

14th International Kawasaki Disease Symposium (IKDS)



Canadian
Cardiovascular
Society

Société
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du Canada

ikds.org

Final Meeting Report



Co-presidents of the 14th International Kawasaki Disease Symposium

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Communications

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Executive Summary

The 14th International Kawasaki Disease Symposium (IKDS-2024) was held August 26-29, 2024 in Montreal, Quebec. The theme for the conference was **Fostering Global Collaborations to Solve KD**. The formal physicians' organization fostering IKDS-2024 was the Canadian Cardiovascular Society / La Société Cardiovasculaire du Canada. The conference was managed by STA HealthCare Communications. Several sponsors contributed to the success of the conference, to whom we are grateful. A total of 269 delegates attended including 100 faculty (presenters and moderators), 1 industry attendee and 17 sponsor attendees. Delegates paid a registration fee in one of 5 tiers with: MDs/PhDs, Associate/Allied Health Professionals/Nurses, Trainees/Fellows/Residents PhD Candidates, Students (undergraduate, non-PhD), Technical Faculty (sonographers) and Parents/Patients/Advocates.

The overall program was approved for 21.25 hours as an accredited Group Learning Activity (*Section 1*) as defined by the Maintenance of Certification Program of the Royal College of Physicians & Surgeons of Canada, through the Canadian Cardiovascular Society. The half-day on Day 4 (August 29), was not included in the accreditation. The scientific agenda included 13 plenary sessions, three lectureships, six educational breakouts (a new feature for the IKDS meetings) and two moderated poster sessions. This was also the first IKDS that included a hands-on echocardiography experience with sonographers and pediatric KD patients. Each day began with a 20-minute highlight of the previous day's learnings, and a final science digest on day four with objectives for the following three years.

Plenary session formats included debates, polling, panel and round table discussions which infused interactivity and a dynamism that was greatly appreciated by delegates. All sessions were international in nature offering a global perspective that received positive feedback. International faculty presented live and in person during the conference. The conference was not accessible online due to the practical hurdles of delivering live interaction over 24 time zones. Scientific abstracts (210) were submitted for consideration under one of following topics (Bioinformatics, Clinical management, Diagnostics, Environmental science, Etiology/Basic science, Genetics, Imaging, Immunology, Therapeutics). Twelve abstracts were withdrawn prior to the conference and the remainder were presented in the following categories: 15 oral presentations, 45 moderated posters, and 137 in poster hall format. Fifty-eight abstracts were included in the Young Investigator Competition. At the end of the conference and round-table discussions several groups formed on separate missions to complete in the interim of the upcoming meeting in 2027.

The co-presidents hosted the traditional private President's Dinner, attended by past and current IKDS presidents. The future co-chairs of the 15th IKDS will be held in Japan in 2027 and co-chaired by Dr Tomoyo Matsubara and Dr Yoshihiro Onouchi.



~ Delegate Feedback Word Cloud ~

“This was the best meeting ever”

~ Dr. Marian Melish, IKDS Past-President ~

About the Program

The 14th International Kawasaki Disease Symposium (IKDS) is the premier international summit where researchers and health professionals gather from around the globe every three years to exchange knowledge and make a difference in the lives of children afflicted by this orphan disease, named after Dr. Tomisaku Kawasaki who passed away in June 2020.

IKDS was held at the Hotel Bonaventure in Montreal, Quebec, Canada from August 26-29, 2024. A total of **269** delegates attended, including faculty and sponsor representatives. The IKDS is the largest global conference devoted to Kawasaki Disease that includes the latest research, clinical updates and advocacy. This marked the first time in its 42-year history, IKDS was held in Canada.

Meeting Theme

Fostering global collaborations to solve KD

Scientific Planning Workforce (in consultation with past IKDS presidents)

The 2024 planning committee was led by co-presidents Dr. Nagib Dahdah and Dr. Adriana Tremoulet. Fabiola Breault and Rocio Gutierrez Rojas from CHU Sainte-Justine rounded out the planning committee. A separate abstract review committee was led by Dr. Ashraf Harahsheh, Dr. Cedric Manlhiot and Dr. Mary Beth Son, with an additional 36 international specialists in the various disciplines who served as reviewers.

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Jamie Nicolidakis-Lacombe

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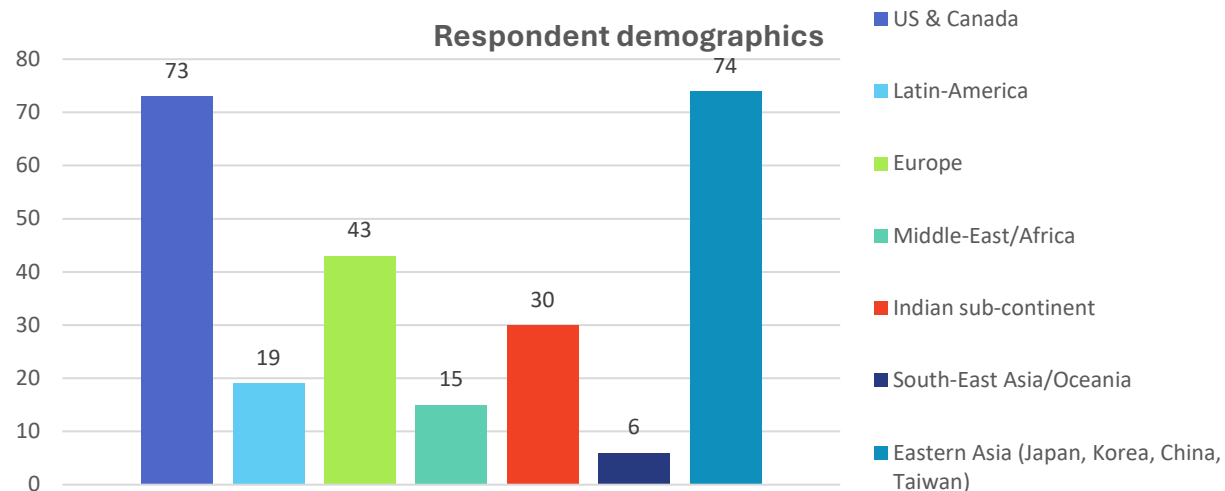
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Helena Unterberger

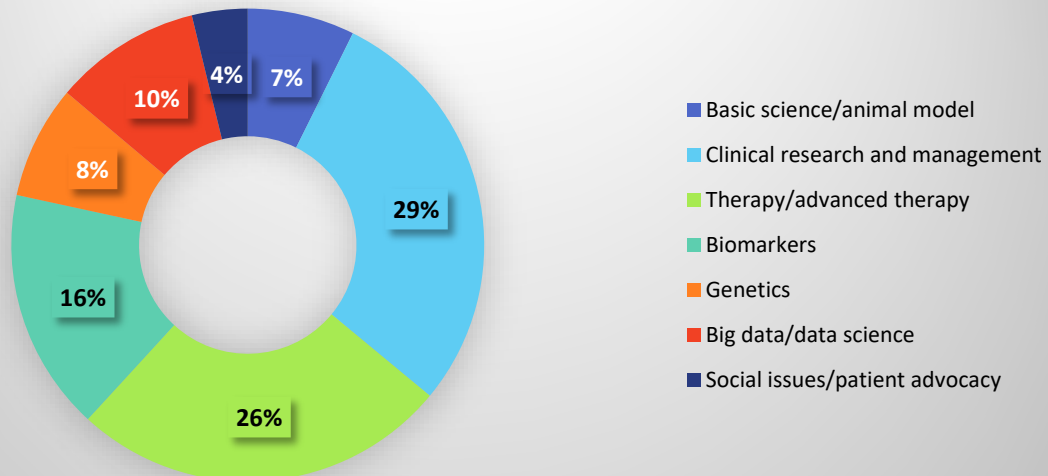
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Topic and Speaker Selection

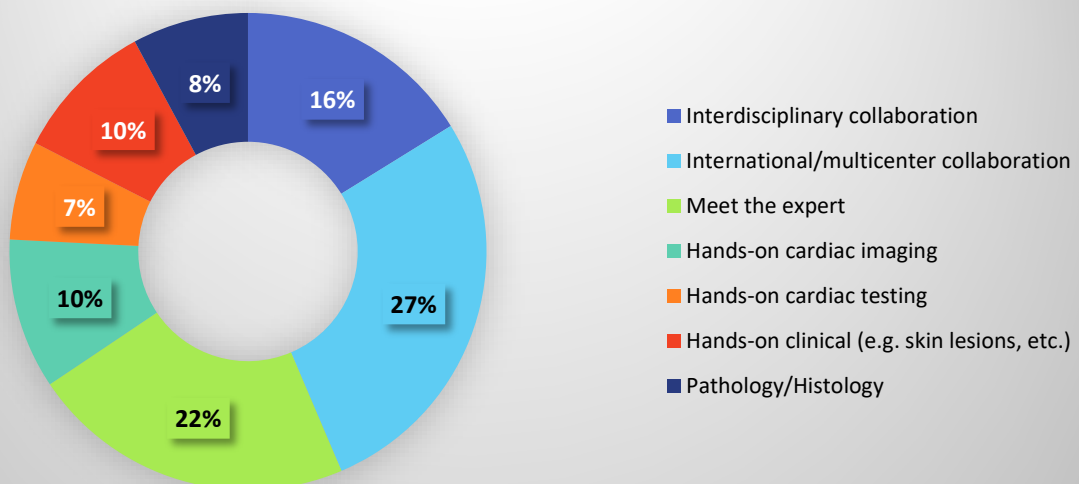
Topics were identified through an opinion poll sent to previous IKDS attendees. The opinion poll had 260 respondents, and their stated preferences were further refined with input from the scientific planning committee and invited session leads and presenters. The co-presidents identified and invited faculty.



Topics of interest for SESSIONS



Topics of interest for WORKSHOPS





Overall Congress Learning Objectives

After attending this congress, participants will be able to:

- Provide a forum for basic and clinical researchers, clinicians, epidemiologists, educators, public health officials and KD families to discuss cutting edge KD research and barriers to care to identify research needs and facilitate interdisciplinary collaboration to address them
- Provide an educational forum for trainees and early-stage investigators for education and mentoring by senior investigators to cultivate the critical need of knowledgeable and enthusiastic new generation of investigators
- Recruit trainees and senior faculty from diverse scientific, racial and ethnic backgrounds, focusing on underrepresented groups to attend the 14th IKDS
- Foster global collaboration for optimal patient outcomes, addressing KD family concerns from childhood to adulthood

Accreditation

Canada

The scientific portion of the conference (August 26-29) was accredited by the Royal College of Physicians and Surgeons of Canada, through the Canadian Cardiovascular Society (CCS) for 21.25 MOC Section 1 Credits. The half day on August 29 was devoted to non-scientific sessions and therefore not included in the credit total.

College of Family Physicians of Canada (CFPC) Affiliate Members (members whose specialty is not family medicine) may count Royal College credits toward their Mainpro+ credit requirements. All other CFPC members and Non-member Mainpro+ participants may claim up to 50 certified credits per cycle for participation in Royal College MOC Section 1 accredited activities.

International

American Medical Association (AMA): Through an agreement between the Royal College of Physicians and Surgeons of Canada and the American Medical Association, physicians may convert Royal College MOC credits to AMA PRA Category 1 Credits™. Information on the process to convert Royal College MOC credit to AMA credit can be found at <https://edhub.ama-assn.org/pages/applications>.

The European Board for Accreditation in Cardiology (EBAC): Through an agreement between the Royal College of Physicians and Surgeons of Canada and the European Board for Accreditation in Cardiology, Royal College MOC Section 1 credits are deemed to be substantively equivalent to EBAC CPD credits.

European Union of Medical Specialists - European Accreditation Council for CME (UEMS-EACCME): Live educational activities recognized by the Royal College of Physicians and



Surgeons of Canada as Accredited Group Learning Activities (Section 1) are deemed by the European Union of Medical Specialists (UEMS) eligible for ECMEC®.

Qatar Council for Healthcare Practitioners, Ministry of Public Health (QCHP): Through an agreement between the Royal College of Physicians and Surgeons of Canada and the Qatar Council for Healthcare Practitioners, healthcare practitioners participating in the QCHP CME/CPD program may record MOC Section 1 or MOC Section 3 credits as QCHP Category 1 or Category 3 credits.

Agenda Overview

IKDS 2024 kicked off with breakfast served in a separate breakfast room that opened onto a terrace. The congress opened with a welcome address and opening remarks by Dr. Nagib Dahdah and Dr. Adriana Tremoulet. All breakfasts occurred in the same room, providing a change of scenery for the delegates. In total, there were 13 plenary sessions, three separate lectureships and six breakout sessions.

The scientific agenda was primarily set up as a series of plenary sessions that ran consecutively in the same room. Each plenary session consisted of a panel of international speakers to ensure that a global perspective was presented, which was very well received by the delegates. Different interactive formats were employed to infuse interaction and discussion, e.g. panel discussions, round-table discussions and debates. Each session ended with an open audience question & answer period. Designated plenary sessions offered an opportunity for the presentation of selected oral abstracts. On Days 2, 3 and 4, the daily agenda began with a 20-minute review of the previous day's highlights. All plenary sessions were equipped for Japanese/English simultaneous interpretation.

All faculty presented live except for the parents' breakout session (*Navigating Kawasaki Disease Together: A Dialogue with Experts for Patients and Caregivers*) on August 26 that was hosted by Kawasaki Disease Canada and the US Kawasaki Disease Foundation. A Zoom link was shared with parent and caregiver members globally so they could benefit from the session. This session was recorded for future use by these advocacy foundations.

Lectureships

Three lectureships were featured at IKDS 2024, each presented on a separate day:

Day 1 – [Tomisaku Kawasaki Memorial Lecture](#) (30 minutes) presented by Dr. Brian McCrindle and entitled *Who Knows What?*

Day 2 – [Yuki Lynn Memorial Lecture](#) (15 minutes) presented Dr. Surjit Singh and entitled *Establishing WHO Centre and Training*

Day 3 - [Richard Rowe Memorial Lecture](#) (30 minutes) presented by Dr. Mamoru Ayusawa entitled *Disaster in Kawasaki Disease - Rupture of Coronary Artery Aneurysm*



Breakout Sessions

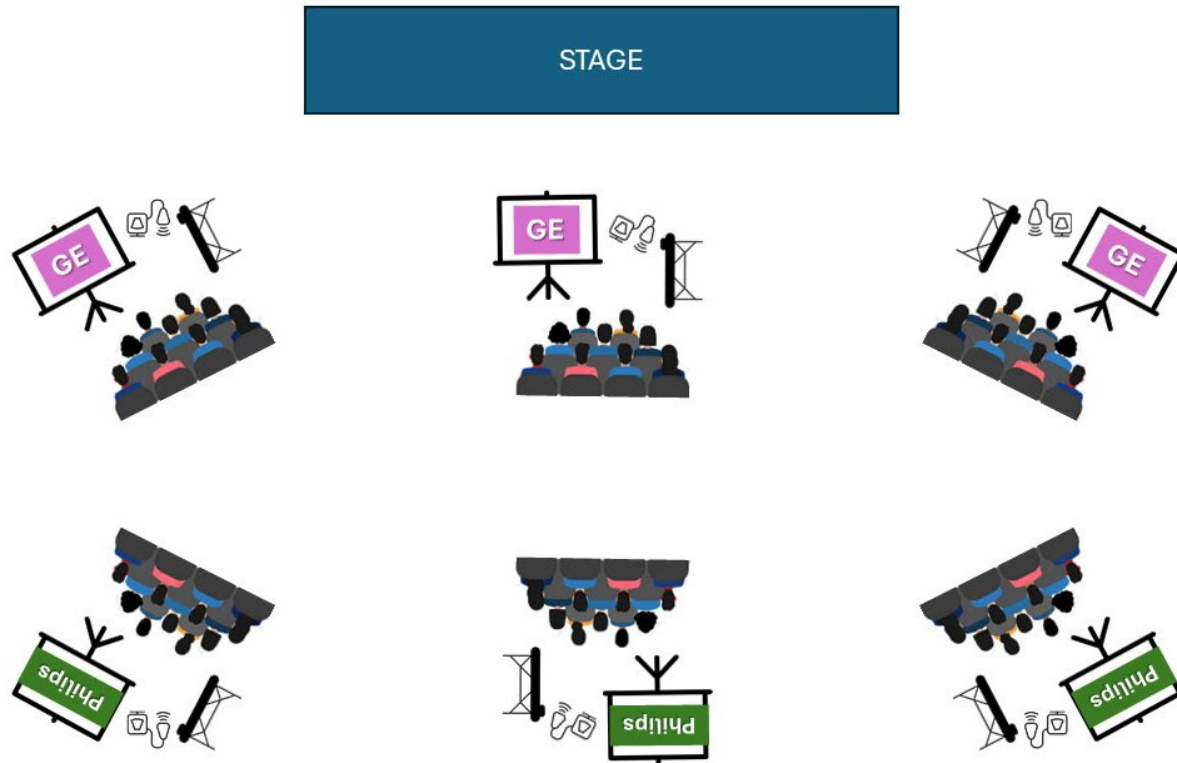
IKDS 2024 saw the introduction of breakout sessions which were enthusiastically received by the delegates. Three 75-minute breakouts ran concurrently on Day 2 and Day 3. Each breakout was different in focus and delegates were asked to select their preferred breakout on each of the two days during the registration process.

