

27th Annual Scientific Congress



Hong Kong College of Cardiology

31 May - 2 June 2019

Level 2, Hong Kong Convention and Exhibition Centre



PROGRAM

Website: www.hkccasc.com



Program-at-a-glance

31 May 2019 (Fri)

	Room S221	Room S224 – 225 / Room S226 – 227
0900 – 1030	Oral Abstracts Presentation	Best Posters Presentation Group 1 – 3 (S226 – 227)
1100 – 1230	Best Abstracts Presentation	Best Posters Presentation Group 4 – 6 (S226 – 227)
1230 – 1400	Lunch Break	
1400 – 1730	<ul style="list-style-type: none"> • HKCC-HKPHCA Challenging / Interesting Clinical Cardiology Cases Presentation I (S221) • HKCC-HKPHCA Challenging / Interesting Clinical Cardiology Cases Presentation II (S221) 	
1730 – 1830	Heart and Diabetes Symposium	1600 – 1900 <ul style="list-style-type: none"> • Free Paper Session: Paediatric Cardiology I (S224 – 225) • Free Paper Session: Paediatric Cardiology II (S224 – 225)
1930 – 2130	Faculty Dinner (by invitation only)	

1 June 2019 (Sat)

	Room S221	Room S224 – 225	Room S226 – 227
0800 – 1245	<ul style="list-style-type: none"> • Heart Team Breakfast Symposium • Coronary Ischaemia Symposium • Heart Failure Symposium 	0830 – 1230 <ul style="list-style-type: none"> • Paediatric Cardiology Symposium I • Free Paper Session: Paediatric Cardiology III 	0930 – 1200 Allied Cardiovascular Health Professionals Symposium
1245 – 1400	Lunch Symposium (S221)		
1400 – 1515	Congregation and Opening Ceremony (S221)		
1515 – 1830	<ul style="list-style-type: none"> • HKHF Symposium • ACS in Action • ACC-HKCC Joint Symposium 	<ul style="list-style-type: none"> • Paediatric Cardiology Symposium II • Best Interesting Clinical Cases Presentation Competition (Paediatric) 	
1900 – 2030	Gala Reception (Venue: Divino Patio)		

2 June 2019 (Sun)

	Room S221	Room S224 – 225 (Cardiology Course for General Practitioners)
0900 – 1300	<ul style="list-style-type: none"> • Hypertension and AF Symposium • Best Challenging / Interesting Cardiac Intervention Cases Presentation 	<ul style="list-style-type: none"> • Preventive Cardiology: Expanding the role of GP in cardiology • Cardiology Updates: What a GP needs to know
1300 – 1400	Lunch Symposium (S221)	
1400 – 1730	<ul style="list-style-type: none"> • Best HKCC-HKPHCA Challenging / Interesting Clinical Cardiology Cases Presentation • Heart Rhythm Symposium 	<ul style="list-style-type: none"> • Common Cardiology Challenges in General Practice • Cardiology Issues in Women and Paediatrics

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Welcome Message

It gives me great pleasure to welcome you to the 9th Congregation cum 27th Annual Scientific Congress of the Hong Kong College of Cardiology. Over the years this important Annual Scientific Congress of the College has established itself as a flagship educational program for professionals from different disciplines of cardiovascular medicine.

To excel further on the quality of our program, the Organizing Committee has prepared a brand-new learning platform this year. We have put together a most comprehensive and exciting program via a variety of teaching formats and learning modes like theme-based symposia, joint session with the American College of Cardiology, abstract and cardiology case presentations, e-poster presentations and cardiology course for general practitioners.

During the Congress, there will be keynote lectures presented by world-renowned cardiologists and over 140 abstracts presentation by local and overseas colleagues. Not only cardiologists and trainees will benefit in the course of exchange of ideas and experience with international experts, but also allied health professionals and general practitioners who can enjoy unique educational experience in cardiovascular medicine in the concurrent sessions of Allied Cardiovascular Health Professional Symposium and Cardiology Course for General Practitioners.

Last but not least, I would express my sincere gratitude and appreciation to the unfailing support from our international and local faculty members, sponsors and all participants, who are crucial to make our Congress a success.

May I wish you all a most memorable and rewarding learning experience in our Congress in the sophisticated and diversified city of Hong Kong!



Dr. Ngai-yin Chan

Chairman, Organizing Committee

27th Annual Scientific Congress

Hong Kong College of Cardiology

HKCC Council

Council Members 2017-2019

President:	Yuk-kong Lau	
President-Elect:	Ngai-yin Chan	
Honorary Secretary:	Wai-kwong Chan	
Honorary Treasurer:	Godwin TC Leung	
Immediate Past President:	Shu-kin Li	
Council Members:	Kam-tim Chan Kwok-keung Chan Carmen WS Chan Boron CW Cheng Chung-seung Chiang Suet-ting Lau	Kwok-lun Lee David CW Siu Kin-lam Tsui Thomas Prabowo Tunggal Chris KY Wong Cheuk-man Yu
Honorary Advisers:	Chun-ho Cheng Patrick TH Ko	Chu-pak Lau Tak-fu Tse

Organizing Committee

Chairman:	Ngai-yin Chan
Advisers:	Chung-seung Chiang Patrick TH Ko Yuk-kong Lau
Co-chairs:	Carmen WS Chan Kin-lam Tsui Bryan PY Yan
Members:	William CK Chan Jason LK Chan Wai-kwong Chan Raymond CY Fung Kwok-lun Lee David KY Lo Thomas Prabowo Tunggal Michael KL Wong Tak-cheung Yung

International Faculty

Keynote Speaker

Eric Eeckhout

Centre Hospitalier Universitaire Vaudois,
Switzerland

ACC Representatives

Andrew Kates

Chair for ACC.19 and ACC.20 Annual Scientific
Sessions;
Washington University School of Medicine,
United States

Robert Hendel

Tulane University School of Medicine, United States

Marc P. Bonaca

CPC Clinical Research and CPC Community Health,
United States

Shu-bao Chen

Shanghai Children's Hospital, China

Peter Collins

National Heart and Lung Institute, Imperial College
London and Royal Brompton Hospital,
United Kingdom

Mario Evora

Hospital Centre S. Januário, Macao

Hong Gu

Beijing Anzhen Hospital, China

Yehuda Handelsman

Metabolic Institute of America, United States

Xi-hong Hu

Children's Hospital, Fudan University, China

Marina Hughes

Royal Papworth Hospital, Cambridge and Great
Ormond St Hospital, United Kingdom

Man-fai Ip

Hospital Centre S. Januário, Macao

Dominic Leung

Liverpool Hospital, University of New South Wales,
Australia

Cheng-hung Li

Taichung Veterans General Hospital, Taiwan

Hong Li

Children's Hospital of Guangdong Province, China

Xin Li

Children's Hospital, Soochow University, China

Yen-hung Lin

National Taiwan University Hospital, Taiwan

Xiaohai Ma

Beijing Anzhen Hospital, Capital Medical University,
China

Krzysztof Narkiewicz

Medical University of Gdansk, Poland

Silin Pan

Qingdao Women and Children's Hospital, China

Wei Pan

Guangdong Provincial People's Hospital, China

Yohei Sotomi

Osaka Police Hospital, Japan

Hui-shen Wang

The First Affiliated Hospital, Sun Yat-Sen University,
China

Shu-shui Wang

Guangdong Cardiovascular Institute, China

Xiao-yun Wu

Children's Hospital of Chongqing Medical University,
China

Yu-mei Xie

Guangdong Cardiovascular Institute, China

Yuting Zhang

Children's Hospital of Chongqing Medical University,
China

Ming Zhu

Shanghai Children's Medical Center,
Shanghai Jiaotong University, China

(update as of 24 May 2019)

Local Faculty

Alan KC Chan
Carmen WS Chan
Chi-wo Chan
Gary CP Chan
Hamish CK Chan
Jacky K Chan
Jason LK Chan
Joseph YS Chan
Kam-tim Chan
Kin-wing Chan
Kwok-keung Chan
Myles Chan
Ngai-yin Chan
Ronnie HL Chan
Wai-kwong Chan
William CK Chan
Yu-ho Chan
Elaine MC Chau
Kai-tung Chau
Boron CW Cheng
Chun-ho Cheng
Adrian Piers YY Cheung
Bernard MY Cheung
Chi-wai Cheung
Gary SH Cheung
Kenneth KY Cheung
King-loong Cheung
Ling-ling Cheung
Yiu-fai Cheung
Danny HF Chow
Liang Chow
Pak-cheong Chow
Chung-seung Chiang
Alex CS Chiu
Sin-hing Chiu
Ka-lung Chui
Shing-fung Chui
Hau-kwong Chung

Katherine YY Fan
Daniel HF Fong
Nai-chung Fong
Ping-ching Fong
Raymond CY Fung
Wing-hong Fung
Victor KM Goh
Duncan HK Ho
Gordon KT Ho
Kit-ying Ho
Man-hong Jim
Shuk-ling Kan
Cyril YK Ko
Jason KC Ko
Patrick TH Ko
Henry YL Kok
Vincent OH Kwok
Nim-pong Kwong
Wai-keung Lai
Ho Lam
Linda Lam
Chu-pak Lau
Suet-ting Lau
Yuk-kong Lau
Alex PW Lee
Kathy LF Lee
Kwok-lun Lee
Maria SH Lee
Michael KY Lee
Pui-yin Lee
Victor KF Lee
Godwin TC Leung
Wai-suen Leung
Steven SL Li
David KY Lo
Vincent NH Luk
Kin-shing Lun

