion
- 10:10 AM My Approach: A Patient With HT: How to Treat Using New AHA 2017-2018 Guidelines? - *Dr. Anish Chandarana*  
Statins have been a very effective treatment to reduce adverse cardiovascular events in patients with or at high risk for ASCVD. Though RCTs do not support much increased risk of myopathy with Statin, in real world, we do see many patients who develop various muscle-related symptoms with or without CPK elevation. In many cases correcting coexisting issues like drug-interactions, hypothyroidism, Vitamin D3 deficiency do help the patient to tolerate at least some dose of one of the statins. What are the options for "really intolerant" patients?
- 10:17 AM Discussion
- 10:20 AM My Approach: For Physicians to Tell Their Patients About a Healthy Dietary Pattern? - *Prof. Peter Magnusson*  
Achieving adherence to recommended dietary pattern is a process. This can be accomplished by considering patients preferred foods in consideration of cultural, economic, and social influences. By considering nutrient-dense choices that meet but do not exceed calorie needs, individuals can achieve weight-control goals.
- 10:27 AM Discussion
- 10:30 AM My Approach : Left Ventricular Pseudoaneurysm After Myocardial Infarction - *Dr. Deepa Shah/Dr. Tejas V. Patel*  
LV aneurysms are very commonly caused by myocardial infarction. The diagnosis of LV aneurysm is often difficult, as patients are either asymptomatic, or present with non-specific symptoms attributable to other causes. Differential diagnosis between true aneurysms and pseudoaneurysms is challenging and critical since pseudoaneurysms have a higher risk of rupture(30-45%) and thus, a surgical approach to management is often undertaken. Echocardiography, left ventriculography and cardiac MRI are complementary imaging modalities used to distinguish true and pseudoaneurysms. There is increasing

- evidence that cardiac MRI is very useful for differentiating between true and pseudoaneurysms. Cardiac MRI, with its higher spatial resolution, is more sensitive and specific for the diagnosis of a pseudoaneurysm than transthoracic echocardiography.
- 10:37 AM Discussion
- 10:40 AM My Approach: A Patient with Acute DVT - *Dr. Satya Gupta*
- 10:47 AM Discussion
- 10:50 AM My Approach: A Patient with Advanced Chronic Heart Failure - *Dr. Milan Chag*  
When Heart Failure (HF) progresses to an advanced stage, difficult decisions must be made regarding aggressive treatment, quality of life, prolonging the life with advanced drug therapy or should we opt for artificial heart and heart transplant?
- 10:57 AM Discussion
- 11:00 AM My Approach: Chronic Heart Failure: New Therapeutic Options for Improving Patient Outcomes - *TBA*
- 11:07 AM Discussion
- 11:10 AM My Approach: A Patient with Ischemic Dilated Cardiomyopathy - How will I Utilize MRI? - *Dr. Vipul Kapoor*
- 11:17 AM Discussion
- 11:20 AM My Approach: 80 Yr. Old Patient with Class-III Angina Refuses to Undergo PCI / CABG? - *Dr. Hemang Baxi*
- 11:27 AM Discussion
- 11:30 AM My Approach: A Patient with Acute Pulmonary Embolism - *Dr. Urmil Shah*  
Patient with pulmonary embolism may have very small minor embolism leading to small infarct which can be managed even on out-patient basis to massive pulmonary embolism leading to sudden collapse with mortality even higher than acute myocardial

## LECTURE HIGHLIGHTS

## CASE-BASED INTERACTIVE SESSION

### DAY 3

## CARDIOVASCULAR SYMPOSIUM

January 7, 2018, Sunday (Time: 7:00 AM - 2:00 PM)

infarct if not diagnosed very early and treatment started on urgent base . Presentation may mimic AMI and what is the role of D dimer, 2 d echocardiography and CT pulmonary angiography in ER for immediate diagnosis. What is best management in 2018 for PE so that patient doesn't have residual pulmonary hypertension! What is best way to prevent recurrent pulmonary embolism – role of newer anti-coagulation ( NAOc) . How long to continue anti coagulation – what is best strategy!

