A Chairman is nothing without a team

Professor Marc Claeys (UZ Antwerp) has just completed his second year as Chairman of the Belgian Society of Cardiology (BSC). He firmly believes that for the association to succeed, all BSC leaders must work together. Below, he offers insights into how the Society functions as well as his thoughts about this year’s congress.

The Belgian Society of Cardiology is extremely active, undertaking a vast number of activities and initiatives each year. Having been elected Chairman in 2017, Professor Marc Claeys immediately envisioned his new role as being part of a team populated by the leaders of the BSC’s different working groups and other delegates and representatives. At that point, there were nine working groups. Since then, a new group for basic research has been added. As well as being a strong bond between group leaders, the BSC also enjoys a good relationship with the College of Cardiology, underscoring the importance placed on quality of care.

Assuring the highest standard of practice

Modern cardiology practice is largely based on recent learning which advances all the time – and quickly. Bringing new ideas and concepts together, whether they are simply interesting or “must-haves” to assure the highest standards of practice is very much the “raison d’être” of any scientific association. Notions regarding quality of care within cardiology are also progressing rapidly with recommendations based on evidence-based medicine often being rethought. While the definition of quality of care moves forward, a physician must strive to deliver the highest standard of care currently available at any given time, as described in the guidelines which every physician must duly follow in their day-to-day practice. Progress made on the topic by BSC working groups will be shared during the congress.

An increasingly active scientific society

Over the two last years, the number of BSC members has risen significantly: from 568 in 2016 to 701 in 2017 and to 763 in 2018. The number of participants who attend the congress also grows year after year reaching around 950 in 2018. Similarly, the amount and quality of scientific information shared permanently increases, with some initially novel ideas now becoming part of the annual agenda, such as our case-based guidelines challenge “Clash of the Titans”. Active attendee participation is now the norm with participants who are able to ask questions during sessions and vote on topics via an app. Recent European Accreditation of BSC activities confirms the quality of what is offered in terms of training and helps assure the standardisation of educational tools across Europe.

PROGRAME DAY 1

09:00 - 10:15 • SESSION 2 SATELLITE SYMPOSIUM ORGANISED BY NOVARTIS
Sense of Urgency in CHF: Is there any barrier to optimize therapy of NYHA II patients?

Moderators
Pierre Tricotostaines - CHU Citadelle, Liège, BE
Michel De Pauw - Ghent University Hospital, BE

Back to the future:
Key learnings in the treatment of heart failure
Jean Luc Vachiery - Erasme University Hospital, BE

Panel discussion:
Hyde Park speaker’s corner - Burning issues in implementing HF therapies
Jean Luc Vachiery - Erasme University Hospital, BE

11:30 - 12:45 • SESSION 5 SATELLITE SYMPOSIUM ORGANISED BY SERVIER
How evidence based is your medicine in cardiovascular risk management anno 2019?

Moderators
Luc Missault - AZ Bil Jour Brugge, BE
Patrizio Lanciotti - CHU Sart Tolain, BE
Philippe Van de Borne - Erasme Hospital Brussels, BE

From guidelines to evidence-based clinical practice
Krzysztof Narkiewicz - Medical University of Gdansk, PL

Are all diuretics equivalent?
Claudio Bortolli - University of Bologna, IT

Bradykinine and cardiovascular protection
Arnaud Ancion - CHU Sart Tramin, BE

12:45 - 13:45 • LUNCH SESSION 7 SATELLITE SYMPOSIUM ORGANISED BY Boehringer Ingelheim
The changing face of cardiovascular risk management

Moderators
Rik Willems - UZ Leuven, BE
Georges Maessen - Cliniques du Sud Luxembourg, BE

Anticoagulation, bringing it all together in clinical practice
Peter Sinnaeve - UZ Leuven, BE

Past, present & future of SGLT2-inhibitors
Thomas Vanasco - UZ Leuven, BE

Conclusions
Georges Maessen - Cliniques du Sud Luxembourg, BE

13:45 - 15:00 • SESSION 9 SATELLITE SYMPOSIUM ORGANISED BY BAYER
From atrial fibrillation to stable coronary and peripheral arterial disease: how to optimize anticoagulation treatment for high risk patients?

