

## **TREATMENT OF ACUTE MYOCARDIAL INFARCTION IN EUROPE: REVIEW OF CURRENT MODELS AND PROPOSAL OF OPTIMAL COMMON STANDARDS**

Friday July 1<sup>st</sup> 2011  
The Italian Cultural Institute  
39 Belgrave Square, London SW1X 8NX

### **Foreword**

The epidemiology of ST elevation myocardial infarction (STEMI) in Europe is changing, with areas of high prevalence in the 50ies and 60ies, like the UK and the Scandinavian Countries, seeing a rapid decline of this pathology in the last two decades. These positive changes, mainly due to reduction of smoking and better control of hypertension, have been counterbalanced by a widespread epidemics of obesity and diabetes mellitus, thus reducing the geographical differences across Europe and hitting particularly badly Countries, such as the former Eastern European block, Turkey and the Middle East, where smoking and a fat unhealthy diet became more common. With an yearly incidence ranging from 400 to more than 1000 events per million inhabitants, STEMI remains the most important cardiovascular emergency.

Fortunately, treatment has seen a rapid improvement, moving from passive monitoring in intensive care units, where the only life saving intervention was the use of a prompt defibrillation, to the use of powerful thrombolytic drugs to dissolve the occlusive clot responsible for the vast majority of these events, and to the use of the more effective and reliable mechanical arterial dis-obliteration using catheters, wires, thrombectomy catheters, balloons and stents (primary angioplasty). Primary angioplasty requires a shift in the organisational model towards promotion of early admission, prompt in-ambulance diagnosis and development of a network of centres able to deliver 24/7 treatment with mechanical recanalization.

Italy and the UK have developed, within the ISIS 2 and GISSI 1 trials, the evidence that made thrombolysis the treatment of choice for more than 20 years. After an initial delay, both Countries are now at the forefront of the application of primary angioplasty in Europe, using various models focused on pre-hospitalization diagnosis (by a doctor or a trained nurses in the ambulance or using telemedicine), on the selective transfer to the nearest 24/7 centres, on the minimisation of the door-to-balloon time. Mortality for STEMI has dropped from more than 30% in the 60ies to less than 10% nowadays, and is much lower (<1-3%) in younger patients with no cardiogenic shock.

This meeting is an initiative of the Italian Embassy that continues the tradition of comparing the Italian and British approaches to various scientific problems, in this case the timely delivery of primary angioplasty or, when too far from an angioplasty centre, of thrombolytic drugs followed by transfer for mechanical revascularisation. The confirmed presence among the participants of leading politicians from the European Commission, from the Department of Health of both the UK and Italy and from other European Countries shows that the struggle to increase availability and improve speed of delivery of this life saving intervention is felt as a relevant challenge in need of creative organisational solutions.

Representatives at the highest level of the European Society of Cardiology (ESC), European Association of Percutaneous Cardiovascular Interventions (EAPCI), of the Italian and British interventional societies (SICI-GISE and BCIS) and of the Danish, French, Spanish, Turkish and Serbian Cardiology Societies, united in the support of the "Stent for Life" initiative, will offer ample scope for comparison of the respective experiences.

Aim of this open discussion will be the development of a consensus on the best approach to this medical emergency, a strategy compatible with the limited resources allowed by the current economical situation and widely applicable throughout Europe.

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### Programme

8:30-9:00 **Registration and refreshments**

- 9:00 **Introduction to the workshop**  
**Salvator Roberto Amendolia**, Scientific Attaché Italian Embassy, London
- 9:05 **Welcome Address**  
**Carlo Presenti**, Director, Italian Cultural Institute, London

