



2006

MORGAGNI  
LEONARDO  
CESALPINO  
LANCISI



SOCIETÀ ITALIANA di CARDIOLOGIA

*Education*

*Research*



*Patient  
Care*



**ITALIAN SOCIETY of CARDIOLOGY**

## PRESIDENTIAL MESSAGE

Dear Colleagues and Friends,

the captain desk of the Italian Society of Cardiology (SIC) is the proper stage to underline the mixed feelings generated by the good results obtained on one side and to look, at the same time, toward the steps still needed to pave the way for the unity of Italian Cardiology. In less than two years, I have witnessed a number of significant accomplishments in the SIC:

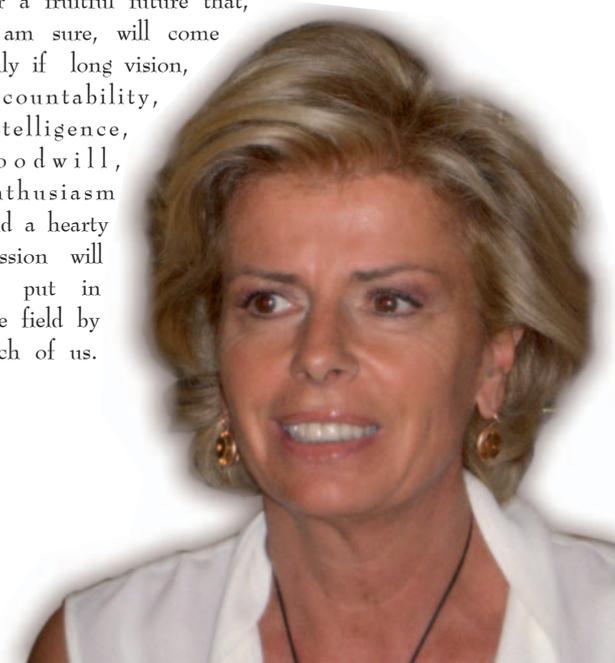
1. The intense relationships and interactions between members of Board, Working Groups, ad-hoc Committees and Regional Chapters, are there to document how the life of SIC has greatly changed;
2. The interoperability with other cardiac societies in Europe and in Italy (*in primis*, ANMCO) has brought clearcut results, such as the privilege to have two Italians nominated for the Presidency of ESC. Likely and hopefully, one of them will succeed in this race that proofs how the unity of Cardiologists is not an idea *per se* but rather a needed and a rational step to have our role recognized in Europe, in order to improve quality of life of citizens;
3. Thanks to a number of focussed initiatives, the image of SIC has profoundly improved so that our efforts are, indeed, helpful and effective, to gain appreciation by the Cardiologists around the world;
4. A newly organized Press and Public Relationship Office has brought external visibility to reasonable and acceptable levels also for the great public and for young students;
5. The Bylaws were modified, based of a scale of universal values where patient care, education and research appear as key, strictly interconnected, pillars of our profession;
6. The boundaries of SIC have been pro-actively opened up and members' expertise is available to institutions involved in scientific and medical progress, biomedical and pharmaceutical industries included. This approach should be a must for us, as scientists, doctors and citizens as well. In fact, National Research Council, private and public Research Centres, Scientific Associations and Foundations, Superior Schools, Scientific Parks, Research Companies and Professional Societies offer valid alternatives and complementary pathways to talented people in order to reach and express levels of excellence;
7. The annual congresses of SIC has become a real opportunity for updating Physicians, Researchers, Cardiologists, etc, in an appropriate scenario where also new research projects can be discussed with Experts and Luminaries. Moreover, the choice of speakers in any of the SIC meetings has been inspired to objective criteria in order to grant excellence in the knowledge of cardiovascular disease;
8. A lot of attention has been paid as well to teach practical cardiological issues, since the transfer of theoretical expertise is essential in clinical practice, mainly for Colleagues working in peripheral settings. *European Guidelines* have been systematically discussed in regional meetings, to let them spread out, just like water in the soil that diffuses through several capillaries.
9. With the aim to let good ideas blossom up and evolve toward scientific achievements, a number of interdisciplinary networks were activated and consolidated, such as the project *SIC Ricerca Giovani*. By this, we all aim to create a dynamic, crystalclear, system based on solid values where something is taken from young people, but much more is given to them.
10. Relative to recruitment, a grid of objective parameters - based on a scale of values - has been approved in order to

avoid that any modern *Tyrant*, either junior or senior, nominates his horse *Senator in the Forum*, as *Caligula* did at the time of Roman Empire: a risk that we cannot bear.

In a global world, where competition is meant to peacefully improve the quality of life of an increasing number of people, we need not only unity in our own countries, but also a common effort at European level in order to tackle major issues in cardiology. Such an effort toward an Italian National Society of Cardiology is worth not only to become effective on scientific, academic and medical bases, but also to persuade politicians that funding research activities and prevention initiatives - as well as education at any stage - is a positive action that does pay back at once, in the middle and in the long run. Moreover, given the substantial difficulties for the great majority of countries, we should aim to create value by means of the *genius loci*, in this case the *Italian Genius*; thus, we should encourage young scientists to focus on major issues for cardiovascular research, such as women and heart diseases, among the others.

Just the relevance of hurdles in the field (scarce governmental money, need to widespread not only meritocracy but also democracy, not only healthcare at sustainable costs but also transfer of knowledge in clinical practice), should be the solid evidence to search unity of Cardiology in Italy. In fact, a constellation of complex networks, both at university and non-university levels, are needed to obtain great advances in the cardiological field, to be ready for global competition and to be respected by the international community. With this approach in mind, we will effectively implement our profession, either in the universities, in the hospitals or anywhere. Therefore, altogether we have to bring Cardiology on the proper track of universal values, where patient care, education and research are the milestones that grant a better future for young people and, thus, a better image for a whole country. Please, accept these thoughts as warm wishes for a fruitful future that,

I am sure, will come only if long vision, accountability, intelligence, goodwill, enthusiasm and a hearty passion will be put in the field by each of us.



*Maria Grazia MODENA*  
President of SIC

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www.sicardiologia.it

The *World Heart Federation* (WHF) - as in previous years - promotes **WORLDWIDE DAY FOR THE HEART** on the topic "How young is your heart? How to maintain it young?".

On the **24th of September 2006** (the last Sunday of the month) the *Italian Federation of Cardiology* (FIC) - as active member of the WHF and in order to represent Italian Cardiology as a whole - will take care of unitarian promotions and educational activities.

Within the **WORLDWIDE DAY FOR THE HEART**, the initiatives will be actively supported also by all the medical scientific societies which are affiliated to the FIC, and by *Conacuore*. Among the various events, the Board of SIC not only has enthusiastically adhered to the *Worldwide Day for the Heart*, but it will also take directly care of two specific promotions:

1. **Open Cardiology**: Cardiac university centers will be opened to any people, in order to undertake cardiac exams, second opinions, etc. To make these initiatives more effective also on educational ground, several audio-visual materials will be continuously projected, to let people get information on major issues of prevention,

diagnosis, therapy and rehabilitation of cardiac diseases. Moreover, this will be also a great opportunity for interested people to know more about research projects in Cardiology.

### 2. **Focus on the Elderly**:

considering the population aging, it has been planned to setup a special initiative directly at the sites where elder people spend, peacefully, their days. Therefore, young cardiologists, trainees in the Specialty Schools and junior scientists will go and visit aged people in nursing homes, protected houses, residential homes, etc. not only to pay visit to them but also to examine their cardiac status.



# Gigi Tavazzi's vision of the future of cardiology: strategic clues, hurdles and a scale of values to work in synergy in Italy and in Europe.

**1: In the context of ESC and World Congress of Cardiology 2006 - two events that play an institutional role to serve medical communities - which are the main issues for Cardiology nowadays?**

**As anybody else committed to Cardiology**, but mainly as former President of FIC\* and ANMCO\*\* - as well as sincere friend of SIC\*\*\* - I see four critical issues that are to be faced both in Italy and worldwide:

a) **FRAGMENTED CARDIOLOGY**: the risk is a gamut of *diaspora's*, such as interventional services linked to imaging departments (depts), cardiac care units engulfed in intensive care depts, cardiac rehabilitation embedded into general rehabilitation depts and whatever remains... diluted in internal medicine depts, with a bit of non-invasive flavor. This will result in a lack of continuity of patient care, in a splintering of diagnostic-therapeutic highways into unconnected pathways, generating segmentation of cardiology into sub-specialities with a lot of cardiovascular interest dispersed in the archipelago of general medicine. Cardiology might end as a discipline, losing clinical and scientific identity, and Cardiologists might disappear as figures who are the solid professional reference for patients with heart diseases.

b) **CHRONICITY OF DISEASE**: this problem represents a challenge to the inadequacies of both the structures and the functionalities of healthcare systems. In other words, who is going to establish and maintain diagnostic-therapeutic pathways and standards for chronic diseases such as ischemic heart disease and heart failure, being these conditions characterized by phases of instability and intercritical periods? Who, thus, will maintain continuity of care in settings that need a variety of medical settings and several specific therapeutic approaches? In order to fulfil these emerging needs of healthcare systems, we must answer such questions.

c) **CHRONIC WEAKNESS IN PREVENTION**: either primary or secondary prevention strategies require courageous and altruistic political decisions that we all are short of, since those who do sow will not be the reapers. Despite all, the lack of investments in prevention is - indeed - a great mistake.

d) **INCREASING COST FOR HEALTHCARE**: this problem is linked to the sluggish trend in the economy of Western countries, which cannot proportionally fulfil the real health demand Italy makes no exception, and due to this scarcity, the technological disciplines such as cardiology will suffer a lot.