Moderators
Peter Sinnave - UZ Leuven, BE
Patrizio Lanciotti - CHU Sart Tolain, BE

Are NOACS a better treatment option for AF-patients with (declining) chronic kidney function?
Rojer Caluwaerts - AZ Aalst, BE

When to combine antiplatelet and anticoagulant agents?
Christophe Bouvy - UCL St Luc, BE
Supporting research in Belgium

The Belgian Society of Cardiology founded the Belgian Heart Foundation, the goal of which is to sustain and facilitate scientific research on cardiovascular disease. It also aims to contribute to the continuing improvement of the quality of care, quality of life and life expectancy of cardiac patients, and to promote this via annual prizes and grants awarded to Belgian researchers working in the field of cardiovascular disease. Recently established initiatives include “Belgian Heart Foundation grants for basic research and for clinical research.” BSC also works with the King Baudouin Foundation, donating €50,000 for a grant that supports scientific researchers. Each year, the number of applications rises: 8 in 2016, 14 in 2018 and 33 in 2019. The increasing number of submissions underscores both the importance of such grants as well as the finance required for high-level research in our country. Unfortunately, the BSC cannot fund every good scientist nor every good project. “But we hope,” says Professor Marc Claeys, “to be able to support even more scientific work in the future. More and more sponsors from the pharmacy sector as well as other fields of economic and philanthropic activities are already showing interest in our actions.”

What does this year’s congress have in store?

We are immensely proud of the ever-growing success of the annual BSC congress, with attendee numbers continually on the rise. For this edition, as in years past, we will have a keynote lecture, which this year concerns the “Atlas project.” The presentation will offer a general overview of cardiology activity in our country in comparison to other European countries, including the current economic situation, and then share the results of this significant collection of data for the first time in Belgium. As you will learn, Belgian cardiologists’ performance is impressive, but the costs of cardiovascular health, diagnostics and therapeutics are on the rise.

During the congress, you will also have the opportunity to learn more about another new, but weighty topic: heart attacks in young women. Professor Sofie Gevaert (UZ Ghent) is co-author of a consensus paper on the subject. Her research shows that up to 25% of heart attacks in young women are due to the spontaneous dissection of the coronary artery. Although far lower than levels of coronary artery disease, this is not currently well understood and requires further research. We intend to set up a register in Belgium. The topic will be addressed extensively in the BIWAC session.

What’s up today?

SESSION 1 | PREVENTIVE CARDIOLOGY | COPPER HALL | 09:00 – 10:15

Cardiovascular prevention on the move

Another domain in full swing: cardiovascular prevention. The basic principles remain well established but new questions emerged over the past years and the methods are continuously being adapted. The communication method has gone through some change as well.

When we asked Dr Oliver Decamps (Jolimont Hospital) how he intends to introduce the question of lipid control after an acute coronary syndrome, he immediately answers: “with interaction”. It is clear that there will be room for discussion. He will first ask the audience how they diagnose and treat hypercholesterolemia, not only after ACS but in general. However, after ACS, should we resort to antifibrinolysis drugs immediately? If yes, to what extent in terms of doses and cholesterol levels? There is another point Dr Decamps would like to discuss with the audience: how many physicians perform screenings for familial hypercholesterolemia? What can we expect from such a screening? The answer to this last question is easy: we want to prevent early atherosclerosis and ACS. The main question is how do we achieve this?

Remarkable paradox

As everyone knows, tobacco is another major cardiovascular risk factor. However, there is a remarkable fact: the so-called “tobacco paradox”. Young smokers with an early acute myocardial infarction often have a better outcome than other ACS patients. Of course, it is not straightforward to explain this paradox. Dr Jamin will tell us more about this.

SESSION 10 | CARDIOVASCULAR IMAGING IN STROKE | COPPER HALL | 15:00 – 16:15

What does the heart tell the brain?

After a stroke, neurologists sometimes have difficulties diagnosing the cause of the trauma. The cause may well be originating from the heart. This implies that a careful examination of the central pump may be necessary.

Strokes are far from rare in our population. Neurologists are very aware of this, but they sometimes face quite challenging cases in which they do not find the cause of the stroke itself. The reason is there are many possible origins, most of which can be situated in the brain. In most of the cases, scanning the brain can give the answer to the etiological question.

Not in the brain

Some other cases originate from cardiovascular causes such as atrial fibrillation as a source of emboli, as well as atherosclerosis of the aorta or the carotid. More rarely, it can also be a persistent foramen ovale or a myocardial infarction. Neurologists use a specific classification, the so-called TOAST classification (Trial of Org 10172 in Acute Stroke Treatment). This is a system for categorizing different subtypes of ischemic stroke mainly based on etiology. This is of paramount importance because the etiology affects the prognosis, outcome and management of the stroke. When they do not find any explanation for the trauma's origin in the brain, neurologists need information about the heart.

What is the role of imaging in stroke?

