



# **EuroCVP 2017**

**Rome, Italy | 26-28 May, 2017**

**SCIENTIFIC PROGRAMME**

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## WELCOME MESSAGE

with the endorsement of



## SCIENTIFIC RATIONALE

There is compelling evidence that in patients with cardiovascular disease and in those with an increased cardiovascular risk comprehensive risk factor interventions extend overall survival, improve quality of life, decrease need for interventional procedures and reduce the incidence of subsequent myocardial infarction and death. Several data demonstrate that multiple risk factors have a major impact on the general population and that their multimodal modification will decrease incidence of coronary heart disease.

There is no general agreement among scientific societies on how to predict the effectiveness of specific therapies in modifying the cardiovascular risk in an individual patient. Despite the general knowledge of clinical guidelines issued by the International Societies, the vast majority of patients and of individuals at risk are not treated or not adequately treated in order to achieve treatment goals. This is probably dependent by the fact that several recommendations on primary and secondary prevention of cardiovascular disease are developed by International Societies and therefore cannot be fully applied when the political, social, economic and medical circumstances are very different. In addition, most recommendations cannot easily be followed by individual physicians as they would require a team approach in which healthcare professionals (i.e. physicians, nurses and nutritionists) manage risk reduction therapy by using follow up techniques that include clinic visits and telephone contact.

Because of the increased survival of patients with a previous cardiovascular event and cerebrovascular coupled with the progressive ageing of the general populations and the consequent increased prevalence of risk factors such as diabetes and arterial hypertension the incidence of stroke is progressively increasing.

Therefore, there is the need to clarify the integrative role of specific therapeutic approaches for the prevention of cerebrovascular events in patients at increased risk of stroke.

By attending this course the audience will be able to assess the overall cardiovascular risk of each patient and to adjust treatment strategies according to patient needs. The attendee will be updated on the importance of newly discovered risk factors for cardiovascular and cerebrovascular disease and of innovative approaches to their treatment.

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## SCIENTIFIC PROGRAMME

**26 May 2017**

**08.30** Congress registration opens

### ITALIAN TRACK PHARMACOLOGY IN INTERVENTIONAL CARDIOLOGY

**09.30** Welcome message from the Working Group on Cardiovascular Pharmacotherapy of the ESC  
*B. Lewis (Israel), F. Pelliccia (Italy), G. Rosano (UK)*

Welcome message from ANMCO SIC and SICOA  
*N. Aspromonte (Italy), F. Romeo (Italy), M. Volterrani (Italy)*

**10.00** Introduction to the ESC Working Group on Cardiovascular Pharmacotherapy and the EUROPEAN HEART JOURNAL  
*S. Agewall (Norway), B. Lewis (Israel)*

#### Session I

##### DAPT AFTER PCI

*Chairs: P. Perrone Filardi (Italy), F. Romeo (Italy)*

##### **10.15** INHIBITION AFTER PCI IN STABLE PATIENTS

Clopidogrel remains the best option in real life  
*G. Stefanini (Italy)*

Direct-acting P2Y<sub>12</sub> inhibitors should be preferred  
*G. Tarantini (Italy)*

Expert comments: *G. Giofrè (Italy), C. Greco (Italy), N. Viceconte (Italy), G. Tanzilli (Italy)*

Roundtable discussion with audience Q&A

##### **11.00** WHICH P2Y<sub>12</sub> INHIBITOR SHOULD WE USE IN ACS?

What the guidelines suggest  
*D. Capodanno (Italy)*

What real world registries show  
*T. Palmerini (Italy)*

Expert comments: *G. Niccoli (Italy), A. Nusca (Italy)*

Roundtable discussion with audience Q&A

## Session 2

### THERAPEUTIC DILEMMAS IN PCI PATIENTS WITH ATRIAL FIBRILLATION

*Chairs: L. Calò (Italy), G. Di Sciascio (Italy)*

#### I 1.45 THE CHOICE OF NOACS AFTER PCI

Phase 3 trials must only guide drug selection

*G. Musumeci (Italy)*

Real world data help physicians' choice

*V. Pasceri (Italy)*

*Expert comments: F. Barilà (Italy), M. Pennacchi (Italy), S. Rigattieri (Italy), T.L. Usai (Italy)*

