Contact us at
(877/613) 569-3407 ext.417
222 Queen Street, suite 1403, Ottawa, Ontario, K1P 5V9
CSCS@ccs.ca
Let me start with very warm greetings - the humidex is 40°C in Montreal as I’m writing this - to all 189 members of CSCS (131 surgeons/physicians and 58 members in training). I hope the season is treating all of you well and that you had a chance to somewhat reboot during our short Canadian summer.

The CSCS has spent the last year working on improving and creating initiatives that will help our community as we move towards the future.

- In 2014 we created a new workforce committee co-chaired by Maral Ouzounian and Mackenzie Quantz
- We participated in the STS/AATS/CSCS workforce symposium at the STS meeting in San Diego in January 2015 and we have been approached again for January 2016.
- André Lamy has taken over as scientific chair and has organized a strong program for CCC 2015 which includes a joint session with the CSCP - the perfusionists -, a surgical video session as introduced last year and as always a postgraduate course featuring many experts. The Bigelow Lecture this year will highlight Dr. David Taggart, a prominent figure in cardiac surgery from the UK
- The last CSCS Spring Meeting took place in 2014, we skipped 2015 while rethinking the format, and we are currently planning a condensed program in conjunction with the Trainee Review Program (TRP) which is led by Frédéric Jacques. The Meeting will be taking place in late February or Early March 2016 in Montreal.
- CSCS supported trainee education by contributing to the very successful junior resident Boot Camp put together by Fraser Rubens. Congratulations on a great initiative!
- Our trainee representative, Holly Mewhort, and committee have been very active with website and networking development.
- The CSCS received multiple submissions again this year for the Dr. Paul Cartier Cardiac Surgery Resident Award, which bodes well for the future of cardiac surgery in Canada; the recipient will be announced at CCC following the Bigelow lecture as always.

The CSCS is gradually solidifying its governance structure and building on membership engagement. We have now adopted an open call for candidates’ policy and thanks to your votes in October 2014 we welcomed new members on the executive; President Elect Vivek Rao; Secretary-Treasurer Ansar Hassan; Scientific Program Chair André Lamy; Resident Representative Holly Mewhort; Workforce Committee Chair Maral Ouzounian; and Regional Representatives Michael Moon, John Bozinovski, and Jean-François Légaré. 2015 is again an election year for the CSCS and electronic balloting was sent out to the membership in September for both Ontario and Quebec Regional Representative positions. I encourage all members to take the opportunity to vote and have a voice within the CSCS as our national specialty society.

I look forward to seeing you in great numbers at the CSCS dinner, AGM and scientific sessions at CCC in Toronto in October 2015!

Louis P. Perrault,
CSCS President 2014-2016
We are starting Saturday with Basic Sciences and Coronary Artery Surgery sessions and we finish the day with a video session at 18:00 (wine and cheese).

On Sunday morning, the Postgraduate Course is again a main event featuring a mix of both Canadian and US experts such as Drs. Jean Perron (Ross-25 years), François Dagenais (Elephant Trunk), Rich Whitlock (Research 2015), Thierry Mesana (Mitra-Clip 2015), Keyvan Karkouti (Point of Care Coagulation testing), Chip Bolman III (Cardiac Surgery in Rwanda) and Rizwan Manji (HIT).

Following the CSCS Annual General Meeting, we will have a catheter-based valve surgery session followed by “The Great TAVI Debate” presided by the Honorable Judge Dr. Jean-Lucien Rouleau. This debate will be in the format of a trial with a Prosecution Team, a Defense Team and a Jury (and hopefully, no jail time!). This debate is the main event of the CCC meeting that day and we expect hundreds of participants will attend. We will wrap up this busy day with the CSCS Annual Dinner (registration required as seating is limited) and Dr. David Taggart (Oxford, John Radcliffe Hospital, UK) will be the guest speaker.