It is now clear that not all causes of stroke originate in the brain. About 30% of the ischemic strokes cannot be classified without any additional information of the heart. The cardiologist has to examine whether a cardiovascular abnormality might explain a neurologically unexplained stroke. Different techniques can be used, such as transesophageal echocardiography (TEE) which has proven to be very useful. However, this is not always sufficient and sometimes multimodality imaging is necessary.

The session will be dedicated to the imaging techniques cardiologists can use to help the neurologist in diagnosing the cause of a stroke. In some cases, this type of imaging can even reveal a situation where cardiological treatment is needed as well (closure of a foramen ovale or closure of an aneurysm for instance).
What is the position of Belgian cardiology today? A reflection on our practice.

Some people say that we are living on a privileged continent. This is only partly true: some countries are less advanced than others, even in Europe. It goes without saying that this has consequences for public health, including cardiovascular health. Reason enough to take a look at where Belgium is in this context.

We all have heard about the ESC-Atlas already, but what is it exactly? It provides a true picture of European cardiology. No less than 56 ESC member countries contributed to its realization. The data collected in 2017 from all those countries underline the discrepancies between the different countries of our continent. It is based on a broad range of sources and many aspects have been scrutinized: prevention, risk factors, economic status of the patients, mortality, management of the different cardiovascular diseases, and so on.

Anxiously awaited answers

The ESC has been collecting a lot of information which has been transferred into an “Atlas.” This book reveals a number of tendencies and makes it clear that the trend is not always showing a pure positive evolution, even in the most developed countries. Healthy or unhealthy habits do not always evolve in the same way. The economic context and several crises of the last years all had their impact on the accessibility of treatments, particularly of the most advanced ones. The questions to be addressed today at the congress are: What is the position of Belgium in this context? Do Belgian cardiologists perform well, very well, or poorly in comparison with other European countries? What about the rest of the physicians who are more or less directly involved in cardiology? How is public health, from the cardiologic point of view? The answers to those questions and many others will be treated in the session “Modern cardiology in the picture.”

Being aware of the real situation is useful. It helps in making recommendations, supporting actions, discussing with national and international authorities. Such an atlas is not only a strong tool for making decisions at the national, regional or international level. It can also help everyone in their own daily practice: if you are aware of what is going well in your professional environment and what is not, you will be able to match your own professional targets better, in collaboration with your colleagues.

A thorough overview

The session will be introduced by our Chairman, Prof. Marc Claeys. Subsequently, the main results concerning Belgium will be presented in detail by Prof. Chris Gale, from the Leuca University. He is an epidemiologist and member of the ESC Scientific Document Group. He is also a member of the EORP within the ESC. This group deals with different surveys and registries related to cardiology in Europe. Hence, we can say that Prof. Chris Gale has very good insights of cardiology in Europe.

Do not miss out on this very important session! You will be shown an overall picture of European cardiology in relation to Belgian data.

What is the new generation of cardiologists waiting for?

This year, the Young Cardiologists aim to answer difficult questions in modern cardiology: what is the optimal treatment of vascular disease among the elderly? Even though this question becomes increasingly urgent in our ageing society, scientific data is very limited in this growing field. However, some studies provide interesting data (e.g. the “After Eighty” study and the “SÉNIOR” study). The first concerned the strategy (invasive or conservative) to be adopted in patients with NSTE-ACS starting from 80 years old. The latter (dating from several years back) was about heart failure in older patients.

The session of the Young Cardiologists Club will cover coronary artery disease and valvular disease and will attempt to discuss the scarce new notions on these topics. Dr. Benjamin Scott is an interventional cardiologist at Hartcentre ZNA, formerly known as Middelheim Hospital. He has a special interest in complex coronary interventions and critical care. His part of the presentation will cover the (limited) available data on coronary intervention in very old patients and the clinical complexity that is inherent to this population.

Dr. Sandermann will tackle valvular disease. He is a cardiac surgeon at Charité - Universitätsmedizin Berlin and a scientific associate at the German Heart Center Berlin. TAVI is broadly implemented in Germany, but treatment options for the mitral and tricuspid valve are less straightforward. Everyone is aware of the difficult discussions we had in Belgium over the past few years about the indications of such interventions in elderly people.

For Women, by Women at the heart of pregnancy

A special session will be focusing on the problem of pregnant women suffering from a heart disease. More and more young female patients with such a profile feel the desire to have children. What is the right approach?