Gary YK Mak
Geoffrey CF Mok
Ngai-shing Mok
Lok-yee So
Yui-chi So
Frankie CC Tam
Kin-ming Tam
Li-wah Tam
Lok-yan Tam
Chung-leung Tang
Kin-keung Tsang
Sabrina SL Tsao
Hung-fat Tse
Tak-fu Tse
Tak-sun Tse
Kin-lam Tsui
Thomas Prabowo Tunggal
Chris KY Wong
Dora ML Wong
Edmond ML Wong
Eric CY Wong
John TH Wong
Michael KL Wong
Randolph HL Wong
Thomas KS Wong
Yam-hong Wong
Kam-sang Woo
Chee-wo Wu
Brian Eugene Wu
Man-ching Yam
Ping-wa Yam
Bryan PY Yan
Victor WT Yan
Kai-hang Yiu
Sau-chi Yiu
Chiu-sun Yue
Tak-cheung Yung

Floor Plan

Venue: Level 2, Hong Kong Convention and Exhibition Centre



Exhibition

Venue: S221 Foyer & S222-223, Level 2, Hong Kong Convention and Exhibition Centre



Exhibitors (by alphabetical order)	Booth No.
A. Menarini Hong Kong Ltd.	19
Abbott Vascular (Abbott Laboratories Ltd.)	6
Amgen Asia Holding Ltd.	18
AstraZeneca Hong Kong Ltd.	17
Bayer HealthCare Ltd.	1
Boehringer-Ingelheim (Hong Kong) Ltd.	12
Cardioscan (Hong Kong) Service Ltd.	10
Daiichi Sankyo Hong Kong Ltd.	5
DCH Auriga (Hong Kong) Ltd.	2
Medtronic Hong Kong Medical Ltd.	16
Merck Sharp & Dohme (Asia) Ltd.	3
Novartis Pharmaceuticals (Hong Kong) Ltd.	8
OrbusNeich Medical Co. Ltd.	4
Otsuka Pharmaceuticals (Hong Kong) Ltd.	13
Pfizer Corporation HK Ltd. & Pfizer Upjohn HK Ltd.	11
sanofi-aventis Hong Kong Ltd.	15
Servier Hong Kong Ltd.	7
Shun On Healthcare Ltd.	14
Teva Pharmaceutical Hong Kong Ltd.	9

Accreditations

College	CME Points Awarded				
	Max for Whole Congress	31 May 2019	1 June 2019	2 June 2019	Group-Category
Hong Kong College of Anaesthesiologists	15	7	9	8	PP-NA
Hong Kong College of Community Medicine	10	6	6	6	PP-PP
Hong Kong College of Emergency Medicine	12	6	6	6	CME-PP
Hong Kong College of Family Physicians	10	5	5	5	OEA-5.2
College of Ophthalmologists of Hong Kong	Pending				
Hong Kong College of Otorhinolaryngologists	Pending				
Hong Kong College of Paediatricians	18	6	6	6	A-PP
Hong Kong College of Pathologists	24	7	9	8	CME-PP
Hong Kong College of Physicians	23	7	8	8	PP-PP
Hong Kong College of Radiologists	15	7	7.5	8	B-PP
The College of Surgeons of Hong Kong	18	6	6	6	CME-PP
Medical Council of Hong Kong	10	5	5	5	CME-PASSIVECME

College	CNE Points Awarded	
	Max for Whole Congress	ACHP Symposium (1 June 2019, 0930 – 1200)
Hong Kong College of Cardiology	28	2.5

General Information

Official Language

English

Registration & Information Desk

The registration and information desk is operated at S221 Foyer, Level 2 of HKCEC at the following hours:

31 May 2019 (Fri)	08:00 – 18:30
1 June 2019 (Sat)	07:30 – 18:30
2 June 2019 (Sun)	08:30 – 18:00

Exhibition & Tea Breaks

Location: S221 Foyer & S222-223, HKCEC

Coffee/tea will be served at the Exhibition area during tea breaks as specified on the program.

Exhibition opening hours

31 May – 2 June 2019 (Fri – Sun): 0900 – 1800

Lunch Arrangement

31 May 2019	Lunch will NOT be provided.
1 – 2 June 2019	Lunch box will be provided for the lunch symposium.

Admission Badges

Admission badges will be provided upon registration at the Congress venue. Delegates are requested to wear their badges for identification purpose and admission to various sessions and exhibition.

Certificates of Attendance

All Certificates of Attendance will be sent by email after the Congress.

Faculty and VIP Lounge

Location: S228, Level 2 of HKCEC

Technician will be available to assist you during the following hours:

31 May 2019 (Fri)	08:00 – 18:30
1 June 2019 (Sat)	07:30 – 18:30
2 June 2019 (Sun)	08:30 – 18:00

E-Poster Display

E-posters will be displayed throughout the Congress at the S221 Foyer Area (except during the Best Posters Presentation).

Congregation & Opening Ceremony

Location: S221, Level 2 of HKCEC

Date & Time: 1 June 2019, 14:00 – 15:15

Gala Reception

All whole congress delegates are welcomed to the Gala Reception.

Venue: Divino Patio (Shop 11, 1/F, Causeway Centre, No. 28 Harbour Road, Wanchai)

Date & Time: 1 June 2019, 19:00 – 20:30

Assemble Time and Place: 18:30, S221 Foyer (near Registration Desk)

Internet Access

Free Wi-fi service is provided by the Hong Kong Convention and Exhibition Centre.

Disclaimer

Whilst every attempt will be made to ensure that all aspects of the Congress mentioned will take place as scheduled, the Hosts reserve the right to make last minute changes should the need arise.

Liability

The Hosts will not be liable for personal accidents, or any loss or damage of private property during the Congress. Delegates should make their own arrangements with respect to personal insurance.

Congress Secretariat

International Conference Consultants Limited

Unit C-D, 17/F, Max Share Centre,

373 King's Road, North Point, Hong Kong

Tel: (852) 2559 9973

Fax: (852) 2547 9528

Email: asc2019@icc.com.hk

Scientific Program

31 May 2019 (Fri)

Time	Session & Topic	
0800 – 0900	Registration	
0900 – 1030	Oral Abstracts Presentation (S221) (P.16) Chairpersons: Henry YL Kok, Kin-keung Tsang, Chee-wo Wu Judges: Carmen WS Chan, Suet-ting Lau, Chiu-sun Yue	Best Posters Presentation Group 1 – 3 (S226 – 227) (P.24-25) Judges: Shing-fung Chui, Gordon KT Ho, Cyril YK Ko, Pui-yin Lee, Lok-yan Tam
1030 – 1100	Tea break & exhibition	
1100 – 1230	Best Abstracts Presentation (S221) (P.17) Chairpersons: Hamish CK Chan, Hau-kwong Chung, Suet-ting Lau Judges: Robert Hendel, Andrew Kates, Alex PW Lee, Kai-hang Yiu	Best Posters Presentation Group 4 – 6 (S226 – 227) (P.26-27) Judges: Myles Chan, Gordon KT Ho, Nim-pong Kwong, Victor KF Lee, David KY Lo, Eric CY Wong, Chiu-sun Yue
1230 – 1400	Lunch Break	
1400 – 1530	HKCC-HKPHCA Challenging / Interesting Clinical Cardiology Cases Presentation I (S221) (P.18) Chairpersons: Mario Evora, Victor KM Goh, Wai-suen Leung, Eric CY Wong Judges: Yu-ho Chan, Steven SL Li, Li-wah Tam, Tak-sun Tse	
1530 – 1600	Tea break & exhibition	
1600 – 1730	HKCC-HKPHCA Challenging / Interesting Clinical Cardiology Cases Presentation II (S221) (P.18) Chairpersons: Raymond CY Fung, Gordon KT Ho Judges: Chun-ho Cheng, Liang Chow, Ho Lam, Linda Lam, Kin-ming Tam	
1730 – 1830	Heart and Diabetes Symposium (S221) Chairpersons: Jason LK Chan, Boron CW Cheng	
	Cardiovascular safety of hypoglycaemic agents – What the fuss is all about?	<i>Dominic Leung</i>
	Review of updated guidelines on managing diabetic patients with cardiovascular diseases	<i>Godwin TC Leung</i>

Scientific Program

1 June 2019 (Sat)

Time	Session & Topic	Speaker
0730 – 0800	Registration	
0800 – 0900	Heart Team Breakfast Symposium (S221) Chairpersons: Carmen WS Chan, Randolph HL Wong	
	Evolving MCS that are reshaping outcomes in advanced heart failure	<i>Katherine YY Fan</i>
	Should my patient with severe aortic stenosis undergo TAVI?	<i>Michael KY Lee</i>
	Challenges in CMR for adult congenital heart disease – Advantages and pitfalls	<i>Marina Hughes</i>
0900 – 1045	Coronary Ischaemia Symposium (S221) Chairpersons: Jason KC Ko, Ho Lam, Gary YK Mak	
	Complications in percutaneous cardiovascular medicine: A story about fellows, teachers and more Keynote Lecture	<i>Eric Eeckhout</i>
	Optimal PCI with optimal DAPT	<i>Yohei Sotomi</i>
	Personalized DAPT – For whom and for how long?	<i>Marc P. Bonaca</i>
	Assessment of coronary physiology: Impact on patient management	<i>Robert Hendel</i>
	Complex PCI: Deliver to undeliverable lesion	<i>Raymond CY Fung</i>
	Unmet needs in the management of chronic stable angina	<i>Peter Collins</i>
1045 – 1115	Tea break & exhibition	
1115 – 1245	Heart Failure Symposium (S221) Chairpersons: Gary CP Chan, Ronnie HL Chan, Elaine MC Chau, Edmond ML Wong	
	Heart failure management: From in-hospital to community	<i>Kai-Hang Yiu</i>
	An overview and new treatment options for amyloid cardiomyopathy	<i>Andrew Kates</i>
	Therapeutic advances in heart failure management – From diuretics to aquaretic agent	<i>Yen-hung Lin</i>
	Managing the difficult comorbidity of atrial fibrillation and heart failure	<i>Wai-keung Lai</i>
1245 – 1400	Lunch Symposium (S221) Chairpersons: Ling-ling Cheung, Suet-ting Lau	
	Lipid management for secondary prevention: Beyond the status quo	<i>Yehuda Handelsman</i>
1400 – 1515	Congregation and Opening Ceremony (S221)	
1515 – 1600	Hong Kong Heart Foundation Symposium (S221) Chairpersons: Chu-pak Lau, Tak-fu Tse	
	The long and winding historical route of interventional cardiology: All you ever wanted to know	<i>Eric Eeckhout</i>
1600 – 1630	ACS in Action (S221) Chairperson: Ngai-yin Chan	
		<i>Yuk-kong Lau & Vincent NH Luk & Chung-leung Tang</i>

