Letter to the Editor

European Society of Cardiology Congress 2013

Dear Editor,

The final results of my project turned out to be unusual. Primary endpoints negative but overall outcome was excellent, with a huge confidence interval and a tendency for remarkable well-being.

The moment I heard it was Amsterdam, I made up my mind; I was going to the European Society of Cardiology (ESC) Congress. Not that the anticipated academic feast made me sleepless, but the attraction and charm of Amsterdam was magnetic. I had been there during my college days, and I still cherish the captivating canal cruise and the magical museums. Promise of a Swarovski crystal for my wife, Toblerone chocolates for my kids and an assurance to the hospital medical administrator that no further leave for the next ten years, made sure that my trip was on course. Few clicks on the net confirmed my online registration, my travel agent made sure that I got the cheapest fare and the maximum frequent flier miles, and I was ready to go. I did a little bit of research and my agenda was clear, Rembrandt, Van Gogh prevailed high up on the list overriding ST segment and ejection fraction. I mentally ticked Rijksmuseum and the Aalsmeer flower market as a ‘must see’.

Surprises started a week before my travel. The conference badge, with my name and affiliations arrived by courier; an email directed me to download an app in my android phone to decide which session to attend and that too at what time slot. Once I keyed in my areas of interest, it created an itinerary for me to follow, but I was clearly not in an academic mood.

On arrival at Amsterdam’s Schiphol airport, I was greeted by a smiling lady at the ESC booth, giving me directions as to where to get my hotel shuttle. In 30 min, I checked into my hotel. I thought of going to the conference venue, to avoid a feeling of guilt, before I embark upon my discovery of the city. A convenient, quite and comfortable tram ride brought me to the RAI convention center. The massive infrastructure, the clear signage, the smooth registration process, the ambience of the lecture halls quickly cast a magic spell on me, and I decided to attend the Hotline session as a starter.

Dr David Wald from the Wolfson institute of preventive medicine, Barts and London Medical School reported the surprising result that targeting non-culprit but significant lesions during primary angioplasty for STEMI improves outcome (PRAMI trial). Dr Ole Frobert from Orebro University Hospital, Sweden, presented data from 7244 patients of STEMI randomized to either thrombus aspiration with PCI or to primary PCI alone. Surprisingly, thrombus aspiration prior to PCI was no better than primary PCI. I didn’t know when I instinctively took out my note book and started taking notes, but surprise after surprise unfolded on the stage.

The newer anticoagulants had mixed luck. Edoxaban proved better than Warfarin in venous thromboembolism (VTE) while Dabigatran failed to break ground in mechanical valve thromboprophylaxis. Otamixaban did not improve outcome in NSTEMI in the TAO trial. I attributed my dizziness to the overdose of academics and jet lag but came out to find my cell phone vibrating to alert me that Prof Eugene Braunwald’s lecture on ‘top ten cardiology advances’ is about to begin. The very name of Prof Braunwald brought back emotions dating back to my postgraduate days when we literally lived and slept with his textbook. I ran to the hall to grab a seat just in time.

The lecture spanned hundred years of innovations in cardiology that made what modern cardiology is today. From Willem Einthoven’s ECG, Werner Forssmann’s Cardiac Cath, Mason Sones coronary angiogram, and Edlers Echo, it ferried us through Robert Gross’s PDA closure, Desmond Julian’s groundbreaking idea of CCUs, and Paul Dudley Whites concept of preventive cardiology, ending finally with the arrival of designer cardiovascular drugs, Zoll’s Pacemaker and Michel Mirowskis ICD. Each of these concepts had been responsible for substantially reducing cardiac death and disability. I was mesmerized. By the time I came out it was evening 7, but the Amsterdam sun was still above the horizon.

I could not resist myself from going to the RAI convention center the next day, with a vow to get out for museum visits after the Named lectures. The electronic display board announced that there were 29,597 attendees that day.

Rene Laennec lecture was delivered by Silvia Priori. Even her personal story was so invigorating that it made the audience break into an applause even before her lecture began. After graduating from University of Milan in 1985, She had suffered a series of fainting attacks and was referred to Peter Schwartz to rule out long QT syndrome. While she did not have long QT, her interest in genetic causes for chanellopathies crystallized during those visits. In 1996, she studied genetics at the Telethon institute of genetic medicine in Milan. She mentioned how she felt when she extracted and studied the DNA from a patient’s leukocyte for the first time. The fact that the clue to such a bad disease hiding in a piece of DNA...
retrieved from the nondescript leukocyte just thrilled her. Working with Carlo Napolitano of Pavia she created a registry of young people with arrhythmias, syncope and unexplained cardiac arrest. Her painstaking research led to discovery of the ryanodine receptor gene hRyR2 mutation responsible for CPVT. Since 2008, she shares her time between Pavia and New York University.

The Andreas Gruntzig lecture was delivered by Petr Widimsky. He talked about catheter based thrombectomy. “Stroke treatment is 25 years behind modern MI treatment. PCI has become a norm for STEMI but catheter based thrombectomy (CBT) has not become the standard in stroke” was his candid comment.

Under some spell of magic I walked out of the hall to enter the Hotline sessions II. Surprises continued to jump out like rabbits from the magician’s hat, half a dozen of them. The new DPP4 inhibitors, saxagliptin in SAVOR TIMI 420 and Alogliptine in EXAMINE trial showed no increase in CV event rate, but Prof Braunwald once again pointed out that there was no cardio-protective signal to be happy about. In the PURE trial, Prof Salim Yusuf pointed out that despite higher risk factors clustering in high income countries, major CVDs and fatalities are lower because of better medical care. His observations opened up a new area of debate and thinking.

In an adjacent hall, presenters pointed out that losartan at a dose of 100 mg daily tended to slow down progression aortic dilatation in Marfan syndrome, irrespective of blood pressure lowering. In a side room, I re-learnt hands on CPR and use of AEDs. What surprised me was that despite numerous presentations, not one speaker went beyond allotted time or needed to be warned of dire consequences unless he stopped.

I did manage to have a night cruise in the canals. But I really don’t know how those 4 days went by. On my flight back home I thought of it. I did fail to attain my primary endpoints of visiting the museums and flower markets at Amsterdam. But the spell cast by the ESC academics was too strong for me to deny. I carried home extra doses of chocolates for the kids and the crystals for the finance manager back home, to make sure that I could attend the next ESC, wherever it is.

The museums have suddenly become a non-issue.

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