

# Shorelines

## NEWSLETTER OF THE PROBUS CLUB OF NORTH SHORE VANCOUVER

April 2022

[www.probus-northshorevancouver.ca](http://www.probus-northshorevancouver.ca)

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### Management Committee

**President:**  
Darryl Stodalka

**Vice President:**  
Gord Cook

**Secretary:**  
Vacant

**Treasurer:**  
Gordon Adair

**Past President:**  
Ron Wood

**Communications:**  
Terry McLeod

**House:**  
Terry McLeod\*

**Membership:**  
Dale Douglas

**Speakers:**  
John Elliott

**Special Events:**  
Doug Magoon

\*Interim

### Monday, April 11<sup>th</sup> Hybrid Meeting

West Vancouver Yacht Club, 5854 Marine Dr., Coffee/Buns 8:30, Meeting 9:30

with speaker **Sam Cooper,**  
**Author and Journalist (Wilful Blindness),**  
*“Money Laundering and Illegal Drugs”*



Sam Cooper is an award-winning Canadian investigative journalist who has presented his findings on corruption, money laundering and transnational crime to law enforcement agencies, legal and financial professionals, and academics, internationally.

Cooper graduated with a degree in history, philosophy and English from the University of Toronto and a certificate in Journalism from Langara College. Cooper's first book,

Wilful Blindness, will be published in a second edition in May 2022. The first edition is a Canadian best-seller.



### Mark Your Calendars with These Important Dates



**May 9<sup>th</sup>** - Connie Jorsvik. Patient Pathways, *“Navigating the BC Healthcare System”*

**June 13<sup>th</sup>** - Mark Milke, PhD, Author and Columnist, *“The Victim Cult”*

## President's Notes



Fellow PROBUS members, it is great to spend time outdoors again with so much more daylight and milder temperatures. We have a young dog (8 months old) so that means we get out for walks and the inevitable scanning of the back yard for fertilizer surprises. We also have a wizened old plum tree in full bloom. It had leaned over right to the ground last summer due to

the dry earth and a visit by a bear at some point. The upside is the plums will be easy to pick this year.

I am disappointed that I missed our in-person meeting on March 14 although I was able to connect online to enjoy a fine presentation by Dr. David Wood. We had 52 people attend in person, another 45 connected using zoom and there have been 90 views of the presentation since March 17. That is a great success in my books. Thanks to our management team for organizing the event and making it happen on the day.

On March 10, I had lunch at Dusty's pub at Whistler Creekside. MISTAKE! Two days later, I was struggling with intense cold and flu symptoms. Turned out to be a COVID-19 infection, hence missing the in-person meeting. I am thankful that the province has set up a treatment option which I was able to take advantage of. On the third day of my illness, I called 811, got a toll free number to call, had an interview, then a call from a pharmacist and finally a follow-up call from a physician. Within 3 hours, my wife was able to pick up my prescription for Paxlovid. I took these pills for 5 days and can safely say that I am recovered now. A friend said getting Covid-19 now is like getting shot at the end of the war.

You may get a call from a member of the management team over the next couple of months. We are determined to engage a few more members in the running of our club. Come September, we aim to have a full slate of people to take the club into 2023. Here is a summary of the opportunities that await you:

- **Treasurer:** Gordon Adair has handled this task very well for several years now. He welcomes taking on a shadow who he would mentor with the aim of handing over the responsibility.
- **Secretary:** This position is vacant at the moment. Our Vice President is currently filling the main role of preparing the minutes from our monthly hour-long management team meeting.
- **Speaker Chair:** This is deftly handled by John Elliott

## President's Notes Cont'd.

at the moment. John currently has speakers lined up for the remainder of the year. He would like to coach his eventual replacement to get familiar with this role.

