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IRCCS Istituto di Ricovero e Cura  
a Carattere Scientifico  
**MultiMedica**

Tenth International  
Symposium



# HEART FAILURE & Co.



*Thesaurus anatomicus*  
Frederik Ruysch,  
Amsterdam, 1729

CARDIOLOGY  
SCIENCE UPDATE  
FEMALE DOCTORS  
SPEAKING ON  
FEMALE DISEASES

**ADVANCED  
PROGRAM**

Milano  
9-10 Aprile 2010  
Aula Magna  
Università degli Studi di Milano



## FACULTY

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### SPEAKERS

- E. Arbustini.....Pavia
- L. Bucciarelli.....S.S. Giovanni (MI)
- V. Calvi.....Catania
- E. Cerbai.....Firenze
- M.R. Costanzo.....Naperville (USA)
- M. Di Donato.....Milano
- F. Etori.....Brescia
- C. Giannattasio.....Monza
- S. Hunt.....Stanford (USA)
- M. Jessup.....Philadelphia (USA)
- M.T. La Rovere.....Pavia
- G. Mancia.....Milano
- M.G. Modena.....Modena
- A. Morganti.....Milano
- S. Petronio.....Pisa
- M.C. Porciani.....Firenze
- O.E. Rimoldi.....London (UK)
- L.L. Rota.....Rozzano (MI)
- L. Torracca.....Ancona
- O. Vaccaro.....Napoli

### CHAIRMEN

- L. Dei Cas.....Brescia
- F. Donatelli.....Milano
- C. Fiorentini.....Milano
- D. Gabrielli.....Ancona
- S. Genovese.....Rozzano (MI)
- G.F. Gensini.....Firenze
- R. Mattioli.....Milano
- C. Napoli.....Napoli
- L. Padeletti.....Firenze
- M. Penco.....L'Aquila
- C. Proto.....Brescia

## STEERING COMMITTEE

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- **EDOARDO GRONDA**  
Unità di Cardiologia - IRCCS MultiMedica
- **FRANCESCO DONATELLI**  
Cattedra di Cardiocirurgia Università degli Studi di Milano  
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- **GIUSEPPE MANCIA**  
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Università degli Studi Milano Bicocca - Ospedale San Gerardo Monza  
Via Pergolesi 33, 20052 Monza - [www.hsggerardo.org](http://www.hsggerardo.org)

## INFORMAZIONI GENERALI

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### SEDE

Aula Magna Università degli Studi di Milano  
Via Festa del Perdono, 7 - 20122 Milano

### ISCRIZIONI

Medico Chirurgo	fino al 15.03.10	€200,00 IVA inclusa
	dopo il 15.03.10	€250,00 IVA inclusa
Specializzandi	fino al 15.03.10	€100,00 IVA inclusa
	dopo il 15.03.10	€150,00 IVA inclusa

La quota d'iscrizione comprende: • partecipazione a tutte le sessioni scientifiche • ingresso all'area espositiva • kit congressuale • attestato di frequenza • attestato E.C.M. • colazione di lavoro • coffee break. È possibile iscriversi on line tramite il sito internet [www.heartfailure.it](http://www.heartfailure.it) oppure inviando la scheda di iscrizione debitamente compilata alla Segreteria Organizzativa.

### ANNULLAMENTI

Per gli annullamenti ricevuti prima del 15 marzo la quota di iscrizione sarà rimborsata al netto del 50% di costi amministrativi. Dopo tale data non è previsto alcun rimborso. Tutti i rimborsi verranno effettuati dopo il Simposio.

### LINGUE DI LAVORO

Le lingue ufficiali di lavoro sono italiano e inglese.  
È previsto un servizio di traduzione simultanea.

### E.C.M.

È stato richiesto l'accreditamento E.C.M. per le seguenti discipline: cardiologia, cardiocirurgia e malattie metaboliche e diabetologia. L'assegnazione dei crediti formativi sarà subordinata alla partecipazione effettiva all'intero programma formativo, alla verifica dell'apprendimento ed al rilevamento delle presenze.

