Canadian Respiratory Conference

April 24-26
TELUS Convention Centre
Calgary, Alberta

Preliminary Program

2014

A Breath of Fresh Air

Presented by:

Canadian Thoracic Society

In collaboration with:

The Lung Association

The Lung Association
Alberta & NWT
The Canadian Thoracic Society (CTS), Canadian Respiratory Health Professionals (CRHP) and the Canadian Lung Association (CLA) are excited to announce the 7\textsuperscript{th} annual Canadian Respiratory Conference (CRC) being held at the TELUS Convention Centre in Calgary, Alberta, from April 24 – 26, 2014.

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. Richard Leigh 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, in a variety of formats!

Of special note, confirmed plenary speakers include Dr. Bernard Thébaud, who will present on the use of stem cell therapy in lung disease, and Dr. Paul Kubes, the Canadian Institutes of Health Research (CIHR) Researcher of the Year in 2012, who will discuss imaging the innate immune system. We are also pleased to announce that Dr. Louis-Philippe Boulet will present the 2014 CIHR-ICRH/CTS Distinguished Lecture in Respiratory Sciences at the Saturday morning plenary session.

All plenary and select concurrent sessions will offer simultaneous translation. 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.

Calgary, the breathing heart of Western Canada, where prairie meets mountains and heritage meets innovation, is a spectacular city brimming with outdoor adventure, unique festivals, big brand shopping and world-class dining. Calgary is one of the world’s fastest growing cities, offering an amazing variety of world-class sporting, cultural and recreational opportunities. Come to the heart of the new West – where proud Calgarians await to welcome you with white cowboy hats, warm handshakes and broad smiles.

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. Join us April 24 – 26, 2014, at the TELUS Convention Centre in Calgary!
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Planning Committee
Co-Chairs:
Jean Bourbeau
Canadian Thoracic Society
Montréal, QC
Donna Goodridge
Canadian Respiratory Health Professionals
Saskatoon, SK

Members:
Leigh Allard
The Lung Association, Alberta & Northwest Territories
Edmonton, AB
Diane Conley
Canadian Respiratory Health Professionals
Calgary, AB
Richard Debigraré
Canadian Respiratory Health Professionals
Québec City, QC
Richard Leigh
Canadian Thoracic Society
Calgary, AB
Janis Seville
The Lung Association, Alberta & Northwest Territories
Edmonton, AB
Mary-Pat Shaw
Canadian Lung Association
Ottawa, ON

Scientific Committee
Co-Chairs:
Richard Debigraré, Hôtel Laval, Université Laval, Sainte-Foy, QC
Richard Leigh, University of Calgary, Calgary, AB

Members:
Mark Anselmo, University of Calgary, Calgary, AB
Mary Basha, Newfoundland and Labrador Lung Association, St. John’s, NL
Donna Goodridge, University of Saskatchewan, Saskatoon, SK
Carina Majaesic, University of Alberta, Edmonton, AB
François Maltais, Hôtel Laval, Université Laval, Sainte-Foy, QC
Sunita Mathur, University of Toronto, Toronto, ON
Rob McFadden, St. Joseph’s Health Care, University of Western Ontario, London, ON
Douglas McKim, Ottawa Hospital, Ottawa, ON
Rodel Padua, Southern Alberta Institute of Technology, Calgary, AB
David Proud, University of Calgary, Calgary, AB
Darlene Reid, University of British Columbia, Vancouver, BC
Janis Seville, The Lung Association, Alberta & Northwest Territories, Edmonton, AB
Michael Stickland, University of Alberta, Edmonton, AB
Renata Vaughan, Hamilton Health Sciences, Hamilton, ON
Pearce Wilcox, St. Paul’s Hospital, Vancouver, BC
WHO WE ARE

Partners of the Canadian Respiratory Conference:

**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. Almost 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 2014 Collaborating Organization:**
**The Lung Association, Alberta & Northwest Territories**
The Lung Association, Alberta & Northwest Territories raises and allocates funds for critical research, advocates in public policy, provides patient support, and is a primary source of information 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.

The conference objectives are:

- To promote lung health by providing updated, evidence-based scientific information to healthcare professionals caring for patients with respiratory diseases;
- To facilitate collaboration among respiratory stakeholders, through communication, information-sharing, networking and partnership-building; and
- To promote clinical research and knowledge translation for 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 10, 2014. The CRC accepts payment by credit card (Mastercard or VISA) and by cheque, payable to the Canadian Lung Association/CRC. On-line registration and program details can be accessed on the conference website at www.lung.ca/crc.

Confirmations
Confirmation of registration will be sent to delegates if their payment is received by April 4, 2014, and will be available on-site if payment is received after this date.

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 (RCPSC), pending approval by the Canadian Thoracic Society.

Through an agreement between the American Medical Association and the Royal College of Physicians and Surgeons of Canada, the CTS will also designate this live educational activity, the Canadian Respiratory Conference 2014, for AMA PRA category 1 credits. 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.

Live educational activities, occurring in Canada, and recognized by the RCPSC 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 21, 2014 will be refunded in full less a $150.00 administration fee. No refunds will be issued for cancellations received after March 21, 2014. 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 TELUS Convention Centre with guestrooms at two of Calgary’s premier hotels. Special conference rates have been negotiated for delegates. Please refer to the Canadian Respiratory Conference when making your reservation.

The **Hyatt Regency Calgary**, our headquarter hotel, is conveniently attached to the TELUS Convention Centre. Find the level of service you’ve come to expect from Hyatt at this full-service luxury hotel. From spacious accommodations and pampering amenities to an ideal location on Stephen Avenue Walk, Hyatt Regency Calgary 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 through art galleries, museums and shops just steps from their door on the Stephen Avenue Walk. Room rates start at $215.00 (plus applicable taxes) single/double occupancy. Reservations can be made by calling 1-888-421-1442.

**Hyatt Regency Calgary**
700 Centre Street SE, Calgary, Alberta T2G 5P6

Alternate accommodations can be reserved at the **Calgary Marriott Hotel**, one of the top downtown Calgary hotels located near eclectic shopping and fine dining, and adjacent to the TELUS Convention Centre. The hotel offers the utmost hospitality with large guest rooms and floor-to-ceiling windows that offer unobstructed views of the vibrant metropolis. Conference rates start at $189.00 (plus applicable taxes) single/double occupancy. The toll-free number to call is 1-800-896-6878.

**Calgary Marriott Downtown Hotel**
110 9th Avenue SE, Calgary, Alberta T2G 5A6

To book on-line, visit our website at www.lung.ca/crc and follow the accommodation links. Reservations must be made by **March 24, 2014** 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:

Marybeth 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 WestJet Airlines are offering reduced fees on base fares for travel booked to and from Calgary, with arrival as early as Thursday, April 17, 2014, and departure as late as Saturday, May 3, 2014. Travel can be arranged through Uniglobe Travel.

To book your flight directly using Air Canada, access aircanada.com and enter the promotion code **EA93KKC1** 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 book directly with WestJet, contact the WestJet Groups department at 1-888-493-7853 and quote the discount code **CC8133** to receive a 10% discount off of the best-available Flex fare at time of booking.

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 2014, 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.
## THURSDAY, APRIL 24, 2014

<table>
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<tbody>
<tr>
<td>1730 – 1930</td>
<td><strong>Opening Reception / Sponsors’ Display / Poster Viewing</strong></td>
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## FRIDAY, APRIL 25, 2014

<table>
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<tr>
<th>Time</th>
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<tr>
<td>0715 – 0815</td>
<td><strong>Optional Educational Activities</strong></td>
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<td><strong>Co-Developed Symposia</strong></td>
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<td>0730 – 0825</td>
<td><strong>Breakfast in Sponsors’ Display Area</strong></td>
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<td>0830 – 1000</td>
<td><strong>PLENARY SESSION</strong></td>
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<td><strong>Opening Remarks</strong></td>
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<td><strong>Imaging the Innate Immune System During Sterile and Infectious Immunity</strong></td>
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<td><strong>Dr. Paul Kubes</strong></td>
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<td>1000 – 1030</td>
<td><strong>Refreshment Break / Sponsors’ Display / Poster Viewing</strong></td>
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<td>1030 – 1200</td>
<td><strong>CONCURRENT SESSIONS</strong></td>
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<td><strong>Smoking Cessation</strong></td>
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<td>Tobacco with Training Wheels: The Case for Banning Flavoured Tobacco</td>
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<td>Mr. Rob Cunningham</td>
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<td>CAN-ADAPTT: Implementing Smoking Cessation Guidelines in Canada</td>
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<td>Dr. Peter Selby</td>
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<td>The Hookah: A Stealth Bomber for the Tobacco Industry</td>
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<td>Dr. Barry Finegan</td>
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<td><strong>Update on the 7th Edition of the Canadian Tuberculosis Standards</strong></td>
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<td>What is New in the Diagnosis and Treatment of Extra-Pulmonary TB?</td>
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<td>Dr. Dina Fisher</td>
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<td>An Update from the New Canadian Tuberculosis Standards</td>
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<td>Dr. Gonzalo Alvarez</td>
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<td>Tuberculosis in First Nations, Inuit and Métis Peoples</td>
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<td>Dr. Ian Kitai</td>
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<td>Pediatric Tuberculosis</td>
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<td><strong>Traversing the Second Death Valley: Examining our Effectiveness at Moving</strong></td>
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<td><strong>Research Results into Clinical Practice and Health Decision-Making</strong></td>
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<td>The State of Rehabilitation Programs in Canada: Results of the 2013 CTS Pulmonary Rehabilitation Survey</td>
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<td>Dr. Pat Camp</td>
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<td>Psychological Theories Underpinning Clinical Interventions to Change Behaviour</td>
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<td>Dr. Wendy Rodgers</td>
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<td>Determinants of Physical Activity in COPD</td>
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<td>Dr. Gail Dechman</td>
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<td><strong>Recent Advances in Pulmonary Arterial Hypertension (PAH): Addressing the Ongoing Treatment Gaps</strong></td>
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<td>New Therapeutic Advances in PAH</td>
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<td>Dr. Naushad Hirani</td>
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<td>Pulmonary Hypertension: How to Get the RV Out of Trouble</td>
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<td>Dr. John Granton</td>
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<td>The Future of PAH: An Overview of Ongoing Canadian PAH Research</td>
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<td>Dr. Sébastien Bonnet</td>
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<td><strong>Diagnosis and Management of Sleep Disordered Breathing Outside of the Sleep Laboratory</strong></td>
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<td>The Role of Alternative Care Providers in the Management of Sleep Disordered Breathing</td>
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<td>Dr. Sachin Pendharkar</td>
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<td>Diagnostic Testing in Obstructive Sleep Apnea: Portable Monitoring/Level III Testing</td>
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<td>Dr. Debra Morrison</td>
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<td>Diagnosis of Obstructive Sleep Apnea in Children</td>
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<td>Dr. Indra Narang</td>
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1200 – 1315  Luncheon in Sponsors' Display Area

