Canadian Respiratory Conference 2015

A Breath of Fresh Air

April 23–25, 2015
Westin Ottawa
Ottawa, Ontario

Preliminary Program

Presented by:

CANADIAN THORACIC SOCIETY

THE LUNG ASSOCIATION™
The Canadian Respiratory Health Professionals

THE LUNG ASSOCIATION™

In collaboration with:

THE LUNG ASSOCIATION™
Ontario

Join us for "A Breath of Fresh Air"

Nestled at the junction of three picturesque rivers, the Ottawa, Rideau and Gatineau, lies Ottawa, our Nation's Capital, considered to be one of the most beautiful in the world. The city boasts historic architecture, an abundance of open space and parklands, and borders the province of Québec, creating a dynamic cultural atmosphere in which both French and English cultures are deeply rooted. The Canadian Thoracic Society (CTS), Canadian Respiratory Health Professionals (CRHP) and the Canadian Lung Association (CLA) are excited to invite you to Ottawa for the 8th annual Canadian Respiratory Conference (CRC) being held at the Westin Hotel in Ottawa, Ontario, from April 23 – 25, 2015.

Founded in 2008 in response to the need for a national forum, the Canadian Respiratory Conference is now the premier educational, scientific and networking meeting for the respiratory community in Canada. Each year, CRC's innovative programming delivers progressive presentations and current research from a variety of perspectives. The Scientific Committee, chaired by *Drs. Douglas McKim* and *Richard Debigaré*, has devoted much time and effort in organizing a stimulating and comprehensive program for our diverse audience. The conference will address a wide range of topics in adult and pediatric respiratory health, including sleep disordered breathing, asthma, chronic obstructive pulmonary disease (COPD), pulmonary rehabilitation, lung cancer, tuberculosis, pulmonary vascular disease and others, addressed in a variety of formats!

We are pleased to announce that *Dr. Magdy Younes* will present the 2015 CIHR-ICRH/CTS Distinguished Lecture in Respiratory Sciences at the Saturday morning plenary session. Other confirmed plenary speakers include *Dr. Jeremy Grimshaw* who will address best practices in knowledge translation, *Dr. Duncan Stewart* who will talk about the use of stem cell therapies in pulmonary hypertension, and *Dr. Dale Lien* who will discuss caring for lung transplant recipients.

All plenary and select concurrent sessions will offer simultaneous interpretation. Thematic concurrent sessions will provide a cross-sectional appeal for our diverse audience and an unopposed moderated poster session will be presented. Time has been incorporated into the program for networking and partnership-building opportunities, and the conference will be flanked by society, committee, scientific and other affiliated meetings.

This conference could not be presented without the commitment of our many industry partners. Their belief and steadfast support of our vision have been key components to our success. We thank them for their tremendous generosity.

Be sure to schedule "*A Breath of Fresh Air*" into your busy timetable! This unique event will allow you to meet and mingle with leaders and peers from across the country and to learn from a broad range of professionals about key issues affecting respiratory health in Canada. We expect the charm of the Nation's Capital will attract a record number of attendees and we look forward to seeing you all there.

Join us April 23 – 25, 2015, at the Westin Hotel in Ottawa!

Canadian Respiratory Conference Partner Representatives

Diane Lougheed – CTS

Donna Goodridge – CRHP

Debra Lynkowski – CLA

Contents

Planning Committee

Co-Chairs:

Donna Goodridge
Canadian Respiratory Health Professionals
Saskatoon, SK

Diane Lougheed
Canadian Thoracic Society
Kingston, ON

Members:

Richard Debigaré
Canadian Respiratory Health Professionals
Québec City, QC

Gail Dechman
Canadian Respiratory Health Professionals
Halifax, NS

Sheila Gordon-Dillane
Ontario Respiratory Care Society, Ontario Lung Association
Toronto, ON

Debra Lynkowski
Canadian Lung Association
Ottawa, ON

Douglas McKim
Canadian Thoracic Society
Ottawa, ON

Andrea Stevens-Lavigne
Ontario Lung Association
Toronto, ON

Scientific Committee

Co-Chairs:

Richard Debigaré, Hôpital Laval, Université Laval, Sainte-Foy, QC

Douglas McKim, The Rehabilitation Centre, Ottawa Hospital, Ottawa, ON

Members:

Mark Anselmo, Alberta Children`s Hospital, Calgary, AB

Mary Basha, Newfoundland and Labrador Lung Association, St. John's, NL

Andrew Burkett, The Ottawa Hospital, Ottawa, ON

John Gjevre, University of Saskatchewan, Saskatoon, SK

Donna Goodridge, University of Saskatchewan, Saskatoon, SK

Paul Hernandez, Dalhousie University, Halifax, NS

Sherri Katz, Children`s Hospital of Eastern Ontario, Ottawa, ON

Judy King, University of Ottawa, Ottawa, ON

Richard Leigh, University of Calgary & Alberta Health Services, Calgary, AB

Sunita Mathur, University of Toronto, Toronto, ON

Robin McFadden, St. Joseph's Health Centre, London, ON

Dilshad Moosa, Ontario Lung Association, Toronto, ON

Rodel Padua, Southern Alberta Institute of Technology, Calgary, AB

Darlene Reid, University of British Columbia, Vancouver, BC

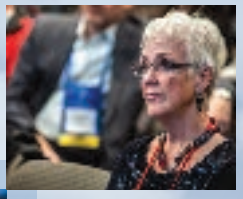
Sarah Sokoluk, University of Saskatchewan, Saskatoon, SK

Renata Vaughan, Hamilton Health Sciences, Hamilton, ON

Nha Voduc, University of Ottawa, Ottawa, ON

Ottawa photos courtesy of Ottawa Tourism

Who We Are



Partners of the Canadian Respiratory Conference are:

Canadian Lung Association

Established in 1900, the Canadian Lung Association (CLA) is one of Canada's oldest and most respected health charities, and the leading national organization for science-based information, research, education, support programs and advocacy on lung health issues.

Canadian Thoracic Society

The Canadian Thoracic Society (CTS) is Canada's national specialty society for respirology and the medical section of the CLA. The CTS promotes lung health by engaging the respiratory community through leadership, collaboration, research, education and advocacy, and promoting the best respiratory practices in Canada. More than 700 respirologists, researchers and other physicians working in respiratory health are members of the CTS.

Canadian Respiratory Health Professionals

The Canadian Respiratory Health Professionals (CRHP) is the CLA's multidisciplinary health professional section. The CRHP welcomes over 600 nurses, respiratory therapists, cardio-pulmonary physiotherapists, pharmacists, pulmonary function technologists and other licensed health professionals working in the respiratory field. The CRHP advises the CLA on scientific matters and administers a research and fellowship program that is funded by the CLA.

Our 2015 Collaborating Organization:

Ontario Lung Association

The Ontario Lung Association assists, educates and empowers individuals living with or caring for others with lung disease by delivering programs and services to patients and health care providers, investing in lung research and campaigning for improved policies on lung health.

Conference Objectives

The Canadian Respiratory Conference is the premier national educational and scientific meeting for the respiratory community in Canada. The conference will offer a broad scientific program developed by scientists, clinicians, multidisciplinary healthcare professionals and educators in our community who have developed excellent national and international reputations in respiratory medicine. The program will promote discussion of the most significant developments in clinical practice, research and education.

At the end of the conference, attendees will be better able to:

- Apply updated, evidence-based scientific information to promote lung health in patients with respiratory disease;
- Collaborate with other respiratory stakeholders, through communication, information-sharing, networking and partnership-building; and
- Translate and integrate recent clinical research on the prevention, management and treatment of respiratory diseases.

General Information

How to Register

Complete the enclosed registration form and return it by mail or fax to:

A Breath of Fresh Air
Canadian Respiratory Conference
c/o Taylor & Associates
11-5370 Canotek Road, Gloucester, ON K1J 9E7
Tel: 613-747-0262 | Fax: 613-745-1846
Email: crc@taylorandassociates.ca

Take advantage of the savings and register before the early bird deadline of March 9, 2015. The CRC accepts payment by credit card (MasterCard or VISA) and by cheque, payable to the The Lung Association/CRC. On-line registration and program details can be accessed on the conference website at **http://crc.lung.ca.**

Confirmations

Email confirmation and receipt of registration will be sent to the delegate automatically once registration is completed on-line and payment is confirmed. Those registering on-site will be sent their confirmation after the conference.

What's Included

Delegate registration includes conference materials and access to the scientific program, including all plenary and concurrent sessions of choice, access to co-developed industry symposia, the Opening Reception, two breakfasts, refreshment breaks and two lunches.

Accreditation and CME Credits

This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, pending approval by the Canadian Thoracic Society. Physicians should only claim credit commensurate with the extent of their participation in the activity. The final program will provide information on the maximum number of credits that can be claimed under this program.

Through an agreement between the American Medical Association and the Royal College, the CTS will also designate this live educational activity, the Canadian Respiratory Conference 2015, for AMA PRA category 1 credits.

Live educational activities, occurring in Canada, and recognized by the Royal College as Accredited Group Learning Activities (Section 1), are deemed by the European Union of Medical Specialists (EUMS) eligible for ECMEC credits.

Registration Cancellation and Refund Policy

Registration forms will be processed only if accompanied by full payment of registration fees. Only registered delegates may claim registration materials at the conference registration desk. Delegates will not be permitted to collect materials for other delegates. Substitution is permitted up to and including the first day of the conference. Cancellations received in writing postmarked by **March 20, 2015** will be refunded in full less a $150.00 administration fee. No refunds will be issued for cancellations received after March 20, 2015. Only cancellations received in writing will be processed. Refunds will be processed within three weeks of the conclusion of the conference in the manner payment was received.

International Delegates

International delegates wishing to attend the CRC are responsible for making their own travel and accommodation arrangements, for obtaining visas and for covering costs such as registration fees and incidentals. The CRC does not provide letters of invitation. To assist with securing travel visas, the CRC will provide receipts, as confirmation of registration, upon payment of fees. International delegates wishing to attend the conference must register on-line and pay by credit card.

Simultaneous Interpretation

The language of presentation for the scientific program is English unless otherwise indicated. Simultaneous interpretation will be provided for plenary sessions and select concurrent sessions.

Smoke-Free/Scent-Free Environment

We are pleased to provide a smoke-free environment. Additionally, for the comfort of all delegates, we ask you to refrain from wearing scented products while attending the conference.

Accommodation

The conference will be held at the Westin Ottawa, one of Ottawa's premier hotels. Special conference rates have been negotiated for delegates. **Please refer to the Canadian Respiratory Conference** when making your reservation.

The **Westin Ottawa,** our headquarter hotel, is ideally located in downtown Ottawa with magnificent views of the Parliament Buildings and the Rideau Canal. Find the level of service you've come to expect from Westin at this full-service luxury hotel. From spacious accommodations to pampering amenities, the Westin Ottawa combines extraordinary facilities with a welcoming staff to attend to your every need. Treat yourself to a peaceful morning at their full-service spa or stroll into the historic Byward Market, visit art galleries, museums or shops just steps from the hotel. Runners will enjoy the canal-side running paths right at the Westin's front door! *Room rates start at $195.00 (plus applicable taxes) single/double occupancy. Reservations can be made by calling 1-800-937-8461 or direct at 613-560-7000.*

Westin Ottawa
11 Colonel By Drive, Ottawa, Ontario K1N 9H4

To book on-line, visit our website at **http://crc.lung.ca** and follow the accommodation links. Reservations must be made by **March 23, 2015** to take advantage of the significant savings. Reservations made after this date will be based on availability and rates cannot be guaranteed.

Travel Arrangements

Uniglobe is the official travel agency for the Canadian Respiratory Conference. If you require assistance in making your travel plans, contact one of our two dedicated representatives:

Mary Beth Wood, 1-800-267-9372, Ext.1049
marybeth@uniglobepremiere.com

Colin Dignard (bilingual service), 1-800-267-9372, Ext.1033
colin@uniglobepremiere.com

The Canadian Respiratory Conference is pleased to announce that Air Canada and Porter Airlines are the official airlines for the Canadian Respiratory Conference. Both airlines are offering reduced fees on base fares on travel booked to and from Ottawa, with arrival as early as Thursday, April 16, 2015, and departure as late as Saturday, May 2, 2015. Travel can be arranged through Uniglobe Travel.

