

British Cardiovascular Society: Annual Conference 2011 and education plans for 2011–2012



In this sixth article from the British Cardiovascular Society (BCS), Dr Sarah Clarke, BCS Vice-President Education & Research, writes about this year's Annual Conference and plans for the year ahead.



The British Cardiovascular Society (BCS) and its Affiliated Groups (AGs) are uniquely placed to coordinate and deliver high quality education for cardiology trainees, trained cardiologists and allied professionals. It provides education through a variety of sources.

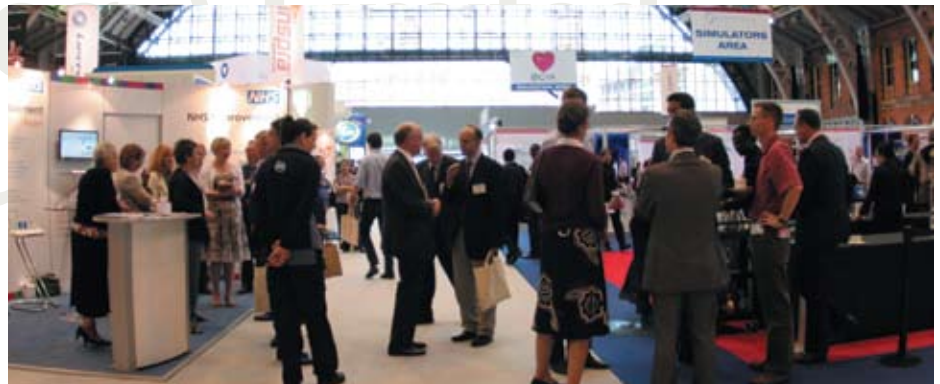
2011 BCS Annual Conference

Despite many national and international congresses seeing a downturn in the number of delegates attending, the 2011 BCS Annual Conference, held in Manchester on June 13th–15th, saw a record number of registrations for what was one of the best conferences to date. This year saw a complete overhaul of the programme with the introduction of five 'tracks'.

Education for Revalidation Track: This track will cover areas defined by the cardiology curriculum over a three to five year cycle. Each session will have an online formative assessment, which on completion provides members with certification for revalidation portfolios.

Clinical/Translational Science Track or Innovations Track: We are grateful for the support by the British Heart Foundation for this track. They also supported the linked British Atherosclerosis Society/British Society for Cardiovascular Research meeting, which formed the *Basic Science Track*. This year abstracts were incorporated into the programme with discussants after each session. Together with the Young Research Workers Prize and Michael Davies Award, this track showcases the best and latest in cardiovascular research. Congratulations to all prize winners.

Imaging Track: This covered areas of imaging as they integrate into cardiovascular medicine.



Affiliated Groups Track: We were delighted that the affiliated groups embraced the new format of this year's programme contributing not only to their track but also to the programme in general.

The National Training Day, incorporated into the meeting, highlighted the less well covered areas in the cardiology curriculum for trainees. Together with the *Education for Revalidation Track* and ever-popular simulator sessions in the Exhibition, trainees were well catered for.

Two excellent international guest lectures were given at the conference this year. Dr David Sahn gave the Paul Wood Lecture entitled 'Improved understanding of cardiac form and function – how the development of the heart continues to influence heart function'. The Strickland Goodall Lecture entitled 'Re-engineering regenerative cardiovascular medicine. Towards heart stem cell therapeutics' was given by Professor Kenneth Chien.

Despite the recession, exhibition space at the conference was completely sold out. Thank you to all our exhibitors for supporting our meeting and the education of our members.

For those not able to attend the meeting, and for those who missed some sessions, there are session reports and webcasts of the majority of sessions available to members at www.bcs.com.

As we look to the 2012 Annual Conference, my first Conference as Chair of the Programme Committee, please let me know if you have any ideas on how we might improve the conference further at clarkes@bcs.com.

Thanks

Organisation of the 2011 meeting was the responsibility of the Programme Committee, chaired by Dr Iain Simpson, to whom we are all indebted for producing an excellent meeting this year. We also thank the team at the Society offices in Fitzroy Square. Their support in helping deliver the meeting is invaluable. The Communication and Education Committee together with numerous trainees coordinated the online conference reports and webcasts. The Committee also coordinates the BCS website and educational courses throughout the year. Thanks to all for their hard work.

NEWS FROM THE BCS



BCS Educational Courses

The BCS provides numerous other educational courses in addition to the Annual Conference. The following are scheduled for the coming year at the Royal College of Physicians (RCP), London.

2011

BCS & Mayo Clinic 'Cases, Controversies and Updates' 26th–28th September

An in-depth look at difficult cases, current controversies and latest updates in cardiovascular medicine

BCS & RCP Cardiology Update 11th October

For all Cardiologists, GPs or Practitioners with an interest in cardiology. Visit the RCP website to register for this course www.rcplondon.ac.uk

National Training Day 28th November

For trainees only

A Year in Cardiology 2011 14th December

Hot topics of the year for all cardiologists and trainees.

2012

A Career in Cardiology 17th February

Covering the ST3 selection process from application form to interview. A must for any doctor wishing to pursue cardiology as a career.

BCS & Mayo Clinic Cardiology Review Course 19th–23rd March

Overview of cardiology based on the curriculum. Suitable for both trainees and trained cardiologists.

