

Healthy Heart



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The Heart Care Clinic at **CIMS**

Price : Rs. 5/-

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From the desk of editor:

Despite improvements in care, up to one-third of patients presenting with STEMI (ST - Elevation Myocardial Infarction) within 12 h of symptom onset still receive no reperfusion therapy acutely. Clinical studies indicate that speed of reperfusion after infarct onset may be more important as compared to application of pharmacologic or mechanical intervention. Primary percutaneous coronary intervention (PCI), when performed rapidly at high-volume centers, generally have superior efficacy to fibrinolysis, although fibrinolysis may be more suitable for many patients as an initial reperfusion strategy if patient reaches a non-PCI capable centre or transfer time to reach there is too long. Not all cardiologists and not all centers can effectively do Primary PCI. How primary PCI stands against fibrinolysis and what is the best way to minimize door-to-needle or door-to-balloon time is reemphasized.

At CIMS, we have a dedicated team of cardiologists and trained paramedical staff to provide 24 x 7 x 365 day primary angioplasty services.



- Dr. Milan Chag

Acute Myocardial Infarction: Primary Angioplasty is the way to go!

Dr. Ravi Singhvie : *What are the best treatment goals in management of Acute Myocardial Infarction (What we call ST Elevation Myocardial Infarction-STEMI nowadays)*

Dr. Milan Chag : The goal is to open the infarct related artery (IRA) as soon as possible to achieve brisk blood flow in epicardial coronary artery (TIMI-III) with good tissue myocardial perfusion (TMP-III)(Fig.1)

This is associated with:

1. Preservation of myocardium, and thereby
2. Better preservation of Regional and Global Left Ventricular function
3. Prevention of ventricular remodeling
4. Improved survival
5. Reduced risk of complications like Heart failure, Arrhythmias and Recurrent angina or MI

Dr. Ravi Singhvie : *How are the above ideal goals of treatment achieved?*

Dr. Milan Chag : By early reperfusion of ischemic myocardium by fibrinolysis or invasive strategy: Primary PCI or CABG.

Dr. Ravi Singhvie : *What is preferred – Fibrinolysis or Primary PCI?*

Dr. Milan Chag : For first 3 hour from onset of symptom, either may be preferred (Fig.2 on page 2). After 3 hours, Fibrinolysis has very low success rate although it can be given up to 12 hours, if transfer to PCI capable centre is away by > 60 minutes. Primary PCI is clearly advantageous in first 12 hours, especially when golden period of 1-3 hours has already passed away.

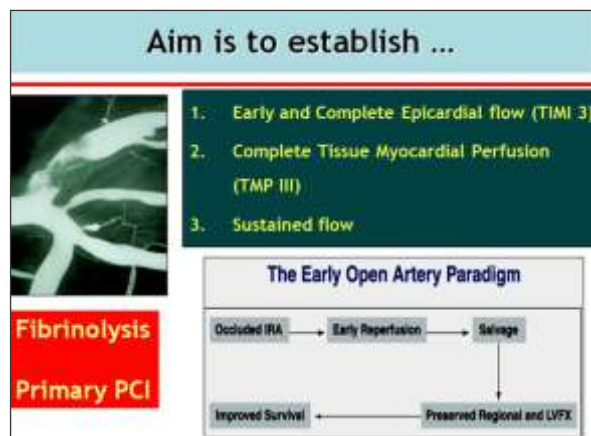


Figure 1



In the setting within which the ACC/AHA (American College of Cardiology / American Heart Association) guidelines recommend primary PCI, it offers several important potential advantages over pharmacologic reperfusion: It is suitable for 90% of patients, establishes initial TIMI flow grade 3 in up to 90% of patients (compared to 30-60% with Fibrinolysis)(Fig.3), nearly eliminates the risk of intracranial hemorrhage, and is preferable to alternative treatments in high-risk patients, such as those with cardiogenic shock, severe congestive heart failure, TIMI risk score >5 or hemodynamic or electrical instability.

Reperfusion Options for STEMI Patients Select Reperfusion Treatment.

If presentation is < 3 hours and there is no delay to an invasive strategy, there is no preference for either strategy

Invasive strategy generally preferred

- Skilled PCI lab available with surgical backup
 - Door-to-balloon < 90 minutes
- High Risk from STEMI
 - Cardiogenic shock, Killip class ≥ 3
- Contraindications to fibrinolysis, including increased risk of bleeding and ICH
- Late presentation
 - > 3 hours from symptom onset
- Diagnosis of STEMI is in doubt




Figure 2

Clinical Trials of Thrombolysis vs Primary PTCA in STEMI

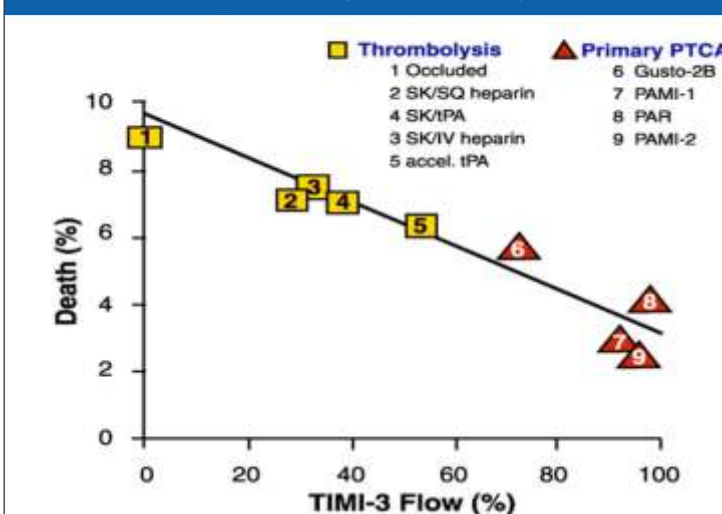


Figure 3

Dr. Ravi Singhvie : Why this 3 hour time-line?

Dr. Milan Chag : After 3 hours, there is sharp and rapid decline in survival of myocardium. And as the time passes, chance of success with any fibrinolytic agent rapidly declines and mortality increase (Fig.4).