**2: How can we tackle these critical issues, at least in Italy?**

**The key point is a positive action** toward the unity of Cardiologists. If we want to grow up as a professional community - and become effective, either directing or influencing healthcare choices at local, regional, national and international levels - we must work together, in particular in the European Society of Cardiology. Unity is the essential root to feed a much needed strategy for keeping Cardiology as a whole, capable to grant the proper and cost-effective services to patients and to each country. This result may be achieved only if we



refer to some models and, consequently, put forward sound projects.

**3: Is there any milestone already put in place in Italy?**

**We are proud that some steps have been made**, such as the merging of Cardiology Journals in Italy that can be considered great achievements made in synergy: in fact, published outputs are an essential part, voice and identity, of a medical-scientific society. Moreover, the preparation of 2 documents on *Structure and Functional Organization of Cardiology* gave visibility to another facet of our efforts to propose a functional model of public healthcare; these documents were friendly created by the productive collaboration of several ANMCO and SIC Colleagues.

**4: What steps are needed in the near future, in your opinion?**

**There are three major steps which are to be achieved**, in the near future, not necessarily in a strict chronological sequence. The first step is to share the organizational instruments for co-

operative research, such as the ANMCO Study Center, already rich of excellent capacities both for international standards and for operative skills. Universities and National Research Council, Foundations, etc, could offer other tools to be shared by any national cardiological society, given the willingness to undertake major studies in synergy. I am sure that any society will be glad to share its jewels with all the cardiac communities, if all we believe in the final goal. This should be the proper Italian answer to the hurdles which might be found, likely, in the field. ANMCO is ready for this step.

The second step is to create, together, a unique Foundation for all the cardiovascular area as a whole, linked to but not directed by the medical-scientific societies. It would raise more funds, (let's dream of a **Telethon in Heart Disease** for major research issues), but also it would enhance and empower the educational activity in all areas of cardiovascular prevention.

The third step is to share practical training, educational activities such as *e-learning* (FAD) and annual congresses. Scientific meetings are a critical and thorny point in this context, since national congresses are a main pond of resources for all Societies. A unified annual congress could be managed alternatively by each society, dividing the revenues on the basis of crystalclear criteria, inspired to a shared scale of values. Congress spaces could be shared and assigned by each societies and so on, for other issues to deal with in the agenda.

**5: Do you foresee stumbling blocks for this strategic vision?**

**I am sure that to achieve these objectives**, we must be aware that finding a solution depends - strictly - on the willingness of all cardiac societies to reach the final goal of unity. I see challenges (the 4 issues mentioned above have an universal impact) rather than hard blocks.

**6: Are you thinking to a specific algorithm to follow?**

**In order to be closer to unification**, for each sector or clinical area, the society might aim to a structure similar to the Associations of the *European Society of Cardiology*, granting large autonomy and, at the same time, bearing great compatibility with the administrative and institutional bodies of the ESC. With such an organization, a National Cardiology Society would have great potentials, wider spaces and more opportunities for everyone, not only in Italy and in Europe but also worldwide. It is a difficult task, but not an impossible one!

**7: The history travels on the people's mind and walks on...?**

**A decisional leap is to be taken by charismatic figures** capable to create a mutual trust in the Italian cardiac societies, bringing in energies and enthusiasm, just enough to lead them through a firm process of a radical transformation. Perseverance is also needed as well as attention, time, work, courage (tons of), patience and determination, in addition to a strong vision toward clearcut objectives which, in turn, will require flexibility for the intermediate steps. Around the Italian corner, but not only, we strongly need mutual trust, good common sense and a scale of shared values, all used with a touch a Renaissance skill. Hopefully, we will be able to find these talents and these attributes within us in order to look ahead to build step after step synergically, and on a firm ground. If not, isn't it worth trying, anyway?

\* FIC: Italian Federation of Cardiology (the sum of the 2 numbers below)

\*\* ANMCO: Associazione Nazionale Medici Cardiologi Ospedalieri (5.500 members, about)

\*\*\* SIC: Società Italiana di Cardiologia (2854 members)

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# Background and Future



**It is for me a privilege** and a pleasure to give the official blessing of the *Italian Federation of Cardiology* (FIC) to this comprehensive overview of the activities, significant achievements and programs of the *Italian Society of Cardiology* (SIC).

SIC was founded on 1935 as the first Italian association of cardiologists and played the key role in the separation of Cardiology from Internal Medicine as a distinct, independent branch.

Then, on 1963 the association of Italian hospital cardiologists (ANMCO) was created, to satisfy the rapidly expanding needs of the practice of cardiology.

Subsequently, the progressive developments and differentiation of technical and of clinical aspects of cardiovascular medicine fostered the creation of several working groups and cardiological scientific subspecialty societies, some of which originated from SIC or ANMCO, some with a mixed, common origin and others largely independent from ANMCO and SIC.

Such remarkable, multifaceted, growth of Italian cardiology reflects the growing burden of cardiovascular diseases and the formidable success in their diagnosis, treatment and prevention.

However, rapid and massive growth inevitably tends to generate fragmentation.

In 1998, wise leaders of ANMCO and SIC - with lucid foresight - had the vision of the immense potential that Italian cardiology could acquire if presenting itself united, with a single voice: thus, a single Journal was created the *Italian Heart Journal* and the *Italian Federation of Cardiology* was becoming a reality.



I always shared this vision and now, during these first two years spent as President of FIC, I have seen it gradually maturing, with a friendly constructive attitude of SIC and ANMCO and a strong desire of subspecialty scientific societies to become constructive within FIC.

The *miracle* of the fusion of ANMCO and SIC has been the cornerstone of this vision, which may require some statutory changes, in order to adapt to changing times: one proof of potential flexibility was the change from the *Italian Heart Journal* to the *Journal of Cardiovascular Medicine*.

Thus, I am fully committed to devote all my efforts to the pursuit of this vision, reinforced by the inspired, enlightened message of the President of SIC, Maria Grazia MODENA, and by the wisdom of the Past President of FIC, Luigi TAVAZZI.

The time has really come, now, to make the immense political power of a united cardiovascular world clearly visible for:

### 1. Optimising clinical cardiovascular practice

*Cardiologists must have their saying in defining the strategies of the healthcare economics as cardiovascular expenditure represents the largest fraction of healthcare costs.*

### 2. Organizing cardiovascular professional training

*Cardiologists must define the optimal training programmes and needs of trainees, and certificate learning standards.*

### 3. Promoting cardiovascular research

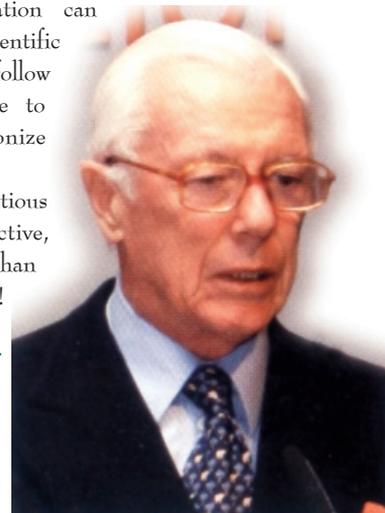
*Only joining forces, we will develop a collective cardiovascular research fund raising organization, such as Cancer Research or Telethon.*

SIC should be complimented for this initiative, which shows what goodwill and dedication can do. ANMCO and scientific subspecialty societies will follow this example. FIC is here to coordinate and harmonize efforts.

Fighting together for ambitious goals is more productive, pleasant and rewarding than arguing among each other!

## Attilio MASERI

President  
Italian Federation  
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## *I have a pink dream*

**For a pink dream, a good start will be** the *Marathon on the Woman Heart*, in Rome at the opening of Italian Congress of Cardiology, 16 December 2006.

In women, relative to men, the descriptive epidemiological features of coronary artery disease (CAD) are just different. On average, at the time of clinical presentation, women who have CAD are older than men by at least 5 years. Commonly, women have different symptoms of coronary disease than men, and tests to detect ischemia operate differently in women than in men. Women often miss out on lifesaving diagnoses and treatments for heart disease, even though it kills them more often than any other illness.

**Outcomes in women with CAD** are generally reported to be worse than those in men, with higher case fatality rates in hospital and after discharge. Some investigators attributed poorer outcomes in women to older age alone. In addition, some studies have suggested that women do receive less intense approaches to treatment than men, once they are recognized as having CAD. It is also speculated that delay in treatment of women contributes to poorer outcomes.

**Some recent, and troubling, findings include the fact** that only a third of women who are at high risk for heart disease do get statins or other cholesterol-lowering medications, as well as many women who would benefit from cardiac imaging tests for screening heart disease are just not getting them. Women are less likely than men to get preventive recommendations by doctors. Do physicians, of all specialties, perceive that heart disease risk in women is lower in men?

**We really need increase awareness in women** of their risks of heart disease, as well as their expectations for what they're going to get at the doctor's office. We need to spread out education for primary care physicians, internists, gynecologists and, even, cardiologists. We do need a call for action, based on a group of researchers strongly devoted to the issue of cardiac diseases in woman.

**As a matter of facts, many issues are unresolved.**

Recent evidence shows that there are outcome differences between men and women that persist even after improved adherence to treatment algorithms. Thus, while we certainly need to reduce treatment disparities, we also need to learn a bit more about any biological differences that may contribute to poorer outcomes in women with CAD. By improving awareness of heart disease symptoms in women, we will obtain earlier treatment, searched for soon after the onset of symptoms and, therefore, women will improve their recognition of heart disease risks. The increase in life expectancy of women nowadays (constantly growing up more than in men) is creating the *complicated* and the *fragile elder patient* which have an incredible impact on healthcare and on social aspects of the whole Western world.

