



SYMPOSIUM
Hybrid



ROYAL
COLLEGE of
PHYSICIANS of
EDINBURGH

Cardiology

Programme & Abstracts



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Wednesday 26 October 2022

 [#rcpeCardio22](https://twitter.com/rcpeCardio22)

Symposium organising committee

Dr Anne Scott (Chair)

Dr Jehangir Din

Dr Kevin Fernando

Dr Andrew Flapan

Dr Ingibjorg Gudmundsdottir

Dr Mardi Hamra

Dr Shruti Joshi

Dr Alan Robertson

Dr Sarah Turpin

The Federation of the Royal Colleges of Physicians of the UK runs a Continuing Professional Development (CPD) Scheme for all post-training physicians. Please note it is your responsibility only to claim credits for the hours you attend.

CPD ID Code: 140931

CPD Credits: 6



CPD certificates and feedback

The CPD sign-in register is now online and is combined with the symposium feedback form.

- Please note that in order for us to issue CPD certificates, we require participants to complete our online feedback survey and you should have received an email containing a link to your individual feedback form. If you have not received this please contact: R.Dodgson@rcpe.ac.uk
- There is an option to save your feedback as you complete it during the day and finish your responses later. This is done through the 'Finish later' button which is at the bottom of every page of the survey.
- Please note that the 'Finish later' feature supplies you with an updated individual link which contains your previous answers. These are not accessible to our administration team so please ensure that you store this link as otherwise you will have to begin your survey again.
- The sign-in and feedback form will be open for 28 days after the event, **closing at midnight on 23 November 2022**. Electronic certificates will be issued shortly after that date via email. It will not be possible to issue certificates to delegates who do not complete the form by this date, as it is your confirmation that you attended – so please make sure you do. Please note that it is not possible to download a certificate directly from the online feedback survey platform.

Asking questions and interactive sessions

- You can submit questions to the speakers during the talks using 'Slido.com' - we will be using interactive software, 'Slido', so that everyone can ask the speakers questions and participate in any polls and case discussions
- Additionally, if you are attending at the College there are microphones for you to use in the auditorium
- On your mobile, tablet or computer, go to [slido.com](https://www.slido.com).
- Enter the event code: **#rcpeCardio22**
- This code will be used throughout the day for all presentation.
- When delegates send questions to speakers, your device will display the delegate questions.
- You can 'like' any delegate questions submitted, questions will rearrange based on how many 'likes' they have, highlighting to the Chair popular questions.
- Any questions not answered on the day will be responded to retrospectively and posted on <https://events.rcpe.ac.uk/events/symposia>.

Social media

The College encourages online discussion and the use of social media. Please feel free to participate – the Twitter hashtag for this event is **#rcpeCardio22**

You don't have to join Twitter to participate, anyone can access the tweets from the event, just type the event hashtag into the search bar of your browser and all tweets with the hashtag will be displayed. The College has its own Twitter account @RCPEdin and this is usually highly active during symposia and a useful summary of key messages from the day.

On demand viewing

The presentations will be available to view 2 days after the symposium and remain available for 28 days after the event, **closing at midnight on 23 November 2022**. RCPE Fellows and Members will be able to access selected presentations on the RCPE Education Portal for a further period.

If you are attending the event in-person at the College, please be aware of the following:

- **Heritage Exhibition**



Visit **'Food: Recipe or Remedy'** – the College's new exhibition on the history of medicinal food and gastroenterology. The illustrations, books and objects displayed in this exhibition tell the story of the changing role of food in medicine over the last 600 years. This exhibition encourages us to consider both the social and the medical ideas around food and health, and aims to show how our shifting notions of, and relationship with, our diet have been central to medicine for hundreds of years.

- **Photography**

A professional photographer may be in attendance at this event. Photographs may be used by the College in digital and printed publicity material. If you do not wish to be photographed, please let a member of staff know at the registration desk.

- **Access**

A wheelchair lift and internal lift are in place at the College, allowing access to the conference centre and historic rooms. However, as a listed building, meeting rooms 4 & 5 have restricted access. For further information and assistance, please contact the Event Co-ordinator responsible for the event.

An induction loop system is available in the Great Hall and Conference Centre Auditorium.

- **Parent Room**

We can provide a Parent Room at our events. If you are interested in using this facility, please contact the Co-ordinator for further information.

- **Prayer and Quiet Room**

There is a room available. Please ask at the registration desk.