Roundtable discussion with audience Q&A

#### I 2.30 THE DAPT DECISION IN CASE OF AF

Stents matter most

*A. Chieffo (Italy)*

Patient's needs are crucial

*G. De Luca (Italy)*

*Expert comments: R. Serdoz (Italy), G. Speciale (Italy), F. Tomai (Italy)*

Roundtable discussion with audience Q&A

#### I 3.15 LUNCH

## Session 3

### THE FUTURE OF ANTIPLATELETS AND ANTICOAGULANTS AFTER PCI

*Chairs: P. Calabrò (Italy), F. Pelliccia (Italy)*

#### I 4.00 THE FUTURE OF P2Y<sub>12</sub> INHIBITION

Lifelong dual antiplatelet therapy?

*L. De Luca (Italy)*

Only ticagrelor without aspirin?

*M. Valgimigli (Italy)*

*Expert comments: A. Danesi (Italy), M. Miglionico (Italy), S. Muscoli (Italy)*

Roundtable discussion with audience Q&A

#### I 4.45 THE FUTURE OF NOACS

NOACs and emerging indications: What does the future hold?

*C. Di Mario (Italy)*

Will NOACs also become indicated in patients with SCA?

*C. Indolfi (Italy)*

*Expert comments: A. Arrivi (Italy), F. Ferranti (Italy), A. Placanica (Italy), G. Ussia (Italy)*

Roundtable discussion with audience Q&A

## Session 4

### LONG-TERM MANAGEMENT OF PCI PATIENTS

*Chairs: W. Marrocco (Italy), M. Volterrani (Italy)*

#### 15.30 THERAPY IN HIGH RISK PATIENTS

Medical therapy optimization with multiple drugs

*G. Patti (Italy)*

The newer 'Polypill' is the solution

*L. Cacciotti (Italy)*

*Experts' comments: M. Borzi (Italy), A. Granatelli (Italy), V. Montemurro (Italy)*

Roundtable discussion with audience Q&A

#### 16.15 ADHERENCE TO DRUGS

Compliance to treatment as a major determinant of outcome

*V. Mollace (Italy)*

Strategies to improve patient adherence to treatment

*G. Parodi (Italy)*

*Experts' comments: N. Aspromonte (Italy), P. Bartoletti (Italy), C. Greco (Italy), P. Tanzi (Italy)*

Roundtable discussion with audience Q&A

## EuroCVP 2017 OPENING CEREMONY

#### 17.00 Welcome message

*B. Lewis (Israel)*

### OPENING LECTURE

#### 17.15 AN ERA OF EVIDENCE BASED TREATMENTS OF CARDIOVASCULAR DISORDERS

Major unmet needs in cardiovascular treatment: should we continue with large evidence based trials or pursue more personalised medicine?

*R. Ferrari (Italy)*

#### 18.00 END OF DAY 1

**27 May 2017**

**NEW TARGETS IN THE PREVENTION OF CARDIOVASCULAR DISEASE**

*Chairs: H. Drexel (Austria), B. Lewis (Israel)*

- 09.00** The pharmacological and non-pharmacological approach to cardiovascular prevention  
*F. Iellamo (Italy)*
- 09.30** Management of lipid profile according to the ESC Guidelines  
*H. Drexel (Austria)*
- 10.00** Management of altered glucose metabolism  
*G.P. Fadini (Italy)*