Optional Educational Activities
American College of Chest Physicians and Canadian Thoracic Society Conjoint Session

CRHP Funded Research
Feasibility of a Short Home-Based Rehabilitation Program for Cancer Patients Waiting for Lung Resection Surgery  Dr. Didier Saey
Can a Therapeutic Singing Intervention Contribute to Optimizing Outcomes for Pulmonary Rehabilitation Participants?  Dr. Donna Goodridge
SLEEP Disturbance in Family CAREgivers of Children Who Depend on Medical Technology: The CARE to SLEEP Study  Ms. Krista Keilty

1330 – 1500  CONCURRENT SESSIONS

Motivational Communication to Improve Adherence and Outcomes in Adults and Children with Chronic Lung Disease
An Introduction to Motivational Communication for Behaviour Change in Patients with Chronic Lung Disease  Dr. Kim Lavoie
Efficacy of Motivational Communication in Health Care Settings  Dr. Simon Bacon
Using Motivational Communication to Optimize Patient Adherence and Outcomes in Pediatric Asthma  Dr. Silvana Barone

Canadian Lung Association Research Update
A National Respiratory Research Strategy: People, Platforms and Knowledge Mobilization  Dr. Andrew Halayko
The Canadian Respiratory Research Network  Dr. Shawn Aaron

Optimizing the Lung Transplant Candidate
Nutrition and Advanced Lung Disease  Ms. Valerie Jomphe
Frailty and Sarcopenia in the Lung Transplant Candidate  Dr. Dmitry Rozenberg
Optimizing the Lung Transplant Candidate Through Exercise Training  Ms. Lisa Wickerson

Obstructive Sleep Apnea and Co-Morbid Disease
OSA and Cardiovascular Disease  Dr. Najib Ayas
OSA, Obesity and Diabetes  Dr. Willis Tsai
OSA and Kidney Disease  Dr. Patrick Hanly

Neuromuscular Disease: Home Ventilation
Lung Volume Recruitment in Neuromuscular Disease  Dr. Sherri Katz
Quality of Life in Individuals on Home Mechanical Ventilation  Dr. Jeremy Road
HMV: An International Perspective  Dr. Karen Rimmer

1500 – 1530  Refreshment Break / Sponsors’ Display / Poster Viewing

1530 – 1700  Moderated Poster Session

1830 – 2300  Optional Social Activity: Hats off to Calgary!
# SATURDAY, APRIL 26, 2014

<table>
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<th>Time</th>
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| 0715 - 0815   | Optional Educational Activities  
Co-Developed Symposia  
Presented by the Canadian Thoracic Society and Industry Partners |
| 0730 – 0825   | Breakfast in Sponsors’ Display Area                                    |
| 0830 – 1000   | **PLENARY SESSION**  
Awards Presentation  
Stem Cell Therapy for Lung Disease  
Dr. Bernard Thébaud  
From Asthma Pathophysiology to Knowledge Translation:  
A Journey Through Airways and Human Behaviour  
Dr. Louis-Philippe Boulet |
| 1000 – 1030   | Refreshment Break / Sponsors’ Display / Poster Viewing                |
| 1030 – 1200   | **CONCURRENT SESSIONS**  
Pharmacology of Airways Disease  
β₂-Agonists, More Than Just Bronchodilators  
Dr. Mark Giembycz  
An Industry View of Future Developments in Pharmacotherapy in Obstructive Lung Disease  
Dr. Steven Pascoe  
Clinical Pharmacology of Allergen-Induced Asthma  
Dr. Paul O’Byrne  
Update on Lung Cancer  
Expediting Lung Cancer Diagnosis and Management for Patients with Suspected Lung Cancer  
Ms. Nadine Strilchuk  
Mediastinal Staging for Lung Cancer  
Dr. Jacob Gelberg  
When Tissue is the Issue: Molecular Testing for Lung Cancer – What All Respirologists Should Know  
Dr. Desirée Hao  
Psychosocial Issues in COPD  
Exploring Patients’ Appraisals to Facilitate Post-Exacerbation Pulmonary Rehabilitation  
Dr. Samantha Harrison  
The Prevalence and Impact of Depression and Anxiety on COPD Outcomes and Quality of Life  
Dr. Kim Lavoie  
Incremental Economic Burden of Psychiatric Disorders in Asthma  
Dr. Grégory Moullec  
CLA Advocacy Session  
The Final Frontier: How Engaging Workplaces in Smoking Cessation Will Make a Difference  
Ms. Connie Côté, Ms. Karla Thorpe  
The Role of Surfactant in Respiratory Disease  
Pulmonary Surfactant and the Genetic Basis of Lung Disease: What’s New in Neonates and Infants  
Dr. Larry Nogee  
The Role of Surfactant in Adults - Is There a Future?  
Dr. James Lewis  
Host Defense vs. Lung Injury: Neutrophil Extracellular Traps (NETs) and Surfactant Proteins  
Dr. Nades Palaniyar |
| 1200 – 1315   | Luncheon in Sponsors’ Display Area                                    |
|               | Optional Educational Activities  
Co-Developed Symposia  
Presented by the Canadian Thoracic Society and Industry Partners |
1330 – 1500  **CONCURRENT SESSIONS**

**Acute Wheezing Emergencies: From Young to Old!**
- Little Wheezers in the Emergency Department: Managing Acute Pediatric Asthma  
  Dr. David Johnson
- Everything That Wheezes is Not Asthma  
  Dr. Robert Cowie
- Acute COPD Management: Is There Anything More Than Ventolin?  
  Dr. Brian Rowe

**CRHP Research Presentation**
This session will feature presentations on new and innovative research in lung health conducted by respiratory health professionals. Presentations will be selected by the CRHP Research Committee from scientific poster abstracts submitted to the CRC and will be announced at a later date.

**Interstitial Lung Disease (ILD) Related to Connective Tissue Diseases**
- What is the Relevance of Autoantibodies in ILD?  
  Dr. Chris Ryerson
- Air Pollution and ILD: Do the Particulates Matter?  
  Dr. Kerri Johannson
- New Rheumatologic Drugs: Pulmonary Benefits and Side Effects  
  Dr. Charlene Fell

**Non-CF Bronchiectasis: A Multidisciplinary Approach to Management**
- Primary Ciliary Dyskinesia  
  Dr. David Hall
- Pharmacologic Management of Non-CF Bronchiectasis  
  Dr. Julie Jarand
- Airway Clearance Techniques in Non-CF Bronchiectasis  
  Ms. Maggie McIlwaine

**The PRESTINE Initiative: Data Standards to Support Respiratory Best Practice**
- Lessons Learned and the Potential of EMR Data to Support Quality of Care and Performance Measurement  
  Ms. Alison Bidie
- The PRESTINE Working Group: Asthma and Related Respiratory Elements for EMRs  
  Dr. Diane Lougheed
- Which Asthma Quality of Care Indicators Really Matter?  
  Dr. Teresa To

1500 - 1530  **Refreshment Break**

1530 – 1630  **PLENARY SESSION**

**Palliative Management of Intractable Dyspnea**  
Dr. Michael Slawnych

**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 [www.lung.ca/crc](http://www.lung.ca/crc) regularly for program additions, speaker confirmations and new session descriptions.
FRIDAY, APRIL 25, 2014 | 0850 – 0945

Imaging the Innate Immune System During Sterile and Infectious Immunity

*Keynote Speaker: Dr. Paul Kubes*

Inflammation is a central tenant underlying the majority of acute and chronic lung diseases. Currently little is known about the pathogenesis and kinetics of the inflammatory response in the lung following injury or infection. A better understanding of the identity and sequence of which inflammatory cells and pathways are involved in this process will likely lead to advances in treatment for many inflammatory lung diseases. This session will address the role of the innate immune system in lung inflammation by highlighting research that uses cutting-edge live cell imaging techniques to track the inflammatory response, as it happens in the lung, in response to injury and infection. The session will further highlight the role of various inflammatory cells, such as neutrophils and iNKT cells, in causing lung inflammation, and will discuss some of the evolving mechanisms by which this happens.

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

- Outline the differences in the basic immune system in the lung versus other organs;
- Define the role that neutrophils and endothelium play in the lung vasculature during infection;
- Discuss the role of two types of monocytes in the lung vasculature; and
- Explain what iNKT cells do in innate immunity and how they respond in lung inflammation.

