Dear Members of the CSCS,

As summer 2017 winds down and I reflect on how wet and cloudy it has been, I must remember that rains usually provides for new opportunities as the sun shines again. I hope you share that philosophy as we engage in another academic year in September. Despite the less than ideal weather, I hope you and your families enjoyed a well-deserved break from the surgical routine of the fall and winter.

This year our Annual General Meeting will take place on Saturday October 21st at the Fairmont Waterfront hotel in Vancouver, BC. Dr. Andre Lam and the rest of the Scientific Program Committee have worked hard to produce a high-quality meeting for us. I would also like to take this opportunity to announce that the CSCS will hold a Spring meeting at the Fairmont Banff Springs Hotel on June 14-16, 2018. I will describe the format of this unique meeting at our Annual General Meeting in Vancouver, but encourage all members to mark these dates and enjoy this beautiful, picturesque venue in Alberta. Golfers, bikers and outdoor enthusiasts in general should take advantage of this opportunity to mingle with colleagues and discuss different “heart-team” approaches to common clinical problems.

I would like to thank and congratulate Dr. Fraser Rubens for running another successful junior cardiac surgery resident bootcamp at the Surgical Simulations Lab at the Ottawa Heart Institute. Given the overwhelming success of this program, your Executive has decided to formally endorse and sponsor this unique opportunity for our junior trainees to network with their peers and obtain “non-standard” surgical training. For those of you who attended, I think you’ll agree the patient simulations with “breaking bad news” was a highlight of the week. All of us have had to deliver bad news to our patients and/or their families and arming our trainees with tools to do this effectively and compassionately is long overdue. Your Executive has also decided to rotate the location for the bootcamps every 3-5 years and I’m pleased to announce that St. Boniface Hospital in Winnipeg will host the 2018 bootcamp. While meeting the high bar that OHI achieved may be difficult, I am sure that Dr. Rakesh Arora and Kanwal Kumar will put a “Manitoba” touch on the program and leverage their strengths in ICU care and ECLS therapy.

I look forward to seeing as many of you as possible at the Canadian Cardiovascular Congress in Vancouver and hope that you’ll choose to spend Saturday night in the company of your surgical colleagues from around the country.

Regards,
Dr. Vivek Rao
CSCS President
Board of Directors
2016-2017

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Vivek Rao

President Elect
Jean-François Légaré

Past President
Louis Perrault

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Ansar Hassan

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Regional Representatives
John Bozinovski, BC; Denis Bouchard, QC; Jean-François Légaré, Atlantic; Michael Moon, SK, MB, AB; Fraser Rubens, ON

CANCARE Representative
Rakesh Arora

Membership Statistics

Financial Report

Canadian Society of Cardiac Surgeons
Société canadienne des chirurgiens cardiaques
Statement of Operations and Changes in Net Assets
For the year ended March 31, 2017
(UNAUDITED)

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>2017</th>
<th>2016</th>
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</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>$24,800</td>
<td>$26,506</td>
<td>$25,141</td>
</tr>
<tr>
<td>Spring Meeting</td>
<td>40,000</td>
<td>-</td>
<td>34,300</td>
</tr>
<tr>
<td>Educational Meeting</td>
<td>13,750</td>
<td>36,103</td>
<td>3,400</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>78,550</td>
<td>62,611</td>
<td>62,841</td>
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<tr>
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</thead>
<tbody>
<tr>
<td><strong>Expenses</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>20,626</td>
<td>27,693</td>
<td>26,553</td>
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<tr>
<td>Spring Meeting</td>
<td>40,000</td>
<td>-</td>
<td>29,139</td>
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<tr>
<td>Educational Meeting</td>
<td>17,500</td>
<td>16,338</td>
<td>18,509</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>78,126</td>
<td>44,051</td>
<td>74,201</td>
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</tbody>
</table>

Excess (deficiency) of revenue over expenses
524 18,580 (11,360)

Net assets, beginning of year
56,533 56,533 67,893

Net assets, end of year
$57,057 $75,093 $56,533
Junior Cardiovascular Surgery Week

Ottawa was pleased to host the third annual Canadian Junior Cardiovascular Surgery Week July 17-21rst at the Eric Poulin Simulation Centre.

