

The Canadian Association  
of Cardio-Pulmonary  
Technologists

An Education Partner of the Canadian Cardiovascular Society

# CACPT Newsletter

SPRING 2019

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### Pulmonary Function Symposium 2019

September 13-14, 2019—Ottawa, Ontario

Click [here](#) to register for the early bird!

The Canadian Association of Cardio-Pulmonary Technologists (CACPT) proudly presents the fifth annual Pulmonary Function Symposium!



The Symposium will be held on September 13 and 14 in Ottawa at the Novotel Ottawa. It is open to Pulmonary Function Technologist, Registered Cardio-Pulmonary Technologist, Respiratory Therapist and any other allied health professionals. Great opportunity to meet others in the field, have group discussions and network. This year we are honored to have **Gregg Ruppel** as keynote speaker as well as a number of other experts in the field of Pulmonary Function.

The full program can be viewed on [www.cacpt.ca](http://www.cacpt.ca) or click [here](#).



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## Introduction to CACPT Spirometry Certification

Spirometry Certification is provided by the Canadian Association of Cardio-Pulmonary Technologists (CACPT). This certification is intended to improve the quality of Spirometry testing not only for those performing Spirometry Testing in a hospital setting, but in any other facility such as doctors' offices, family health teams, and research labs. CACPT Certification in Spirometry Testing will provide employers confidence that the individuals in their employ are skilled at providing quality Spirometry Testing. This will in turn allow the Health Care Provider to provide quality care by accurately diagnosing, treating and managing the individual with respiratory disease. Spirometry Certification will also provide Researchers who require Spirometry testing data statistical confidence to help prove or disprove their hypothesis.

The National Spirometry Certification examination is a 2 hour, online multiple choice exam. The exam has sittings across Canada at specific proctored testing centers. The first sitting of the exam is September 30, 2019. **Cost is \$350.00 which will be collected by Yardstick.**

The CACPT has contracted the professional services of the Canadian Board of Respiratory Care (CBRC) and Yardstick to compile, administer, and score the Spirometry Certification Examination. Upon successfully challenging the Spirometry Certification Examination **AND** paying the \$75.00 annual membership dues to the CACPT, the member may then use the designation awarded by the CACPT as CPT(S) – Certified Pulmonary Technician in Spirometry. Member will be provided a membership card upon payment of the dues. Dues must be paid annually in order to be a member in good standing and to continue to use the CPT(S) designation. Recertification will be every 3 years.

## Canadian Cardiovascular Congress 2019

October 24-27, 2019 – Montréal, Québec

Click [here](#) for more information!



**2019** CANADIAN  
CARDIOVASCULAR  
CONGRESS  
OCTOBER 24-27 | MONTRÉAL  
WORKSHOPS  
FEBRUARY 21 – APRIL 3, 2019, NOON EDT  
ABSTRACTS  
FEBRUARY 21 – MAY 1, 2019, NOON EDT

Year after year, CCC continues to grow by bringing returning and new delegates to different locations across the country. The importance of the CCC is always expressed by attendees after the event: It's the most essential networking event of the year and the best opportunity to stay up-to-date on the latest Canadian research, policy and practice in the field, making it one of Canada's longest running medical meetings for a reason.

## Education Committee

### Education Chair:

Elaine Krieger

### Pulmonary Committee:

#### Pulmonary Head:

Laura Seed

#### Committee Members:

Bernie Ho

David Hu

Jennifer Hyde

Tammy Scott

Bonnie Steadman

Joyce Wu

### Cardiac Committee:

#### Cardiac Head:

Elaine Krieger

#### Committee Members:

Jeff Hamm

Heather Nelson

### Medical Advisors:

#### Pulmonary:

Dr. Meredith Chiasson

#### Cardiac:

Dr. Jason Orvold

## National Registry Examination

Registry exam: June 1, 2019



"Your breathing test results would be normal ... if you were 3'8" and 150 years old."

## Education Report

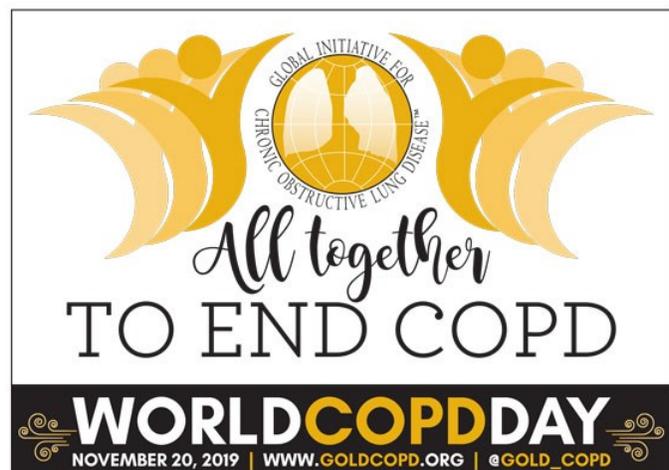
- We have 23 current students: 20 are Pulmonary candidates and 3 are Cardiovascular candidates.
- We have 9 students challenging the Registry exam this June 1<sup>st</sup>. 7 are writing the Pulmonary exam and 2 are writing the Cardiovascular exam. Our students are challenging the exam right across the country, from Victoria BC to Saint John New Brunswick!

