

| | | | | | | | | | |
|------------|--|-----------|--|-----------|---|-----------|--|-----------|-------------------------|
| | TBA | | | | | | | | |
| 12:00-1:00 | Plenary Session | | Plenary Session | | Plenary Session | | Plenary Session | | Plenary Session |
| | Update in Management of Stable CAD: OMT or PCI or CABG | | | | | | | | |
| | Revascularizing Stable Angina : Stenosis or FFR? | | | | | | | | |
| | Transcatheter Aortic Valve Replacement: Current Status | | | | | | | | |
| | Sudden Death Prevention in HCM: Risk Stratification Strategy | | | | | | | | |
| 1:00-2:00 | Debate : Views and Counterviews | 1:00-2:00 | Making the Right Choice in Clinical Management | 1:00-2:00 | Infective IE : A Peep Into a Bugs Life | 1:00-4:00 | Post Graduate Teaching: Session I | 1:00-2:00 | Oral Paper Presentation |
| | Debate 1 - Is My Practice Right | | My first choice of DAPT in CAD | | Newer Modalities for Diagnosing IE: Echo and beyond . | | Bed side Assessment of Severity of Valvular Lesions | | |
| | STEMI Presenting between 24 hours to 48 hours – PCI Still has a Role | | Ticagrelor | | Outpatient Treatment of IE: Are you Serious? | | Interpretation of X ray | | |
| | Pro | | Prasugrel | | Cardiac Device related IE: Management Strategies | | Approach to an Adult presenting with Pulmonary Hypetension | | |
| | Con | | Clopidogrel | | Surgery for IE | | Case 1 : Multivalvular Heart Disease | | |
| | Rebuttal | | Discussion and Audience Interaction | | Prophylaxis for IE. Current Update | | Case Presenter | | |
| | Rebuttal | | | | Discussion and Audience Interaction | | | | |
| | Discussion and Audience Interaction | | | | | | | | |
| | Debate 2: The Cholesterol Controversy | | 60 year old, hypertensive, non-diabetic, asymptomatic, executive check up - on CTA | | | | | | |
| | It is a Rip Off, We have been Fooled | | Ischemia testing | | | | | | |
| | Dont Jump to Conclusions, Follow the Evidence | | Revascularization | | | | | | |
| | Pro | | Leave him alone on OMT | | | | | | |
| | Con | | Discussion and Audience Interaction | | | | | | |
| | Rebuttal | | | | | | | | |
| | Rebuttal | | | | | | | | |
| | Discussion and Audience Interaction | | | | | | | | |
| 2:00-3:30 | ESC@CSI | 2:00-3:00 | Challenging Cases in Clinical Practice | 2:00-3:00 | Demystifying Age Old CCU Dilemmas - Simplified Approach | | | 2:00-3:00 | Oral Paper Presentation |
| | DAPT After Coronary Intervention | | 47 year old male, post Cholecystectomy, develops Chest Pain 48 hours after surgery with rising Troponins and T wave inversions. How will I manage? | | HF with Hyponatremia | | | | |
| | What is the Optimal Duration: A Guideline Based Approach | | Discussion and Audience Interaction | | HF Patient with Hyperkalemia | | | | |