The quality of the program continues to improve as reflected by the superb evaluations and comments from all attendees.

This year the Canadian Society of Cardiac Surgeons played a major role in sponsoring the event. Thirteen trainees attended the bootcamp and we were particularly honored to have excellent faculty representation from across Canada. Special thanks to those who volunteered their time to travel to Ottawa and teach including Viv Rao (Toronto), Mac Quantz (London), Michael Moon (Edmonton), Rizwan Manji (Winnipeg) and JF Legare (St. John).

Simulation played a major role in the teaching strategy for the week. We have perfected several excellent level-specific benchtop models including aortic cannulation and aortic valve implantation and we repeated the successful breaking bad news and cardiac arrest simulations. This year, thanks particularly to Mac’s ingenuity, the bootcamp featured superb vascular anastomosis training and a fascinating novel ECMO cannulation simulator. We also devised a new sternotomy simulation model which was well-received. In addition, throughout the session the students “managed” a series of virtual patients on the ward to get used to the multi-tasking we endure daily.

The TED talk dinner was another success introducing the candidates to non-medical leaders to encourage them to become innovators and responsible members of their community. We also had a wonderful evening sharing pearls of wisdom on surviving residency and finding a nice life balance in their careers.

We had many partners to bring the bootcamp to a reality including Johnson & Johnson and Stryker, but we want to specifically extend our thanks to Mark Peck and the leadership of Edwards who stepped up to the plate to be the primary industry partner for this event. Their foresight in investing in the future of the next generation of surgeons is to be applauded.

A three-year cycle is probably the best option and we’ve decided to pass on the torch to Winnipeg for the fourth annual Canadian Junior Cardiovascular Surgery Week to be held next July, with the inaugural CBD class of 2018.

Again, many thanks to all for bringing this project to fruition and success.

Dr. Fraser Rubens
This year’s meeting took place June 2-3, 2017 at the Saint-Sulpice Hotel in the Old Port of Montreal. The annual meeting of the Association of Cardiovascular and Thoracic Surgeons of Quebec (ACCVTQ) was combined with the 2nd edition of the Montreal Live – Heart Team Summit for a full day of presentation at the Centaur Theatre. It was a terrific meeting combining great talks with the opportunity to interact with our fellow surgeons.

Below is a glimpse at the program:

<table>
<thead>
<tr>
<th>Date</th>
<th>Session</th>
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<tbody>
<tr>
<td><strong>Friday June 2, 2017</strong></td>
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<td></td>
<td>State-of-the-Art Robotic Mitral Surgery</td>
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<td>State-of-the-Art Percutaneous Mitral and Tricuspid Valve Interventions</td>
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<td></td>
<td>Heart Team Discussions</td>
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<td></td>
<td><strong>LIVE CASES:</strong> Percutaneous AV valve intervention and Recorded Case minimally invasive mitral valve repair</td>
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<td></td>
<td>Poster Competition Awards</td>
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<td></td>
<td>The Patient with Valve Disease</td>
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<td></td>
<td>New Frontiers in SAVR</td>
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<tr>
<td></td>
<td>New Frontiers in TAVR</td>
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<td></td>
<td>Unaddressed issues in TAVR</td>
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<tr>
<td></td>
<td>The Patient with Aortic Valve Disease</td>
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<td></td>
<td>Case Presentation and Heart Team Discussions</td>
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<tr>
<td></td>
<td><strong>CASES:</strong> TAVR + RECORDED Aortic Valve Repair</td>
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<tr>
<td></td>
<td>Debate of the year: TAVR should be the default procedure for all patients with aortic valve disease</td>
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<td></td>
<td>Discussion</td>
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<td></td>
<td>Fellows Case Competition</td>
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<tr>
<td></td>
<td>Concluding remarks and Announcement for Next Year</td>
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<td></td>
<td>Residents &amp; Fellows presentations of clinical cases</td>
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<tr>
<td><strong>Saturday June 3, 2017</strong></td>
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<tr>
<td></td>
<td>Competency by Design</td>
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<td></td>
<td>Adult Congenital Surgery</td>
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<td>TAVR in 2017</td>
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<td>Post- Surgery Cardiac Reanimation</td>
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<td>Recommendations following TAVI results</td>
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<td>Complete Arterial Revascularization</td>
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<td></td>
<td>Canadian Institute for Health Information: Quality Indicators Results</td>
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<td>Robotic Surgery and Experience at the Mayo Clinic</td>
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There were 19 members of the ACCVTQ/CSCS and 2 members of the CSCS that attended the meeting.