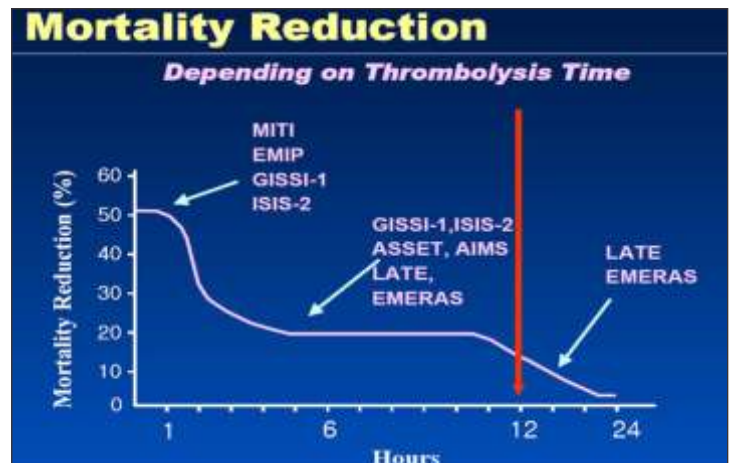


Figure 4

Dr. Ravi Singhvie : Is there clinical evidence of superiority of primary PCI over Fibrinolysis?

Dr. Milan Chag : Patients undergoing primary PCI have lower rates of nonfatal reinfarction, stroke, and mortality than fibrinolytic recipients in a meta-analysis of data from 23 randomized trials enrolling fibrinolytic-eligible patients with STEMI (Lancet 2003; 361:13-20)(Fig.5)

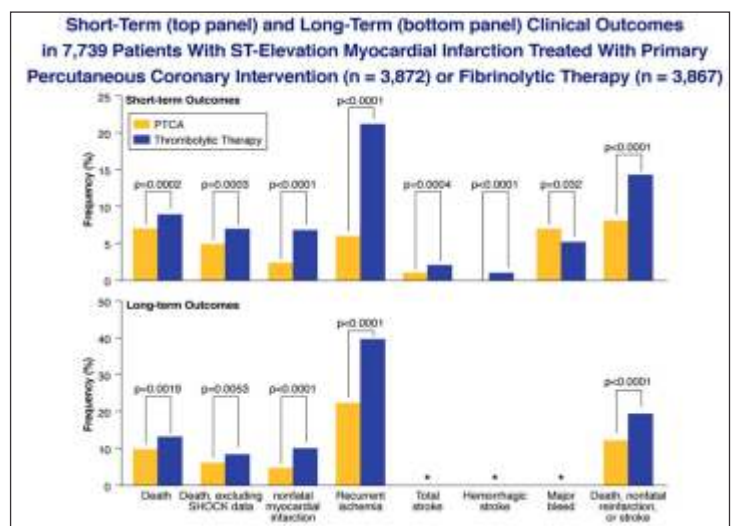


Figure 5

Dr. Ravi Singhvie : What should be the drug regimen on detection of STEMI before they receive any form of reperfusion therapy?

Dr. Milan Chag : First Line Therapy should include (before Fibrinolysis or Primary PCI)

- Aspirin: 162-325 mg (Chewed), 75-162 mg to continue
- Thienopyridine: Clopidogrel 300 mg load, 75 mg to continue (if age >75 years, no loading dose). If patient goes for primary PCI, loading dose of clopidogrel can be up to 300-600 mg. Alternatively, if patient is < 75 years and weight is > 60 kg and is going for primary PCI, Prasugrel- 60 mg loading dose and 10 mg maintenance dose should be continued. If patient is for Fibrinolysis or



has already received Fibrinolysis, Prasugrel should not be used.

- Atorvastatin: 80 mg stat, 40-80 mg to continue
- Beta blocker: Metoprolol- unless contraindicated
- UFH or Enoxaparine: 60 U/kg, 12 U/kg/hr of UFH or 30 mg IV bolus followed by 1 mg/kg, bid (if age >75 yr : No bolus, 0.75 mg/kg, bid) of Enoxaparine
- Gp IIb/IIIa inhibitors: It is reasonable to start treatment with glycoprotein IIb/IIIa receptor antagonists (abciximab, tirofiban or eptifibatide) at the time of primary PCI in selected patients with STEMI. The usefulness of glycoprotein IIb/IIIa receptor antagonists (as part of a preparatory pharmacological strategy for patients with STEMI before their arrival in the cardiac catheterization laboratory for angiography and PCI) is uncertain.

Dr. Ravi Singhvie : *If patient has STEMI and transfer time to PCI capable centre is likely to be > 60 minutes, which fibrinolytic agent is the best?*

Dr. Milan Chag : One should use the most proven effective agent. This is undoubtedly Tenecteplase(TNK-tPA) at present. Its efficacy to achieve TIMI III flow rate at 90 minutes is 63% compared to 31% with Streptokinase, and is given as weight adjusted bolus in just 5 seconds (Fig.6)

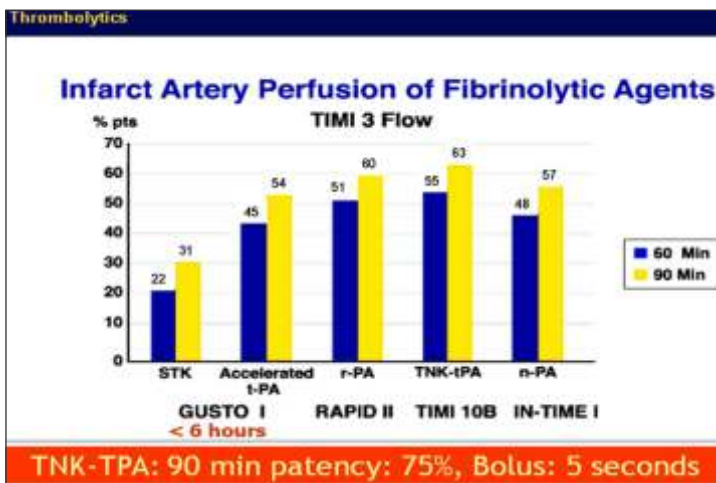


Figure 6

Dr. Ravi Singhvie : *What in door-to-balloon time and why door-to-balloon (D2B) time of 90 minutes is important?*

Dr. Milan Chag : D2B time is the time taken from arrival of patient to opening of artery by angioplasty by cardiologist. This time should be as short as possible. As the D2B time increases beyond 90 minutes, in-hospital mortality increase significantly (Fig.7). It is this time which makes the difference between routine center and a dedicated Primary PCI center. At CIMS, dedicated staff is trained to minimize this D2B time.