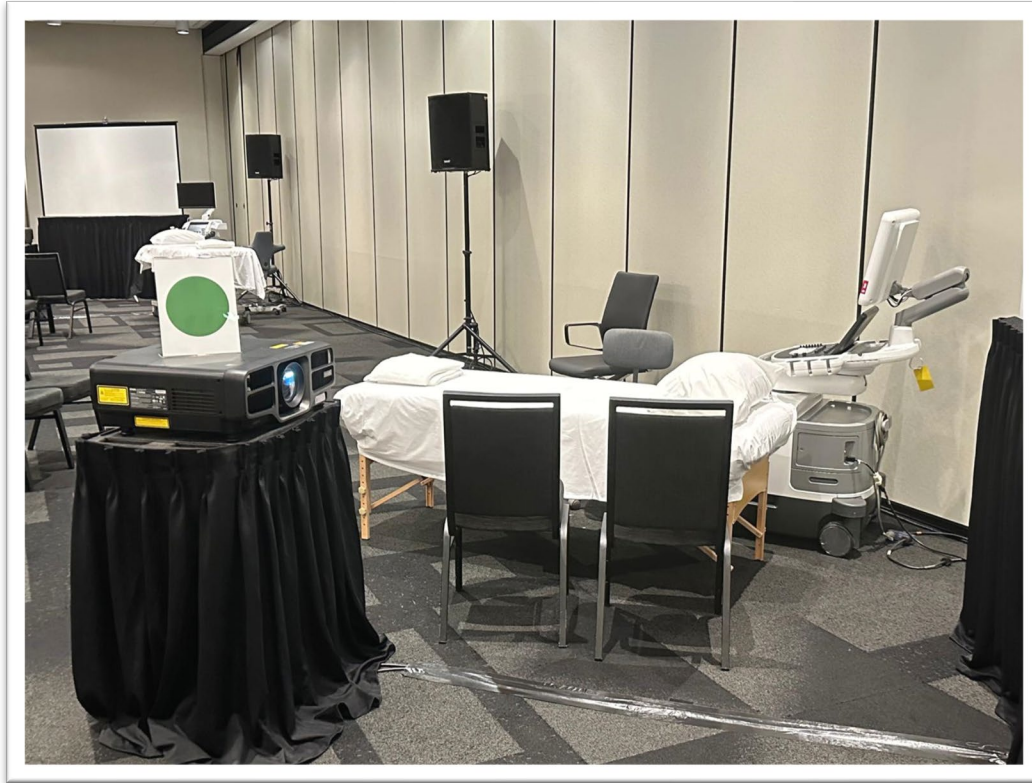
One breakout on each of the two days was devoted to parents/ caregivers/patients and advocates. Patients, parents and advocates signed up to participate in these breakout sessions. Interestingly, 20-30 healthcare professional delegates showed up at these sessions.

	Day 2	Day 3
Breakout A	Research Career Plan Moderators: Brian McCrindle, Anne Rowley, Isabelle Koné-Paut	Echocardiography - Coronary Scanning and Hands-on Lead: Nadine Choueiter Faculty: Michael Khoury, Nilanjana Misra, Seda Tierney Sonographers: Shawn Harvey (National Children's Hospital), Johanne Thérien (CHU Sainte-Justine), Cassandra Polsen (Lurie Children's Hospital), Jen Lie Yau (Mount Sinai Hospital), Ruslana Butnaru (CHU Sainte-Justine), Camillo Jose Lopez Ibarra (CHU Sainte-Justine)
Breakout B	Emerging Clinician to Expert: Navigating Complex KD Cases Lead: Ming Tai Lin Moderators: Jane Burns, Mei-Hwan Wu Panelists: Kun-Lang Wu, Kenichiro Yamamura, Rosie Scuccimarri, Roni Jacobsen, Seda Tierney	Pathology/Histology Moderator: Anne Rowley Presenters: Kei Takahashi, Audrey Dionne, Chisato Shimizu
Breakout C	Navigating Kawasaki Disease Together: A Dialogue with Experts for Patients and Caregivers Lead by the US and Canada KD Foundations	KD Foundations Business Meeting Leads: Elizabeth Heald, Vanessa Gutierrez

Breakout A on Day 3 entitled **Echocardiography - Coronary Scanning and Hands-on** was a first for IKDS: A live session where pediatric patients with KD received a live echocardiogram from a sonographer. There were six, small-group, echo stations in total within the larger breakout room. Each station had an exam bed, an echo machine (either Philips or GE), one sonographer, one pediatric patient and an audience of approximately 20 participants. Three faculty members were each assigned two echo stations (one Philips and one GE), and they went back and forth between two stations answering questions and relaying the clinical significance of the echocardiograms. Participants were pre-grouped into stations and switched from one brand of echo machine to the other midway through to experience each company's technology. Japanese delegates were assigned to the same

station with interpretation support provided by Japanese peers working in North America. This was described as an innovative and invaluable experience by the delegates.



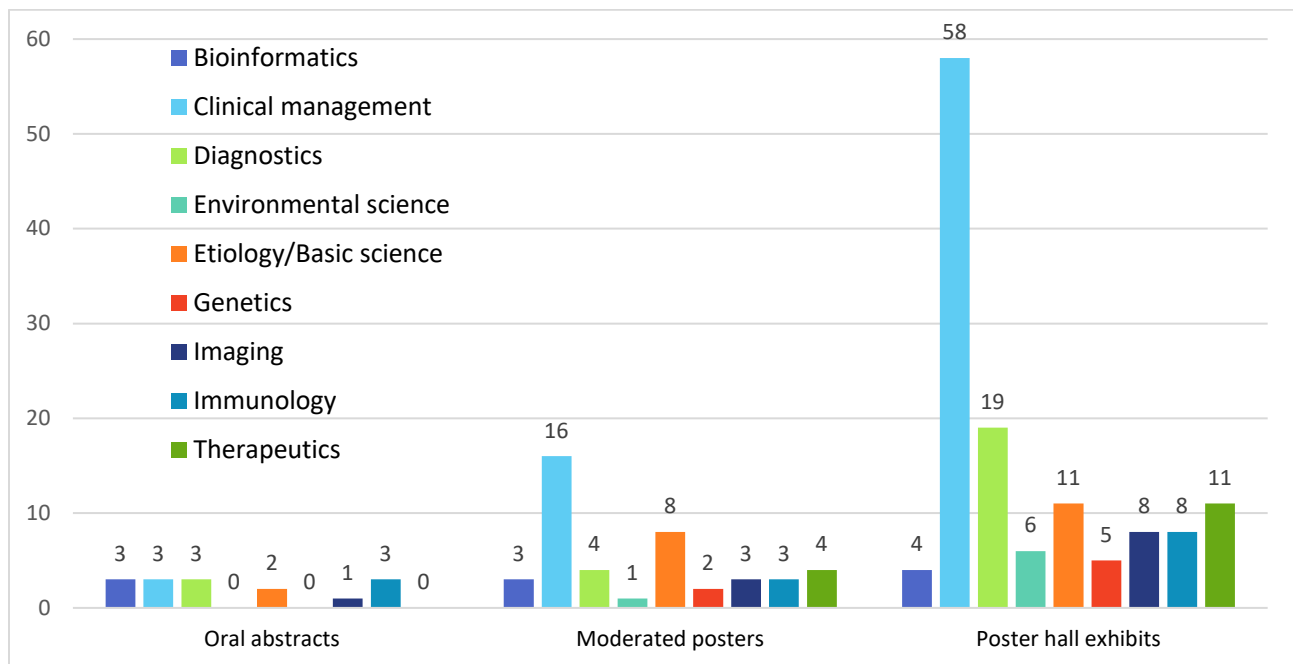


Abstracts

210 abstracts were submitted for consideration under one of the following topics:

- Bioinformatics/AI
- Clinical Management
- Diagnostics
- Environmental Science
- Etiology/Basic science
- Genetics
- Imaging
- Immunology
- Therapeutics

Accepted abstracts were assigned as oral presentations, moderated posters or poster hall exhibits. Twenty-three abstracts were withdrawn prior to the conference.



Oral Abstracts

Oral abstracts were presented in one of three plenary sessions:

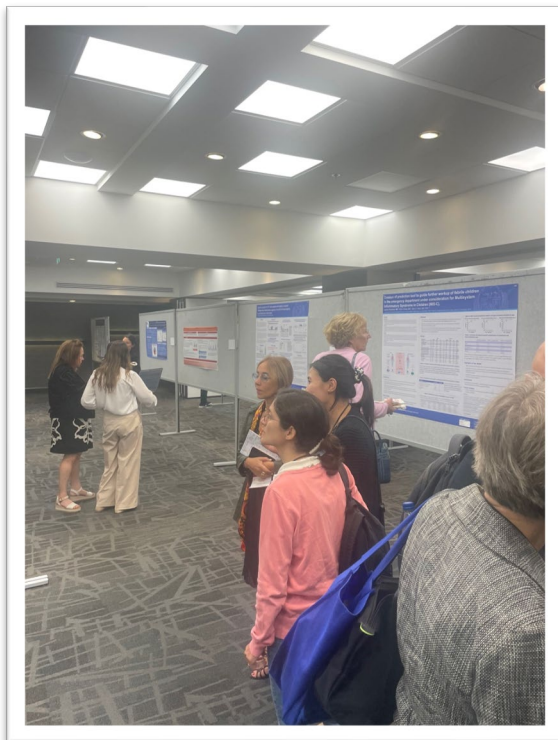
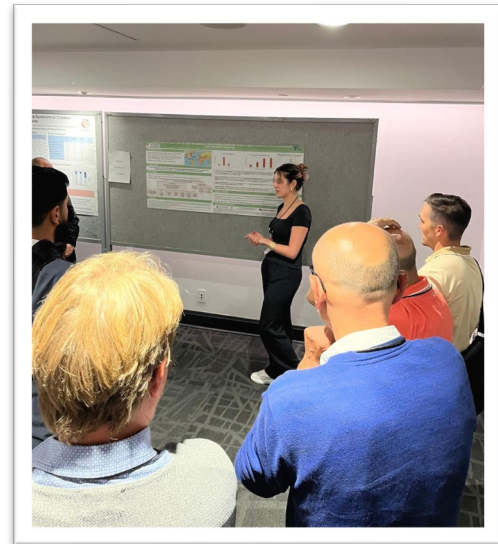
- Etiology and Basic Science (animal studies)
 - Moderator: Moshe Ardit
- Young Investigators Oral Abstract Competition
 - Moderators: Ashraf Harahsheh and Elisa Fernandez Cooke
- Bioinformatics & AI
 - Moderators: Cedric Manlhiot and Mitchel Benovoy

Each presenter was given a total of 10- minutes to present and field questions from the audience.

Moderated Posters

The moderated poster sessions took place on days 1 and 2 with 45 minutes designated for these presentations. On each day, moderated posters were held in four separate rooms, each group containing 6-8 posters grouped by topic (2-3 topics per room). Two moderators were assigned to each room, aligned by their specialty and the topics. Each poster presenter had 5-6 minutes to succinctly present their poster and field questions from the gathered delegates.

When not being presented in these particular sessions, moderated posters were hung in the poster hall for additional delegate viewing during dedicated poster hall viewing sessions, breaks and lunch.



Poster Hall

The poster hall was open to delegates on days 1, 2 and 3 with 20 minutes specifically designated for delegates to tour, in addition to be open during breakfast, breaks and lunch.

Awards & International Collaboration

Day 4 consisted of non-scientific sessions such as scientific acknowledgements, advocacy discussions as well as next steps towards an international KD society. The Tomi Gala Ceremony was held with the following awards presented:

Category	Names	
Best Young Investigator Oral Abstract	Asli Atici	Thacyana Teixeira de Carvalho
	Sunil Ghelani	Hao Wang
Session Lead	Yiting Gui	Pei-Yuan Wu
	Conor Loy	Sophya Yeoh
	Giulio Olivieri	Pedrom Farid
	Takayuki Suzuki	Jongmin Seo
	Kei Takahashi	Taco Kuijpers
	Moshe Arditi	Ming-Tai Lin
	Pei-Ni Jone	Nadine Choueiter
Abstract Adjudicator	Cedric Manlhiot	Stanford Shulman
	Kenji Suda	
	Ashraf Harahsheh	Cedric Manlhiot
Patient Advocacy Endeavour	Mary Beth Son	
	Tsubura Kawasaki	Penny Long
Science Digest	Elizabeth Heald	Sachiko Asai
	Vanessa Gutierrez	Shirley Mates
	Christian Pescosolido	
	Federica Anselmi	Luisa Berenise Gámez-González
	Audrey Dionne	Rakesh Pilania
Rising Star	Matthew Elias	Alan Wang
	Fujito Numano	
	Audrey Dionne	Jihoon Kim
Distinguished Sonography Contribution	Kenji Furuno	Cedric Manlhiot
	Shawn Harvey	Jen Lie Yau
	Johanne Thérien	Ruslana Butnaru
The Dr. Tomisaku Kawasaki Memorial Lecture	Cassandra Polsen	Camilo José Lopez Ibarra
		Brian McCrindle
The Richard D. Rowe Memorial Lecture		Mamoru Ayusawa
The Yuki Lynn Takahashi Memorial Lecture		Surjit Singh



Category	Names	
Past Presidents	Mamoru Ayusawa	Masato (Mike) Takahashi
	Jane Burns	Masahiro Ishii
	Brian McCrindle	Hirohisha Kato
	Marian Melish	Hung-Chi Lue
	Jane Newburger	Yoshikazu Nakamura
	Anne Rowley	Tomisaku Kawasaki
	Stanford Shulman	(posthumously)
	Kei Takahashi	Shiro Naoe (posthumously)
	Mei-Hwan Wu	Tsutomu Saji (posthumously)
14th IKDS President	Nagib Dahdah	Adriana Tremoulet
Leadership in Coordination	Rocio Gutierrez Rojas	Fabiola Breault
Remarkable Contribution to Kawasaki Disease Education	Alexandre Bhanji	Jamie Nicolidakis-Lacombe
	Lucas Bhanji	Jeyika Soufrant-Dautruche
	Hendrix Gratton-Tessier	Helena Unterberger
	Koshi Matsubara	Yan Vorozhbyt

The remaining sessions all focused on the future of advocacy through an international KD society and the discussion around what this society could provide/oversee:

- A federation of associations and societies
- Planning of IKDS meetings and in-between KD conferences
- Prioritize future directions of KD research
- Identify the steps towards creating the International KD Society
- Role of patient/parent KD groups as collaborators and advocates to improve the understanding of KD worldwide
- Establishment of a direct-to-patient registry

It was announced that the 15th IKDS would take place in Tokyo, Japan in February 2027.

Dr. Dahdah and Dr. Tremoulet made closing remarks, thus closing the conference.