- **House Chair:** This opportunity is currently vacant. Fortunately, during COVID times, there was little to do to manage this need. Terry McLeod has been wearing this hat as well as the Communications hat in the meantime. We now have secured the West Vancouver Yacht Club as our regular venue. Whoever takes on this role will have a big head start.
- **Scribe:** This is the person who writes up the summary of the monthly presentation for inclusion in the Shorelines newsletter. Darlene Dean was very kind to take on this task when she joined as a new member over a year ago. Apparently, she will be going on the occasional vacation and will need a partner to share this role. We are using Zoom to record the meetings which makes writing the summary much easier to do.
- **Vice President:** This role will be available September 1, 2022. This happens as current Vice Pres. (Gord Cook) moves to President, President (yours truly) moves to Past President and the past President (Ron Wood) will retire from the management team. With this succession pattern, Vice President is generally a 3-year commitment. Gord Cook was kind enough to answer a shout out last year and stepped forward into this role this year for which we are grateful.

If any of these opportunities fall in your wheelhouse, please reach out to a member of the management team for more insight. You will meet a great bunch of people who are all very diligent in managing their responsibilities. I promise that you not get thrown in the deep end, we will have someone available to coach you.

Keep well, stay safe and enjoy the Spring flowers.

*Darryl Stodalka*



## Special Events

# UPCOMING EVENTS

The relaxation of COVID - related protocols and the resumption of in-person PROBUS meetings now affords us the opportunity to recommence Special Events Activities for those who wish to participate. We have events planned for April and May.

**The first is a City Walking Tour of Vancouver's Chinatown with civic historian John Atkin on April 27th at 10:00 am.**

John is a well-regarded local historian who has conducted several walking tours popular with our participating club members. Chinatown has been a vibrant part of Vancouver with a rich history, but an area that is somewhat in flux with changing demographic and cultural pressures but a strong commitment to preserve its special history and ambiance. This should be an interesting exploration of a topical and important part of the Vancouver scene. The cost for the tour is \$15. One can sign up by email to **Doug Magoon**. Additional details will soon be emailed directly to members. Stay tuned if you are interested in this tour.

**The second planned event is a visit again to the Pacific Science Enterprises Centre.**

Last visited in March of 2020, the proposed date for this visit is May 18. Details will be forthcoming as plans crystallize. The Pacific Science Enterprise Centre, whose activities were well described to our club in a June 2021 presentation by Dr. Steve MacDonald, then Director of the Centre. Their research activities include pollution toxicology, issues related to BC lakes productivity, estuary food chain, molecular genetics, harmful alteration of fish habitat and the development of plant-based products to sustain and grow fish stocks. This should be an interesting and informative visit. Details regarding sign-up for this May 18th visit will be forthcoming soon.

The Special Events Committee is formulating and active events calendar for the coming months. We shall keep members apprised as planning progresses.

*Doug Magoon, Special Events Chair*

## New Members Introduced and Welcomed at March Meeting



**Ralph Turfus** hails from Montreal and has resided in West Vancouver for over 18 years. He holds a BSc. from Queens Univ. in Math and Engineering, a MSc. from UBC in Electrical Engineering and a MBA from UBC in Finance and Marketing. He has successfully founded 8 technology startups and is currently an Investor and Board member in the Technology Industry. Ralph served with the RCAF between 1963-1970 and was Assistant to the Executive VP at Veracold between 1973-1976. His activities include biking, hiking, cross country skiing and dog walking and is involved in philanthropic endeavours.



**Derwyn Lea** is originally from Winnipeg and has lived in North Vancouver for 22 years. He holds a BSc. in Engineering from the University of Waterloo and has worked as a project director for 44 years on major industrial projects. He was employed by Sandwell & Co, B.C Forest Products, Fletcher Challenge, Giffels Assoc. and Arpeggio (his own consulting company). His interests include travel, a cabin in the Gulf Islands and enjoys drinking good wine!