*Dr. Kubes* trained at Queen’s University in Kingston and completed a fellowship at LSU Medical Centre. Later, he moved to Calgary, where he is presently director of the Snyder Institute for Chronic Diseases, where his research is focused on understanding innate immunity (primarily in the vasculature of various organs).

SATURDAY, APRIL 26, 2014 | 0840 – 0920

Stem Cell Therapy for Lung Disease

*Keynote Speaker: Dr. Bernard Thébaud*

Acute and chronic lung diseases such as bronchopulmonary dysplasia (BPD) in premature infants, acute respiratory distress syndrome (ARDS) and emphysema represent a major health care challenge because of a lack of efficient therapies. A common denominator of these diseases is the absence of injury resolution leading to distorted tissue repair and/or scarring resulting in arrested alveolar growth in the case of BPD, fibrosis in the case of ARDS, or alveolar destruction in the case of emphysema. Despite intense investigations in understanding the mechanisms of lung injury, modern clinical management remains largely devoid of medications promoting lung repair. Current treatment remains largely supportive. Recent insight into stem cell biology has created excitement about the repair potential of these cells. This presentation will highlight basic properties of mesenchymal stromal cells, their use in preclinical models of lung injury, and potential therapeutic mechanisms.
Learning Objectives:
At the end of this presentation, attendees will be able to:

- Discuss stem/progenitor cell biology;
- Describe the healing mechanisms of action of stem/progenitor cells; and
- Appraise the potential of stem/progenitor cells in lung repair.

Dr. Bernard Thébaud is a clinician-scientist and a professor of pediatrics at the University of Ottawa. He obtained his MD, PhD and clinical training in France before completing a post-doctoral fellowship at the University of Alberta. Dr. Thébaud studies the mechanisms underlying lung development, injury and repair. His research is supported by the Canada Research Chair program, the Canadian Institutes for Health Research and the Stem Cell Network.

SATURDAY, APRIL 26, 2014  |  0920 – 1000

🔗 CIHR-ICRH/CTS Distinguished Lecture in Respiratory Sciences

From Asthma Pathophysiology to Knowledge Translation: A Journey through Airways and Human Behaviour

Keynote Speaker: Dr. Louis-Philippe Boulet

This presentation will review various aspects of research on asthma, airway function and inflammation/remodelling. The concept of asthma phenotypes/endotypes will be reviewed. Furthermore, a historical perspective will be provided on education and knowledge translation in respiratory health. More specifically, the mechanisms of development of asthma, including airway changes occurring before the development of airway hyperresponsiveness, and symptomatic asthma in susceptible populations, will be described. To illustrate the various pathways involved in those changes in relation to the subject’s characteristics, lifestyle and environmental issues, the effects of allergen/occupational exposures, smoking, obesity and aging will also be described. Research on factors leading to the development of airway dysfunction and structural changes, as well as their relationships with clinical consequences in high-level athletes, will be reviewed. Finally, the presentation will conclude with an update about research on knowledge translation, particularly on patient education, guidelines implementation and related topics.

Learning Objectives:
By the end of this presentation, attendees will be able to:

- Discuss current hypotheses on the mechanisms of the development of asthma;
- Describe the main asthma phenotypes and discuss the clinical relevance of such categorization; and
- Provide an update on research on knowledge translation in respiratory health.

Dr. Louis-Philippe Boulet is a lung specialist at l’Institut Universitaire de Cardiologie et de Pneumologie de Québec (IUCPQ) and a professor of medicine at Laval University’s Department of Medicine. He completed his medical studies at Laval University and a fellowship at McMaster University. Dr. Boulet holds the Knowledge Translation, Education and Prevention in Respiratory and Cardiovascular Health Chair at Laval University. He is a past-president of the Canadian Thoracic Society and was chair of the Canadian Respiratory Guidelines Committee from 2008 to 2012. He has been chair of the Global Initiative on Asthma (GINA Guidelines) Dissemination and Implementation Committee since 2009. He was the founder and president/scientific director of the Quebec Asthma and COPD Network, and first vice-president of the Canadian Network for Asthma Care. He is assistant editor of the Canadian Respiratory Journal, European Respiratory Journal, Therapeutic Education Journal and past member of various editorial boards (CHEST), as well as reviewer for several medical journals. Dr. Boulet has published close to 500 medical publications, 600 abstracts, 28 book chapters and 6 books. He is frequently invited as a speaker at national and international meetings.
SATURDAY, APRIL 26, 2014 | 1530 – 1615

Palliative Management of Intractable Dyspnea

Keynote Speaker: Dr. Michael Slawnych

Dyspnea often leads to significant patient distress. In many instances, management of the underlying clinical condition does not alleviate this symptom, and we have to turn to a more general symptom-based approach. The pathophysiology of dyspnea and the evidence for various symptom-based treatment options will be reviewed.

Learning Objectives:
At the end of this session, attendees will be able to:

- Recognize that treatment of underlying clinical conditions may not alleviate dyspnea;
- Discuss the pathophysiology of dyspnea; and
- Analyze the evidence for various symptom-based treatment options.

Dr. Slawnych initially trained as an electrical engineer at the University of Alberta and University of British Columbia (UBC). He then did a post-doctoral fellowship in anatomy at UBC. He subsequently was a junior faculty member with the Department of Biomedical Engineering at McGill University. He went on to study medicine at the University of Calgary, and has completed residencies in internal medicine, cardiology and palliative care. He works in both cardiology and palliative care, and has a special interest in cardiac patients near the end of life.
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 www.lung.ca/crc regularly for program additions, speaker confirmations and new session descriptions.

FRIDAY, APRIL 25, 2014    |    1030 – 1200

جموعةSmoking Cessation

Tobacco with Training Wheels:
The Case for Banning Flavoured Tobacco

Mr. Rob Cunningham
Over the last 12 years, flavoured tobacco products have increasingly appeared for sale in Canada. Flavours, such as chocolate, cherry, peach, vanilla, mint and many others, make tobacco products more appealing, especially to youth. A high proportion of youth who use tobacco consume flavoured tobacco. In Canada, national legislation (Bill C-32) prohibits flavoured cigarettes, cigarillos and blunt wraps, with an exception for menthol. The tobacco industry has avoided the federal definition of cigarillos (1.4 g or less, or has a cigarette filter) by marketing cigarillos weighing just more than 1.4 g. The tobacco industry continues to market cigarettes and other tobacco products with menthol, a flavouring which deters cessation and facilitates youth addiction. This session will present an overview of flavoured tobacco products available in Canada, legislative developments in Canada and internationally, and will provide the rationale for a legislated ban on flavours for all tobacco products.

CAN-ADAPTT: Implementing Smoking Cessation Guidelines in Canada

Dr. Peter Selby
This session will review the latest evidence to intervene with smokers and describe an algorithm that enables the implementation of evidence-based tobacco addiction treatment guidelines in any setting. A case-based approach will help attendees address key issues in the treatment of tobacco addiction, including behavioural support and pharmacotherapy. It will conclude with an approach to those who have comorbid mental illness and/or addiction.

The Hookah: A Stealth Bomber for the Tobacco Industry

Dr. Barry Finegan
The presentation will address the hookah (waterpipe), an increasingly popular form of smoking among young adults in Canada. Original research data relating to the composition of the smoke produced and the air quality of locations where so called “herbal” shisha is smoked will be presented. Potential health consequences will be addressed.
**Traversing the Second Death Valley: Examining our Effectiveness at Moving Research Results into Clinical Practice and Health Decision-Making**

**The State of Rehabilitation Programs in Canada: Results of the 2013 CTS Pulmonary Rehabilitation Survey**

*Dr. Pat Camp*

In this session, the results of the 2013 CTS Pulmonary Rehabilitation Survey will be reported. This comprehensive survey was designed to provide a detailed characterization of all Canadian pulmonary rehabilitation (PR) programs, including capacity, exercise prescription practices, education components, outcomes assessment, and knowledge translation needs of health care professionals.

**Determinants of Physical Activity in COPD**

*Dr. Gail Dechman*

No studies exist that have used theoretical correlates to explain steps per day during and after pulmonary rehabilitation (PR). This session will present results from a national, multicentre, longitudinal study designed to assess physical activity (PA) and its correlates in people with COPD, during and after a supervised PR program, using an objective assessment (i.e., pedometers). The findings demonstrate that steps/day were low, remained stable over time and were similar for men and women. Outcome expectations were most strongly associated with steps/day following PR.

**Psychological Theories Underpinning Clinical Interventions to Change Behaviour**

*Dr. Wendy Rodgers*

This presentation will highlight prominent social-cognitive theories as they relate to the initiation and maintenance of exercise behaviours in rehabilitation settings. Personal and contextual level influences on motivation and how motivation relates to behaviour will be addressed.

**Update on the 7th Edition of the Canadian Tuberculosis Standards**

**What is New in the Diagnosis and Treatment of Extra-Pulmonary TB? An Update from the New Canadian Tuberculosis Standards**

*Dr. Dina Fisher*

This talk will focus on changes in the Canadian Tuberculosis Standards that relate to extra-pulmonary tuberculosis (EPTB), with a focus on pleural and musculoskeletal disease.

**Tuberculosis in First Nations, Inuit and Métis Peoples**

*Dr. Gonzalo Alvarez*

This presentation will address the epidemiology of TB in Aboriginal populations in Canada and new studies on TB in Aboriginal populations presented in the 7th edition of the Canadian Tuberculosis Standards. A brief overview of the findings of Taima (STOP) TB will be presented, and the impact of a multifaceted TB awareness and a door-to-door campaign in residential areas at high risk for TB in Iqaluit, Nunavut, will be highlighted.