Posthumous certificate of appreciation to Sensei Dr Tomisaku Kawasaki



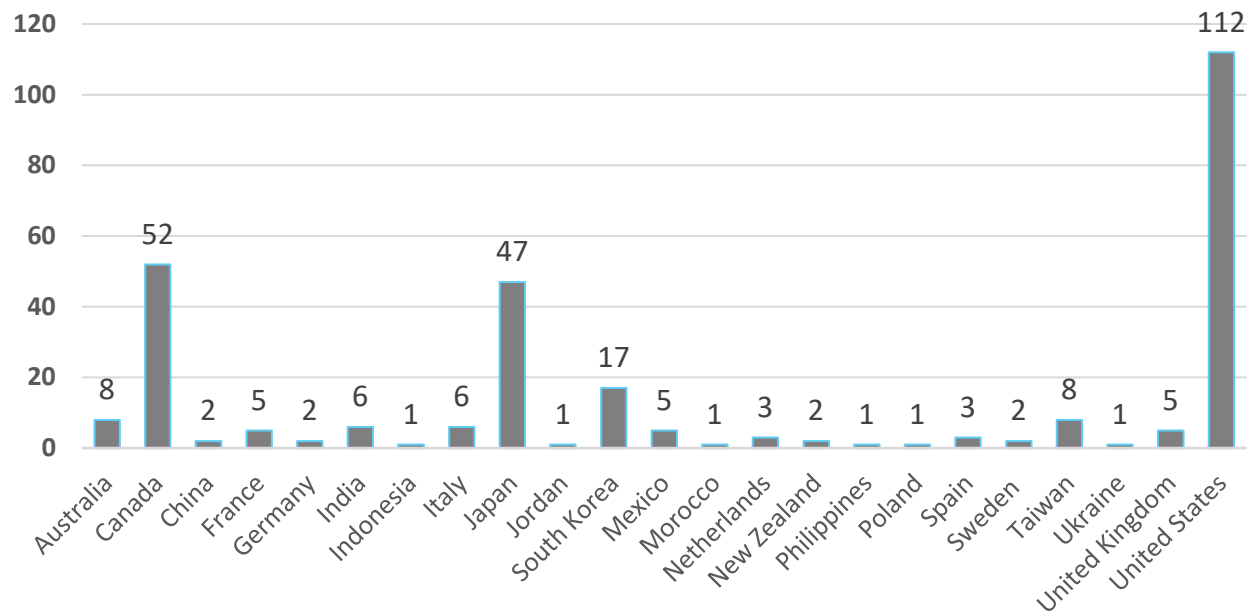
Attendance

The overall attendance was excellent with 269 delegates (including SPC, faculty, sponsors, and delegates) attending in person. This can be attributed to:

- Word of mouth
- eMail distribution to www.ikds.org registrants
- Newsletters from www.ikds.org
- Promotion of the event through IKDS and Canadian Cardiovascular Society membership eblasts
- Social media posts
- Promotional videos
- Promotion on the websites of medical societies whose membership deals with Kawasaki Disease
- Distribution by KD associations and other physician organizations

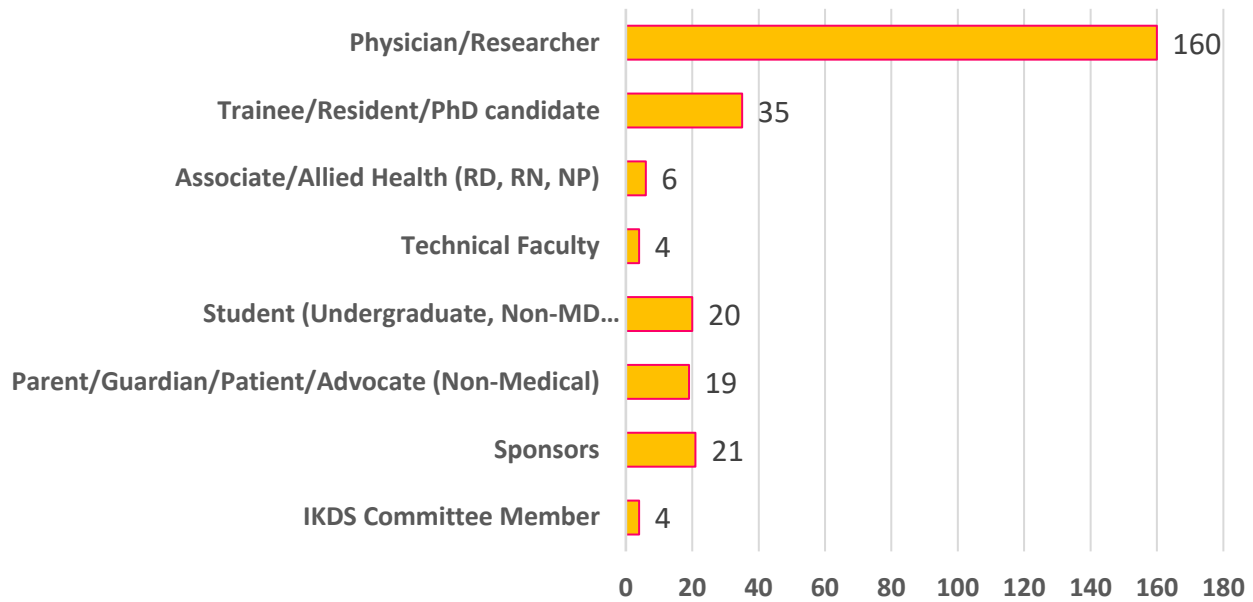
Tiered registration categories and fees (in Canadian dollars) were as follows:

Delegates by Country





Delegates by Registration Category



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日本川崎病学会
Japanese Society of Kawasaki Disease

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PHILIPS

Conference Agenda

14th International Kawasaki Disease Symposium (IKDS)



ikds.org

AGENDA | DAY 1 • August 26, 2024

6:00-8:00	Breakfast	<i>Salon Ville Marie</i>
8:00-8:30	WELCOME - Welcome, History IKDS, today's agenda <i>Montreal 1-4</i>	
AROUND THE GLOBE: Collaborative efforts; Emerging countries; Access to care; Pharmaco-economy <i>Montreal 1-4</i>		Moderators: Ashraf Harahsheh & Mamoru Ayusawa
8:30-8:45	Collaborative groups poll results	Nagib Dahdah
8:45-8:55	Establishing KD care in India	Surjit Singh
8:55-9:05	Kawarabi: Access to care challenges	Raed Al-Zyoud
9:05-9:15	The French MIS-C taskforce: what we learn for KD?	Alexandre Belot
9:15-9:25	Latin America network and obstacles in care	Marco Antonio Yamazaki
9:25-9:35	Australia national registry	Davinder Singh-Grewal
9:35-9:45	The Asian Pacific collaboration	Kazuyuki Ikeda
9:45-10:00	Break	<i>St-Laurent 1-5</i>
ETIOLOGY AND BASIC SCIENCE (Animal studies) <i>Montreal 1-4</i>		Moderators: Moshe Arditi & Rae Yeung
10:00-10:12	Emerging role of IL-1 beta in the development of cardiovascular lesions and myocardial dysfunction in a murine model of KD vasculitis	Moshe Arditi
10:12-10:24	Role of gut microbiome and metabolites in modulating cardiovascular lesions in a murine model of KD	Magali Noval-Rivas
10:24-10:36	All trans retinoic acid alleviates coronary stenosis in a mouse model of KD vasculitis	Eisuke Suganuma
10:36-10:48	Remodeling of coronary arteries and role of the mTOR pathway in murine model of KD	Angus Stock
10:48-11:00	Analysis of plasmablasts from children with KD reveals evidence of a convergent antibody response to a specific protein epitope	Anne Rowley
11:00-11:12	Novel insights into KD pathology: Dynamic changes in ventricular walls involving fibroblasts/fibrosis and adipocytes	Adrián Ruiz-Villalba
11:12-11:24	Sirtuin 1 reduces cardiovascular inflammation in a murine model of KD	Asli Atici
11:24-11:45	Q&A	Panel
11:45-12:15	TOMISAKU KAWASAKI MEMORIAL LECTURE <i>Montreal 1-4</i>	Brian McCrindle
12:15-13:15	Lunch	<i>St-Laurent 1-5</i>
GENETICS AND ENVIRONMENTAL SCIENCE <i>Montreal 1-4</i>		Moderators: Jane Burns & Ryan Maddox
13:15-13:32	Mercury in KD	Rae Yeung
13:32-13:49	New frontiers in KD genetics	Jihoon Kim
13:49-14:06	Intersection of epidemiology and climatology	Jennifer Burney
14:06-14:23	Genetic prediction for treatment resistance	Sadeep Shrestha
14:23-14:40	Q&A	Panel

DAY 1 (continued on next page)



14th International Kawasaki Disease Symposium (IKDS)

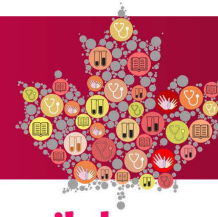
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DAY 1 (continued)

14:40-15:00	POSTER HALL	<i>St-Laurent 1-5</i>
15:00-15:15	Break	<i>St-Laurent 1-5</i>
15:15-16:00	MODERATED POSTER SESSIONS	<i>Outremont 4-7</i>
ACUTE KD IMAGING: Echo / Scan; Z-score equations, CAA definition, perivascular echogenicity revisited <i>Montreal 1-4</i>		Moderators: Ming-Tai Lin & Pei-Ni Jone
16:00-16:10	a. Echocardiography in KD – coronary imaging i. Sedation poll: holding patient, minimal sedation, moderate sedation, and full sedation (intubation) ii. Acute presentation iii. CAA definition iv. Perivascular echogenicity value revisited	Pei-Ni Jone
16:10-16:20	b. Functional imaging in echocardiography for KD	Lucy Youngmin Eun
	c. Z-scores in coronaries – case discussion (Parameter Z) – demographics of z-scores:	
16:20-16:25	i. Japan	Tohru Kobayashi
16:25-16:30	ii. Boston	Kevin Friedman
16:30-16:35	iii. Montreal	Frederic Dallaire
16:35-16:40	iv. PHN	Dongngan Truong
16:40-16:45	v. Taiwan z-score (6yrs and-)	Ming-Tai Lin
16:45-16:50	vi. Korea z-score	Jeong Jin Yu
16:50-16:55	vii. Latin America	Luis-Martin Garrido
16:55-17:00	viii. Italy	Marianna Fabi
17:00-17:15	Panel discussion	Panel
17:15	Adjourn	

14th International Kawasaki Disease Symposium (IKDS)



AGENDA | DAY 2 • August 27, 2024

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6:00-8:00	Breakfast	Salon Ville Marie
8:00-8:20	TAKE HOME MESSAGES DAY-1 <i>Montreal 1-4</i>	Federica Anselmi; Audrey Dionne; Matthew Elias; Berenice Gamez; Fujito Numano; Rakesh Pilania; Alan Wang
8:20-8:30	DAY 2 AGENDA <i>Montreal 1-4</i>	
8:30-8:45	THE YUKI LYNN MEMORIAL LECTURE <i>Montreal 1-4</i> Establishing WHO Center and Training	Surjit Singh
YOUNG INVESTIGATORS ORAL ABSTRACT COMPETITION <i>Montreal 1-4</i>		Moderators: Ashraf Harahsheh & Elisa Fernandez Cooke
8:45-8:55	Cell-free RNA signatures of KD subgroups	Conor Loy
8:55-9:05	IL-33 promotes cardiovascular lesion development in a murine model of KD by boosting IL-1 beta production	Thacyana Teixeira de Carvalho
9:05-9:15	Evaluation of the 2017 AHA incomplete KD diagnostic algorithm and a datadriven proposal of changes	Hao Wang
9:15-9:25	Diagnostic value of 99mTc-MIBI myocardial perfusion imaging in detecting myocardial ischemia of children with KD and coronary artery lesions	Yiting Gui
9:25-9:35	Multi-modal profiling of KD and immune dynamics following intravenous immunoglobulin	Giulio Olivieri
9:35-9:45	A host protein signature to distinguish KD from other infectious and inflammatory diseases	Sophya Yeoh
9:45-9:55	Myocardial infarction in KD: Insights from a North American case series	Sunil Ghelani
9:55-10:05	Predicting coronary artery abnormalities development using coronary Z score and clinical parameters before the treatment for KD: A multicenter retrospective study in Wakayama, Japan	Takayuki Suzuki
10:05-10:15	Correlation between KD and community viral surveillance in Taiwan	Pei-Yuan Wu
BIOINFORMATICS & AI <i>Montreal 1-4</i>		Moderators: Cedric Manlhiot & Mitchel Benevoy
10:15-10:25	Development and deployment of MISKD: A clinical decision support system for the diagnosis and management of patients along the KD to MISC clinical spectrum using AI-powered predictive algorithms	Cedric Manlhiot
10:25-10:35	A data-driven multiomic approach identifies shared clinical and biological signatures in multisystem inflammatory syndrome in children and KD	Sophie Sun
10:35-10:45	Data-driven concordance of clinical profile between subsets of MIS-C and prepandemic KD patients as determined by an unsupervised machine learning algorithm	Pedrom Farid
10:45-10:55	Hemodynamic analysis and risk assessment of coronary artery aneurysms caused by KD using patient-specific computational fluid dynamics	Jongmin Seo
10:55-11:10	KIDMATCH program	Jonathan Lam
11:10-11:25	AI & KD Imaging	Elie Hachem
11:25-11:40	Break	St-Laurent 1-5

DAY 2 (continued on next page)



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DAY 2 (continued)

BREAKOUT SESSIONS (3)		
11:40-12:55	Breakout A: From Emerging Clinician to Expert: Navigating Complex Kawasaki Disease Cases <i>Montreal 5-8</i> 1. Assessment and management of KD patients 2. Approaches to refractory KD and differential diagnosis 3. Long-term care assessment and medication strategies Case 1: KD shock syndrome (acute management) Case 2: refractory KD Case 3: Differential diagnosis: Is it really KD? (Rash) Case 4: Exercise as a daily healthy routine in KD patients Case 5: Chronic life-long phase: What anticoagulant & antiplatelet	Lead: Ming-Tai Lin Moderators: Jane Burns & Mei-Hwan Wu Panelists Kun-Lang Wu Kenichiro Yamamura Rosie Scuccimarri Roni Jacobsen Seda Selamet Tierney
	Breakout B: Research Career Plan	<i>Montreal 1-4</i> Moderators: Brian McCrindle, Anne Rowley & Isabelle Kone-Paut
	Breakout C: Parents Meet the Expert	<i>Outremont 1</i> KD foundations Rae Yeung Dongngang Truong
12:55-13:55	Lunch	<i>St-Laurent 1-5</i>
	CARDIAC IMAGING CAA FOLLOW-UP <i>Montreal 1-4</i>	Moderators: Pei-Ni Jone & Marianna Fabi
13:55-14:05	a. CT coronary imaging in KD	Simon Lee
14:05-14:15	b. Imaging surveillance of coronary arteries	Kelly Han
14:15-14:40	c. MRA imaging – perfusion defect (optional 4D flow in KD) Pro Con	Tam Doan Supriya Jain
14:40-15:00	d. Utility of stress echo in KD patients Dobutamine stress echo Exercise stress echo	Nobutaka Noto Michelle Grenier
15:00-15:10	e. PET nuclear scans of coronary arteries	Kenji Suda
	RE-EXAMINING USE OF ASPIRIN AND APPROACHES TO ANTICOAGULATION Presentations, polls and panel discussion <i>Montreal 1-4</i>	Moderators: Michael Portman & Sarah de Ferranti
15:10-15:15	Poll on ASA in acute KD – DOACs	Sarah de Ferranti & Michael Portman
15:15-15:25	Initial intravenous immunoglobulin therapy without aspirin for acute KD: A retrospective cohort study with a Bayesian inference	Shinsuke Hoshino
15:25-15:35	Paper discussion - Aspirin in acute KD	Michael Portman
15:35-15:50	DOACs for prophylaxis and thrombolysis – Benefits for KD patients	Christina VanderPluym
15:50-16:05	DOACs for prophylaxis and thrombolysis – Challenges for KD patients	Leonardo Brandao
16:05-16:10	Q&A	Sarah de Ferranti & Michael Portman

DAY 2 (continued on next page)



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DAY 2 (continued)

16:10-16:30	POSTER HALL	<i>St-Laurent 1-5</i>
16:30-16:45	Break	<i>St-Laurent 1-5</i>
16:45-17:30	MODERATED POSTER SESSIONS <i>Outremont 4-7</i>	
	CARDIOVASCULAR IMMUNOLOGY <i>Montreal 1-4</i>	Moderators: Alex Belot & Taco Kuijpers
17:30-17:45	Immunological biomarkers as predictors in KD	Stejara Netea
17:45-18:00	Role of regulatory T cells in pathogenesis and therapeutics of KD	Alessandra Franco
18:00-18:10	Q&A	Alex Belot & Taco Kuijpers
18:10	Adjourn	

14th International Kawasaki Disease Symposium (IKDS)