Scientific Program

1630 – 1700	Tea break & exhibition	
1700 – 1830	ACC-HKCC Joint Symposium: Advances in Cardiology (S221) Chairpersons: Kam-tim Chan, Wai-kwong Chan, Godwin TC Leung, Chris KY Wong	
	Best of ACC.19	<i>Andrew Kates</i>
	A tale of two meta-analyses	<i>Dominic Leung</i>
	Latest updates on stroke prevention in AF	<i>Hung-fat Tse</i>
	Novel diagnostic techniques for heart failure	<i>Robert Hendel</i>

2 June 2019 (Sun)

Time	Session & Topic	Speaker
0830 – 0900	Registration	
0900 – 1030	Hypertension and AF Symposium (S221) Chairpersons: Kin-wing Chan, Adrian Piers YY Cheong, Bernard MY Cheung, Man-fai Ip, Victor WT Yan	
	Management of resistant hypertension	<i>Andrew Kates</i>
	An update on the management of isolated systolic hypertension	<i>Krzysztof Narkiewicz</i>
	Overcoming challenges in LAAO: Looking forward to a FLEXible treatment option	<i>Shing-fung Chui</i>
	AF ablation: How can we do better?	<i>Wing-hong Fung</i>
1030 – 1100	Tea break & exhibition	
1100 – 1300	Best Challenging / Interesting Cardiac Intervention Cases Presentation (S221) (P.19) Chairpersons: William CK Chan, Yuk-kong Lau, Kin-lam Tsui Judges: Gary SH Cheung, Ping-ching Fong, Man-hong Jim, Patrick TH Ko, Vincent OH Kwok, Brian Eugene Wu	
1300 – 1400	Lunch Symposium (S221) Chairpersons: Chung-seung Chiang, Bryan PY Yan	
	The recent advancement in lipid management – How can we do better for our patients?	<i>Adrian Piers YY Cheong</i>
1400 – 1600	Best HKCC-HKPHCA Challenging / Interesting Clinical Cardiology Cases Presentation (S221) (P.19) Chairpersons: Kwok-lun Lee, Li-wah Tam Judges: Alex CS Chiu, Katherine YY Fan, Yuk-kong Lau, Ping-wa Yam	
1600 – 1630	Tea break & exhibition	
1630 – 1800	Heart Rhythm Symposium (S221) Chairpersons: Kwok-keung Chan, Kathy LF Lee, Yui-chi So	
	Mapping for ventricular tachycardia: From basics to ultra-high density mapping	<i>Cheng-hung Li</i>
	Pacing therapy for heart failure: Cardiac resynchronization therapy and beyond	<i>Joseph YS Chan</i>
	ECG interpretation for patients presenting with sudden cardiac death	<i>Ngai-shing Mok</i>

* Program is subject to change without prior notice.

Paediatric Cardiology Symposium

31 May 2019 (Fri)

Time	Session & Topic
1600 – 1730	Free Paper Session: Paediatric Cardiology I (S224 – 225) (P.20) Chairpersons: Geoffrey CF Mok, Hui-shen Wang, Tak-cheung Yung
1730 – 1900	Free Paper Session: Paediatric Cardiology II (S224 – 225) (P.21) Chairpersons: Nai-chung Fong, Xin Li, Yu-mei Xie

1 Jun 2019 (Sat)

Time	Session & Topic	Speaker
0830 – 0835	Welcome Address	<i>Tak-cheung Yung</i>
0835 – 1035	Paediatric Cardiology Symposium I (S224 – 225) Chairpersons: Shu-bao Chen, Chi-wai Cheung, Kin-shing Lun, Shu-shui Wang	
	Applications of phase contrast imaging in congenital heart disease	<i>Kenneth KY Cheung</i>
	Cardiac MRI improves diagnostic accuracy and characterization in children with cardiomyopathy	<i>Yuting Zhang</i>
	Fetal cardiac MRI for congenital heart disease	<i>Ming Zhu</i>
	Fetal echocardiographic diagnosis of absent pulmonary valve syndrome	<i>Wei Pan</i>
	Role of CMR in Ebstein anomaly. Timing and candidacy for surgical repair	<i>Marina Hughes</i>
1035 – 1100	Tea break & exhibition	
1100 – 1230	Free Paper Session: Paediatric Cardiology III (S224 – 225) (P.22) Chairpersons: Pak-cheong Chow, Hong Li, Xiao-yun Wu	
1230 – 1400	Lunch Symposium (Please refer to the scientific program)	
1400 – 1515	Congregation & Opening Ceremony (S221)	
1515 – 1630	Paediatric Cardiology Symposium II (S224 – 225) Chairpersons: Yiu-fai Cheung, Hong Gu, Silin Pan, Dora ML Wong	
	Non-invasive imaging for the complex RVOT – Before and after intervention	<i>Marina Hughes</i>
	Transcatheter ablation of arrhythmias in congenital heart disease: Role of non-invasive imaging	<i>Sabrina SL Tsao</i>
	Cardiac MRI detection of coronary artery lesion of Kawasaki disease in Children	<i>Xi-hong Hu</i>
	Cardiac magnetic resonance assessment of myocarditis	<i>Xiaohai Ma</i>
1630 – 1700	Tea break & exhibition	
1700 – 1830	Best Interesting Clinical Cases Presentation Competition (P.23) Chairpersons: Kai-tung Chau Panelist & Judges: Maria SH Lee, Lok-yee So	

* Program is subject to change without prior notice.

Allied Cardiovascular Health Professionals (ACHP) Symposium

“Tips & Tricks” from Case Sharing in Cardiac Catheterization Laboratory and Coronary Care Unit

1 June 2019 (Sat)

Time: 09:30 – 12:00

Venue: S226 – 227

Time	Topic	Speaker
Session 1		
Chairpersons: Ka-lung Chui, Sin-hing Chiu		
0930 – 1000	Interesting ECG case sharing	<i>Sau-chi Yiu</i>
1000 – 1030	Coronary angiogram interpretation and easily missed findings	<i>David KY Lo</i>
1030 – 1100	Tea break & exhibition	
Session 2		
Chairpersons: Thomas KS Wong, Shuk-ling Kan		
1100 – 1130	Differences among various percutaneous mechanical circulatory support devices	<i>Michael KL Wong</i>
1130 – 1200	Handling most challenging patient in difficult situation at cath lab	<i>Kit-ying Ho</i>

* Program is subject to change without prior notice.

Symposium Co-joint Organizers:



香港心臟護理學會有限公司
Hong Kong Cardiac Nursing Association Ltd.



香港心臟護士專科學院有限公司
Hong Kong College of Cardiac Nursing Ltd.

Symposium Organizing Committee:

Wai-kwong Chan

Sin-hing Chiu

Shuk-ling Kan

David KY Lo

Cardiology Course for General Practitioners

2 June 2019 (Sun)

Time	Session & Topic	Speaker
	Preventive Cardiology: Expanding the role of GP in cardiology (S224 – 225) Chairpersons: Elaine MC Chau, Daniel HF Fong	
0900 – 0930	Cardiac risk assessment: Risk calculators & cardiac imaging	<i>Carmen WS Chan</i>
0930 – 1000	LDL Cholesterol: How low to go & how do we get there?	<i>Alan KC Chan</i>
1000 – 1030	Atrial fibrillation screening in general practice for stroke prevention	<i>Bryan PY Yan</i>
1030 – 1100	Tea break and exhibition	
	Cardiology Updates: What a GP needs to know (S224 – 225) Chairpersons: Duncan HK Ho, Yam-hong Wong, Kam-sang Woo	
1100 – 1130	Is there still a role for aspirin in primary prevention?	<i>Frankie CC Tam</i>
1130 – 1200	Optimal duration of dual-antiplatelet therapy after PCI: The long and short of it	<i>Thomas Prabowo Tunggal</i>
1200 – 1230	Declaring the new landscape of T2DM in primary care setting	<i>Marc P. Bonaca</i>
1300 – 1400	Lunch Symposium (Please refer to the scientific program) (S221)	
	Common Cardiology Challenges in General Practice (S224 – 225) Chairpersons: Chi-wo Chan, Jacky K Chan, John TH Wong	
1400 – 1430	How to manage resistant hypertension?	<i>John TH Wong</i>
1430 – 1500	Step-by-step guide to manage heart failure in primary care	<i>Danny HF Chow</i>
1500 – 1530	Management of stable angina and when to refer	<i>Gary YK Mak</i>
1530 – 1600	Tea break and exhibition	
	Cardiology Issues in Women and Paediatrics (S224 – 225) Chairpersons: King-loong Cheung, Nai-chung Fong	
1600 – 1620	Heart disease in women: Putting prevention into practice	<i>Kathy LF Lee</i>
1620 – 1640	Common congenital heart diseases in the young	<i>Man-ching Yam</i>
1640 – 1700	Kawasaki disease and coronary artery complications	<i>Maria SH Lee</i>
1700 – 1710	Q&A	

* Program is subject to change without prior notice.