On Monday morning, we will have an Aorta/Aortic Valve Oral session followed by the Bigelow Lecture presented by Dr. David Taggart. He will be presenting “Coronary Revascularization in 2015: Surgery, Stents, Practice and Politics”. We are also delighted to present the Dr. Paul Cartier Cardiac Surgery Resident Award. This award will be given to a Cardiac Surgery Resident who has made an outstanding contribution to the field of cardiac surgery through basic science or clinical research and who has demonstrated promise for a distinguished academic career in cardiac surgery.

We will wrap-up the meeting with a very interesting joint session with CSCP and CANCARE titled “ICU And Emergent ECMO For In Hospital Cardiac Arrest And Postcardiotomy Syndrome”.

I am looking forward to see you in Toronto.

Andre Lamy
<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Session Type</th>
<th>Room</th>
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<tr>
<td>Saturday 24/10/2015</td>
<td>11:00-12:30</td>
<td>Basic Sciences</td>
<td>MTCC 803B</td>
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<tr>
<td></td>
<td>12:30-14:00</td>
<td>CSCS Board Meeting</td>
<td>Intercontinental (visionary)</td>
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<td></td>
<td>14:00-15:30</td>
<td>Workshop: Aortic Valve Replacement</td>
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<td></td>
<td>16:00-17:30</td>
<td>Oral: Coronary Artery Surgery</td>
<td>MTCC 803B</td>
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<tr>
<td></td>
<td>18:00-19:00</td>
<td>CSCS Video Abstract Session</td>
<td>MTCC 801 A</td>
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<td>10:00-16:30</td>
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<td>Community forum, MTCC Hall F/G</td>
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<td>12:30-14:00</td>
<td>CSCS Annual General Meeting and Luncheon</td>
<td>InterContinental Ballroom</td>
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<td>14:00-15:30</td>
<td>Oral: Catheter-based valve surgery</td>
<td>MTCC 715A</td>
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<td>15:30-16:30</td>
<td>Surgery Highlight Poster</td>
<td>Community forum, MTCC Hall F/G</td>
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<td>16:30-18:00</td>
<td>The great TAVI debate</td>
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<td>18:30-19:00</td>
<td>Joint CCS-CSCS Reception</td>
<td>Fairmont Royal York Ballroom</td>
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<td>19:00-21:00</td>
<td>CSCS Annual Dinner</td>
<td>Fairmont Royal York (Confederation 5/6 )</td>
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<td>Monday 26/10/2015</td>
<td>8:00-9:30</td>
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<td>9:45-10:30</td>
<td>Wilfred G. Bigelow Lecture &amp; Paul Cartier Award</td>
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<td>11:00-12:30</td>
<td>CCS/CSCS/CSVS Position Statement on thoracic aortic disease interventions</td>
<td>MTCC 714B</td>
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<tr>
<td></td>
<td>14:00-15:30</td>
<td>Oral: ICU and Emergent ECMO</td>
<td>MTCC 715A</td>
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**Joint CCS/CIHI Workshop at Congress - Hospital-Level Quality of Care Results**

This first-of-its-kind workshop will feature the CCS quality indicators, which have been selected as meaningful, actionable and variable by a pan-Canadian Working Group of cardiovascular physicians and scientists.

Monday, Oct 26 at 11:00, MTCC 714A

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**Make the most of your time at CCC**

Create your schedule, learn, collaborate and network.

Download the **CCC 2015 Event App** today
EXAMINATION BOARD REPORT

For the 2015 Examination in Cardiac Surgery, 11 candidates completed the exam, including 4 Canadian trained medical school and residency (CMDPG) candidates. The examination was divided into an SAQ component that was comprised of 2 papers, each allocated 3 hours of exam time, and an oral question component consisting of 2 sessions of 90 minutes each. The total length of the exam is 9 hours. The format of the exam has been very consistent for over 10 years. One procedural change occurred this year, and is intended to continue. Namely, for the oral exam, each candidate will attend 2 sessions. In the past, the candidate stayed in 1 room and was examined by 2 examiners, covering 4 cases over 90 minutes. During this exam, the candidate rotates from one room to the next, with each room having one examiner and one case. The net effect of this change is that each candidate is now assessed by 8 different examiners (as opposed to 4), providing better exposure and statistical validity to the oral exam component. The average pass rate over the past 3 years for all CMDPG students has been 82%. There are 2 processes employed by the Royal College to ensure the exam is reliable and fair.