**Pediatric Tuberculosis**

*Dr. Ian Kitai*

This talk will outline recommendations in the 2013 Canadian Tuberculosis Standards for the diagnosis and management of tuberculosis in children. In addition to providing information on clinical presentation, it will highlight advances in diagnostic testing, including the use of induced sputa in younger children, as well as changes in drug doses based on newer pharmacokinetic data. Recommendations made in the Standards include higher doses of pyrazinamide and routine ethambutol use in initial therapy pending cultures. Uncertainty about isoniazid doses for older children and adolescents will be explored. In accordance with World Health Organization guidelines, the Standards have moved away from twice weekly therapy for TB disease in children to a preference for daily therapy with supervision. Management of latent TB infection and monitoring for toxicity during therapy will also be discussed.
**Recent Advances in Pulmonary Arterial Hypertension (PAH): Addressing the Ongoing Treatment Gaps**

**New Therapeutic Advances in PAH**  
**Dr. Naushad Hirani**  
The last decade has seen an explosion of therapeutic options for patients afflicted by PAH. In this session, the current landscape of therapies available to treat patients with this devastating condition will be briefly reviewed. Recently developed agents will be introduced, with reference to evidence that has been published in the last several years. While the role of each agent in the clinician’s repertoire remains in rapid evolution, some of the issues surrounding combination therapy will be discussed.

**Pulmonary Hypertension: How to Get the RV Out of Trouble**  
**Dr. John Granton**  
Despite advances in medical therapies, pulmonary arterial hypertension (PAH) continues to cause significant morbidity and mortality. Although the right ventricle can adapt to an increase in afterload, progression of the pulmonary vasculopathy that characterizes PAH causes many patients to develop progressive right ventricular failure. Furthermore, acute right ventricular decompensation may develop from disorders that lead to either an acute increase in cardiac demand or an increase in ventricular afterload, including interruptions in medical therapy, arrhythmia, or pulmonary embolism. The poor reserve of the right ventricle, RV ischemia and adverse right ventricular influence on left ventricular filling may lead to a global reduction in oxygen delivery and multi-organ failure. This presentation will review an approach to patients with advanced PAH focusing on both medical and surgical strategies to improve RV function, based upon current evidence and physiological principles.

**The Future of PAH: An Overview of Ongoing Canadian PAH Research**  
**Dr. Sébastien Bonnet**  
This presentation will highlight the latest findings on the molecular, cellular and epigenetic etiology of pulmonary arterial hypertension (PAH), with primary focus on the mechanisms accounting for vascular lesions in PAH. Future putative therapies for PAH will be described, and numerous basic research, preclinical and clinical findings, which constitute the basis of translational research, will be presented. The presentation will be a valuable source of information for both researchers and clinicians.

**Diagnosis and Management of Sleep Disordered Breathing Outside of the Sleep Laboratory**

**The Role of Alternative Care Providers in the Management of Sleep Disordered Breathing**  
**Dr. Sachin Pendharkar**  
The difficulty in providing timely access to sleep specialists is widespread and has sparked an interest in alternate modes of care delivery. A major contributor to delays for sleep care is the lack of adequate physician supply to meet the demand of patients with sleep disordered breathing (SDB), prompting an interest in the use of nurses and respiratory therapists as alternate care providers (ACPs). This session will provide an update on the evidence supporting the use of ACPs for the management of SDB, from the perspective of clinical outcomes, improvements in access and cost. Examples from Canadian sleep centres will be used to discuss the evolving scope of ACP practice and the policies and procedures that are necessary to support ACPs in the management of patients with SDB.

**Diagnostic Testing in Obstructive Sleep Apnea: Portable Monitoring /Level III Testing**  
**Dr. Debra Morrison**  
Due to limited availability of full polysomnography in many parts of Canada, level III portable monitoring has become widely used. Through the use of case studies, the appropriate application of level III testing in the home will be illustrated. Proper patient selection, the use of risk stratification tools and the appropriate use and interpretation of the results of the level III device(s) are all part of an algorithm that will allow for success in studying patients outside the sleep laboratory setting.

**Diagnosis of Obstructive Sleep Apnea in Children**  
**Dr. Indra Narang**  
This presentation will describe the current diagnostic modalities for Obstructive Sleep Apnea (OSA) in children, outlining the pros and cons of different tools that are utilized.
An Introduction to Motivational Communication for Behaviour Change in Patients with Chronic Lung Disease

Dr. Kim Lavoie

Poor health behaviours (tobacco smoking, poor diet, physical inactivity and treatment non-adherence) are common causes and/or exacerbators of chronic respiratory diseases including asthma and COPD. Interventions focusing on education and “advice-giving” have failed to produce significant behaviour/lifestyle change in the majority of patients, often resulting in patient dissatisfaction with care and provider frustration. Motivational communication (MC) is an empirically-validated client-centered communication style that has become increasingly popular within health care settings. At the heart of MC is getting patients to overcome their ambivalence about health behaviour change through the use of basic motivational and behaviour-change techniques. This session will introduce participants to the principles and basic skills of MC, as well as identify the types of patients or cases with whom MC may be effective. Finally, the advantages of adopting this more patient-centered communication style with patients, for both the health care provider and patient, will be highlighted, and potential training opportunities will be reviewed.

Using Motivational Communication to Optimize Patient Adherence and Outcomes in Pediatric Asthma

Dr. Silvana Barone

Treatment adherence in pediatric asthma depends upon parental attitudes and behaviours that may be affected by anxiety about the negative consequences of certain aspects of asthma treatment. Provider-patient (parent) interactions focusing on education and “advice-giving” are often insufficient to reassure anxious patients about the importance and safety of various asthma treatments (pharmacological, environmental) for children and adolescents, leading to poorer adherence and outcomes, and provider frustration. Motivational communication (MC), as an empirically-validated, client-centred communication style, has become increasingly popular within health care settings, as it focuses on enhancing motivation and confidence to adopt a particular health behaviour (e.g. quitting smoking, removing allergens from the home, improving adherence to therapy). This session will demonstrate how to use MC skills to optimize provider-patient (parent) interactions to overcome resistance to various aspects of treatment in pediatric asthma.

Efficacy of Motivational Communication in Health Care Settings

Dr. Simon Bacon

Most patients understand that poor health behaviours such as smoking, poor diet or low medication adherence, have negative consequences on their health. However, many continue to engage in such behaviours. There have been a number of attempts to develop interventions to increase patients’ adherence and engagement in healthy behaviours. One such intervention technique is motivation communication (MC), which is an empirically-validated client-centred communication style. This session will review the literature surrounding the use of MC in the health care setting. The overall efficacy of the technique will be explored, as well as focusing on efficacy between interventionists (e.g. physicians, nurses) and behaviours (e.g. physical activity, smoking).
Canadian Lung Association Research Update

A National Respiratory Research Strategy: People, Platforms and Knowledge Mobilization

**Dr. Andrew Halayko**

The National Respiratory Research Strategy (NRRS) is an initiative of the Canadian Lung Association, the Canadian Thoracic Society and the Canadian Respiratory Health Professionals. The NRRS aims to enhance Canada’s research efforts and the impact of research on lung health through:

- A National Training Program that will build research capacity and create a fertile environment for respiratory research excellence and innovation;
- A National Grant Program to support research projects, including a research fund to support multidisciplinary and strategic research; 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.

This presentation will focus on strategic highlights and key programs of the NRRS. It will also provide information on implementation, including milestones and timelines.

The Canadian Respiratory Research Network

**Dr. Shawn Aaron**

This session will present an overview of the Canadian Respiratory Research Network (CRRN) including its funding and structure, its investigators, platforms and projects. It will describe how the CRRN will serve 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 and access the platforms, to facilitate future opportunities and grant applications.

Optimizing the Lung Transplant Candidate

Nutrition and Advanced Lung Disease

**Ms. Valérie Jomphe**

This presentation will review the nutritional requirements associated with the principal lung diseases dealt with in lung transplantation. Particular focus will be placed on optimizing nutritional goals and strategies and improving the candidate’s health by overcoming malnutrition, defined as either undernutrition or obesity, in advanced lung disease.

Frailty and Sarcopenia in the Lung Transplant Candidate

**Dr. Dmitry Rozenberg**

Lung transplantation is being increasingly provided to patients with older age, increased co-morbidities and functional limitations. Older recipients have a reduced survival time post transplantation, which is not necessarily related to age-associated co-morbidities. Frailty, an inflammatory state of increased vulnerability to physiological stressors, may be an important link in understanding some of the clinical outcomes in patients with advanced lung disease. A key component of frailty is sarcopenia, which is the progressive loss of muscle mass, strength and function that is commonly seen in patients with advanced lung disease. This presentation will review the construct of frailty as it has been applied in the elderly, address the concept of sarcopenia in advanced lung disease, and discuss the current gaps in our understanding of these two processes in advanced lung disease.