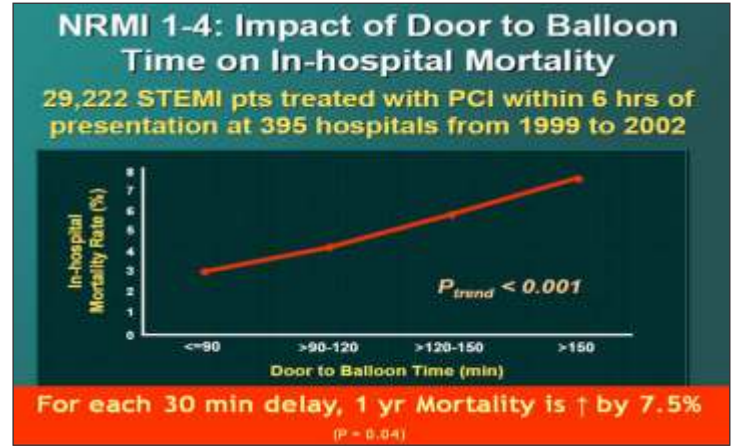


Figure 7

Dr. Ravi Singhvie : *Does the volume and experience of a center make the difference in outcome?*

Dr. Milan Chag : Yes. There is clear difference in mortality outcome between low volume versus high volume centers (Fig.8). The ACC/AHA STEMI guidelines specify that one of the criteria for an invasive reperfusion strategy to be preferred is availability of a skilled PCI laboratory (operator and team experience of > 75 and > 36 primary PCI cases per year, respectively). 'CIMS' cardiac team, being a pioneer in establishing primary PCI program in India, has far more experience than this.

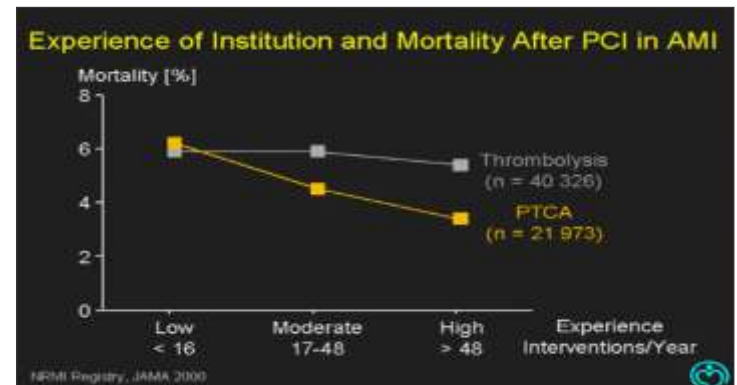


Figure 8

Dr. Ravi Singhvie : *If high TIMI risk score patient (e.g. Diabetic patient with extensive anterior MI with tachycardia and hypotension) presents to non-PCI capable center after 4 hours of chest pain, what should be our approach?*

Dr. Milan Chag: This is a very high-risk patient. Fibrinolysis will have low success rate. Early invasive approach will be the best strategy. After first line therapy, such patient should be transferred with GPIIb/IIIa inhibitor on board to PCI capable center for Emergency Facilitated PCI.

Dr. Ravi Singhvie : *If such patient with high TIMI risk scores presents within 3 hours at Non-PCI capable center, what should be our approach?*

Dr. Milan Chag: Such patient should receive the most effective fibrinolytic agent Tenecteplase(TNK-tPA,) as early as



possible and transferred to PCI capable center without waiting for lytic response. Transfer for routine early PCI within 6 hours of fibrinolysis is known as pharmaco-invasive strategy. In TRANSFER-AMI trial, high-risk STEMI patients receiving fibrinolysis at non-PCI centers, urgent transfer and PCI within 6 hours was associated with 6% absolute (and 46% relative) reduction in ischemic complications at 30-days and no excess in major bleeding complications, compared with standard treatment.

We have to remember that TIME IS MUSCLE. (Fig.9)

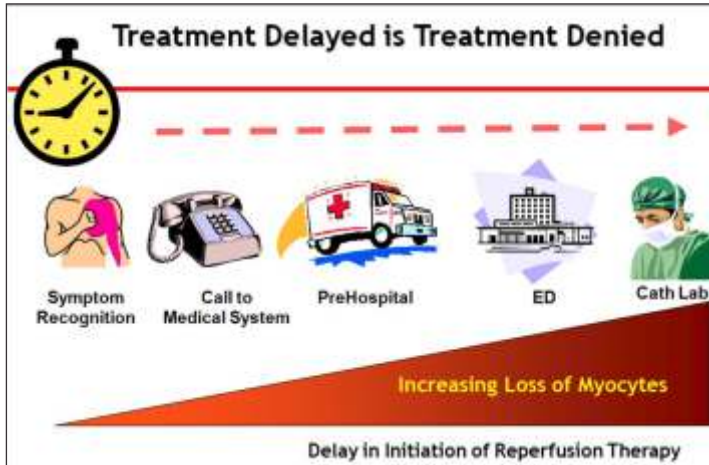


Figure 9

Dr. Ravi Singhvie : How best can we summarize the approach?
 Dr. Milan Chag : That is shown in Fig 9 and 10. In PCI-capable center such as CIMS, if PCI is feasible at 24 x 7 x 365, that remains the best approach if D2B time can be kept <90 minutes.