AGENDA | **DAY 3** • August 28, 2024

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6:00-8:00	Breakfast	<i>Salon Ville Marie</i>
8:00-8:20	TAKE HOME MESSAGES DAY-2 <i>Montreal 1-4</i>	Federica Anselmi; Audrey Dionne; Matthew Elias; Berenice Gamez; Fujito Numano; Rakesh Pilonia; Alan Wang
8:20-8:30	DAY 3 AGENDA <i>Montreal 1-4</i>	
IVIG AND NOVEL THERAPIES <i>Montreal 1-4</i>		Moderators: Mike Levin & Tohru Kobayashi
8:30-8:45	IVIG mechanism of action	Ben Croker
8:45-9:00	Statins and endothelial cell health	Chisato Shimizu
9:00-9:40	Steroids vs. Infliximab vs. Anakinra vs. CSA	Kevin Friedman, Koichi Miyata Isabelle Kone-Paut, Nobuyuki Kakimoto
9:40-9:55	Anti-inflammatory adjunctive therapies	Adriana Tremoulet
9:55-10:05	Q&A	Mike Levin & Tohru Kobayashi
IMPACT OF MISSED OR DELAYED DIAGNOSES <i>Montreal 1-4</i>		Moderator: Toni Hospach
10:05-10:20	ID differential diagnostic pearls	David Burgner
10:20-10:35	Clinical subtleties pearls	Samuel Dominguez
10:35-10:45	Q&A	Toni Hospach
10:45-11:00	Break	<i>St-Laurent 1-5</i>
11:00-12:15	BREAKOUT SESSIONS (3)	Lead: Nadine Chouetier
Breakout A: Echocardiography - Coronary Scanning and Hands-on <i>Montreal 5-8</i> <ul style="list-style-type: none"> Understand the optimal acoustic views to evaluate the different coronary artery segments Understand the knobology needed for image optimization Illustrate measurements of coronary artery luminal dimensions on echocardiography Identify small medium and giant coronary artery aneurysms Detect coronary artery thrombus Identify myointimal proliferation i. National Children's Hospital sonographer iii. CHU Sainte-Justine sonographer iii. CHU Sainte-Justine sonographer iii. Lurie Children's Hospital sonographer iv. Mont Sinai sonographer		Faculty: Michael Khoury Jean-Luc Bigras Nilanjana Misra Shawn Harvey Johanne Therien Ruslana Munteanu Cassandra Polsen Jen Lie Yau
Breakout B: Pathology / Histology <i>Montreal 1-4</i> Learn the histopathological characteristics of cardiovascular lesions in KD! 1-Histopathology of coronary arterial lesions: Coronary arteritis in acute phase and late sequelae 2-Coronary Optical Coherence Tomography (OCT) and virtual histology, a knowledge translation from histology to clinical findings 3-Histopathology of myocardial lesions: Myocarditis in acute phase and microcirculatory abnormalities in remote stage 4-Discussion with participants (20 minutes)		Moderator: Anne Rowley 1-Kei Takahashi 2-Audrey Dionne 3-Chisato Shimizu
Breakout C: Parents Business Meeting <i>Outremont 1</i>		Moderator: Tsubura Kawasaki

DAY 3 (continued on next page)

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DAY 3 (continued)

12:15-12:45	RICHARD ROWE MEMORIAL LECTURE <i>Montreal 1-4</i>	Mamoru Ayusawa
12:45-13:45	Lunch	<i>St-Laurent 1-5</i>
MINI SUMMIT: LONG-TERM AND CRITICAL HANDLING OF SEVERE CORONARY ARTERY COMPLICATIONS IN KAWASAKI DISEASE <i>Montreal 1-4</i>		Co-chairs: Kenji Suda & Kevin Friedman
PART 1: The Acute Coronary Syndrome in KD Patients		Panelists: Nagib Dahdah & Min-Seob Song
13:45-13:50	Global survey results on giant coronary artery management	Mia Chen
13:50-14:05	Invasive angiography, a European perspective	Andre Jakob
14:05-14:15	Case vignette	Po-Jung Kung
14:15-14:30	Atypical presentation of KD children with acute coronary artery syndrome	Irene Kuipers
14:30-14:45	Work-up of the child suspected with an ACS	Simon Lee
14:45-15:00	Treating myocardial infarction in KD patients	Kirsten Dummer
15:00-15:15	The Japan Experience - Understanding methods of CABG for ischemic heart disease caused by KD and its long-term prognosis	Etsuko Tsuda
15:15-15:30	Multi-disciplinary decision-making model in critical coronary artery setting	Annette Baker
15:30-15:40	Panel discussion	
PART 2: Transition of Care and Canvas for the Future		Panelists: Anne Fournier, Jane Newburger & Mamoru Ayusawa
15:40-15:50	Lost to follow-up and challenges from Japan	Mamoru Ayusawa
15:50-16:05	Japanese Series (multicenter, nationwide): Presentation and outcome of ACS associated with KD in adults based on Japanese registry	Yoshihide Mitani
16:05-16:20	Falling through the cracks	Adriana Tremoulet
	Debate: Who is the optimal adult care transition expert?	
16:20-16:30	Adult congenital cardiologist should follow grown up KD	Andrew Mackie
16:30-16:40	Pediatric cardiologist should continue overseeing care	Lucy Youngmin Eun
16:40-16:50	Round-table discussion	
16:50-17:05	Break	
17:05-17:50	SOLVING WORLDWIDE GAPS IN KD CARE - TOWARDS HARMONIZED AND ADAPTED GUIDELINES ACROSS NATIONS <i>Montreal 1-4</i>	Session lead: Stanford Shulman Co-moderators: Brian McCrindle & Tohru Kobayashi
	Italy / Europe Mexico / Latin America Japan / Asia (AHA Statement) United States / North America (ACR Guidelines) United States / North America Jordan / Middle East Australia / A-NZ / SE-Asia India / South-Central Asia Philippines / South-East Asia	Teresa Giani Marco Yamazaki Ryuji Fukazawa Pei-Ni Jone Cagri Yildirim-Toruner Raed Alzyoud David Burgner Priyankar Pal Juliet Balderas
17:50	Adjourn	

14th International Kawasaki Disease Symposium (IKDS)



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AGENDA | DAY 4 • August 29, 2024

7:00-9:00	Breakfast	<i>Montreal 1-4</i>
9:00-9:20	TAKE HOME MESSAGES DAY-3 <i>Montreal 1-4</i>	Federica Anselmi; Audrey Dionne; Matthew Elias; Berenice Gamez; Fujito Numano; Rakesh Pilia; Alan Wang
9:20-9:30	Opening Remarks / The Tomi Gala and Ceremony -Schedule	<i>Montreal 1-4</i>
9:30-9:45	Memorial A playback in history: Memorial for Sensei T. Kawasaki	
9:45-10:00	Acknowledgements Acknowledgments of track record scientists	
10:00-10:15	Awards Young investigators and best presentations	
10:15-10:30	Take Home headlines Consolidated knowledge & New trajectories	
10:30-10:45	Future of Advocacy Parent advocacy groups Towards an international KD Society (a federation of associations and societies); objectives and planning	
10:45-11:00	Townhall meeting Discussion of future IKDS meetings and in-between KD conferences	
11:00-12:15	IKDS Future Towards an international KD Society	
12:15-12:30	Adjourn and Close	

Overall Congress Evaluation Summary



(N=94)

Which organization are you a member of? (select all that apply)

- CCS (6)
- IKDS (53)
- Other:
 - ASE (2)
 - JSKD, JKDRC (2)
 - SCHN
 - CARRA (Childhood Arthritis and Rheumatology Research Alliance) Kawasaki Disease Workgroup
 - Indian Rheumatology Association (2)
 - Indian Society for Kawasaki Disease (3)
 - Kawasaki Disease Foundation
 - IKDR (4)
 - Nil
 - NA
 - UAPI
 - Johns Hopkins All Children's Hospital
 - Philippine Society of Pediatric Cardiology Inc
 - AAI, AHA
 - American society of microbiology
 - Children Medical Center hospital, Tehran, Iran
 - ACR. CARRA
 - Kawarabi (6)
 - ASH (2)
 - Eurokids
 - ASE, AHA, SCMR



- CMR
- American Epidemiological Society
- Texas Children’s Hospital
- ISTH, Thrombosis Canada, Canadian Paediatric Thrombosis and Haemostasis Network, ASH
- CPS
- ILDR
- REKAMLATINA

On a scale of 1 (strongly disagree) to 5 (strongly agree), please rate whether the congress met the stated overall learning objectives.

1. Discuss the prevalence, etiology, and clinical features of Kawasaki disease.

1	2	3	4	5	4+5
6%	1%	3%	20%	70%	80%

2. Appraise the importance of early intervention and follow-up to assess cardiac involvement in patients with Kawasaki disease.

1	2	3	4	5	4+5
7%	0%	0%	20%	73%	93%

3. Review the latest therapeutic advances and clinical guideline recommendations for Kawasaki disease.

1	2	3	4	5	4+5
7%	0%	0%	17%	76%	93%

Which of the following CanMEDS roles were exhibited in this session (select all that apply)

Medical Expert: 85% (60)

Communicator: 42% (30)

Professional: 70% (49)

Scholar: 56% (40)

Collaborator: 63% (45)

Leader: 45% (32)

Health Advocate: 53% (38)

Did the lecture presentations benefit your knowledge?

Yes: 99% No: 1%

Comments: There needed to have a Major lecture during the last day of conference

Did the overall content offer balanced views across all relevant options related to the content area?

Yes: 100% No: 0%

Did you perceive any degree of commercial bias?

Yes: 5% No: 95%



The format provided an effective teaching method (Expert Presentation):

Strongly Agree: 63% (45)

Agree: 34% (24)

Neutral: 3% (2)

Disagree: 0%

Strongly Disagree: 0%

Please suggest any relevant topics you would like to see addressed in future programs:

- Epidemiology from Japan was not sufficiently presented.
- I think it would be interesting to have a session where two experts who present/discuss/debate benefits of different treatments ie remicade vs steroids for recurrence, medium dose aspirin vs low dose etc. and other controversies
- More time to discuss Global Collaboration - including how to connect more deeply the non-profits who represent many key stakeholder groups (including families and patients) with physicians and researches. Also, perhaps a "bring your own family physician" or other discipline - special pricing or at no cost - to help spread awareness and education to the group that are actually the front line for kids!
- Guideline development and implementation of evidence-based guidelines.
- Adult cardiology specialist presentation on picture of adult KD patients
- More topics related to the emergence of KD in low- and middle-income countries.
- Separate session on epidemiological studies on Kawasaki disease across the globe 2. Session on technique and hands-on session of 2D-echocardiography should be part of every symposium
- atRA Studies mTOR inhibition
- More synthesis of contrasting evidence needed.
- Hands on ECHO more time
- Biomarkers
- Continue to address the variation of therapy approach and have more discuss on global or even north America collaboration to evaluate data.
- Imaging studies in Kawasaki disease
- I would like to see a section on sports and exercise in KD patients
- Treatment strategies for very high-risk cases
- overdiagnosis of KD
- Atypical Kawasaki disease
- Pathology
- Avenues for grants and philanthropic reports
- More basic science sessions - more research sessions and more immunology and pathogenesis emphasis
- More case discussions
- Guidelines for: medical treatment "optionS" that can fit all countries in high middle as in low income country and all insurance policies -The use of antithrombotic is really well known and more used in adult patient I think guidelines based on risk assessment for pediatric with algorithm (thrombotic vs bleeding risk) would be more interesting for how

much time, what kind of following up or testing and most importantly : to who (diameter which z score, which kind of stenosis vs thrombosis) When and where (frequency testing adapted to the expertise and infrastructure) With whom definitely the adult cardiologist and cardiovascular surgeon should be involved

- Early diagnosis
- Subgroups Kawasaki disease
- Follow up giant aneurysms. Diagnostics, therapy
- International Registry for KD
- Long term follow up for spectrum of KD Number for every state Start
- A bit more talks in basic science and immune mechanisms involved in disease development
- More basic science research and meet and greet required for boost collaboration. Need social hours during large conference like IKDS that help personal discussion and collaboration
- Outcome data with early intensification so that the global community can agree on a general guideline for WHEN to intensify and then use best available treatment for that. If we don't adequately diagnose and treat aggressively with early intensification, we will continue to experience fatal complications of this disease
- MIS-C follow-Up An Adult Cardiologist perspective on the follow up of KD adults
- Perhaps a parent perspective session would be wonderful
- Nursing role in the program
- More times to discuss different therapies
- Therapeutic trials Pathogenesis
- Immunization tomorrow timing depending on Rx choices Value of identifying uveitis at initial diagnosis and risk of CADz
- Adult care, data on long term outcomes in medium and small CAA
- International collaborations
- False positive causes of coronary ectasia. Exercise prescriptions and limitations
- Exercise and anticoagulants
- Comparative pluses and minuses for KD surveillance
- Future of transition of care
- KD in indigenous populations
- Functional imaging
- History of KD, how IVIG was first discovered to help KD patients
- New anticoagulation recommendations for us to use Exercise prescriptions Clinically applicable biomarker development
- Learning lab on stress echo Lovenox vs Doac New Guidelines Primer on the various immunologic terms and AI terms
- Etiology of KD Early detection Prevention of poor outcome Management of patients with severe CA aneurysm
- Adults with congenital heart disease
- KD in females
- More anticoagulation
- Long term follow up
- Echo, ct san mri biomarkers

- Immune modulatory treatment
- More in depth data

What will be the impact to your practice? Please describe:

- Awareness of KD
- The results and methods of cluster analysis for the categorization of clinical conditions.
- More informed decision making
- As a charity leader, these last couple of questions didn't directly apply to me. But the impact to our ability as Canada's only national Kawasaki disease charity to better respond to and anticipate family needs, create awareness and provide education to other front line healthcare professionals not represented at the summit - was huge!
- Up to date knowledge to inform teaching locally
- Collaboration on difficult cases. Awareness on upcoming guidelines.
- updated information, findings on KD research and care to discuss with families
- Found it useful for my clinical practice
- Improve clinical care 2. Got research idea
- Found the programme useful
- I am a parent, this will help me manage my sons care
- New ideas for projects and quality initiatives
- Improve care of primary intensification
- Basic scientist like me, it provides current insights of Kawasaki Disease
- IKDS has given me new insights pertinent to pathogenesis, pathology and changes concepts. This will help me to evolve and develop new imaging paradigms
- I will now have a much more robust practice
- Treatments
- Comprehensive knowledge about KD
- Practice guidelines, treatment options
- Research
- I don't think the conference will impact my own practice so much but informed me about practices and issues around the world.
- treatment options
- Experience exchange with colleagues
- Better treat my patients
- Knowledge
- IVIG Aspirin use
- Potentially treat children <6 mos differently and more aggressively
- Feel more confident after this meeting.
- Great on diagnosis and treatment and continuing follow up
- Use of initial low dose ASA Increase use of Infliximab
- I have a better understanding of diagnostic, treatment and ongoing clinical trials.
- Get more involved in the IKDS community
- Continue transition education and formalize process
- Consideration for alternative regimens of treatment for KD
- Open to options
- to get to a consensus of second line treatment



- Use more biological in severe KD with or without CAA Think about using ciclosporine as it is easy to use et not expensive
- Re-framing my hospital approach to follow-up
- Address some of our anticipatory guidance
- Ensuring our patients receive the most appropriate care
- Further honing our understanding of AHA stemznt
- Look for patters of sub-KD
- Better treatment
- Expand understanding of important KD issues.
- In depth knowledge of new upscale therapy
- Will used lower dose steroids now plus IVIG in all high-risk patients with KD
- Better earlier treatment
- State of the art
- Utilize same zscore
- Yes; therapeutic changes
- Potential change in anticoagulation More education for ed, hospitalists etc
- More DOAC use
- Updates on new therapy both during the acute phase and long term follow up
- Improved collaborations Use of imaging in KD
- Improve clinical care
- Comprehensive
- Start a countrywide / nationwide epidemiological investigation

Additional Comments:

- Participants from Japan were less than before. We should raise new research from Japan
- Great conference, learned a lot
- I understand the cost constraints but having a gala dinner where all can come together in fellowship has been a good element of past IKDS events. We organized our own dinner and other events for our global charity partners to come together, which was excellent opportunity to build deeper ties - but missed out on that opportunity with the healthcare professionals that were present. All and all, an excellent job done by the co-presidents and their planning committees, CCS, STA HealthCare Communications, the live translators - everyone involved. Thank you!
- I would like to stay in touch as a pediatric rheumatologist. I have been taking care of IVIG refractory KD cases since fellowship, involved in development of ACR guidelines and currently in the process of developing consensus treatment guidelines for IVIG refractory KD. I also have background on quality improvement and implementation science
- Great symposium
- Found the programme useful
- This was an incredible conference.
- More breaks needed, especially to view posters. A program booklet with full abstracts was needed, even if only in electronic format. App was not that helpful
- Recommend to have hand out to review at and after the conference
- Nicely crafted and curated scientific program. Lunch was awesome
- This conference was extremely well-done



- It would be great if we could submit the slides on the presentation and check by ourselves
- Fantastic work on the part of the meeting organizers to create a spirit of collaboration and partnership among caregivers around the world
- There should be a social event to encourage people to talk and exchange ideas - this was really missing
- Very inspiring conference. An honor to be here
- Suggest program for Patients and families of children with KD
- More time for poster viewing and moderated poster sessions
- Maybe the Congress would have benefited from an event night to socialize. Also poster sessions were a bit disorganized and presenters not present at their poster at the reviewing time
- More debates
- Really wish more MIS-C was included as there is not another format
- Need more time. Running over consistently was difficult
- Work on national and regional guidelines Organize CME about KD
- Nice mix of presentations .. patient perspective was impactful.. possibly have more of this
- Great conference - but at times very long day. Would strongly recommend for future conference be a lot more strict with timekeeping
- Sessions often over time; day ending too late; but overall good meeting
- The skin lesion talk was great
- Congratulations on putting together an excellent scholar program

Day 1 Evaluation Summaries

AROUND THE GLOBE

(n=78)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

1. Analyze the collaborative efforts and poll results from various regions to understand the global landscape of Kawasaki disease care

Pre-program knowledge

1	2	3	4	5	4+5
7%	21%	36%	21%	15%	36%

Post-program knowledge

1	2	3	4	5	4+5
0%	1%	13%	50%	36%	86%

2. Evaluate the challenges and strategies in establishing Kawasaki disease care in emerging countries, with a focus on access to care issues

Pre-program knowledge

1	2	3	4	5	4+5
11%	26%	34%	16%	13%	29%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	27%	36%	37%	73%

3. Compare the approaches and outcomes of national and regional Kawasaki disease registries and networks

Pre-program knowledge

1	2	3	4	5	4+5
10%	28%	36%	16%	10%	26%

Post-program knowledge

1	2	3	4	5	4+5
0%	3%	21%	37%	39%	76%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	19%	38%	43%	81%

What were two strengths of this session?