The first process is that of a post-examination survey (PES), administered anonymously to all candidates at the end of their exam. The PES report has been revamped and now consists of a 20 page document. The PES revealed some frustrations within the candidates, with particular concern over the SAQ exam. Several felt that the questions were too challenging, and that a larger proportion of questions were of questionable value in assessing cardiac surgery qualifications. There were also particular concerns about the visual material, notably the CT scans and the echo loops displayed for the oral exam. As in previous years, most written comments were constructive, and all comments will be reviewed again at the Executive Committee meeting to ensure that whenever possible, those concerns will be addressed.

The second process is that of a Psychometric examination Report, in which questions are tested for their structure and outcomes. This report focuses on the final results, broken down by individuals and exam component. An item analysis report revealed that every question met the College’s standard, as measured by discrimination index. No questions had to be removed or discarded or amended. However, we saw again this year a tremendous amount of fluctuation on the marks for the written exam.
While the top marks continue to be consistent from year to year, we are now seeing the lowest marks at a very low level, more than 2 standard deviations down from the mean. We are not sure of the cause for this, but it is a concern of the examination board. The cardiac surgery exams have usually been rated quite favorably, but we saw more concern with the 2015 exam compared to previous exams. Developing new questions can be challenging, but must be done because questions that are repeated almost always score higher in subsequent years. There are many reasons for this, but it appears that candidates have developed an extensive bank of previous questions. These factors have put additional pressure on the examination committee to write new material yearly, and to populate the exam with as many “new” questions as possible. Also, the amount of material currently available in the form of published guidelines has increased drastically in the past 10 years, adding to the amount of material that needs to be covered. It is possible that the written exam has become more difficult, yet we are seeing the highest marks to be consistent with scores from previous years. The exam committee will be paying particular attention to the design and selection of the short answer questions for the 2016 exam, to ensure they are fair and appropriate. We are grateful to Drs. Richard Novick and John Lee, who both officially finished their terms with the exam committee this past year. This year, we welcome several new members to the examination committee: Dr. Kapil Sharma (BC), Dr. Rakesh Arora (MB) and Dr. John Coles (ON).

Marc Pelletier, Chair, Cardiac Surgery Examination Committee

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**Cardiac Surgery Quality Indicators Finalized**

The Canadian Cardiovascular Society (CCS) Quality Project has finalized a short-list of key quality indicators specific to **Cardiac Surgery**. Dr. James Abel, University of British Columbia, and Dr. Ansar Hassan, Saint John Regional Hospital, led the CCS Cardiac Surgery Quality Indicators Working Group to national consensus using *Best Practices for Developing Cardiovascular Quality Indicators*. Their mandate was to select a small set of indicators representing meaningful, actionable, and variable metrics, that if measured could point to potential improvements in practice and outcomes.

What’s next for the CCS Cardiac Surgery Quality Indicators Working Group?

- A paper will be submitted to the *Canadian Journal of Cardiology* detailing the development process and rationale for selecting the short-list quality indicators;
- A joint workshop application for the 2015 Canadian Cardiovascular Congress has been submitted by the CCS Quality Project and Canadian Institute for Health Information in which a select number of quality indicators will be reported across Canada;
- The short-list quality indicators for Cardiac Surgery will be presented as part of the 2015 Cardiac Quality Collaborative (Oct 22, Toronto).
Cardiac Surgery is a small but geographically diverse community in Canada. As the CSCS Resident Representative my goal is to strengthen our sense of community, particularly amongst our trainees, in order to foster career development and success.