Symposium programme

Cardiology

RCPE Symposium held on Wednesday 26 October, 2022

09.00 **Registration** and Coffee (if attending at RCPE)

09.25 **Welcome by Dr Conor Maguire, RCPE Vice President**

Session 1 **The guidelines have been updated; what's new in:**

Co-Chairs: Dr Ingibjorg Gudmundsdottir, Consultant Cardiologist, University Hospital of Iceland and
Dr Jehanghir Din, Consultant Cardiologist, Royal Bournemouth Hospital

09.30 **Heart failure**

Professor John McMurray OBE, Professor of Cardiology, University of Glasgow
* HFpef, HFmref, HFref * device therapy * drugs

10.05 **Cardiovascular disease (CVD) prevention**

Professor Naveed Sattar, Professor of Metabolic Medicine, University of Glasgow
* The burden of asymptomatic CVD at an individual and population level * CVD risk classification & estimation * Key take home messages from 2021/22 guidelines on CVD prevention in clinical practice

10.40 **Cardio-oncology**

Dr Arjun Ghosh, Consultant Cardiologist, Barts Heart Centre, St Bartholomew's Hospital and University College London Hospital
* toxicity versus survival * levels of confidence in iterative imaging

11.15 **Break**

Session 2 **When to deviate from guidelines, interpreting data for individuals**

Co-Chairs: Dr Sarah Turpin, Consultant Geriatrician, NHS Borders and
Dr Alan Robertson, Consultant Cardiologist, Ninewells Hospital, Dundee

11.40 **The ageing heart: evidence management in the older patient**

Dr Terry Quinn, Senior Lecturer in Geriatric Medicine at Glasgow Royal Infirmary
* recognizing futility * can best be the enemy of good * physical and cognitive frailty

12.15 **DR ANDREW RAE GILCHRIST Lecture**

Chair: Dr Andrew Flapan, Consultant Cardiologist, NHS Lothian, Edinburgh
Translating data into clinical practice: lies, damn lies and statistics
Dr John Mandrola MD, Writer, Podcaster, Cardiologist, Baptist Health, Louisville, USA

13.00 **Lunch**

Symposium programme

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Session 3 **Parallel Breakout Sessions**

How To:

Co-Chairs: Dr Shruti Joshi, Clinical Research Fellow, University of Edinburgh
Dr Mardi Hamra, Consultant Interventional Cardiologist, Royal Glamorgan Hospital and Hon Consultant at the University Hospital of Wales

13.45 **Session 1 (A & B) Conference Centre**

A - Manage lipids to minimise cardiovascular events

Dr Kevin Fernando, GP Partner North Berwick Health Centre, GPwSI CVRM, Content Advisor Medscape Global & UK, Scottish Lead Primary Care Diabetes Society

@drkevinfernando

* case based learning * primary prevention * secondary prevention

B - Avoid pitfalls in ECG interpretation

Professor Derek Connelly, Electrophysiologist, Glasgow

* case based learning * interactive quiz

Session 2 (C & D) Great Hall

C - Prescribe and manage patients on SGLT2 inhibitors

Dr Nicola Zammit, Consultant in Diabetes, Royal Infirmary of Edinburgh

* case based learning * what does the non-diabetologist need to look out for

D - Manage atrial fibrillation (AF)

Dr Douglas Elder, Consultant Cardiologist, NHS Tayside

* case based learning * AF in context of infection * how much AF to trigger OAC

14.45 **Break**

Session 4 **Structural multi-disciplinary team (MDT): challenging decisions in multi-morbid patients, a team approach**

Chair: Dr Anne Scott, Consultant Cardiologist, Forth Valley Hospital and Edinburgh Heart Centre

15.05 Panel: Dr Miles Behan, Consultant Cardiologist, Royal Infirmary of Edinburgh
Dr Kevin Fernando, General Practitioner, North Berwick
Dr Ingibjorg Gudmundsdottir, Consultant Cardiologist, University Hospital of Iceland
Mr Alex MacDonald – Chair of RCPE lay committee
Dr David Northridge, Consultant Cardiologist, Royal Infirmary of Edinburgh
Mr Renzo Pessotto – Cardio Thoracic Surgeon
Dr Bushra Rana, Consultant Cardiologist, Imperial College Healthcare NHS Trust, London
Dr John Rawlins, Consultant Interventional Cardiologist, University Hospital, Southampton
Dr Benedict Wildblood, Consultant Geriatrician, University Hospitals Bristol NHS Foundation Trust