Optimizing the Lung Transplant Candidate Through Exercise Training

**Ms. Lisa Wickerson**

Lung transplant candidates represent a select group of individuals with very severe, heterogeneous lung disease who have historically participated in mandatory pre-habilitation programs in Canada. Despite advances in pulmonary rehabilitation in acutely-ill individuals, we are still at an early stage in understanding the role and optimal strategies of pre-transplant exercise training to prepare lung transplant candidates for surgery and facilitate post-transplant recovery. This presentation will focus on reviewing the current evidence supporting pre-transplant exercise training, discuss unique challenges in pre-habilitation of the lung transplant candidate and discuss current gaps and future research directions.
OSA and Cardiovascular Disease

**Dr. Najib Ayas**

Obstructive sleep apnea (OSA) is a well-recognized risk factor for cardiovascular disease. Animal and human studies have helped to elucidate the potential pathogenic mechanisms whereby OSA can lead to the development of cardiovascular disease, including metabolic abnormalities, activation of the sympathetic nervous system, and hypertension. Accumulating data suggests that treatment of OSA reduces the risks of future cardiovascular disease, but definitive trials are currently lacking. This presentation will review the epidemiologic and potential pathogenic mechanisms linking premature cardiovascular disease and OSA.

OSA, Obesity and Diabetes

**Dr. Willis Tsai**

There is increasing evidence that OSA is independently associated with obesity and metabolic syndrome, most notably hypertension, diabetes and impaired glucose tolerance. Nonetheless, the effects of treatment (CPAP) on glycemic control remains mixed. This may be related to a lack of selection of “at risk” individuals, namely those with severe OSA, sleepiness, or more severe nocturnal oxygen desaturations. Furthermore, in studies that demonstrate an effect of CPAP on glycemic control, it is unknown whether treatment effect is related to suppression of OSA or a reduction in adipose tissue. The effect of CPAP on obesity is inconsistent. While there is an association between obstructive sleep apnea, obesity and diabetes in selected individuals, the effect of OSA treatment on these co-morbidities remains unclear.

OSA and Kidney Disease

**Dr. Pat Hanly**

It is well recognized that end stage renal disease (ESRD) is a risk factor for sleep apnea, whose pathophysiology is related both to destabilization of central ventilatory control and upper airway occlusion during sleep. More recently, the potential impact of sleep apnea on the development of chronic kidney disease (CKD) has received increasing attention, which raises the possibility that there is a bi-directional relationship between sleep apnea and kidney failure. A better understanding of these relationships is clinically important since identification and modification of additional risk factors for CKD may slow or halt the progression to ESRD, which has significant benefits both for the individual patient and the healthcare system in general.

This presentation will review the pathogenesis of CKD, summarize the data on the prevalence of sleep apnea in this population and its potential impact on kidney function, and outline pathophysiologic mechanisms through which hypoxia may damage the kidney.

Neuromuscular Disease: Home Ventilation

**Lung Volume Recruitment in Neuromuscular Disease**

**Dr. Sherri Katz**

This talk will address lung volume recruitment (LVR) in neuromuscular disease. The evidence for LVR as a beneficial therapy will be summarized, including gaps in knowledge surrounding its use. Clinical application of LVR will be discussed in the context of current clinical care guidelines for neuromuscular disease.

**Quality of Life in Individuals on Home Mechanical Ventilation**

**Dr. Jeremy Road**

Home mechanical ventilation (HMV) is a resource intensive intervention. Although there is limited high quality evidence, i.e. randomized control trials (RCT) looking at survival, there is little likelihood that such RCTs will occur going forward. There is some information on health-related quality of life in patients on HMV and the underlying disease appears to play a significant role in the quality of life in those on HMV. In this session, the data evaluating health-related quality of life in patients on HMV will be discussed along with new information on this topic.

**HMV: An International Perspective**

**Dr. Karen Rimmer**

The components and success of two large non-Canadian HMV programs will be examined. The relevance to Canadian programs will be highlighted.
β₂-Agonists: More Than Just Bronchodilators

Dr. Mark Giembycz

In asthmatic patients who are not well controlled by inhaled corticosteroids (ICS), current national and international treatment guidelines recommend adding a long-acting β₂-agonist (LABA). Clinical trials have convincingly shown that this so-called “combination therapy” exerts therapeutic benefit by having a positive impact on a number of outcome measures including lung function, exacerbation frequency and rescue medication utilization, which are not produced by an ICS alone as monotherapy. In this presentation, current ideas are presented that may account for the ability of an ICS and LABA, when used in combination, to achieve asthma control in patients that fail to respond optimally to ICS.

An Industry View of Future Developments in Pharmacotherapy in Obstructive Lung Disease

Dr. Steven Pascoe

Citing current examples, this presentation will look at the potential for different therapeutic targets to be explored in obstructive lung disease. The main emphasis will be placed on phenotypic differentiation as it relates to patient selection and study design. The value of different anti-inflammatory strategies as they relate to likely benefit will be discussed, as well as common hurdles encountered at different stages of drug development.

Clinical Pharmacology of Allergen-Induced Asthma

Dr. Paul O’Byrne

Allergen inhalation challenge is a reproducible method of inducing reversible bronchoconstriction, airway hyper-responsiveness and airway inflammation in mild allergic asthmatic subjects. The airway effects of the allergen challenge resolve fully within two weeks, which allows the subjects to be used as their own controls in some studies. This clinical challenge model has been predictive for drugs that are likely to be effective, or not, in asthma. The Clinical Investigator Collaborative (CIC) was formed, as part of the Network of Centres of Excellence (NCE), AllerGen. The CIC now consists of six Canadian academic centres (McMaster University, Laval University, University of Saskatchewan, University of British Columbia, University of Alberta and University of Calgary). Partnerships with biopharmaceutical and biotechnological companies have been formed with the CIC, which has established a mechanism to fast-track potential drug candidates for the treatment of asthma.
**Update on Lung Cancer**

**Expediting Lung Cancer Diagnosis and Management for Patients with Suspected Lung Cancer**

*Ms. Nadine Strilchuk*

Lung cancer is the most common cancer in the world (Globocan, 2008). Canadian 2012 estimates identified 25,600 new cases of lung cancer. The five-year survival ratio for lung cancer between 2004 and 2006 was only 16%, worse than prostate (96%), breast (88%), cervical (75%), and colorectal cancer (63%), resulting in more deaths than these four other cancers combined (Canadian Cancer Statistics, 2011). Delays in evaluation and treatment could contribute to poor outcomes as well as patient anxiety. To address the time delays for patients in Alberta, the Alberta Thoracic Oncology Program’s inter-professional team has developed innovative approaches to expedite the detection, diagnosis and specialty consultation for patients with suspected lung cancer. The goal of this presentation is to encourage participants to consider novel approaches in developing process improvements for expediting lung cancer diagnosis and management in their health centres.

**Mediastinal Staging for Lung Cancer**

*Dr. Jacob Gelberg*

Recent years have seen advances in lung cancer care from screening to new invasive diagnostic tools and novel treatments. This session will highlight the importance of mediastinal lymph node staging in guiding treatment selection and prognosis in patients with lung cancer. Role of non-invasive staging with imaging including CT, PET and PET/CT will be reviewed. Invasive staging modalities including the role and diagnostic yield of TBNA, EBUS and mediastinoscopy will be discussed. A practical approach to staging of patients with lung cancer will be developed during this session.

**When Tissue is the Issue: Molecular Testing for Lung Cancer – What All Respirologists Should Know**

*Dr. Desirée Hao*

Lung cancer is the leading cause of cancer-related deaths in both men and women across Canada. The majority of patients are diagnosed at an advanced stage when treatment options are largely palliative, and historically, the magnitude of benefit of systemic therapy has been small. However, the landscape of treatment options for advanced lung cancer has changed dramatically in the last several years with the introduction of molecularly-targeted agents. This presentation will review current treatment algorithms for advanced non-small-cell lung carcinoma (NSCLC) emphasizing the critical need for adequate tumour tissue for molecular testing to facilitate therapeutic decisions.
Psychosocial Issues in COPD

Exploring Patients’ Appraisals to Facilitate Post-Exacerbation Pulmonary Rehabilitation

Dr. Samantha Harrison

Adherence to pulmonary rehabilitation (PR) following an acute exacerbation of COPD is known to be poor. Psychological theories suggest that the experience of an acute exacerbation may affect the manner in which patients perceive their illness. These illness perceptions may, in turn, affect patients’ engagement in disease management strategies, for example, adherence to PR.

This presentation will provide an overview of the role of patients’ illness perceptions in shaping health behaviour, namely attendance to PR. A cluster analysis of illness perceptions data will be described, establishing groups of patients holding distinct beliefs. A qualitative methodology will be presented promoting in-depth understanding about the way in which patients appraise acute exacerbations as they consider, yet decline PR. Knowledge gleaned from this body of work could inform the development of targeted psychologically-informed strategies which may be helpful in facilitating post-exacerbation PR.

The Prevalence and Impact of Depression and Anxiety on COPD Outcomes and Quality of Life

Dr. Kim Lavoie

COPD is a chronic irreversible respiratory disorder that may be associated with significant psychosocial impairments. Depression and anxiety are common, and rates of depressive and anxiety disorders are disproportionately high. Identifying depression and anxiety among patients with COPD can be challenging, but remains important due to established links between depression and anxiety and worse COPD outcomes. This presentation will review the prevalence of depressive and anxiety disorders among COPD patients, and their impact on exacerbation rates and prognosis. The pros and cons of different assessment methods of anxiety and depression will be reviewed, and the efficacy of psychosocial interventions will be discussed.

Incremental Economic Burden of Psychiatric Disorders in Asthma

Dr. Grégory Moullec

Overall economic burden of chronic health conditions comprises direct costs (e.g., hospitalizations, medication treatments, outpatient visits) and indirect costs (e.g., absences, impaired work productivity). Indirect costs are often an overlooked aspect of this burden. Psychiatric disorders have been shown to be associated with lowered work productivity. While asthma is also known as being a condition adversely affecting work productivity, no published studies have yet determined the synergistic effect of comorbid psychiatric disorders and asthma control on productivity loss. This presentation will address the results of a recent meta-analysis treating the question of the incremental asthma-related medical cost of comorbid psychiatric disorders in asthma, and of a population-based study comparing productivity losses in asthma patients, with or without psychiatric conditions.