Dr. Louis P. Perrault
Scientific Program Report

The CCS Scientific Program Planning Committee has implemented some significant again changes this year. Overall, the meeting is shorter with an impetus on collaboration and communication between various specialties.

The CSCS meeting is now only two days but it will be busy again this year. We will start Saturday October 21st at 11:00 with an oral session with the “best abstracts in cardiac surgery”. The postgraduate program will start at 2 pm and will end with a debate on ablation for atrial fibrillation!

We will have our popular video session at 16:30 (with a wine, cheese and other snacks). The Annual General meeting will start at 17:30 followed by the CSCS Annual Dinner (both at the Fairmont Waterfront).

Sunday morning starts with a joint session with CPCA followed at 9:45 with the Paul Cartier Award and the presentation of the Bigelow Lecture by Dr. Del Nido. The “Big Papers” session will be at 11:00. You will have time to visit the exhibits or attend one of the various workshops but be back at 16:30 for the last oral session “best abstracts in cardiac surgery”.

Please note that all sessions at the VCC are held in the room 109/110. No need to trek around to find your room!

I am looking forward to see you all in Vancouver.

Dr. Andre Lamy

2017 Dr. Paul Cartier Cardiac Surgery Resident Award goes to Dr. Saswata Deb

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.
Following a strong show of support at last year’s Canadian Cardiovascular Congress (CCC), the annual Cardiac Care Quality Indicators (CCQI) report will be **publicly released for the first time ever** following two interactive workshops at CCC 2017 in Vancouver, with site-level results available for cardiac care centres across Canada. Each workshop will explore the implications and opportunities of this data now being available in the public realm, for both the PCI and Surgery communities, respectively.

The CCQI report, developed by the Canadian Institute for Health Information (CIHI) in collaboration with the Canadian Cardiovascular Society (CCS), provides a nationally comparable set of indicators to support monitoring and quality improvement in Percutaneous Coronary Intervention (PCI) and Cardiac Surgery, with data available at the national, provincial and site-levels.

For the last two years, CCS Quality Working Groups for PCI and Surgery have worked with CIHI to select the indicators to be reported, and refine the indicator methodology.

PCI indicators include:

- 30-Day In-Hospital Mortality After PCI
- 30-Day Readmission Rate After PCI
- PCI Volume (measure not risk-adjusted)

Cardiac Surgery indicators include:

- 30-Day In-Hospital Mortality After Isolated CABG
- 30-Day In-Hospital Mortality After CABG and AVR
- 30-Day In-Hospital Mortality After Isolated AVR
- 30-Day Readmission Rate After Isolated CABG

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**Canadian Journal of Cardiology Editors Top Pick**

Be sure to check out Dr. Stanley Nattel’s, Editor-in-Chief of the Canadian Journal of Cardiology (CJC), top article pick published in the CJC over the past year:

All twelve of the Cardiac Surgery training programs will be initiating the Competency by Design (CBD) curriculum for those trainees beginning in July 2018. Those that are already within a training program will continue to follow the current curriculum.

The Specialty Committee, in conjunction with Dr. Jolanta Karpinsky and her team from the Royal College, have worked over the last two years to restructure both the training program and the document suite that supports it. The resulting program maintains the strengths of our current system while incorporating advancements in technology, knowledge and a greater emphasis on the intrinsic (i.e. non-medical expert) CanMEDs roles.

All Royal College programs will have a similar structure as shown below:

**Transition to Discipline**
A three-block rotation starting in July of PGY 1. It is an introduction to both clinical practice and cardiac surgery. This is a period for orientation to the institution, verification of clinical skills and knowledge, introduction to Surgical Foundations. Trainees will begin their operative experiences during this time.