Case Presentations by registrars/fellows:

Dr Jack Andrews, Interventional Cardiology Fellow, St Georges University Hospital, London
Dr Sinjini Biswas, Locum Consultant Cardiologist, Bristol Royal Infirmary
Dr Marwa Daghem, Cardiology Research Fellow, University of Edinburgh
Dr Shruti Joshi, Clinical Research Fellow, University of Edinburgh

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- 15.05** **Case 1: Aortic stenosis**
Case presentation by Dr Sinjini Biswas, and
Overview of evidence by Dr John Rawlins
* evidence for TAVI * moderated heart team discussion * real case, real outcome
- 15.30** **Case 2: Aortic stenosis**
Case presentation by Dr Jack Andrews and
Overview of evidence by Dr Benedict Wildblood
* importance of frailty * moderated heart team discussion * real case, real outcome
- 15.55** **Case 3: Mitral regurgitation**
Case presentation by Dr Shruti Joshi and
Overview of evidence by Dr Miles Behan
* transcatheter v surgical valve repair * moderated heart team discussion * real case, real outcome
- 16.25** **Case 4: Atrial fibrillation (AF) and spontaneous subdural haemorrhage**
Case presentation by Dr Marwa Daghem and
Overview of evidence by Dr Dave Northridge
* balancing risks * moderated heart team discussion * real case, real outcome
- 17.00** **Close**

Symposia abstracts

Session 1 - The guidelines have been updated; what's new in:

Cardio-oncology

Dr Arjun Ghosh, *Consultant Cardiologist, Barts Heart Centre, St Bartholomew's Hospital and University College London Hospital*

Cardio-oncology is the newest subspecialty within cardiology. It is an exciting and fast moving area dealing with the cardiac care of cancer patients. Cardio-oncology help is required before the start of treatment to assess fitness, during treatment to detect cardiotoxicity and after treatment to detect complications in the late-effects setting.

A number of guidelines have recently been release on cardio-oncology and this lecture will cover the pertinent points.

Further reading

Dobson R, Ghosh AK, Ky B et al. British Society of Echocardiography (BSE) and the British Society of Cardio-Oncology (BCOS). BSE and BCOS Guideline for Transthoracic Echocardiographic Assessment of Adult Cancer Patients Receiving Anthracyclines and/or Trastuzumab. *JACC CardioOncol* 2021; 3(1):1– 6.

Lyon AR, López-Fernández T, Couch LS et al. 2022 ESC Guidelines on cardio-oncology developed in collaboration with the European Hematology Association (EHA), the European Society for Therapeutic

Radiology and Oncology (ESTRO) and the International Cardio-Oncology Society (IC-OS) *Eur Heart J* 2022; ehac244.

Session 2 - When to deviate from guidelines, interpreting data for individuals

The ageing heart: evidence management in the older patient

Dr Terry Quinn, *Senior Lecturer in Geriatric Medicine at Glasgow Royal Infirmary*

The majority of patients that present to cardiology services are older adults, and increasingly they are older adults living with frailty. However, cardiology research, practice and guidelines have not always considered the specific challenges of looking after this patient group. Direct extrapolation of evidence from robust middle-aged adults to older adults living with frailty can be frustrating for clinicians and unhelpful for patients.

This lecture will discuss key concepts in geriatric medicine and how they apply to clinical cardiology. It will use case studies of older-adult syndromes including frailty, dementia and delirium to explore the intersections of cardiac and older-adult medicine. It will also offer latest evidence on the epidemiology of older-adult syndromes in cardiology settings, implications of ageing and frailty for treatment, and potential interventions.

Further reading

Cannon JA, McMurray JJ, Quinn TJ. 'Hearts and minds': association, causation and implication of cognitive impairment in heart failure. *Alzheimers Res Ther* 2015; 7(1):22.

Quinn TJ, Mooijaart SP, Gallacher K et al. Acute care assessment of older adults living with frailty. *BMJ* 2019; 364:l13.