Finally, there is a need to improve our understanding on the effects of estrogens. The receptors of these drugs are now under close scrutiny for new properties and new interactions.

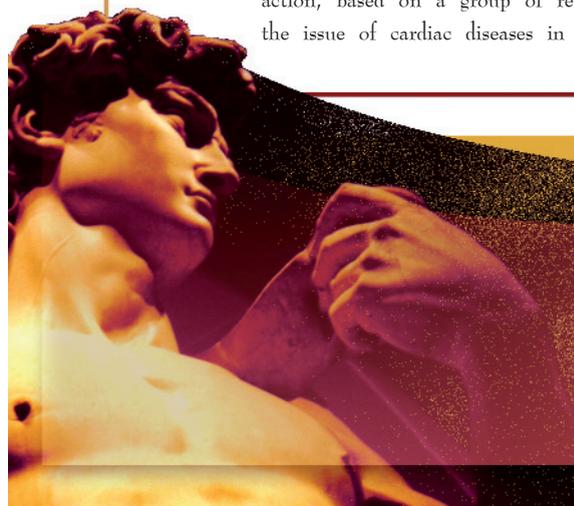
### *call for action*

In order to learn more of such issues, we need collaboration of all researchers around the world, and the feedbacks received from members and non members of Italian Society of Cardiology, showing interest and enthusiasm, are encouraging.

**The joint efforts of all scientific societies are welcome** and also necessary to develop a wide-range, multidisciplinary study group on cardiac diseases in women, where initiatives should be taken also to pay a special tribute to women. All this may be seen as a milestone in the history of Italian Society of Cardiology and a pathway traced to renovate - in addition to its bylaws and its scale of values - also its research policy, a trademark which cannot stay still in a scientific society which must face global challenges. We count on your support and enthusiasm for this ... pink dream!

*Maria Grazia MODENA*  
President  
Italian Society of Cardiology

Full Professors of Cardiology  
in Alphabetic order



# 2006 CONGRESS OF THE ITALIAN SOCIETY OF CARDIOLOGY

The 67th Congress of the SIC will take place from the 16th to the 19th of December

2006 in Rome, at the Cavalieri Hilton Hotel. The Congress Committee has finalized a scientific program that will optimally respond to the needs of updating Cardiologists and other Participants, providing a wide overview of latest discoveries, with discussion and debates on the most controversial and emerging Cardiovascular topics. Some highlights include Joint Symposia with the ESC and the AHA (Council of Basic Science), a symposium on the European Guidelines and several top level lectures on the complex or unsolved problems, as well as novel treatments of cardiovascular diseases.

The SIC Congress will involve young Cardiologists, Fellows and Physicians with several interactive modalities. Oral sessions for original communications will be either introduced or closed by prominent Scientists with Keynote Lectures on the specific topic. A full-day course is dedicated to cardiovascular disease in women. Clinical How-to-Sessions and Courses with practical exercises will address Hot Topics in order to enhance the participations of Young Cardiologists.

A mention of gratitude goes to WG's, that contributed to the program by selecting the original contributions and providing experts for Keynotes Lectures during the abstract sessions.

Basic research and teaching are the two areas in which SIC is largely involved for its expertise as well as for its institutional role: myocyte physiology, cellular biology and signalling, stem cells and other topics will be highlighted in several sessions, including Breaking News on Italian Research in top journals. More than 20 original contributions were submitted for 2006 session, certifying the high quality of research within the SIC. Teaching-related issues and socio-economic aspects will be discussed for Young Cardiologists' education, as essential requisites for the cardiologic subspecialties. The role of individual knowledge and the proper way to consider cost/benefit ratio - as well as the economic aspects of clinical choices and treatment - will be extensively discussed in the program. A guided discussions in a large exhibition area will emphasize the Poster Sessions while one day will be devoted for the traditional professional Courses for Technicians and Nurses.

The scientific results of Young Investigators applying for grants and awards will be presented.



Our endeavour has been to set up a high quality Congress, tailoring it for the growing cultural and educational needs of Cardiology. Thus, we look forward to seeing you in Rome next December!

**MASSIMO VOLPE,**  
Chairman Committee  
The 67th Congress  
of SIC



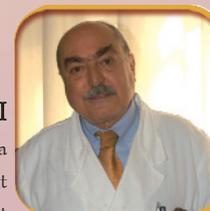
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## ARRHYTHMIAS

### Symposia

- Atrial fibrillation in patients with heart failure
- New perspectives and approaches for interventional electrophysiology
- Cardiac emergencies: different models of management
- Risk of arrhythmias and indications for ICD implantation in post-MI

### Lectures

- "STATE OF THE ART Lecture"
- Sudden death: from secondary to primary prevention

### Thematic Lectures

- Electric defibrillation in the case of cardiac arrest due to ventricular fibrillation without ICD
- Ablation in ventricular tachycardia: limits and perspectives
- Junctional permanent reciprocating reentry tachycardia: an uncommon rhythm disturbance

### Debates

- Sudden death outside the hospital: early electric defibrillation performed at home/on-site
- Treatment of cardiac arrhythmias: comparing strategies
- Treatment of idiopathic AF
- Treatment of ventricular tachycardia

## CONGENITAL HEART DISEASES, COR PULMONALE and PULMONARY HYPERTENSION

### Symposia

- Congenital heart diseases
- Controversies in pulmonary embolism
- Headache and bubbles in the brain: the need to close Patent Foramen Ovale

### Lectures

- "LEONARDO DA VINCI Lecture"
- Pulmonary thromboendarectomy: powerful surgical instrument for chronic thromboembolic pulmonary disease

### "STATE OF THE ART Lecture"

- Tetralogy of Fallot in third millennium

### Thematic lectures

- Psychological problems and cognitive alterations in GUCH community
- Therapeutic algorithms and combination therapies in treatment of pulmonary arterial hypertension

## ISCHEMIC HEART DISEASE

### Symposia

- Coronary revascularization and natural history of ischemic heart disease
- Hibernating myocardium: opening the horizons
- New perspectives in percutaneous revascularization
- Use and limits of new technique for coronary imaging
- Net-based management of patient with acute MI
- Magnetic Resonance to assess acute MI patients
- "Myocardial infarction" with otherwise healthy coronary arteries: the problem of corrected etiopathogenetic diagnosis
- Coronary angioplasty: any limit at all?
- Redefining Intensive Coronary Care Units

### Lectures

- "GIOVANNI MARIA LANCISI Lecture"
- Coronary microvascular dysfunction: pathophysiology and clinical relevance
- "ANDREA CESALPINO Lecture"

- Gender differences in the management and clinical outcome of stable angina
- "STATE OF THE ART Lecture"
- Unstable plaque and activation of immune system: toward a vaccine to prevent infarction?

### Thematic lectures

- Robotics in hemodynamic labs to implant DES
- Prognostic value of inflammatory markers in chronic IHD: only C-Reactive protein?
- Physical exercise and cardiovascular risk

### Debates

- Ischemic heart disease
- Acute Coronary Syndromes: plaque or patient vulnerable?
- Should all patients with ACS without ST-segment elevation undergo coronarography?

### How to sessions

- Interventional cardiology
- Diagnostic-therapeutical ways in ACS: certainty and doubts

## GENETICS AND MOLECULAR BIOLOGY

### Symposia

- Novel mechanisms for the secondary prevention of ischemic heart diseases
- Dilatative cardiomyopathies: clinical implications of the recent discoveries in genetics and molecular biology
- Molecular mechanisms in the pathophysiology of myocardial hypertrophy
- Translational research in inherited heart diseases: is it time to transfer benefits of basic research to the patients? A practical message

### Lectures

- MAGISTER Lecture
- Title to be defined
- MAGISTER Lecture
- A biological coronary by-pass
- "FEATURED Lecture"
- White coat and finger-prints: analogies between clinical reasoning and investigative methods in detective thriller
- "STATE OF THE ART Lecture"
- Growth factors and gene therapy in angiogenesis

### Thematic Lecture

- Stem cells and MI: regeneration or paracrine effect?

## CARDIAC INSUFFICIENCY / CARDIOMYOPATHY / PERICARDITIS

### Symposia

- Heart Failure in Europe: Italian contribution
- Functional assessment of patients with diastolic HF
- Usefulness of endomyocardial biopsy in diagnostic definition of the cardiomyopathies
- Inflammation and HF
- Transition from cardiac remodeling toward HF
- Resynchronization: a resource for all pts with HF?
- Pericarditis

### Lectures

- MASTER Lecture
- Classification of cardiomyopathies in the era of molecular medicine

### "STATE OF THE ART Lecture"

- Natriuretic peptides in HF: from Andes to Appennines
- MASTER Lecture
- Stem cell & CV diseases: human clinical trials
- MASTER Lecture
- Resynchronization therapy: update on a new approach

### Thematic lectures

- Cardiomyopathies and cardiac alterations in the neuromuscular diseases
- Little known aspects of hypertrophic cardiomyopathy

### How to sessions

- Dyspnea Management in Emergency Department

## ARTERIAL HYPERTENSION

### Symposia

- Mechanism of cardiovascular damage in hypertension: an up-to-date

### How to sessions

- Cardiovascular risk stratification in patients with hypertension

## VALVULOPATHIES

### Symposia

- Surgery of HF



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## NEW TECHNOLOGIES, IMAGING and TELECARDIOLOGY

### Symposia

- Cardiac function and coronary microcirculation in diabetic cardiomyopathy
- Indications and limits of the CAT scanning to study coronary vessels
- Added value of cardiac MR in pts with acute MI
- Heart and aorta as embolic sources: role of echo
- Telecardiology: from experience on territory to guidelines