This afternoon, it will all be about pregnancy on the stage. This session is organized by the Belgian Working Group on Adult Congenital Heart Disease. Earlier this year, new guidelines on this subject have been published by the ESC. Nowadays, more and more patients suffering from a congenital heart disease are successfully treated and enter adulthood with a good life expectancy. Among those patients, more and more young women wish to become a mother. This is not totally new, but the number of such cases is rapidly growing.

The challenge is to evaluate the risk for the mother and the child from the obstetrical point of view. Another question is the probability of transmitting cardiac defects from mother to child. How about genetic counselling and a good discussion with the future parents? The invited speakers will discuss the questions of risk management, follow-up, outcomes, etc. Among them, Jolien Rous-Hesselink, the chairwoman of the task force publishing the ESC guidelines, will speak about the physiology and adaptation of the heart to the pregnancy. The discussions focus on coronary heart disease and other CV diseases too. The risk of transmitting these diseases will be part of the debate.

Because it is mainly (or exclusively) a problem of women, only women will be speaking here. Of course, men are welcome to attend too. This topic concerns every cardiologist, no matter their subspecialty because the mission always includes counselling, evaluating the risk and referring to the right specialist. This means that everyone can learn from this session.
The Clash of the Titans 2019 – The Revenge

This is the second year in a row that a major scientific competition is being held at the BSC congress. The battle is between two teams of very outstanding cardiologists: the “Beers” and the “Wines”, or in other words, the young scientific cardiological force versus the more sedately but highly experienced older cardiologists.

Prof. Agnès Pasquet (UCL St-Luc) will enlighten us with some explanations on this special session, based on last year’s experience. Next, Prof. Lancelotti, president elect of the BSC, will share his view on this years’ issue. He describes this session as a great event, a real clash even. However, as they both want to emphasize, it is not about putting on a show, but a rather pleasant way of reviewing the most recent guidelines in cardiology.

WHAT CLASH? WHICH TITANS?

The famous “Clash of the Titans” is inspired by an event organized by the European Society of Cardiology during its last congresses. Two teams, one compiled of very experienced experts in cardiology and one including several young “wolves” measure their professional capacities during a very intensive competition in front of the public and… with the public. The competition is led by two referees, who will also ask some questions, either to one team or the other, or to the public. Each team must answer the questions as quickly as possible. Plus, before listening to the questions they have to estimate the value of their own answer (how many points do they want to gain if they are the first to give the right answer to the question?). The first team gets the bonus, the other team gains nothing. A jury of three very qualified specialists will judge the competition. Prof. Pasquet, as a former president of the BSC, will have a seat in this years’ jury.

In real life

This competition will be held during the congress of the Belgian Society of Cardiology. One team is called the “Beers” and the other goes by the “Wines”. This prevents the use of the name of any institution or working group or such. These names are absolutely neutral but it is of course still a question who are the “Beers” and who are the “Wines”. If you want to know, follow the session… or should we say ‘the Clash’?

It will be clear who is who

The competitions will be wearing a T-shirt with a bottle (beer) or a cup (wine). The two referees are two of our very competent colleagues, Prof. Patrizio Lancelotti (University of Liège) and Prof. Bernard Cosyns (UZ Brussels). The judges who will be very easy to recognize in their togas are Prof. Marc Claeys (UZ Antwerp), Prof. Agnes Pasquet (UCL Brussels) and Prof. Guy Van Camp (OLV Aalst).

The questions are drawn up in the form of a cascade. The first question leads up to the next one, and so on. They all introduce some difficult or complex cases of cardiac patients but remain in the range of “day by day” cardiology. The goal is to explore the most recent guidelines through a number of real-life cases.

And the winner is…

Interesting fact: tomorrow’s battle is a rematch. The teams are only changed every second year. This means that this year, it will be the same teams in the competition as last year. The teams consists of four members from the BSC’s working groups who are practicing in different fields of cardiology such as rhythmology, catheterization, etc. And who will be the winner? The best team, of course! Or Belgian cardiology as a whole, as Prof. Pasquet concludes.

CLASH FOR THE FUTURE

With this session, as Prof. Lancelotti tells us, we hope to help cardiologists to refine their clinical judgment and to understand the complexity of factual medicine.

The two teams who will fairly compete against each other in a scientific manner over patient cases are very eager, even though they do not know the questions. These are kept “top secret” until the very last minute before the competition begins. The goal is to raise the debate on cases that are quite simple but still complex in the core and that we are facing every day. Some practical conclusions can and will be made for the current cardiological practice.

Sessions like this one are very difficult to prepare but can be very fruitful for every participant. This is our way of working at the future of Belgian cardiology.