- Presentations from KAWARABI, India and Central and South America were impressive
- Awareness on the KD networks. - Access to immunomodulatory treatments is challenging in countries such as Philippines, India,..
- Country contexts well presented -new knowledge on international variety access to KD treatment



- 1. Collaboration is the key 2. Learned about the challenges and how to overcome
- International panel
- Good
- Balanced
- Wonderful sharing of activities around the globe. Creation of international camaraderie
- The topics and expertise of the speakers
- Excellent talks Lots of new knowledge gained
- Experience sharing Learning the gaps
- Have a global overview
- International perspective
- Understandable
- Diversity of data
- Global speakers
- Diversity and toughness
- Incredible speakers and length of speeches
- The QnA was enjoyable, and the last session was interactive
- Discussion of third world and rural limitation
- Very informative
- Succinct talks and global representation
- Interesting
- Rarely recognized issues, global prospect
- Breadth of geographic representation Presented data on practice and outcomes, as available
- Exploring the variabilities KD data around the globe
- The pace and translation of the presentations
- The experience from all over the world. To hear about strategies and aces to care in various parts of world
- Learning what's happening in different countries. Diverse international faculty
- The variety of countries represented
- Sharing the ability to provide care in various countries. Sharing the prevalence of KD in different countries
- Different points of view
- Interesting to see the world perspective
- Unification and tying everything together
- Awareness on collaboration in different parts of the world. Exciting to see. Epidemiologic data
- Insights into kd around the globe Learned how different areas have different availabilities
- Great speakers Nice talks
- Really interesting to hear about KD in different countries.
- Varied speakers
- Worldwide and diverse
- International aspect of Kawasaki
- Diverse panel of speakers, interesting insights into global efforts in researching KD
- Tremendous individual effort to improve access to care for KD New initiative of regional collaboration



Do you have suggestions for improvement?

- Japanese presentation was not sufficient because of some reason
- Pursue this session topic in future editions
- More time for questions
- To invite Rolando Ulloa to give a speech
- Continue to connect with global
- More breaks between sessions
- Better more global
- Extending the time to 15min
- Ensure all tables have no obstructed viewing of the screens
- More access to points of contacts at various sites
- I would be interested about more data of KD incidence and collaboration systems in Europe
- More consistency in presentations
- International effort to provide resource of standardized structures for new initiatives in developing countries, inclusive of both healthcare professionals and parent advocates

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 84% (46)

Communicator: 40% (22)

Professional: 56% (31)

Scholar: 49% (27)

Collaborator: 62% (34)

Leader: 44% (24)

Health Advocate: 40% (22)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 97%

No: 3%

Did you perceive any degree of commercial bias in the session?

Yes: 5%

No: 95%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
0%	0%	9%	36%	55%	91%

What will be the impact to your practice? Please describe:

- Be mindful of international patients' context at first approach
- This helps us current scenario of care/Pharmaco-Economy in other countries
- Improve the benefits to my patients
- More confident
- Guidelines will help, I practice of first line drs
- Keep global perspective in mind



- Many changes in clinical practice
- Wider international understanding
- Taking unique expertise into my understanding of KD as a medical student
- I will plan for the challenges of rural medicine
- Better care of my patients
- Widen the view of global health
- Better understanding of the limitations to practice outside of North America
- Possible outreach efforts to other cardiologist in other countries for collaboration in AKD study efforts
- Confirms the practice
- Increase collaboration efforts for KD
- Additional knowledge about other countries
- Information I can relay to pt families
- Better knowledge
- More global
- Consider severity in Hispanic populations

Additional Comments:

- Help address gaps as a KD community leader of experts

ETIOLOGY AND BASIC SCIENCE

(N=52)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

1. Interpret the latest insights into the pathogenesis of Kawasaki disease and treatment from mouse models

Pre-program knowledge

1	2	3	4	5	4+5
31%	29%	17%	10%	13%	23%

Post-program knowledge

1	2	3	4	5	4+5
0%	17%	28%	32%	23%	55%

2. Appraise findings on the role of the gut microbiome and metabolites in Kawasaki disease vasculitis from mouse models

Pre-program knowledge

1	2	3	4	5	4+5
42%	29%	13%	10%	6%	16%

Post-program knowledge

1	2	3	4	5	4+5
0%	17%	35%	23%	25%	48%

3. Examine the latest research on the potential viral etiology of Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
17%	29%	38%	10%	6%	16%

Post-program knowledge

1	2	3	4	5	4+5
0%	7%	33%	35%	25%	60%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	2%	21%	35%	42%	77%

What were two strengths of this session?

- Important session to find the cause of KD. Clinical scientists need to listen these works
- Excellent order of presentations on animal studies of KD vasculitis - Role of gut microbiome in modulating CV lesions was fascinating
- New findings bridging the gap between Clinical and theory
- Data presented
- 1. Seen newer advancements 2. Future avenue of research
- Useful for my practice



- Content was very rich. The speakers were brilliant
- Up to date topics
- Made difficult topics lucid
- Better understanding of pathogenesis of KD This will help in prevention and invention of new drugs
- Quality and accuracy of research
- Easy to learn, up to date information
- The importance of IL-1b. Regulation of SMC function in the development of CAA
- Presentation of cutting-edge research. Inspiration for the younger generation to push forward.
- Excellent speakers - great science - we need more of this basic science in future meetings
- The speakers are the best in their field new advances in analyzing possible aetiologies of KD
- Knowing about the gut microbiome implication, and possible therapeutic implications
- Share latest research
- Quality of speakers
- Good data
- Animal study and pathological findings
- Good topics and presenters
- Good information for basic science
- Diversity
- Clear talks Effort to make them understood by clinicians
- Interesting presentation topics and very meaningful direct impact
- Wide range of perspectives around this perplexing problem of etiology. Variety of scientific approaches
- Interesting information
- Gut biome extremely important and underappreciated. mTor, metformin, SIRT 1, who knew all these targets and therapies
- Easy to follow
- Great update on basic science research in KD
- The data presented was robust and innovative the session was engaging
- Presentation slides and answer to questions
- Concrete methodology, basic science
- Basic Science International speakers
- Sharing potential future studies for human consideration Sparking thoughts and ideas regarding cause of Kawasaki
- Updates in variety of science
- Interesting ideas with thoughts about how treatment may change
- Presented novel ideas and potential for future changes
- Informative animal model. Future treatments
- Knowing more about KD etiology and pathology
- Learning about gut biome and mTOR.
- In-depth explanation of knowledge transition from animal model to clinic

Do you have suggestions for improvement?

- Basic knowledge should be provided for the beginners



- Adapt to audience variable levels of knowledge
- Please keep moving full steam ahead with everything you are doing
- Respect the time schedule
- Sharing of samples with the research labs can be beneficial
- Program is perfectly balanced
- I suggest inviting Japanese and Korean researchers too
- I would like the content to focus on how these excellent basic research studies can be applied clinically in the future
- More basic science and pathogenesis sessions
- Continue with these conferences

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 79% (37)

Communicator: 38% (18)

Professional: 64% (30)

Scholar: 68% (32)

Collaborator: 53% (25)

Leader: 34% (16)

Health Advocate: 28% (13)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 100%

No: 0%

Did you perceive any degree of commercial bias in the session?

Yes: 4%

No: 96%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
2%	0%	4%	47%	47%	94%

What will be the impact to your practice? Please describe:

- Inclusion body in the bronchial mucous membrane
- Think of gut microbiome more often
- Better understanding of basic KD science
- Research Idea
- Useful for my practice
- Better understanding and planning of clinical and lab research
- Will help in creation of newer imaging strategies
- More confidence in my professional practice
- Yes, try to get anakinra in my hometown
- I once again realized that basic research is essential for clinical application, and I also learned the importance of always being aware of the differences between animal models and humans



- New treatments
- Knowing possible causes of KD
- Clearly improve it
- Help in updating lectures for medical students
- Continue to look forward to more evolution of pathophysiology in KD
- Improve clinical care
- Consider role for increased Anakinra use in patients
- Lots of knowledge gained in topics beyond just clinical management to consider
- Look for more science on sirolimus, gut microbiome
- Better care for my patients
- Be open-minded to alternative therapies
- Not currently. Though I may give everyone probiotics
- I gained more understanding into the pathophysiology Of Kawasaki
- Look into the possible long-term effects of gut issues in Adults after KD
- Interesting of possible future treatments
- Understand pathogens is and logic behind upcoming treatments
- Basic science methodology, expansion of knowledge
- Spark new thoughts and ideas
- No change at this point, but see the potential change we learn more
- Potential use of sirolimus
- Consider the pathophysiology in my daily clinical work
- Biomarkers for KD
- Confirming the way, I am practicing

Additional Comments:

- Session needs longer time
- This was the most interesting, and uplifting work. The animal studies are so critical to future success
- These sessions should be part of next symposiums
- I hope for continued development in the field of basic research
- Outstanding session
- More basic science focus
- Excellent session
- Provide handouts
- Looking forward to extrapolation of murine to human study
- Consideration of long-term treatments
- Basic science talks that lend to possible therapeutics are most interesting



GENETICS AND ENVIRONMENTAL SCIENCE

(N=49)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

1. Analyze the role of mercury exposure in Kawasaki disease pathogenesis

Pre-program knowledge

1	2	3	4	5	4+5
57%	19%	17%	5%	2%	7%

Post-program knowledge

1	2	3	4	5	4+5
29%	19%	26%	19%	7%	26%

2. Evaluate the latest advancements in Kawasaki disease genetics and their implications for patient care

Pre-program knowledge

1	2	3	4	5	4+5
19%	43%	34%	2%	2%	4%

Post-program knowledge

1	2	3	4	5	4+5
0%	17%	38%	33%	12%	45%

3. Examine the latest research on the potential viral etiology of Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
15%	31%	50%	2%	2%	4%

Post-program knowledge

1	2	3	4	5	4+5
0%	2%	33%	48%	17%	100%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	2%	19%	38%	41%	79%

What were two strengths of this session?

- Climatological data and predicting KD. Lacking representation of certain ethnicity in genetic studies such as Hispanics
- -undeniable impact of environment on KD -pursue a global approach to solve KD
- Role of genetics Role of genetics in treatment
- Useful for clinical practice
- Up to date topic
- Genetic session+ Mercury talk was cancelled
- Describe incidence of KD at per climate and sessions can help administrators plan



- prevention, in future
- All etiologies revised
- It was fantastic to learn about environmental and climatological research. The genetics research was also very exciting
- The expertise of the speakers Updated knowledge
- Share new evidence on etiology
- Environmental involvement that can at some point explain or at list be a cofactor for KD
- Review of related factors Future direction
- Pollution discussion
- Interesting climate data
- Bring up multiple opinions on etiology
- Improve Knowledge
- Science quality
- Very interesting topics Great presenters
- Great discussion of how climate may affect the stimuli for unmasking genetic predisposition for séquelae of KD
- Speakers, Topic
- Exploring aetiological causes of KD, epigenetics
- Speakers presented with clarity
- Clinically relevant
- Interesting research results
- Basic science was interesting but challenging for a clinician
- Understanding the connection of KD and genetics Considerations of environmental factors and KD
- Climate in KD
- Variety of topics and speakers
- Hit the point, concrete methodology
- Diverse and smart
- Jennifer Burney was excellent!

Do you have suggestions for improvement?

- collect race, ethnicity,.. as well as social determinants of health data on KD patients globally
- Expansion of these surveys to other countries for better understanding
- Speak at a level all can understand
- I need discussion about more practical aspects
- Basic science was interesting but challenging for a clinician
- If speaker not available would be great to at least have slides
- More explanation of genetics ie intronics; Could not really evaluate first session as speaker did not attend
- More clinical correlation

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 85% (35)



Communicator: 35% (14)

Professional: 68% (28)

Scholar: 68% (28)

Collaborator: 49% (20)

Leader: 34% (14)

Health Advocate: 34% (14)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 98% No: 2%

Did you perceive any degree of commercial bias in the session?

Yes: 2% No: 98%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
2%	2%	5%	42%	49%	91%

What will be the impact to your practice? Please describe:

- Consider climatological changes when I have multiple KD patients. Think of mercury exposure in the differential diagnosis
- Influence critical view of new research designs
- New information on genetic etiology
- Preparedness of KD management as per seasonal variations Understand incidence of KD
- Possible etiologies of KD
- Correlate patient symptoms with genetic or cause
- Incorporate genetics
- Will look further into climate effects on KD
- Improve knowledge
- I will be looking for the predicted peaks in KD
- Considering environmental factors in predicting KD
- Confirmed my practice
- Helping to explain the genetic connection to families
- Discussion with patients and learners more informed
- Not much except to keep this info in mind
- Population analysis

Additional Comments:

- Need integration of other environmental factors in surgenies of KD
- Continue to disseminate and cascade to other healthcare professionals
- Speak at a common level
- Was looking forward to the mercury talk. Hope we get an opportunity to hear about this. Had to evaluate it even if it wasn't given as per the nature of the questionnaire.
- Can we get the slides for the Mercury Lecture?



MODERATED POSTERS

(N=39)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

1. Assess the current approaches to the acute management of Kawasaki disease and their impact on patient outcomes

Pre-program knowledge

1	2	3	4	5	4+5
0%	6%	60%	26%	8%	34%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	12%	54%	34%	88%

2. Examine long-term management strategies for Kawasaki disease to prevent complications, including coronary artery aneurysms

Pre-program knowledge

1	2	3	4	5	4+5
0%	14%	57%	20%	9%	29%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	6%	66%	28%	94%

3. Evaluate the role of AI and bioinformatics in advancing the diagnosis and management of Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
23%	37%	23%	11%	6%	17%

Post-program knowledge

1	2	3	4	5	4+5
3%	11%	43%	29%	14%	43%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	23%	46%	31%	77%

What were two strengths of this session?

- Encouraging and motivating poster presenters. Good suggestions for the preliminary study
- Acute and long-term management Patient outcome metrics Use of AI in prediction and management
- New cutting-edge data, various know KD knowledge areas
- Acute management advances
- I learned a lot from the poster sessions
- UpToDate topics



- Knowledge about changing concepts in imaging and management of CAA of KD Emerging role of AI in KD
- Great posters, great evaluators
- Importance of AI in the future Long-term management strategies of patients with CAA
- New knowledge Ability to speak directly to researchers to exchange ideas
- The approach of analyzing data with the use of AI The intelligence of people working to develop new models of learning
- Have the chance to collaborate and ask questions
- Informal discussion of treatment
- Understandable
- Integration of AI is very timely. Discussion and Open drum is helpful
- Increased knowledge
- Good variety of topics. Quiet rooms, so could hear the speakers
- Novelty and science
- Improve Knowledge
- Well spoken presenters, topical clinical issues
- Opportunity to hear the abstracts and to talk to the presenters
- Dr Rowley gave a good presentation
- Informative
- The answering of specific questions and concerns in relation to personal cases
- Institutional experiences
- Small venue
- Basic research

Do you have suggestions for improvement?

