



Dear CVT Section Members,

I would like to take this opportunity to update the membership on some of the various projects, opportunities and directions that the CVT section of the Canadian Anesthesiologists' Society (CAS) has been working on in recent months. In particular, I want to highlight the upcoming CAS Annual Meeting events As you all know, this past year was unique for the CVT section (and all CAS Sections), having had our annual gathering in Calgary cancelled due to the flooding disaster. As a result, many of the Sections, ours included, have been in somewhat of a "holding pattern" this past year, particularly as it pertains to CVT section executive membership. As we are now in the advanced planning stages for the CAS Annual Meeting coming up in June in St. John's, I thought I would take this opportunity to update the membership on the CVT Section events.

## Annual CAS meeting in St. John's, Newfoundland (June 13-16)

We are delighted to offer a range of CVT-related sessions at the CAS Annual Meeting with topics and speakers that will hopefully appeal not only to our section, but also to the general membership. The refresher course that we are sponsoring this year will address *Transcatheter Aortic Valve Implantation (TAVI): Perioperative Management and Echocardiography.* It will be delivered by one of our visiting speakers, Dr. Burkhard Mackensen, Professor of Anesthesiology at the University of Washington in Seattle. Dr. Mackensen is an international expert on TAVI, both on its clinical management and the transesophageal echocardiographic considerations.

Our symposium offering will be on the topic of *Controversies in Transfusion*. In this three-speaker session, a number of issues will be addressed, including controversies regarding *age of blood transfusion*, which will be addressed by Dr. Elliot Bennett-Guerrero from Duke University, again, an international expert in this field. In addition, our own Dr. David Mazer will address the issues of *transfusion triggers*. This is particularly relevant as the Canadian Institutes of Health Research has recently funded the TRICS-III trial, a trial lead by Dr. Mazer addressing the issue of transfusion triggers, which is rolling out to many centers in Canada and throughout the world. Last, though certainly not least, is Dr. Keyvan Karkouti who will address the issues of *fibrinogen concentrates during cardiac surgery*.

The ultrasound **workshops** at the meeting will encompass both a FOCUS workshop run by Dr. Andre Denault, as well as a basic ultrasound course by Dr. Robert Chen. New this year, we will be running the FOCUS workshop in both English and French.

Lastly, our annual session on *Perioperative Echo: Best Cases* will be held again this year. As in past years, this will be organized by Dr. Robert Chen from St. Michael's Hospital. In this session, cases will be discussed and we encourage submissions by faculty (particularly junior faculty) and trainees alike. The submissions can be directed to Dr. Chen (<u>CHENR@smh.ca</u>) who will work with the executive to determine which submissions will be chosen for presentation.

Our annual CVT luncheon session at the meeting will be modified (from the frequent PRO-CON debate format) from previous years' programs. Part of this is to accommodate the additional business that needs to take place during the meeting (as we missed our business meeting last year). The first part of the annual CVT luncheon will be featuring Dr. Rizwan Manji (cardiac surgery intensivist) from the University of Manitoba. Dr. Manji has been leading humanitarian efforts in east Africa, particularly in Ethiopia and will be addressing the issue of *Cardiac Surgery in the Developing World: outlining the opportunities for cardiac anesthesiologist*. Taking a very academic perspective on this issue, his luncheon session is sure to garner considerable interest.

In the second part of our **CVT luncheon**, the business meeting session, we will be electing a new Secretary/Treasurer, as well as a Vice-President of the CVT Section. I would welcome all members to put their names forward if they are interested in participating at the executive level of the CVT Section. Self-identified nominees can direct their inquiries to our Vice-President, Dr. Blaine Kent (blainekent@hotmail.com). If there is sufficient interest, we will be voting on member nominees for these positions.

Although I have spent only this one year as President of the CVT Section, my own activities as Editor-in-Chief of the *Canadian Journal of Anesthesia* now consume a great deal of my time, and I have decided to step down from the position of CVT Section President. Not only has it been time consuming, but I want to open the opportunity for other CVT Section members to join the Executive and I want to avoid over-representation at the CAS by having the Editor of the *Journal* also holding a section executive position. I look forward to the leadership under Dr. Kent and again, I encourage applications for other executive positions from members across the country.

The CVT Section continues to grow and is one of the largest sections within the CAS membership. We are financially sound. This year has also seen some other changes across the CAS Annual Meeting with a relative contraction of the meeting in terms of its overall length. The cooperation between sections to have a number of cross-over sessions has been very encouraging. The Saturday evening President's Dinner is sure to be a highlight of the meeting and I encourage all members of the section to get their tickets early as this premier event will clearly be a highlight of the meeting. The CVT section will be well-represented.

In closing, I want to thank Dr. Andre Denault, past President of the CVT Section for his guidance over the last years, as well as the assistance of Dr. Blaine Kent in moving the business of the CVT section forward. I look forward to the new executive continuing with the vision of the CVT section, which has seen the propagation of excellence in cardiovascular anesthesia care and education in Canada and across the membership.



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