Bootcamp also occurs during this time. This has been held for the last three years and is an intensive week of interactive lectures and simulation. The feedback from the trainees has been overwhelmingly positive and the event will be moving to Winnipeg for 2018. Up until this year the timing of the boot camp has been in the first weeks of July. With CBD, the Surgical Foundation programs will also be hosting a mandatory bootcamp. The Foundation equivalent, however, is held at each institution and varies in content, duration and timing. Therefore, some national coordination will be required.

**Foundations of Discipline**
“The focus of this stage is to develop the knowledge and skills required to assess, diagnose and provide initial care for the breadth of patients with cardiovascular illnesses. As supervised participants on an inpatient team and through increasing exposure to the OR, trainees demonstrate the ability to assess preoperative risks, perform foundational procedures in Cardiac Surgery, and manage routine postoperative complications. Residents at this stage will also produce a proposal for scholarly work.”
The duration of Foundations is 23 blocks and is proposed to include:

- At least 9 blocks cardiac surgery
- 2-3 blocks of vascular
- 2-3 blocks critical care
- Trauma, echo and cardiac anesthesia

**Core**
This 39-block period replaces the current Senior rotations. The congenital rotation has been reduced to 3 blocks, the cath rotation increased to 3 blocks and endovascular experience added.

The Core period will include:

- At least 20 blocks of cardiac surgery, including 3 blocks of pediatric cardiac surgery
- 3 blocks of endovascular surgery
- 3 blocks of cardiac catheterization lab
- One block of cardiac rhythm device implantation
- No more than 13 blocks of academic enrichment

The Royal College exams will be written towards the end of the Core period. Therefore, trainees will have one less year to prepare for them. Full certification will not occur until satisfactory completion of the entire program. During Core, the residents will have been through a minimum of 17 blocks of “Senior” cardiac surgery with 13 more to follow during Transition to Practice. By comparison, trainees currently rotate through a total of 19-20 Senior level cardiac surgery rotations prior to commencing a fellowship.

**Transition to Practice**
While learning continues during this phase, there is an emphasis on graduated levels of responsibility and the trainee must demonstrate competence in a number of fundamental procedures (i.e. capable of performing independently). The definition of “independently” has evolved and originally was proposed as the procedure being performed without the consultant being present in the operating room. Discussions with the CMPA has helped clarify this further and they have stated that the consultants are still responsible for the wellbeing of the patient. Therefore, if the degree of involvement of the MRP is left up to the individual.

These timelines are for guidance only although it is anticipated that most trainees will finish in six years. Evaluations will be more frequent and will deal with milestones (individual skills) as opposed to a global review of performance. The means for storing and processing of this increased number of evaluations has not been resolved. In spite of a streamlined evaluation form, the increased frequency of evaluations will lead to an increased workload on educators. To minimize this additional effort, it is recommended that all members of the department contribute equally to both teaching and evaluation.

**CaRMS Applications**
The number of applications to our programs is on the rise. Many of these are of high quality and Cardiac Surgery is their first choice. The reason for this is unclear but likely is due to a combination of jobs becoming available, advances in technology and techniques and preserved or increased caseloads following the publication of favorable trials.

**Conclusion**
Our Cardiac Surgery training programs remain strong- We are attracting high quality candidates and graduating physicians that are competitive both academically and clinically upon certification.

Dr. Mackenzie Quantz
Scientific Activities

Pre-Conference Post Graduate Course (Montreal Heart Institute)

ECMO Day

The Canadian Cardiovascular Critical Care (CANCARE) Society will be holding our second ECMO Day Workshop in Vancouver.

ECMO Day is a 1-day interdisciplinary workshop to be held on Friday October 20th, 2017 just prior to the Canadian Cardiovascular Congress (CCC). The final itinerary for this workshop is just about complete. Last year’s workshop was sold out so encourage your teams to register early. We are targeting the multidisciplinary team with content for Perfusion, Nursing, Anaesthesiologists, Cardiovascular Surgeons, Intensivists, Emergency Physicians, and Cardiologists involved in ECMO to exchange on State-of-the-Art use of ECMO.