- We needed to watch posters for a longer time before discussion
- More such sessions in future
- I participated in a moderated poster event, but had a hard time re-posting the poster in another room
- Perhaps a little more time to survey posters
- More time for moderated posters
- More formal guidance and time keeping for the session
- Could not attend all the sessions even though this questionnaire forces us to evaluate all of them
- Somewhat confusing in terms of order of presentation and moderators not very involved
- Involvement of more clinical research

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 85% (28)

Communicator: 52% (17)

Professional: 70% (23)

Scholar: 67% (22)

Collaborator: 49% (16)

Leader: 36% (12)



Health Advocate: 39% (13)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 100% No: 0%

Did you perceive any degree of commercial bias in the session?

Yes: 0% No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
0%	0%	3%	33%	64%	97%

What will be the impact to your practice? Please describe:

- It is very informative to know the situations of practical use Statina and DOAC
- - Collect PROs in every patient - Long term monitoring of KD patients
- new valuable KD care information
- Improve care and avenue for future research
- Useful for my practice
- Designing of new studies Development of AI space in practice
- Learning of long-term management of CAA
- Will look forward to seeing "launch" of new diagnostic methods
- Increase my knowledge in KD
- Will validate current private
- Use of low dose ASA as initial treatment
- I will be looking for ways to incorporate AI in some of our screening tools
- Increasing knowledge
- Better clinical care
- Consider avoiding steroids in giant aneurysm
- Low dose ASA; consider infliximab early
- Better care
- Applying the highlighted ideas to local practice

Additional Comments:

- The number of participants was not so many for each room. It is because of the room settings, and this is a usual problem for the poster sessions. E-poster may resolve some parts of the problems
- Collaborations needed with data sharing
- The moderated poster session was amazing, with young people presenting the abstracts as pros
- Provide abstract copies
- Excellent session

ACUTE KD IMAGING

(N=37)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

- Describe the role of echocardiography coronary imaging in patients with Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
0%	19%	31%	33%	17%	50%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	17%	36%	47%	83%

- Assess the importance of functional imaging in acute Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
6%	28%	19%	39%	8%	47%

Post-program knowledge

1	2	3	4	5	4+5
0%	3%	19%	50%	28%	78%

- Differentiate the use of z-scores in categorizing risk levels of coronary artery dilation/aneurysms in patients with Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
0%	20%	33%	39%	8%	47%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	11%	56%	33%	89%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	14%	33%	53%	86%

What were two strengths of this session?

- Audiences are impressed that there are so many types of evaluations
- Evaluating coronary artery sizes among different populations
- Bringing a mega collaboration to reduce confusion between current calculators
- international variability -need to review and adapt data to ethnicity
- Z score details Role of echo during acute phase
- Useful for my practice
- Pictures
- Good topics
- Z scores are variable and should be seen as per region and ethnicity ECHO is not enough in

acute phase

- All aspects of KD imagine were covered
- After the session ended, the collaborations started
- There is no z score available for global use, I mean for everyone, everywhere as the population and is really heterogenous. I think mostly because of genetics involvement that led to discuss more or has to do more with ethnicity and so has to do with regions and then environment
- Discussions on Z scores
- Comparing z scores around the world
- The discussion regarding disparity in Z score agreement was very important. The willingness to collaborate is huge
- Comprehensive review of data and identification of knowledge gaps
- Different perspectives from different countries. Great discussion
- If the need for standardization
- Different clinical Approaches
- Practical application
- Distinguishing the various z score models, addressing concerns with phn lad z scores
- - Open discussion between participants and audience - The ability to take one case and cover many aspects of KD - diagnosis/ management
- Excellent provocative session. Realized that there can be different z scores depending on which one is used
- Knowing the discrepancy between different countries
- The interactive portion of asking the panel and audience about their approach and treatment approach regarding z score evaluation
- ECHO with strain is important in KD cases Z-scores vary across countries
- Standardize echo assessment
- Z scores variability and similarities

Do you have suggestions for improvement?

- We need to know the problems of the different Z-scores between countries or areas. Particularly, concerning prognosis
- More pictures
- Would have been better to discuss emerging role of CT Coronary Angiography in acute phase of KD
- Collaborate
- Standardized modality of measurement reported to aortic diameter adjusted to the age end weight. Maybe be adding a correcting or risk factor in specific population that has a high incidence thinking about ASIA
- More of the audience and panel discussions
- Coming up with global z-scores
- A worldwide z-score
- Correlate with advances Echo in evaluation of Kawaski acute phase and follow up



Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 95% (34)

Communicator: 50% (18)

Professional: 67% (24)

Scholar: 58% (21)

Collaborator: 50% (18)

Leader: 50% (18)

Health Advocate: 33% (12)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 97%

No: 3%

Did you perceive any degree of commercial bias in the session?

Yes: 0%

No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
0%	0%	0%	39%	61%	100%

What will be the impact to your practice? Please describe:

- The moderators acted well. Some confusion or discrepancies may exist between the clinical significance and precise analysis of mathematical studies
- May consider ethnicity when I am making decisions based on z scores
- Mitigate z-score with pt ethnicity highlight need for z-score reviews
- 1. Echocardiography details 2. How to use Z scores
- Better use of z scores
- Will help our team for better management of children with KD Development of newer imaging program
- More aware about the diversity A lot of work to do and to come
- Check which z score calculation was used in my patients
- We need to discuss revise our use of Z scores
- Use different z score systems, potentially for specific patient populations
- No change currently, but better understanding of the z scores in other countries
- Include additional ca z scores in reports
- Better clinical judgment
- Sticking to Boston z scores for now. Considering Asian z score model for Asian pts
- It confirms my practice
- Increase communication with cardiologist
- Improving my clinical practice
- I will use the z score calculator in my studies
- Discuss use of strain in KD echoes
- Standardize echo evaluation
- Consider strain for all KD pts
- Consider genetic factors, different z scores for different pt backgrounds



- Proper z score interpretation

Additional Comments:

- The significance of the absolute measurement values needs to be emphasized. For example, when interventionists examine or treat coronary arteries with angiogram
- Great presentation
- Recommend having a session on role of CTCA in future meetings
- I think it is going to be important to take into consideration variability in coronary dimensions based on genetic preponderance (racial and ethnic variability)



Day 2 Evaluation Summaries

YOUNG INVESTIGATORS ORAL ABSTRACT COMPETITION

(N=44)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

- Evaluate the diagnostic value of cell-free RNA signatures and IL-33 in promoting cardiovascular lesion development in Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
53%	26%	12%	2%	7%	9%

Post-program knowledge

1	2	3	4	5	4+5
5%	23%	47%	9%	16%	25%

- Analyze the effectiveness of the 2017 AHA Kawasaki disease diagnostic algorithm and propose data-driven changes

Pre-program knowledge

1	2	3	4	5	4+5
2%	21%	47%	21%	9%	30%

Post-program knowledge

1	2	3	4	5	4+5
0%	5%	26%	37%	32%	69%

- Assess the correlation between Kawasaki disease and community viral surveillance and predict coronary artery abnormalities using clinical parameters

Pre-program knowledge

1	2	3	4	5	4+5
12%	37%	37%	7%	7%	14%

Post-program knowledge

1	2	3	4	5	4+5
0%	5%	49%	21%	25%	46%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	28%	35%	37%	72%

What were two strengths of this session?

- The re-evaluation of the AHA i-KD algorithm was very interesting
- Diverse topics but all-important, cutting-edge info
- UpToDate information
- learned about cellular mechanisms and pathophysiology



- hgera
- Found it useful for my clinical practice
- Recent advances AHA criteria
- Excellent presenters. Very important to grow and develop the next generation of KD researchers
- Original work and clear presentation
- Promotes research in KD among young Unearthing enigma of KD
- This was a fantastic session with novel information Great to feature young investigators
- Diversity of backgrounds speakers and the topics
- Young and enthusiastic
- Great discussion and diversity of topics
- New information
- Demonstrates the great research going on in the younger generation
- Highlighting future biomarkers to distinguish KD from mimickers
- Understandable
- Clinically applicable
- Knowledge
- Science updates
- Phenomenal data presented
- Conor Loy was a great speaker
- Diversity of topics, many centres represented across the world
- Various topics all very interesting
- The selection was great - covered wide range and generated lot of discussion and thoughts for future studies
- Some really great science
- Time keeping and answering of questions
- Great to have trainees present
- Explore new options for diagnosing KD Consideration of earlier treatment of incomplete KD
- Interesting research is shared
- Learning about lots of new research that's going on world-wide. Understanding various players in KD
- Creativity, innovative
- Hearing the work from young investigators
- Good protocol

Do you have suggestions for improvement?

- Would like All candidates to concentrate on one or two sessions only for the YIA competition. It was regrettable that the first one could not have Q&A
- Session was too long. Perhaps a break in the middle Make it clear to presenters that they have 10 minutes, and we move on with a timer in front of them. Encourage young investigators to have a 7-minute presentation so they have time for questions or time to deal with tech issues or nervousness
- More time for questions
- Stay on time
- It was a long session - might help to have a 5-minute break between



- A fair amount of variability in presentations. Not sure there is anything to do about this...
- Encourage more and funding

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 71% (29)

Communicator: 37% (15)

Professional: 46% (19)

Scholar: 71% (29)

Collaborator: 41% (17)

Leader: 32% (13)

Health Advocate: 29% (12)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 95%

No: 5%

Did you perceive any degree of commercial bias in the session?

Yes: 0%

No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
0%	0%	8%	46%	46%	92%

What will be the impact to your practice? Please describe:

- Every presentation was well selected. This project is new and good for IKDS
- More informed about what research is in the pipeline
- More knowledge basis on background for future research
- Found it useful for my clinical practice
- 1. AHA criteria impact and fallacies 2. Newer research
- Development of new imaging techniques Creation of new lab models
- Improve the recognition of incomplete Kawasaki disease
- Days of fever less maybe 3 for diagnosis
- Will further consider opportunities for further research
- Better care
- Introducing applicable biomarkers to practice
- Changes in diagnosis
- Better understanding of pathophysiology of kd and predictive algorithms for development of caa
- Awareness about AI in KD
- Collaboration across countries
- Probably won't happen immediately affect my practiced as most topics still in development
- Consider reassessing the incomplete criteria in our pts
- I can apply their conclusions on my practice
- Reassess use of AHA incomplete criteria
- Consideration of earlier treatment for incomplete KD



- Inspiration for further research work
- More aware of myocardial ischemia and infarction and adjust in follow up to be more aware and screen for said changes
- Be more cognizant of viral etiologies while treating pts
- Better diagnosis and correlation
- AHA algorithm may need to be changed; lower z scores than expected may predict CAA
- Practical for KD care
- Waiting for clinical impact

Additional Comments:

- Great presenters
- Great topics



BIOINFORMATICS & AI

(N=44)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

1. Illustrate, with concrete examples, novel analytical methods that can be used to provide a fresh perspective on risk modelling and patient management in Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
44%	31%	17%	5%	3%	8%

Post-program knowledge

1	2	3	4	5	4+5
3%	19%	40%	19%	19%	38%

2. Evaluate the shared clinical and biological signatures in MIS-C and pre-pandemic Kawasaki disease using multiomic approaches

Pre-program knowledge

1	2	3	4	5	4+5
31%	33%	25%	8%	3%	11%

Post-program knowledge

1	2	3	4	5	4+5
0%	17%	42%	19%	22%	41%

3. Interpret hemodynamic analysis and risk assessment data for coronary artery aneurysms using patient-specific computational fluid dynamics

Pre-program knowledge

1	2	3	4	5	4+5
50%	25%	14%	8%	3%	11%

Post-program knowledge

1	2	3	4	5	4+5
3%	19%	40%	19%	19%	46%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	19%	45%	36%	81%

What were two strengths of this session?

- UpToDate information
- Good speakers, good discussion
- New technologies are available
- Found it useful for my clinical practice
- 1. Computational hemodynamic studies 2. AI is the future
- Creation of hemodynamic models can help in prediction of complications and creation of newer treatment strategies Will help to create newer model for assessment of CAAs

beyond morphology

- Clear presentations Novelty
- Innovative use of AI to improve the diagnosis of KD and its complications
- Possibility of making accurate risk assessment through AI
- Discussion of new techniques and where they are going
- Bioinformatics has great potential for assisting in diagnosis, management
- Made the topic accessible and understandable to Luddite's like me
- Implementation of AI in the field of KD clinical practice
- Understandable
- Bring together multiple big data methodologies Put more patients together
- Innovative approaches to diagnosis
- Contemporary data
- Jonatham Lam was great speaker
- Cutting edge research, diverse experiences
- Variety of sessions and levels of speakers
- Novelty of presented topics
- Exciting new prediction of thrombosis Clinically relevant
- Clear and concise explanation of complex concepts
- Innovative Artificial intelligence
- Including AI in the clinical decision making
- Interesting topics Much needed topics
- Really interesting presentations and topic
- Hearing about machine learning. Hearing from young investigators

Do you have suggestions for improvement?

- Availability of data and scope for integration/ collaboration
- Continue to search for these innovative procedures
- Further development or progress report in next conference
- More introduction on how bioinformatics-AI works- learning about strengths and weaknesses Staying on time to allow more time for discussion
- Get the prime time or in small centers
- Cohort advanced CT imaging talks with imaging talks
- Perhaps more explanation and basis about AI in general for this diverse audience
- All basic science presenters can explain more clearly some of their basic concepts as many clinicians in the room may be unfamiliar
- More clinical correlation is required

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 78% (28)

Communicator: 44% (16)

Professional: 67% (24)

Scholar: 67% (24)

Collaborator: 39% (14)

Leader: 44% (16)



Health Advocate: 39% (14)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 94% No: 6%

Did you perceive any degree of commercial bias in the session?

Yes: 0% No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
0%	0%	3%	44%	53%	97%

What will be the impact to your practice? Please describe:

- Increased knowledge about aspirin therapy
- Found it useful for my clinical practice
- 1. Role of AI in diagnosis and management soon 2. Learning about AI would be essential
- Will help me to create hemodynamic model on my CTCA data Understanding impact of flow in CAA for prevention of complications
- Excellent presentations. Not directly related to my actual practice, but a great innovative progress
- Very good if developed
- If the bioinformatics is applicable in a clinical setting it will be very useful
- Evaluating ability to review flow through
- Improve patient care
- Future plan to implement AI tools to KD practice
- Kd diagnosis algorithm
- Provides more of a basis for understanding and using AI research
- Make me consider/evaluate algorithms used for KD
- Watch for new tools for ER use
- Better imaging
- Innovative Artificial intelligence
- Implement for the future clinical decision making
- Looking forward to having some of these modalities available in the future
- Consider whether/how ML can be helpful to my practice
- There may be KD/MIC clusters by machine learning. Interesting hemodynamic coronary evaluation that may be used in future

Additional Comments:

- AI: BASICS should be covered
- Need for identification of new parameters on these models
- Excellent Session
- Please continue to share progress once developed
- Great topics for discussion
- Speak at the level of the audience Keep people on time
- Interesting selection of talks

BREAKOUT SESSIONS

(N=28)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

1. Implement assessment and management protocols for patients with unstable Kawasaki disease, focusing on stabilizing their condition effectively

Pre-program knowledge

1	2	3	4	5	4+5
0%	11%	44%	41%	4%	45%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	26%	37%	37%	74%

2. Analyze approaches to refractory Kawasaki disease, including treatment intensification versus rescue therapies

Pre-program knowledge

1	2	3	4	5	4+5
0%	15%	52%	30%	3%	33%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	30%	48%	22%	70%

3. Identify potential pitfalls in differentiating Kawasaki disease rashes from similar presentations in infectious diseases and autoimmune disorders

Pre-program knowledge

1	2	3	4	5	4+5
0%	23%	42%	35%	0%	35%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	22%	45%	33%	78%

4. Illustrate the long-term care aspects of Kawasaki disease management, including exercise testing

Pre-program knowledge

1	2	3	4	5	4+5
0%	26%	40%	30%	4%	34%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	30%	37%	33%	70%



- Evaluate the selection and monitoring of anticoagulant medications, bridging agents, and potential reversal strategies when necessary

Pre-program knowledge

1	2	3	4	5	4+5
6%	19%	41%	30%	4%	34%

Post-program knowledge

1	2	3	4	5	4+5
0%	7%	22%	37%	34%	71%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	15%	52%	33%	85%

What were two strengths of this session?

- The story of real-life makes us what and why we should work for this disease
- KD management from different countries
- Found it useful for my clinical practice
- 1. Anticoagulation and antiplatelet therapies 2. IVIg refractory KD who to manage
- Addressed some challenging issues in management of KD Role of myocardial ischemia assessment in select KD patients on follow-up
- Recognizing difficult aspects in diagnosing KD
- implement use of DOACS
- Robust discussion of anticoagulation treatment options and identification of where guidelines require some further definition
- Better understanding
- Great case-based learning- Excellent choices for speakers
- Highlighting Debatable guidelines paints
- Diverse topics and expertise, opportunity for audience engagement
- Challenging cases good discussion
- Helpful talk on mimicking rashes
- Very patient applicable Pro for exercise
- Encourage exercise Giant coronary aneurysms need anticoagulants
- Informative and interesting
- Expertise
- Clinically related

Do you have suggestions for improvement?