14 students have either deferred writing this year, or are accruing the necessary hours to challenge next year.

## World COPD Day

World COPD Day is organized by the Global Initiative for Chronic Obstructive Lung Disease (GOLD) in collaboration with health care professionals and COPD patient groups throughout the world. Its aim is to raise awareness about chronic obstructive pulmonary disease (COPD) and improve COPD care throughout the world.

The 2019 theme for World COPD Day will be "All Together to End COPD". Each year GOLD chooses a theme and coordinates preparation and distribution of World COPD Day materials and resources. World COPD Day activities are organized in each country by health care professionals, educators, and members of the public who want to help reduce the burden of COPD.



## New Director's Position - Cardiovascular Director at Large

In order to better reflect the geographical makeup of our membership a motion was put forth to slightly change the structure of the Board of Directors as follows:

**Next AGM: September 13, 2019  
at 4:15pm after PF Symposium**

Two (2) directors shall be nominated and elected from the Pacific and Central Regions, one (1) director from the Atlantic Region and **one (1) director at large from any region in Canada who is from the cardiovascular field.**

This motion was passed at the AGM on September 22, 2018.

There will be a call for nominations to the Board of Directors this fall and it will be the first time that the 6<sup>th</sup> director position will be filled by someone from any region in Canada and specifically from the cardiovascular field. This director will be responsible for the following:

- The Director will represent CACPT members working specifically in the field of Cardiovascular Technology to recognise their objectives and concerns at the Board of Directors level.
- The Director will act as the affiliate representative for the CACPT with the Canadian Cardiovascular Society, CCS and the Canadian Cardiovascular Congress, CCC.
- The Director should be a member of the Cardiac Education Committee.
- The Director should work directly with the Education Chair to optimise the field of Cardiovascular Technology for both student and registered members.
- The Director should provide information to all Cardiovascular members regarding seminar postings, webinar availability provided by the CCC and other related Cardiovascular activity.
- The Director should encourage attendance for all Cardiovascular members at the CCC held yearly. This encouragement could take the form of presenting at CCC events or monetary support for attendance.
- The Director should help raise the profile of the Association and its members throughout Canada.
- The Director shall perform all other duties as maybe assigned by the Board of Directors.

Please consider a position on the Board, whether it is this position or any other. It is always important to get new people with new ideas.

## Professional Insurance Program: PROLINK

The Canadian Association of Cardio-Pulmonary Technologists has partnered with PROLINK — Canada's Insurance Connection to deliver a comprehensive set of insurance programs designed to protect members from the unique risks we face in our profession. You need to be a member of the CACPT to take advantage of reduced rates.

Together, we have advocated for your insurance needs with a network of insurers, so that you can benefit from superior protection at unparalleled rates.

To learn more about the insurance options available to you, or to apply, visit [PROLINK](#) today!



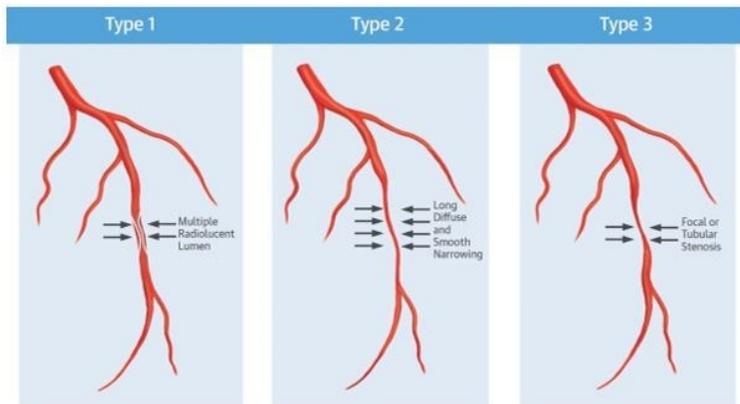
## Article

# Canadian SCAD Cohort Study: Shedding Light on SCAD From a United Front

By: Calvin Ka Wing Tong, MD; Dr. Jacqueline W. L. Saw, MD, FACC

Spontaneous coronary artery dissection (SCAD) is an increasingly recognized cause of myocardial infarction (MI), particularly affecting young women. It is defined as a non-traumatic, non-iatrogenic, and non-atherosclerotic separation of the coronary arterial wall by intramural hematoma, resulting in a false lumen with or without intimal tear. Intramural hematoma can accumulate between any arterial layer (intima, media, or adventitia) and cause compression of the arterial lumen. In turn, this can compromise antegrade coronary perfusion and result in myocardial ischemia or infarction.<sup>1</sup>