**10.30 COFFEE BREAK**

**DIABETES MELLITUS: A CARDIOVASCULAR DISEASE**

*T. Schmidt (Denmark)*

- 10.45** Cardiovascular risk in diabetics  
*G. Savarese (Sweden)*
- 11.15** Lenient or intensive control of glycaemia in patients with cardiovascular disease  
*A. Bellia (Italy)*
- 11.45** Effective at last – The new glucose-lowering drugs that reduce cardiovascular events  
*G. Rosano (UK)*
- 12.15** Audience Q&A

**LUNCHEON SYMPOSIUM**

- 12.30** Hyperuricemia and cardiovascular risk  
*F. Romeo (Italy), M. Volterrani (Italy)*  
*With thanks to A. Menarini IFR Srl for their unrestricted grant*

**CARDIOVASCULAR PHARMACOLOGISTS AND TRIALISTS OF TOMORROW**

*Chairs: B. Lewis (Israel), G. Savarese (Sweden)*

*Each presentation will be followed by a brief moderated interactive discussion.*

- 13.30** The heart of an athlete: a journey from supraventricular tachycardia to cardiac Arrest - Clinical Case  
*P. Sulzgruber (Austria)*

**13.45** Not all STEMI are born equal: a novel pharmacological strategy  
*D. D'Amario (Italy)*

**14.00** New pharmacological approaches in a heart failure patient with several comorbidities  
*C. D'Amore (Italy)*

**14.15** Expert considerations and conclusions  
*S. Wassmann (Germany)*

### **HOW TO TREAT THE DIFFICULT PATIENT?**

*J.C. Kaski (UK), D. Lauro (Italy)*

**14.30** Patients with heart failure and co-morbidities: diabetes, ischaemic heart disease and COPD  
*J. Čelutkienė (Lithuania)*

**15.00** Patients with acute coronary syndromes receiving oral anticoagulants  
*E.P. Navarese (Virginia, USA)*

**15.30** Ischaemic heart failure with renal and/or liver failure  
*M. Lainščak (Slovenia)*

### **16.00 COFFEE BREAK**

### **UPDATE ON ORAL ANTICOAGULATION**

*Chairs: T. Schmidt (Denmark), J. Tamargo (Spain)*

**16.15** NOACs for patients with venous thromboembolism and atrial fibrillation  
*A. Niessner (Austria)*

**16.40** How can we individualise NOACs in everyday practice?  
*A. Niessner (Austria)*

**17.05** Anticoagulation in the difficult patient: how to choose the right drug  
*S. Wassmann (Germany)*

**17.30** Current status of antidotes and reversal agents for NOACs  
*J. Tamargo (Spain)*

### **17.55 PANEL DISCUSSION**

NOAC antidotes. How relevant for clinical practice?

Panel: *B. Lewis (Israel), E.P. Navarese (Virginia, USA), A. Niessner (Austria), S. Wassmann (Germany)*