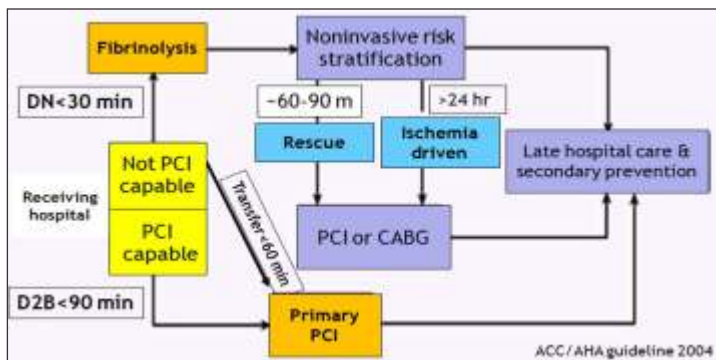


Figure 10

Requires

ICU/PICU/NICU Registrars (Hospitalist)

M.D (internal medicine/pediatrics/anaesthesia)/D.A./D.C.H.
 Equivalent qualification with ICU experience. Freshers can apply.

Medical Officers

Medical graduates (M.B.B.S/ equivalent) with or without experience.

Please send your resume with photo within 10 days at below address or email to:

CIMS Hospital, Nr. Shukan Mall, Off Science City Road, Sola,
 Ahmedabad-380060. Email : hr@cims.me

CIMS
Care Institute of Medical Sciences

12 hours window available for transit

Acute Myocardial Infarction

PAMI

Primary Angioplasty in Myocardial Infarction

Readiness Staff is ready to receive AMI patient
0 min

The only thing worse than a heart attack is not reaching the right Team immediately

Ambulance to ER
5 min

ER
IV cannulation
ECG, Blood tests
CPR - sos

On Cath Lab Table

We do angiography (FIRST time in India) using the latest Philips technology of Xper Swing- fastest spin in the world- which not only aquires images in 5 seconds but reduces contrast as well as radiation dose.

Counseling about PAMI

5 min

The Heart Care Clinic
Clinical Care Consultants

AMI Protocol

Cath Lab open 24 hrs a day 7 days a week

Cath Lab is fully staffed with a single integrated "Cardiology and Cardiac Surgical Team", which is always available in the hospital.

Our D2B time is less than 90 minutes due to totally integrated systems

CIMS
Care Institute of Medical Sciences

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An informative and excellent academic program at CIMS

November 27, 2010

Dr. Navin Nanda
 The world's pioneer of echocardiography at CIMS

If interested, it is mandatory to register for CME with
 Mr. Ketan Acharya (M) +91-98251 08257
 Mr. Mahendra Desai (M) +91-90990 66527
 (limited registrations)



CIMS Hospital, Nr. Shukan Mall, Off Science City Road, Sola, Ahmedabad-380060.

Schedule for CME

- 7.30 am Registration with Breakfast at CIMS
- 8.30 am Application of Newer modalities in Echocardiography with live Demonstration by the Master :
 - 3D Echo
 - Contrast Echo
 - Tissue Doppler
 - Strain rate
- 1.00 pm Lunch



CIMS-3C-CON 2011

in collaboration with

4th World Congress International Academy of Cardiovascular Sciences



February 1-3, 2011
The Maharaja Sayajirao
University of Baroda, Vadodara, INDIA
February 4-6, 2011
Tagore Hall, Ahmedabad, INDIA

Organized by



International Academy of Cardiovascular Sciences
International Society for Heart Research



Dr. Keyur Parikh
Conference Chairman
CIMS-3C-CON 2011

Dear Colleagues,

It is a pleasure and a matter of pride to address you all once again. We have shifted to CIMS, a multi-super specialty hospital which is fully equipped with state-of-the-art equipment for all its departments to deliver effective and safe medical treatment.

Our Mission is to provide superior quality health Care with integrity using Innovative and Modern technologies to Save lives (CIMS).

And Our Vision is to be the best multi-super specialty hospital in India. We are confident that with your partnership and support, we will be able to make CIMS the ultimate address for healthcare services in India.

It was in 2004-05 that The Heart Care Clinic had joined hands with International Academy of Cardiovascular Sciences and International Society for Heart Research (Indian Chapters) to bring in the first Joint International Conference (JIC) in Ahmedabad.

Six years later, we proudly come together once again. For the first time in India, the International Chapter of International Academy of Cardiovascular Sciences joins with CIMS-3C-CON along with IACS and ISHR (India Sections) to create an educational extravaganza par excellence for a week in Gujarat. With over 100 National and International faculty confirmed, it will be a feast of unparalleled learning and networking. Let us go for it with all our enthusiasm.

Our goal is continued education in healthcare with - Care, Commitment, Compassion



Dr. Milan Chag
Scientific Chairman
CIMS-3C-CON 2011

Dear Colleagues,

"If you have knowledge, let others light their candles with it."

- Winston Churchill

This philosophy has been our guiding passion in creating conferences year after year.

First of all, let me announce that 3-C Con will now be known as CIMS-3C-CON- in reference to our upcoming hospital, Care Institute of Medical Sciences.

3-C Con has been an attempt, and a successful one, to share knowledge and learning amongst the medical fraternity and also to create a forum of newer ideas, exchanges and cooperation. The aim has always been to bring to you'll the latest and best in terms of topics and faculty. And your response has always been overwhelming. 3-C Con 2010 had a stupendous attendance of over 1600 delegates. I thank you all for your appreciation, enthusiasm and encouragement. Your suggestions for next year are welcome.

Also, this year we align with the International Academy of Cardiovascular Sciences and enlarge our canvass of curriculum to include basic research sciences.

CIMS-3C-CON will be a confluence of scientists, academicians and medical professionals aiming to create a 6-day bonanza for the knowledge-hungry. We have an interesting schedule set for the last day encompassing parallel certification sessions in the field of non-cardiac branches such as Internal Medicine which will include Diabetology, Neurology, Nephrology, Gastroenterology, Critical Care & others. This is an endeavor in answer to the growing demand by our colleagues to broaden our horizons beyond cardiology.