List of Oral Presentations

Oral Abstracts Presentation

31 May 2019 (Fri), 0900 – 1030

Meeting Room S221

Paper Number	Paper Title
36	Survivin protects neonatal mouse cardiomyocytes from CVB3-induced apoptosis in a caspase-dependent manner <i>T Wu, P Li, H Li, Y Zhan, S Zhang, Y Shi, Y Yan, T Xia, Z Wang, R Wu</i> <i>The Second Affiliated Hospital of Wenzhou Medical University, Wenzhou, China</i>
75	Family of calcium-dependent potassium channels in CABG grafts: distribution profile and contribution to vasorelaxation <i>WT Sun, HT Hou, HX Chen, J Wang, GW He, Q Yang</i> <i>TEDA International Institute of Cardiovascular Research, TEDA International Cardiovascular Hospital, Chinese Academy of Medical Sciences, Tianjin, China</i>
56	Angiotensin II downregulates vascular endothelial cell hydrogen sulfide production by enhancing cystathionine- γ -lyase degradation through ROS-activated ubiquitin pathway <i>L Bai,¹ Y Huang,¹ Y Qi,² C Tang,³ J Du,^{1,2} H Jin¹</i> <i>¹Department of Pediatrics, Peking University First Hospital; ²Key Laboratory of Molecular Cardiology, Ministry of Education; ³Department of Physiology and Pathophysiology, Peking University Health Science Center, Beijing, China</i>
65	Intranuclear cardiac troponin I regulate Atp2a2 expression in cardiomyocytes as a nonclassical transcription factor <i>Q Lu</i> <i>Children's Hospital of Chongqing Medical University, Chong Qing, China</i>
74	Treatment option for complex aortic pathology: total aortic arch replacement with frozen elephant trunk <i>JYK Ho, JWY Chan, SCY Chow, PSY Yu, MWT Kwok, S Wan, T Fujikawa, M Underwood, RHL Wong</i> <i>Division of Cardiothoracic Surgery, Department of Surgery, Prince of Wales Hospital, Hong Kong</i>
79	Effect of RhoA/Rho-kinase inhibitor in human internal mammary artery and clinical implications <i>HT Hou,¹ HX Chen,¹ ZQ Wang,¹ TN Chen,¹ ZG Liu,¹ XC Liu,¹ J Wang,¹ Q Yang,¹ GW He^{1,2}</i> <i>¹Department of Cardiovascular Surgery & Center For Basic Medical Research, Teda International Cardiovascular Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, China; ²Department of Surgery, Oregon Health and Science University, Portland, USA</i>
91	First cluster-based 24-hour primary percutaneous coronary intervention program for ST-Segment elevation myocardial infarction in Hong Kong: initial experience of a tertiary center <i>CY Wong,¹ MC Chan,¹ J Chan,² NH Luk,¹ SF Chui,¹ KC Chan,¹ CL Fu,¹ CM Lo,⁴ CK Wong,³ LW Tam,² KY Lee,¹ KT Chan¹</i> <i>¹Division of Cardiology, Department of Medicine, Queen Elizabeth Hospital; ²Division of Cardiology, Department of Medicine and Geriatrics, Kwong Wah Hospital; ³Department of Accident and Emergency, Queen Elizabeth Hospital; ⁴Department of Accident and Emergency, Kwong Wah Hospital, Hong Kong</i>
122	Role of pre-discharge cardiovascular magnetic resonance in myocardial infarction with non-obstructive coronary angiography: regional Australian experience <i>W Lam,¹ R Reyalden,^{1,2} S Nyugen,^{1,2} S Collings,¹ M Mitchell,¹ A Spears,¹ G Starmer¹</i> <i>¹Cairns Hospital, Cairns; ²Princess Alexander Hospital, Brisbane, Australia</i>

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31 May 2019 (Fri), 1100 – 1230

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4	Efficacy and safety of novel biodegradable device for closure of atrial septal defect: from preclinical study to first-in-man experience Y Li, Y Xie, Z Zhang <i>Guangdong Cardiovascular Institute, China</i>
18	Comparison of two different techniques of ultrasound guided axillary vein access for pacemaker implantation C W Wong, YH Chan, YH Cheng, CS Lam <i>Pok Oi Hospital, Hong Kong</i>
54	Prognostic value of right ventricular three-dimensional speckle-tracking strain in pulmonary hypertension: superiority of longitudinal strain over circumferential and radial strain Y Li, ^{1,2} M Li, ^{1,2} L Li, ^{1,2} L Zhang, ^{1,2} Q Lv, ^{1,2} J Wang, ^{1,2} Y Yang, ^{1,2} M Xie ^{1,2} ¹ Department of Ultrasound, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology; ² Hubei Province Key Laboratory of Molecular Imaging, Wuhan, China
71	Drug-coated balloon in de novo small vessel coronary artery lesion T Lam, MH Jim <i>Grantham Hospital, Hong Kong</i>
106	Enhancement of high-density lipoproteins quantity and quality to treat dyslipidemia and hypertension by policosanol KH Cho <i>Yeungnam University, South Korea</i>
147	Air pollution (PM2.5) and arterial endothelial dysfunction in modernizing China: a report from CATHAY study YJ Hu, ¹ P Chook, ² PWA Lee, ³ CYT Kwok, ³ AN Wei, ⁴ XQ Lao, ⁵ KHA Lau, ⁶ DS Guo, ⁷ YH Yin, ⁸ WYT Yi, ⁹ WJ Chen, ⁸ KS Leung, ¹⁰ Y Leung, ¹⁰ DS Celermajer, ¹¹ KS Woo ¹⁰ ¹ Ninth Peoples' Hospital of Chongqing, China; ² Institute of Chinese Medicine, The Chinese University of Hong Kong, Hong Kong; ³ Department of Medicine & Therapeutics, The Chinese University of Hong Kong, Hong Kong; ⁴ Xuefu Hospital of Chongqing, Second Hospital of Chongqing Medical University, China; ⁵ School of Public Health and Primary Care, The Chinese University of Hong Kong, Hong Kong; ⁶ Department of Civil and Environment and Engineering, Hong Kong University of Science and Technology, Hong Kong; ⁷ Department of Medicine, Yu County Provincial Hospital, China, ⁸ Second Hospital of Chongqing Medical University, China; ⁹ Big Data Decision Analytics Research Centre, The Chinese University of Hong Kong, Hong Kong; ¹⁰ Institute of Future Cities, The Chinese University of Hong Kong, Hong Kong; ¹¹ Department of Cardiology, The University of Sydney, Australia

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HKCC-HKPHCA Challenging / Interesting Clinical Cardiology Cases Presentation I

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2	A Case showing how Impella and ECMO can worsen haemodynamics synergistically <i>SY Au</i> <i>Intensive Care Unit, Queen Elizabeth Hospital, Hong Kong</i>
17	The culprit of recurrent pain CK Au, ¹ GM Tan, ¹ BPY Yan ² ¹ Division of Cardiology, Prince of Wales Hospital; ² The Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong
85	Complete atrioventricular block in a patient with a history of Henoch-Schönlein purpura: a case report <i>CM Manalastas, M Nieves, HM Gomez, G Alfonso</i> <i>Angeles University Foundation Medical Center, Angeles City, Philippines</i>
108	A rare case of anomalous origin of left and right coronary artery <i>X Li, X Huang</i> <i>Department of Pediatrics, Affiliated Hangzhou First People's Hospital, Zhejiang University School of Medicine, Hangzhou City, China</i>
125	Progressive dyspnea: pulmonary embolism refractory to anticoagulation <i>J Chen, Y Liu, X Guo, J Ye, Y Liang, H Tan, J Chen</i> <i>Guangdong General Hospital, Guangzhou, China</i>
130	Mid-ventricular obstructive hypertrophic cardiomyopathy associated with apical aneurysm and left ventricular thrombus <i>W Ho, TM Mok, UP Lam, MF Ip, M Evora</i> <i>Centro Hospitalar Conde De São Januário, Macau</i>

HKCC-HKPHCA Challenging / Interesting Clinical Cardiology Cases Presentation II

31 May 2019 (Fri), 1600 – 1730

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9	Weathering an adenosine insensitive right ventricular outflow tract ventricular tachycardia (adenosine insensitive RVOT VT) storm in an adolescent female. A case report <i>JE Duya, G Gervacio, L Go, MJ Agbayani</i> <i>University of The Philippines-manila, Manila, Philippines</i>
30	Where is the ASD? <i>WK Chi</i> <i>Prince of Wales Hospital, Hong Kong</i>
35	Two tachycardias, one cause <i>S Ching, CS Yue</i> <i>Division of Cardiology, Department of Medicine and Geriatrics, United Christian Hospital, Hong Kong</i>
131	Development of deep vein thrombosis after achieving remission in a patient with acquired hemophilia A <i>V Ramiro, CA Tanchanco, JP Cerrado, JM Torres, A Mirasol, T Dumagay, MT Abola</i> <i>Philippine General Hospital, Manila, Philippines</i>
134	An atypical left atrial mass <i>SM Wong</i> <i>Princess Margaret Hospital, Hong Kong</i>
143	Investigate the indications of percutaneous ablation for atrial fibrillation in patients with rheumatic mitral stenosis <i>B Luo, Y Li, D Lu</i> <i>The First Affiliated Hospital of Guangzhou Medical University, Guangzhou City, China</i>

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47	Successful retrieval of entrapped rotablator after failure of traditional method <i>AYW Li, S Chung, D Lo, N Mui</i> <i>United Christian Hospital, Hong Kong</i>
66	Thrombus In LAA: nothing ventured, nothing gained <i>ICH Tsang, NY Chan, RCY Fung</i> <i>Princess Margaret Hospital Hong Kong</i>
67	A missing vessel <i>LT Lam</i> <i>Grantham Hospital, Hong Kong</i>
92	Coronary artery fistula – a nightmare to the patient and doctors <i>SC Leung, KL Lee, YK Yau</i> <i>Ruttonjee Hospital, Hong Kong</i>
128	Tackling knot & fracture in transradial procedure <i>CMS Kabir</i> <i>Ibrahim Cardiac Hospital & Research Institute, Shahbag, Bangladesh</i>
132	Unstable pulmonary embolism contraindicated for thrombolytic <i>PH Lee, M Chiang</i> <i>Queen Elizabeth Hospital, Hong Kong</i>

