Some perspectives from a chairman

Prof. Patrizio Lancellotti is president-elect of the BSC. At the end of this congress, he will take up his position as the BSC’s new leader. He speaks to us about his hopes and goals concerning the congress as well as some new aspects of the role of the BSC.

Some important aspects of our specialty remain blurred and we must attempt to design more precise ways of performing new techniques, treatments or work out problems arising in our field. One of those major questions concerns cardiology. More and more patients survive cancer, but are facing cardiac side effects of their anti-cancer treatment. Such side effects not only occur during the treatment, but can also appear a long time after the treatment. On the other hand, more patients, because of increasing age, suffer from cardiovascular disease with an increased risk of cancer.

The importance of a growing problem

When treating cardiac patients for their cancer, we must be aware and take care of their cardiac disease. Moreover, we have to consider their potential cardiovascular risk factors such as tobacco, obesity, diabetes, hypertension, etc. As an illustration of the magnitude of the problem, in Belgium 28% of deaths have a cardiovascular cause and 25% are due to cancer. In Europe, 40–50% of deaths are cardiac-related and 25% are due to cancer. Today, there are about 20 million patients all over the world who are cancer survivors. Most of them are elderly people (mainly women). Two out of three survivors are over 65 years old. About 30% of them suffer from cardiovascular diseases as well, or have one or more cardiovascular risk factors. Moreover, many of them have comorbidities. It is well known today that they often die from cardiovascular disease or are victims of the acceleration of the evolution of their cardiovascular disease. For all these reasons, a new cardio-oncology subspecialty has gained interest in the recent years, called Cardio-Oncology (C-O). C-O is a subspecialty aimed at the prevention, diagnosis, therapy and follow-up of cardiovascular side effects of cancer therapy.

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international level to pay attention to this new problem" as Prof. Lancellotti says, "and I will introduce to the BSC the idea of bringing together a group… and maybe of setting up a new council on Cardio-Oncology. The goal will be to diffuse among cardiologists and general practitioners, the knowledge of the potential cardiovascular side effects of anti-cancer treatments. Those may concern the myocardium, the valves, arteries (atherosclerosis, HTA), cardiac rhythm and several other aspects. But Radiotherapy too, however, may have some deleterious effects on the cardiovascular system. You can already guess which problems can occur when patients get radiotherapy and chemotherapy together. For instance, radiation-induced coronary artery disease can occur but also preferentially involve the ostium and may not be readily amenable to percutaneous coronary intervention. Also, extensive aortic calcification may preclude aortic cross-clamping in patients undergoing cardiac surgery, etc.

What are the goals of C-O?

C-O Services should be conceived as an alliance of dedicated professionals, who provide multidisciplinary specialized evaluation and consistent, coordinated and cost-effective care, during the cancer process. The knowledge of the cardiac side effects of anti-cancer agents and radiation therapy, balanced with the knowledge of the natural history of the malignancy and the benefits of oncologic treatments, offers the greatest opportunity for long-term disease-free survival.

The objectives of C-O include (i) prior to the cancer therapy, the identification of potential risk factors leading to cancer treatment-related CV complications, the optimization of CV health to ensure safe cancer surgery and allow for optimal local and systemic anti-cancer therapy and when optimization of CV health cannot be achieved, interdisciplinary discussion to ensure most efficacious cancer treatment without substantial CV harm; (ii) during cancer treatment, early identification, and appropriate treatment of CV complications and interdisciplinary discussion to make clinical decisions in patients experiencing CV side effects; (iii) after cancer treatment, optimization of preventive strategies, screening for late onset complications as well as re-assessment of risk for CV complications in patients in need of treatment for secondary cancer.

Awareness campaigns

An important aspect of lowering risk of CV disease, or its consequences, is managing health behaviours and risk factors, such as diastolic and systolic blood pressure, total cholesterol or blood glucose. To achieve this ambitious goal, we must succeed in converging our efforts and support all the information channels available and in particular with the "Belgian Cardiology League/Ligue".

Regarding C-O, it is also the BSC’s responsibility to inform and educate physicians, especially cardiologists, about the prevention and management of those problems. This is the reason why a special day, dedicated to C-O awareness, named “Heart and Oncology” will be introduced as well as a specific research grant from the Belgian Heart Foundation.

While there have been many advancements in the treatment of Valvular Heart Disease (VHD), the unfortunate fact is that far too many people are not being diagnosed and treated early enough. For this reason, the BSC would like to set up an awareness campaign under the format of the “Belgian Valvole Day”, with the aim of ensuring that more people will be aware of the importance of having their heart checked for VHD which can often be detected through a simple stethoscope check. With increased awareness, the BSC hopes to help improve diagnosis, treatment and management of VHD in Belgium.

On top of that, the BSC will also continue promoting all the awareness campaigns from the working groups.