### Thematic lectures

- Use of tests with imaging in the early diagnosis of coronaropathy in subjects with high cardiovascular risk
- Diastolic dysfunction by Doppler study: past, present and future
- Longitudinal systolic LV dysfunction: comparing M-mode, tissue pulsed Doppler and color M-mode of mitralic ring

### How to sessions

- Nuclear medicine
- Role of echocardiography for selecting and follow-up of candidates to ventricular resynchronization therapy

## CARDIOVASCULAR PREVENTION and NON CORONARY ARTERIOPATHIES

### Symposia

- Carotid disease
- Pharmacologico-clinical aspects of cardiovascular prevention
- Metabolic syndrome. Italian perspective
- Global risk: how to reduce it?
- Evaluation of cardiac risk in non cardiac surgery
- Inflammation and cardiovascular disease
- Heart and physical exercise
- Lox/Loxina system in unstable plaque

### Lectures

#### MASTER Lecture

- Cardiac surgeon and aortic root dilatation "GIOVANNI BATTISTA MORGAGNI Lecture"
- Metalloproteinases in arterial disease

### Thematic lectures

- Molecular mechanisms of vascular damage in diabetes
- Cost of vascular disease: the more you spend, the less you spend

## AD HOC SESSIONS for NURSES, for CADIOVASCULAR TECHNICIANS and for CARDIOVASCULAR PERFUSION TECHNICIANS

1. Role of paramedical personel in the management of complex clinical cases in:

- coronary care units
- stress echo laboratory
- hemodynamic laboratory
- pace-maker laboratory

2. Paramedical personel is essential in:

- echo laboratory
- the management of both rehabilitation and cardiovascular prevention
- electrophysiology laboratory
- hemodynamic laboratory

3. Caring of HF patients at home:

- organizing an network outside the hospital

- implementing/integrating telemedicine in Public Health System

- role of the nurses in the team on-charge of HF patients outside the hospital

4. How paramedical personel will change in the new millenium

- new accountability in heart institutions
- the role in the quality processes
- the role in the clinical research setting (data entry and data management).

- the future educational requirements: which suggestions for which targets?

## FINSIC: a branch of SIC

Created years ago by SIC and recently updated (see art. 14 of statute of SIC), *FINSIC srl* is an operative financial branch meant to support SIC which has to deal mainly with scientific issues, in analogy to other societies of this kind.

Once decisions have been taken by the Board of SIC, its financial branch will help to organize the planned activities, and operates to promote communication and to widespread information on the events in Italian Cardiology.

Therefore, with such scopes, *FINSIC srl* does implement congresses, meetings, seminars, educational courses for continuous medical updating of professionals and any other initiative capable to promote knowledge as well as progress of Cardiology. In addition, *FINSIC srl* is functional to SIC for:

- a) publishing journals, periodicals, books and audiovisual programs;
- b) publicity and public relationships enhancement, within available media;
- c) administrative and secretarial services.

President of FINSIC is Massimo CHIARIELLO.

## MARATHON HEART and WOMAN

SATURDAY 16 DECEMBER 2006  
HOTEL CAVALIERI HILTON  
C Room - h 10.30 - 17.30

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## Vittorio SGARBI: an outstanding Scholar talking to Cardiologists on the HEART in the Art

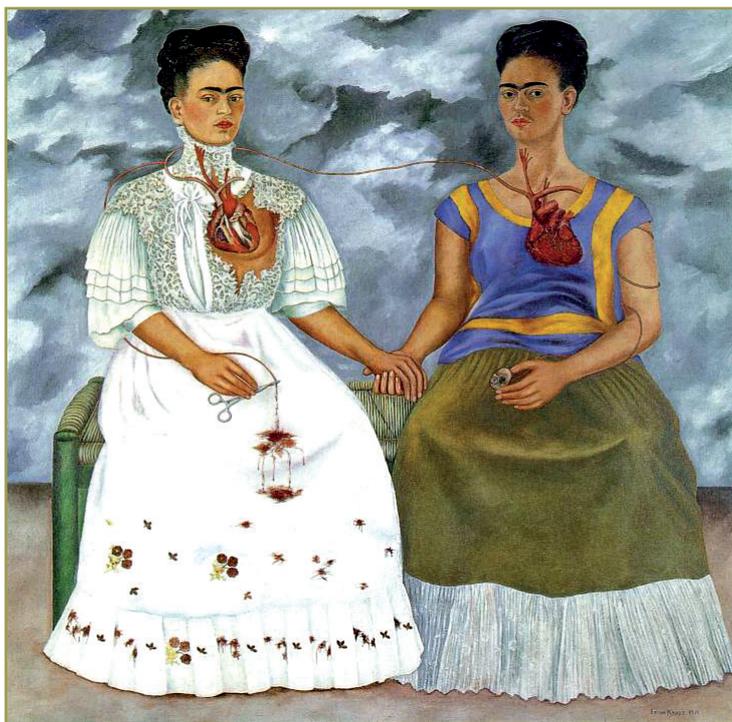
A superb lecture was given by Vittorio SGARBI at the Opening Session of 2005 Congress of SIC in Rome. He spoke of the HEART as a symbol of life, of love, of positive as well as absolute values that may be, also, a symbol of pain and desperation.

No other organ, said SGARBI, has been celebrated by poets and depicted by painters, in any age, more than the HEART. Poets and painters do celebrate the HEART in different fashions but always as a metaphor of life and the state of the human.

Walking along the centuries, and going from painter VELASQUEZ to other holy paintings dealing with the HEART, Vittorio SGARBI did land on Frida KAHLO's famous painting The Two Fridas (1939, Museo de Arte Moderno, Mexico City - Mexico): she depicted two sitting women (herself) with visible heart, just to describe the HEART as a clear symbol of the DOUBLE: love and desperation.

On one side, in this self-portrait, Frida appears in a traditional costume, with a healthy and integral HEART as a symbol of certainty, love and self-confidence. On the other, wearing a wedding dress, Frida shows a broken heart, symbol of doubts and melancholy.

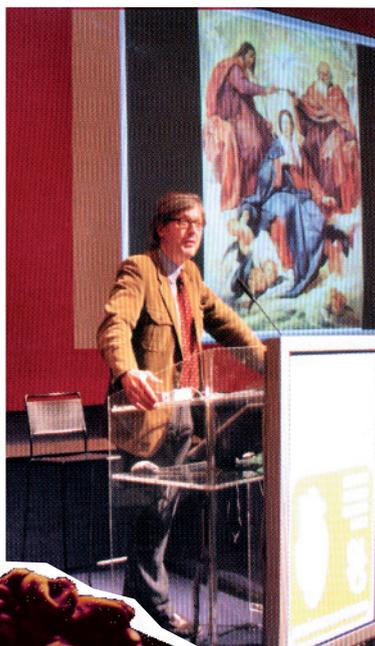
As the HEART is often utilized, metaphorically, with a meaning that is far away from its real anatomic and



physiologic functions; as a matter of fact, each of us puts in the HEART the value of emotions, feelings as well as availability toward others. Surely, in a common thinking, the word HEART is never linked to diseases of any kind. In the ordinary considerations of human sensitivity, the only diseases attributed to the HEART are those related to love and to spiritual suffering. Therefore, the *physical diseases* of the HEART do represent an unforeseen and esoteric variance.

N.B.

The entire recording of Vittorio SGARBI's lecture at the 2005 Congress of Italian Society of Cardiology will be available - under high-quality audio format - in the CD distributed with the present booklet. It may be, as well, requested by sending a formal application to: SIC, Scientific Secretariat, via Po 24, 00198 ROME - Italy [segreteria@siccardiologia.it](mailto:segreteria@siccardiologia.it)



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# MASTERS: a jump on and a dive in

In order to fulfil the need to expand the basic knowledge in CV diseases, gained during the Speciality Schools, SIC is sponsoring a gamut of high-quality University Masters, rich of theoretical teaching and practical training for a period of one or two years. **Ideal candidates** for these Masters are young doctors, either from Italy or from abroad, who have completed the specialty in Cardiology or in Internal Medicine though, in some instances, other degrees are very welcome due to the high-tech and interdisciplinary involvements of all the subspecialty fields of Cardiology. **Theoretical lessons and seminars** are, usually, held at the University sites which coordinate the Master, while practical activities are undertaken in qualified centres of different cities of the same region or even abroad, as in the case of MIUCA. Experts in the field will provide tutorship for the practical activities. Learning processes - as well as level of knowledge in each specific topic - will be periodically assessed with formal testing and exams

at the University Centres. Within the Master, every candidate has to design a study protocol, collect data, discuss the results and prepare a manuscript suitable for publication in peer-reviewed international journals. There is a fee to pay for attendance, and a competition to pass in order to be admitted. However, in a few Masters it is possible to obtain a grant that pays back, partially or totally, the expenses and the cost of living at the university or at hospital site or at the research center where the Master is held.