AIR CANADA

porter

To book your flight directly using Air Canada, access **http://aircanada.com** and enter the promotion code **E4QFBHH1** in the search panel. No discount will apply to Tango and Executive Class lowest bookings for travel within Canada or between Canada and the United States.

To fly with Porter, book online at **http://flyporter.com** using the promotion code **CRC2015**. For any questions regarding Porter's services or any pre-travel concerns, contact the airline directly at 1-888-619-8622.

For More Information
Taylor & Associates
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Gloucester, ON K1J 9E7
Tel: 613-747-0262
Fax: 613-745-1846
crc@taylorandassociates.ca

Note: Photographs taken at *"A Breath of Fresh Air"* will be utilized in future CRC promotional material that may include print, electronic, or other media, including the CRC website. By participating in CRC 2015, you grant CRC the right to use your profile captured photographically for such purposes.

The Canadian Lung Association reserves the right to cancel this conference due to insufficient registration and will be responsible for refunding conference registration fees only.

Program-at-a-glance

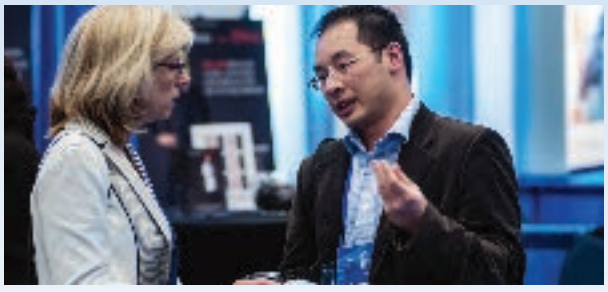
Thursday, April 23, 2015

1730 – 1930	**Opening Reception / Sponsor Display / Poster Viewing**

Friday, April 24, 2015

0715 – 0815	**Optional Educational Activities** **Co-Developed Symposia** | Presented by the Canadian Thoracic Society and Industry Partners	
0730 – 0825	**Breakfast in Sponsor Display Area**	
0830 – 1000	**PLENARY SESSION**	
	Opening Remarks	
	Knowledge Translation: Key Concepts, Best Practices and Practical Suggestions	*Dr. Jeremy Grimshaw*
1000 – 1030	**Refreshment Break / Sponsor Display / Poster Viewing**	
1030 – 1200	**CONCURRENT SESSIONS**	
	Chronic Pain in People Living with COPD	
	Targeting Psychosocial Risk Factors for Pain and Disability: Applications to COPD	*Dr. Michael Sullivan*
	The Prevalence and Clinical Associations of Pain in COPD	*Dr. Annemarie Lee*
	Causes of Chronic Pain in People Living with COPD	*Dr. Darlene Reid*
	Pulmonary Vascular Disease and Cardiopulmonary Interactions	
	Pulmonary Hypertension: Outcome Measures for the Modern Era	*Dr. George Chandy*
	Getting the Most out of Cardiopulmonary Exercise Testing	*Dr. Alberto Neder*
	Chronic Thromboembolic Pulmonary Hypertension: Waiting to be Diagnosed by You!	*Dr. Sanjay Mehta*
	The Year in Review	
	Lung Infection and Tuberculosis	*Dr. Dina Fisher*
	Lung Cancer	*Dr. Garth Nicholas*
	Interstitial Lung Disease	*Dr. Charlene Fell*
	Childhood Asthma: Teaching Us About Adult Disease	
	Perinatal Exposures and Childhood Lung Disease	*Dr. Jonathan Gaffin*
	Can We Make a Diagnosis of Asthma in Preschoolers?	*Dr. Francine Ducharme*
	Predicting Outcomes of Childhood Asthma	*Dr. Malcolm Sears*
	"Do Hold Your Breath!": How Can We Help Our Patients Quit?	
	E-Cigarettes: Friend or Foe?	*Dr. Robert Reid*
	From E-Cigarettes to Marijuana	*Dr. Rob Cushman*
	Helping All Smokers Quit: Practical Strategies for Patients with or Without Mental Illness	*Dr. Heather Tulloch*

1200 – 1315	**Luncheon in Sponsor Display Area**	
	Optional Educational Activities CHEST/CTS Conjoint Session CRHP Funding Success Stories – In Their Own Words	
1330 – 1500	**CONCURRENT SESSIONS**	
	Emerging Respiratory Pathogens	
	Enterovirus D68: Old Virus, New Tricks	*Dr. Lindy Samson*
	Should We Still Be Talking About Ebola?	*Dr. Caroline Quach*
	Emerging Respiratory Pathogens	*Dr. Christopher Mody*
	Critical Care	
	Sepsis and Stem Cell Therapies	*Dr. Lauralyn McIntyre*
	The Latest Evidence for Managing Patients with ARDS: Where Do We Stand in 2015?	*Dr. Karen Bosma*
	Integrating Palliative Medicine into the Intensive Care Unit	*Dr. Michael Hartwick*
	SIM. Learn. Repeat. The Edge of Tomorrow in Patient Simulation	*Dr. Kristin Fraser* *Mr. Blair Lindsay* *Mr. Allen Prost*
	New Frontiers in Interventional Respirology: Remembering Dr. David Stather	*Moderator: Dr. Chris Hergott* *Dr. Kayvan Amjadi* *Dr. Elaine Dumoulin*
	CLA Research Update	
	The National Respiratory Research Strategy: Building Capacity and Impact	*Dr. Andrew Halayko*
	The Canadian Respiratory Research Network	*Dr. Shawn Aaron*
	Breathing As One: National Campaign for Lung Research	*Dr. John Granton*
1500 – 1530	**Refreshment Break / Sponsor Display / Poster Viewing**	
1530 – 1700	**Moderated Poster Session**	
1800 – 2300	**Optional Social Activity: CRC Takes Flight at the Canada Aviation and Space Museum**	



Saturday, April 25, 2015

0715 – 0815	**Optional Educational Activities** **Co-Developed Symposia** | Presented by the Canadian Thoracic Society and Industry Partners	
0730 – 0825	**Breakfast in Sponsor Display Area**	
0830 – 1000	**PLENARY SESSION**	
	Awards Presentation	
	Stem Cell Therapies in Pulmonary Hypertension	*Dr. Duncan Stewart*
	CIHR–ICRH/CTS Distinguished Lecture in Respiratory Sciences **Advances in the Investigation of Sleep Disorders**	*Dr. Magdy Younes*
1000 – 1030	**Refreshment Break / Sponsor Display / Poster Viewing**	
1030 – 1200	**CONCURRENT SESSIONS**	
	Self-Management in COPD	
	Making Self-Management Work in COPD: Learning from Our Mistakes	*Dr. Jean Bourbeau*
	Self-Management Following an Acute Exacerbation of COPD	*Dr. Samantha Harrison*
	How to Assess and Improve the Quality of Your Self-Management Interventions	*Dr. Maria Sedeno*
	Neuromuscular Management: Long-Term Mechanical Ventilation	
	Maintaining an Oral Tradition: 24-hour NIV and Mouthpiece Ventilation	*Dr. Douglas McKim*
	Polysomnography: A Tool in Managing Noninvasive Ventilation in Neuromuscular Disease	*Dr. Lisa Wolfe*
	HMV and LTMV in Canada: Where Are We Now and How Should We Move Forward?	*Dr. Louise Rose*
	Pulmonary Function Testing	
	Lung Clearance Index (LCI) as a Pulmonary Function Test	*Dr. Padmaja Subbarao*
	And You Thought Pulmonary Function Testing Was Boring: Changing How We Think About What is Normal in Children	*Dr. Larry Lands*
	Oscillometry for Small Airway Function Measurement in Adults and Children	*Dr. Geoff Maksym*
	Sleep! The Final Frontier: From the Operating Room to Outer Space!	
	Perioperative Management: Bariatrics	*Dr. Judith Leech*
	Sleep Disruption During Long Duration Space Flights	*Dr. Christopher Skinner*
	Predictors of Perioperative Complications in Children with Obstructive Sleep Apnea (OSA)	*Dr. Sherri Katz*
	Make Your Voice Heard: Advocating for Respiratory Health	*Ms. Debra Lynkowski* *Ms. Jennifer Miller*
1200 – 1330	**Luncheon in Sponsor Display Area**	
	Optional Educational Activities	
	Workshop: INSPIRED Approaches to COPD: **Improving Care and Creating Value**	*Moderator: Ms. Jennifer Verma* *Dr. Jean Bourbeau* *Dr. Darcy Marciniuk* *Dr. Graeme Rocker*
	Lung Cancer Care, Current Challenges and Opportunities: **Key Findings from the Ontario Lung Cancer Summit**	*Moderator: Dr. John Granton* *Dr. Sunil Verma* *Dr. Khalil Sivjee*

1330 – 1530	**CONCURRENT SESSIONS**	
	🎧 **Airways Disease: What's New in Diagnosis & Management**	
	Diagnosis and Misdiagnosis of Asthma in Canada	*Dr. Shawn Aaron*
	Mild COPD: What Spirometry Conceals!	*Dr. Denis O'Donnell*
	Preventing AECOPD – Clinical Practice Guideline Update	*Dr. Darcy Marciniuk*
	Debates: Controversies in Clinical Practices?	
	The Benefits to Society of Treating Costly Rare Diseases are Worth the Price	Pro: *Dr. Erika Penz* Con: *Dr. Elizabeth Tullis*
	The OSA & Driving Recommendations are a Reasonable Standard	Pro: *Dr. Charles George* Con: *Dr. Michael Fitzpatrick*
	"View from the Top": How Upper Airway Disease Can Impact Respiratory Function	
	When the Puffers Don't Help: A Review of Vocal Cord Dysfunction	*Dr. Timothy Brown*
	Sinusitis: Do New Findings Have Implications for Patient Care?	*Dr. Martin Desrosiers*
	Optimizing Care of the Patient with a Tracheostomy	*Dr. Laurie McLean*
	Supporting Family Caregivers	
	Can We Move to a Model of Family-Centered Care?	*Dr. Jill Cameron*
	Partnering with and Supporting Family Caregivers	*Dr. Donna Lero*
	Assessment: A Powerful Tool for Caregivers and Practitioners	*Ms. Nancy Guberman*
	Imaging to Intervention	
	Chest Radiograph Pearls: Don`t Miss These Diagnoses!	*Dr. Joao Inacio*
	Solitary Pulmonary Nodules: Radiological Assessment and Guidelines for Management and Follow-Up	*Dr. Ashish Gupta*
	Imaging of Congenital Lesions of the Chest in Pediatrics	*Dr. Pedro Albuquerque*
1500 – 1530	**Refreshment Break**	
1530 – 1630 🎧	**PLENARY SESSION**	
	How to Care for Your Lung Transplant Recipients: Optimizing Outcomes and Prolonging Survival	*Dr. Dale Lien*
	Closing Remarks	

This program is preliminary and subject to change. The language of presentation for the scientific program is English unless otherwise indicated. Simultaneous interpretation will be provided for all plenary sessions. 🎧 Indicates those concurrent sessions for which simultaneous interpretation is expected to be provided (TBC in the final program). Please check the website at **http://crc.lung.ca** regularly for program additions, speaker confirmations and new session descriptions.

Keynote Speakers

Friday, April 24, 2015 | 0830 – 1000

Knowledge Translation: Key Concepts, Best Practices and Practical Suggestions

Dr. Jeremy Grimshaw, Ottawa Hospital Research Institute, Ottawa, ON

One of the most consistent findings in health services research is the evidence-practice gap. Health care systems fail to deliver the quality of care that they aspire to with resulting inefficiencies in health care and suboptimal patient outcomes. This plenary session will introduce key models and concepts of knowledge translation to facilitate the uptake of research evidence by health care systems, professionals and patients.