Technology as a support for patient care

Health is changing with the availability of digital technologies. The theme of mobile health is attracting more and more interest in the medical world. The idea is to prescribe applications to patients in the near future. These systems can improve patient care, comfort and confidence, while possibly reducing some of the costs. The ability to detect episodes of atrial fibrillation or to sensitize patients to the evolution of their CV risk factor by accessing information on symptoms and preventative practices, is also part of “Heart e-Health”. There are already several applications capable of giving this information. They could be used as part of a collaborative program with referring physicians.

Telemedicine is a practice of remote medicine, using information and communication technologies. It enables a doctor patient relationship online and a dialogue between health professionals through the exchange of sounds, images and data around the world. Some cardiac pacemakers and defibrillators can be followed up remotely through “Telecardiology”. This system makes it possible to directly transmit the information to the cardiologist (functioning of the prosthesis) and medical information (patient’s heart rate). This allows to detect undesirable events earlier. It is important to keep in mind that this is neither an alert system, nor an emergency system. Neither does it allow the doctor to act immediately or intervene remotely on the pacemaker/defibrillator. In case of emergency or doubt, it does not exempt the patient from calling for help.

For both “Heart e-Health” and Telecardiology, there are neither clear regulatory rules, nor legal statutes, for the protection of either doctors or patients. There are still many questions about data privacy of personal data, standards for collection and representation. These would be necessary for a validated “Heart e-Health app”. The objective of the BSC is to become a major role player in this field and to set up a taskforce to lay the foundation.

One team, one goal

As President, I would like to strengthen our role as a scientific society and to further support education and research. The Belgian Heart Foundation, founded last year, will be a major channel for promoting our researchers and the young cardiologists in particular. The BSC will help the working groups and the national registries to inform our community about major health issues.

My dream would be to bring together all the players in the field of cardiology and to allow our profession to express itself with one voice, whilst avoiding the fratricidal political debates endangering our common goals, says Prof. Lancellotti. This will require a lot of work and investment and cannot be done without the engagement and the great expertise of the BSC board members.

I see this as an opportunity to continue with the team spirit and enhance the excellent work of my predecessors.

A proud, grateful and optimistic chairman

Prof. Marc Claeys, chairman of the Belgian Society of Cardiology, officially opened the 2019 congress depicting a very good result for the last two years of the BSC.

Some very encouraging figures were presented by Prof. Marc Claeys when he officially opened the Congress during the session “Modern Cardiology in the Picture”. Looking back on the period from 2016 to 2018, he saw many young cardiologists joining the society and more and more attendances coming to the congress. This year a new application is available which enables participants to vote and to ask their written questions in real time to the speaker.

The scientific activity has grown too, with a larger number of abstracts accepted than before and with a growing Impact Factor of the Acta Cardiologica, with Prof. Luc Pierard as the Editor-in-Chief. The Belgian Heart Foundation has been founded with the aim of supporting research in cardiology. Several grants and prizes are awarded: the number of applications is expanding.

2019 is the last congress for Marc Claeys as chairman of the BSC. He took the opportunity to thank all the teams he worked with. He also introduced the new team with Prof. Patrizio Lancellotti as the new president. For the future, some targets are to be achieved, such as the introduction of a special day dedicated to C-O awareness, the reimbursement of several techniques, according to Prof. Claeys. Before leaving the stage, he also gave expressed his gratitude to the sponsors of the BSC.

We wish to thank Prof. Claeys for his presidency and wish him all the best for the future.

Belgian modern cardiology in the picture

The ATLAS-Project of the ESC is a data collection across Europe which covers a lot of aspects, such as cardiovascular death, manifestations of CVSD, risk factors, medical and financial resources. No less than 56 countries in the so-called "Old Continent" participate in this project. This is a very important study as it reveals trends, disparities, gaps and associations of CV and SM risk factors with national and regional CV and SM burden.

It can shed a new light on how to write guidelines in the different cardiovascular fields.

Better and worse

It is the very first time that data for Belgium are revealed. They are only descriptive but can be very useful for the understanding of the performance and needs of cardiology in our country and for the elaboration of national guidelines.

Let’s discover some interesting facts. Regarding the risk factors and health behavior, the mean blood pressure in Belgium is globally better than the mean for Europe. However, the cholesterol level is worse: more Belgians in Belgium are showing an elevated level than the mean for Europe. Yet Belgium can be found in the lower quartile for CV death in Europe.

Some gaps

Belgian cardiac surgery is among the best for accessibility, performance and outcome. We have a high number of cardiologists in our country compared to all other European countries. Cathlab is also scoring very well. The number of facilities and capable cardiologists is high in comparison to many other European countries.

And they deliver optimal care in a shorter amount of time. As far as the implantation of different devices, we find ourselves in the mid-field but we score better for simple devices than for more complex ones. Such a gap is probably due to the lack of financial resources from the health insurance.

Message for the politicians

These data are only some examples from the study of Chris Gale: “You are a country with a high income” he concluded. “You perform very well in many fields of cardiology. But there are some gaps between capacities and the real number of interventions. Maybe it is a question of financial funding.”