**Ultrasonic imaging** has gained an outstanding importance in cardiology, as it offers fundamental tools for the diagnosis of nature, extension and evolution of various pathologies with a non invasive and inexpensive approach. This first level Master - a fallout of **INTERNATIONALIZATION OF STUDIES IN EUROPE** project - aims to provide new expertise in the field of ultrasound in cardiology. Dominated by expensive and complex systems, medical imaging is causing an increasing cost of healthcare; thus, in the near future echocardiography will likely expand its role since it is the least expensive imaging technique, but also the smallest portable, free of ionising radiations as well as repeatable at short time intervals. Creation of new expertise and new professional figures in ultrasonic methods, given the fast improvement in technology will facilitate more efficient diagnoses and therapies, with consequent benefits for patients and favourable impact on healthcare costs as a whole. **Topics** of the Master will cover: anatomy, physiology, hemodynamics for ultrasound applied to cardiology, Knowledge Management in Echocardiography Labs, Computer Technology applied to ultrasonic technologies, Cardiac and vascular applications of Ultrasound techniques of diagnosis and therapies. The **requirement** of admission is a Degree in Medicine, Biology, Engineering, Chemistry, Physics and Computer Science. The Master lasts one year, **starting** October 2006, and provides with 60 credits CFU (1500 hrs of formal lessons, practical activities, case studies, workshops). Lessons will take place in the former Convent of Cappuccini in Mesagne, where Teachers and Students will be hosted, creating a nice

interdisciplinary environment of people with different age and expertise. The **Fee**, as a contribution of each student, is euro 3.250,00. However, being sponsored and partially funded by Pisa University and by MIUR, via an European project, students of MIUCA will be covered for their trips and for their stays at European University Center where they will perform stages and practical trainings. In fact, proposed by the University of Pisa, the Master is implemented in collaboration with and thanks to the University of Lecce, IFC-CNR Pisa and Lecce, ISBEM of Brindisi, Athens University Onassis Centre (Greece), Cardiff University in Wales (United Kingdom), Free University of Amsterdam (Netherlands), and the Mesagne City and Brindisi Province Administrations. The **deadline** for application form is 2006, September 22<sup>nd</sup>. **Contacts:** ISBEM (Istituto Scientifico Biomedico Euro Mediterraneo) - Cittadella della Ricerca - S.S. 7 per Mesagne Km 7+300 - 72100 Brindisi - Italia Tel. +39-0831-507545-354354 Fax +39-0831-507541, Email: mastermiuca@isbem.it, distante@isbem.it



## INTERNATIONAL MASTER ON ULTRASOUND IN CARDIOLOGY (MIUCA)

University of Pisa

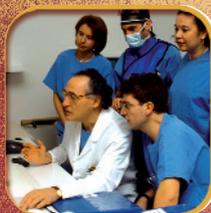
[www.unipi.it](http://www.unipi.it) - [www.isbem.it](http://www.isbem.it)

**Within an integrated vision of Cardiology**, this Master in deals with arrhythmia - from cell to bedside - and does focus on relevant data from scientific, clinical and practical points of view, as a post-specialty education. A new edition of this Master of one year duration will started on the Academic Year 2007/2008, starting November 2007 and lasting one year. Target audience is a medical degree and a Specialty in Cardiology or Internal Medicine or equivalent academic qualifications obtained abroad, limited to 14 people. A tiny extra number will be reserved to doctors already working in cardiac Institutions. Teaching consist of 8 hrs of theoretical teaching per week in Varese while practical activities taking place in 7 different EPL in Lombardia Region, where students will be hosted and tutored. Weekly seminars are scheduled with International consultants. Enrollment **fee** is euro 4,000.00 each year, but a Scholarship of Euro 24,000.00 will be

granted to admitted students who will provide full time attendance. In addition to regular participants, 15 students with specific qualifications, can attend single theoretical modules and practical sessions, after agreement with the teacher-in-charge. A profit certificate with relative credits will be issued, after passing an ad hoc examination. Each participant has an insurance coverage, also for practical activities. Application forms will be available at [www.uninsubria.it](http://www.uninsubria.it) (April 2007) Dept. of Cardiac Sciences, Ospedale di Circolo e Fondazione Macchi, Insubria University. Viale Borri, 57, 21100 Varese Tel. +39-0332-278934- 219071- 219-062

## ELECTROPHYSIOLOGY AND CARDIAC ELECTROSTIMULATION

University of Insubria in Varese - [www.uninsubria.it](http://www.uninsubria.it)



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**VASCULAR DISEASES**

**Addressed to doctors** General Practitioners, Cardiologists and specialists in Internal Medicine, Geriatrics, General and Vascular Surgery as well as Neurologists interested to Angiology, this II Level Master on Vascular Disease provides 120 Credit and 3.000 hours of teaching (1500+1500) in two years as lessons, seminars and practical activities. Registration fee is 4.000,00 Euro for the 2 years, and students may vary from 8 to the maximum of 16. Topics are: anatomy, histology, physiology, pathology, pathophysiology and clinics, non invasive and invasive diagnostics, medical and interventional therapy. Practical activities will be performed in the Division of Cardiovascular Disease, and will include exposure to electrocardiography, arterial and venous Echocolor Doppler, transcranial Echocolor Doppler, treadmill test, capillaroscopy, radiologic imaging, etc. Students evaluation will occur at the end of each module, while the final examination, after a thesis discussion, will be followed by the University Diploma of the II Level Master in Vascular Disease.

**NON INVASIVE CARDIAC DIAGNOSTICS**

**Addressed to** General Practitioners, Cardiologists, Anaesthesiologists, as well as Specialists Internal Medicine, Emergence Medicine, Geriatrics, General and Vascular Surgery, Cardiac Surgery and Neurology interested to Non invasive cardiac and vascular Diagnostics with ECG, Holter monitoring, Stress testing, Cardiopulmonary stress testing, Eco-Doppler TTE and TEE, stress echo, contrast echo, myocardial scintigraphy, MR, angio-MR, CT and angio CT, EBCT, and so on. This II level Master has 120 Credits and requires a registration fee of 4.000,00 Euro, for 2 years. Students' number ranges from 8 to a maximum of 16. Teaching consists of 3.000 hours organized in modules with formal lessons, seminars, practical activities and self-teaching hours on cardiovascular anatomy and histology, physiology, pathology and pathophysiology, diseases of the heart and great arteries, non invasive and invasive diagnostics and imaging, interventional therapy, rehabilitation, medical and surgical therapy. Students evaluation will occur at the end of each module, while the final examination, after a thesis discussion, will be followed by the University Diploma of the II Level Master in Non Invasive Diagnostics in Cardiology.

**INTERVENTIONAL CARDIOLOGY**

**Interventional Cardiology**, a modern modality to treat cardiac diseases, requires postspecialist expertise. This II Level Master deeply introduces to all the aspects of Coronary, Valvular and Electrical interventional therapies, with adequate training in Percutaneous approaches. Other techniques (Echo, Multislice CAT scanning, MR Imaging) as well as Molecular Biology will be covered in the program which is structured in 2 semesters, being the first one (Coronary Interventions: Materials, Methods, Results, Clinical trials; Valvular Interventions: Mitral, Aortic, Pulmonic Valvuloplasty and Replacement. Methods, Results, Clinical Trials; Closing Devices: Atrial Septal Defect/PFO, VSD, PDA. Methods, Results, Clinical Trials) and the second one (Percutaneous Interventions for Arrhythmias and Electrostimulation: Materials, Methods, Results) strictly coordinated. The Master is addressed to Specialists in Cardiology, Medicine or equivalent qualifications obtained abroad, and will vary from 2 to 10 with some extra places reserved to people already working in the Healthcare system. The 1 year Master provides 66 Credits, after 1650hrs of study (formal lessons, seminars, practical activities, under supervision of Experts in the field of Cardiac Interventions. A fee of 3.000 Euro is required to cover also insurance for practical activities.

**Cardiac Masters offered by the University of L'Aquila - [www.univaq.it](http://www.univaq.it)**

**NURSING IN CARDIAC CRITICAL AREA**

**This Master is an advanced training course** in which nurses may obtain specific abilities concerning the Cardiac Critical Area, i.e. Coronary Care Unit, Post-Cardiac Surgery Intensive Care Unit, Hemodynamic and Electrophysiologic Laboratories, settings where it is essential to deal with and manage strategies at the right time and with a high quality of expertise. Topics of the Master are: Clinical Nursing in Intensive Cardiac Care Unit; Cardiovascular diagnostic tools; Scientific evidence and nursing research in cardiological critical area; Cardiac nursing in out-of-hospital setting. Target audience is people with three year Nursing Degree or an equivalent qualification. The Master lasts one year, with 60 Credits and 1500 hours of study (formal lessons, seminars, practical activities and home study). Evaluation of students is made at the end of each module and, after the final examination with a thesis discussion, the title of "University Master in nursing in cardiological critical area" will be provided by the University of L'Aquila.

**PERI-OPERATIVE TRANSESOPHAGEAL ECHO**

**Addressed to Specialists in Anaesthesiology or Cardiology**, this II Level Master provides the expertise for evaluating and monitoring cardiovascular diseases in peri-operative phases and in post-operative Intensive Care Unit. Topics of the Master are: Basic principles of M-Mode, 2D and Doppler echocardiography; Trans-Thoracic (TTE) and Trans-Esophageal Echo (TEE) in patients with ischemic heart disease, valvular heart diseases and HF; TTE and TEE compared to other imaging techniques in evaluating aorta, cardiovascular emergencies and in post-operative ICU. The Master lasts 1 year, provides 60 Credits and requires 1500 hours of study (formal lessons, seminars, practical activities and home study). Evaluation of students occurs at the end of each module. After the final examination with a thesis discussion, the title of "University Master in peri-operative transesophageal echocardiography" will be released by the University of L'Aquila.

**SPORT CARDIOLOGY**

**Non eligibility for agonistic activity** is usually cardiovascular in origin and, moreover, several people with cardiovascular diseases (i.e. HBP or CAD) would love to practice some sport. This Master - aimed to provide a sound expertise in this field, both for Cardiologists and Sport Doctors - deals with these topics: Cardiovascular adaptations to exercise in normals and in athletes, and in extreme conditions; Eligibility to agonistic activity and cardiovascular diseases: cardiac arrhythmias, valvular heart diseases, systemic hypertension, CAD, congenital heart diseases, HF; Emergencies during sports. Target audience is represented by Specialists in Sport Medicine or Cardiology. The Master lasts one year, with 60 Credits and 1500 hours (lessons, seminars, practical activities and home study). Evaluation of students occurs at the end of each module, and a final examination with a thesis discussion is a pre-requisite before obtaining the title of "University Master in Sport Cardiology".