- If it is possible, all audiences need to listen
- Need to optimize the studies with radiation optimization
- Continue presenting these difficult cases
- Guidelines development
- Spend more time on these topics. We are running too far behind



Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 93% (25)

Communicator: 56% (15)

Professional: 70% (19)

Scholar: 56% (15)

Collaborator: 48% (13)

Leader: 48% (13)

Health Advocate: 44% (12)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 96%

No: 4%

Did you perceive any degree of commercial bias in the session?

Yes: 0%

No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
0%	0%	0%	52%	48%	100%

What will be the impact to your practice? Please describe:

- Parents association activities are quite good in the United States and Canada. In Japan, it is now unstable because of the leader's succession
- Unique analytical perspectives for KD management
- Found it useful for my clinical practice
- 1. Anticoagulation how to manage 2. Recent advances in the management of IVIG refractory treatment
- Identification of KD patient that need myocardial ischemia evaluation Creation of new pathways for evaluation of CAA on follow-up
- Improve the treatment of KD
- Open discussion and time to dive into details
- Better care
- Counselling with youth and parents on risks
- Anti- coag strategies Assessing derm manifestations better
- Thinking of the difficult cases in a broader spectrum and beyond the guidelines
- Think about the timing of desquamation in KD diagnosis
- Validated my present practice
- Consider viral persistence in patients positive for adenovirus
- Exercise is important
- Already practicing suggestions but reassuring

Additional Comments:

- The start time was correct, but it was too early for some participants because of the delay of the immediate prior main session
- Need for algorithms for different categories of CAAs on imaging during follow-up



- Describes what more to do with patient follow up
- None other than would love to see more of these sessions
- Maybe less is more with time management



CARDIAC IMAGING CAA FOLLOW-UP

(N=31)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

- Describe the timing of long-term follow-up using CT imaging

Pre-program knowledge

1	2	3	4	5	4+5
7%	21%	38%	27%	7%	34%

Post-program knowledge

1	2	3	4	5	4+5
0%	3%	42%	24%	31%	55%

- Discuss the assessment of myocardial function using stress echo

Pre-program knowledge

1	2	3	4	5	4+5
14%	14%	31%	34%	7%	41%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	34%	38%	28%	66%

- Describe the assessment of myocardial function using MRI

Pre-program knowledge

1	2	3	4	5	4+5
14%	28%	28%	24%	7%	31%

Post-program knowledge

1	2	3	4	5	4+5
0%	7%	48%	14%	31%	45%

- Assess findings of nuclear perfusion scanning

Pre-program knowledge

1	2	3	4	5	4+5
14%	35%	31%	17%	3%	20%

Post-program knowledge

1	2	3	4	5	4+5
0%	14%	45%	24%	17%	41%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	24%	28%	48%	76%

What were two strengths of this session?

- Increase my knowledge on different imaging modalities for assessment of myocardial function



- Good presentations on imaging
- Found it useful for my clinical practice
- 1. Role of CTCA 2. Functional echo
- Speakers
- Clear presentations Outstanding reviews of imaging techniques
- Dynamic and excellent approach to different imaging modalities in KD
- Multiple imaging modalities considered
- It informs and educates the attendees about efficiency of multimodality imaging in KD as the development that occurred in that investigation (non-invasive evaluation)
- Expertise
- Imaging debate was helpful
- Varied modalities discussed. Still no clear data to support one method over the other to determine evidence of myocardial ischemia
- Comprehensive reviews of different modalities in the surveillance and functional testing
- Long term follow up and baseline imaging should be discussed thoroughly in each individual case
- Clear session on stress echo
- Knowledge
- Good speakers
- Stress echo effective for identifying wall motion defects There is not consistent process for stress cMRI
- Great information and applicable
- Like debates but should all be that way and have audience participation
- New guidelines
- Good dialogue
- Debate was fun; different modalities was discussed

Do you have suggestions for improvement?

- More time to discuss
- The development in pediatric cardiology imaging is quite heterogeneous within the same country- even high-income country- as in the different region in the world. There is a lot work to do in that too
- Standardization of modality for stress testing and multi center trials

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 96% (27)

Communicator: 29% (8)

Professional: 64% (18)

Scholar: 43% (12)

Collaborator: 39% (11)

Leader: 36% (10)

Health Advocate: 36% (10)



Did the content offer balanced views across all relevant options related to the content area?

Yes: 96%

No: 4%

Did you perceive any degree of commercial bias in the session?

Yes: 0%

No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
0%	0%	4%	39%	57%	96%

What will be the impact to your practice? Please describe:

- Use Ct of coronaries for long-term follow-up
- Better use of imaging
- Found it useful for my clinical practice
- 1. Role of CTCA 2. Functional echo
- Daily practice improvement
- Improve on choosing the adequate imaging technique in KD
- Will use multiple methods for assessing myocardial ischemia
- Improve the daily practice
- Hope to encourage our imagers to push the envelope
- Not yet. I think centers need to use methods they have expertise in to assess myocardial ischemia.
- Not much in practice as I'm fortunate to have access to current consensus in KD care
- Referring cases to ped cardiologist for proper imaging
- Will discuss Stress echo use with our cardiologists
- Continue Stress ECHO testing
- Consider other imaging modalities in addition to echo

Additional Comments:

- Will review our institutional data on stress perfusion CMR in the long term follow up of KD
- Need to have all debates and poll Audience
- Will consider costs and radiation level



RE-EXAMINING USE OF ASPIRIN AND APPROACHES TO ANTICOAGULATION

(N=33)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

1. Evaluate the pros and cons of low-dose short-course aspirin in the management of Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
0%	10%	28%	56%	6%	62%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	13%	56%	31%	87%

2. Analyze the use of direct oral anticoagulants (DOACs) and bivalirudin for prophylaxis and thrombolysis in patients with Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
6%	34%	41%	16%	3%	19%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	41%	31%	28%	59%

3. Engage in discussions to develop evidence-based recommendations for anticoagulation strategies in Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
0%	28%	44%	28%	0%	28%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	37%	41%	22%	63%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	16%	34%	50%	84%

What were two strengths of this session?

- Great speakers, informative sessions, especially in relation to anticoagulation therapy
- - Learning about different types of DOACs available. - Upcoming guidelines on anticoagulation in KD
- DOAC strategies and bail-out options
- Found it useful for my clinical practice
- 1. Aspirin dose 2. Oral anticoagulants
- Info on DOAC's Warfarin Calcification High dose aspirin myth debunked



- It was optimal
- Exceptional expertise of speakers Domain vital to management of KD patients
- Expertise of the speakers and precise aspects of the talks
- Multidisciplinary discussions re DOAC
- Discussion of DOACs use
- Admission that the scientific statement has gaps that will be addressed
- Expertise and data
- Updates on progress on utilization of doacs
- Very clinically based and practical points made for the clinician
- Appreciated heme presenter. Loved the debate format!
- DOAC may be appropriate for most patients Need more safety data
- DOACs used in KF
- Very interesting conversation Discussion of needed anticoagulation options
- Good to see data on low dose ASA Great talks on DOACS
- Started with basics and worked their way up, relevant clinically
- Consider DOAC in KD Continuing use of aspirin as coronary changes can happen post discharge
- DOAC session
- Informative and educational. Applicable
- Very informative nice summary of pros and cons

Do you have suggestions for improvement?

- Excellent session

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 94% (29)

Communicator: 32% (10)

Professional: 71% (22)

Scholar: 55% (17)

Collaborator: 48% (15)

Leader: 52% (16)

Health Advocate: 35% (11)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 100%

No: 0%

Did you perceive any degree of commercial bias in the session?

Yes: 0%

No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
3%	0%	0%	42%	55%	97%



What will be the impact to your practice? Please describe:

- Better information regarding anticoagulation therapy
- - Check the guidelines for anticoagulation options in KD
- Better prescription of AAS
- 1. Aspirin dosing 2. Need to think about DOACs
- This was a good review of different types of DOAC good but other than that I was left wanting more
- I have a better understanding of the spectrum of DOACs and of interactions with classes of medications
- Improve the treatment of my patients
- More doac use, support of levels in my institution
- Use DOACs
- Will discuss acute ASA dosing
- Clinical care
- Incorporating more doacs. Will consider Bival for thrombosis
- Will use doacs more!
- Learned about DOAC
- Expect evolution of changes in anticoagulation
- Indications for DOACs
- Increase doac use
- Will likely change to initial low dose ASA Will discuss DOAC use with our hematologists
- Consider use of DOACs in KD
- Consider use of doacs instead of warfarin

Additional Comments:

- Very helpful session
- Go deeper next time. Talk about what types of studies would add value in this area
- Thanks for a great session. Maybe leave a little more time for discussion in between sessions
- Very Interesting topics
- Every session should be kept on time so that questions can be asked of every speaker. It's not fair to allow presentation without allowing questions

MODERATED POSTERS DAY 2

(N=19)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

1. Analyze the pathophysiology and underlying mechanisms of vasculitis in Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
0%	39%	50%	11%	0%	11%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	47%	41%	12%	53%

2. Identify potential causative agents of Kawasaki disease and their roles in disease onset and progression

Pre-program knowledge

1	2	3	4	5	4+5
5%	39%	39%	17%	0%	17%

Post-program knowledge

1	2	3	4	5	4+5
0%	6%	53%	12%	29%	41%

3. Evaluate the epidemiology, clinical presentation, and acute complications of Kawasaki disease to improve early diagnosis and management

Pre-program knowledge

1	2	3	4	5	4+5
6%	16%	44%	28%	6%	34%

Post-program knowledge

1	2	3	4	5	4+5
0%	6%	18%	41%	35%	76%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	22%	45%	33%	78%

What were two strengths of this session?

- PCR for viral agents is advancing, hopefully, find the causal agent. The presentation from the CDC was interesting
- 1. Acute complications of KD 2. Pathogenesis
- Some discussion of relatively less published areas in KD. Clear presentations
- Quality of the topics and the speakers
- Helpful to know and understand pathophysiology regarding modes and timing of treatment
- Content and expertise
- Multiple options



- Abstract moderated sessions Quality of abstracts
- The moderators were prepared and led the sessions well
- Experiences from different ethnicities and populations
- Rapid fire discussion on many issues in KD
- Good clinical relevance

Do you have suggestions for improvement?

- The room area limited the number of participants. E-poster can be considered
- Hand out PDFs of all posters so we can look at them in detail back home
- Timing has been a struggle Very long days
- More time

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 94% (17)

Communicator: 44% (8)

Professional: 78% (14)

Scholar: 67% (12)

Collaborator: 56% (10)

Leader: 50% (9)

Health Advocate: 44% (8)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 100%

No: 0%

Did you perceive any degree of commercial bias in the session?

Yes: 0%

No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
0%	6%	6%	50%	38%	88%

What will be the impact to your practice? Please describe:

- It will be able to increase participants if moderated poster or oral presentations increase
- 1. Identification of acute complications
- Improve the diagnosis and treatment
- Adjustment of treatment plans
- Looking for the diversity of clinical and lab features that had seen in other cohorts
- Think about additional options with diagnosis and treatment of kd
- Clinical care
- Increased knowledge



Additional Comments:

- However, some presentations are good to be presented in poster style. For example, big data statistics, precise pictured, or photos
- Time was a challenge

CARDIOVASCULAR IMMUNOLOGY

(N=20)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

1. Analyze the role of immunological biomarkers as predictors in Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
20%	45%	25%	10%	0%	10%

Post-program knowledge

1	2	3	4	5	4+5
0%	10%	55%	15%	20%	25%

2. Evaluate the heterogeneity of monocytes in cardiovascular disease and their impact on Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
50%	30%	15%	5%	0%	5%

Post-program knowledge

1	2	3	4	5	4+5
0%	45%	25%	10%	20%	25%

3. Discuss the role of regulatory T cells in the pathogenesis and therapeutics of Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
55%	25%	10%	10%	0%	10%

Post-program knowledge

1	2	3	4	5	4+5
0%	45%	25%	15%	15%	30%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	40%	35%	25%	60%

What were two strengths of this session?

- 1. immunological biomarkers in KD 2. Regulatory T cell markers
- Important information about KD immunology Expert speakers
- Simplicity on how the speakers explained this difficult aspect of the disease
- Correlation to KD treatment options
- Basic science is important
- Hopefully to translate this into the clinical realm
- Content and expertise
- Speaking about dense subjects but seemed comprehensible
- Clear presentation styles, good stories



- More understanding of KD mechanisms and pathology
- Interesting discussion of alternative biomarkers Variety of biomarkers/chemomodulators discussed
- Good in-depth explanation of disease
- Explains KD etio so there are better treatments

Do you have suggestions for improvement?

- This session was difficult to understand if one wasn't an immunologist
- Speak at the level of the audience
- Handouts

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 95% (19)

Communicator: 35% (7)

Professional: 60% (12)

Scholar: 70% (14)

Collaborator: 45% (9)

Leader: 35% (7)

Health Advocate: 35% (7)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 100% No: 0%

Did you perceive any degree of commercial bias in the session?

Yes: 0% No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
0%	0%	10%	60%	30%	90%

What will be the impact to your practice? Please describe:

- How can we use immunological biomarkers in KD 2. Autoimmunity in long run
- Improve, improve, improve
- Continue IVIG as mainstay treatment
- Hope to translate to clinical practice
- To look to basic science research for next steps in treatment
- Open the horizons for future research ideas on KD patients
- None now. Potentially many in the future

Additional Comments:

None

Day 3 Evaluation Summaries

IVIG AND NOVEL THERAPIES

(N=33)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

- Analyze the mechanism of action of IVIG and its impact on endothelial cell health.

Pre-program knowledge

1	2	3	4	5	4+5
16%	33%	39%	9%	3%	12%

Post-program knowledge

1	2	3	4	5	4+5
0%	9%	27%	42%	22%	64%

- Evaluate the efficacy of novel therapies, including IL-1 and NLRP3 inhibitors, in the treatment of Kawasaki disease.

Pre-program knowledge

1	2	3	4	5	4+5
12%	46%	27%	12%	3%	15%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	42%	33%	25%	87%

- Compare the outcomes of different treatment modalities (steroids, infliximab, anakinra, CSA) for Kawasaki disease.

Pre-program knowledge

1	2	3	4	5	4+5
0%	36%	30%	30%	4%	34%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	30%	27%	43%	70%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	9%	42%	49%	91%

What were two strengths of this session?

- Knowledge
- Horizon issue
- Improved knowledge
- Updated information
- Clear and concise



- Vital topics for KD treatment
- Comparisons of multiple treatment sources. Options for available treatments
- Adjunctive therapies. IViG functions
- Presenting diverse opinions, short and concise messages
- Informative and applicable
- Great summaries of available literature
- Clear statement for treating
- Introduce research for adjunctive treatments. Open options for addition treatments
- Lots of treatments presented. Good diversity of speakers
- Found it useful for my clinical practice
- Speakers. Interesting topic
- Laying out all the different treatment choices. Could not really tell though which of all is best strategy of course yet....
- Well organized talks and prepared speakers
- Nice overview of treatment strategies, important topics
- Great talks. Excellent literature review
- The topics quality of speakers and data
- Expertise and clarity of the speakers
- Applies directly to the patients
- Evidence based. Comprehensive
- Clear messages. Detail oriented
- Open discussion and acknowledgement of differences in treatment modalities
- Pertinent clinically. Great speakers
- Hearing different perspectives on steroids vs Infliximab. Anakinra as the new kid on the block for KD patients
- Bringing in the adjunctive treatment choices based on trial and real-world practice
- Easy to understand and respect for time of position and discussion

Do you have suggestions for improvement?

- No
- This was kept to time which is great
- Provide cohesive recommendations
- Always wish there were more time for debate
- Continue sessions like this! It would be interesting to have an overall diagram showing all the known contributing factors to KD inflammation and aneurysm formation and what agent affects each
- Case presentations on different treatment modalities, the reasoning behind it and outcomes.
- 5 minutes more for discussion



Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 91% (30)

Communicator: 36% (12)

Professional: 58% (19)

Scholar: 64% (21)

Collaborator: 42% (14)

Leader: 39% (13)

Health Advocate: 36% (12)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 97%

No: 3%

Did you perceive any degree of commercial bias in the session?