Session 3 - Parallel breakout sessions

Managing lipids to minimise cardiovascular events

Dr Kevin Fernando, *GP Partner North Berwick Health Centre, GPwSI CVRM, Content Advisor Medscape Global & UK, Scottish Lead Primary Care Diabetes Society @drkevinfernando*

We are in a new era of lipid management in primary and secondary care. High quality evidence has established LDL-cholesterol as our lipid target of choice, with irrefutable evidence demonstrating the lower the LDL-cholesterol (LDL-C) the better. Furthermore, recent European guidelines advocate very tight LDL-C targets for those at highest risk of cardiovascular disease –less than 1mmol/L in the context of recurrent atherosclerotic cardiovascular disease.

To achieve these tighter LDL-C targets, the use of combination lipid-lowering therapy should become the norm; early combination therapy is already

recommended for many long-term conditions including type-2 diabetes and hypertension, especially for those at highest risk of future adverse cardiovascular outcomes.

In recent years we have had a range of lipid-lowering therapies each with its own mode of action, potencies and adverse-effect profile. This session will discuss the pros and cons of newer lipid-lowering therapies and their impact on lipid profiles, as well as their impact on future cardiovascular risk.

Prescribing and managing patients on SGLT2 inhibitors

Dr Nicola Zammitt, *Consultant in Diabetes, Edinburgh Royal Infirmary*

The indications for SGLT2 inhibitors are getting broader as the evidence increases. There are some pitfalls in prescribing in relation to the risk of genito-urinary sepsis, ketoacidosis and level of renal function. For patients with well controlled diabetes, the addition of an SGLT2 inhibitor may also require an adjustment in diabetes medications. Type-1 diabetes is a current contraindication to prescribing this drug class.

This case-based presentation will consider different clinical scenarios to highlight what the non-diabetologist needs to look out for when prescribing the SGLT2 inhibitors.

Session 4 - Structural multi-disciplinary team (MDT): challenging decisions in multi-morbid patients, a team approach

Aortic stenosis – overview of evidence

Dr Benedict Wildblood, *Consultant Geriatrician, University Hospitals Bristol NHS Foundation Trust*

Severe, symptomatic aortic stenosis is a significant and life-limiting disease. Treatment has been revolutionised by the development of TAVI, which is suitable for many patients who would have otherwise been treated conservatively.

Frailty is well known to be associated with poorer outcomes in those undergoing TAVI; however evidence is diverse and heterogeneous, and there is no unified consensus on how it should be measured. This lecture will discuss the evidence for the significance of frailty in those undergoing TAVI, with particular reference to the Rockwood score (clinical frailty scale),¹ Katz index² and 5m-walk time.

References

- 1 Rockwood K, Song X, MacKnight C et al. A global clinical measure of fitness and frailty in elderly people. *CMAJ* 2005; 173: 489–95
- 2 Katz S, Ford AB, Moskowitz RW et al. Studies of Illness in the Aged: The Index of ADL: A Standardized Measure of Biological and Psychosocial Function. *JAMA* 1963; 185(12): 914–19

AF and spontaneous subdural haemorrhage – overview of evidence

Dr David Northridge, *Consultant Cardiologist, Royal Infirmary of Edinburgh & President, Scottish Cardiac Society*

The question is: what is the best treatment for stroke prevention in a patient with AF who has a high bleeding risk? I will show evidence for safety of DOAC therapy after ICH, and evidence for and against the alternatives, which are no treatment or device therapy to occlude the LA appendage.



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Upcoming Events 2022

Most events within our Education programme are being delivered as hybrid, with the option to attend the College in-person or to watch the event online from home. Each event page will highlight the mode of delivery. All events and CPD/Feedback surveys are open for 28 days after the event so that you catch-up from any time zone.



Education Portal

Material from these events is available to Fellows, Members and Associates on the College's Education Portal, along with accredited specialty modules.

learning.rcpe.ac.uk

RCPE
PORTAL

The Royal College of Physicians of Edinburgh's education programme continues with:

October

WED 26 | [RCPE Biologics Evening Update](#)

EM

November

THU 10 | [Neurology](#)

Sym

WED 16 | [Gastroenterology](#)

Sym

THU 17 | [RCPE Malta: Updates in Clinical Medicine](#)

IMU

THU 22 | [Geriatric Medicine](#)

EMU

THU 24 | [62nd St Andrew's Day Festival Symposium: Updates on Acute Medicine](#)

Sym

TUE 29 | [Managing Challenging Behaviour: Anger, Distress and High Conflict](#)

C&W

December

TUE 13 | [Respiratory Medicine](#)

EMU

To book, or for more information on our events, visit: events.rcpe.ac.uk