The spotlight at this year’s ESC Congress is ‘Environment and the Heart’. How important is the environment in cardiology and what do cardiologists need to know?

Despite epidemiological findings showing increased air pollution related cardiovascular disease (CVD), the awareness of cardiologists is relatively weak. The knowledge of the involved mechanisms remains moderate. Air pollution is a major health concern, which accounts for roughly 3.7 million global deaths annually, according to World Health Organization estimates.

Numerous studies have shown acute and chronic fine particulate air pollution exposures to be associated with early death, particularly from cardiovascular and respiratory diseases. Metals, which are constituents of particulate air pollution, have been shown to be associated with CVD. Airway or parenchymal inflammatory responses to particulate matter have been hypothesised to be the inciting events of a cascade of pathophysiologic changes in autonomic cardiac, systemic inflammatory, and haemostatic activities. All these processes may ultimately lead to the acute events associated with particulate matter exposure. One of the most important gaps in our current knowledge regarding particulate matter-related health effects is the identification of susceptible subjects.

The environment represents a very important topic that allows us to unite the entire cardiology community, from the lab researchers to the epidemiologists. It is also a great opportunity to share our findings and alert policy...
makers to the challenges that lie ahead.

What is new at ESC 2015?
At the forefront this year is the involvement of seven national cardiac societies through a set of dedicated sessions titled ‘My NCS@ESC’, aiming at highlighting the key contribution that national cardiac societies make. It is a pioneering project, which is revisiting the current ESC Guidelines from national perspectives. NCS are going to present sessions and clinical cases, review all the current guidelines, discuss their implementation in practice in their countries, and finally assess how they are implemented through the national registries and the European Registry. I believe this is a good example of cross-fertilisation and cross-collaboration between the sub-committees and constituent bodies of the ESC.

A further innovation is the increased visibility of basic science within our congress. We are honoured by the participation of Nobel Prize Laureate Elizabeth Blackburn, who was awarded for her discovery of telomerase, a key element in the ageing process. We know that the environment contributes to premature ageing, so we will broach this topic. Elizabeth Blackburn will deliver a keynote lecture, and she will chair a dedicated session on ageing and cardiovascular disease: ‘A Journey to Stockholm’. Also new is the Young Investigator Award (Y1A) Ageing and Senescence, held under the auspices of the Nobel Prize Winner.

In our effort to further develop the young communities’ participation we are introducing special tracks with allied societies such as Brazil and Japan. Among other sessions there will be ‘Science@Breakfast’, early morning practical and interactive 45-minute sessions for each day’.

Will the ESC be presenting any guideline updates at the congress?
We have five new guidelines, which we will be presenting during this meeting. They are: cardiac death and resuscitation, chronic pulmonary hypertension, myocardial disease, pericardial disease and tumours, myocardial infarction and NSTEMI syndrome (acute coronary syndrome). Not only will we have a classical overview and exemplification session on the guidelines, but my national cardiac society will be presenting clinical cases in a dedicated session. Also, at the end of the conference on Wednesday morning, we will have, for the first time, the highlights of the ESC guidelines.

The abstract programme is an integral part of any ESC congress. What makes it so popular among cardiologists?
While we have received over 11,000 abstract submissions again this year, the abstract presentation sessions are not always well attended. This is a pity, as posters and abstracts represent science in motion showcasing the latest developments. We will be adding a number of improvements and no longer present posters in paper versions but in dynamic, electronic versions instead. ‘Advances in Science’ is our new abstract session format with two keynote lectures, giving attendees the opportunity to interact with each other and draw from the wealth of knowledge within the cardiology community present at the congress. Questions such as ‘How far are we with this topic?’, ‘What remains to be investigated?’ and ‘Where are the present gaps?’ will provide the heart of the training: live science sessions in addition to other the other segments, which are continuing medical education.

How does the ESC involve medical students and young cardiologists?
Not only do we offer the much-loved annual ‘Cardiologists of Tomorrow’ track, but also the new ‘Scientists of Tomorrow’. This is the new group of young proactive basic and clinical researchers, who will work closely with the Council on Basic Cardiovascular Science to fulfill its mission in promoting and supporting basic science among young ESC members. Members of the ‘Scientists of Tomorrow’ will contribute to the scientific, educational and advocacy activities of the ESC, paving the way for its future. Interaction, integration and communication are vital to our continued success.

What is the biggest challenge in preparing such a large congress?
There are a lot of challenges. First, the programme has to be innovative and ready very early on. The second challenge is to offer the kind of content that attendees are looking for. We need to provide innovation in science, offer high quality education, and fulfill the multitude of expectations for all the topics. Everything needs to benefit of cardiac knowledge and education.

I am very grateful to the fantastic team that helped me put the congress together. I especially appreciate the Programme Committee for coordinating the topics for each specialty and finding the best to present in an innovative way, while maintaining the same level of quality as the previous year. The 2014 meeting in Barcelona was very successful. To keep this quality level is a real challenge, but I hope we will succeed because we have new features and we have had strong collaboration with all the national societies, the constituent bodies. We are also integrating societies from outside Europe that are keen to participate. Japan provided most of the abstracts. The fact that we can integrate innovation and education is fantastic.

What are you looking forward to the most at this year’s congress?
It is a matter of integration and cross collaboration. We have worked not only towards having all the different topics covered, but also developed a pathway that links all the sub-specialties. We can integrate all the people working on cardiovascular diseases - from the nurses to the pharmacists and GPs, and all the cardiology specialists working around the cardiovascular patient. Cardiology is so intensely associated with other sub-specialties; it also involves the intensivist, anaesthesiologist, and the surgeon in case of surgery. This all-encompassing concept needs to be developed in real life and we need to show how people are really working
together with a multidisciplinary approach. This will be the spotlight in our programme on Tuesday—an approach both for the patient and for science, with the patient at the core.
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