Best HKCC-HKPHCA Challenging / Interesting Clinical Cardiology Cases Presentation

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3	A case of Klinefelter syndrome with cardiomyopathy <i>N Sadick</i> <i>Westmead Hospital, Sydney, Australia</i>
24	Ablation with absolute alcohol in cardiac vein <i>TK Tam</i> <i>Prince of Wales Hospital, Hong Kong</i>
45	An obstacle in the way <i>JWL Poon,¹ E Lo,¹ K Chan,² CY Yung,¹ KL Lee,¹ YK Lau¹</i> <i>¹Ruttonjee Hospital; ²University of Hong Kong, Hong Kong</i>
63	Mitral annulus disjunction: more than just the valve <i>TS Wong, CY Yung, KL Lee</i> <i>Department of M&G, Ruttonjee Hospital, Hong Kong</i>
95	A neurogenic block <i>S Ching, SCS Yue</i> <i>United Christian Hospital, Hong Kong</i>
102	Just another PE? <i>S Ching,¹ D Lo,¹ SCS Yue,¹ R Fung²</i> <i>¹United Christian Hospital; ²Grantham Hospital, Hong Kong</i>

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Free Paper Session: Paediatric Cardiology I

31 May 2019 (Fri), 1600 – 1730

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107	<p>Incidence and prognosis of femoral arteriovenous fistula after cardiac catheterization in children: single-center experience</p> <p><u>Q Li</u> <i>Shantou University Medical College; Guangdong Cardiovascular Institute; Guangdong Provincial People's Hospital, Guangzhou, China</i></p>
105	<p>Initial experience of transcatheter closure of doubly committed subarterial ventricular septal defect using Amplatzer duct occluder II</p> <p><u>C Tang</u>, C Wang, K Zhou, Y Hua <i>Department of Pediatric Cardiology, West China Second University Hospital, Sichuan University, Chengdu, Sichuan, China</i></p>
27	<p>Follow up outcomes and risk factors of complete left bundle branch block after transcatheter closure of perimembranous ventricular septal defect in children</p> <p><u>C Wang</u>, K Zhou, Y Hua <i>Department of Pediatric Cardiology, West China Second University Hospital, Sichuan University, Chengdu, China</i></p>
26	<p>Effect of percutaneous interventional treatment for pulmonary branch stenosis in children</p> <p><u>CP Sun</u> <i>Guangdong Cardiovascular Institute, Guangzhou, China</i></p>
133	<p>Outcome of Fontan conversion in patients with failing Fontan circulation</p> <p>MY Cheng,¹ <u>TC Yung</u>,¹ SY Kwok,¹ HS Chen,¹ KS Lun,¹ N Yam,² BA Rocha,² WK Au,² PC Chow,¹ S Tsao¹ ¹Department of Paediatric Cardiology; ²Department of Cardiothoracic Surgery, Queen Mary Hospital, Hong Kong</p>
59	<p>Hybrid procedure for pulmonary atresia with intact ventricular septum in neonate</p> <p><u>X Li</u>,¹ J Liao,¹ L Sun,² J Huang,² H Huang¹ ¹Department of Cardiothoracic Surgery; ²Department of Cardiology, Children's Hospital, Soochow University, Suzhou, China</p>
73	<p>Fetal pulmonary valvuloplasty for pulmonary atresia with intact ventricular septum in 10 cases</p> <p><u>S Pan</u> <i>Qingdao Women and Children's Hospital, Qingdao, China</i></p>
110	<p>Cardiac transplantation in pediatric patients – a report of five cases</p> <p><u>JL Li</u> <i>Guangdong Cardiovascular Institute, China</i></p>
94	<p>Tricuspidization with continuous autologous pericardium for aortic valve reconstruction in children</p> <p><u>W Zhang</u>, B Jia <i>Cardiovascular Center, Children's Hospital of Fudan University, Shanghai, China</i></p>
135	<p>Clinical characteristics and treatment of congenital vascular rings in 78 infants</p> <p>J Rao, S Sun, H Li, Q Liu, J Huang, W Xu <i>Guangdong Women and Children Hospital, Guangzhou, China</i></p>

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Free Paper Session: Paediatric Cardiology II

31 May 2019 (Fri), 1730 – 1900

Meeting Room S224-225

Paper Number	Paper Title
101	<p>A clinical study of warfarin combined with aspirin in the treatment of giant coronary artery aneurysm with Kawasaki disease</p> <p>P Huang,² Z Peng¹</p> <p>¹Pediatric Branch, Shenzhen Hospital of Southern Medical University; ²Pediatric Branch, Guangzhou Women and Children's Medical Center, China</p>
78	<p>Prediction for intravenous immunoglobulin resistance combining genetic risk loci identified from next generation sequencing and laboratory data in Kawasaki disease</p> <p>L Chen,¹ S Song,¹ Q Ning,² J Jia,² J Zhao,¹ L Xie,¹ T Xiao,¹ M Huang¹</p> <p>¹Shanghai Children's Hospital Affiliated to Shanghai Jiaotong University; ²Shanghai Center for Bioinformation Technology, Shanghai, China</p>
58	<p>The association between alanine aminotransferase/aspartate aminotransferase ratio (AST/ALT ratio) and Kawasaki disease</p> <p>J Wang, M Chu</p> <p>Department of Children's Heart Center, The Second Affiliated Hospital and Yuying Children's Hospital, Institute of Cardiovascular Development and Translational Medicine, Wenzhou Medical University, Wenzhou, China</p>
34	<p>Combination of N-terminal pro-brain natriuretic peptide and seven risk-scoring systems for intravenous immunoglobulin resistance prediction of Kawasaki disease in West China</p> <p>S Shao, K Zhou, Y Hua, C Wang</p> <p>Department of Pediatric Cardiology, West China Second University Hospital, Sichuan University, Chengdu, China</p>
25	<p>A prediction model of Kawasaki disease</p> <p>X Tan,¹ H Wang,² W Zhao,¹ B Pan,¹ L Liu,¹ X Huang,³ J Tian¹</p> <p>¹Department of Cardiology, Heart Centre, The Children's Hospital of Chongqing Medical University, Chongqing, China; Ministry of Education Key Laboratory of Child Development and Disorders, Key Laboratory of Pediatrics in Chongqing, Chongqing International Science and Technology Cooperation Center for Child Development and Disorders, Chongqing, China; ²College of Medical Informatics, Chongqing Medical University, Chongqing, China; ³Department of Biomedical Science, Charlie E. Schmidt College of Medicine, Florida Atlantic University, Boca Raton, FL, USA.</p>
57	<p>Clinical features and outcomes of ischemic cardiomyopathy resulted from Kawasaki disease</p> <p>Y Wang, X Huang, Z Wang, W Li, X Xie, P Huang, L Zhang</p> <p>Guangzhou Women and Children's Medical Center, Guangdong, China</p>
68	<p>Genotype and phynotype of Chinese pediatric patients with IPAH/HPAH</p> <p>H Zhang, H Gu</p> <p>Beijing Anzhen Hospital, China</p>
28	<p>Platelet indicators: new makers of severity and reversibility in pulmonary arterial hypertension secondary to congenital heart disease with left-to-right shunt in children?</p> <p>F Ma, C Wang, C Tang, K Zhou, Y Hua</p> <p>West China Second University Hospital of Sichuan University, China</p>
70	<p>Sulfur dioxide inhibits proliferation of vascular smooth muscle cells by reducing intracellular pH</p> <p>Y Wang, X Wang, X Tian, L Zhang, Y Huang, C Tang, J Du, H Jin</p> <p>Peking University First Hospital, Beijing, China</p>

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Free Paper Session: Paediatric Cardiology III

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46	Novel mutations of CASQ2 in Chinese children with catecholaminergic polymorphic ventricular tachycardia <u>Q Li</u> , L Gao, Y Yuan, X Xu <i>Beijing Children's Hospital, Capital Medical University, Beijing, China</i>
136	High-density mapping of atrial tachyarrhythmia in congenital heart diseases <u>SY Kwok</u> , ¹ TC Yung, ¹ NL Ho, ¹ J Hai, ² S Tsao, ¹ HF Tse ² ¹ Department of Paediatric Cardiology; ² Division of Cardiology, Department of Medicine, Queen Mary Hospital, Hong Kong
14	Diagnosis and treatment of inherited arrhythmia in pediatric patients – 10-years of single center experience <u>ZL Li</u> , S Zeng, Z Zhang <i>Guangdong Cardiovascular Institute, Guangzhou, China</i>
19	Clinical characteristics and prognosis of NC/C<2 patients with noncompaction cardiomyopathy <u>Y Gan</u> <i>The Children's Hospital of Chongqing Medical University, China</i>
116	Mechanism of de novo mutation microtubule associated scaffold protein 1 (MTUS1) in the process of compaction of ventricular myocardium <u>X Bai</u> , Y Zhou, N Oyang, L Liu, J Tian, T Lv <i>Department of Cardiology, Children's Hospital of Chongqing Medical University, Chongqing, China</i>
117	Respiratory syncytial virus associated infection in infants with haemodynamically significant congenital heart disease before 12 months of age in Hong Kong: the implication on potential use of monoclonal antibody prophylaxis <u>R Chen</u> , S Chiu, SL Lee, TC Yung <i>Queen Mary Hospital, Hong Kong</i>
120	Association between mitochondrial DNA copy number and cardiovascular disease: current evidence based on a systematic review and meta-analysis <u>Y Li</u> , P Yue, K Zhou, Y Hua <i>West China Second University Hospital, Sichuan University, China</i>
118	Respiratory ciliary dysfunction and airway symptoms in congenital heart disease with/without heterotaxy <u>T Zhao</u> , W Chen, S Li, W Sheng, G Huang <i>Children's Hospital of Fudan University, Shanghai, China</i>
55	The VVI ventricular function assessment in second-third trimester fetus with tricuspid regurgitation <u>L Hong</u> , ^{1,2} H Cao, ^{1,2} L Zhang, ^{1,2} Q Chen, ^{1,2} M Xie ^{1,2} ¹ Department of Ultrasound, Union Hospital, Tongji Medical College, Huazhong University of Science and Technology; ² Hubei Province Key Laboratory of Molecular Imaging, Wuhan, China