11:37 AM Discussion

11:40 AM My Approach: NOACs in Clinical Practice - *Dr. Alpesh Shah*

11:47 AM Discussion

11:50 AM My Approach: A Patient with Cryptogenic Stroke  
- *Dr. Tejas V. Patel*

11:57 AM Discussion

### ■ BEST MEDICAL CASES OF YEAR FOR 'THE PHYSICIAN - BY PHYSICIAN' (WITH PRIZES)

12:00 PM "Case 1 : Carney's Complex - A Rare Variant of ACTH Independent Cushing's Syndrome (Four Members of Family Affected)" - *Dr. Manish Mehta*

12:08 PM Discussion

12:11 PM Case 2 : Presentation - *Dr. Manoj Vithlani*

12:19 PM Discussion

12:22 PM Case 3 : Presentation - *Dr. Dhiren Joshi*

12:30 PM Discussion

12:33 PM Case 4 : Presentation - *Dr. Rajesh Teli*

12:41 PM Discussion

12:49 PM Case 5 : Presentation

12:52 PM Discussion

### ■ CERTIFICATION EXAM (QUIZ) WITH PRIZES

01:50 PM Exam

02:20 PM Discussion

## CASE-BASED INTERACTIVE SESSION

DAY 3

### AHMEDABAD ECMO & MCS CONCLAVE

January 7, 2018, Sunday (Time: 8:00AM - 5:00 PM)

08.00 AM	<b>REGISTRATION &amp; BREAKFAST</b>
Chair	Dr. Alpesh Parmar, Dr. Aalok Shah
Moderator	Dr. Niren Bhavsar, Dr. Nitin Jain, Dr. Jignesh Sheth, Dr. Udgeeth Thaker, Dr. Purvesh Umariniya
08:30 AM	Developing An Affordable ECMO Programme in India -Dr. Pranay Oza
08:45 AM	How Do I Know My ECMO Patient is Getting Better ? -Dr. Vinod Singh
09:00 AM	Who Should Not Get An ECMO ? -Dr. Sachin Shah
09:15 AM	Question-Answer
Chair	Dr. Amit Chandan, Dr. Tejas Motiwaras, Dr. Deepak Sharma, Dr. Nirav Visavedia
Moderator	Dr. Manthan Kansara, Dr. Arvind Matang, Dr. Pranay Oza, Dr. Jignesh Pandya, Dr. Gautam Prajapati
09:25 AM	ECMO & Renal Replacement Therapy -Dr. Vivek Gupta
09:45 AM	Bronchoscopy in ECMO -Dr. Manoj Singh
10:05 AM	Nutrition & Rehabilitation on ECMO -Dr. Nanda Kishore
10:25 AM	ECMO Futility: When to Stop An ECMO ? -Dr. Sachin Shah
10:40 AM	Question-Answer

	Panelist: Dr. Pranay Oza, Dr. Sachin Shah, Dr. Vivek Gupta, Dr. Manoj Singh, Dr. Pravin Das
10:50 AM	Panel Discussion: ECMO - Ethical , Moral & Legal Conudrums
11:10 AM	Vote of Thanks -Dr. Vipul Thakkar

#### WORKSHOPS

- Hand-on Workshop on Day-to-Day ECMO Use (Case Based Learning)
- To get Familiar with Different ECMO Machines & Circuit
- ECMO: Problems & Troubleshoot
- ECMO: Cannulation – Adult & Paediatric Patients
- Quiz for Perfusionist & Nurses -Dr. Tushar Patel

DAY 3

### STROKE UPDATE

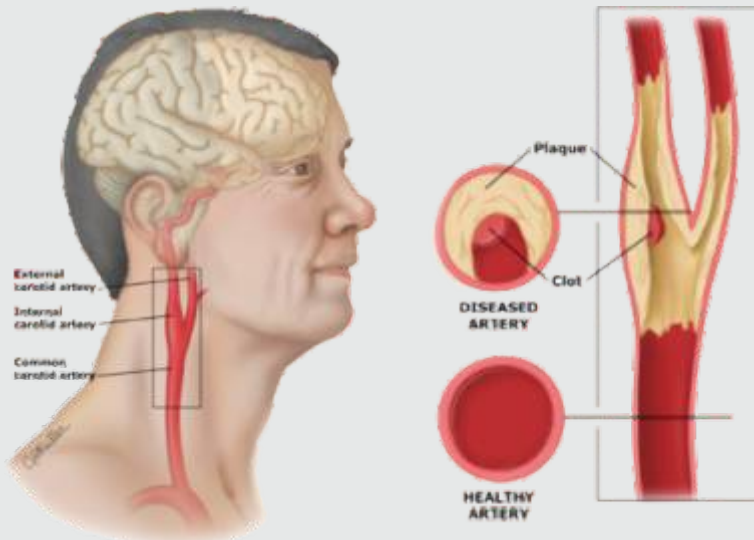
January 7, 2018, Sunday (Time: 8:00 AM - 2:00 PM)