### The Evidence in Favour of Primary Angioplasty

- Chairs:* **Carlo Di Mario**, President European Association of Percutaneous Cardiovascular Interventions (EAPCI), London, UK  
**Gaetano Guglielmi**, Director for Health Research, Ministry of Health, Italy
- 9:15 **Carlo di Mario**, President EAPCI, Imperial College, London  
[Guidelines of the European Society of Cardiology for STEMI Treatment: Rationale and Implications](#) (15 MB)
- 9:30 **Magnus Janzon**, Linköping, Sweden  
[Primary Angioplasty: The Paradox of an Intervention that Improves Outcome and Reduces Cost](#) (13 MB)
- 9:45 **Q & A**
- ### National and Regional Differences of STEMI Treatment: Europe and Italy
- Chairs:* **Roger Boyle**, Director Cardiovascular Branch, Dept of Health, UK  
**Leonardo De Luca**, European Hospital, Rome, Italy
- 10:00 **Steen Kristensen**, Chairman Executive Committee "Stent for Life" Initiative, Aarhus, Denmark  
[Variable penetration and speed of growth of primary angioplasty in Europe](#) (3 MB)
- 10:15 **Giulio Guagliumi**, President Italian Society of Interventional Cardiology (SICI-GISE), Italy  
[Regional differences in the approach to ST-Segment Elevation Myocardial Infarction](#) (85 MB)
- 10:30 **Q & A**

10:45 **Coffee Break**

### The UK Approach to STEMI

- Chairs:* **Huon Gray**, Past-President British Cardiac Society (BCS), Southampton, UK  
**Giulio Guagliumi**, President Italian Society of Interventional Cardiology (SICI-GISE), Italy
- 11:15 **Roger Boyle**, London, UK  
[The UK plan of reorganisation of Cardiovascular Emergency Services](#) (1 MB)
- 11:30 **Mark Whitbread**, London Ambulance Service, London, UK  
[The London Ambulance Service: a successful strategy for a rapid switch from Thrombolysis to Primary Angioplasty Only](#) (9 MB)
- 11:45 **Q & A**

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### Improving STEMI Treatment in Europe: Monitoring of Results and Business Models

**Chairs:** **Roberto Ferrari**, Past President European Society of Cardiology, Ferrara, Italy  
**Manel Sabate**, Barcelona, Spain

12:00 **Peter Ludman**, Audit Lead BCIS, Birmingham, UK  
[The importance of audits to monitor applications of procedures and improve results: primary angioplasty in the CCAD database](#) (4 MB)

12:15 **Giuditta Callea**, Bocconi University Business School, Milan, Italy  
[Economic Plan for the "Stent for Life" Initiative](#) (1 MB)

12:30 **Q & A**

12:45 **Lunch**

### "Stent for Life": Organisational Models within Italy and the EU

**Chairs:** **Steen Kristensen**, Aarhus, Denmark  
**Nevena Karanovic**, Secretary of State for Health Affairs, Belgrade, Serbia

13:45 **Leonardo de Luca**, Rome, Italy  
[Stent for Life implementation in Italy: an overview](#) (7 MB)

14:00 **Ricard Tresserras**, SubDirector General de Planificacio Sanitaria, Barcelona, Spain  
[Stent for Life implementation in Spain: Catalunya an example of success](#) (3 MB)

14:15 Results/plans in specific regions in Italy  
**Giovanni Esposito**, [Regione Campania](#), Italy (1 MB)  
**Marco Salmoiraghi**, [Regione Lombardia](#), Italy (3 MB)  
**Antonino Nicosia**, [Regione Sicilia](#), Italy (5 MB)

14:45 **Martine Gilard**, Brest, France  
[Stent for Life implementation in France](#) (6 MB)

15:00 **Tea Break**

### "Stent for Life": Organisational Models outside the EU

**Chairs:** **Gaetano Guglielmi**, Director for Health Research, Ministry of Health, Italy  
**Ricard Tresserras**, SubDirector General de Planificacio Sanitaria, Barcelona, Spain

15:30 **Miodrag Ostojic**, Belgrade, Serbian Republic  
[Stent for Life implementation in Serbia](#) (15 MB)

15:45 **Omer Goktekin**, Istanbul, Turkey  
[Stent for Life implementation in Turkey](#) (8 MB)

16:00 **Marco Noc**, Ljubljana, Slovenia  
[Upgrade STEMI network with patients resuscitated after cardiac arrest](#) (2 MB)

16:10 **Michael Huebel**, European Commission, Brussels  
*The Role of the European Community in Promoting Optimisation and Standardisation of Medical Services*

16:20 **Carlo Di Mario**, President EAPCI  
[Closing Remarks](#) (400 KB)