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Best Interesting Clinical Cases Presentation Competition (Paediatric)

1 June 2019 (Sat), 1700 – 1830

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Paper Number	Paper Title
23	<p>Amiodarone-related pure red cell aplastic anemia and hypothyroidism after complex congenital heart surgery: one case report</p> <p>H Ba, Y Qin, H Wang <i>Department of Pediatric Cardiology, Heart Center, The First Affiliated Hospital, Sun Yat-sen University, Guangzhou, China</i></p>
43	<p>Very late-onset complete atrioventricular block after transcatheter closure of perimembranous ventricular septal defect</p> <p>X Liu,^{1,2,3,4} C Wang,^{1,2,3,4} K Zhou,^{1,2,3,4} Y Hua^{1,2,3,4}</p> <p>¹Department of Pediatric Cardiology, West China Second University Hospital, Sichuan University; ²The Cardiac Development and Early Intervention Unit, West China Institute of Women and Children's Health, West China Second University Hospital, Sichuan University; ³Key Laboratory of Birth Defects and Related Diseases of Women and Children (Sichuan University), Ministry of Education Chengdu; ⁴Key Laboratory of Development and Diseases of Women and Children of Sichuan Province, West China Second University Hospital, Sichuan University, Chengdu, Sichuan, China</p>
64	<p>One case of primary carnitine deficiency</p> <p>Y Yan, R Wu, Z Wang, Y He, P Li, Y Zhan, Y Shi, H Li, T Wu, Q Ye, Q Wang <i>The Second Affiliated Hospital of Wenzhou Medical University, Zhejiang, China</i></p>
72	<p>The outcome of LBBB complicated with transcatheter closure of VSD in two children</p> <p>W Li, L Zhang, P Huang, ZP Wang, YF Wang <i>Guangzhou Women And Children's Medical Center, Guangzhou, China</i></p>
83	<p>Removal of a pacemaker lead in an infant through left subclavicular vein</p> <p>W Ji <i>Shanghai Children's Medical Center, Shanghai/Pudong New District, China</i></p>
93	<p>Pulmonary venous channel stenosis accompanying thrombus after the Senning procedure in a child</p> <p>H Li, L He, B Wang, L Zhang, YM Li, MX Xie <i>Union Hospital, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China</i></p>
99	<p>Anomalous origin of left and right coronary artery result from pulmonary hypertension due to heart failure</p> <p>X Li, X Huang <i>Department of Pediatrics, Affiliated Hangzhou First People's Hospital, Zhejiang University School of Medicine, Hangzhou City, China</i></p>
109	<p>Catecholaminergic polymorphic ventricular tachycardia with complex arrhythmia: a case report</p> <p>H Ge, X Li, M Li, H Jiang, H Liu, Y Zhang <i>First Hospital of Tsinghua University, Beijing, China</i></p>
146	<p>Two cases report of sinus rhythm restored after surgical removal of the occluder for late complete left bundle branch block developed post-occlusion of perimembranous ventricular septal defect</p> <p>YM Xie, YF Li, XY Wang <i>Guangdong Cardiovascular Institute, Guangzhou, China</i></p>

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Best Posters Presentation (Group 1)

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16	Histone deacetylase 1 (HDAC1) was involved in regulation of placental multidrug resistance-associated protein 2 in vitro and vivo: possible implications for congenital heart disease prevention <u>H Duan</u> <i>West China Second University Hospital, Sichuan University, Chengdu, China</i>
31	Establishment of Open descending and thoracoabdominal aortic surgery in Hong Kong <u>T Fujikawa</u> , R Wong, M Kwok, J Ho, S Chow, P Yu, J Chan, S Wan <i>Prince of Wales Hospital, Hong Kong</i>
49	Mutant cardiac troponin I down-regulate phosphodiesterase 4d via epigenetic regulation in cardiomyocytes <u>W Zhao</u> <i>Children's Hospital of Chongqing Medical University, China</i>
112	Nurse-led chest pain clinic: safe and effective <u>SH Chiu</u> , PT Tsui <i>Cardiac Team, Department of Medicine & Geriatrics, Princess Margaret Hospital, Hong Kong</i>
119	Gene therapy for hypertrophic cardiomyopathy targeting Myh7 based on CASA AV <u>Y Li</u> , C Wang, K Zhou, Y Hua <i>West China Second Uni Hospital, Sichuan University, China</i>
126	Burden of CVD in very young patients admitted in a tertiary care hospital, Bangladesh <u>CMS Kabir</u> <i>Ibrahim Cardiac Hospital & Research Institute, Shahbag, Bangladesh</i>
149	Clinical outcome of percutaneous coronary intervention on chronic total occlusion, single centre experience. <u>RCY Fung</u> , ¹ MH Jim, ² A Ng ² <i>¹Princess Margaret Hospital; ²Grantham Hospital, Hong Kong</i>

Best Posters Presentation (Group 2)

31 May 2019, 0900 – 1030

Paper Number	Paper Title
15	The reproducibility of myocardial and liver T2* for iron load quantification – a dual-center multi-platform study <u>Y Chan</u> , ¹ L Yip, ¹ C Chan, ¹ KT Wong, ² CF Cheung, ¹ W Kwong, ² YY Law, ² M Lai, ² A Wat, ² S Cheung ¹ <i>¹Queen Mary Hospital; ²Prince of Wales Hospital, Hong Kong</i>
33	Left ventricular stiffness in adolescents and young adults after arterial switch operation for complete transposition of the great arteries <u>C Wang</u> , ² VW Li, ¹ Y Cheung ¹ <i>¹Department of Paediatrics and Adolescent Medicine, Queen Mary Hospital, The University of Hong Kong, Hong Kong; ²Department of Pediatric Cardiology, West China Second University Hospital, Sichuan University, Chengdu, China</i>
48	Generation and characteristic of UCs-iPS-derived cardiomyocyte from patient with noncompaction of ventricular myocardium <u>A Liu</u> <i>Department of Cardiology, Children's Hospital of Chongqing Medical University, Chongqing, China</i>
88	Pre-operative sildenafil for patients with pulmonary hypertension undergoing mitral valve surgery: a systematic review and meta-analysis <u>DL Villanueva</u> <i>Philippine General Hospital, Manila, Philippines</i>
89	Use of bromocriptine for the treatment of peripartum cardiomyopathy: a meta-analysis of randomized controlled trials <u>DL Villanueva</u> <i>Philippine General Hospital, Manila, Philippines</i>

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Paper Number	Paper Title
113	<p>Establishment of minimally invasive mouse transverse aortic constriction model without mechanical ventilation</p> <p>L Liu, W Zhao, Y Gan, L Liu, J Tian <i>Children's Hospital of Chongqing Medical University, Chongqing, China</i></p>
140	<p>Role of statins for the prevention of anthracycline-induced cardiomyopathy: a meta-analysis</p> <p>J Reymatias, DL Villanueva, V Ramiro, JD Magno <i>University of the Philippines - Philippine General Hospital, Manila, Philippines</i></p>

Best Posters Presentation (Group 3)

31 May 2019, 0900 – 1030

Paper Number	Paper Title
10	<p>"Fatal Eosinophilic Myocarditis" from Hypereosinophilic syndrome and intestinal parasitism mimicking acute coronary syndrome in a 39 year old Filipino female</p> <p>JE Duya,¹ PA Alad,² M Cruz,³ RH Tiongco,³ JA Tindoc⁴ ¹Fellow in Training, Section of Cardiology, Department of Medicine; ²Resident in Training, Department of Medicine; ³Consultant, Section of Cardiology, Department of Medicine; ⁴Resident in Training, Department of Laboratories, Manila, Philippines</p>
11	<p>The efficacy of oral trimetazidine in preventing contrast-induced nephropathy among patients undergoing elective coronary procedures: a meta-analysis of randomized controlled trials</p> <p>JE Duya, R Angeles, R King, J Anonuevo, FE Punzalan <i>University of The Philippines-Manila, Philippines</i></p>
29	<p>High-density mapping of atrial tachyarrhythmia in complex congenital heart diseases – single tertiary centre experience in Hong Kong</p> <p>SY Kwok,¹ TC Yung,¹ NL Ho,¹ JJ Hai,² S Tsao,¹ HF Tse² ¹Department of Paediatric Cardiology; ²Division of Cardiology, Department of Medicine, Queen Mary Hospital, Hong Kong</p>
87	<p>Initial experience with the Micra® leadless pacemaker at a regional hospital in Hong Kong</p> <p>S Ching, D Lo, MC Choi, SCS Yue <i>United Christian Hospital, Hong Kong</i></p>
123	<p>Impact of vagal denervation on recurrence of atrial fibrillation after pulmonary vein isolation</p> <p>U Do, J Kim, M Kim, MS Cho, GB Nam, KJ Choi, YH Kim <i>Asan Medical Center, Seoul, South Korea</i></p>
142	<p>Growth differentiation factor-15 predicts major adverse cardiac events in patients undergoing percutaneous coronary intervention: a systematic review and meta-analysis</p> <p>L Liu,^{1,2,3} J Chen,^{1,3} Y Liu^{1,3} ¹Guangdong Cardiovascular Institute; ²Southern Medical University; ³Guangdong Provincial People's Hospital, China</p>

