

Report from the European Society of Cardiology Congress 2016 in Rome

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An annual Congress of the European Society of Cardiology (ESC) was held for the first time in the everlasting city of Rome. No man can fully comprehend the unique nature of this ancient city. This is a place where every stone and brick tells a story, which origins are hidden in the long-forgotten past. Just a morning stroll across its magnificent streets, avenues, piazzas or gardens is a gift and a feast for everyone. Rome was truly the capital of the world in every sense of this meaning. Culture and science has once flourished in its beautiful buildings. Thus, we are very happy that Rome will become the capital of world cardiology for five days. But now a little about the Congress itself.

In the first place, it should be said we all witnessed an unrepresented event as His Holiness Pope Francis made an unexpected gesture and visited us at the Congress venue. The short description of His visit is written in the Editorial of this issue and the full texts of His speech can be found at the ESC web-page. Probably one of the happiest person in the whole Congress was our colleague dr Monika Komar whose daughter Rita was blessed by the Pope who held her in His hands!

The Rome Congress hosted an impressive number of more than 30,000 participants from 106 countries making it the world-largest cardiovascular congress. During the five days of Congress 150 different topics were covered in over 500 sessions. Obviously, the crucial part were sessions dedicated to the original research, that were grouped into 28 clinical Hot Line studies, 26 clinical trial updates, 24 registry studies, 12 basic and translational science Hot Lines. Moreover, out of 11,000 abstract submissions, 4594 abstracts (acceptance rate – approximately 40%) were selected for presentations during the Congress in various sessions.

The concept of the “Heart Team” that highlights the importance of teamwork and interactions between all professionals and specialties was the spotlight of the Congress. There is a growing body of evidence that cooperation between major “players” involved in the exhaustive management of patients with cardiovascular diseases is directly related to better outcomes. Therefore, such initiatives should be encouraged to begin in those places that so far heart teams were absent but also in those centers that actually heart teams exist should be constantly reinforce and evolving.

To present the real scientific content of the Congress is certainly beyond the scope of this report. However, there are several landmark trials that cannot pass unnoticed. Firstly, doctor Lars Kober presented long-awaited results of the DANISH trial that studied

the long-term benefit of implantable cardioverter-defibrillators (ICDs) in patients with non-ischemic systolic heart failure. Surprisingly for some, the authors did not observe an improvement of overall survival in ICD recipients over usual care. It should be noted, however, that the risk of sudden cardiac death (SCD) in these subjects was halved but it did not translate into an overall benefit. Therefore, the results of the DANISH trial clearly question the current ESC recommendations on primary SCD prevention with ICD in dilated cardiomyopathy patients. Obviously, the problem has not been solved yet but the message from this well-conducted study should be taken into account in the next edition of guidelines. Professor Martin Cowie, from the Imperial College of London, presented somehow disappointing results of the REM-HF study, that randomized 1650 patients from nine English hospitals to usual care and weekly remote monitoring with implantable cardiac electronic devices or to usual care alone. The main conclusion of the study is that implantable electronic devices failed to improve clinical outcomes over conventional care. This study is another perfect example that beautiful theories and encouraging initial re-



Figure 1. Pope Francis holding in his hands Rita who is a daughter of our colleague doctor Monika Komar



Figure 2. Doctor Piotr Musialek presents the results of his study

sults from small and non-randomized trials are torn apart when confronted with multi-center and randomized study with adequate sample size. Without doubt another important study is CE-MARC 2, which was presented by the John Greenwood from the University of Leeds, UK. The authors found that patients with suspected coronary artery disease whose care was guided by cardiovascular magnetic resonance had significantly less unnecessary angiography than those whose care was led by the current NICE guidelines. Therefore, the broader use of functional imaging in diagnosis process of coronary artery disease, alike in low, intermediate and high risk patients groups seems to be logical and perhaps cost-effective, not to mention the reduction of complications and unnecessary stress to patients who are subjected for invasive studies. Principal investigator Kaare Bonaa from the University of Tromso, Norway presented the results of the largest stent trial ever made that randomized 9013 patients with stable or unstable coronary artery disease to PCI with either contemporary drug-eluting stents (n=4504) or bare-metal stents (n=4509). The NORSTENT Investigators did not find any differences in death from any cause or non-fatal MI in patients receiving DES and BMS. This is a truly landmark study as many of us have already buried BMS for good, whereas in fact the superiority of DES seems now more elusive.

Finally, just few words about our own scientific activities. It should be acknowledged that we presented the record number of 9 abstracts during the Congress, that includes four abstracts from dr Monika Komar, one authored by dr Agata Lesniak-Soblega, one from dr Piotr Musialek, one from doctor Jakub Stępniewski and two abstracts authored by dr Pawel Rubis.

Information for authors

Aims and scope

Journal of Rare Cardiovascular Diseases (JRCD) is an international, quarterly, peer reviewed journal that keeps cardiologists up to date with rare disorders of heart and vessels. Topics covered include congenital heart defects, cardiomyopathies, rhythm abnormalities, rare forms of arterial hypertension, pulmonary hypertension, cardiac tumors and other rare diseases affecting heart and vessels such as connective tissue diseases, metabolic disorders, neuro-muscular diseases another unclassified rare diseases.

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