### SITO INTERNET

[www.heartfailure.it](http://www.heartfailure.it)

## SEGRETERIA ORGANIZZATIVA

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### CONGRESSHIP

Mura di Santa Chiara, 1 - 16128 Genova  
Tel. 010 5999 500 - Fax 010 5999 499  
e-mail: [heartfailure@gastaldi.it](mailto:heartfailure@gastaldi.it) - [www.heartfailure.it](http://www.heartfailure.it)

**CONGRESSHIP**  
CONGRESSI CONVENTION EVENTI

## BACKGROUND

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In the past decades, most of the major cardiovascular trials were conducted on men, based on the evidence that cardiovascular diseases (CVDs) mainly occurred in a still active and relatively young population.

Subsequent epidemiological observations clarified that CVDs were the major cause of morbidity and mortality in both men and women. Although uncommon in premenopausal women, their incidence rose sharply after the menopausal transition.

Gender differences are apparent long before CVDs appear in men and women, and improved understanding of the pathobiology underlying these differences has the potential to ameliorate the diagnosis and treatment of CVDs in both sexes.

The current scientific approach to CVDs aims to clarify the gender differences that affect pathophysiology of such diseases. Moreover, one major goal would be to optimize diagnosis and treatment of women with heart disease; thus, focusing on the clinical profiling of the pathophysiological process across the spectrum of differences between sexes and on the understudied areas that can help resolve the current controversy regarding the disease burden in the female gender. The first part of the meeting will focus on risk factor evaluation and assessment, highlighting how to minimize common misinterpretations and general underestimations of clinical conditions that cause CVDs in women with different ageing involvements.

It is not infrequent that physicians and patients attribute chest pains in women to noncardiac causes, leading to misinterpretation of their condition which in turn lead to under-treatment and/or delayed interventions, limiting the efficacy of medical intervention.

Both, women and men, may present "classic" chest pain that grips the chest and spreads to the shoulders, neck or arms. However, women have a greater tendency than men to have atypical chest pain or to complain of abdominal pain, difficulty of breathing (dyspnea), nausea and unexplained fatigue. Therefore, the exercise treadmill stress test may not give adequate information and may not be as accurate in women as it is in men. Cardiologists are learning that by combining imaging studies, whether it is stress echo or stress nuclear, with exercise or with pharmacological stress, they can improve the diagnostic accuracy of detecting pathophysiologically significant coronary heart disease in women. Indeed, guidelines are evolving to support this pattern.

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It is noteworthy that in all the acute coronary syndrome (ACS) trials, women have less obstructive disease than men do and that is particularly true in middle-age patients. However, as women get older, the epidemiology and prevalence resemble that in men. Women benefit from the evidence-based therapies, but it is relevant to consider the risk stratification because, meta-analysis of all the trials on glycoprotein IIb/IIIa inhibitors in ACS actually showed increased death and morbidity in women compared to men. While men with either negative or positive troponins benefited from IIb/IIIa inhibitors the difference was driven by the women who had negative troponins. The risk of bleeding complications in females may outweigh the ischemic benefits because women bleed more than men.

Moreover, several datasets seem to provide evidence that interventional coronary procedures as well as CABG do not provide equal improvement in female patients as expected in males, providing provoking questions.

Other inconsistencies between genders are observed in the heart failure (HF) population. Despite HF being a prevalent clinical condition among women, only 22% of patients enrolled in the clinical trials are females. Due to lack of controlled data, it is still unclear whether or not systolic HF runs a better prognosis in women or whether HF with preserved systolic function, which is prevalent in females, is mostly driven from a complex kidney dysfunction or from diastolic impairment.

The lack of sex oriented data from controlled HF trials still shadows the true impact in women of drug and device therapy currently addressed by international guidelines. It is still unclear whether or not ACE Inhibitors works effectively in non-ischemic HF women and is still unproven that ICD effectively prevents sudden death in female gender, while recent data seem to support the notion that cardiac resynchronization therapy provides superior benefit to HF women.

By reviewing all these aspects, scientists and clinicians feel a growing need to collect gender-oriented data and to perform specific analysis by separating evidence from female and male patients.

The common belief is that in the near future, the cardiovascular settings subspecialties will be based on gender specific medicine, thus providing more appropriate and effective diagnosis and therapies for women.

All these points will be focused on by top female cardiologists in the tenth edition of HF and Co. Meeting.