| | | | | | | | | | |
|------------|---|------------|--|-------------|--|-------------|--|-------------|-------------------------|
| | DAPT in Patients Needing Oral Anticoagulants: Current Recommendations | | 69 year old female known hypertensive, presented to emergency with altered sensorium, tachycardia and tachypnea. Known CKD (Cr 2.0). TLC 14,540 with shift to left, Trop T 0.57 rising to 3.2 and then decreasing, EKG 1mm HZ ST depression inferolateral leads, Q in III. | | Acute MI with DKA | | | | |
| | Discussion and Audience Interaction | | Discussion and Audience Interaction | | ACS with Acute on Chronic Renal Failure | | | | |
| | NSTEMI in Elderly | | 70 year old male with HTN, OSA presents with STEMI. Undergoes primary PCI to LCx. Develops recurrent episodes of AF in hospital stay - reveals history of AF in past which was untreated. | | Acute Pulmonary Edema with COPD | | | | |
| | Challenges of Invasive Approach | | Discussion and Audience Interaction | | Pregnancy with PHVT | | | | |
| | Challenges of Pharmacotherapy | | 55 year old male, T2DM, HTN presents with DOE NYHA Class II 3 months duration, No angina; QRS non specific ST-T changes, LVEF 30%, CART: TVD, LAD long calcific CTO; Type A discrete lesion in prox LCx and mid RCA | | Pregnant mother with SVT | | | | |
| | Discussion and Audience Interaction | | Discussion and Audience Interaction | | Discussion and Audience Interaction | | | | |
| | Cardiogenic Shock | | | | | | | | |
| | Cardiogenic Shock: Current State of the Art Management | | | | | | | | |
| | Optimizing Medical Therapy in Cardiogenic Shock: A Pragmatic Approach | | | | | | | | |
| | Discussion and Audience Interaction | | | | | | | | |
| 3:30-4:00 | Key Note Address | 3:00-4:00 | ACS - An Overview | 3:00-4:00 | CRT | | | 3:00-4:00 | Oral Paper Presentation |
| | Comprehensive Health Coverage for All: Is the Path Too Long | | Diagnosis & Classification of ACS | | CRT Non-responders: A Systematic Approach | | | | |
| | The War Against Heart Failure: Waiting to be Conquered | | Risk Stratification in ACS | | CRT in Chronic AF: Optimal Strategy | | | | |
| | | | Pharmacological Management in NSTEMI-ACS | | Imaging and CRT: Can We Integrate the Two? | | | | |
| | | | Revascularization in NSTEMI-ACS - Modality and Timing | | Optimal Left Ventricular Lead Placement | | | | |
| | | | Choice of DAPT - Making the Right Switch | | Tips and Tricks for Advanced CRT Programming | | | | |
| | | | Discussion and Audience Interaction | | Discussion and Audience Interaction | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4:00--5:00 | Rapid Fire - Red Hot Topics | 4:00--5:00 | Devices in Cardiology :Where are We Now and Where are we Heading? | 4.00 - 5.00 | Future in Cardiology: Alice in Wonderland | 4.00 - 5.00 | Post Graduate Teaching: Session II- Hemodynamic Rounds | 4.00 - 5.00 | Oral Paper Presentation |
| | Can Clopidogrel Replace Aspirin in Stable CAD | | Transcatheter Mitral Valve Interventions | | Robotic PCI: Just a Fad? | | Approach to Cardiovascular Hemodynamics | | |
| | Beta Blockade following STEMI: Changing Times? | | Transcatheter Tricuspid and Pulmonary Valve Interventions | | Hand Held Echo: An Idea Whose Time Has Come | | Hemodynamic Spotters | | |

| | | | | | | | | |
|-----------|---|--|--|--|---------------------------------|--|--------------------------|--------------------------|
| | Statin Induced Diabetes: Unfounded Fears or a Fearsome Foe | | Haemodynamic support during CHIP: Which Device and When? | | Remote Monitoring in Cardiology | | | |
| | Insufficient Sleep and Cardiometabolic Risk | | LAA Device Closure | | AI in Cardiology | | | |
| | Central Blood Pressure - Is it Relevant? | | PFO Closure | | mCardiology | | | |
| | Carotid Stenting- Is there an Indication Left? | | Discussion and Audience Interaction | | Drones in Cardiology | | | |
| | Physical Activity and Obesity Paradox in Coronary Heart Disease | | | | | | | |
| | | | | | | | | |
| 5:00-5:45 | Plenary Session | | Plenary Session | | Plenary Session | | Plenary Session | Plenary Session |
| | Secondary Prevention in ACS in 2018 | | | | | | | |
| | | | | | | | | |
| | Antithrombotic Therapy for Heart Failure: An Update | | | | | | | |
| | | | | | | | | |
| 5:45-6:30 | Eugene Braunwald Address | | Eugene Braunwald Address | | Eugene Braunwald Address | | Eugene Braunwald Address | Eugene Braunwald Address |
| 7:00 PM | Convocation Hall A | | Convocation | | Convocation | | Convocation | Convocation |