I assure you that the 6-day conference will be a delight for all and will address all your ideas of a great educative conference.

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In Collaboration with 'Association of Physicians of Ahmedabad'



Heart Health Week Schedule

The Maharaja Sayajirao University of Baroda
(Schedule to be announced in July, 2010)

CIMS-3C-CON 2011
(Preliminary schedule)

February 1, 2011
Workshops on Advances in Stem Cell Research and Genetic including Pharmacogenomics at C.C. Mehta Auditorium.
The M. S. University of Baroda, Vadodara

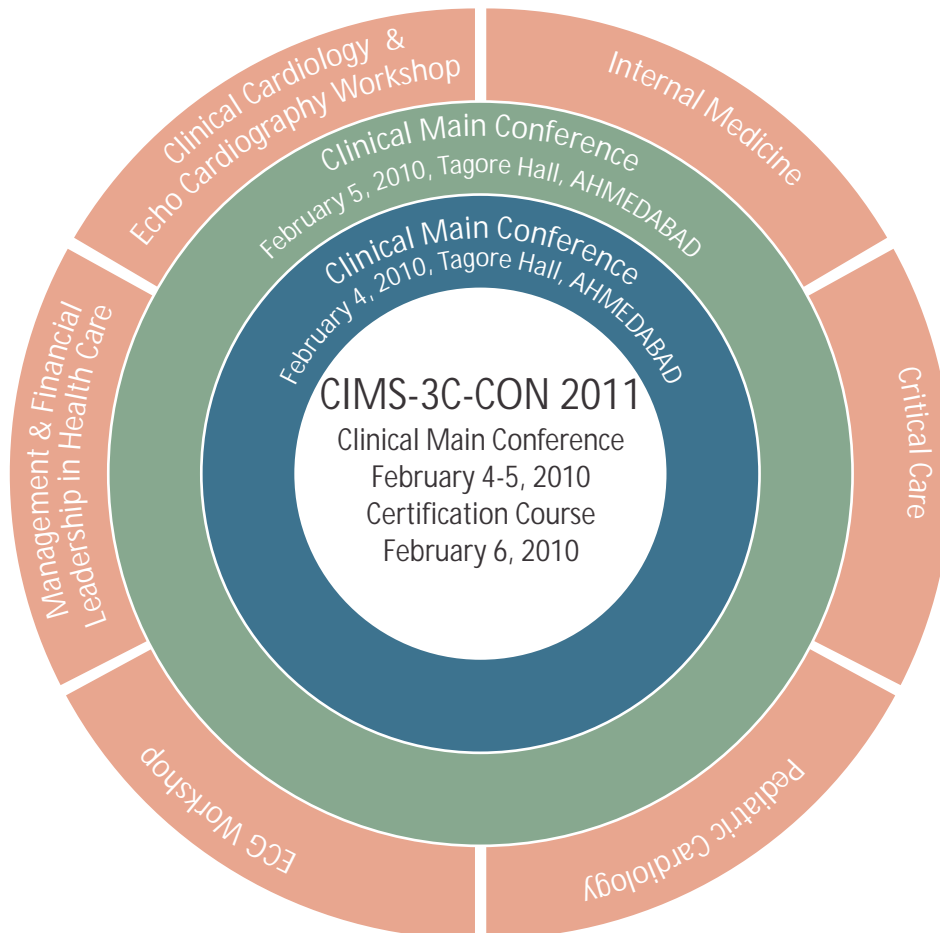
February 4, 2011
Clinical Main Conference
Tagore Hall, AHMEDABAD
Satellite Symposia, AHMEDABAD

February 2, 2011
Basic Science Sessions along with IACS Award Sessions (Norman, Magano & Morgan and Dhalla Awards)

February 5, 2011
Clinical Main Conference
Tagore Hall, AHMEDABAD

February 3, 2011
Grand Gala Opening Function along with Dr. Wahi and Dr. Manjeet Singh Orators
Young Scientist Awards (Dhalla & Ganguli)

February 6, 2011
Parallel Certification Course
AHMEDABAD





Preliminary Program Schedule

Day-1 (February 04, 2011) Venue : Tagore Hall (Main Session)

7:00 AM **REGISTRATION & BREAKFAST**

8:00 AM Newer Anti-platelet agents : How to clear maze ! - *Dr. Keyur Parikh*

8:25 AM Understanding need of Clinical trials : How can you help science ? - *Dr. Keyur Parikh*

8:45 AM Take home Message : A-Z trials of 2010 - *Dr. Milan Chag*

Plenary Lecture - 1

9.15 AM How to optimize Angioplasty Result ? Role of FFR,VH-IVUS and Judicious use of DES. - *Dr. William Wijns*

9.40 AM Panel Discussion

9.55 AM **Tea Break**

Coronary Artery Disease (CAD)

10.15 AM Value and Limitations of Existing Scores for the Assessment of Cardiovascular Risk: A Review for Clinicians
- *Dr. Anish Chandarana*

10.35 AM Microvascular Angina and the Continuing Dilemma of Chest Pain With Normal Coronary Angiograms - *Dr. Hemang Baxi*

10.55 AM Focused update on Guidelines for NSTEMI and PCI : Take Home message - *Dr. Satya Gupta*

11.15 AM Visualizing myocardial salvage : New methods, New Insights - *Dr. Urmil Shah*

11.35 AM Arrhythmias in Acute MI : Management - *Dr. Ajay Naik*

11.55 AM 3-C Oration - *TBA*

Plenary Lecture - 2

12.15 PM Acute MI: From the field to Cath Lab - *Dr. Rajesh Dave / Prof. Chaim Lotan*

12.35 PM Panel Discussion

1.00 PM **Lunch**

2.00 PM Managing ACS : Questions and evidence based Answers - *Prof. Anthony Gershlick*

2.20 PM Rising Incidence of Coronary Disease in Asia- What can be done about it? - *Prof. Jawahar Mehta*
Panel Discussion