**Rick Ryan**, a native of Calgary, has lived in West Vancouver for 25 years. He holds a BA in Sociology and a diploma in therapeutic Recreation. His work experience includes being the CEO for over 35 years of the Boys and Girls Club of BC and Greater Vancouver and as a self-employed consultant for 9 years. His work took him to Toronto, Montreal, and Vancouver.

Rick was actively involved in many volunteer roles including Commissioner with the United Nations Year of the Child, Crown appointee to the BC Institute of Chartered Accountants, Past President of the Downtown and West Vancouver Kiwanis clubs and Past Chair of the Community Services Committee for West Vancouver. His interests include travel, genealogy, and cooking.

*Dale Douglas, Membership Chair*

## Last Month Speaker - Dr. David Wood

Dr. Wood has many titles, but today focused on his Centre for Cardiovascular Innovation (CCI) where he is the Director and has 66 Cardiologists on his team. At CCI, research is incorporated into everything they do, unlike other centers which are mainly one-dimensional. What is happening in BC is world-leading in all aspects of cardiac care, and this attracts aspiring cardiologists to come here to train. 10 years ago, he spoke to our group and a lot has happened since then!

What is clinical medicine and what is research? The historical way of thinking is that they are separate but they are not. By incorporating research into literally everything we are doing, patients get access to technology and therapies that otherwise they would not see for 5 years if they were somewhere else in Canada where the medical system wasn't pushing the envelope. Embedding technology in new bricks and mortar infrastructure has been slow to resonate with the ministry of health. Our technologies are light years ahead of where they were to keep you healthy and alive with good quality of life for much longer than would have been the case a decade ago.

Created about 3 years ago, CCI is a totally new approach to patient care. They have over 100 investigators around the province representing every health authority including First Nations consisting of researchers, clinicians and staff who work with various strategic partners. CCI is an integral part of a group at UBC called a "Translational Centre" consisting of members from the UBC School of Biomedical Engineering, UBC Faculty of Applied Science, Vancouver Coastal Health Research Institute, Life Sciences Institute, Academy of Translational Medicine, James Hogg Research Centre, CHEOS - Centre for Health Evaluation & Outcome Sciences, and Providence. Through research they are trying to break down historic silos in health care. With this collaborative approach, you know what is happening not just down the hall but anywhere in the province.

CCI initiated numerous conferences to bring people together such as Sports Cardiology, SUMMIT, and Vancouver Valve (expecting over 1,000 in 2022). Future plans include a bricks and mortar structure in 2027 with 368 beds and integrated innovation hubs working in specialized medicine.

Your most important organ is the heart and the three aspects to learn about are Plumbing (Atherosclerotic heart disease), Wiring (Cardiac arrhythmias) and Pumping (Congestive heart failure). Today far fewer people have to have conventional open heart surgery. If someone comes in with a heart attack today, all the blockages are fixed, not just the problematic one. This is done because research has shown that if only the one blockage is fixed, there will likely be a return visit for another one.

**Plumbing: Atherosclerosis: The Scourge of Affluence** – heavier people are at risk. Presented a slide showing what the main artery will look like under different scenarios. Blockage occurs progressively over many years. We know how diet and exercise can help prevent this and there are medicines that can prevent the blockage from happening. You can live for 80 years with blockages in all 3 heart arteries (might have chest pain or shortness of breath going up hills). When the cholesterol build up ruptures (Thrombus) it is a heart attack and the closer you are to a tertiary care hospital that has a team that can open up your arteries, the greater is the chance you will survive.

Contributing to heart attacks are many factors. It is known that 9 modifiable risk factors predict 90% of all acute heart attacks, and these factors are cholesterol, current smoking, psychosocial stress, diabetes, hypertension, abdominal obesity, daily intake of fruits and vegetables, daily exercise, and mild alcohol intake (1 glass of wine/day). 130/80 is the best blood pressure rating where the chance of heart attack is very low. A vigorous walk a day will be beneficial, and salt is a huge issue.