2014 marked the successful launch of the CSCS Canadian Cardiac Surgery Trainee Online Community. Over the past year the community has seen excellent growth with regards to membership and content. Currently the community offers a number of educational resources including clinical guidelines, notes on a variety of cardiac operative techniques, and a compilation of seminal articles in cardiac surgery. The community also serves as a forum for open discussion amongst our cardiac surgery trainees on topics including, but not limited to, exam resources, workforce issues, work-life balance, and fellowship opportunities. If you are a CSCS Member-In-Training and want to access any of these great resources please join the Online Community! Invitations will be emailed out from TimedRight following the conclusion of CCC 2015.

In effort to reach out to Cardiac Surgery Training Programs across Canada the CSCS Members-In-Training Committee was founded this year. The CSCS MIT Committee consists of 7 residents representing 6 programs from across the country. Over the coming year we will be working together on the Canadian Cardiac Surgery Trainee Online Community to expand the education content offered and develop a podcast series on educational subjects, seminal journal article reviews, and career development topics. We will also be launching a second CSCS member wide online community designed to connect cardiac surgery programs, staff surgeons and trainees across the country. The CSCS Online Community will serve as a forum for job networking and provide great opportunities for mentorship beyond our geographic boundaries. Invitations will be emailed out to all CSCS members following the conclusion of CCC 2015, so please keep your eyes-peeled and join our community!

2014 Dr. Paul Cartier Cardiac Surgery Resident Award goes to Dr. Christopher White

This award was created in honour of Dr. Paul Cartier, who was highly regarded as an outstanding Canadian Cardiac Surgeon. It is annually given to a Cardiac Surgery Resident who has made an outstanding contribution to the field of cardiac surgery through basic science or clinical research.

From left to right: Dr. Irving Kron, Dr. Christopher White, Dr. Louis Perrault, Dr. Raymond Cartier.

Trainee Committee:
Holly Mewhort (PGY5), Dimitrios Tsirigotis (PGY5), Jennifer Chung (PGY5), Hasib Hanif (PGY5), Andrew Fagan (PGY4), Aaron Spooner (PGY3), Arthur Lee.
The University of Ottawa hosted the first annual Ottawa Junior Cardiovascular Week this July. Incorporating a variety of learning modalities, approximately 20 residents from 8 institutions across Canada participated in a one week intensive curriculum held at University of Ottawa Skills and Simulation Centre. The content included didactic sessions on topics such as coagulation/anticoagulants, transfusion, cardiopulmonary bypass pathophysiology; skills laboratories on aortic cannulation, anastomosis, valve replacement; and simulation exercises focusing on cardiac arrest scenario management and breaking bad news.

Proctors for the week included staff Cardiac and Vascular surgeons from the University of Ottawa as well as allied health from the University of Ottawa Heart Institute and The Ottawa Hospital. Under the Directorship of Dr. Fraser Rubens (University of Ottawa), and with collaboration from Drs. Dalibor Kubelik (University of Ottawa), John Lee (McMaster University), Mac Quantz (University of Western Ontario), and Ansar Hassan (New Brunswick Heart Centre), the week was largely successful. Feedback on the individual sessions and the week overall was overwhelmingly positive, with PGY1 comments including ‘Great week! Excellent introduction. Outstanding team. Very valuable for new PGY1.’

The 2016/2017 academic year Ottawa Junior Cardiovascular Week will be held the week of July 18-22 at the University of Ottawa. Dr. Rubens and his team are currently working on incorporating additional vascular surgery specific sessions and invitations will be extended to all Vascular surgery direct-entry programs across Canada.

Thank you very much to sponsors Canadian Society of Cardiac Surgeons; St. Jude Medical; GORE; Edwards; MedTronic/Covidien; Johnson & Johnson/Ethicon; CryoLife for their generous support. Additional thanks to the Department of Surgery Office of Education as well as the University of Ottawa Skills and Simulation Centre for their assistance in organization and curriculum planning.
NEW! “The CANCARE Society Excellence in Cardiac Critical Care Research” CANCARE has created an award to recognize excellence in cardiac critical care research. The award will be presented at the Canadian Cardiovascular Congress (CCC).