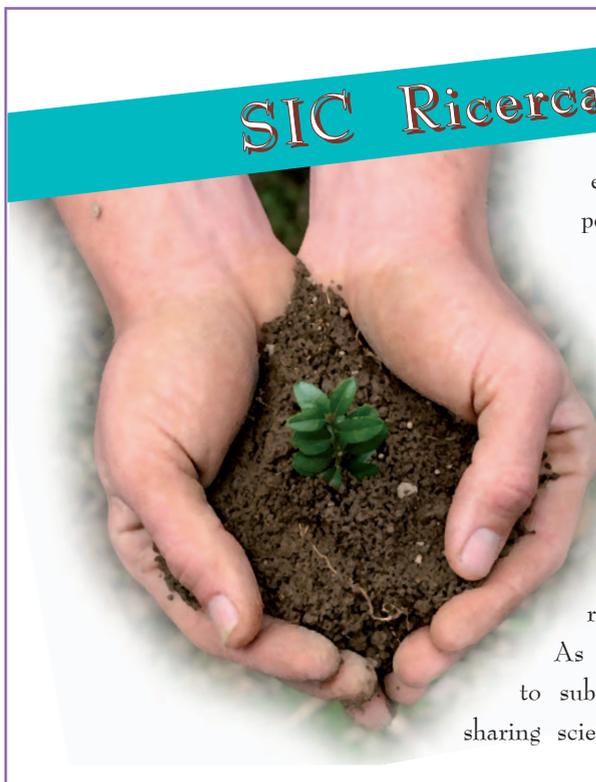
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(SIC Search/Research Youth) is a program meant to establish a new alphabet and a new relationship for the young people who have chosen Cardiology as vocational and professional mission, implemented by the School of specialization, the Ph.D. Courses, Research Grants, and so on. Limited to doctors younger than 30 years, these people will be selected by the Directors of Specialty School(s) on the basis of specific attitude in dealing with research topics in the respective University. Each selected Cardiologist in training will take active part - in Rome - to a meeting where - under the coordination of a session Scientists - he/she will present and will discuss among peers his/her research work, from idea, rationale, methodology, results, etc. As the end of much seniors, all young cardiologists are encouraged to submit ideas in synergy and to create focus groups as well as sharing scientific interests networks people.

## SIC STAGE: do know your cardiology a little more!

In Italy, after the training undertaken during the Medical School and during the internship, before the final doctoral diploma, the cultural and professional track of Medical Doctors for General Medicine (MMG = Medici di Medicina Generale) does not include any further period of training in Cardiology. All this happens, despite cardiovascular diseases represent the highest cause of morbidity and mortality in industrialized countries. On the other end, the most relevant number of Cardiologists working in major hospitals named for the Italian law hospital-university enterprises (Aziende Miste Ospedale-Università) do take care of patients and, at the same time, teach novelties and perform clinical research in an environment which is not usually attended by MMG. It is our opinion that continuous education of Family Doctors should be an essential and integral part of their activity for a qualified healthcare profession. Such a continuous educational activity must be undertaken not only outside, but also inside the Cardiology settings within the hospitals. Such an activity will surely help them to fill in the existing cultural gap which, in recent years, has increased inasmuch, Cardiology has continuously and profoundly - changing thanks to technological innovations,

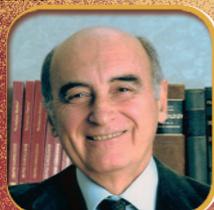
basic research and hyperspecialization of the field. Being among the most advanced medical speciality, Cardiology - more than other branches - suffers from the lack of communication between Centers of excellence and general medicine on the ground. The SIC STAGE will be mainly concentrated to practical sessions undertaken in the following hospital settings, though specific requests may be dealt for the individual need of Cardiology training: Echocardiography, Electrophysiology, Electrostimulation, Ergometry, Holter Monitoring, Haemodynamics and Interventional Cardiology, Clinical Ward, Coronary Care Unit. In addition, in the afternoon sessions, MMG's will have the opportunity to attend and be exposed to outpatient clinics.

### SITES AND SCHEDULING

- Bologna** 14-16 June / 20-22 September / 25-27 October  
Hospital S. Orsola / A. BRANZI - C. RAPEZZI
- Modena** 17-19 May / 18-20 October / 22-24 November  
Policlinic Hospital of Modena / M.G. MODENA - R. ROSSI
- Rome** 9-11 October  
Hospital S. Andrea / M. VOLPE
- Brescia** 19-23 June / 11-15 September / 2-6 October  
Cardiology of Spedali Civili / L. DEI CAS - M. METRA
- Varese** 7-9 June / 4-6 October / 8-10 November  
Cardiology of Hospital of Circolo / J. A. SALERNO-URIARTE
- Milan** 26-28 October  
Cardiology of Monzino / C. FIORENTINI
- Turin** 9-11 October  
Hospital S. Giovanni Battista Molinette / G. TREVI
- Bari** 2-4 November  
Policlinic Hospital / S. FVALE



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# TEACHING ACTIVITIES OF SIC

## GUIDELINES ON ATRIAL FIBRILLATION

Atrial fibrillation is the most common arrhythmia in clinical practice and, in recent years, the level of knowledge about it has grown up significantly, both on pathophysiology and on clinical ground. At the same time, there has been a remarkable improvement of either pharmacological or with ablator approach, though with different levels of efficacy. In order to enhance and optimize the treatment of atrial fibrillation, AIAC, on December 2004, has nominated a Committee with the objective to update the Guidelines on atrial fibrillation. Such a Committee - in a number of meetings, plenary sessions, teleconferences and an effective interoperability among its members - has produced a document which reflects the opinion of all the participants merged in a shared text. Such Guidelines are now being presented and discussed in the meetings occurring in the Italian macro-areas of SIC. The recommendations put forward are evidence-based from data published on cardiologic and medical journals. Classical criteria have been adopted to define evidences and guidelines, as already made at international level, though eliminating Class III. In some instances, it may happen that

there could be alternative approaches to follow, although with the same level of recommendations. For such cases, the decision has to be taken not only together with patients, who needs to be informed, but also taking into account psychological and professional aspects. The recently published guidelines\* for managing patients with AF (ACC/AHA/ESC 2006) were developed in collaboration with the European Heart Rhythm Association and the Heart Rhythm Society. They will be discussed - under the format of Round Tables - during the following specific meetings, all to be held on September 23, 2006 in these cities:

**Napoli** Centro Cardiologia - A.O. Monaldi, R. Calabrò

**Taormina** Hotel Ramada - Giardini Naxos / G. Oreto

**Roma** Catholic University *Sacro Cuore* / F. Crea

**Firenze** Aula di Clinica Medica / L. Padeletti

**Sassari** Facoltà di Medicina, Aula Magna / A. Ganau, G. Mercurio

**Bologna** S. Orsola Hospital / A. Branzi

**Milano** San Paolo Hospital / F. Lombardi

\*Dates of recent publications:

August 15, 2006: **Circulation**

August 16, 2006: **JACC** and **Eur Heart J.**

## GUIDELINES ON ACUTE AND CHRONIC HEART FAILURE

The Guidelines - approved by the Committee for Practice Guidelines - of ESC describe the rationale on which diagnosis and treatment of heart failure should be based in the adult population. They have been written by Specialists who operate in different European countries - and a good number of them are Italians - rich of expertise in the field. In the task force, which made the Guidelines available, there were also members of Heart Failure Association of the ESC as well as members of European Society on Intensive Care (ESICM). Preceded by a Pilot meeting on Acute and Chronic HF held in Milan (Nov 5 05) and in Varese (Nov 19 05), the GL will be diffused and discussed in the following sites:

**ACUTE HF:** May 6 2006 - L'Aquila, Palermo, Bari, Roma, Perugia, Cagliari, Modena, Pavia, Padova and Novara.

**CHRONIC HF:** - May 27 2006 - L'Aquila, Palermo, Foggia, Roma, Pisa, Sassari, Ferrara, Brescia, Trieste and Genova.

## CARDIO-PULMONARY RESUSCITATION COURSES

In Italy, cardiac arrest counts 70.000 cases per year and remains a dramatic event as in all other countries. Being an emergency that happens unexpected and so rapidly, there is very little time to counteract it efficiently, with cardio-pulmonary resuscitation. Each minute that goes by from the onset of the cardiac arrest reduces by 10% the possibility to save patient's life. To rescue cardiac arrest victims, all potential operators should be put in the conditions to promptly use an automatic defibrillator, as it is an essential tool to treat VF or VT without pulse. Early defibrillation represents the crucial ring of the survival chain which links the territory to the hospital. Semiautomatic defibrillators are devices capable to diagnose potentially fatal arrhythmias; with very high levels of

specificity and sensibility, which permit their diffusion among laymen. All studies demonstrate that semiautomatic defibrillators have significantly increased the percentage of survival rate. Along with AHA and ILCOR Guidelines (Circulation 2000), the Italian Ministry of Health - in order to reduce the number of deaths due to cardiac-respiratory arrest - has published the basic criteria for organizing early defibrillation courses both for medical operators and for laymen.

A course has been held in ROME at the site of SIC on the 27th June 2006. An additional BLS-D course for ISTRUCTORS will be held in ROME on the 19-20 September 2006, while an ACLS course will be held on 17-18 October 2006.