The Mediterranean Diet is the best for heart health and includes daily olive oil and or nuts/peanuts, fresh fruits, vegetables, white meat, fish and legumes, and optional red wine. Not included are soda, baked goods/pastries, red or processed meat and spread fats such as margarine and mayonnaise. With this diet, all inflammatory markers go down.

Since the last presentation, two studies have been completed. For 4,000 patients with blockages, in half of the group, the problematic blockage was removed, and for the other half all the arteries were cleared thus completely changing the way we practice. This saves a lot of money for the health care system by not incurring subsequent hospitalizations. Clinical research (out of Vancouver) was shared, and now everywhere in the world when you come in with a heart attack, all the arteries are fixed. In BC there are 2,300 blocked artery heart attacks per year.

**Pump** – Ideally you want a nice small heart with strong muscles. Progression of stages are shown in the presentation where the heart can enlarge over time. In the past with heart failure, there is 50% survival at 30 months. For all the engineers – Ejection Fraction = Description of pumping ability of the heart. EF=what is pumped out of the heart/what came into the heart = 60%. Good news is that there are many new medications that can shrink the heart down and make the heart more efficient. The survival rate has been enhanced by 2/3. The younger you are, the greater chance for positive remodelling, but there are also positive results for people in their 70's and 80's.

**Wiring: AF (Atrial Fibrillation)** happens when the upper

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chambers of the heart start to dilate and stretch. Instead of nice contraction between the upper and lower chambers the heart beats too quickly with the upper chamber beating at 600 beats/minute and never gets emptied. Each alcoholic beverage/day confers an 8% risk of AF compared to no drinks/day.

Slides provided information on how a pacemaker works, and how it is inserted. Now there are pacemakers and defibrillators that don't require insertion under the skin. They require no leads thus preventing many problems that were previously experienced.

Wearables technology sector is growing because we are looking to eventually track all clinical data remotely. Problems can be identified before you start getting chest pain.

Cryoballoon Ablation is a new development permitting cutting off electrical circuits to prevent you from going into AF or going back into AF. Before our only approach was to give you medication to slow the heart down, and if the heart got too slow, insert a pacemaker.

He shared a story about Mick Jagger in New York undergoing a procedure developed in Vancouver where his Aortic Valve was blocked and 1/3 of what it should have been. A 20 minute procedure going through the leg to replace the valve and you go home. 4 weeks later he is seen dancing energetically and looking great. In Vancouver, during COVID this enabled valve replacements to continue with same-day discharge and no requirement for beds. Even open heart surgery has come a long way needing only a small incision where a large incision was required in the past, and is robot-assisted.

A quick reference was made of some of the research he is currently reading and also a description of the Benchmark program which is educational and trains teams around the world in improving patient care and clinical outcomes. They have worked with 73 Centres in the US and over 100 in Europe, Australia, China and Japan and have experienced excellent collaboration and momentum.

### Questions

Q1 What was the magic number for Body Mass Index (BMI)?

A Being somewhere in the 18 – 27 range is fine. The actual number also depends on gender and ethnicity.

Q2 What do you do when someone has a heart attack?

A Call 911 immediately. Chew an aspirin so it breaks up and into the bloodstream more quickly. Use a defibrillator if there is one. Research has shown that the sooner you get electricity to the heart is the key variable in chance of survival. The quicker you can shock the heart back the better. CPR helps but it is really the electricity.

Q3 How do you determine whether to use a cow versus mechanical valve?

A This has completely changed. A pig/cow valve will last 10 – 12 years, a mechanical valve 20-25 years or longer. It used to depend on age what kind of replacement would be used. Now with non-invasive heart surgery they can be changed easily when needed.

Q4 In removing a pace-maker or de-fib – how challenging is that?

A Very hard to predict. In some people it is not an issue and the leads can just be pulled back. In others it is a major issue and leads may be left in – with multiple devices over time there may be many leads left in. Now with being able to insert or remove a small cylinder with a catheter, it is a huge step forward. It is not quite ready for “prime time” but are doing a lot of research in Vancouver.