Learning Objectives

At the end of this presentation, attendees will be able to:

- Explain the evidence-practice gap;
- Define knowledge translation; and
- Propose reasons for evidence-practice gaps and potential knowledge translation solutions in respiratory medicine.

Dr. Jeremy Grimshaw received a MBChB (MD equivalent) from the University of Edinburgh, UK. He trained as a family physician prior to undertaking a PhD in health services research at the University of Aberdeen. He moved to Canada in 2002. His research focuses on the evaluation of interventions to disseminate and implement evidence-based practice. Dr. Grimshaw is a senior scientist, Clinical Epidemiology Program, Ottawa Hospital Research Institute, a full professor in the Department of Medicine, University of Ottawa and a Tier 1 Canada Research Chair in Health Knowledge Transfer and Uptake. He is director of Cochrane Canada and co-coordinating editor of the Cochrane Effective Practice and Organisation of Care group. He was also the principal investigator of Knowledge Translation Canada (KT CANADA), a CIHR and CFI funded interdisciplinary network of over 50 knowledge translation researchers from six academic health science centres in three provinces. He has over 450 peer-reviewed publications.

Saturday, April 25, 2015 | 0830 – 1000

CIHR–ICRH/CTS Distinguished Lecture in Respiratory Sciences
Advances in the Investigation of Sleep Disorders

Dr. Magdy Younes, University of Manitoba, Winnipeg, MB

In his 45 years of active research, Dr. Younes has researched many areas within the field of respiratory science. This broad exposure to different fundamental aspects of respiration and concurrent clinical activity in multiple areas have allowed him to develop new, practical approaches for the diagnosis and management of respiratory failure and sleep disorders. This presentation will focus primarily on his latest efforts in the area of the diagnosis of sleep disorders that include both devices and new analysis of the EEG. Among the devices are a system for fast (2 minutes) accurate scoring of full polysomnograms, a device for obtaining comprehensive evaluation of sleep using a small, light (40 gm), wireless, battery-operated enclosure mounted on the forehead, and a new technique for monitoring breathing during sleep that is quantitative, stable and more comfortable than current methods. These new devices have the potential of increasing availability of comprehensive sleep studies in the home. In addition, these new devices will provide results of new analysis of the EEG, including a continuous index for sleep quality (ORP), intensity of arousals, the autonomic response to a given arousal intensity, frequency and intensity of EEG spindles, alpha intrusion and overall EEG power. These new EEG-derived variables have the potential of opening up new areas of investigation of different aspects of sleep disorders, including insomnia and non-restorative sleep, and possibly serve as bio-markers for subsequent development of hypertension, affective disorders and dementia.

Learning Objectives:

At the end of this presentation, attendees will be able to:

- Identify new devices that can be used in diagnosing sleep disorders in the home;
- Describe how these new devices will enhance EEG analysis; and
- Explain how new EEG-derived variables might open up new areas of investigation in sleep disorders and serve as bio-markers.

Dr. Magdy Younes studied medicine and public health at the University of Alexandria, in Egypt. He completed clinical training in internal and respiratory medicine, and obtained a PhD in pulmonary physiology at McGill University. He has held associate or full professorships at McGill University, the University of Texas, Dalhousie University, and the universities of Toronto, Calgary and Manitoba. He is currently Distinguished Professor Emeritus at the University of Manitoba and research professor at the University of Calgary. Dr. Younes pursued a life-long research interest in respiratory physiology and the pathogenesis of respiratory disease and holds several patents related to mechanical ventilation methods and devices. He has mentored 49 research trainees, many of whom are now professors at universities in Canada and around the world. Dr. Younes has very broad editorial experience and has published 130 original peer-reviewed publications and 20 book chapters and reviews. Dr. Younes has received funding support from CIHR (formerly known as the Medical Research Council) since 1970.

Stem Cell Therapies in Pulmonary Hypertension

Dr. Duncan Stewart, Ottawa Hospital Research Institute, Ottawa, ON

Despite recent advances, pulmonary arterial hypertension (PAH) continues to be a progressive and often lethal disease for which there is no cure. Although there is much debate, endothelial cell loss is a key trigger for the subsequent degeneration and occlusive arteriolar remodeling in the lung that contributes to increased vascular resistance. Regenerative cell therapy has the potential to restore lung circulation through the repair and regeneration of microvasculature. This presentation will discuss the recent ideas about the mechanisms underlying arteriolar loss/occlusion in PAH and will provide an overview of the preclinical and clinical studies examining the efficacy of cell therapy for this disease. As well, insights into the possible mechanisms by which stem/progenitor cells may improve lung microvascular structure and function will be discussed.

Learning Objectives

At the end of this presentation, attendees will be able to:

- Describe the underlying mechanisms resulting in functional loss of microcirculation in PAH;
- Discuss the possible utility of regenerative strategies in the therapy of this disease; and
- Relate the challenges in translating cell therapy into a clinical treatment of PAH.

Dr. Duncan Stewart is recognized for important discoveries in blood vessel biology, as well as his dedication to translating these discoveries into benefits for patients and society. He began his career at McGill University. He moved to Toronto as head of cardiology at St. Michael's Hospital and later became director of the Division of Cardiology at the University of Toronto. In 2007, he was recruited as CEO and scientific director of the Ottawa Hospital Research Institute.

Saturday, April 25, 2015 | 1530 – 1615

How to Care for Your Lung Transplant Recipients: Optimizing Outcomes and Prolonging Survival

Dr. Dale Lien, University of Alberta, Edmonton, AB

Lung transplantation has become a recognized therapeutic modality for patients with end stage lung disease with no other therapeutic options. Since the first lung transplants in the early 1980's, progress has been made in understanding the factors leading to successful transplantation and prolonging outcomes with better quality of life. With increasing numbers of patients receiving transplants, more of their care must be undertaken by general respirologists and primary care physicians. This presentation will discuss the factors that have led to improved outcomes, the approach to monitoring the health of lung allografts, and general advice on healthy living to give to lung transplant recipients.

Learning Objectives

At the end of this presentation, attendees will be able to:

- Recognize signs of impending problems in lung transplant recipients; and
- Articulate healthy living practices to lung transplant recipients encountered in their practice.

Dr. Dale Lien is a graduate of the University of Alberta School of Medicine, and completed internal medicine and respiratory medicine training at the University of Alberta. After a clinical research fellowship at the National Jewish Center for Immunology and Respiratory Medicine in Denver, Colorado, he returned to the University of Alberta in Edmonton. He has served as director of the respiratory medicine training program and also has a strong interest in continuing medical education. He is currently director of the lung transplant program and co-director of the pulmonary hypertension program.

Concurrent Sessions

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Friday, April 24, 2015 | 1030 – 1200

🎧 Chronic Pain in People Living with COPD

Targeting Psychosocial Risk Factors for Pain and Disability: Applications to COPD

Dr. Michael Sullivan, *McGill University, Montréal, QC*

Twenty years ago, heated debates would arise during discussions of the role of psychological factors on pain experience. Today there is little room for debate. Indeed, research has been consistent in showing that certain psychosocial variables can increase the risk for problematic pain outcomes. This research is relevant to the context of COPD as recent surveys show that as many as 60% of patients with COPD suffer from chronic pain. This presentation will focus on what is currently known about psychological influences on pain and disability. The presentation will also describe methods of assessing pain-related psychosocial risk factors as well as techniques for reducing the negative impact of pain-related psychosocial risk factors.

The Prevalence and Clinical Associations of Pain in COPD

Dr. Annemarie Lee, *West Park Healthcare Centre, Toronto, ON*

A significant proportion of people with COPD report experiencing chronic pain on a regular basis, which has been identified via a mixture of methods. This presentation will outline the prevalence of pain in COPD, the current questionnaires used for diagnosis and the features of the common instruments.

The presence of chronic pain in COPD has resulted in some significant clinical associations. As maintaining optimal physical activity is a critical component of overall COPD management, the relationship between pain experiences and physical activity as well as health-related quality of life in COPD will be described.

Causes of Chronic Pain in People Living with COPD

Dr. Darlene Reid, *University of Toronto, Toronto, ON*

The majority of people living with COPD who participate in pulmonary rehabilitation experience chronic pain and this pain is more severe than that reported by age- and sex-matched cohorts without COPD. This presentation will describe the relative intensity of pain, dyspnea, and fatigue experienced by COPD patients and how these three symptoms interfere with aspects of daily life.

Pain experienced by COPD patients might be related to the pathophysiologic consequences of their lung disease but could also be caused by similar disorders that affect the general population. The prevalence of common comorbidities in COPD patients will be outlined in addition to their association or contribution to pain.

Pulmonary Vascular Disease and Cardiopulmonary Interactions

Pulmonary Hypertension: Outcome Measures for the Modern Era

Dr. George Chandy, *University of Ottawa Heart Institute, Ottawa, ON*

Until recently, pulmonary hypertension was a guarantee of progressive functional limitation leading to death in a short span of time. Advances over the last twenty years have yielded therapeutic pathways that now offer patients hope. Early trials in pulmonary hypertension utilized the six-minute-walk-test (6MWT) as the primary outcome measure. The 6MWT was thought to have real-life relevance and was easy to perform. Additionally, it was thought to be a realistic outcome measure as harder outcome measures such as mortality was thought to be unrealistic to evaluate in a short time-frame in this rare disorder. Recent trials have however demonstrated both the methodological advantages and practical viability of more robust outcome measures. The pharmacological therapy of pulmonary hypertension will be briefly reviewed with a focus on robust outcome measures utilized in the evaluation of recent therapies.

Getting the Most out of Cardiopulmonary Exercise Testing

Dr. Alberto Neder, *Queen's University, Kingston, ON*

Exercise intolerance is the cardinal symptom of patients with pulmonary vascular diseases. Cardiopulmonary exercise testing provides a plethora of physiological information to assist clinical decision-making in the care of these patients. Regrettably however, the method remains largely undervalued and underused by the respirologist. Using a clinical physiology approach, this presentation will relate patterns of physiological dysfunction to negative health outcomes across the spectrum of disease severity. The audience will then be presented with real-life cases in which the test was decisive for disease management. This presentation will provide an updated overview on how best to use cardiopulmonary exercise testing results for diagnosis, treatment management and prognosis in patients with pulmonary vascular diseases.

Chronic Thromboembolic Pulmonary Hypertension: Waiting to be Diagnosed by You!

Dr. Sanjay Mehta, *London Health Sciences Centre, London, ON*

This presentation will focus on a very important cause of pulmonary hypertension (PH): chronic thromboembolic pulmonary hypertension (CTEPH). CTEPH is a common, serious and important cause of PH which clinicians should be very familiar with, as it is the only type of PH that is commonly curable. Although pulmonary embolism (PE) is a common condition, the clot burden and pulmonary vascular damage significantly improve in the vast majority of patients. However, in a small proportion of patients with PE, chronic pulmonary vascular thromboembolism results in pulmonary hypertension and significant risk of right heart failure and death. This presentation will review what CTEPH is, what causes it, its clinical presentation and epidemiology. Diagnostic approaches and current gaps, as well as current treatment approaches including surgical PEA/pulmonary endarterectomy, and the use of medical therapies including existing and novel PH-targeted medications, will be discussed.

The Year in Review

Lung Infection and Tuberculosis

Dr. Dina Fisher, *University of Calgary, Calgary, AB*

This session will review key articles in the areas of lung infection, tuberculosis and non-tuberculosis mycobacterial pulmonary disease that have been published in the last year. The literature will be compared to current Canadian guidelines to determine if changes in care are required. Recent studies on short-course therapy for susceptible and resistant tuberculosis will be specifically reviewed. Updates in guidelines from the Infectious Disease Society of America, American Thoracic Society and the World Health Organization will be reviewed.

Lung Cancer

Dr. Garth Nicolas, *The Ottawa Hospital, Ottawa, ON*

Dr. Nicholas will review recent research in lung cancer, with a particular focus on topics relevant to Canadian respirologists.

Interstitial Lung Disease

Dr. Charlene Fell, *University of Calgary, Calgary, AB*

This session will review the most important publications in the field in 2014. Highlights include advances in our understanding of the pathogenesis of idiopathic pulmonary fibrosis (IPF), update on models to predict patient outcomes in IPF and other ILDs, and the results of three pivotal therapeutic trials in IPF.

Childhood Asthma: Teaching Us About Adult Disease

Perinatal Exposures and Childhood Lung Disease

Dr. Jonathan Gaffin, *Boston Children's Hospital, Boston, MA*

The epidemic of asthma over the past several decades outpaces the rate of changes in heritable factors and highlights the important role of the environment in the development of asthma. Great emphasis has been placed on identifying potentially modifiable risk factors in early childhood that may lead to asthma development, and ultimately, prevention.

The perinatal period represents one in which the developing immune and respiratory system come into close contact with the physical world. Several mechanisms of host-environment interplay, including exposure to allergens, pollutants, infectious agents and microbial gut colonization have been implicated in the development of asthma.

Can We Make a Diagnosis of Asthma in Preschoolers?

Dr. Francine Ducharme, *University of Montréal, Montréal, QC*

The diagnosis of asthma in children aged five years and younger is challenging in part because of their poor collaboration with traditional lung function tests and the relative inaccessibility of existing lung function tests for preschoolers. Diagnosis is thus based on a large list of criteria, with no clear weight given to individual criteria, resulting in significant diagnostic uncertainty and high inter-physician variability.

With the collaboration of the Canadian Pediatric Society, the CTS Asthma Clinical Assembly created an ad hoc expert committee to address this question and report its recommendations in a position paper. These recommendations will assist physicians in making a firm diagnosis of asthma whether the child is seen during an acute episode or in a non-acute setting. It will also describe the first-line management and criteria for referral to specialty care.

Predicting Outcomes of Childhood Asthma

Dr. Malcolm Sears, *McMaster University, Hamilton, ON*

Symptoms of asthma most commonly begin in childhood, often in the first few years of life. Between 30% and 50% of pre-school children experience intermittent wheezing, but less than half of these will have continuing childhood asthma with persistence into adulthood.

Longitudinal cohort studies have identified a number of risk factors that increase the likelihood of persistence, including female sex, early sensitization to multiple allergens, frequency of symptoms and overall severity of disease, lung function including airway hyperresponsiveness and genetics. Airway remodeling with incompletely reversible airflow obstruction may develop before adulthood. Interventions that prevent or reduce the risk of persistence and progression remain to be clarified.

"Do Hold Your Breath!": How Can We Help our Patients Quit?

E-Cigarettes: Friend or Foe?

Dr. Robert Reid, *University of Ottawa Heart Institute, Ottawa, ON*

In this presentation the development and design of electronic cigarettes will be reviewed. An analysis of their role in harm reduction and smoking cessation will be undertaken. A discussion of emerging concerns regarding their role in stimulating smoking will follow. The tobacco industry's strategy of acquiring e-cigarette companies and their motivations and marketing activities will be examined. The need for thoughtful and forceful regulation of these products will be emphasized. The responsibility of physicians and medical organizations in advocating for appropriate regulation will be addressed.

From E-Cigarettes to Marijuana

Dr. Rob Cushman, *Health Products and Food Branch, Health Canada, Ottawa, ON*

As part of the broader session on smoking cessation, background information will be provided on e-cigarettes and "medical" marijuana, new and not so new members of the smoking cessation panoply. Potential risks and benefits will be identified and tied to the regulatory framework at the different levels of government. The ongoing evolution of regulations, in Canada and internationally, will be discussed as it is important for practitioners to know that the evidence is in the early stages, and yet action is required on imperfect information.

Helping All Smokers Quit: Practical Strategies for Patients with or Without Mental Illness

Dr. Heather Tulloch, *University of Ottawa Heart Institute, Ottawa, ON*

In this presentation, the relationship between tobacco addiction and mental health will be reviewed. This will be followed by a discussion of pharmacological interventions available for all smokers, including specific considerations for those with psychiatric disorders. Finally, practical motivational and behavioural strategies such as strategic advice and quit plans to use with all smokers will be examined.

Friday, April 24, 2015 | 1330 – 1500

Emerging Respiratory Pathogens

Enterovirus D68: Old Virus, New Tricks

Dr. Lindy Samson, *Children's Hospital of Eastern Ontario, Ottawa, ON*

Given the recent EV-D68 activity in North America, this session will provide epidemiologic and clinical insight into the virus and its impact on patients, emphasizing its difference from other common enteroviruses. Participants should come prepared to answer live polls during the session regarding their clinical experience with EV-D68.

Should We Still Be Talking About Ebola?

Dr. Caroline Quach, *McGill University, Montréal, QC*

Ebola virus disease made the headlines this past year. As of November 2014, there is still no evidence that supports any airborne transmission of the Ebola virus in humans in the absence of aerosol generating procedures, such as bronchoscopy, CPAP, etc. or severe pneumonia. Yet, some jurisdictions, in particular Québec, have recommended the use of airborne precautions from the start of the outbreak. This session will review the most recent data on the epidemiology, transmission and management of Ebola viral disease.

Emerging Respiratory Pathogens

Dr. Christopher Mody, *University of Calgary, Calgary, AB*

Emerging respiratory infections present great challenges to pulmonologists because of the complexities of taxonomy, breadth of differential diagnosis, and the potential life-threatening nature of the illness. However, the correct treatment, if instituted early can be highly effective, which makes it important to quickly pursue appropriate investigations and management. The skilled physician brings much to this diagnostic challenge by recognizing clinical and radiologic patterns of presentation, understanding the importance of geographic exposure and knowledge of predisposing defects in host defense. This knowledge can guide appropriate investigations and early treatment decisions before definitive results are available. Finally, new insights into host pathogen interactions promise to lead to important advances in detection and therapeutics.

Critical Care

Sepsis and Stem Cell Therapies

Dr. Lauralyn McIntyre, *Ottawa Hospital Research Institute, Ottawa, ON*

This presentation will discuss the use of stem cells for the treatment of septic shock.

The Latest Evidence for Managing Patients with ARDS: Where Do We Stand in 2015?

Dr. Karen Bosma, *London Health Sciences Centre, London, ON*

In the last decade, several promising therapies for the acute respiratory distress syndrome (ARDS) have failed to demonstrate a mortality benefit, or even trended towards harm, when studied in large randomized controlled trials. As new evidence emerges, practice patterns shift in response. So, where do we stand in 2015? Should we sedate and paralyze our patients with ARDS or let them "wake up and breathe"? Prone position or early mobilization? Lung protective ventilation or extracorporeal membrane oxygenation? This session will cover the latest in the management of ARDS from a very practical view point relevant to the respirologist, respiratory therapist, nurse, physiotherapist and intensivist.

Integrating Palliative Medicine into the Intensive Care Unit

Dr. Michael Hartwick, *The Ottawa Hospital, Ottawa, ON*

This presentation will discuss some of the relevant literature about the provision of palliative care in Canadian ICUs as well as experience related to training and practicing in both critical and palliative care in Ottawa. An opportunity for questions, discussion and strategic planning will follow.

SIM. Learn. Repeat. The Edge of Tomorrow in Patient Simulation

Mr. Blair Lindsay, *Southern Alberta Institute of Technology, Calgary, AB*
Mr. Allen Prost, *Southern Alberta Institute of Technology, Calgary, AB*
Dr. Kristin Fraser, *West Park Healthcare Centre, Toronto, ON*

High fidelity simulation uses computer driven manikins and patient monitors to create a realistic environment that provides participants with virtual patient feedback in real-time. This is a significant shift in education where learners can practice in a safe experiential learning process that allows for mistakes, reflection and improvement, repeatedly. Simulation-based education (SBE) is now widely-used in educational institutions and hospitals and there is growing confidence in the validity of medical simulation to improve multidisciplinary teams and patient safety. In this workshop participants will experience/view a high fidelity simulation scenario and use this as a basis to review the conceptual framework of SBE, learn the mechanics of how to create effective simulations and explore the potential applications of SBE to improve education of health care professionals. The speakers will present the emerging evidence for SBE with examples from their own educational experiences. Participants will be encouraged to consider where simulation training might be useful for enhancing one's own reflective practice and ongoing excellence in patient care.

New Frontiers in Interventional Respirology: Remembering Dr. David Stather

Moderator: Dr. Chris Hergott, *University of Saskatchewan, Saskatoon, SK*
Dr. Kayvan Amjadi, *The Ottawa Hospital, Ottawa, ON*
Dr. Elaine Dumoulin, *Alberta Health Services, Calgary, AB*

Dr. David Stather had a significant interest in teaching and was involved directly in training residents and fellows in bronchoscopy and interventional procedures. The old technique of "see one, do one, teach one" always bothered him as he felt that the patient was the one to pay the price of learning. Keeping in mind the interest of the patient and the quality of the training, Dr. Stather developed useful training tools using simulators. His contributions to the field in determining the level of expertise with simulation will be discussed in this session.

Canadian Lung Association Research Update

The National Respiratory Research Strategy: Building Capacity and Impact

Dr. Andrew Halayko, *University of Manitoba, Winnipeg, MB*

The National Respiratory Research Strategy (NRRS) is a collaborative initiative of the Canadian Lung Association, the CTS and the CRHP. The NRRS aims to enhance Canada's research efforts and the impact of research on lung health. This presentation will highlight progress to date in the development of each 'pillar' of the strategy, including:

- A national training program that will build research capacity;
- A national grant program to support research projects; and
- An integrated knowledge translation strategy that uses evidence-based research to inform advocacy, program planning and service delivery efforts across the continuum of care.

The Canadian Respiratory Research Network

Dr. Shawn Aaron, *Ottawa Hospital Research Institute, Ottawa, ON*

This session will present an update on the work of the Canadian Respiratory Research Network (CRRN) after one year of operations. It will describe how the CRRN is serving as a resource for Canadian respiratory investigators by developing shared research platforms that will be accessible to the broader respiratory research community, and allowing investigators to leverage collaborations to facilitate future opportunities and grant applications.

Breathing as One: National Campaign for Lung Research

Dr. John Granton, *Toronto General Hospital, Toronto, ON*

Breathing as One – The Campaign for Lung Research is a $10 million national fundraising campaign over 5 years that supports The Lung Association's bold and innovative research strategy. This session will describe how the *Breathing as One* campaign is raising awareness of lung disease and leveraging financial support for respiratory research across Canada.

Saturday, April 25, 2015 | 1030 – 1200

Self-Management in Chronic Obstructive Pulmonary Disease

Making Self-Management Work in COPD: Learning from Our Mistakes

Dr. Jean Bourbeau, *McGill University Health Centre, Montréal, QC*

Self-management in COPD, centering on an action plan for preventing exacerbations and enhancing communication between the patient and health care providers, makes good clinical sense. However, trials have had inconsistent results. Do these discordant findings indicate that a paradigm shift in our concept of self-management is required? Probably not – but an analysis of the negative studies can give us valuable insights. So, where do we go from here? Our approach to patient education and behavioral interventions necessary for successful self-management needs to be redefined. A care delivery model that takes into account the system, the provider and the patient needs to be defined.

Self-Management Following An Acute Exacerbation of COPD

Dr. Samantha Harrison, *West Park Healthcare Centre, Toronto, ON*

Self-management has been cited as a strategy for reducing hospital admissions in patients with stable chronic obstructive pulmonary disease (COPD) by assisting with the prompt recognition and management of acute exacerbations. However, the role of self-management delivered immediately post-acute exacerbation is not clear. This presentation will provide an overview of the literature examining the effect of self-management interventions, in the absence of supervised exercise, delivered immediately following hospitalization for an acute exacerbation of COPD. The content of self-management interventions will be described and their impact on relevant health outcomes including hospital admissions and health-related quality of life will be considered.

How to Assess and Improve the Quality of Your Self-Management Interventions

Dr. Maria Sedeno, *McGill University Health Centre, Montréal, QC*

There are still many challenges faced when trying to understand why some self-management programs succeed where others fail. The most fundamental question is: Are we, as health care professionals, delivering what is needed to ensure sustained behavior change in our patients? This session will review how to best deliver a self-management approach that has the patient at its center, and that also takes into consideration the provider and the system. We will discuss how to help patients better integrate self-management skills into their lives, and the importance of evaluating their outcomes and success within a context of quality control.