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Paper Number	Paper Title
7	The clinical, electrocardiographic, echocardiographic profile and in-patient outcomes of adult Filipino patients with methamphetamine drug use associated cardiomyopathy at a tertiary hospital: a prospective study JE Duya, FE Punzalan, EJ Llanes, PF Reganit <i>University of The Philippines-Manila, Philippines</i>
8	The evolving clinical and echocardiographic profile of patients admitted for acute cardioembolic stroke at a tertiary hospital in the Philippines JE Duya, K Hernandez, MC San Jose <i>University of The Philippines-Manila, Philippines</i>
13	The spectrum of cardiovascular involvement in hypereosinophilic syndrome among Filipinos: a case series and review of literature JE Duya, ¹ ADM Divinagracia-Alban, ² J Taquizo, ¹ SM Obillos, ¹ RHP Tiongco, ¹ EB Alajar, ¹ MTB Abola, ¹ JDA Magno, ¹ FE Punzalan, ¹ FP Reganit, ¹ EJ Llanes, ¹ CM Macalintal ² ¹ Section of Cardiology, Department of Medicine, University of the Philippines - Philippine General Hospital; ² Department of Cardiology, Makati Medical Center, Makati City
37	"Detaching knowledge vs advancing technology" – the need of CIED training for frontlines in an acute hospital KY Kwan, ¹ YW Leung, ² CS Yue, ² PL Ngan, ¹ YB Ng ² ¹ United Ambulatory Care Centre, Department of Medicine and Geriatrics; ² Division of Cardiology, Department of Medicine and Geriatrics, United Christian Hospital, Hong Kong
81	Distribution of CYP2C19 polymorphism related to clopidogrel metabolism in patients with coronary artery disease in Tianjin and clinical significance HX Chen, ¹ WH Lin, ² Q Yang, ¹ HT Hou, ¹ GW He ¹ ¹ Center for Basic Medical Research; ² Department of Cardiology, TEDA International Cardiovascular Hospital, Chinese Academy of Medical Sciences & Peking Union Medical College, Tianjin, China
150	Antegrade dissection reentry device in chronic total occlusion intervention RCY Fung, ¹ PT Tsui, ¹ MH Jim ² ¹ Princess Margaret Hospital; ² Grantham Hospital, Hong Kong

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82	Baicalin attenuates myocardial ischemia-reperfusion injury through Akt/NF-κB pathway Y Luan, W Jiang, Q Qin, J Wang, C Sun <i>Central Research Laboratory, Institute of Medical Science, The Second Hospital of Shandong University, Jinnan, China</i>
96	The new SHSMA® patent ductus arteriosus occluder: single center experience Y Shi, J Huang, T Wu, S Zhang, H Li, Q Wang, P Li, R Wu <i>The Second Affiliated Hospital of Wenzhou Medical University, Wenzhou, China</i>
111	A retrospective study on the predictors of outcome in patients with infective endocarditis YE Yiu, NY Chan <i>Princess Margaret Hospital, Hong Kong</i>
121	Computed tomography pictorial review of coronary artery anomalies WK Li, CH Chui, SK Cheung, YL Leung <i>Department of Radiology, North District Hospital, Hong Kong</i>
124	Pulmonary vein isolation using high power (50 Watts) radiofrequency energy in patients undergoing atrial fibrillation U Do, J Kim, M Kim, MS Cho, GB Nam, KJ Choi, YH Kim <i>Asan Medical Center, Seoul, South Korea</i>
144	Non-acute myocardial infarction patients with chronic renal failure may not be benefit from myocardial revascularization L Lei, ^{1,2} J Liu, ¹ S Chen, ¹ W Guo, ¹ F Song, ¹ G Sun, ¹ Y He, ¹ Z Guo, ¹ B Liu, ¹ L He, ¹ L Liu, ^{1,2} G Chen, ¹ Y Liu ¹ ¹ Guangdong Provincial People's Hospital; ² The Second School of Clinical Medicine, Southern Medical University, Guangzhou, China

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90	<p>Efficacy of Ivabradine in patients with acute ST-elevation myocardial infarction who underwent primary percutaneous coronary intervention: a systematic review of clinical trials</p> <p>DL Villanueva</p> <p>Philippine General Hospital, Manila, Philippines</p>
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148	<p>Variations in pulmonary artery and systemic blood pressures during the induction period of general anesthesia in elderly patients: a pilot study</p> <p>Y Liu,¹ H Fu,¹ FKS Woo,² A Wei,³ Y Zhu,¹ W Zhao,⁴ F Chen¹</p> <p>¹Anesthesia Department of Chongqing Emergency Medical Center (Affiliated Central Hospital of Chongqing University), Yuzhong District, China; ²Institute of Future Cities, The Chinese University of Hong Kong, Hong Kong; ³Department of Anesthesiology, The Second Affiliated Hospital of Chongqing Medical University, Yuzhong District, China; ⁴Department of Anesthesiology, Chongqing Public Health Medical Center, Shapingba District, China</p>

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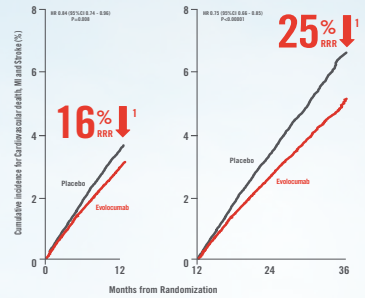
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Repatha is indicated in adults with established atherosclerotic cardiovascular disease, as an adjunct to diet and in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated. **DOSE AND ADMINISTRATION:** Primary hypercholesterolemia and mixed dyslipidemia in adults. The recommended dose of Repatha is either 140 mg every two weeks or 70 mg every four weeks. In patients with moderate to severe hypercholesterolemia, treatment with 140 mg every two weeks may be considered. Established atherosclerotic cardiovascular disease in adults. The recommended dose of Repatha is either 140 mg every two weeks or 70 mg every four weeks, both doses are clinically equivalent. No dose adjustment is necessary in patients with mild to moderate renal impairment. No dose adjustment is necessary in patients with mild hepatic impairment. No dose adjustment is necessary in elderly patients. The safety and efficacy of Repatha in children aged less than 18 years has not been established in the indication for primary hypercholesterolemia and mixed dyslipidemia. The safety and efficacy of Repatha in children aged less than 12 years has not been established in the indication for homozygous familial hypercholesterolemia. Repatha is for subcutaneous injection only. **CONTRAINDICATIONS:** Hypersensitivity to the active substance or to any of the excipients. **SPECIAL WARNINGS AND PRECAUTIONS FOR USE:** Renal impairment. There is limited experience with Repatha in patients with severe renal impairment (creatinine clearance < 30 mL/min/1.73 m²). Repatha should be used with caution in patients with severe renal impairment. Repatha is contraindicated in patients with moderate hepatic impairment, a reduction in total cholesterol was observed that may lead to a reduced effect on LDL-C reduction. However, close monitoring may be warranted in these patients. Patients with severe hepatic impairment (Child-Pugh C) should not be treated. Repatha should be used with caution in patients with severe hepatic impairment. By natural rubber. The needle cover of the glass pre-filled syringe/ampoule is made from dry natural rubber (a derivative of latex), which may cause allergic reactions. Sodium chloride. This medicinal product contains less than 1 mmol sodium/100 mg dry dose, i.e. it is essentially sodium-free. **INTERACTIONS:** An approximately 70% increase in the exposure of evolocumab was observed in patients co-administered plasmic. The increased clearance is not attributable to changes increasing the concentration of Proprotein Convertase Subtilisin/Kexin 1 (PCSK1), which did not adversely impact the pharmacodynamic effect of evolocumab on lipids. No statin dose adjustments are necessary when used in combination with Repatha. **PREGNANCY AND LACTATION:** Pregnancy. There are no or limited amount of data from the use of Repatha in pregnant women. Repatha should not be used during pregnancy unless the clinical condition of the woman requires treatment with evolocumab. Evolocumab is excreted in human milk. A risk to breastfed infants cannot be excluded. Additional data should be made available by conducting breast milk studies. **ADVERSE REACTIONS:** The most common reported adverse reactions during pivotal trials, at the recommended doses, were nasopharyngitis (1.2%), upper respiratory tract infection (1.2%), back pain (1.4%), influenza (1.2%), influenza (1.2%), influenza (1.2%), injection site reaction (0.7%). The safety profile in the homozygous familial hypercholesterolemia population was consistent with that documented in the primary hypercholesterolemia and mixed dyslipidemia populations. Injection site reactions. Injection site reactions. The most frequent injection site reactions were injection site burning, erythema, hematoma, injection site pain, and swelling. **Special warnings:** There is limited experience with Repatha in pediatric patients. No difference in safety was observed between adolescents and adult patients with homozygous familial hypercholesterolemia. The safety and effectiveness of Repatha in pediatric patients with primary hypercholesterolemia and mixed dyslipidemia has been established. **Limitations:** No overall differences in safety or efficacy were observed between those patients and younger patients. **Pharmacovigilance:** In clinical studies, 0.3% of patients (41 out of 17,262 patients) treated with at least one dose of Repatha have reported the following adverse developments. The patients whose data were reported for limiting antibodies were further evaluated for neutralizing antibodies, and none of the patients tested positive for neutralizing antibodies. The presence of anti-evolocumab binding antibodies, regardless of the pharmacokinetic profile, clinical response, or safety of Repatha. **SPECIAL PRECAUTIONS FOR STORAGE, PHYSICAL AND OTHER HANDLING:** Store in a refrigerator (2°C - 8°C), not for freezing. Refer to the original carton in order to protect from light. If removed from the refrigerator, Repatha may be stored at room temperature up to 25°C for 30 days. **Excipients:** Refer to the original carton. Repatha may be stored at room temperature up to 25°C for 30 days. **Special precautions:** Do not inject the solution if it contains particles, or if cloudy or discoloured. Do not administer if the date of expiration, after the ampoule is broken, has expired. Report the entire contents.