**SESSION I**Friday April 9<sup>th</sup>, 2010**SESSIONE I**

Venerdì 9 aprile 2010

**Cardiovascular Diseases: Discordances Between Genders.  
Risk Factors Management in Female Gender:  
the Pitfalls in Daily Practice***Malattie cardiovascolari: discordanze di genere. Gestione  
dei fattori di rischio nel genere femminile: le insidie della  
pratica quotidiana*

Chairpersons/Moderatori: S. GENOVESE - M. PENCO

- 9.00 a.m. • Diabetes: More Aggressive, Less Treated or Both?  
• *Diabete: più aggressivo, meno trattato o entrambi?*

O. VACCARO

- 9.20 a.m. • Hypertension Better Tolerated or Just Underestimated  
• *L'ipertensione è meglio tollerata o è solo sottostimata?*

C. GIANNATTASIO

- 9.40 a.m. • High Cholesterol: To Be Treated More Aggressively in Post Menopausal Women?  
• *Ipercolesterolemia: va adottato un trattamento più aggressivo nelle donne in post menopausa?*

L. BUCCIARELLI

- 10.00 a.m. • Thrombosis and Coagulation: the Gender Risk  
• *Trombosi e coagulazione: il rischio di genere*

L.L. ROTA

10.20 a.m. **DISCUSSION/DISCUSSIONE**10.40 a.m. **BREAK**

**SESSION II**Friday April 9<sup>th</sup>, 2010**SESSIONE II**

Venerdì 9 aprile 2010

**Acute Coronary Syndrome in Women***La sindrome coronarica acuta nella donna*

Chairpersons/Moderatori: F. DONATELLI - D. GABRIELLI

- 11.00 a.m. • Acute Coronary Syndrome in the Female:  
the Pathologist Observations  
• *La Sindrome coronarica acuta nella donna:  
quali sono le evidenze patologiche*  
E. ARBUSTINI
- 11.20 a.m. • Acute Coronary Syndrome Management:  
Expected and Unexpected Differences  
• *Gestione della sindrome coronarica acuta:  
differenze attese ed impreviste*  
S. PETRONIO
- 11.40 a.m. • PCI: Early and Late Results Comparable to Male Gender?  
• *PCI: I risultati precoci e tardivi sono paragonabili  
al genere maschile?*  
F. ETTORI
- 12.00 a.m. • CABG: More Risky, Less Effective?  
• *Il by-pass aorto-coronarico:  
più rischioso e meno efficace?*  
L. TORRACCA
- 12.20 a.m. **DISCUSSION/DISCUSSIONE**
- 1.00 p.m. **BREAK**
- LUNCHEON PANEL**  
**Electric Disorders and Female Heart**  
*Alterazioni dell'attività elettrica nel cuore della donna*  
Chairpersons/Moderatori: L. PADELETTI - M. PENCO
- 1.30 p.m. • ICD Data in Women Are Inconclusive:  
Do We Need a Sex Specific Trial?  
• *I dati ICD nelle donne non sono conclusivi:  
è necessario un trial specifico di genere?*  
V. CALVI
- 1.50 p.m. • CRT Are Female Taking a Larger Advantage?  
• *CRT: vi è un vantaggio maggiore per le donne?*  
M.C. PORCIANI
- 2.10 p.m. **LECTURE**  
• Sex Specific Guidelines for Cardiovascular Disease  
Management: How Close Are We?  
• *Linee guida specifiche per il sesso: fra quanto?*  
S. HUNT
- 2.40 p.m. **DISCUSSION/DISCUSSIONE**

**SESSION III****Friday April 9<sup>th</sup>, 2010****SESSIONE III****Venerdì 9 aprile 2010****The Cardiovascular Disease: the Feminine Phenotype***La malattia cardiovascolare coniugata al femminile*