### **18.15 END OF DAY 2**



**28 May 2017**



**Joint Session with the HEART FAILURE ASSOCIATION**

**PHARMACOTHERAPY OF HEART FAILURE**

*Chairs: M. Lainščak (Slovenia), M. Volterrani (Italy)*

**09.00** How to implement the pharmacological therapy of patients with HFrEF  
*J. Čelutkienė (Lithuania)*

**09.30** Optimisation of RAASi - How can we manage K+  
*L.H. Lund (Sweden)*

**10.00** The treatment of patients with advanced heart failure  
*M. Senni (Italy)*

**10.30** Iron deficiency in patients with heart failure: how relevant is it?  
*S. Anker (Germany)*

**11.00** **COFFEE BREAK**

**MODERN MANAGEMENT OF CHRONIC ISCHAEMIC HEART DISEASE**

*Chairs: G. Savarese (Sweden), S. Wassmann (Germany)*

**11.15** Targets for the modern pharmacologic treatment of chronic ischaemic heart disease  
*J.C. Kaski (UK)*

**11.45** Combination therapy for the optimal management of chronic stable angina  
*G. Rosano (UK)*

**12.15** Heart rate and cardiac metabolism optimisation  
*M. Volterrani (Italy)*

**12.45** Conclusions and take home messages  
*H. Drexel (Austria), G. Rosano (UK)*

**13.00** **END OF DAY 3**

## GENERAL INFORMATION

### CONGRESS VENUE

NH VITTORIO VENETO  
Corso d'Italia, 1 - 00198 Rome (Italy)  
Tel. +39 06 84951

### REGISTRATION OPENING TIMES

Opening hours:  
Friday, 26th May: 08:30 - 18:30  
Saturday, 27th May: 08:00 - 18:30  
Sunday, 28th May: 08:00 - 13:30

### SPEAKER LOUNGE OPENING TIMES

Opening hours:  
Friday, 26th May: 08:30 - End of last session  
Saturday, 27th May: 08:30 - End of last session  
Sunday, 28th May: 08:30 - 13:00

### OFFICIAL LANGUAGE:

The official language of the meeting will be English, with the exception the Italian Track Symposium on 26th May.

### BADGES

Badges will be distributed at the congress registration desk on Floor-I. Badges must be worn at all times whilst in the congress area. Participants without badges will not be admitted to the congress or the refreshment areas.

### CERTIFICATE OF ATTENDANCE

A certificate of attendance will be provided to all registered participants. Delegates may collect their certificate at the close of the final session on Sunday 28th May at the congress registration desk on Floor-I.

### LUNCHES AND COFFEE BREAKS

Coffee breaks will be served at the bar on the Ground Floor.  
Lunch boxes on Saturday 27th May will be served in the plenary room at the start of the Lunch Symposium.  
Lunch on Friday 26th May and Sunday 28th May will be served at the bar on the ground floor.  
(Access to the restaurant is reserved to holders of lunch coupons).

### SOCIAL DINNER

Please enquire at the registration desk for details and to purchase tickets to the dinners on 26th and 27th May.

## ORGANISING SECRETARIAT AND ITALIAN CME PROVIDER (ID-758)



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## SCIENTIFIC SECRETARIAT



### EUROPEAN SOCIETY OF CARDIOLOGY

The European Heart House  
Les Templiers - 2035 Route des Colles  
CS 80179 BIOT  
06903 - Sophia Antipolis Cedex (France)

### ECM (Educazione Continua in Medicina)

L'evento "EuroCVP 2017" è inserito nella lista degli eventi definitivi ECM del programma formativo 2017 del Provider accreditato MICOM (cod. ID 758).  
Per l'ottenimento dei crediti formativi i partecipanti dovranno: essere specializzati esclusivamente nelle discipline indicate sul programma, presenziare al 90% dei lavori scientifici (verifica presenza con firma su registro), superare la verifica di apprendimento (strumento utilizzato questionario), consegnare in segreteria la documentazione compilata in ogni sua parte.

CODICE EVENTO:  
758-189812/758-189817/758-189818

CATEGORIA ACCREDITATA: Medico Chirurgo  
DISCIPLINE PRINCIPALI: Cardiologia, Geriatria, Malattie Metaboliche e Diabetologia, Malattie dell'Apparato Respiratorio, Medicina Interna, Nefrologia, Medicina Generale (Medici di Famiglia)

CATEGORIA ACCREDITATA: Farmacista  
DISCIPLINE PRINCIPALI: Farmacia Ospedaliera  
NUMERO MASSIMO DI PARTECIPANTI: 150

OBIETTIVO FORMATIVO: Documentazione Clinica.  
Percorsi clinico-assistenziali diagnostici e riabilitativi, profili di assistenza, profili di cura

CODICE EVENTO:  
Per il giorno 26/05 verranno assegnati 4,9 crediti  
Per il giorno 27/05 verranno assegnati 5,6 crediti  
Per il giorno 28/05 verranno assegnati 2,8 crediti

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