Research in Cardiology – What, why, when, how? 27th April

Essential for all trainees and those wishing to conduct Postgraduate Research in cardiovascular medicine

BCS Annual Conference 2012 20th–30th May, Manchester

We look forward to seeing you next year

For further information on all BCS Courses and other educational resources, please see the BCS website www.bcs.com/education

MULTAQ (dronedarone) Prescribing Information

Presentation: White, oblong shaped tablets containing 400mg dronedarone. **Indication:** Use in adult clinical stable patients with a history of, or current non-permanent atrial fibrillation (AF) to prevent recurrence of AF or to lower ventricular rate. **Dosage:** Adults and Elderly: 400mg twice daily, one tablet with the morning meal and one tablet with the evening meal. Not recommended under 18 years. **Contraindications:** Hypersensitivity to dronedarone or excipients; second or third degree atrio-ventricular block or sick sinus syndrome (except when used with a functioning pacemaker); bradycardia < 50 beats per minute; unstable haemodynamic conditions including patients with symptoms of heart failure at rest or with minimal exertion (corresponding to NYHA Class IV and unstable Class III patients); co-administration with cytochrome P450 (CYP) 3A4 inhibitors (such as ketoconazole, itraconazole, voriconazole, posaconazole, telithromycin, clarithromycin, nefazodone and ritonavir); co-administration with products inducing torsades de pointes (such as phenothiazines, cisapride, bepridil, tricyclic antidepressants, terfenadine and certain oral macrolides (such as erythromycin), Class I and III anti-arrhythmics); QTc Bazett interval ≥ 500 milliseconds; severe hepatic impairment; severe renal impairment (CrCL < 30ml/min). **Warnings:** Not recommended in stable patients with recent (1 to 3 months) NYHA Class III heart failure or Left Ventricular Ejection Fraction < 35%. Patients should be advised to consult a physician if they develop or experience worsening signs or symptoms of heart failure, discontinuation of Multaq may need to be considered if heart failure develops. Liver function tests should be performed prior to initiation of treatment with dronedarone and then repeated monthly for 6 months, at months 9 and 12, and periodically thereafter. If ALT (alanine aminotransferase) levels are elevated $\geq 3 \times$ upper limit of normal (ULN), ALT levels should be re-measured within 48 to 72 hours. If ALT levels are confirmed to be $\geq 3 \times$ ULN, treatment should be discontinued. Appropriate investigation and close observation of patients should continue until normalisation of ALT. Measure creatinine clearance values 7 days after initiating dronedarone and use these as the new reference baseline, as an increase in creatinemia may be expected. An increase in creatinemia should not necessarily lead to the discontinuation of treatment with ACE inhibitors or Angiotensin II Receptor Antagonists (AIIARs). Correct any potassium or magnesium deficiency before initiation and during treatment. The pharmacological action of dronedarone may induce a moderate QTc Bazett prolongation (about 10 msec). These changes do not reflect toxicity. Follow up, including ECG (electrocardiogram), is recommended during treatment. If QTc Bazett interval is ≥ 500 milliseconds, dronedarone should be stopped. Dronedarone has a low pro-arrhythmic effect; however, proarrhythmic effects may occur in particular situations such as concomitant use with medicinal products favouring arrhythmia and/or electrolytic disorders. Patients with galactose intolerance should not take dronedarone as it contains lactose. Not recommended in pregnancy. Individual clinical assessment needed in lactation. **Drug Interactions:** Contraindicated with products inducing torsades de pointes and potent CYP 3A4 inhibitors. Not recommended with potent CYP3A4 inducers such as rifampicin, phenobarbital, carbamazepine, phenytoin or St John's Wort. Concomitant use with dabigatran is not recommended due to dronedarone increasing the exposure of dabigatran. Patients should be warned to avoid grapefruit juice beverages while taking dronedarone. Caution when used with calcium antagonists and beta-blockers (if initiating either, start at the lowest dose and increase according to ECG response; if established on treatment, monitor with ECG and adjust dose(s) as necessary), statins (consider lower starting and maintenance doses and monitor for signs of muscle toxicity), sirolimus, tacrolimus, and digoxin (digoxin dose should be reduced by approximately 50%). No interactions observed with oral contraceptives, warfarin, theophylline, antidepressants, metformin, omeprazole, clopidogrel, pantoprazole or losartan. **Side Effects (see SPC for full details):** Nervous system disorders: dysgeusia (uncommon), aguesia (rare); Cardiac disorders: Congestive heart failure (very common), bradycardia (common); Gastrointestinal disorders: diarrhoea, nausea, vomiting, abdominal pains, dyspepsia (common); Hepatobiliary disorders: Liver function test abnormalities (common), hepatocellular liver injury, including life-threatening acute liver failure (rare); Skin and subcutaneous disorders: rashes and pruritus (common), erythemas, eczema, photosensitivity, dermatitis – including allergic (uncommon); General disorders: fatigue, asthenia (common); Investigations: increased blood creatinine, prolonged QTc Bazett (very common). **Legal category:** POM. **Product Licence Numbers:** EU/1/09/591/001 (400mg tablets – 20 pack size) EU/1/09/591/003 (400mg tablets – 60 pack size) **Marketing authorisation Holder:** sanofi-aventis, 174, avenue de France, F-75013 Paris, France. Further information is available from: sanofi-aventis, One Onslow Street, Guildford, Surrey, GU1 4YS Tel: 01483 505515 Fax: 01483 535432. **Basic NHS Price:** £22.50 for 20 tablet pack; £67.50 for 60 tablet pack. **Date of preparation:** August 2011.

Adverse events should be reported. Reporting forms and information can be found at www.yellowcard.gov.uk. Adverse events should also be reported to the sanofi-aventis drug safety department on 01483 505515.

Date of preparation: August 2011

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