Rapid Fire Session

2.40 PM Novel therapy in HT: Interventional approach - *Prof. Johanne Dahm*

2.55 PM GUCHes : What you need to know? - *Dr. Kashyap Sheth*

3.10 PM Pulmonary embolism : What is new ? - *Dr. Arvinda Nanjundappa*

3.25 PM Percutaneous valve therapies : Overview - *Prof. Chaim Lotan*

3.40 PM Stroke Management : An Update - *Dr. Ashit Jain*

3.55 PM Panel Discussion

4.10 PM **Tea Break**

Clinical Care Sessions:(Interactive Session)

4.35 PM Multivessel CAD : What is the best approach ? - *Dr. Milan Chag*

4.50 PM Pulmonary Hypertension for physicians - *Dr. Anish Chandarana*

5.05 PM Arrhythmias for physicians - *Dr. Ajay Naik*

Plenary Lecture - 3

5.55 PM Yoga, exercise, Life Style - *Dr. Yaga Szlachcic*
Panel Discussion





Preliminary Program Schedule

Day-1 (February 04, 2011) Venue : Hotel Inder Residency (Satellite Session) Time : 8.00 pm to 10.00 pm

A. Cardiac Pharmacology

- 8:00 PM -blocker update - *Dr. Satya Gupta*
- 8:15 PM Which Thrombolytic will I choose? - *Dr. Hemang Baxi*
- 8:30 PM HT in Diabetics : What is the best cocktail ? - *Dr. Paramjit Tapia*
- 8.45 PM Statins in the first-line therapy of ACS - *Prof. Petr Ostadal*
- 9:00 PM Anti-platelet therapy : Where are we in 2011 ? - *Prof. Anthony Gershlick*

B. Risk Factor Management

- 8:00 PM Beneficial Cardiovascular Effects of Bariatric Surgical and Dietary Weight Loss in Obesity - *Obesity Surgeon*
- 8:15 PM Cardiovascular Disease : Prevention and Treatment - *Dr. Jawahar Mehta*
- 8:30 PM New tools in battle against smoking/tobacco - *Prof. Chaim Lotan*
- 8:45 PM Effects of Intensive Blood-Pressure Control in Type 2 Diabetes Mellitus - *Dr. Anish Chandarana*
- 9:00 PM Ten steps before you refer for lipid intervention - *Dr. Urmil Shah*
- 9:15 PM Childhood obesity, other cardiovascular risk factors and premature death - *Dr. Kashyap Sheth*

C. Peripheral Vascular Disease for Physician

- 8:00 PM Thoracic Aortic Aneurysm: Clinically Pertinent Controversies and Uncertainties - *TBA*
- 8:15 PM Carotid Stenting - technical considerations, access issues and impact of clinical experience - *Prof. Johanne Dahm*
- 8:30 PM ACC/AHA Launch New Thoracic-Aortic Disease Guidelines - *TBA*
- 8:45 PM Innovation in treatment of intra cranial hemorrhage - *Dr. Arvinda Nanjundappa*
- 9:00 PM PVD Challenge : What to do for below knee PVD ? - *Dr. Rajesh Dave/ Dr. Ashit Jain*
- 9:15 PM DVT Update : Treatment and Prevention - *TBA*
- 9:30 PM Renal sympatectomy: A new tool in Hypertension - clinical and technical considerations - *Prof. Johanne Dahm*

D. Cardiac Imaging /JACC Imaging

- 8:00 PM CT Angiography : Responsible step to get the right answer.(Balancing the risk of Radiation) - *Dr. Satya Gupta*
- 8:15 PM Testing of Myocardial Ischemia : 2011 Update - *TBA*
- 8:30 PM IVUS : Revisiting coronary Arteries from inside :A must for all PCI or Luxury for some ? - *Dr. Anuja Nair*
- 8:45 PM Heart failure with normal EF : Is imaging a solution ? - *TBA*
- 9:00 PM Assessment of Myocardial Ischemia by Dobutamine stress ECHO Myocardial Perfusion Imaging using Contrast Ultrasound - *TBA*
- 9:15 PM Imaging Modalities & Radiation : Benefits Vs Risks - *TBA*

E. NO SLIDES

- 8:00 PM Cardiovascular Disease: Prevention and Treatment - *Prof. Jawahar Mehta*
- 8:15 PM Effectiveness of adaptive yoga on cardiovascular health. - *Dr. Yaga Szlachcic*
- 8:30 PM Vulnerable Patient : How to Identify? - *Dr. William Wijns*
- 8:45 PM Drug Eluting stents : What & Why 2nd generation For All ? - *Dr. Frank Leeuwen*
- 9:00 PM Trans fats and heart disease - *Prof. Grant Pierce*

F. Year In Cardiology (YOC)

- The Year in Preventive Cardiology - *TBA*
- The Year in Cardiac Imaging - *Dr. Urmil Shah*
- The Year in Heart Failure - *TBA*
- The Year in Echocardiography - *TBA*
- The Year in Interventional Cardiology - *Dr. William Wijns*
- The Year in Cardiovascular Surgery - *Dr. DhirenShah/Dr. Dhaval Naik*
- The Year in Non-ST-Segment Elevation Acute Coronary Syndrome - *Prof. Anthony Gershlick*
- The Year in Coronary Artery Disease - *TBA*
- The Year in Peripheral Vascular Disease - *Dr. Arvinda Nanjundappa*

