



CTS SCIENTIFIC PROGRAM 2018

Monday October 8, 2018, 11:00 – 17:30

*Held in conjunction with CHEST Annual Meeting
Room 207B, Henry B. Gonzalez Convention Center,
San Antonio, Texas*

Program Chair: Dr. John Gjevre

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| <p>11:00 – 11:20</p> | <p>Interventional Respiriology: Medical Thoracoscopy Medical thoracoscopy is the procedure of choice for undiagnosed exudative pleural effusion and is an important tool for the diagnosis and management of malignant pleural disease. This talk will review the indications, risks and benefits of medical thoracoscopy and describe its application in the field of Interventional Respiriology. At the end of this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Understand the indications, risks and benefits of medical thoracoscopy 2. Understand test performance characteristics of medical thoracoscopy, particularly as they relate to malignant pleural disease 3. Understand the differences in the diagnostic and therapeutic roles of medical thoracoscopy | <p><i>Dr. Erik Vakil University of Calgary</i></p> |
| <p>11:20 – 11:40</p> | <p>Sickle Cell Anemia and the Lung This session will discuss recent advances in the understanding of respiratory disease in the pediatric sickle cell population, and describe a model for combined Hematology-Pulmonology care. At the end of this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Recognize common patterns found on pulmonary function testing (PFT) in children with sickle cell anemia 2. Discuss the interplay between wheezing, asthma, and PFT findings in this patient population 3. Describe the impact of a combined Hematology-Pulmonology model of care for children with sickle cell anemia | <p><i>Dr. Glenda Bendiak University of Calgary</i></p> |
| <p>11:40 – 12:00</p> | <p>Early palliative care in advanced pulmonary disease: beyond opioids for dyspnea This session will highlight the benefits of early palliative care in chronic disease and describe the palliative care needs for patients with severe lung disease. An update on recent evidence pertaining to the management of dyspnea will be provided. At the end of this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Appreciate the benefits of providing early palliative care in chronic | <p><i>Dr. Tara Lohmann University of Calgary</i></p> |

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| | <p>disease</p> <ol style="list-style-type: none"> 2. Describe the recent evidence for various interventions to manage dyspnea 3. Identify 2 changes that can be implemented into your practice to improve the quality of life for your patients with advanced lung disease | |
| 12:00 – 13:30 | Lunch | |
| 13:30 – 14:30 | <p>Debate: Home or Away? Sleep Testing in the 21st century</p> <p>In-laboratory polysomnography is the gold standard for the evaluation of sleep disorders. Alternative less resource intensive testing has been sought by physicians and patients alike due to the limited availability of in-laboratory testing in many jurisdictions. The significant technological advance in ambulatory monitoring devices for sleep apnea has provided a mechanism for the rapid testing of patients. As with any diagnostic test a complete understanding of the efficacy and efficiency is critical for the appropriate implementation into clinical care pathways. At the end of this session, participants will be able to:</p> <ol style="list-style-type: none"> 1. Understand the differences between ambulatory sleep testing and in-laboratory polysomnography 2. Understand the role of each testing modality for diverse patient groups 3. Apply an evidence based approach to sleep medicine clinical disease management pathways | <p><i>Dr. Clodagh Ryan University of Toronto</i></p> <p><i>Dr. Frank Ryan University of British Columbia</i></p> |
| 14:30 – 15:15 | Break | |
| 15:15 – 15:45 | <p>Challenging Cases in Severe Asthma</p> <p>Review management and treatment cases of severe asthma through presentation of clinical cases. In this session, participants will:</p> <ol style="list-style-type: none"> 1. Review some highlights of the latest position paper on recognition and management of severe asthma 2. Discuss the recognition and management of severe asthma through the description of clinical cases | <p><i>Dr. Catherine Lemiere Université de Montréal</i></p> |
| 15:45 – 16:15 | <p>Respiratory Health Effects of Cannabis</p> <p>Canada has passed legislation to legalize cannabis use that is due to take effect in October. This historic change may lead to increased use of cannabis for recreational or medicinal purposes among the Canadian population, raising concerns about adverse health effects associated with cannabis use. This talk will review the available evidence regarding respiratory effects of cannabis. At the end of this session, participant will be able to:</p> <ol style="list-style-type: none"> 1. Be aware of respiratory symptoms and lung function changes associated with cannabis use 2. Understand what is known about associations of cannabis use with the development of lung diseases 3. Know the evidence regarding the possible benefits and harms of cannabis use by patients with existing chronic lung diseases. | <p><i>Dr. Matthew Stanbrook University of Toronto</i></p> |
| 16:15 – 16:30 | Break | |

16:30-17:30

2018 CTS Honorary Lecture

Sleep apnea - Cardiovascular Interactions: a Long Journey on a Two-Way Street

A major theme of my research has been investigating the role of fluid retention and overnight fluid shift in the pathogenesis of both obstructive and central sleep apnea (OSA and CSA, respectively). We found that overnight rostral fluid shift contributes to the pathogenesis of both OSA and CSA, and that reducing overnight rostral fluid shift attenuates these breathing disorders. A second major theme of my research has been to investigate the effects of treating OSA and CSA on cardiovascular outcomes. Among patients with heart failure (HF), we demonstrated in small trials that treatment of OSA by CPAP improves cardiovascular function. Among HF patients with CSA, we also demonstrated that CPAP attenuated but did not abolish CSA in association with improvements in cardiovascular function. However, it had no effect on heart transplant-free survival. Taken together these trials demonstrate that treating OSA and CSA in HF patients provides physiological benefits, but they were underpowered to determine if such treatment provides clinically important benefits. To address this important issue, my colleagues and I have undertaken a larger-scale trial to determine whether treating OSA and/or CSA in patients with HF, using adaptive servo-ventilation (ASV), can reduce morbidity and mortality: the ADVENT-HF trial. It involves 49 sites in 9 countries and as of August 29, 2018, 586 patients have been enrolled. Preliminary baseline data will be presented and discussed. At the end of the presentation, learners will be able to:

1. Describe the contribution of fluid retention, nocturnal fluid redistribution and their prevention to the pathogenesis and treatment of OSA and CSA
2. Understand how alterations in cardiac function can influence the severity and type of sleep apnea in patients with heart failure
3. Identify mechanisms through which sleep apnea has adverse effects on cardiovascular function and how treatment of sleep apnea can reverse such adverse effects
4. Consider the potential to reduce morbidity and mortality from heart failure by treating co-existing sleep apnea

*Dr. Douglas Bradley
University of Toronto*

18:30 – 20:00

CTS Members' Reception (*by invitation*)

Marriott Riverwalk - Alamo Ballroom A-C
889 E Market St, San Antonio, TX