## OTHER SCIENTIFIC MEETINGS OF 2006

**Roma** Hotel Eden - 1 April - E. Martuscelli

Aggiornamenti in cardiologia: dai risultati dei grandi trials alla pratica clinica

**Sassari** Camera di Commercio - 29 September - A. Ganau - L. Meloni

La rete per le emergenze cardiocircolatorie

**Cagliari** Camera di Commercio - 30 September - A. Ganau - L. Meloni

La gestione del paziente ad alto rischio cardiovascolare

**Genova** Villa Spinola - 07 October - A. Barsotti

Focus on morte improvvisa e sindromi ischemiche acute

**Copanello L. (CZ)** Villaggio Guglielmo - 21 October - R. Ortuso

Update 2006 in Malattie Cardiovascolari

**Foggia** Sala Congressi Fiera di Foggia - 21 October - M. Di Biase

Controversie in cardiologia / Nursing e cardiologia

## ORGANIZED TO UPDATE CARDIOLOGISTS

**Napoli** Hotel Palazzo Alabardieri - 27 October: R. Calabrò, M. Chiariello

Focus on: sincope, fibrillazione atriale, scompenso cardiaco

**Siena** Centro Didattico Policlinico Le Scotte - 28 October - M. Marzilli

Ruolo del microcircolo nelle patologie cardiache

**Chieti** - Hotel Villa Maria - 03 November - R. De Caterina

Aggiornamenti in tema di Cardiopatia Ischemia

**Novara** Centro Congressi Banca P. di Novara - 10 November - P. Marino

La placca e la sindrome coronarica acuta

Ecocardiografia ed elettrofisiologia nell'insufficienza cardiaca

**Soave (VR)** Auditorium Borgo Covergnino - 18 November - L. Daliento

La cardiologia del III millennio: troppi interventisti?

**Catania** - Hotel Sheraton - 18 November - G. Giuffrida

Lezioni di aggiornamento in cardiologia con gli esperti

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# OPPORTUNITIES TO STUDY CARDIOLOGY FOR YOUNG DOCTORS

In addition to the grants from the institutional bodies (MIUR, Ministero della Salute, Regions, etc.) and from private funding SIC offers a number of opportunities that might be, exploited by Junior Doctors in order to attend Specialty Schools, PhD's and Master Programs.

*Applications should be sent by mail (R/R) to: Scientific Secretariat of SIC, via Po 24 - 00198 Roma or they should be e-mailed to the following address: [segreteria scientifica@sicardiologia.it](mailto:segreteria scientifica@sicardiologia.it)*

## THE ITALIAN SOCIETY OF CARDIOLOGY SCHOLARSHIPS

- 2 Scholarships of 3 months, to be spent in Italian Institutions (euro 3.000,00);
- 2 Scholarships of 6 months, to be spent in Italian Institutions (euro 6.000,00);
- 2 Scholarships of 6 months, to be spent in an Institution abroad (euro 12.000,00);
- 2 Scholarships of 1 year, to be spent in an Institution abroad (euro 30.000,00).

Scholarships - reserved to Members of SIC below 36 years of age at December 31st 2006 - are meant to enhance the knowledge of therapeutic and diagnostic methods, and to get expertise in experimental and clinical research, with protocols aimed to study cardiovascular diseases. Deadline: September 10th, 2006.

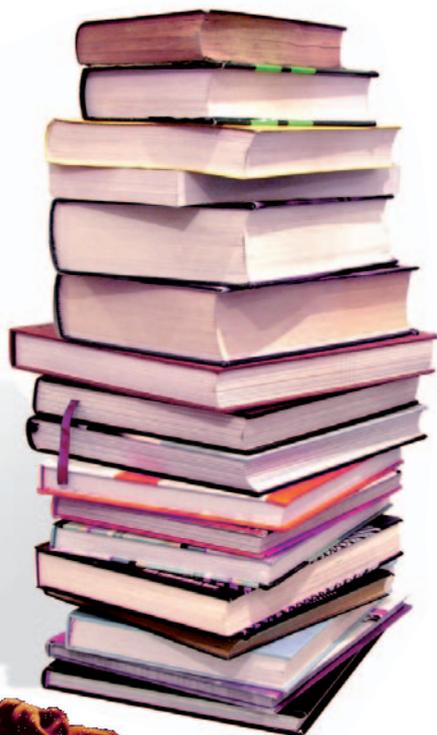
## SIC SCHOLARSHIPS FOR PH.D.'S IN CARDIOLOGICAL AREAS

SIC offers 2 Scholarships (euro 15.000,00 each) of 12 months for Ph.D.'s Students in Cardiovascular Sciences which have a Training Grant in progress. Deadline: September 10th, 2006

## PRIZE FOR PH.D.'S AND/OR SPECIALISTS IN CARDIOLOGICAL AREAS

SIC offers 2 Prizes (euro 3.000,00 each one) reserved to Members of SIC below 36 years at December 31st 2006 - who, during the last academic year, have got a MD degree in the Cardiovascular area or the Specialty in Cardiology. Deadline: November 5th, 2006.

## OTHER FELLOWSHIPS, PRIZES AND GRANTS FOR SCIENTIFIC ACTIVITY

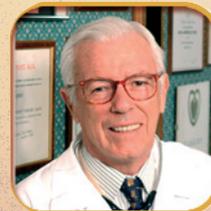


<p>AVENTIS FOUNDATION - BRISTOL MYERS SQUIBB ART &amp; CARDIOLOGY SANOFI AVENTIS GROUP - and SIC launch 1 Prize ASSOCIATION and SIC and SIC launch a (euro 5.000,00) for activity launch 1 Prize (euro competition for 2 research on "Woman and 8.000,00) for Atrial Scholarships (euro Cardiovascular Diseases". Fibrillation Research to 8.000,00 each) for The competition is reserved honour the memory of a scientific research, reserved to Italian citizens who are: young researcher: "Mauro to Italian citizens who are: a) younger than 40 years; Villani". a) younger than 36 at b) graduated in Medicine; c) Competition is reserved to December 31st 2006; b) Specialists in progress or Italian citizens who are: graduated in biomedical specialized in Cardiology; d) a) younger than 40 years areas; c) Members of SIC; Ph.D. in progress or Ph.D. at December 31st 2006; d) aiming to improve their titled in Cardiovascular b) graduated in Medicine; training or their Research, e) aiming to c) Specialist in progress or specialization in basics or undertake a scientific study specialized in Cardiology; clinical research area, by (experimental, clinical and/or d) Ph.D. in progress or means of development of epidemiological) on Ph.D. titled in cardiovascular topics, Cardiovascular Diseases in Cardiovascular Research. scientifically wise. Woman. Deadline: Sept. 10th, 06.</p>	<p>Deadline: Sept. 10th, 06. Deadline: Sept. 30th, 06.</p>
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# Ph.D. Courses in Cardiac Sciences

Titles, Directors, Universities and E-mail Coordinates of Ph.D. Courses in Cardiosciences Activated in Italy

In the early '80s a Ph.D. program was introduced in the Italian University system as a third level of academic education, with the aim to train and qualify graduates for a career of scientists. At difference from foreign countries, where Ph.D. programs in Medicine are devoted mostly to Basic Sciences (Biochemistry, Microbiology, Genetics, etc.), in Italy Ph.D. Courses were implemented also in the clinical setting, to qualify physicians as Philosophy Doctors, in other words to foster the figures of M.D.-Ph.D. Clearly the intention was to promote Science in Medicine and to favour the translation from experimental biology to applied medicine as well as the technological transfer.

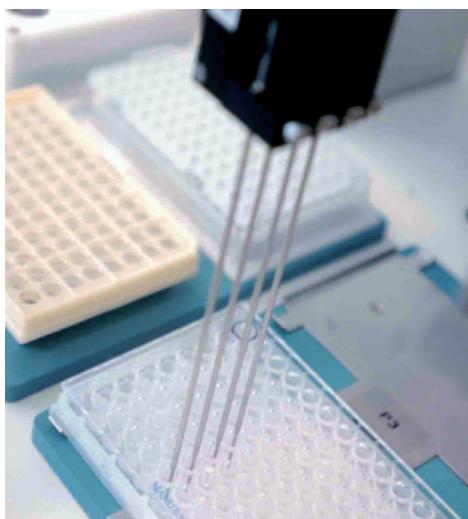
The Ph.D. Course is 3-year long and consists both of a basic science learning (statistics, genetics, immunology, cell biology, virology, etc), with lectures - seminars, and a laboratory-bench work. The final product is a thesis on a novel investigation, to be defended in front of a National Committee.

The scholars are supported by a grant of 12.000 Euro per year. Half of the period may be spent abroad in foreign laboratories and in research. Such a case, the grant is increased by 50%. Usually this money is not enough and additional grant are searched for. Tutors take over the responsibility of research training of

the scholars, with labs, topics of research and special assignment. So far, no special Ph.D.-M.D. courses have been officially established to allow the graduate students to make contemporary a Ph.D. and an M.D. track. As per now, a Ph.D. program cannot be shared even during the specialty of in Cardiology. The system is such that, if one would like to become M.D.-Ph.D. cardiologist, he should first graduate (M.D.), then take the diploma in Cardiology and eventually enter the Ph.D. Course of Cardiosciences. That is an overall of 13 years to become M.D.-Ph.D., usually not before the age of 32. Despite this non-sense most of Ph.D's in Cardiosciences become either Assistant Professors in the Academic Centers and Universities or Consultants in Hospitals.

Thus, the goal to have scientists in Cardiology has been eventually reached. Luck or italian fantasy?

**Gaetano THIENE**  
MD, FRCP Hon



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## WORKING GROUPS OF SIC

On 2003, following a scheme of the ESC WG, the Italian Society of Cardiology created its own Working Groups, with some innovations related to Geriatric Cardiology and Cardiovascular Diseases in Women.