CLA Advocacy Session

The Final Frontier: How Engaging Workplaces in Smoking Cessation Will Make a Difference

Dr. Bruce Baskerville, Ms. Connie Côté, Ms. Karla Thorpe

Canada has made great progress in reducing the number of Canadians who smoke. However, 16% of the population continues to light up. New and integrated ways of reaching out to these individuals must be implemented if we are to continue to see a decline in national smoking rates. Recent research suggests that the workplace can be an effective environment for offering smoking cessation.

In this session participants will learn about the demographics of Canadians who smoke and identify how health professionals can support the end-game on tobacco. An overview of a recent Conference Board of Canada report will reveal ways and reasons that workplaces can become part of the solution in supporting employees in their journey to quit. Lung Association proven methods and planned future initiatives for supporting these individuals will be explored, and participants will learn how they can encourage smoking cessation in the workplace.
Pulmonary Surfactant and the Genetic Basis of Lung Disease: What’s New in Neonates and Infants

Dr. Larry Nogee

This presentation will focus on the role of pulmonary surfactant in the pathophysiology of a common lung disease of premature infants, neonatal respiratory distress syndrome (nRDS). It will also examine the roles of common and rare variants in the genes encoding proteins important in surfactant function in metabolism in lung disease. Specific clinical and laboratory features of rare disorders, including interstitial lung disease in older children and adults, which are caused by mutations in different surfactant related genes, will be reviewed, with an emphasis on recognizing the clinical phenotypes of these disorders and important clues to their diagnosis. Specific examples of how these rare illnesses provide insights into both the normal function and metabolism of different surfactant components and pathophysiologic mechanisms of more common diseases will also be discussed.

The Role of Surfactant in Adults – Is There a Future?

Dr. James Lewis

The role of endogenous surfactant alterations in the development and progression of lung injury, and the mechanisms responsible for these changes, will be discussed. The biophysical and inflammatory consequences of surfactant dysfunction will also be reviewed, as will the specific contribution of mechanical ventilation to this process. This information will provide the rational for evaluating exogenous surfactant administration in patients with Acute Lung Injury (ALI) as a therapeutic intervention. Results of multi-centre clinical trials evaluating surfactant treatment in patients with ALI will be presented. Finally, speculation as to the potential future role of surfactant administration in adult patients with lung disease will be discussed.

Host Defense vs. Lung Injury: Neutrophil Extracellular Traps (NETs) and Surfactant Proteins

Dr. Nades Palaniyar

This presentation will describe the relevance of recently identified neutrophil extracellular traps (NETs) for pathogen clearance and lung injury. Although NETosis has been initially considered as an effective mechanism for trapping and killing microbial pathogens, recent studies highlight the pathogenic roles of NETs. This presentation will summarize the current understanding of NETosis and evaluate the good and bad sides of the NETs, and discuss how NETs affect paediatric and adult lung diseases. How NETs can be cleared from the lungs without compromising anti-microbial properties of innate immune cell components will be discussed. The talk will also highlight how innate immune collectins such as surfactant proteins A and D regulate infection and inflammation in the airways. Effects of SP-D on NETosis and NETs clearance will also be highlighted. Finally, the therapeutic potential of innate immune surfactant proteins and NETotic pathway components will be highlighted.
SATURDAY, APRIL 26, 2014 | 1330 – 1500

Little Wheezers in the Emergency Department: Managing Acute Pediatric Asthma
Dr. David Johnson
This presentation will provide evidence supporting how best to manage pre-school and school-age children who present for emergency care. The discussion will include how best evidence supports the delivery of aerosols by meter-dose inhalers and spacers in children with mild to moderate respiratory distress. Continuous nebulization in children with severe respiratory distress as well as frequent salbutamol inhalations and inhalations of ipratropium in the first hour of treatment for children with moderate to severe respiratory distress will be presented. A discussion of early administration of oral corticosteroids and the provision of asthma education to families in follow-up after discharge will follow.

Everything That Wheezes is Not Asthma
Dr. Robert Cowie
Many patients who attend an urgent care or emergency department with acute shortness of breath and wheezing do not have asthma. This is especially true amongst those who attend repeatedly. In this presentation some of the typical non-asthma disorders will be presented with case reports for illustration.

Acute COPD Management: Is There Anything More Than Ventolin?
Dr. Brian Rowe
Acute COPD presentations are common in Canadian emergency departments (ED), and many care gaps have been identified. Using an approach including bronchodilators, systemic corticosteroids, antibiotics, and non-invasive ventilation, clinicians can safely and successfully manage moderate-severe COPD exacerbations. Despite this aggressive approach, however, a high proportion of patients may still require admission. This presentation will discuss how COPD patients recover slowly and are susceptible to relapse and further exacerbations, and explore options for patients who continue to present to the ED with recurrent acute COPD episodes.

CRHP Research Presentation
This session will feature presentations on new and innovative research in lung health conducted by respiratory health professionals. Presentations will be selected by the CRHP Research Committee from scientific poster abstracts submitted to the CRC and will be announced at a later date.
What is the Relevance of Autoantibodies in Interstitial Lung Disease?

Dr. Christopher Ryerson
This presentation will include a brief review of the clinical features and serological markers of autoimmune diseases that commonly cause interstitial lung disease (ILD), including a focus on rheumatoid arthritis, systemic sclerosis, dermatomyositis, polymyositis, antisynthetase syndrome, mixed connective tissue disease and undifferentiated connective tissue disease. The relevance of autoimmune antibodies in ILD will be discussed, highlighting the association of specific autoimmune antibodies with clinical features and prognosis. Illustrative cases will be used to highlight key points.

Air Pollution and Interstitial Lung Disease: Do the Particulates Matter?

Dr. Kerri Johannson
Air pollution is a ubiquitous exposure and a well-established risk factor for several lung diseases including asthma, COPD and lung cancer. Recent data suggest a relationship between air pollution exposure and both the development and exacerbation of interstitial lung disease (ILD). This session will review the current clinical and biological evidence linking air pollution exposure to the development and progression of ILD and propose a new way of conceptualizing cumulative environmental exposures in this patient population.

New Rheumatologic Drugs: Pulmonary Benefits and Side Effects

Dr. Charlene Fell
Autoimmune disease is recognized as a cause of interstitial lung disease (ILD) and patients with a new diagnosis of ILD should be screened for these disorders. There is a growing body of evidence supporting the use of immunomodulating drugs in ILD caused by autoimmune disease, particularly scleroderma. This session will focus on the use of immune suppressant drugs in autoimmune ILD, the evidence for their efficacy, potential side effects and monitoring parameters.

Primary Ciliary Dyskinesia

Dr. David Hall
This presentation will provide an overview of Primary Ciliary Dyskinesia (PCD) with a focus on pulmonary manifestations. The current challenges in diagnosis including the evolving role of genetic testing will be discussed with special attention paid to the role of nasal nitric oxide. Treatment options will be briefly discussed.

Pharmacologic Management of Non-CF Bronchiectasis

Dr. Julie Jarand
Non-CF bronchiectasis is increasingly recognized and is the cause of significant morbidity in affected individuals. There is renewed interest in this disease that is associated with multiple medical conditions and disease mechanisms. Management can be challenging and requires a multimodal therapeutic approach. Historically, evidence for treatment was extrapolated from trials performed in cystic fibrosis (CF) patients. More recently, therapies for non-CF bronchiectasis are undergoing testing in clinical research trials designed for this specific, but variable, population. This session will provide a clinical approach to the prevention and management of acute exacerbations as well as ways to reduce chronic infection and inflammation. Current pharmacologic and surgical therapies will be outlined, and the data to support their use reviewed.

Airway Clearance Techniques in Non-CF Bronchiectasis

Ms. Maggie McIlwaine
This presentation will focus on airway clearance therapies for the treatment of non-CF bronchiectasis. Various airway clearance techniques will be described together with the underlying physiology on which they are based. These include the active cycle of breathing techniques, autogenic drainage, positive expiratory pressure, oscillating positive pressure such as acapella or flutter, and high frequency chest wall oscillation. Timing and use of adjuncts, such as inhalation therapies to optimize airway clearance, will be examined, and the outcome of clinical studies using these techniques, and the efficacy of their use in this population, will be discussed.
Lessons Learned and the Potential of EMR Data to Support Quality of Care and Performance Measurement

Ms. Alison Bidie

Over half of physicians in Canada are using electronic medical records (EMRs). Presently, EMR data is largely free text. This restricts the use of clinical data for measuring population health, quality of care and performance. To improve the availability of primary health care (PHC) data, key stakeholders endorsed a priority subset of the PHC EMR Content Standard and the development of associated clinician-friendly picklists (CFPLs) for implementation in EMRs. This standard, once implemented in EMR specifications, will improve the capture of quality information and make coded data available in key areas such as health concern and reason for visit. Standardized and consistent collection of EMR data may improve availability for use in clinical practice and its potential to measure PHC indicators and to address questions about patient outcomes and health system performance.

The PRESTINE Working Group: Asthma and Related Respiratory Elements for EHRs

Dr. Diane Lougheed

Electronic health records (EHRs) are increasingly replacing traditional paper records in hospital and ambulatory care settings. EHRs are emerging as a potentially powerful knowledge translation tool and means of promoting and enabling the implementation of best practice guidelines. In addition, EHR data may be used to monitor performance.