Yes: 0%

No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
0%	0%	0%	53%	47%	100%

What will be the impact to your practice? Please describe:

- Knowledge
- Improved
- Continue to participate in the care of KD patients
- Understand the options available for treatment
- Adjunctive therapies that can be used
- Consider infliximab use
- Consider cyclosporine use
- Improving my practice
- Consider alternative adjunctive therapy
- More infliximab as 3rd line
- Consider infliximab more
- Plans to unify approach for anti-inflammatory and biologics with our rheum team
- Use of Anakinra in IViG resistant pts
- Better care
- Found it useful for my clinical practice
- Better knowledge of treatment options and which may be beneficial for specific situations
- Increase use of anti TNF
- Improve adequate treatment of KD Patients
- to know that its important to intensify sometimes not so important with what
- Practical information in patient treatment
- Rethink use of second dose of IViG
- Will consider all modalities when treating complex patients
- Use Anakinra (following Infliximab) more often Infliximab at 10 mg/kg/dose.
- Intensifying IViG treatment with adjunctive treatment in high-risk KD patients



- Probably change intensification ttt

Additional Comments:

- Need more time
- Good to keep all questions to the end of all presentations
- Very nice session and organization
- Review of statin concerns would be good- diabetes, memory
- Great session!
- More time for discussion in this particular session would have been better
- Thank you!
- Also add Statina in my clinic

INTRODUCTION ON IMPACT OF MISSED OR DELAYED DIAGNOSES

(N=31)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

1. Identify key diagnostic challenges in Kawasaki disease to improve early detection and intervention

Pre-program knowledge

1	2	3	4	5	4+5
0%	7%	46%	40%	7%	47%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	17%	20%	63%	83%

2. Evaluate the impact of missed or delayed diagnoses on patient outcomes in Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
0%	7%	33%	50%	10%	60%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	16%	27%	57%	84%

3. Implement strategies to enhance diagnostic accuracy and reduce delays in Kawasaki disease

Pre-program knowledge

1	2	3	4	5	4+5
0%	3%	40%	47%	10%	57%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	10%	37%	53%	90%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	10%	40%	50%	90%

What were two strengths of this session?

- Speakers were great, important topics were discussed
- The importance of implementing strategies to early diagnosis and treatment. Missed diagnosis and Patient outcomes
- 1. Missed diagnosis 2. Differential diagnosis of KD 3. KD can be diagnosed in the presence of infection
- Important information for individuals not on the front line for KD diagnosis. Clear speakers
- Speakers and they approach to the disease
- Diagnosis of KD
- Open discussion



- Clear and complete
- Reminder of non-KD diagnostic pearls was great
- Key red flags of KD and other diagnoses was key, entertaining and engaging talks
- Speakers Interesting session/clinical
- Pearls provided and the speakers
- Great differential diagnosis and pearls presented
- Review of s&s Alternate diagnosis considerations
- Practical content and good speakers
- Excellent talks. Great speakers
- Lots of clinical relevance and obscure and high-level points
- Very nice description of clinical and lab findings in KD. Additional markers that can be considered
- Infections as a differential diagnosis of KD
- Insight to faster recognition of late diagnosis

Do you have suggestions for improvement?

- Include nursing
- More interactivity
- Speaker should stick to the time allotted
- Please provide handouts or slide sets
- Love more discussion on “high risk”
- Great session. Packed schedule leading to time issues and limited questions

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 97% (29)

Communicator: 40% (12)

Professional: 70% (21)

Scholar: 57% (17)

Collaborator: 53% (16)

Leader: 37% (11)

Health Advocate: 33% (10)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 97%

No: 3%

Did you perceive any degree of commercial bias in the session?

Yes: 0%

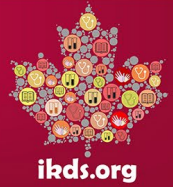
No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
3%	0%	0%	37%	60%	97%

What will be the impact to your practice? Please describe:

- More informed decision making



- Implement some of these strategies while developing our institutional diagnostic guidelines
- 1. Diagnosis of KD in the presence of concurrent infections
- Not delaying treatment
- I will be more resourceful in making early diagnoses and influencing others
- More questions consider alternative therapies
- Better sense of measles symptoms and signs
- Better care
- Consider measles in the differential more frequently
- Expand diff dx thoughts
- Think of KD in aseptic meningitis or culture negative shock
- Watch for BCG inflammation in KD
- Consideration of alternative diagnoses
- Better diagnosis of KD
- Pearls helpful with confirmation of KD dx
- Affect my teaching; have ideas for new quiz answers for my pediatric rheumatology trainees
- Less missed KD
- Additional things for which to look if there is a diagnostic question
- Increase awareness of KD mimickers
- Improving my practice

Additional Comments:

- Great session
- Excellent content this morning with great review of relevant trials

BREAKOUT SESSIONS

(N=22)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

- Determine the optimal acoustic views to evaluate the different coronary artery segments

Pre-program knowledge

1	2	3	4	5	4+5
19%	9%	24%	43%	5%	48%

Post-program knowledge

1	2	3	4	5	4+5
9%	5%	14%	43%	29%	72%

- Demonstrate the knobology needed for image optimization

Pre-program knowledge

1	2	3	4	5	4+5
9%	24%	29%	29%	9%	38%

Post-program knowledge

1	2	3	4	5	4+5
5%	5%	20%	40%	30%	70%

- Illustrate measurements of coronary artery luminal dimensions on echocardiography

Pre-program knowledge

1	2	3	4	5	4+5
19%	10%	33%	24%	14%	38%

Post-program knowledge

1	2	3	4	5	4+5
5%	10%	19%	38%	28%	66%

- Identify small, medium, and giant coronary artery aneurysms

Pre-program knowledge

1	2	3	4	5	4+5
10%	14%	29%	33%	14%	47%

Post-program knowledge

1	2	3	4	5	4+5
5%	5%	29%	29%	32%	61%

- Detect coronary artery thrombus

Pre-program knowledge

1	2	3	4	5	4+5
10%	19%	32%	29%	10%	39%

Post-program knowledge

1	2	3	4	5	4+5
5%	0%	33%	33%	29%	62%



6. Identify myocardial proliferation

Pre-program knowledge

1	2	3	4	5	4+5
28%	19%	10%	33%	10%	43%

Post-program knowledge

1	2	3	4	5	4+5
10%	10%	23%	38%	19%	57%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	5%	14%	33%	48%	81%

What were two strengths of this session?

- Live presentations
- 1. Echocardiography knowledge 2. Hands-on ECHO
- Precise and concise
- Clear
- Hands-on
- Very practical. Can implement
- Good cardiac perspective
- Improved recognition
- Engaging and diverse presentations, new knowledge imparted
- Correlating clinical and HP for proper treatment
- I attended path session not the echo session so impossible to evaluate this session but no option to choose this

Do you have suggestions for improvement?

- This was an important addition in IKDS
- More time for hands-on
- More time to discuss, learn. Very interesting. You work all Year round in the echo lab. And now the possibility to discuss
- Better evaluation process to choose which breakout session
- More sessions like this

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 86% (18)

Communicator: 29% (6)

Professional: 62% (13)

Scholar: 57% (12)

Collaborator: 48% (10)

Leader: 24% (5)

Health Advocate: 24% (5)



Did the content offer balanced views across all relevant options related to the content area?

Yes: 95%

No: 5%

Did you perceive any degree of commercial bias in the session?

Yes: 0%

No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
4%	0%	0%	48%	48%	96%

What will be the impact to your practice? Please describe:

- Improve the correct diagnosis of coronary artery abnormalities
- Data based clinical Practice
- Collaborate closer with my cardiologists
- Better multi-D interaction
- This has added to my practice greatly - totally new knowledge
- Stratifying patients
- Look for proliferation more

Additional Comments:

- This should be permanent part of all IKDS as a workshop
- Great sessions

MINI SUMMIT: LONG-TERM AND CRITICAL HANDLING OF SEVERE CORONARY ARTERY COMPLICATIONS IN KAWASAKI DISEASE

(N=28)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

1. Understand methods of CABG for ischemic heart disease caused by Kawasaki disease and its long-term prognosis.

Pre-program knowledge

1	2	3	4	5	4+5
14%	21%	39%	22%	4%	26%

Post-program knowledge

1	2	3	4	5	4+5
0%	3%	39%	29%	29%	58%

2. Evaluate the effectiveness of invasive angiography in diagnosing and managing acute coronary syndrome in patients with Kawasaki disease.

Pre-program knowledge

1	2	3	4	5	4+5
14%	21%	43%	11%	11%	22%

Post-program knowledge

1	2	3	4	5	4+5
0%	7%	39%	25%	29%	54%

3. Develop a multidisciplinary decision-making model for the treatment of symptomatic Kawasaki disease patients with coronary artery aneurysms.

Pre-program knowledge

1	2	3	4	5	4+5
7%	25%	36%	21%	11%	32%

Post-program knowledge

1	2	3	4	5	4+5
0%	3%	36%	29%	32%	61%

4. Identify the challenges and solutions for transitioning Kawasaki disease patients to adult care.

Pre-program knowledge

1	2	3	4	5	4+5
0%	18%	54%	21%	7%	28%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	18%	53%	29%	82%

5. Evaluate multidisciplinary decision-making models for managing critical coronary artery complications in patients with Kawasaki disease, incorporating perspectives from various international experts.

Pre-program knowledge

1	2	3	4	5	4+5
0%	14%	57%	18%	11%	29%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	25%	43%	32%	75%

6. Discuss strategies to prevent Kawasaki disease patients from falling through the cracks during the transition to adult care, emphasizing the importance of continuous follow-up and optimal care transition.

Pre-program knowledge

1	2	3	4	5	4+5
0%	18%	54%	25%	3%	28%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	22%	48%	30%	78%

7. Evaluate the roles of adult congenital cardiologists and pediatric cardiologists in the long-term care of patients with Kawasaki disease.

Pre-program knowledge

1	2	3	4	5	4+5
0%	18%	50%	25%	7%	32%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	28%	43%	29%	72%

8. Analyze the challenges and strategies for transitioning Kawasaki disease patients from pediatric to adult care.

Pre-program knowledge

1	2	3	4	5	4+5
0%	11%	61%	21%	7%	28%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	21%	43%	36%	79%

9. Develop a multidisciplinary decision-making model for the optimal transition of care for patients with Kawasaki disease.

Pre-program knowledge

1	2	3	4	5	4+5
0%	21%	54%	21%	4%	25%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	18%	53%	29%	82%



Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	0%	14%	43%	43%	86%

What were two strengths of this session?

- Treatment for ACS and follow-up in adults
- Knowledge
- Good correlation to clinic
- I could not find a distinctly good method of transition. Probably it needs gradual, daily efforts
- Content and expertise
- Key topics that are relevant to us, strong speakers
- Multidisciplinary decision-making model. Transition care
- Giving helpful suggestions for developing a team ready for urgent KD care
- Coronary artery MI talks
- Informative and applicable
- Debate format. Speakers
- Clear
- Timeline and needs for transition
- Good presentations
- Found it useful for my clinical practice
- Start the transition care as early as 12-year-old
- Multi-disciplinary team is key. Transition education is our responsibility
- Open discussion
- Learnt how to best transition to adult care
- The various experiences presented
- Approach of one of the problems in growing-up of patients with KD
- Best was the patient offering her incredibly articulate description of transitioning
- Understandable
- This was an exceptionally engaging session that everyone could relate to. Outstanding speakers

Do you have suggestions for improvement?

- The education for patients from children to adult should be performed
- Important, but adult cardiologists seemed to be few in participants. To call some adult cardiology or cardiac surgery specialist is needed
- More questions should be allowed. Maybe less talks. Two from ped card, one from interventionalist, one from surgeon?
- Consistency and provide resources for these things
- Leave room for panelists to participate
- This afternoon was great
- Speakers adhere to their time
- Address stenting/balloon dilation vs cabg- any updates on this?



Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 96% (27)

Communicator: 46% (13)

Professional: 71% (20)

Scholar: 61% (17)

Collaborator: 50% (14)

Leader: 50% (14)

Health Advocate: 54% (15)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 97%

No: 3%

Did you perceive any degree of commercial bias in the session?

Yes: 0%

No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
7%	0%	4%	46%	43%	89%

What will be the impact to your practice? Please describe:

- PCI in children
- Knowledge
- Improved my practice
- Clinical care
- Think about transition of care in KD
- Multidisciplinary decision-making model. Transition care
- Definitely change the way we handle transition care
- Transition issues
- Develop transition plan and start early
- Work with colleagues to organize a KD team
- Better care
- Found it useful for my clinical practice
- Better transition plan
- I will request more specialist to collaborate
- Brilliant session that takes into accounts patients and families
- Discuss ACS with pts and families
- Developing a transition of care program
- Developing health passport. Emphasize need for medic alert
- Improved
- Educate, Collaborate



Additional Comments:

- Cardiologists must gather for this theme, whatever the subspecialty is pediatrics, internal medicine, surgery, or radiologist
- Loved meeting everyone from all over!
- More sessions like this!
- Great session. Have resources available
- Excellent
- Great session!
- The timing today was much improved. Thank you, moderators!

SOLVING WORLDWIDE GAPS IN KD CARE Towards Harmonized and Adapted Guidelines Across Nations (N=25)

Evaluation of This Activity

Using a scale of 1 to 5, please indicate your level of confidence in the learning objective as it relates to your knowledge, belief, or behavior, pre-program and post-program

- Analyze the global disparities in Kawasaki disease diagnosis and treatment

Pre-program knowledge

1	2	3	4	5	4+5
0%	39%	39%	22%	0%	22%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	30%	40%	30%	70%

- Develop strategies to enhance access to Kawasaki disease care in under-resourced regions

Pre-program knowledge

1	2	3	4	5	4+5
0%	43%	48%	9%	0%	9%

Post-program knowledge

1	2	3	4	5	4+5
0%	9%	30%	44%	17%	61%

- Evaluate the effectiveness of international collaborations in improving Kawasaki disease outcomes

Pre-program knowledge

1	2	3	4	5	4+5
0%	30%	48%	18%	4%	22%

Post-program knowledge

1	2	3	4	5	4+5
0%	0%	22%	43%	35%	78%

Effectiveness of Speakers

Using a scale of 1 to 5, please indicate the effectiveness of the speakers in this session

1	2	3	4	5	4+5
0%	4%	18%	39%	39%	78%

What were two strengths of this session?

- Different challenges with developing and implementing guidelines in different parts of the world - It is unrealistic to develop "one global guideline" for all
- 1. Global disparities 2. Guidelines / consensus statement
- Important topic Compelling speakers
- Global approach of the problem
- Open discussion
- Importance of sharing knowledge Importance of equal access for everyone
- Great discussion Potential for inspiring international collaboration



- Panel Discussion on guidelines: feedback from different parts of the world
- Diversity of representation, equal opportunity for many to speak
- The panel and format
- Variety of speakers and especially those from different settings
- Interesting to hear about various challenges in different countries
- Focus on all aspects of global care Focus on collaboration
- Interesting overview

Do you have suggestions for improvement?

- Include all stakeholders while developing guidelines: Pediatric rheumatologists, ID specialists, PHM, caregivers/ patients
- Establish an International Community for KD
- Have more guided questions for each panelist, perhaps given in advance so they can prepare
- Evaluation forms could be improved. Working groups
- Define the true gaps and how more developed areas can help less resource rich areas
- Too long. Too many people on panel
- Define the true gaps and how more developed areas can help less resource rich areas

Which of the following CanMEDS roles were exhibited in this session (select all that apply)?

Medical Expert: 91% (21)

Communicator: 61% (14)

Professional: 65% (15)

Scholar: 56% (13)

Collaborator: 65% (15)

Leader: 69% (16)

Health Advocate: 52% (12)

Did the content offer balanced views across all relevant options related to the content area?

Yes: 100% No: 0%

Did you perceive any degree of commercial bias in the session?

Yes: 0% No: 100%

The format provided an effective teaching method (Expert Presentation):

1	2	3	4	5	4+5
4%	0%	0%	39%	57%	96%

What will be the impact to your practice? Please describe:

- Be open minded on guidelines developed globally
- 1. How to use guideline v/s consensus statement 2. Guidelines should be used in different contexts in different regions
- Recognizing the problems in my community
- Will consider plans for rural outreach and education

- Keep learning and sharing
- Consider different clinical subgroups of KD when choosing treatment
- Different approaches for KD awareness
- Keep an eye on guidelines that are upcoming
- International collaboration
- Better informed in spawning with colleagues from different countries around KD care
- Look to improving care and evaluate more available and less expensive areas
- Improve my practice

Additional Comments:

- Need to consider successful implementation strategies while developing guidelines
- Great international exposure for all
- Did not have time for posters
- Good session