Our current webmaster, Dr Yoan Lamarche continue to manage the site, and oversees these activities. Continuing with our “wiki-protocol” Member’s page. The expectation is that the wiki-protocols will allow for knowledge sharing and translation of best practices, development of expert opinion and identify current gaps in knowledge to inform the need for future study via the CANCARE Society Investigator Group.

We have created and distribute a newsletter on a semi-annual basis. Within these newsletters, we endeavored to update Members on Society happenings, announce upcoming events/activities and provide information on the latest “science you should know” for the healthcare practitioner in cardiac critical care.

Research Activities: CANCARE Society Investigator Group (CSIG)

- In conjunction with the 2012 CSCS Spring meeting we founded the research arm of the CANCARE Society with goals to foster networking and facilitate investigator-driven research hypotheses.

- CSIG Output 2014-2015
  - Initiation of a multi-centre prospective cohort study (DELIRIUM-CS Canada; NCT02206880).
  - Collaboration with the Canadian Critical Care Trials Group (CCCTG) on “SodiUm SeleniTe Adminstration IN Cardiac Surgery (SUSTAIN CSX®-trial). A pilot randomized controlled trial of high dose sodium-selenite administration in high risk cardiac surgical patients.” (NCT02002247). This study is being co-lead by Drs. Daren Heyland (CCCTG) & Bernard McDonald (CSIG) and has received funding from the CIHR. Enrollment is underway.
  - Launch of the “PREHAB Study - Pre-operative REhabilitation for reduction of Hospitalization After coronary Bypass and valvular surgery (NCT02219815). This study is Co-lead by Drs. Arora and Hassan (CSIG) and Nicholas Giacomantonio (CAPCR) and has received funding from Heart and Stroke of Canada, TECHVALUEUNET and the CIHR. We have received endorsement and have planned future KT activities with the CAPCR.
CSCS and Global Cardiovascular Disease

The importance of cardiac surgeons being involved in the fight against Global Cardiovascular Disease (which is the number one killer worldwide) is being recognized by many groups. In the Presidential address of the 51st Annual STS meeting in San Diego, California, Dr. Fullerton announced a new initiative to fund charitable surgical missions in developing nations. A special task force headed by Dr. Dearani from Mayo Clinic will be working on cardiac surgery initiatives as well as cardiovascular disease prevention initiatives in low and middle income countries. At the STS meeting, an early morning, fee requiring session was held and well attended where different groups spoke about their cardiac surgery experiences (and lessons learned) in a number of different low and middle income countries. Discussion was held about setting up specific research streams where individuals could submit research done addressing specific problems related to cardiac surgery in low and middle income countries to be presented at the STS and potentially published in the Annals of Thoracic Surgery. “Reverse engineering” may come into effect here as research done to address methods to provide care in more efficient and less expensive ways to low and middle income countries may then be applied to high income countries. There was also discussion about cardiac surgery trainee exposure to cardiac surgery in low and middle income countries.

The Canadian Society of Cardiac Surgeons is also moving forward to help address the 92% of the world’s population that needs but cannot access cardiac care. There has been a continued increase in funds raised towards helping set up a self-sustaining cardiac surgery program in a center in Africa with the current total over $25,000. A database of Canadian cardiac surgeons, cardiac anesthetists and perfusionists has been created which can be used by missions looking for individuals to assist in their specific mission. Though Ethiopia was initially chosen as the site to explore, due to administrative issues between the Cardiac Center Ethiopia and the University of Addis Ababa, a new center (potentially Rwanda) in collaboration with Team Heart (originating from Brigham and Women’s Hospital in Boston) is being explored. Dr. Bolman III - recent Chief of Cardiac Surgery at Brigham and Women’s Hospital and Co-Founder of Team Heart will be speaking at the CSCS Post Grad Day on Cardiac Surgery in Rwanda. Dr. Bolman and Team Heart were specifically recognized at the 51st Annual Society of Thoracic Surgeons (STS) meeting for their cardiac surgery mission work in Rwanda. We hope to see a large turnout for this talk.