The CTS and Canadian Respiratory Guidelines Committee (CRGC) are supporting a Pan-Canadian Respiratory Standards Initiative for Electronic Health Records (PRESTINE). In this presentation, the process the Asthma Working Group used to identify and prioritize data elements will be described, and the committee’s recommendations for asthma and related data elements will be summarized.

Which Asthma Quality of Care Indicators Really Matter?

Dr. Teresa To

Despite well-established management guidelines, variations in quality of asthma care are common in primary care settings. Community-based performance indicators (or quality of care indicators) can help identify barriers to, and enablers of, the development, dissemination and uptake of clinical guidelines for asthma management. Performance indicators specific to chronic respiratory disease management currently do not exist at the national level, the values of which would suggest one or more dimensions of quality of care that are potentially amenable to change by the provider or the health system. In this presentation, a set of asthma indicators that can be used to measure current asthma care gaps will be proposed. Using preliminary data from participating sites in our Primary Care Asthma Performance Indicator (PC-API) initiative, asthma statistics measured by these indicators will be reported and how they may contribute to establishing asthma quality of care benchmarks will be discussed.
Feasibility of a Short Home-Based Rehabilitation Program for Cancer Patients Waiting for Lung Resection Surgery

Dr. Didier Saey

Patients with lung cancer often experience a reduction in exercise tolerance and muscle weakness. Despite the well-recognized effectiveness of pulmonary rehabilitation, few researchers have studied its feasibility and effectiveness in lung cancer patients, particularly among those waiting for lung resection surgery. This presentation will present results of a study funded by the CRHP and designed to explore the feasibility of a short home-based rehabilitation program for cancer patients waiting for lung resection surgery. The effectiveness of this intervention in patients with lung cancer will also be discussed.

Can a Therapeutic Singing Intervention Contribute to Optimizing Outcomes for Pulmonary Rehabilitation Participants?

Dr. Donna Goodridge

In spite of optimized medical management, many individuals living with COPD continue to experience distressing and disabling symptoms such as breathlessness and poor quality of life. Novel interventions, such as therapeutic singing, hold promise to ameliorate these concerns by improving control of the breath and reducing awareness of breathlessness. This feasibility study compared the outcomes of an eight-week therapeutic singing program conducted by an accredited music therapist for 14 individuals with advanced COPD attending a Pulmonary Rehabilitation (PR) program against outcomes for five individuals receiving usual care. Outcomes of the intervention will be described.

SLEEP Disturbance in Family CAREgivers of Children Who Depend on Medical Technology: The CARE to SLEEP Study

Ms. Krista Keilty

Society relies on family caregivers of children who depend on medical technology (e.g. oxygen delivery devices, home ventilation) to provide complex and vigilant care up to 24 hours per day. Subjective data have suggested that sleep disruption is prevalent and associated with negative consequences in family caregivers. This prospective cohort study compared sleep in family caregivers of technology-dependent children to the sleep in family caregivers of healthy age-matched children. Statistically and clinically meaningful difference was found on the number of sleep-deprived nights per week between the two groups. Other marked differences were found in outcomes related to sleep disturbance. The CARE to SLEEP Study confirms that family caregivers of technology dependent children are at high-risk for sleep deprivation and its long-term negative consequences.

American College of Chest Physicians (CHEST) and Canadian Thoracic Society (CTS) Conjoint Session

CHEST and CTS will co-present a session highlighting current partnership initiatives and future opportunities for North American collaboration in campaigns such as ‘Choosing Wisely’, an initiative encouraging physicians, patients and other health care stakeholders to plan appropriate treatment, in order to avoid unnecessary medical tests and procedures.

CRHP Funded Research

This session will highlight selected lung health research funded by CRHP.

Space is limited and will be offered on a first-come first-served basis.

FRIDAY, APRIL 25, 2014 | 1200 – 1315

Optional Educational Luncheon Sessions

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CO-DEVELOPED SYMPOSIA

Friday, April 25, 2014  |  0700 – 0815
Saturday, April 26, 2014  |  0700 – 0815
Saturday, April 26, 2014  |  1200 – 1315

In recognition for their support of the Canadian Respiratory Conference, platinum level sponsors have the opportunity of co-developing 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 www.lung.ca/crc 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:

- Bayer HealthCare
- Boehringer Ingelheim
- MERCK
- Novartis
- Pfizer Vaccines

FRIDAY, APRIL 25, 2014  |  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 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. 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 e-bulletin.

For more information about the award, please contact:
Michelle McEvoy, Research Programs Manager
Canadian Lung Association
613-569-6411 ext. 262  |  mmcevoy@lung.ca
A moderated poster session will be held on Friday, April 25, 2014, 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 Basic Science**

- Co-infection with Human Rhinovirus and Bacteria Modulates the Innate Host Response Through the Dysregulation of Antimicrobial Peptide Expression  
  Jason Arnason

- PrimoTinA-Asthma™ Abstract: Improvements in Lung Function with Tiotropium as Add-on Controller Therapy to ICS+LABA for Patients with Symptomatic Severe Asthma  
  Catherine Charbonneau

- Regulation of Human Airway Epithelial to Mesenchymal Transition upon Rhinovirus Infection  
  Danielle Minor

- Cyclic Stretch Augments Human Rhinovirus Induced Neutrophil Chemoattractant Expression in Airway Epithelial Cells  
  Sergei Nikitenko

- Exposure of Human Bronchial Epithelial Cells to House Dust Mite Allergen Mediates Human Airway Smooth Muscle Cell Chemotaxis  
  Abid Qureshi

- Human Rhinovirus Infection of Human Bronchial Epithelial Cells Results in Migration of Human Airway Smooth Muscle Cells  
  Sami Shariff

- Human Rhinovirus Infection of Human Bronchial Epithelial Cells Induces Release of Chemoattractants for Fibroblasts  
  Christopher Shelloon

- The Association Between Asthma Sputum Phenotypes and Body Mass Index  
  Lian Szabo

- Impaired Ciliary Differentiation of Airway Epithelial Cells from Asthmatics With and Without Exercise-Induced Bronchoconstriction  
  Stephanie Warner

**Asthma Clinical Management**

- Children Summer Exposure to Environmental Tobacco Smoke in Edmonton  
  Maria Castro

- Osteoporosis Prevention in Inhaled Cortico-Steroid Users  
  Andrew Cave

- Communities Coming Together: The Paediatric Asthma Pathway  
  Andrew Cave

- Effects of Changing from Suboptimal to Optimal Asthma Regimens on Asthma-Related Health Services Utilization  
  Ricardo Jimenez

- Prevalence of Childhood Asthma and Asthma-Related Health Services Utilization in the Province of British Columbia, Canada  
  Ricardo Jimenez

- A Profile of Children with Asthma as a Reason for Participation and Activity Limitation in a National Sample of Canadians  
  Joshua Lawson
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<td>Diane Lougheed</td>
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<td>Phenotypes of Occupational Asthma Associated with an Increase in FeNO Levels After Exposure to Occupational Agents</td>
<td>Sébastien Nguyen</td>
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<td>Pediatric-to-Adult Asthma Transition Program – A Randomized Trial</td>
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<td>A Nintendo Wii Exercise Program Provides the Same Exercise Demand as a Treadmill Session in Adults with COPD: A Randomized, Within-Subjects Cross-over Study</td>
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<td>Ankle/Brachial (ABPI) Measurement in COPD Patients: A Pilot Study</td>
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<td>TIOSPIR: Safety and Efficacy Trial of Tiotropium Respimat Versus HandiHaler in COPD</td>
<td>James Gamble</td>
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<td>Assessment of Oscillating Positive Expiratory Pressure (oPeP) Devices by Means of Adult Expiratory Waveforms: A Laboratory Study</td>
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<td>Combining Inhalation by a Breath-Actuated Nebulizer (BAN) with Exhalation with Oscillating Positive Expiratory Pressure Device (oPeP) Offers Potential for Simultaneous Therapy: A Laboratory Study</td>
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<td>Arm Activity in Daily Life in Chronic Obstructive Pulmonary Disease (COPD)</td>
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<td>Metabolic Cost of Resistance-Based Exercise Training in People with COPD: Preliminary Results</td>
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<td>A Challenging Case of Extensively Drug Resistant Tuberculosis (XDR-TB)</td>
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<td>Lipid Peroxidation Causes Pulmonary Surfactant Dysfunction in the Presence of Physiological Levels of Cholesterol?</td>
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<td>Influence of Resolvin D1 and MAG-DPA on Hyper-Reactive Human Pulmonary Arteries</td>
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<td>Collaborative Approaches to Managing Advanced Idiopathic Pulmonary Fibrosis</td>
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<td>Impact of Hereditary Hemorrhagic Telangiectasia with Associated Arteriovenous Malformations and Co-Expression of Bleeding Disorders</td>
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<td>Trends in Diagnosis and Management of Idiopathic Pulmonary Fibrosis: A Survey of Canadian Respirologists</td>
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<td>Using Process Improvements to Guide Pulmonary Function Scheduling Policies at the Foothills Medical Centre</td>
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<td>The Prevalence of Sleep Disordered Breathing in a Pediatric Cohort with Chronic Kidney Disease</td>
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<td>West Park Healthcare Centre’s Transitional Home Ventilation Program</td>
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<td>Allison Zweerink</td>
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Don’t miss the great networking opportunities offered in the sponsors’ 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 sponsors’ display area to 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 sponsors’ 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. The sponsors’ display area will be centrally located to all conference activities.