Q5 When replacing a valve, how do you ensure it is in the right spot and once it is there, how does that valve maintain its position?

A The replacement gets imbedded in the calcium existing in the valve and never moves. There have been over 1 million used using the minimally invasive transcatheter method. 10 years ago, there were maybe 50,000 implanted.

Q6 Can you describe the process of a TIA?

A About a 100 patients a year I close holes in their hearts. The theory is that a blood clot could go through the hole and cause a stroke. An MRI can show that part of the brain has died and that is a stroke. With a TIA, the MRI shows that everything is fine which means that transiently something has blocked off blood flow to that part of the brain. On advice of a stroke neurologist, if determined to be a TIA you would be put on aspirin and cholesterol medication and would look for anything else like a hole in the heart that would increase the chance of you having a full blown stroke in the future.

Q7 Regarding a glass of wine a day ... how much is ok?

A The pendulum is all over the place. Some of the data in the past has indicate that flavonoids in the wine are cardio-protective. That might not have been good data back then. Being totally honest, less is more. From a cardiac point of view, probably having a glass of something at night is not an issue, but is probably not that cardio-protective. The big issue is there is a direct correlation with the more alcohol you drink, it increases cancer risk.

Q8 What are the differences in men and women presenting with heart disease?

A As stressed before, the phenomenon of women coming in without blockages of the heart arteries from

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cholesterol or thrombosis, but from stress, where suddenly the function of the heart is less than normal, is much more common for women. The other piece is that women will still present with the classic chest pain, pain radiating to the shoulder and jaw, and shortness of breath but they also are more likely to present with vague fatigue, abdominal pain and just not feeling well so the index for suspicion of a heart attack in a woman needs to be higher.

Q9 Is there a link with coronary stents involved with future strokes?

A The same fatty blockages that you get in your heart can also happen in the blood vessels in your brain. So if you have blockages in your heart, it is very likely that you will have blockages in your brain and in the blood vessels down to your leg. In the brain, it can cause stroke, in the leg it will cause pain and you might need surgery to remove it. Just having stents in your heart is not going to increase your chances of having a stroke. The same thing that is causing blockages in your heart will also be causing blockages in your brain and leg.

Q10 Would you please comment on the role of ultrasound in your studies.

A We have amazing new ultrasound studies. With a tiny ultrasound, I can see hardening of the arteries. Recent data shows that with really good diet and exercise and really good cholesterol medication you can see regression.

*This summary was prepared by member Darlene Dean*

## A Little Humour

### CHICKEN LITTLE

One day the first grade teacher was reading the story of Chicken Little to her class. She came to the part where Chicken Little warns the farmer.

She read, "...and Chicken Little went up to the farmer and said, "The sky is falling!" The teacher then asked the class, "And what do you think that farmer said?"

One little girl raised her hand and said, "I think he said: 'Holy sh\*t! A talking chicken!' The teacher was unable to teach for the next 10 minutes.



## A Little Humour

If we meet offline  
and you look  
nothing like your  
pics you're buying  
me drinks until  
you do!

*A wedding anniversary is  
the celebration of love, trust,  
partnership, tolerance, and tenacity  
The order varies  
for any given day!*

### FIVE TERMS USED BY WOMEN

1. **Fine:** This is the word women use to end an argument when she is right and you need to shut-up!
2. **Nothing:** Means something and you need to be worried.
3. **Go Ahead:** This is a dare, not permission, DO NOT DO IT.
4. **Whatever:** A women's way of saying screw you.
5. **That's Okay:** She is thinking long and hard on how and when you will pay for your mistake.

### BONUS WORD: Wow!

This is not a complement, she's amazed that one person could be so stupid.



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Editorial contributions and comments are welcomed and may be sent by e-mail to your Administrator: