

Report from the 65th American College of Cardiology Congress 2016 in Chicago, USA

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Having visited several European Society of Cardiology (ESC) Congresses, this time the plan was to explore famous American College of Cardiology (ACC) annual Congress. For a long time American way of making science dominated over not only Europe but the rest of the world. Is it still holds true? Probably the answer is not simple, nevertheless, the glimpse of true American perspective can be tasted in real only on the American soil. The 65th ACC Congress was taken place between 2nd till 4th April in Chicago, Illinois at the gargantuan McCormick Convection Centre located just at the bank of magnificent Michigan lake. The first striking difference was the weather! When in Poland and rest of Europe, the spring was in full swing, the north-west part of the USA was gripped in the frosty cold with an average temperature of minus five. Not to mention the icy winds for which Chicago is famous and called the windy-city. This is not an exaggeration, please do believe me! But now a little about the Congress itself.

As expected, the Congress venue was visited by thousands of participants, however, it should be noted that ESC annual Congresses host definitely more people. Surly, there are many reasons behind this but perhaps participation in the American congresses is quite expensive for most non-US doctors, not to mention firm travel restrictions. In the beginning attendees were welcomed by a special taped welcome address from the First Lady Michelle Obama, who highlighted Let's Move campaign (whole nation program to increase fitness) and also thanked ACC for promoting healthy lifestyle. This was one of the main topic of the congress, indeed. ACC experts start questioning traditional American way of life, including junk food, sweets, smoking and call for an effective implantation of nutrition counselling and smoking-cessation. Obsessed with new technology, the ACC experts see great opportunities for arising e-health approach and Big Data. Another big topic, that was extensively discussed, is the ongoing medical education and maintenance of certification (MOC). Americans are very serious about that and this is something we should really learn or even copy from them. In order to practice in the US, it is obligatory for EVERYONE to be a subject for MOC. This is absolutely right and we can only envy the Americans that they were able to enforce such regulations, not in theory (as it is many European countries, including Poland) but in practice.

Surly, to present the rich scientific content of the Congress is not possible. Let me just focus on several key trials that will shape the future of cardiology. Firstly, Professor Saim Yusuf from Hamilton,

Canada presented the HOPE-3 trail that supports the broader use of statin. The investigators used a combination of two moderate-doses of anti-hypertensive drugs plus statin in intermediate-risk population and found significant reduction of events in the long-term observation. The subsequent analyses confirmed that statins were primarily responsible for the effect. The ongoing debate on the optimal use of dual antiplatelet therapy (DAPT) in stable coronary artery disease and acute coronary syndromes also took place during the event. Referring to the most recent DAPT studies, the ACC issued the special the recommendations. The key message is that following stent implantation, class I recommendation for DAPT is minimum of 6 to 12 months. However, longer DAPT duration beyond 12 months may be considered (class IIb) in patients with high ischemic but low bleeding risk. On the contrary, shorter duration is recommended when the clinical profile is reversed. Another reminder of changing landscape is the result of the PARTNER-2A trail that demonstrated similar rates of death from disabling stroke or any cause in high-risk patients with aortic stenosis treated with trans-catheter aortic valve replacement (TAVR) and surgical aortic valve replacement. The authors stated that TAVR is the treatment of choice in most patients with aortic stenosis who are at high risk for early death and major complications from conventional surgery. Additionally, there were presented several important trials from the heart failure (HF) area. Professor John McMurray from Glasgow, UK presented long-awaited results of the ATMOSPHERE trial that