**Networking Schedule**

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<td><strong>Thursday, April 24, 2014</strong></td>
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<td>Opening Reception</td>
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**THURSDAY, APRIL 24, 2014 | 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 Canadian Thoracic Society, the Canadian Respiratory Health Professionals, and the Canadian and Alberta and Northwest Territories’ 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.
FRIDAY, APRIL 25, 2014  |  1800 – 2200

Optional Social Event: Hats off to Calgary!

Don’t miss this fun-filled evening with great food, fun and entertainment at Heritage Park, Canada’s largest historical village! Buses will begin shuttling delegates from the Hyatt Hotel Foyer to the Park at 1800. A delicious dinner will be offered with our evening’s entertainment to follow - a show you won’t want to miss, presenting the best the West has to offer! Return transportation to the Hyatt Hotel will be available from 2130. Yeehaw! Hats off to Calgary! Purchase your ticket to this unique opportunity to network with your fellow colleagues and friends! The evening includes return transportation, dinner, entertainment and more fun and laughs than imaginable! 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!

SATURDAY, APRIL 26, 2014  |  0600 – 0645

Fun Run/Walk

Set the alarm, don your runners or walking shoes and join other fitness keeners on this great early morning jaunt through Calgary’s downtown. Experience the early morning and Calgary’s vibrant allure! Light refreshments will be available before you head back to your room to get ready for a full day at conference!
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.

**Wednesday, April 23, 2014**

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<td>National Senior Respiratory Fellows Symposium</td>
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<td>1300 – 1700</td>
<td>Alberta Respiratory Stakeholders/Thoracic Network (TNANT)</td>
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<td>1700 – 2100</td>
<td>Canadian Severe Asthma Network</td>
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<td>1730 – 2130</td>
<td>Canadian Thoracic Society (CTS) Board of Directors</td>
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<td>1800 – 2200</td>
<td>Royal College Specialty Committee for Respirology</td>
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**Thursday, April 24, 2014**

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<td>CRHP Leadership Council</td>
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<td>Ultrasound for Respirologists Simulation Course</td>
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<td>Canadian Lung Association (CLA) Chronic Disease Working Group</td>
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<td>0900 – 1200</td>
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<td>0900 – 1700</td>
<td>Primary Care Day: Spirometry in Family Practice</td>
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<tr>
<td>1300 – 1600</td>
<td>CTS COPD Clinical Assembly</td>
</tr>
<tr>
<td>1400 – 1600</td>
<td>CTS Membership Committee</td>
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<tr>
<td>1400 – 1600</td>
<td>CTS Clinical Assembly on Interstitial Lung Disease</td>
</tr>
<tr>
<td>1400 – 1600</td>
<td>CTS Pulmonary Function Standards Committee</td>
</tr>
<tr>
<td>1400 – 1600</td>
<td>CTS Sleep Disordered Breathing Clinical Assembly</td>
</tr>
<tr>
<td>1530 – 1630</td>
<td>CTS Long Term Planning Committee</td>
</tr>
<tr>
<td>1630 – 1730</td>
<td>CTS Annual General Meeting</td>
</tr>
<tr>
<td>1730 – 2130</td>
<td>Canadian Respiratory Research Network</td>
</tr>
<tr>
<td>1930 – 2330</td>
<td>CRHP Annual General Meeting &amp; Joint CRHP-RespTrec® Reception</td>
</tr>
<tr>
<td>1930 – 2310</td>
<td>CTS Clinical Assembly for Chest Procedures</td>
</tr>
<tr>
<td>1930 – 2130</td>
<td>CTS Education and Professional Development Committee/CTS Program Planning Sub-Committee</td>
</tr>
<tr>
<td>1930 – 2130</td>
<td>CTS Pediatric Assembly Business Meeting</td>
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<tr>
<td>1930 – 2130</td>
<td>CTS Pulmonary Vascular Disease Clinical Assembly</td>
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**Friday, April 25, 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>1700 – 1800</td>
<td>Canadian Respiratory Journal Associate Editors</td>
</tr>
<tr>
<td>1700 – 1800</td>
<td>CTS Industry Advisory Panel</td>
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</table>

**Saturday, April 26, 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>1630 – 1830</td>
<td>CRC Conference Planning &amp; Scientific Committees’ Debrief</td>
</tr>
<tr>
<td>1700 – 1900</td>
<td>Canadian Association of Cardio-Pulmonary Technologists’ (CACPT) Annual General Meeting</td>
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<tr>
<td>1700 – 1900</td>
<td>CLA National Respiratory Research Steering Committee</td>
</tr>
</tbody>
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**Sunday, April 27, 2014**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800 – 1400</td>
<td>CACPT Board of Directors</td>
</tr>
</tbody>
</table>
SPECIAL EVENTS

**National Senior Respiratory Fellows Symposium (NSRFS)**
This annual symposium is a collaborative initiative of Canadian Respiratory Program Directors and the Canadian Thoracic Society 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, CTS Manager, Member Services
Telephone: 613-569-6411 ext. 229 | sdesmarais@lung.ca

**Canadian Pediatric Respiratory Fellows’ Day**
The Canadian Pediatric Respiratory Fellows’ Day will be held for the first time at 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) or Dr. Marielena Dibartolo (Marielena.dibartolo@albertahealthservices.ca).

**Ultrasound for Respirologists Simulation Course**
Plan to attend this new CRC event! 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. Register early! This course 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.

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

**Primary Care Day: Spirometry in Family Practice**
The Family Physician Airways Group of Canada (FPAGC) and the Special Interest Focused Practice (SIFP) in Respiratory Medicine of the College of Family Physicians (CFPC) will hold a course on spirometry in conjunction with the CRC. The course faculty include Drs. Tony Ciavarella, Rob Hauptman, Alan Kaplan and Suzanne Levitz. The event is accredited by the College of Family Physicians for six hours of Mainpro C credits and a small registration fee of $150 for attendance will be charged.

For more information contact:
Glyn Smith, FPGAC administration at admin@fpagc.com.

**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, CTS Manager, Member Services
Telephone: 613-569-6411 ext. 229 | sdesmarais@lung.ca

**CRHP Annual General Meeting / RESPTrec® Reception**
The Annual General Meeting of the CRHP will be held immediately after the CRC Opening Reception on Thursday, April 24, 2014. 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, Canadian Thoracic Society and Canadian Respiratory Health Professionals
Telephone: 613-569-6411 Ext. 270 | crhpinfo@lung.ca
For sponsorship opportunities, please contact Ms. Janet Sutherland, Director, Canadian Thoracic Society and Canadian Respiratory Health Professionals | Telephone: 613-569-6411 Ext 264 | jsutherland@lung.ca

*Confirmed sponsors at time of printing
Registration Form

First Name: ___________________________ Last Name: ___________________________

Position: ___________________________ Department: ___________________________

Organization: ___________________________

Address: ___________________________


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

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<thead>
<tr>
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<tbody>
<tr>
<td>CRHP Member</td>
<td>$425.00</td>
<td>$525.00</td>
<td>$570.00</td>
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<tr>
<td>CTS Member</td>
<td>$450.00</td>
<td>$550.00</td>
<td>$595.00</td>
</tr>
<tr>
<td>Lung Association Staff / Volunteer</td>
<td>$425.00</td>
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<td>$570.00</td>
</tr>
<tr>
<td>Member Resident/Fellow/Student*</td>
<td>$225.00</td>
<td>$275.00</td>
<td>$300.00</td>
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<tr>
<td>Non-Member Resident/Fellow/Student*</td>
<td>$250.00</td>
<td>$300.00</td>
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<tr>
<td>Non-Member/Industry</td>
<td>$575.00</td>
<td>$675.00</td>
<td>$695.00</td>
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* 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 24

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

(One ticket included with your registration)

Friday, April 25

☐ Ticket(s) for Hats Off to Calgary x $85.00 /each = $ ___________________________

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)

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

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

PLEASE INDICATE WHICH OF THE FOLLOWING SESSIONS YOU ARE PLANNING TO ATTEND:

FRIDAY, APRIL 25, 2014
1030 – 1200
Concurrent Sessions (Please indicate one session only)
☐ Smoking Cessation
☐ Update on Canadian Tuberculosis Standards
☐ Effectiveness at Moving Research Results into Clinical Practice
☐ Recent Advances in PAH
☐ Diagnosis and Management of Sleep Disordered Breathing

1330 – 1500
Concurrent Sessions (Please indicate one session only)
☐ Motivational Communication to Improve Adherence and Outcomes
☐ Canadian Lung Association Research Update
☐ Optimizing the Lung Transplant Candidate
☐ Obstructive Sleep Apnea and Co-Morbid Disease
☐ Neuromuscular Disease: Home Ventilation

SATURDAY, APRIL 26, 2014
1030 – 1200
Concurrent Sessions (Please indicate one session only)
☐ Pharmacology of Airways Disease
☐ Update on Lung Cancer
☐ Psychosocial Issues in COPD
☐ CLA Advocacy Session
☐ The Role of Surfactant in Respiratory Disease

1330 – 1500
Concurrent Sessions (Please indicate one session only)
☐ Acute Wheezing Emergencies: From Young to Old!
☐ CRHP Research Presentation
☐ ILD Related to Connective Tissue Diseases
☐ Non-CF Bronchiectasis
☐ The PRESTINE Initiative

REGISTRATION AND CANCELLATION POLICY (For full policy description see page 4 of Preliminary Program)
Registration forms will be processed only if accompanied by full payment of registration fees.
International delegates wishing to attend the CRC are responsible for making 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 21, 2014 will be refunded in full less a $150.00 administration fee. No refunds will be issued for cancellations received after March 21, 2014. 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 2014, 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  •  www.lung.ca/crc