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Qualitative and quantitative composition: Each Volibris film-coated tablet contains 5mg and 10mg tablet contains 5mg and 10mg ambrisentan, respectively. **Therapeutic indications:** Volibris is indicated for the treatment of adult patients with pulmonary arterial hypertension (PAH) classified as WHO functional class II and III, to improve exercise capacity. Efficacy has been shown in idiopathic PAH (iPAH) and in PAH associated with connective tissue disease. **Posology and method of administration:** Adults: Volibris is taken orally at dose of 5mg QD. Consider increasing the dose to 10mg QD if 5mg is tolerated. (See also [adverse reactions](#)). When coadministered with cyclosporine A, the dose of ambrisentan should be limited to 5mg QD. Pediatric & adolescents: There are no data available on the use of ambrisentan in patients under 18 years of age, and therefore the use of ambrisentan in these patients is not recommended. Elderly: No dose adjustment is required in patients aged ≥65 yrs. Renal impairment: No dose adjustment is required in patients with renal impairment. Hepatic impairment: Ambrisentan has not been studied in individuals with hepatic impairment (with or without cirrhosis). However, hepatic impairment would be expected to increase exposure (C_{max} and AUC) to ambrisentan, since its main routes of metabolism are glucuronidation and, to a lesser extent, oxidation, with subsequent elimination in the bile. Therefore, ambrisentan must not be initiated in patients with severe hepatic impairment, or clinical significant elevated hepatic aminotransferases (>3xULN). **Contraindications:** Hypersensitivity to the active substance, to soya, or to any of the excipients. Pregnancy. Breast feeding. Women of child-bearing potential who are not using reliable contraception. Severe hepatic impairment (with or without cirrhosis). Baseline values of hepatic aminotransferases (AST and/or ALT) >3xULN, idiopathic pulmonary fibrosis (IPF), with or without secondary pulmonary hypertension. **Special warnings and precautions for use:** Liver function: Liver function abnormalities have been associated with PAH. Cases consistent with autoimmune hepatitis, including possible exacerbation of underlying autoimmune hepatitis, hepatic injury and hepatic enzyme elevations potentially related to therapy have been observed with ambrisentan. Therefore, hepatic aminotransferases (ALT & AST) should be evaluated prior to initiation of ambrisentan and treatment should not be initiated in patients with baseline values of ALT and/or AST >3xULN. Patients should be monitored for signs of hepatic injury and monthly monitoring of ALT & AST is recommended. If patients develop sustained, unexplained, clinically significant ALT and/or AST elevation, or ALT and/or AST elevation is accompanied by signs or symptoms of hepatic injury (e.g. jaundice), ambrisentan therapy should be discontinued. In patients without clinical signs of hepatic injury or of jaundice, re-initiation of ambrisentan may be considered following resolution of hepatic enzyme abnormalities. Haemoglobin concentration: Reductions in haemoglobin concentrations and haematocrit have been associated with ERAs including ambrisentan. Most of these decreases were observed within the first 4 weeks of therapy and haemoglobin generally stabilized thereafter. Mean decreases from baseline (ranging from 0.9 to 1.2 g/dL) in haemoglobin concentrations persisted for up to 4 years of treatment with ambrisentan in the long-term open-label extension of the pivotal Phase 3 clinical studies. In the post-marketing period, cases of anaemia requiring blood cell transfusion have been reported. Initiation of ambrisentan is not recommended for patients with clinically significant anaemia. It is recommended that haemoglobin and/or haematocrit levels are measured during treatment with ambrisentan, for example at 1 month, 3 months and periodically thereafter in line with clinical practice. If a clinically significant decrease in haemoglobin or haematocrit is observed, and other causes have been excluded, dose reduction or discontinuation of treatment should be considered. Fluid retention: Peripheral oedema has been observed with ERAs including ambrisentan. Most cases of peripheral oedema in clinical studies with ambrisentan were mild to moderate in severity, although it appeared to occur with greater frequency and severity in patients ≥65 yrs. Peripheral oedema was reported more frequently with 10 mg ambrisentan. Post-marketing reports of fluid retention occurring within weeks after starting ambrisentan have been received and, in some cases, have required intervention with a diuretic or hospitalisation for fluid management or decompensated heart failure. If patients have pre-existing fluid overload, this should be managed as clinically appropriate prior to starting ambrisentan. If clinically significant fluid retention develops during therapy with ambrisentan, with or without associated weight gain, further evaluation should be undertaken to determine the cause, such as ambrisentan or underlying heart failure, and the possible need for specific treatment or discontinuation of ambrisentan therapy. Pulmonary veno-occlusive disease: If PAH patients develop acute pulmonary oedema when treated with ambrisentan, the possibility of pulmonary veno-occlusive disease should be considered. Fertility, pregnancy and lactation: Pregnancy: Ambrisentan is contraindicated in pregnancy. Animal studies in rats and rabbits have shown that ambrisentan is teratogenic. Teratogenicity is a class effect of ERAs. Women receiving ambrisentan must be advised of the risk of foetal harm and alternative therapy initiated if pregnancy occurs. Women of child-bearing potential: Ambrisentan treatment must not be initiated in women of child-bearing potential unless the result of a pre-treatment pregnancy test is negative and reliable contraception is practiced. Monthly pregnancy tests during treatment with ambrisentan are recommended. Breast feeding: It is not known whether ambrisentan is excreted in human breast milk. Risk of foetal harm is contra-indicated in patients taking ambrisentan. Drug interactions: The development of testicular tubular atrophy in male animals has been linked to the chronic administrations of ERAs, including ambrisentan. The effect on male human fertility is not known. Effects on ability to drive and use machines: Ambrisentan has minor or moderate influence on the ability to drive and use machines. Interactions with other medicinal products and other forms of interaction: Ambrisentan is primarily metabolized by glucuronidation and to a lesser extent by oxidative metabolism, principally by CYP3A and to a lesser extent by CYP2C19. Ambrisentan does not inhibit or induce phase I or II drug metabolizing enzymes at clinically relevant concentrations in non-clinical studies, suggesting a low potential for ambrisentan to alter the profile of drugs metabolized by these enzymes. The potential for ambrisentan to inhibit CYP3A4 activity was explored in healthy volunteers, with results suggesting a lack of inductive effect of ambrisentan on the CYP3A4 isoenzyme. Steady-state co-administration of ambrisentan and cyclosporine A (an inhibitor of P-glycoprotein (P-gp) and organic anion transporting polypeptide (OATP)) resulted in a 2-fold increase in ambrisentan exposure in healthy volunteers, therefore the dose of ambrisentan should be limited to 5 mg once daily when co-administered with cyclosporine A. No clinically relevant effect of ambrisentan on cyclosporine A exposure was observed. In a clinical study in healthy subjects, steady state co-administration of ambrisentan did not have a significant effect on the single-dose pharmacokinetics of the ethinyl estradiol and norethindrone components of a combined oral contraceptive. Undesirable effects: Safety of ambrisentan has been evaluated in clinical trials in more than 483 patients with PAH. Very common (≥1/10): headache (including sinus headache), peripheral oedema, fluid retention. Common (≥1/100 to <1/10): anaemia (decreased haemoglobin, decreased haematocrit), dizziness, cardiac failure, palpitation, hypotension, flushing, epistaxis, dyspnoea, upper respiratory (e.g. nasal, sinus) congestion, sinusitis, nasopharyngitis, rhinitis, abdominal pain, constipation, nausea, vomiting, diarrhoea, hepatic transaminases increased, chest pain/dyscomfort, asthenia, fatigue. Uncommon (≥1/1,000 to <1/100): hypersensitivity reactions (e.g. angioedema, rash, pruritus), syncope, hepatic injury, autoimmune hepatitis. Overdose: In healthy volunteers, single doses of 50 and 100 mg (5 to 10 times the maximum recommended dose) were associated with headache, flushing, dizziness, nausea, and nasal congestion. Due to its mechanism of action, an overdose of ambrisentan also could potentially result in hypotension. In the case of pronounced hypotension, active cardiovascular support may be required. No specific antidote is available. Preclinical safety data: Teratogenicity is a suspected class effect of ERAs. Ambrisentan has been shown to be teratogenic in rats and rabbits. Abnormalities of the lower jaw, tongue, and/or palate were seen at all doses tested. In addition, intervertebral septal defects, trunk vessel defects, thyroid and thymus abnormalities, ossification of the bonyepitheloid bone and increased incidence of left umbilical artery closure were seen in the rat study. Ambrisentan was clastogenic when tested at high concentrations in mammalian cells in vitro. No evidence for mutagenic or genotoxic effects of ambrisentan were seen in bacteria or in two in vivo rodent studies. There was no evidence of carcinogenic potential in 2-yr oral daily dosing studies in rats and mice. There was a small increase in mammary fibroadenomas, a benign tumour, in male rats at the highest dose only. Testicular tubular atrophy, which was occasionally associated with aspermia, was observed in oral repeat dose toxicity and fertility studies with male rats and mice without safety margin. In male rats, there were no effects on sperm motility at all doses tested (6300mg/kg/day), a slight (c.10%) decrease in the percentage of morphologically normal sperm was noted at 300mg/kg/day but not at 100mg/kg/day (4-fold clinical exposure at 10mg/day). However, no testicular changes were observed in dog studies of up to 39 weeks duration at an exposure 2.6-fold that seen in humans based on AUC. Inflammation and changes in the nasal cavity epithelium have been seen in rodents after chronic administration at exposures below the therapeutic levels in humans. In dogs, slight inflammatory responses were observed following chronic high dose administration of ambrisentan at exposures greater than 20-fold that observed in patients. Abbreviated P-I: EUSmPCV01 based on EMEA/H/C/039/N/34. 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