Functionally, the WG's operate under the guide of their Nuclei and Coordinators, reporting at the same time to the Ad hoc Committee chaired by S. NOVO and composed by P. AGOSTONI, A. GANAU,

C. RAPEZZI, F. ROMEO and M. SANTOMAURO.  
On December 2005, the General Assembly of SIC renewed WG's Chairmen, as follows:

### Arterial Hypertension and the Heart

Giovanni DE SIMONE simogi@unina.it

### Cardiac Surgery

Antonio BARSOTTI a.barsotti@med.unipi.it

### Cardiology in the Elderly

Antonio STRANO  
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### Cardiovascular Anatomy and Pathology

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### Cardiovascular Disease in Women

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### Cellular Biology of the Heart

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### Clinical Epidemiology and Cardiovascular Prevention

Salvatore NOVO, novosav@unipa.it

### Clinical Pharmacology

Claudio BORGHI, claudio@med.unibo.it

### Congenital Heart Disease

Luciano DALIENTO, luciano.daliento@unipd.it

### Ecocardiography

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### Electrophysiology, Arrhythmias, Cardiac Pacing

Luigi PADELETTI, lpadeletti@interfree.it

### Emergency

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### Exercise, Sport and Rehabilitation Cardiology

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### Heart Valve Diseases

Pier A. GIOFFRE

### Interventional Cardiology

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### Metabolic Abnormalities, Vascular Biology, Atherosclerosis and Thrombosis

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### Microcirculation

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### Myocardial Function, Cardiomyopathies and Heart Failure

Marco METRA metramarco@libero.it

### NMR and CT Scans in Cardiology

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### Nuclear Cardiology

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### Nursing in Cardiology

Enrico GIANFRANCESCHI  
e.gianfranceschi@auxologico.it

### Peripheral Circulation

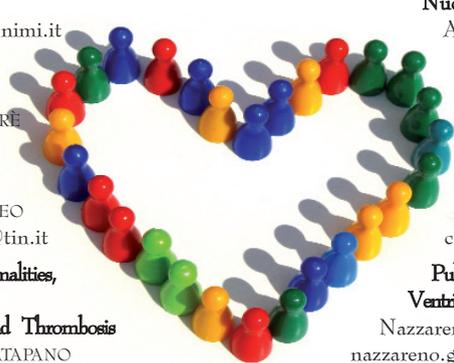
Marco M. CICCONE,  
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### Pulmonary Circulation and Right Ventricular Function

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### Telemedicine and Informatics

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For information on the Working Groups, please contact the Office for Working Groups, the Coordinator of the WG Committee or the WG Chairperson. Coordinates of all these persons are available on the SIC WEB and in the booklet.

### Membership of the WG

Requests should be sent to the Chairman of the WG of interest. Any application will be discussed by the Nucleus and approved by the General Assembly of the WG. Application forms are available at institutional website [www.sicardiologia.it](http://www.sicardiologia.it)

### Functions of the WG

- Promote intra or extra mural Teaching Courses on specific topics;
- Organise multicenter research, in Italy as well as abroad;
- Exchange scientific and educational information;
- Contribute to the scientific set up of the Annual Congress of the SIC, proposing topics;
- Outline and define appropriate recommendations or guidelines in the fields of interest.

### Meetings

WG's will meet during the Annual Congress of the SIC. Each Working Group has to organise a business meeting to discuss current and future activities, while in the plenary session the Chairman of different WG's will present the activities developed during the previous year. Ad hoc scientific meetings may occur, as needed, during the year on the initiative of the Chairman or of local experts or members of the WG itself. The logistics of the SIC in Rome may be helpful to accommodate annual meeting of the WG's Chairpersons, in order to coordinate all the activities.

## HEART & CIRCULATION FOUNDATION OF SIC

Born on the 13th October 2003, **HEART & CIRCULATION FOUNDATION** was renewed on July 2006. Board: Salvatore NOVO, President; Mario MARZILLI Vice-President; Maria PENCO, Secretary; Roberto FERRARI and Cesare FIORENTINI, Councillors. The Scientific Council is composed by Sabino ILICETO, Coordinator, Raffaele CALABRÒ, Filippo CREA, Francesco ROMEO and Gaetano THIENE as Members.

Aims of the Foundation - which are implemented its purposes through public and private donations, publicity campaigns addressed to public opinion and political decision makers, - are:

- Education on prevention of cardiovascular diseases, to induce lifestyle changes, more physical activity and appropriate diet regimen in the population;
- Implementation of guidelines, among the general practitioners and the cardiologists;

- Promotion and development of research on cardiovascular diseases,
- Offerings of prizes, training and research fellowships for young cardiologists below 40's;
- Diffusion of resuscitation and defibrillation practices to prevent sudden death;
- Cooperation with University in order to fund additional grants for Ph.D. courses;
- Participation to initiatives for the *World Heart Day*;
- Creation and consolidation of networks for multicenter studies.



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# Publications

About Heart and Prevention  
of Cardiovascular Diseases

The Italian Society of Cardiology has a long-standing editorial policy and tradition, involving four main publication areas, one of which is specifically meant for the general public.

## 1. The official quarterly bulletin, *Sic et Simpliciter*, is a direct link with own society

Members. It provides updates on all the institutional, scientific and educational activities of SIC and includes also general articles on medical history and hot topics in Cardiology.

### *Sic et Simpliciter*

Dir: Antonio STRANO  
Editor-in-Chief: Claudio RAPEZZI  
crapezzi@orsola-malpighi.med.uniroma2.it

2. In synergy with ANMCO, SIC is actively involved in the *Giornale Italiano di Cardiologia* and in the *Journal of Cardiovascular Medicine*, peer-review publications of Italian Federation of Cardiology, published in Italian and English, respectively.

### *Italian Cardiological Journals*

#### GIORNALE ITALIANO DI CARDIOLOGIA

Editor-in-Chief: Giuseppe AMBROSIO  
giuseppe.ambrosio@ospedale.perugia.it

#### JOURNAL OF CARDIOVASCULAR MEDICINE

Editor-in-Chief: Gian Luigi NICOLOSI  
gianluigi.nicolosi@aopn.fvg.it

3. *Monographs* on individual diseases or specific topics in the field of cardiovascular pathophysiology and treatment are published by SIC. Five booklets have appeared in the last 5 years:

- *Arrhythmogenic Cardiomyopathy*;
- *Cardiac and Vascular Hypertrophy in Hypertension*;
- *Pathophysiology and Clinical Relevance of the Endothelium*;
- *Cardiac Remodeling*;
- *Interventional Cardiology*;
- *Cardiac Tumors*.

### *Monographs*

#### CARDIOMIOPATIA ARITMOGENA

#### IPERTROFIA DEL CUORE E DEI VASI NELL'IPERTENSIONE

#### L'ENDOTELIO - FISIOPATOLOGIA E VALORE CLINICO

#### IL RIMODELLAMENTO CARDIACO

#### LA CARDIOLOGIA INTERVENTISTICA

#### TUMORI DEL CUORE

4. SIC is actively involved in producing *books for the general public*, mainly dealing with the

importance of a sound diet. These publications promote healthy eating in an enjoyable way, in an attempt to overcome the bad hair-shirt image commonly associated with dietary advices. Two books are already available:

- The heart in the plate*;
- The heart's cooking*.

### *Books for the Public*

#### IL CUORE NEL PIATTO

#### LA CUCINA DEL CUORE

To obtain any book of these, please, refer to [segreteria scientifica@sicardiologia.it](mailto:segreteria scientifica@sicardiologia.it)



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# SCHOLARS IN CARDIOLOGY

Many scientific societies since years have established various positions among their own members, with the aim to distinguish different levels of scientific and cultural profile and to stimulate ambition and competition among the young people. The term Fellow was usually employed as a distinguished member. The Italian Society

of Cardiology felt the need to create a peculiar distinctive figure with an academic value among its own members, in keeping with its institutional mission. The name of Scholar in Cardiology was introduced to underlie that the worthy people should possess outstanding merits in science. The prestigious acknowledgement was

introduced in 2002 and reserved to members of the Society aged less than 50 years, with an international reputation, who have published significant contributions in top journals, collecting an overall impact factor over 200. Usually no more than four to six scholars a year are nominated.

## Winners of Scholars in Cardiology



2002



**CRISTINA BASSO**  
Padua University



**ALFREDO R. GALASSI**  
Catania University



**NAZZARENO GALIÈ**  
Bologna University



**SILVA G. PRIORI**  
Pavia University

2003



**GIUSEPPE BORIANI**  
Bologna University



**ALIDA L. P. CAFORIO**  
Padua University



**PAOLO GOLINO**  
Naples University



**MARCO METRA**  
Brescia University

2004



**PIERGIUSEPPE AGOSTONI**  
Milan University



**CRISTINA CHIMENTI**  
Rome University



**FRANCESCO COSENTINO**  
Rome University



**RAFFAELE DE CATERINA**  
Chieti University



**PASQUALE PERRONE FILARDI**  
Naples University



**PAOLO VOCI**  
Rome University

2005



**GAETANO A. LANZA**  
Catholic University Rome



**GIUSEPPE ROSANO**  
IRCCS SRH Rome



**SPERANZA D. RUBATTU**  
Rome University

Scholars in Cardiology are celebrated with full honours during the Opening Ceremony at National Congress of SIC where they receive a Medal and a Diploma, signed by the President and written in Latin. Italian Society of Cardiology is... *Italianum Societas Cardiologica* and the term Professor is ... *Magister*, while Scholar is... *Eruditus*.



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