08.00 - 10.00 PM



CIMS-3C-CON 2011

Preliminary Program Schedule

Day-2 (February 05, 2011) Venue : Tagore Hall (Main Session)

| | |
|---------------------|---|
| 7:00 AM | REGISTRATION & BREAKFAST |
| 7.30 AM | Interactive ECGs - <i>Dr. Ajay Naik</i> |
| 7.50 AM | Advances in Pacemaker therapy: What you should know - <i>Dr. Ajay Naik</i> |
| 8.10 AM | Syncope : Therapeutic Approaches - <i>Dr. Ajay Naik</i> |
| 8.30 AM | RF Ablation in AF : A battle of rapid firing. Can we win? - <i>Dr. Ajay Naik</i> |
| 8.50 AM | Novel Strategy of Risk Stratification for Long QT Syndrome Patients - <i>Prof. Jin Uchi/Ajay Naik</i> |
| 9.10 AM | A to Z trials of 2010 (Part-II) - <i>Dr. Milan Chag</i> |
| 9.30 AM | Panel Discussion |
| Plenary Lecture - 4 | |
| 9.45 AM | Gender Differences in the Development of Heart Failure due to Volume Overload - <i>Prof. Naranjan Dhalla</i> |
| 10.05 AM | Tea Break |
| Plenary Lecture - 5 | |
| 10.25 AM | Atherosclerosis update : Development, prevention, sterilization and risk reduction - <i>Prof. Jawahar Mehta</i> |
| 10.45 AM | Time in Life: Lytic therapy in Acute Ischemic Stroke : What you must know - <i>Neurologist</i> |
| 11.05 AM | Advanced heart Failure : my approach - <i>Prof. Jawahar Mehta</i> |
| 11.25 AM | Are you targeting Non-HDL Cholesterol? - <i>Dr. Milan Chag</i> |
| 11.45 AM | Panel Discussion |
| Plenary Lecture - 6 | |
| 12.05 PM | Trial and Error : How to judge and avoid commonly encountered limitation in published Clinical Trials? - <i>Prof. William Wijns</i> |
| 12.25 PM | Industry support, Academic activity and Physician education : Are the potential influences collaboration or confounding? - <i>Dr. Keyur Parikh</i> |
| 12.45 PM | Lunch |
| 2.00 PM | Imaging of lipid rich plaque : What are the approaches ? - <i>Dr. Keyur Parikh</i> |
| 2.20 PM | Prosthetic heart valves: what you need to know? what you do for your patients? - <i>Dr. Dhiren Shah/Dr. Dhaval Naik</i> |
| 2.40 PM | Constriction, restriction and tamponade : Diagnostic Pearls - <i>Dr. Urmil Shah</i> |
| 3.00 PM | Panel Discussion |
| 3.30 PM | Tea Break |
| Debate 1 | |
| 3.55 PM | Isolated, LMCA-disease : CABG is gold standard - <i>Dr. Dhiren Shah/Dr. Dhaval Naik</i> |
| 4.07 PM | Not in Current era : I am there - <i>Dr. Satya Gupta</i> |
| 3+3 | Rebuttal |
| 5 | Panel Discussion |
| Debate 2 | |
| 4.30 PM | High dose statins for all CAD pts. - <i>Dr. Urmil Shah</i> |
| 4.42 PM | No. I'll just keep LDL<70 mg% - <i>Dr. Hemang Baxi</i> |
| 3+3 Mins | Rebuttal |
| 5 Mins | Panel Discussion |
| Debate 3 | |
| 5.05 PM | Diabetic, HT and CV-disease S.Creatinine in 2-3mg % : I will not use RAAS blocker - <i>Nephrologist</i> |
| 5.17 PM | I'll still use - <i>Dr. Anish Chandarana</i> |
| 3+3 Mins | Rebuttal |
| 5 Mins | Panel Discussion |

Full Day Certification Courses - Day-3 (February 06, 2011) Venue : CIMS / The Grand Bhagwati

Internal Medicine

Critical Care

Neonatal and Pediatric Cardiology and Critical Care

Management & Financial Leadership in Health care

GI Surgery/ Gastroenterology / Laparoscopic Surgery

Clinical Cardiology & Echo Cardiography Workshop & ECG workshop



Registration Detail

Cheque or DD's to be made A/C payee and in the name of
'CIMS Hospital Pvt. Ltd.' and 'Organizing Secretary, World Congress, IACS-2011'
Kindly mail the registration form along with the cheque/DD to our office.
All Cash Payment are to be made at 'CIMS HOSPITAL', Ahmedabad' only.

Registration Fees (Please make a choice as per modules below)

| Registration Category | Before 30-11-2010 | Before 31-12-2010 | After 31-12-2010 & Spot Registration |
|---|-----------------------------------|-----------------------------------|---|
| A. CIMS-3C-CON 2011 - February 4-5, 2011, Ahmedabad | | | |
| ■ Indian Delegate | <input type="checkbox"/> INR 2500 | <input type="checkbox"/> INR 3500 | <input type="checkbox"/> INR 5000 |
| ■ Indian Student | <input type="checkbox"/> INR 1000 | <input type="checkbox"/> INR 2000 | <input type="checkbox"/> INR 3000 |
| ■ Foreign Delegate | <input type="checkbox"/> \$ 250 | <input type="checkbox"/> \$ 300 | <input type="checkbox"/> \$ 400 |
| ■ Foreign Student | <input type="checkbox"/> \$ 150 | <input type="checkbox"/> \$ 200 | <input type="checkbox"/> \$ 300 |
| B. *CIMS-3C-CON 2011 - Certification Courses - February 6, 2011 (Sunday) Ahmedabad | | | |
| ■ Internal Medicine | <input type="checkbox"/> INR 1000 | <input type="checkbox"/> INR 1500 | <input type="checkbox"/> INR 2000 |
| ■ Critical Care | <input type="checkbox"/> INR 1000 | <input type="checkbox"/> INR 1500 | <input type="checkbox"/> INR 2000 |
| ■ Neonatal and Pediatric Cardiology and Critical Care | <input type="checkbox"/> INR 1000 | <input type="checkbox"/> INR 1500 | <input type="checkbox"/> INR 2000 |
| ■ Clinical Cardiology, Echo Cardiography & ECG Workshop | <input type="checkbox"/> INR 1000 | <input type="checkbox"/> INR 1500 | <input type="checkbox"/> INR 2000 |
| ■ Management & Financial Leadership in Health Care | <input type="checkbox"/> INR 1000 | <input type="checkbox"/> INR 1500 | <input type="checkbox"/> INR 2000 |
| C. 4th World Congress International Academy of Cardiovascular Sciences - February 1-3, 2011, Vadodara | | | |
| ■ Indian Delegate | <input type="checkbox"/> INR 2500 | <input type="checkbox"/> INR 3000 | <input type="checkbox"/> INR 3500 |
| ■ Indian Student | <input type="checkbox"/> INR 1500 | <input type="checkbox"/> INR 2000 | <input type="checkbox"/> INR 2500 |
| ■ Foreign Delegate | <input type="checkbox"/> \$ 250 | <input type="checkbox"/> \$ 300 | <input type="checkbox"/> \$ 400 |
| ■ Foreign Student | <input type="checkbox"/> \$ 150 | <input type="checkbox"/> \$ 200 | <input type="checkbox"/> \$ 300 |
| D. 4th World Congress International Academy of Cardiovascular Sciences & CIMS-3C-CON 2011 Main Conference February 1-5, 2011, Vadodara & Ahmedabad | | | |
| ■ Indian Delegate | <input type="checkbox"/> INR 4000 | <input type="checkbox"/> INR 4500 | <input type="checkbox"/> INR 5000 |
| ■ Indian Student | <input type="checkbox"/> INR 2000 | <input type="checkbox"/> INR 3000 | <input type="checkbox"/> INR 3500 |
| ■ Foreign Delegate | <input type="checkbox"/> \$ 350 | <input type="checkbox"/> \$ 400 | <input type="checkbox"/> \$ 500 |
| ■ Foreign Student | <input type="checkbox"/> \$ 200 | <input type="checkbox"/> \$ 250 | <input type="checkbox"/> \$ 400 |
| % deduction (in case of cancellation) | 20 % | 30 % | 50 % |