CCC 2017 (Vancouver)

- CCS Trainee Program: CANCARE members to deliver multiple talks throughout CCC.
- The Third Annual “The CANCARE Society Excellence in Cardiac Critical Care Research”
  - An award to recognize excellence in cardiac critical care research. The award will be presented at CCC during the CCS Awards Ceremony and the recipient will receive $500.00.
- CANCARE Spotlight Session: Controversies in Cardiac Arrest Management: A Mini Debate Series, will take place on Sunday, October 22, 2017, from 2:00PM-3:30 PM
- The CANCARE Society AGM will take place on Sunday October 22, 2017 Fairmont Waterfront, Cheakamus Ballroom 17:30-18:30.
- CANCARE Board of Directors Meeting (Invitation Only). Sunday October 22, 2017, Fairmont Waterfront, Cheakamus Ballroom, 12:30-14:00

Educational Activities

Special Edition of the CJC on Recent Advances in Cardiac Critical Care was Published in January 2017

In this Edition we featured 12 “cutting-edge” reviews on topic spanning acute cardiology and postoperative cardiac critical care. Please share this resource to your CVICU team to use as a practical reference in current “hot topics” in cardiac critical care.

Society Website and Social Media

We are continually updating the website and our Facebook and Twitter feeds with new content on a regular. Follow us: @CANCARESociety

Research Activities

CANCARE Society Investigator Group (CSIG)

- Ongoing CANCARE Society Investigator Group Activities
- CSIG Output 2016-2017
  - We are in the process of finishing the initial analysis of a multi-centre prospective cohort study (DELIRIUM-CS Canada; NCT02206880).
- “PREHAB Study - Pre-operative REhabilitation for reduction of Hospitalization After coronary Bypass and valvular surgery (NCT02219815) is now recruiting from 5 Canadian Centres affiliated with the CANCARE Society.
Planned Activity at CCC 2017
CANCARE Society Investigator Group Meeting – TBA.

National and International Collaborations

Canadian ECMO Interest Group
In 2015, the CANCARE Society has facilitated the initial meeting of a group of multidisciplinary partners, to openly share and participate in the generation of a national Canadian collaborative with the purpose of defining standard terminology, technique, protocols and data collection as they relate to the implementation, management and discontinuation of short term mechanical circulatory support (MCS) strategies in patients with cardiorespiratory collapse of varied etiologies. This group will again meet in Vancouver to organize the cross-Canada group of ECMO-interested clinicians. Current initiatives are to develop a minimum dataset for collaboration, and to circulate a survey to ECMO programs across Canada.

Society of Thoracic Surgery Workforce on Resuscitation after Cardiac Surgery
Drs. Arora and Lamarche were co-Authors for writing committee for the creation of the STS Expert Consensus for the Cardiac Advance Life Support for the Cardiac Surgery Unit.

Society of Thoracic Surgery Critical Care Workforce
Dr. Arora continue sit on this international workforce and is the Co-chair of the STS CC Symposium to be held in January 2018.

Membership & Elections
Following our ECMO Day in Montreal 2016, we have significantly increased our membership census. We are currently in an active membership drive. We will have updated numbers following our ECMO Day in October. CANCARE Society will be holding elections for Board of Director positions during our AGM at CCC 2017.

Future Directions
There are several key areas that the CANCARE Society will seek to address over the coming 1-5 years.

1. Formalization of CSU-ALS training in Canada.
2. Develop a strategy for apply for an RCPSC Area of Focus Competency (AFC) in Cardiovascular Critical Care (3-4 year plan).

Acknowledgements
I highly appreciate all activities of the CANCARE Society Board of Directors and Members to improve the care of the critically ill cardiovascular patient. I would also wish to express my sincere thanks to the CCS staff members Sara Faubert and Linda Palmer for their great support and collaboration during the past year.

Respectfully submitted,

Dr. Rakesh C. Arora
Co-Founder and President – The CANCARE Society
CONTACT US

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