8:00 AM	<b>REGISTRATION &amp; BREAKFAST</b>
9:00 AM	Redefining TIA - Dr. Shalin Shah
9:15 AM	Imaging in Acute Stroke : Clinician's Perspective - Dr. Keyur Patel
9:40 AM	Anti-Platelets in AIS - Dr. Parindra Desai
9:55 AM	IV "Clot Busters"(Thrombolysis) -Dr. Nasli Ichaporia
10:20 AM	Beyond "Clot Busters" (Mechanical Thrombectomy) - Dr. Parita Bhuva
10:45 AM	Role of Neuroprotectors - Dr. Sagar Betai
11:00 AM	Posterior Circulation Stroke & Basilar Thrombosis - Dr. Ahmad Riad Ramadan
11:30 AM	TEA BREAK

11:45 AM	Stroke in Young - Dr. Jayanta Roy
12:10 PM	Stroke ICU: Why? - Dr. Parita Bhuva
12:25 PM	BP "Targets" in AIS & ICH - Dr. Ahmad Riad Ramadan
12:40 PM	Surgery in Acute Stroke - Dr. Manjul Tripathi
12:55 PM	Carotid Artery Stenting - Dr. Alpesh Shah
	Moderator : Dr. Mayank Patel / Dr. Pranav Joshi
1:25 PM	Meet The Experts
2:00 PM	LUNCH



## Carotid (Stroke) & Peripheral Vascular Intervention Workshop



Dr. Ashit Jain  
MD (USA)



Dr. Alpesh Shah  
MD (USA)

January 04, 2018

AT CIMS Hospital, Ahmedabad

### PATIENTS WHO ARE ELIGIBLE

- Carotid Artery Stenosis
- Renal Artery Stenosis
- Acute Limb Ischemia
- Critical Limb Ischemia
- Varicose Veins
- Dialysis Access Procedures
- Pulmonary Embolism
- Thoracic Outlet Syndrome
- Uterine Fibroids
- Vascular Malformations
- Venous Insufficiency and Venous Ulcers
- Claudication
- Femoropopliteal Disease
- Brachiocephalic Arterial Disease
- Venous Thromboembolic Disease
- Thoracic Abdominal Aortic Aneurysms
- Mesenteric Disease
- Catheter-Based Interventions for Failing Hemodialysis Accesses
- Infrapopliteal Peripheral Arterial Disease
- Intracranial Arterial Stenotic Disease
- Vertebral Arterial Disease

CIMS cardiovascular team has done a large number of carotid cases including a very large number of carotid interventions over the last few years.

Kindly refer your PVD, AAA patients for consultation (complimentary) and intervention  
Please contact Mr. Niraj Sagar (M) +91-90990 24381 Dr. Krunal Shah (M) +91-94296 31453

Stroke Update Symposium at JIC 2018 (January 07, 2018)  
Venue : Pandit Dindayal Upadhyay Auditorium Hall, Ahmedabad