Neuromuscular Management: Long-term Mechanical Ventilation

Maintaining an Oral Tradition: 24-hour Noninvasive and Mouthpiece Ventilation

Dr. Douglas McKim, *The Ottawa Hospital Rehabilitation Centre, Ottawa, ON*

This presentation will introduce the participant to the practice of 24-hour noninvasive ventilation (NIV) including use of a chair-mounted mouthpiece for daytime noninvasive ventilation, MPV (rather than tracheostomy). It will discuss the experience of MPV in patients with Duchenne Muscular Dystrophy and ALS as well as less frequent indications. The participant should be able to recognize the individual who would be a candidate for 24-hour NIV as well as understanding some of the practical considerations in initiating and maintaining such a ventilatory support system.

Polysomnography: A Tool in Managing Noninvasive Ventilation in Neuromuscular Disease

Dr. Lisa Wolfe, *North Western University, Chicago, IL*

This presentation will discuss the indications for more detailed monitoring in neuromuscular disease and the use of polysomnography as a tool. Gaps between neuromuscular disease programs and the current state of sleep laboratory testing will be identified and ways of bridging the gaps will be discussed.

HMV and LTMV in Canada: Where Are We Now and How Should We Move Forward?

Dr. Louise Rose, *University of Toronto, Toronto, ON*

This presentation will provide a profile of the prevalence of ventilator assisted individuals (VAIs) living at home and in institutional care, a description of providers and service provision, as well as current barriers to transition across the health care continuum in Canada. Data will be used to highlight gaps in service provision and knowledge translation.

Pulmonary Function Testing

Lung Clearance Index (LCI) as a Pulmonary Function Test

Dr. Padmaja Subbarao, *The Hospital for Sick Children, Toronto, ON*

Lung clearance index (LCI) is a parameter derived from the multiple breath washout test. First developed 50 years ago, the inert gas washout test is gaining popularity amongst researchers, clinicians and families. LCI has received the most attention in cystic fibrosis (CF) where it has been shown to be feasible and sensitive to early CF lung disease in patients of all ages from infancy to adulthood. Thought to reflect peripheral airway disease, interest has been generated in examining the role of this measure in other types of lung disease. The presentation will review the evidence supporting the use of LCI in obstructive lung disease and focus on key challenges on implementing this tool both in clinical trials and clinical use.

And You Thought Pulmonary Function Testing Was Boring: Changing How We Think About What Is Normal in Children

Dr. Larry Lands, *Montréal Children's Hospital, Montréal, QC*

Standard pulmonary function testing in children, consisting of spirometry and measurement of lung volumes, is dynamically affected by growth and maturation. The biggest challenge with interpretation is defining the limits of normal for children. This presentation will address new ways to interpret lung function results in children, including defining the limits of normal and how this changes with age, how it differs from adult criteria and what the current limitations are for this approach.

Oscillometry for Small Airway Function Measurement in Adults and Children

Dr. Geoff Maksym, *Dalhousie University, Halifax, NS*

In asthma or COPD, ventilation to the periphery of the lung is highly heterogeneous revealing regions of negligible ventilation or 'defects', but these are poorly correlated to spirometry. Oscillometry, also known as the forced oscillation technique, applies small oscillations during normal breathing to measure the resistance to airflow Rrs, and the elastance Ers, which reflects the stiffness of the lung. This presentation will cover the features, reliability and repeatability of oscillometry, and its sensitivity to small airway function in asthma.

Sleep! The Final Frontier: From the Operating Room to Outer Space!

Perioperative Management: Bariatrics

Dr. Judith Leech, *The Ottawa Hospital, Ottawa, ON*

This talk reviews the available literature and provides practical considerations for perioperative management in patients with obstructive sleep apnea (OSA) and obesity-hypoventilation syndrome (OHS) in general and for those undergoing bariatric surgery in particular.

Sleep Disruption During Long Duration Space Flight

Dr. Chris Skinner, *Ottawa Hospital, Ottawa, ON*

This session will review the evolution of sleep medicine from the beginnings of manned space flight up until the present. The session will highlight the major disruptions of sleep while in long duration space flight and present some unique countermeasures which attempt to mitigate these disruptions.

Predictors of Perioperative Complications in Children with Obstructive Sleep Apnea

Dr. Sherri Katz, *Children's Hospital of Eastern Ontario, Ottawa, ON*

This presentation will discuss predictors of perioperative complications in children with obstructive sleep apnea (OSA). Current evidence for known risk factors and existing prediction tools will be presented along with a review of gaps in knowledge. Clinical application of strategies to predict children with OSA at high risk of perioperative complications, as well as an approach to disposition will be discussed.

Make Your Voice Heard: Advocating for Respiratory Health

Ms. Debra Lynkowski, *Canadian Lung Association, Ottawa, ON*
Ms. Jennifer Miller, *Lung Association of Saskatchewan, Saskatoon, SK*

Are you passionate about issues that affect respiratory health in Canada? Do you want better access to treatments? What are the biggest advocacy issues affecting the respiratory health of patients in Canada? In this interactive session, we'd love to hear what you think. There are many issues affecting Canadians with lung disease. Electronic cigarettes, asthma medication access in schools and radon are just some of the key policy topics for the Canadian Lung Association (CLA).

In this session, participants will learn about the key respiratory policy issues in Canada and will be asked to provide input that can help shape the CLA position. Debra Lynkowski, CLA President and CEO and Jennifer Miller, Vice President of Health Promotion at the Lung Association of Saskatchewan, will facilitate this interactive session. Participants should come prepared for discussion.

Saturday, April 25, 2015 | 1330 – 1500

Airways Disease: What's New in Diagnosis and Management

Diagnosis and Misdiagnosis of Asthma in Canada

Dr. Shawn Aaron, *University of Ottawa, Ottawa, ON*

This presentation will discuss how asthma is diagnosed in Canadian communities. Current and published research studies will be reviewed that focus on correct diagnosis and misdiagnosis of asthma in Canada. Potential educational initiatives to improve diagnosis of asthma in Canadian communities will be discussed.

Mild COPD: What Spirometry Conceals!

Dr. Denis O'Donnell, *Queen's University, Kingston, ON*

Many smokers report symptoms of exertional shortness of breath or mucous hypersecretion in the absence of significant spirometric abnormalities. Our understanding of the source of these troublesome symptoms continues to increase as our ability to measure peripheral airway and pulmonary microvascular dysfunction improves. This presentation will examine the heterogeneous physiological abnormalities that can occur in patients with largely preserved spirometry and provide a physiological rationale for earlier treatment.

Preventing AECOPD – Clinical Practice Guideline Update

Dr. Darcy Marciniuk, *University of Saskatchewan, Saskatoon, SK*

Acute exacerbations of COPD (AECOPD) are recognized as a significant contributor to patient's clinical deterioration and impaired quality of life, and account for most of the morbidity, mortality and costs associated with COPD. The American College of Chest Physicians (CHEST) and the CTS recently published an evidence-informed clinical practice guideline on preventing AECOPD. Experts from both professional societies utilized an objective and rigorous evidence-based approach in assessing the medical literature, to provide the practising clinician with state of the art recommendations regarding non-pharmacologic, inhaled and oral therapies to prevent COPD exacerbations. This presentation will review these processes and recommendations, and importantly, provide a practical approach for clinicians to prevent acute exacerbations when managing patients suffering from COPD.

Debates: Controversies in Clinical Practice?

The Benefits to Society of Treating Costly Rare Diseases are Worth the Price

Pro Position: ***Dr. Erica Penz,***
University of Saskatchewan, Saskatoon, SK

Contrary Position: ***Dr. Elizabeth Tullis,***
University of Toronto, Toronto, ON

Approximately one in 12 Canadians suffer from one of over 7,000 different rare diseases, and this number is increasing, especially with the emergence of personalized medicine. Orphan drugs, which are used in the treatment of rare diseases, are very expensive and can exceed hundreds of thousands of dollars per patient per year. In Canada, where provincial drug plan decisions are often made independently and without uniformity, differential access to treatments for the same disease may occur for patients, depending on where they live. Given the high cost of treatment and increasing prevalence, the potential financial burden and the opportunity cost of treating patients with rare diseases is significant. Using the principles of equity, cost-effectiveness and clinical effectiveness, the issue of whether the benefits to society of treating costly rare diseases is worth the price will be discussed in the form of an entertaining pro/con debate.

The OSA & Driving Recommendations Are a Reasonable Standard

Pro Position: ***Dr.Charles George,***
London Health Sciences Centre, London, ON

Contrary Position: ***Dr. Michael Fitzpatrick,***
Queen's University, Kingston, ON

Obstructive sleep apnea frequently produces excessive daytime sleepiness and impairs daytime performance. As a result, these individuals are at increased risk for motor vehicle collisions (MVCs). Previous studies have shown that, while a majority of patients may never have an MVC, it is difficult to determine in advance which patients will have MVCs. Determining fitness to drive is often difficult and there are significant provincial variations in such recommendations. When successfully treated, OSA patient's MVC risk returns to normal making some decisions easier. Physicians have to balance two important roles: that of a patient advocate and that required by law. While there are no perfect answers, the CTS/Canadian Sleep Society position paper provides reasonable standards, especially when dealing with commercial vehicle drivers, where the outcomes of a crash may be catastrophic.

"View from the Top": How Upper Airway Disease Can Impact Respiratory Function

When the Puffers Don't Help: A Review of Vocal Cord Dysfunction

Dr. Timothy Brown, *Dalhousie University, Halifax, NS*

Vocal cord dysfunction, often commonly referred to as paradoxical vocal fold motion, is commonly mistaken for reactive airways disease. Patients often present with acute airway symptoms to the emergency department and the severity of symptoms can even rarely result in invasive airway interventions. Being able to recognize the disorder and have knowledge of its appropriate treatment is important for any clinician who sees patients with airways disease. With the aid of video examples, this session will review the relevant anatomy of the larynx, its normal function, and the presumed pathophysiology of vocal cord dysfunction. Proper investigation and treatment techniques will be discussed.

Sinusitis: Do New Findings Have Implications for Patient Care?

Dr. Martin Desrosiers, *Université de Montréal, Montréal, QC*

Sinusitis is a common chronic disease that imposes an individual and societal health burden on Canada calculated at over $2.1B annually. Acute sinusitis accounts for 25% of oral antibiotic prescriptions and is thus responsible for a significant component of the development of antibiotic resistance. Chronic sinusitis often persists despite appropriate medical and surgical therapy, leaving a large number of patients to suffer with disease and bear the risks of multiple further medical and surgical treatments. Our understanding of sinusitis has increased considerably over the past 5 years, and management is evolving as basic science observations find translational applications. This presentation will describe how the evolution in our understanding of the microbiome, mucosal immunology, and host-pathogen interactions are changing our conception of disease and are influencing modifications in treatment algorithms and educational strategies for improving the management of sinusitis.

Optimizing Care of the Patient with a Tracheostomy

Dr. Laurie McLean, *University of Ottawa, Ottawa, ON*

Care of the patient with a tracheostomy is often multidisciplinary and inter-professional. This practical session will be aimed at physicians who care for patients with both short-term and long-term tracheostomy tubes. The spectrum of currently available tracheostomy tubes will be reviewed. With this knowledge, the participant will then be guided through cases to help consolidate an approach to optimize care of the patient with a tracheostomy. Finally, management options for common tracheostomy problems will be reviewed.

Supporting Family Caregivers

Can We Move to a Model of Family-Centred Care?

Dr. Jill Cameron, *University of Toronto, Toronto, ON*

This presentation will discuss the rationale for moving to a family-centred model of care, introduce definitions of family-centred care and consider existing models by highlighting key components. Some of the challenges and facilitators of adopting family-centred models will be discussed and the potential benefits of adopting a family-centred care model will be highlighted. Questions for future research in this area will be raised. Existing literature concerning family-centred care models from the care of pediatric and elderly populations will be incorporated and built upon.