Respectfully submitted,

Rizwan A. Manji
Cardiac Surgeon/ Intensivist
Winnipeg, Manitoba
The CCS/CAIC/CSCS Position Statement on Revascularization – Multivessel Coronary Artery Disease  
*Completed – Published in December 2014*

This position statement addresses issues in revascularization for multivessel coronary artery disease (CAD) from the perspective of both cardiologists and cardiac surgeons.


**Primary Panel**
- Koon Kang Teo (co-chair)
- Eric Cohen (co-chair)
- Steven Meyer (co-chair)
- Chris EH Buller; Ronald Carere; Kwan-Leung Chan;
- Kim Connelly; Jafna Cox; Paul Fedak; Ansar Hassan;
- Hung Ly; Kevin Hong To Teoh; Randall Williams

**Secondary Panel**
- Gilles Dagenais; Milan Gupta; David Latter;
- Jean-François Légaré; GB John Mancini;
- Jean-François Tanguay; Richard Townley; Jian Ye

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**CCS/CSCS/CSVVS Position Statement on Thoracic Aortic Disease Interventions**

*Currently under development – Expected Completion in December 2015*

The statement is a follow-up to the recently published “CCS Position Statement on the Management of Thoracic Aortic Disease” and will focus on the intervention related aspects of the disease.

**Primary Panel**
- Munir Boodhwani (co-chair)
- Jehangir Appoo (co-chair)
- Jovan Bozinovski; Michael Chu; Ismail El-Hamamsy;
- Thomas Forbes; Michael Moon; Maral Ouzounian;
- Mark Peterson; Jacques Tittley

**Secondary Panel**
- Joseph Bavaria; Gilles Dagenais; Mark Farber;
- Chad Hughes; Thoralf Sundt

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The Canadian Society of Cardiac Surgeons (CSCS) is a recognized Affiliate organization of the Canadian Cardiovascular Society (CCS).
CSCS Membership Update

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A full listing of CSCS members will be posted on the CSCS website at ccs.ca/cscs. Please ensure you have paid your membership dues and encourage your colleagues to join the society. New membership forms can also be found online or by contacting us at cscs@ccs.ca.

Specialty Committee Report

The Specialty Committee in Cardiac Surgery would like to report on three items that have been discussed over the last year:

**Competence by Design (CBD)**
The transition in residency training from a time-based model (initiated by Dr. Halsted at the turn of the century) to a competency-based model is progressing according to the Royal College’s schedule. Cardiac Surgery will be part of the third cohort of disciplines in 2016 with our first workshop early in the year. In contrast to CanMEDS, the specialty committee will develop assessment tools and competency training standards documents on a national level. This should ease the workload on individual program directors and ensure equivalent training and assessment across the country.

**Practice Eligibility Route for Specialists (PER)**
The Office of Specialty Education, led by Ken Harris, MD, FRCSC, executive director of Specialty Education and deputy CEO has been actively developing routes to certification that will lead to Royal College fellowships for physicians and surgeons that have trained outside of Canada. The criteria for consideration to the PER is determined by each discipline. At our last specialty committee meeting criteria was developed for recognition in Cardiac Surgery. While we do not anticipate a large number of applicants into our discipline, the requirements are in accordance with Cardiac Surgical practice in Canada.

**Dr. Fraser Rubens**
We are pleased to announce that Dr. Fraser Rubens will be awarded the Program Director of the Year at the 2015 International Conference on Residency Education on October 24, 2015. This is a great honor and his efforts are to be congratulated.

Respectfully submitted,
Mac Quantz, MD, FRCSC
Chair, Specialty Committee in Cardiac Surgery