For foreign delegates :

To register for Certification Course, please contact on cimscon@cims.me



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CIMS-3C-CON

2011

in collaboration with

4th World Congress International Academy of Cardiovascular Sciences



February 1-3, 2011
The Maharaja Sayajirao
University of Baroda, Vadodara, INDIA

February 4-6, 2011
Tagore Hall, Ahmedabad, INDIA

Organized by



(IACS)
International Academy of
Cardiovascular Sciences



(ISHR)
International Society for
Heart Research



CIMS-3C-CON 2011
Clinical Main Conference
(February 4-5, 2011)
Rs. 2500 only

Day-3 (February 06, 2011 - Sunday)
Full Day Certification Courses - Rs. 1000 only

- Internal Medicine
- Critical Care
- Neonatal and Pediatric Cardiology and Critical Care
- Clinical Cardiology, Echo Cardiography & ECG Workshop
- Management & Financial Leadership in Health

CIMS-3C-CON 2011 Registration Form

- Rs. 2500/- for CIMS-3C-CON 2011 Clinical Main Conference
- Rs. 1000/- for Certification Course*
 - Internal Medicine
 - Critical Care
 - Management & Financial Leadership in Health
 - Neonatal and Pediatric Cardiology and Critical Care
 - Clinical Cardiology, Echo Cardiography & ECG Workshop

Prof. Dr. Mr. Mrs. Ms.
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Payment Details :
(Please note behind the cheque the chosen certification course)
 Rs. _____ in word : _____
 DD/Cheque No. _____ Bank _____ Dated _____
 **If you want hotel accommodation? Yes No

(The accommodation package is priced at INR 3,000/- for 2 nights with twin sharing & INR 4500/- for 3 nights)

Signature _____

Cheque or DD's to be made A/C payee and in the name of 'CIMS Hospital Pvt. Ltd.' Kindly mail the registration form along with the cheque/DD to our office. All Cash Payment are to be made at 'CIMS Hospital, Ahmedabad' only.

* Choose any one certification course
 ** Hotel Accommodation is optional. If you have applied for accommodation, please send a separate deposit cheque of INR 3000 to cover the cost of your stay for two nights (Additional INR 1500/- night). Students also need to pay for Hotel Accommodation at the same rate.
 Due to limited seating in various venues, register early to avoid disappointment.



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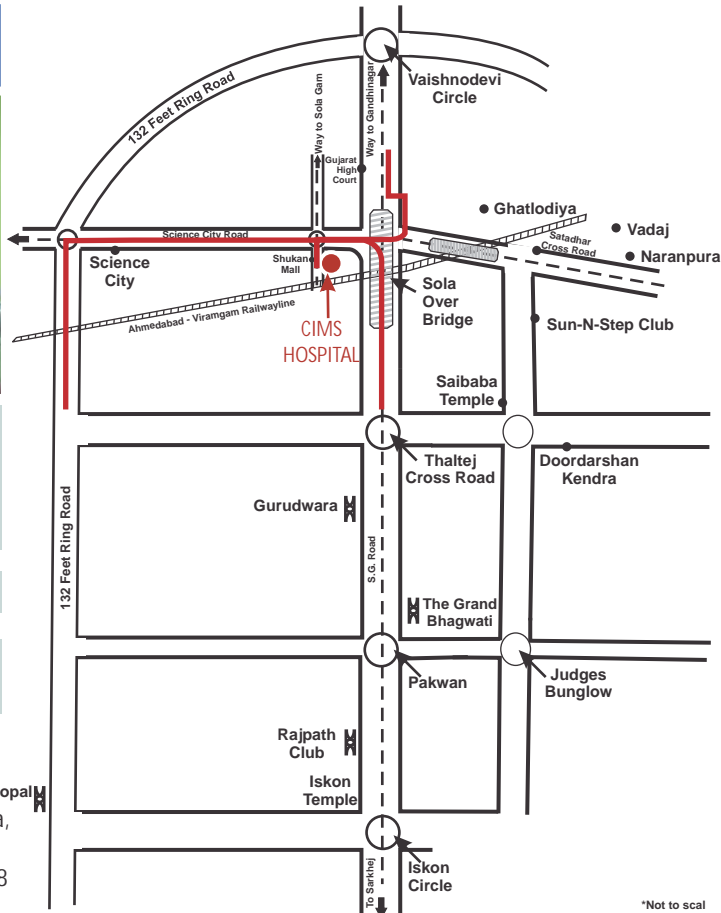
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