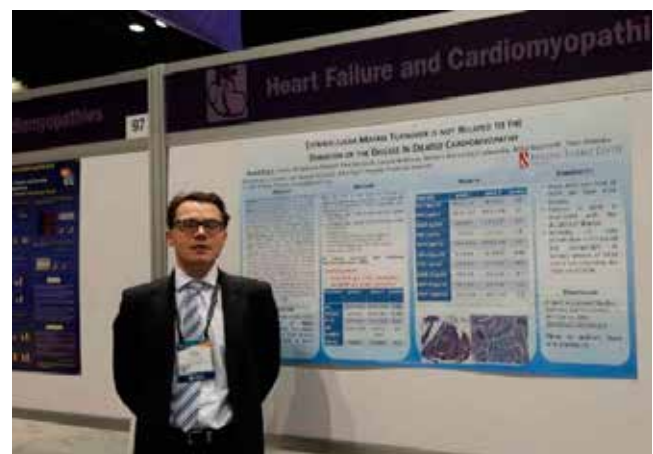


Figure 1. Doctor Pawel Rubis in front of his poster during the session

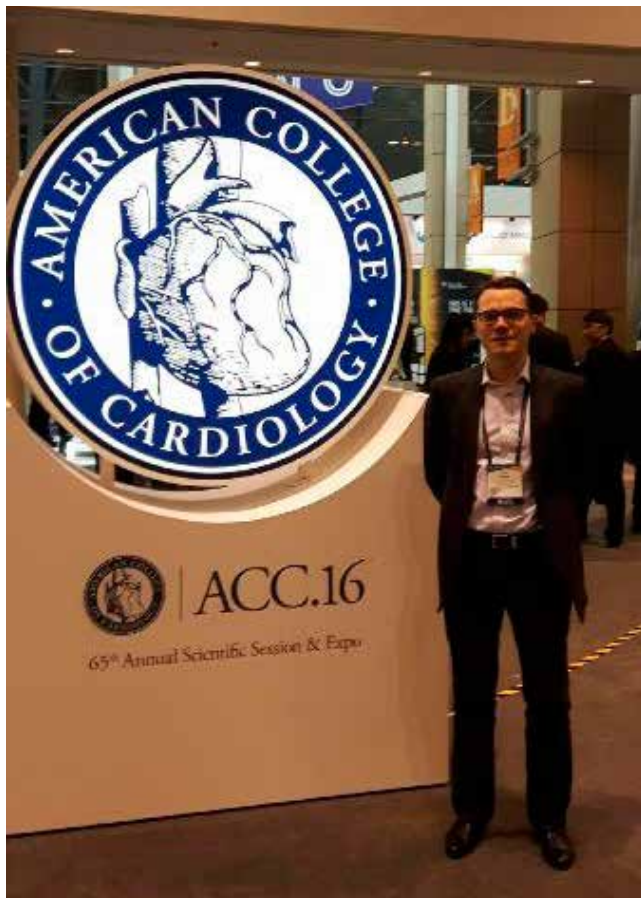


Figure 2. Doctor Pawel Rubis in the ACC Main Hall

tested the hypothesis that direct renin inhibition with Aliskiren will be superior to ACE-I (enalapril) in the treatment of HF. The study layout was complex and included open-label run-in phase when patients were on both enalapril and aliskiren to be later randomized into three study arms of: aliskiren alone, aliskiren and enalapril and enalapril alone. However, despite huge effort the main results of the study were as follows: the addition of aliskiren to an evidence-based dose of enalapril led to more adverse events without an increase in benefit. Professor McMurray concluded that there is probably a ceiling to RAS blockade in HF, above which there is no further benefit. Doctor Michel Gold presented the results of the joint American-European INOVATE-HF trial on the role of vagal stimulation in HF. The study hypothesis was to increase vagal tone, which is diminished in HF, via electrical pre-ganglionic cervical vagus nerve stimulation. Although positive trends were noted in NYHA class, 6-minute walking distance and quality of life, nevertheless, this therapy did not reduce the incidence of HF events or all-cause mortality among patients with NYHA III functional status and a reduced ejection fraction. The ixCELL-DCM Trial: Transcatheter Injection of ixmyelocel-T in Patients with Ischemic Dilated Cardiomyopathy, was very innovative study that focused on regenerative therapies as an attractive approach in HF. The authors used – Ixmyelocel-T, which is an autologous, bone marrow derived, multicellular therapy, consisted of CD90+mesenchymal stem cells (MSC) and CD45+CD14+M2-like macrophages. This cell-product was injected into myocardium of HF patients and there were no

safety issues regarding the procedure. The results of the study seems to be promising as ixmyelocel-T resulted in a significant reduction in cardiac events driven by both mortality and cardiac hospitalizations at 12 months compared to placebo. The authors concluded that ixmyelocel-T may be an attractive option for NYHA Class III/IV patients with ischemic HF who have exhausted optimal medical and device therapy

Finally, just few words about our own scientific activities. Doctor Pawel Rubis, who was the representative from the Krakow Center, presented the results of the study entitled “*Extracellular Matrix Turnover is not Related to the Duration of the Disease in Dilated Cardiomyopathy*” during the basic science session on cardiomyopathies. The quality of studies, coming from top US and Japan centers, were very high and interesting discussions and exchange of thoughts and ideas were made.

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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