Partnering with and Supporting Family Caregivers

Dr. Donna Lero, *University of Guelph, Guelph, ON*

Family caregivers make up the backbone of our health care system and provide the majority of support for individuals with disabilities, chronic health conditions and aging-related infirmity. In 2012, 8.1 million Canadians (28%) provided care to a chronically ill, disabled, or aging family member/friend, and demographic projections suggest that caregiving will increase substantially in the next two decades. However, shrinking social and public policy supports challenge families' ability to meet growing demands for care on their own. Caregiving-related employment consequences, out-of-pocket expenses and costs to caregivers' health and social well-being can result in financial and personal hardship. This presentation argues that we need to shift our thinking about family caregivers if they are to continue to be major partners in patient care. Critical issues as information supports, home care, and how caregivers and care system navigators can work together to ensure sustainable, responsive care in our communities will be explored.

Assessment: A Powerful Tool for Caregivers and Practitioners

Ms. Nancy Guberman, *Université du Québec à Montréal, Montréal, QC*

This presentation will present a rationale for caregiver assessment as a key tool for directing services to caregivers. Various approaches to assessment, and in particular, the comprehensive psycho-social C. A. R. E. Tool will be presented. Outcomes of using this tool will be discussed from both the caregiver and practitioner perspectives.

Imaging to Intervention

Chest Radiograph Pearls: Don't Miss These Diagnoses!

Dr. Joao Inacio, *The Ottawa Hospital, Ottawa, ON*

The chest radiograph remains an extremely valuable imaging tool. The information available on a chest radiograph integrated with pertinent clinical information often allows the physician to exclude or confirm suspected chest pathology. This presentation will review examples of common entities that have characteristic presentation on chest radiographs, with an emphasis on chest CT correlation. The presentation will follow the classic Aunt Minnie approach. The concept is simple: if a woman looks like the Aunt Minnie whom you know well and recognize immediately, the woman is Aunt Minnie; if the findings on a chest radiograph look like a pathologic entity that you know well and recognize immediately, then the radiograph is diagnostic of that entity… if not proven otherwise.

Solitary Pulmonary Nodules: Radiological Assessment and Guidelines for Management and Follow-Up

Dr. Ashish Gupta, *The Ottawa Hospital, Ottawa, ON*

This interactive session will include information on radiological assessment and radio-pathological correlation of solitary pulmonary nodules (SPN) including terminology. Fleishner's society and other guidelines for both solid and sub-solid pulmonary nodules will be reviewed and discussed. Recent literature on management and follow-up of pulmonary nodules will be presented.

Imaging of Congenital Lesions of the Chest in Pediatrics

Dr. Pedro Albuquerque, *McGill University Health Centre, Montréal, QC*

This presentation will discuss the different clinical scenarios and the optimal imaging approach for the detection and diagnosis of the most common congenital lesions of the chest, with emphasis on the pediatric population.

Optional Educational Opportunities

Space is limited. Pre-registration is required. If space permits, additional availability will be offered on a first-come first-served basis on-site.

Friday, April 24, 2015 | 1200 – 1315

Optional Educational Luncheon Sessions

American College of Chest Physicians and Canadian Thoracic Society Conjoint Session

Each year the American College of Chest Physicians (CHEST) is invited by the CTS to make a presentation at CRC on a topic of interest to our audience. This year, a session is being planned based on current priorities in the CHEST-CTS collaboration, which included the joint development of a clinical practice guideline on the prevention of acute exacerbations of COPD.

Visit the conference web-site at **http://crc.lung.ca** for up to date information as it becomes available.

CRHP Funding Success Stories – In Their Own Words

This session will highlight research studies that have been funded by the CRHP Research Awards Program. Members who were successfully funded through the program will present the research they were able to carry out as a result of CRHP funding.

Saturday, April 25, 2015 | 1200 – 1315

INSPIRED Approaches to COPD: Improving Care and Creating Value

Moderator: Ms. Jennifer Verma, *Canadian Foundation for Healthcare Improvement, Ottawa, ON*
Dr. Jean Bourbeau, *McGill University Health Centre, Montréal, QC*
Dr. Darcy Marciniuk, *University of Saskatchewan, Saskatoon, SK*
Dr. Graeme Rocker, *Dalhousie University, Halifax, NS*

The INSPIRED COPD outreach program™ is setting new standards for community-based care of advanced COPD. This session will provide background on the INSPIRED COPD Outreach Program, its components, results and look at the spread of successful patient-focused COPD practices through the development of a new pan-Canadian INSPIRED quality improvement collaborative. The collaborative is supporting 19 multidisciplinary health care improvement teams in bridging the chasm between evidence and practice by working together to *do the right things right* in COPD care. It features quality improvements in settings across acute to community care, with an *all teach, all learn* approach to improving care incorporating evidence-based medicine and quality improvement, with ongoing evaluation using defined metrics across individual teams and the collaborative as a whole. Presenters will discuss what's worked and what hasn't – featuring a case example from a team explaining how they adapted the INSPIRED model of care.

Lung Cancer Care, Current Challenges and Opportunities: Key Findings from the Ontario Lung Cancer Summit

Moderator: Dr. John Granton,
Toronto General Hospital, Toronto, ON
Dr. Sunil Verma,
Sunnybrook Health Sciences Centre, Toronto, ON
Dr. Khalil Sivjee,
Sunnybrook Health Sciences Centre, Toronto, ON

Lung cancer remains the leading cause of cancer deaths in Canada and Ontario, for both men and women. Despite the recent advances in lung cancer care, there are significant gaps that need to be addressed through increased awareness, public education, earlier diagnosis and strengthened communication among health care providers. In this session, participants will learn about existing challenges in lung cancer care, advances in screening, treatment and molecular testing. Knowledge translation strategies and the evolving role of respirologists and other health care professionals will be explored. An overview of key findings from the Lung Cancer Summit organized by the Ontario Lung Association and the Ontario Thoracic Society in June 2014 will be provided, and future plans to advance the agenda will be explored.

Co-Developed Symposia

Friday, April 24, 2015 | *0700 – 0815*
Saturday, April 25, 2015 | *0700 – 0815*

In recognition of their support of the Canadian Respiratory Conference, platinum level sponsors have the opportunity to co-develop accredited symposia with the CTS. Co-developed symposia will be featured in the conference program as optional educational opportunities and details will be posted on our website at **http://crc.lung.ca** as they become available. Registered delegates will receive additional information on how to participate in these events.

At the time of print, the following sponsors had confirmed plans to co-develop symposia with the CTS:

- Boehringer Ingelheim (Canada) Ltd.
- Novartis Pharma Canada Inc.

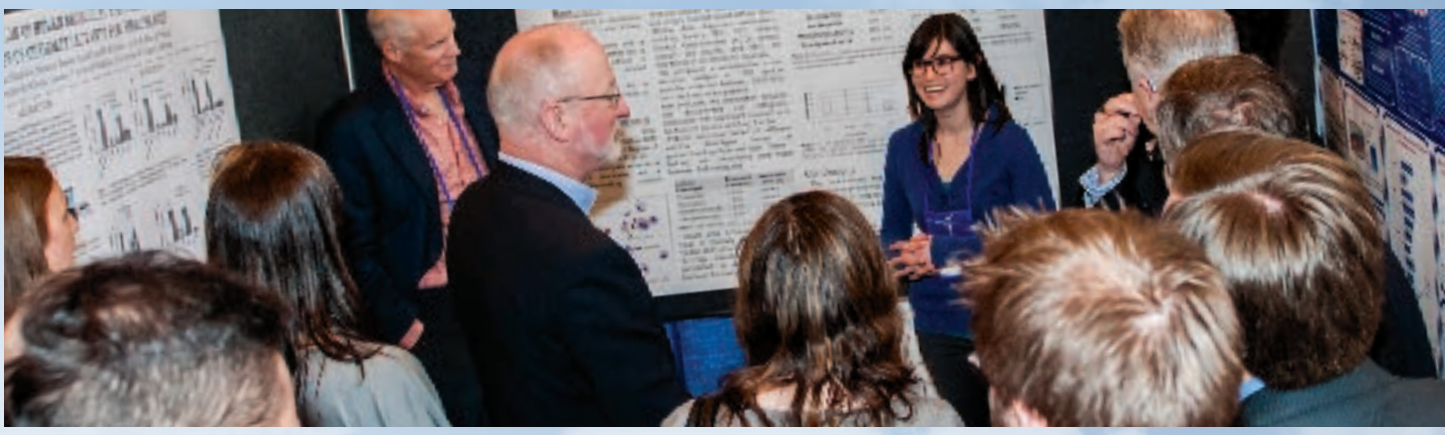
The 2014 winner Lorna Cummins, presented the poster "Noninvasive Ventilation for the Restricted Thorax: Effects of Ventilator Modality on Quality of Life".

Friday, April 24, 2015 | 1700

CRHP Research Poster Award Adjudication

The CRHP Research Poster Award was created in 2010 by the CRHP Research Committee to strengthen research capacity within the community of non-physician respiratory health professionals. CRHP members whose research-based poster abstracts are accepted by the CRC Scientific Committee for a moderated poster presentation, and who have agreed to be considered, will be eligible for this recognition award. Only research-based poster abstracts from CRHP members are eligible for this competition. The poster award will be based on excellence in scientific research related to respiratory health or disease. The judges are experienced researchers who will provide valuable feedback to the poster presenters, facilitating the presenters' development as respiratory health care researchers. The award aims to motivate respiratory health researchers to strive for excellence and to reward them with the recognition of their peers. The winner will be presented with a certificate of recognition and announced at the conference and in CRHP's member e-bulletin.

For more information about the award, please contact:
Michelle McEvoy, *Research Programs Manager,*
Canadian Lung Association
Telephone: *613-569-6411, Ext. 262*
Email: *mmcevoy@lung.ca*



Moderated Poster Session

Friday, April 24, 2015 | 1530 – 1700

A moderated poster session will be held on Friday, April 24, 2015, from 1530 to 1700. Poster presenters will be on hand to answer questions posed by the moderators and the audience during this special session. Peruse the list of themed poster sessions below to identify those you wish to attend.

Asthma

Objective Measures of Asthma, Subjective Distress and Physiological Responses of Asthma Patients With and Without Panic Disorder During Methacholine Challenge	*Simon Bacon*
The Impact of Health Care Use on the Development of Mood Disorders in Patients with Asthma	*Mélanie Béland*
Airway Responsiveness to Mannitol Decreases 24 Hours After Allergen Inhalation Challenge	*Beth Davis*
Self-Efficacy, Motivation and Health Care Provider Autonomy Support: Impact on Asthma Medication Adherence	*Anda Dragomir*
Evolution of Allergic Bronchopulmonary Aspergillosis in Cystic Fibrosis	*Virginie Labossière*
Investigating the Quantitative Relationship Between Body Mass Index and Airway Hyperresponsiveness in Adults with Asthma	*Candace Raddatz*
Predictors of Having Panic Attack-like Symptoms in Asthma Patients Undergoing a Methacholine Challenge Test	*Jennifer Sayegh-Smith*

Chronic Obstructive Pulmonary Disease (COPD)

Characterization of Morphological Phenotypes of COPD Subjects by MDCT Scan and Their Relationship to Exercise Physiology and Symptom Limitation	*Marc Brosseau*
The Impact of Stepwise Withdrawal of Inhaled Corticosteroids on Exacerbations in COPD Patients Receiving Dual Bronchodilation: WISDOM Study	*Catherine Charbonneau*
Effects of 12 Weeks of Once-Daily Tiotropium and Olodaterol Fixed-Dose Combination on Exercise Endurance in Patients with COPD	*Lijing Guo*
Once-daily Tiotropium and Olodaterol Fixed-Dose Combination via the Respimat Improves Outcomes vs Mono-Components in COPD in Two 1-year Studies	*Alan Hamilton*
Survey of Patients Using an Oscillating Positive Expiratory Pressure Device Indicates Improvement in Well-Being and Compliance to Therapy	*Howard Harkness*
Self-conscious Emotions in Patients with Chronic Obstructive Pulmonary Disease (COPD)	*Samantha Harrison*
The Economic Burden of COPD in British Columbia from 2001 to 2010: A Population Based Study	*Rahman Khakban*
The Impact of Anxiety and Mood Disorders on Chronic Obstructive Pulmonary Disease Development	*Ana Moga*
Increased METs During Exercise Stress Testing is Predictive of Reduced Risk of COPD Development	*Nicola Paine*

Interstitial Lung Disease/Lung Cancer/Pulmonary Vascular Disease

Value of Preoperative Computed Tomography in Assessing the Completeness of Lung Fissures	*Caroline Bissonette-Roy*
Effect of Baseline Emphysema on Reduction in FVC Decline with Nintedanib in the INPULSIS™ Trials	*Gerard Cox*
Learning Curve During the Adoption of Thoracoscopic Pulmonary Lobectomy	*Sabrina Facchino*
Effect of Baseline FVC on Decline in Lung Function with Nintedanib: Results from the INPULSIS™ Trials	*Charlene Fell*
Comparative Studies of Asbestos Phagocytosis in Murine and Human Macrophages	*Iram Khan*
Utility of the Trans-Esophageal Contrast Echocardiogram as an Additional Screening Tool for Cardio-Pulmonary Shunt Assessments in Hereditary Hemorrhagic Telangiectasia	*Harvir Mann*
Quality of Life According to Cancer Type in Patients with Malignant Pleural Effusion Treated with Indwelling Pleural Catheter or Talc Pleurodesis	*Jordan Olfert*
Transbronchial Biopsies in Lung Cancer: Retrospective Review of 116 Patients	*Ping Shi Zhu*
The Patient who Couldn't Quite Catch Her Breath: Interstitial Lung Disease Complicated by Hepatopulmonary Syndrome	*Nicole Sitzer*
A Multi-Specialty Thoracic Oncology Clinic for Individualizing the Care of High Risk Patients	*Carol-Anne Vallée*

Knowledge Translation

Collaborative Care in OSA: A New Paradigm	*Mark Fenton*
A Multi Stakeholder Collaboration to Improve Outcomes in Patients with Chronic Obstructive Pulmonary Disease (COPD) in Ontario: Value Demonstrating Initiative (VDI) on COPD	*Carole Madeley*
Past, Present and the Future of Respiratory Research: A Survey of Canadian Allied Health Professionals	*Sunita Mathur*
Use of an App to Provide Clinical Decision Support for COPD Using the CTS Guidelines at Point of Care	*Rahul Mehta*
Effects of a Multi-faceted Mentoring Intervention on the Intention to Use, Knowledge, Quality and Usage of Spirometry in Primary Care: The Primary Care Asthma Program (PCAP) Collaborative Care Pilot Project (CCPP)	*Dilshad Moosa*
Innovations in Treating Chronic Obstructive Pulmonary Disease (COPD) Exacerbations Using New Technology	*Maria Sedeno*

Pediatric Asthma and Lung Diseases

Spontaneous Pneumomediastinum in a Healthy Newborn	*Saadoun Bin-Hasan*
One-Year Efficacy and Safety Study of Tiotropium Respimat Add-on to ICS in Adolescent Patients with Symptomatic Asthma	*Marc-Andre Caron*
The Influence of Socioeconomic Inequity on the Long-Term Healthcare Costs of Asthma under Universal Health Insurance	*Wenjia Chen*
Primary Ciliary Dyskinesia and Neonatal Respiratory Distress	*Tara Mullowney*
Audit of Influenza Vaccination in the Regional Paediatric Asthma Clinic (RPAC) with Comparisons of Outcomes over the Influenza Season	*Nadia Snow*
Plastic Bronchitis: A Sticky Situation	*Marie Wright*

Rehabilitation

Combined Exercise is Beneficial for Glycemic Control in CF	*Nadia Beaudoin*
Addressing Dysfunctional Breathing Patterns as a Contributor to Disproportionate or Unexplained Dyspnea: A Case Series	*Jessica DeMars*
Barriers and Facilitators of Community-Based Exercise: Perspectives of Individuals with Heart Failure, COPD and Their Healthcare Providers	*Laura Desveaux*
Predictors of Endurance Training Attendance and Compliance During Pulmonary Rehabilitation for COPD: A Pilot Study	*Kevin Duckworth*
Relationship Between Anxiety, Depression, Illness Perceptions and Outcomes of Pulmonary Rehabilitation for Individuals with Chronic Obstructive Pulmonary Disease	*Karla Horvey*
Mechanisms Underlying Physiological Limitations During Arm Activity in Individuals with COPD: A Systematic Review	*Tania Janaudis-Ferreira*
Distractive Auditory Stimuli in the Form of Music in Individuals with Chronic Obstructive Pulmonary Disease: A Systematic Review	*Annemarie Lee*
Feasibility of Electrical Muscle Stimulation in Long-term Mechanically Ventilated Patients in Medical-Surgical Intensive Care Unit	*Sunita Mathur*
Cardiopulmonary Responses to Short Bouts of Strength Exercises in People with COPD: A Comparison of Exercise Intensities	*Priscila Robles*
A Comparison of Muscle Strength Assessment Using MRC Scale and Computerized Dynamometry in Patients Following ICU Discharge	*Leanna Souza-Barros*

Sleep and Ventilation

The Development of a Tool to Assess Caregiver Knowledge and Skills Needed to Safely Care for Children Receiving Invasive Long-Term Mechanical Ventilation at Home: The KIDS VENT Study	*Reshma Amin*
A 15-Month-Old Boy with Cornelia De Lange Syndrome and Central Sleep Apnea: A Case Report	*Saadoun Bin-Hasan*
Access to Zzz's: A Quality Improvement Journey	*Carla Byblow*
Long-term Non-invasive Ventilation in Children in Alberta: Outcomes and Complications	*Maria Castro*
Long-term Non-invasive Ventilation in Children: Trends of the Home Ventilation Programs in Alberta (2003-2014)	*Maria Castro*
Mind The Gap: Paediatric to Adult Health Service Transition Experiences of Young Adults Requiring Domiciliary Long-Term Mechanical Ventilation (LTMV) and their Family Caregivers	*Craig Dale*
Ventilator Settings Associated with Average Volume-Assured Pressure Support (AVAPS) Tolerance in ALS	*Marta Kaminska*
Transitioning from Hospital to Home: The Experiences of Adults Requiring Long-Term Mechanical Ventilation (LTMV) and Their Family Caregivers	*Judy King*
Pneumothorax in Ventilated Neuromuscular Patients	*Andrea Loewen*
Ventilatory Responses During Stage I Exercise Tests Do Not Correlate to PHOX2B Genotype in Children with Congenital Central Hypoventilation Syndrome (CCHS)	*William To*

Networking Opportunities

Don't miss the great networking opportunities offered in the sponsor display area! Conference sponsors and partners will host booths providing information on a wide range of innovative products, publications and services, specifically targeted to the respiratory community.

Make your way around this year's sponsor display area, centrally located to all conference activities.

Learn more about the national respiratory community, meet industry representatives, discover what they have to offer in your area of practice and expand your national network of contacts.

In addition to the official Opening Reception, the sponsor display area will host Friday and Saturday breakfasts, lunches and networking breaks, as well as the moderated poster session on Friday afternoon. Posters will be available on display throughout the scheduled hours.

Support your association and your network of suppliers by taking the time to visit our many and varied booths.

Networking Schedule

Thursday, April 23, 2015	
Opening Reception	**1730 – 1930**
Friday, April 24, 2015	**0730 – 1700**
Delegate Breakfast	**0730 – 0825**
Networking Break	**1000 – 1030**
Delegate Luncheon	**1200 – 1330**
Networking Break	**1500 – 1530**
Moderated Poster Session	**1530 – 1700**
Saturday, April 25, 2015	**0730 – 1700**
Delegate Breakfast	**0730 – 0825**
Networking Break	**1000 – 1030**
Delegate Luncheon	**1200 – 1330**

Thursday, April 23, 2015 | 1730 – 1930

"A Breath of Fresh Air" Opening Reception*

This kick-off event has proven to be one of the networking highlights of past CRC conferences! Don't miss this opportunity to meet members of the conference planning and scientific committees, of the CTS, the CRHP, and the Canadian and Ontario Lung Associations. The reception offers delegates an unparalleled opportunity to network with peers from across the country and beyond, while browsing sponsor and partner booths to collect a wealth of information on innovative products and services.

* *Included in your registration fee. Additional tickets are available for purchase on the registration form.*

Saturday, April 25, 2015 | 0600 – 0645

Fun Run/Walk

Start your day off with an exhilarating run along the Rideau Canal, a UNESCO world heritage site. Put on your runners or walking shoes and join other fitness keeners on this great 30-minute jaunt that is sure to leave you pumped. Your guided running route will introduce you to the parkland and beautiful views in downtown Ottawa. Light refreshments will be available upon your return!

Friday, April 24, 2015 | 1800 – 2200

Optional Social Event: CRC Takes Flight!

After a short ride along Sussex Drive, featuring some of Ottawa's most prized sites including the National Art Gallery, the Canadian Mint, the Prime Minister's and the Governor General's residences, our route will meander through Rockcliffe Park and follow the Ottawa River to our destination, the Canada Aviation and Space Museum. One of the many national museums located in Canada's Capital, this unique venue places the wonder of flight into your hands. Under its hangar-esque roof, the Museum holds approximately 130 military and civilian aircraft – the finest collection in the country and one of the most comprehensive in the world. From strategically-located guides, learn about the development of the flying machine, its role in conflicts, and its overall significance. Launch into a revitalizing networking dinner amidst the collection before returning to earth and transferring back to the hotel. The evening includes return motor coach transportation, guides, catered dinner and an evening shared with friends amidst a very unique and fascinating venue.

Indicate the number of tickets you wish to purchase on your registration form. Tickets are limited and we're expecting a sell-out crowd!

Book early to avoid disappointment!

Affiliated Meetings

The scientific program will be flanked by a variety of affiliated meetings and events. The following preliminary schedule is included for the interest of those attending as members of the associated committees or meetings. This schedule is subject to change. Please refer to pages 32 and 33 for more information on the highlighted meetings.

Wednesday, April 22, 2015

0700 – 1900	**National Senior Respiratory Fellows Symposium**
1730 – 1900	National Senior Respiratory Fellows Symposium Reception
1730 – 2130	CTS Board of Directors

Thursday, April 23, 2015

0700 – 1400	National Senior Respiratory Fellows Symposium
0800 – 1630	**Canadian Pediatric Respiratory Fellows' Day**
0800 – 1000	CTS Canadian Respiratory Guidelines Committee
0800 – 1300	CRHP Leadership Council
0800 – 1600	**Noninvasive Airway Management (NIVAM) Workshop: Demystifying Noninvasive Airway Management in Neuromuscular Disease (NMD) and Spinal Cord Injury (SCI)**
0800 – 1630	**Ultrasound for Respirologists Simulation Course**
0830 – 1230	CLA Chronic Disease Working Group
1000 – 1200	CTS Home Mechanical Ventilation Clinical Assembly
1130 – 1330	Pulsus – Canadian Respiratory Journal Editorial Board
1300 – 1600	CTS Asthma Clinical Assembly
1300 – 1600	CTS COPD Clinical Assembly
1400 – 1600	CTS Clinical Assembly on Interstitial Lung Disease
1400 – 1600	CTS Membership Committee
1400 – 1600	CTS Pulmonary Function Standards Committee
1400 – 1600	CTS Sleep Disordered Breathing Clinical Assembly
1500 – 1630	CTS Long Term Planning Committee
1630 – 1730	**CTS Annual General Meeting**
1930 – 2130	Canadian Respiratory Research Network
1930 – 2130	CTS Clinical Assembly for Chest Procedures
1930 – 2130	CTS Pediatric Assembly Business Meeting
1930 – 2130	CTS Pulmonary Vascular Disease Clinical Assembly
1930 – 2300	**CRHP Annual General Meeting and Joint CRHP – RESPTREC™ Reception**

Friday, April 24, 2015

1700 – 1800	Canadian Respiratory Journal Associate Editors
1700 – 1900	CTS Industry Advisory Panel

Saturday, April 25, 2015

1700 – 1900	Canadian Association of Cardio-Pulmonary Technologists' Annual General Meeting
1700 – 1900	CRC Planning & Scientific Committee DeBrief
1800 – 2000	CLA National Respiratory Research Steering Committee

Sunday, April 26, 2015

0830 – 1400	Canadian Association of Cardio-Pulmonary Technologists' Board of Directors

Special Events

Noninvasive Airway Management (NIVAM) Workshop: Demystifying Noninvasive Airway Management in Neuromuscular Disease (NMD) and Spinal Cord Injury (SCI)

Dr. Douglas McKim and the CANVent Program Team at the Ottawa Hospital Rehabilitation Centre are offering CRC delegates a rare opportunity to participate in a hands-on workshop on noninvasive airway management for neuromuscular/neuro-respiratory illnesses in adults and children. This full-day workshop will provide didactic sessions and hands-on experience with specific neuromuscular pulmonary function testing, lung volume recruitment (LVR) techniques, use of the CoughAssist™ device, mouthpiece ventilation and noninvasive ventilation. The workshop will be held at the Ottawa Hospital Rehabilitation Centre and can accommodate a limited number of participants. A separate registration and a fee of $150.00 will include return transportation from the hotel, lunch and nutrition breaks. Who should attend: physicians, respiratory therapists, nurses, physiotherapists and allied health professionals who are interested in improved respiratory care for individuals with NMD and SCI.

For more information, please contact:
Kathy Walker, RRT
Email: kawalker@ottawahospital.on.ca

National Senior Respiratory Fellows Symposium (NSRFS)

This annual symposium is a collaborative initiative of Canadian respirology program directors and the CTS for approximately 40 respiratory residents from across Canada. The NSRFS makes use of a variety of teaching methods to deliver a stimulating educational experience to residents. By co-locating the symposium with the CRC, valuable networking opportunities are created for program directors and residents.

For more information, please contact:
Suzanne Desmarais, Manager, Member Services, CTS
Telephone: 613-569-6411, Ext. 229 | Email: sdesmarais@lung.ca

Canadian Pediatric Respiratory Fellows' Day

The Canadian Pediatric Respiratory Fellows' Day will be held at the CRC as a joint initiative of the CTS Pediatric Assembly and pediatric respirology program directors. The Fellows' Day has three objectives:

- To promote continued education and training of Canadian respiratory fellows;
- To facilitate attendance of trainees at the CRC; and
- To encourage a forum for the development of research collaboration and inter-professional networking amongst pediatric respirology fellows.

For information, contact the program co-chairs:
Dr. Mark Chilvers | MChilvers@cw.bc.ca
Dr. Melinda Solomon | melinda.solomon@sickkids.ca

Ultrasound for Respirologists Simulation Course

Created and run by expert interventional respirologists from the CTS Clinical Assembly for Chest Procedures, this day-long didactic and hands-on ultrasound simulation course is designed to improve the ultrasound skills of practicing respirologists and respirology fellows. Topics include ultrasound of the lung and the pleura, the management of malignant and parapneumonic pleural effusions, ultrasound in the intensive care unit and anticoagulation and pleural procedures. You will have the opportunity to practice your ultrasound skills and the placement of ultrasound guided chest tubes and tunneled pleural catheters during the hands-on sessions. Enrolment is limited to 24 participants, with preference given to those registering for CRC, and subject to a modest additional registration fee. This course is an Accredited Self Assessment Program (Section 3) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, pending approval by the CTS.

For more information, please contact:
Janet Sutherland, CTS Director
Telephone: 613-569-6411, Ext. 264 | Email: ctsinfo@lung.ca

CTS Annual General Meeting

CTS members are invited to take part in CTS' Annual General Meeting held in conjunction with the CRC. The CTS President and Treasurer will present their annual reports and members will vote for a new Executive Committee Secretary and ratify appointments to the CTS Board of Directors. There will be ample time for questions and answers and the meeting will conclude in time for members to join the CRC Opening Reception. Prospective members are also invited to attend to learn more about the CTS.

For more information, please contact:
Suzanne Desmarais, Manager, Member Services, CTS
Telephone: 613-569-6411, Ext. 229 | Email: sdesmarais@lung.ca

CRHP Annual General Meeting and Joint CRHP–RESPTREC™ Reception

The Annual General Meeting of the CRHP will be held immediately after the CRC Opening Reception on Thursday, April 23, 2015. All members are encouraged to attend. After the formal agenda, participants are cordially invited to enjoy a reception presented by CRHP and RESPTREC™ (Respiratory Training and Educator Course). Receive a brief update on RESPTREC™ activities and mingle with your peers. Dessert will be served.

For more information, please contact:
Mériem Bougrassa, Project Officer, CTS and CRHP
Telephone: 613-569-6411, Ext. 270 | Email: crhpinfo@lung.ca

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*Confirmed sponsors at time of printing

For sponsorship opportunities, please contact:

Janet Sutherland, Director, CTS and CRHP
Telephone: 613-569-6411, Ext. 264
Email: jsutherland@lung.ca

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A Breath of Fresh Air

2015 CANADIAN RESPIRATORY CONFERENCE

April 23 – 25, 2015 | Westin Ottawa Hotel, Ottawa, Ontario

Registration Form

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

(Please print)

First Name: Last Name:

Position: Department:

Organization:

Address:

City: Province: Postal Code/Zip: Country:

Telephone: Ext. Fax:

E-mail:

Name as you would like it to appear on your badge:

PLEASE INDICATE YOUR PROFESSIONAL DESIGNATION

☐ MD ☐ Resident ☐ Fellow-Clinical ☐ Fellow-Research

☐ PT ☐ RRT ☐ Family Physician ☐ FRCPC / FRCSC Specialty: _____

☐ PhD ☐ RN ☐ CRE ☐ Other: _____

SCHEDULE OF FEES

Registration Category	Early Bird - Before/on March 9, 2015	Regular – From March 10, 2015	April 9, 2015 to On-Site	
☐ CRHP Member	$450.00	$550.00	$570.00	$ _____
☐ CTS Member	$475.00	$575.00	$595.00	$ _____
☐ Lung Association Staff / Volunteer	$450.00	$550.00	$570.00	$ _____
☐ *Member Resident/Fellow/Student	$225.00	$275.00	$300.00	$ _____
☐ *Non-Member Resident/Fellow/Student	$250.00	$300.00	$325.00	$ _____
☐ Non-Member/Industry	$595.00	$695.00	$725.00	$ _____

** A photocopy of a current student card confirming full-time student status must be attached to your registration form*

TICKETS FOR SPECIAL EVENTS

Thursday, April 23

☐ ADDITIONAL Ticket(s) for the Opening Reception ____ x $40.00 /each = $ _____

(1 ticket included with your registration)

Friday, April 24

☐ Ticket(s) for Optional Social Event CRC Takes Flight ____ x $85.00 /each = $ _____

Less OLA Better Breathing Discount ($50.00) if applicable – Promotional Code _____ Less $ _____

TOTAL ENCLOSED: $

PAYMENT METHOD

☐ Visa ☐ MasterCard ☐ Cheque enclosed (Payable to *The Lung Association - CRC*)

Cardholder's name as it appears on the card (please print):

Card Number: Expiry Date: (MM/YY) Sec Code:

Signature:

Authorizing signature must be the same as the name appearing on the credit card.

(NB: Credit card statements will show payment made to *Taylor & Associates*)

If this is not your credit card, please provide the following information:

Cardholder's email: Cardholder's Telephone:

SPECIAL MEAL REQUIREMENTS

Meals provided should easily accommodate most diets. Should you have any food allergies, extreme dietary restrictions or special requirements, please indicate below:

☐ Vegetarian ☐ Allergy: _____ ☐ Other: _____

DELEGATE LIST

A list of conference delegates including their coordinates will be distributed to conference attendees. Please indicate if you wish to include your information.

☐ YES, please include my name and coordinates on the delegate list.
☐ YES, please include my name and coordinates on the delegate list in the Conference App.
☐ NO, please do not include my name and coordinates on the delegate list.
☐ NO, please do not include my name and coordinates on the delegate list in the Conference App.

NB: If not indicated here, it is assumed that you agree to have your information included.

IN ORDER FOR US TO PREPARE FOR SESSION ROOMS, WE ASK THAT YOU INDICATE YOUR MOST PROBABLE CHOICE OF CONCURRENT SESSIONS THAT YOU ARE PLANNING TO ATTEND:

FRIDAY, APRIL 24, 2015
1030 TO 1200
Concurrent Sessions *(Please indicate one session only)*

☐ Chronic Pain in People Living with COPD
☐ PVD and Cardiopulmonary Interactions
☐ The Year in Review
☐ Childhood Asthma
☐ "Do Hold Your Breath!"

1200 TO 1315
Optional Luncheon Sessions* *(Please indicate one only)*

☐ I prefer to have lunch and network with my colleagues in the sponsor display area
☐ *ACCP / CTS Conjoint Session
☐ *CRHP Funding Success Stories – In Their Own Words
** Space is limited. Pre-registration is required.*

1330 TO 1500
Concurrent Sessions *(Please indicate one session only)*

☐ Emerging Respiratory Pathogens
☐ Critical Care
☐ SIM. Learn. Repeat.
☐ New Frontiers in Interventional Respirology
☐ CLA Research Update

SATURDAY, APRIL 25, 2015
1030 TO 1200
Concurrent Sessions *(Please indicate one session only)*

☐ Self-Management in COPD
☐ Neuromuscular Management
☐ Pulmonary Function Testing
☐ Sleep! The Final Frontier
☐ Advocating for Respiratory Health

1200 TO 1315
Optional Luncheon Sessions* *(Please indicate one only)*

☐ I prefer to have lunch and network with my colleagues in the sponsor display area
☐ *Workshop: INSPIRED Approaches to COPD: Improving Care and Creating Value
☐ *Lung Cancer Care, Current Challenges and Opportunities: Key Findings from the Ontario Lung Cancer Summit
** Space is limited. Pre-registration is required.*

1330 TO 1500
Concurrent Sessions *(Please indicate one session only)*

☐ Airways Disease
☐ Debates: Controversies in Clinical Practices?
☐ "View from the Top": Upper Airway Disease
☐ Supporting Family Caregivers
☐ Imaging to Intervention

REGISTRATION AND CANCELLATION POLICY *(for full policy description see page 3 of preliminary program)*

Registration forms will be processed only if accompanied by full payment of registration fees. Only registered delegates may claim registration materials at the Conference Registration Desk and will not be permitted to collect materials for other delegates.

International delegates wishing to attend the CRC are responsible for providing their own arrangements including travel, accommodation, visas, registration fees and incidentals. The CRC does not provide letters of invitation. CRC will provide receipts upon payment of fees as confirmation of registration to assist with securing travel visas. International delegates wishing to attend the conference must register on-line and pay by credit card.

Cancellations received in writing and postmarked by March 20, 2015 will be refunded in full less a $150.00 administration fee. No refunds will be issued for cancellations received after March 20, 2015. Substitution will be permitted up to and including the first day of the Conference. Only cancellations received in writing will be processed. Refunds will be processed within 3 weeks of the conclusion of the conference and will be processed in the manner payment was received.

The Canadian Lung Association reserves the right to cancel this conference due to insufficient registration and will be responsible for refunding conference registration fees only.

Photographs taken at "*A Breath of Fresh Air*" will be utilized in future CRC promotional material that may include print, electronic, or other media including the CRC website. By participating in CRC 2015, you grant CRC the right to use your profile captured photographically for such purposes.

Fax or email your completed form to:
Canadian Respiratory Conference
c/o *Taylor & Associates*, 11-5370 Canotek Road, Gloucester, ON K1J 9E7
Tel: 613-747-0262 | Fax: 613-745-1846 | crc@taylorandassociates.ca
Please visit the website regularly | http://crc.lung.ca