SCAD was first reported in 1931.<sup>2</sup> Since then, there have been <1300 reported SCAD cases; most were published in the past 5 years. The Canadian SCAD Study (CanSCAD) was conducted to improve our understanding of the natural history of this relatively infrequent condition.<sup>3</sup> This is a multicenter, prospective, observational study that enrolled 750 SCAD patients from 22 North American centers from 2014 to 2018. All coronary angiograms were adjudicated in a core laboratory. We aimed to incorporate insights learned from this study for this review.



## Epidemiology

SCAD was previously thought to be rare and frequently associated with pregnancy. However, under-diagnosis of SCAD and under-recognition of its angiographic variants made the prevalence difficult to estimate. SCAD primarily affects young to middle-aged women. In recent studies, women accounted for >90% of patients with SCAD.<sup>4-8</sup> SCAD was the underlying cause in 22-43% of MI in women <50 years.<sup>9,10</sup> In CanSCAD, the mean age of SCAD patients was  $51.8 \pm 10.2$ ; 88.5% were women (55% post-menopausal), and 87.7% were Caucasian. About a third of patients had hypertension, and a third had no cardiac risk factors. Other relevant clinical history includes migraines (33%), anxiety (20%), and depression (20%).<sup>3</sup>

## Hospital Presentation

The majority of patients with SCAD presents with MI. In CanSCAD, 69.9% had non-ST-segment elevation MI, and 29.7% had ST-segment elevation MI; the most common presenting symptom was chest discomfort (91.5%). A small proportion (8.1%) presented with more dramatic and life-threatening ventricular tachycardia or fibrillation.<sup>3</sup> Less frequently, patients may present with cardiogenic shock (<3%) or sudden cardiac death (<1% based on pathology series).<sup>5,11,12</sup> Left ventricular function is usually preserved on presentation,<sup>5,11,13</sup> but >80% had wall motion abnormalities that can be very helpful to aid angiographic recognition of SCAD.<sup>3</sup>

## Precipitating and Predisposing Factors

Conditions that increase intracoronary shear stress, such as increase in thoracoabdominal pressure or catecholamines, may precipitate SCAD.

For full article: <https://www.acc.org/latest-in-cardiology/articles/2019/01/31/11/10/canadian-scad-cohort-study>

## Board of Directors

The Board of Directors consists of six volunteer active members of the Canadian Association of Cardio-Pulmonary Technologists (CACPT). The CACPT Board of Directors represents the entire country and is divided into three regions: Pacific, Central and Atlantic. Each region typically has two members actively volunteering with the CACPT Board of Directors, therefore each region is represented. Each year, members are encouraged to nominate fellow members to serve on the CACPT Board of Directors for a two-year term, if elected. Every year there are three positions open to nominations, one from each of the three regions.

**President: Laura Seed**

The Hospital for Sick Children  
Pulmonary Function Lab  
555 University Avenue  
Toronto, ON  
M5G 1X8  
E-mail: [president@cacpt.ca](mailto:president@cacpt.ca)

**Education Chair: Elaine Krieger**

Royal University Hospital  
Cardiac Cath Lab and EP Services  
103 Hospital Drive Room 1003  
Saskatoon, SK  
S7N 0W8  
E-mail: [education@cacpt.ca](mailto:education@cacpt.ca)

**Vice-President: Glenda Ryan**

Health Sciences Center  
Cardio-Pulmonary Laboratory  
300 Prince Phillip Dr.  
St. John's, NF  
A1B 3V6  
E-mail: [Glenda.ryan@hotmail.com](mailto:Glenda.ryan@hotmail.com)

**Membership: Joyce Wu**

Toronto General Hospital  
Pulmonary Function Lab  
585 University Avenue  
Toronto, ON  
M5G 2N2  
E-mail: [membership@cacpt.ca](mailto:membership@cacpt.ca)

**Secretary: Brittany Newell**

QEII Health Sciences Centre  
Pulmonary Function Lab  
1796 Summer St.  
Halifax, NS  
B3H 3A7  
E-mail: [secretary@cacpt.ca](mailto:secretary@cacpt.ca)

**Treasurer: David Pawluski**

University of Alberta Hospital PFL  
Kaye Edmonton Clinic  
11400 University Avenue, Rm 3D 120  
Edmonton, AB  
T6G 1Z1  
Email: [treasurer@cacpt.ca](mailto:treasurer@cacpt.ca)

**Canadian Association of Cardiopulmonary Technologists**

Email: [contactus@cacpt.ca](mailto:contactus@cacpt.ca)

<http://www.cacpt.ca>