## JIC 2018

Joint International Conference  
January 5-7, 2018

# REGISTRATION FORM JIC 2018

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Module	Please Tick <input checked="" type="checkbox"/>	Before 15-12-2017	Spot Registration (After 31-12-2017)
(1) Cardiovascular Symposium - January 5-7, 2018	<input type="checkbox"/>	<input type="checkbox"/> ` 6500	<input type="checkbox"/> ` 7500
(2) Internal Medicine Symposium - January 5, 2018	<input type="checkbox"/>	<input type="checkbox"/> ` 2000	<input type="checkbox"/> ` 2500
(3) Ahmedabad ECMO & MCS Conclave - January 6-7, 2018	<input type="checkbox"/>	<input type="checkbox"/> ` 2000	<input type="checkbox"/> ` 2500
(4) Stroke Update - January 7, 2018	<input type="checkbox"/>	<input type="checkbox"/> ` 2000	<input type="checkbox"/> ` 2500
For Ahmedabad ECMO & MCS Conclave Perfusionist and Students	<input type="checkbox"/>	<input type="checkbox"/> ` 1500	<input type="checkbox"/> ` 2000
** Deposit for Hotel Accommodation (Separate cheque)	<input type="checkbox"/>	<input type="checkbox"/> ` 5000	<input type="checkbox"/> ` 5000
For students doing MD (Medicine) with proof	<input type="checkbox"/>	<input type="checkbox"/> ` 2000	<input type="checkbox"/> ` 2000
Spouse Hotel Registration (Non-refundable)	<input type="checkbox"/>	<input type="checkbox"/> ` 5000	<input type="checkbox"/> ` 5000
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In case of cancellation		50 %	100 %

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PLEASE NOTE THAT IT IS MANDATORY TO PROVIDE ALL THE INFORMATION. PLEASE FILL IN CAPITAL LETTERS

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City: \_\_\_\_\_ Pin Code : \_\_\_\_\_ Phone (STD code) : \_\_\_\_\_

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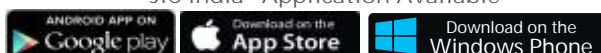
Cheque or DD's to be made A/C payee and in the name of 'CIMS Hospital Pvt. Ltd.'

Kindly mail the cheque/DD to our office. All Cash Payments are to be made at 'CIMS Hospital, Ahmedabad' only.

\*\* Hotel Accommodation is optional. If you have applied for accommodation, please send a separate deposit cheque of ` 5000 to cover the cost of your stay for two nights. Spouse hotel registration will be charged extra. Students also need to pay for Hotel Accommodation at the same rate.

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## SUBMIT YOUR POSTER AT JIC 2018

JIC 2018 scientific committee invites original research abstracts in basic and clinical research by MD students for scientific poster presentation competition.

25 best posters will be awarded prizes.

### ABSTRACT DETAILS

The abstract should be single spaced, justified typed in MS Word Document

**Abstract Title :** Font Type: Times New Roman, Size 12 Points, Bold. Each word should begin with a capital letter except transition words.

**Author(s) Details :** Font Type: Times New Roman, Size 11 Points, Regular

- Family Name, First Name
- Affiliations: Institute / Hospital, Department, City and Country (Superscripted numerically, if more than one)
- Presenting author's name should be placed first.
- Corresponding author's email-id

**Abstract Body:** Font Type : Times New Roman, Size 11 Points, Regular, Word count: up to 350 words.

### POSTER DETAILS

- Poster dimensions: Height: 6.50 feet (2 meter) x Width: 3.28 feet (1 meter)
- Footer of the poster should mention:
- "Poster presented at JIC 2018, Ahmedabad, India."
- Posters should be displayed half an hour before the commencement of the session.

### POLICIES

- There is no fee for submission of abstract .
- The research should not have been presented earlier.
- All abstracts/posters must be in English.
- Complimentary registration will be extended to the accepted abstracts presenting authors.
- Poster presentation date and time will be notified on acceptance.
- Presenting author should mandatorily be present during the conference. Failure to remain present may jeopardize future acceptance of abstracts.
- Decision of the JIC 2018 Scientific Committee for the awards of the posters will be final and abiding to all participants
- Accepted abstracts will be available for review on [www.jicindia.org](http://www.jicindia.org)

Prize	No. of prize	Amount
First	1	Rs. 20,000
Second	2	Rs. 10,000
Third	3	Rs. 7,500
Fourth	4	Rs. 5,000
Fifth	5	Rs. 3,000
Consolation	10	Rs. 2,000

### TIMELINES

Abstracts must be e-mailed by  
Friday December 15, 2017 to  
[abstractjic@cimshospital.org](mailto:abstractjic@cimshospital.org)

Accepted abstracts will be notified by  
Monday, December 18, 2017.

**FOR MORE DETAILS, PLEASE CONTACT:**  
Mr. Ketan Acharya: +91-98251 08257  
Mr. Akash Doshi: +91-98792 28006  
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