Program Overview

"Innovating, Optimizing and Advancing Antithrombotic Treatment in Atrial Fibrillation" is an accredited group learning activity that provides presentations in a pre-filmed video format. Focusing on real-world evidence for oral anticoagulation; guidelines on stroke-prevention strategies for atrial fibrillation (AF) patients with CAD, ACS and PCI; and approaches to mitigating the recurrence of stroke in AF patients with renal impairment, the program will allow you to review the latest clinical recommendations, contribute your thoughts, and brainstorm with your colleagues about particular patient cases and challenging questions in treating AF.

Agenda Format

- Arrivals, sign-in and meal served: 10 minutes
- Video presentation(s): 30 minutes
- Moderated discussion: 15 minutes
- Reflection, additional Q&A, evaluations: 5 minutes

A brief outline of the individual presentations can be found below for the moderators to appropriately choose which presentations they would like to show.

Presentation I Gregory Y.H. Lip	Real-world Evidence for Oral Anticoagulation Using real-world evidence, Professor Lip discusses the effectiveness and safety of oral anticoagulants. He reviews the latest risk-stratification strategies as well as a recommended decision pathway for the treatment of newly diagnosed NVAF. He concludes with the real-world comparison of major bleeding risk among NVAF patients initiated on OACs.
Presentation 2 L. Brent Mitchell	Stroke Prevention in Atrial Fibrillation Patients with CAD/ACS/PCI Dr. Mitchell discusses stroke prevention strategies for NVAF patients with CAD, ACS and PCI, highlighting specific guidance from the 2016 Canadian Cardiovascular Society (CCS) updated guidelines for the management of AF. He examines the pros and cons of various antithrombotic therapies, and reviews the CCS algorithms that outline the best choice of treatment for the above AF patient groups.
Presentation 3 Paul Dorian	Complex Case for Stroke Prevention in AF Dr. Dorian explores the best approaches to mitigating the recurrence of stroke and measuring anticoagulation when treating AF patients with renal impairment. Using a complex case of a patient with permanent AF and kidney disease who is admitted to the hospital with congestive heart failure, he takes viewers through the process of re-evaluating the patient's DOAC treatment at the point of hospitalization, reviews the most accurate ways of measuring DOAC effect in the event of surgery, and discusses the benefits of DOACs in stroke prevention.