The final conclusion came from Prof. Marc Claeys: “This is an important message for our politicians.”
About today

SESSION 19  |  ATRIAL FIBRILLATION AND CATHETER ABLATION

Atrial fibrillation is the most common arrhythmia and is an important risk factor for stroke, heart failure, premature dementia and mortality. Every year, several thousands of Belgians are diagnosed with this arrhythmia. Many of them even require a hospital admission urgently or semi-urgently.

What does this mean?

The forecast for 2040 is that the number of new cases of atrial fibrillation will even increase by 50%. Prevention and treatment of atrial fibrillation is of increasing importance for the years to come.

Detection of atrial fibrillation and selection of the appropriate candidates for anticoagulation is a major issue but choosing the appropriate candidates for catheter ablation is another important one. Since the latest ESC Guidelines came out, several new trial results have been published, such as CASTLE-AF, CABANA, etc. Cardiologists are wondering what all this new evidence about catheter ablation means for their daily practice anno 2019. To answer this question, we invited an international authority: Prof. Richard Schilling (London, UK).

What now?

After a successful catheter ablation for atrial fibrillation, many cardiologists and patients are still struggling with the question which medical treatment should be chosen. Are either anticoagulation or anti-arrhythmic drugs still appropriate or meaningless? What is the new evidence? To address this question, we invited Prof. Sebastien Kuech (Bruges, B).

SESSION 20  |  A LOT OF INNOVATIONS IN HEART FAILURE

For the first time, the Belgian Working Group on Heart Failure (BWGHF) and the Belgian Working Group Basic Research in Cardiology (BWGBRC) will hold a joint session. Professor Manuel Mayr (King’s College London) is a highly renowned specialist of cardiovascular proteomics and metabolomics. In 2005 already, he dedicated his thesis at the University of London ("Cardiovascular Proteomics: Linking Prosthetic and Metabolomic Changes") to this fundamental aspect of cardiovascular functioning. His research is based on genetic manipulations, searching for the modifications induced in metabolism by silencing or other modifications of particular genes. According to him – and we all agree – the study of the mechanisms at genetic and molecular levels has the potential of bridging the gap between molecular biology and physiopathology of the organs and systems. Moreover, his speech will be entitled “Cardiovascular ‘omics’ in heart remodeling”. He already published many papers on genomic and systemic changes induced in the coronary artery and the aorta by atherosclerosis and its complications or by the implantation of a stent. From the same point of view, he also studied, for instance, the extracellular matrix of the myocardium in heart failure. We suspect that through his presentation, he will open new windows on physiology, physiopathology and maybe the treatment of heart failure.

What about today’s reality?

The new fundamental notions exposed by Prof. Mayr will probably not find direct applications in our daily practice. In the meantime, we have to treat our patients who suffer from heart failure and the way of managing them is rapidly evolving. Dr. Matthias Dupont (ZOL Genk) to treat our patients who suffer from heart failure.

SESSION: AWARDS CEREMONY

BELGIAN RESEARCH BY AWARDED SCIENTIFIC PRIZES AND SCHOLARSHIPS.

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The heart does not like cancer

Finally, Dr. Lucas Van Arsent (UZ Leuven) will focus on cardio-oncology, an emerging subspecialty which should be in every cardiologist’s mind. Some cardiac patients may contract cancer and we must take care of their cardiac disease while managing their cancer. Besides, we also have to know the early, late and sometimes very late cardiovascular side-effects of anticancer treatments. We can conclude that this session will be full of new ideas in cardiology.
Clash of the titans

The stage: 4 young cardiologists (the beers), 4 mature cardiologists (the wines), a jury consisting of 3 experienced cardiologists and a room full of fans. The beers were of course looking for revenge. But guess what… the mature ones won once again ;-) 

The battle was fierce but fair. Suppose you were confronted with the following case, what would you do? You are facing an old man with worsening dyspnea, incomplete right bundle branch block and right ventricle failure and tricuspid regurgitation, what should you do in case of relapse of cardiac failure after a first standard treatment?

By the way, the beers had this one right.

Interview with Dr Guy Van Camp, member of the jury

Q: Dr Van Camp, was it a good session?
Dr Van Camp: It was a very good and enjoyable session. But we must not underestimate the work that goes in to the organization and selection as well as presentation of the cases. These are good illustrations of the main points of the new ESC guidelines. The audience was bigger with much more interaction than last year. This proves we ought to continue organizing these type of sessions in the coming years.

Q: Did the points reflect the value of the 2 teams?
A: Absolutely not. It is partly a question of luck because of the system with which the points were attributed. In fact both teams consisted of good experts and they were selected in different subspecialties to be able to answer questions concerning different specialties of cardiology.

Q: What is your general impression after this session?
A: This was a very nice combination of humour and clinical knowledge. It was a truly pleasant, and very educational session. Everyone had to use his best skills to actively participate to the discussion. All in all, it was a great clash.

* A valve intervention...