Chairpersons/Moderatori: C. FIORENTINI - G.F. GENSINI

- 3.00 p.m. • Coronary Disease in Female Gender: the Different Morphology and Burden of Vascular Lesions  
• *Coronaropatie nella donna: diversa morfologia e diverso peso delle lesioni vascolari*  
O.E. RIMOLDI
- 3.20 p.m. • Symptoms and Coronary Disease Diagnosis: the Prominent Role of Imaging Techniques  
• *Sintomi e diagnosi nelle coronaropatie: il ruolo prominente delle tecniche di Imaging*  
F. ETTORI
- 3.40 p.m. • Epidemiology: the Need for Sex Specific Data  
• *Epidemiologia: l'esigenza di dati di genere specifici*  
S. HUNT
- 4.00 p.m. **LECTURE**  
• The Cardiovascular Pandemic: Why Do Aging Women Close the Gap?  
• *La pandemia cardiovascolare: perchè le donne anziane colmano il divario?*  
M.G. MODENA
- 4.30 p.m. **DISCUSSION/DISCUSSIONE**
- 4.50 p.m. **BREAK**

## SESSION IV

Friday April 9<sup>th</sup>, 2010

## SESSIONE IV

Venerdì 9 aprile 2010

### Heart Failure in Women

#### *Insufficienza cardiaca nelle donne*

Chairpersons/Moderatori: L. DEI CAS – C. FIORENTINI

- 5.10 p.m. • Systolic Heart Failure:  
Better or Worsen Prognosis?  
• *Insufficienza cardiaca sistolica:*  
*una prognosi migliore o peggiore?*  
M.R. COSTANZO
- 5.30 p.m. • Diastolic Heart Failure:  
a Matter of Not Compliant Myocardium?  
• *Insufficienza cardiaca diastolica:*  
*una questione di non-compliance del miocardio?*  
M. JESSUP
- 5.50 p.m. • Diastolic Heart Failure:  
a Matter of Renal Impairment?  
• *Insufficienza cardiaca diastolica:*  
*una questione di compromissione renale?*  
M.R. COSTANZO
- 6.10 p.m. **DISCUSSION/DISCUSSIONE**
- 6.30 p.m. **END OF THE FIRST DAY**  
**FINE PRIMA GIORNATA DI LAVORO**

## SESSION V

Saturday April 10<sup>th</sup>, 2010

## SESSIONE V

Sabato 10 aprile 2010

### Genders and Heart Failure: Differences and Analogies

*Genere e scompenso: differenze ed analogie*

Chairpersons/Moderatori: C. PROTO – R. MATTIOLI

- 9.00 a.m. • Gender-Specific Pharmacology:  
Implications for Heart Failure Therapies  
• *Farmacologia di genere: le implicazioni  
per il trattamento dell'insufficienza cardiaca*  
E. CERBAI
- 9.20 a.m. • Heart Failure and Sleep Disorders:  
Different Dreams in Genders?  
• *Lo scompenso e i disturbi del sonno:  
vi sono differenze tra i sessi?*  
M.T. LA ROVERE
- 9.40 a.m. • Prognostication Assessment in Heart Failure  
Women: Do We Have Enough Skill?  
• *La valutazione prognostica nella donna con  
scompenso cardiaco: siamo abbastanza capaci?*  
M. JESSUP
- 10.00 a.m. **DISCUSSION/DISCUSSIONE**
- 10.30 a.m. **BREAK**

## SESSION VI

Saturday April 10<sup>th</sup>, 2010

### SESSIONE VI

Sabato 10 aprile 2010

#### Raas Activation and Myocardial Damage Where Are We, Where Are We Going?

*Attivazione del raas: dove siamo arrivati e dove stiamo andando?*

Chairpersons/Moderatori: G. MANCIA - C. NAPOLI

- 11.00 a.m. • Left Ventricular Remodeling and Reversion of Remodeling: Are the Two Processes Comparable in Genders?
- *Rimodellamento ventricolare e conversione del rimodellamento: sono processi confrontabili nei due sessi?*

M. DI DONATO

- 11.20 a.m. • Role of ARBs in the Prevention of Organ Damage: Does the Dose Make the Difference?
- *Ruolo dei sartani nella prevenzione del danno d'organo: il dosaggio fa la differenza?*

M.G. MODENA

- 11.40 a.m. • Renin Inhibitors the Last Challenge in the RAAS Blockade
- *Gli inibitori della renina l'ultima sfida nel blocco del RAAS*

A. MORGANTI

12.00 p.m. **LECTURE**

- Neurohumoral Activation in HF and Connected Pathologies
- *Attivazione neuroumorale nello scompenso cardiaco e patologie correlate*

G. MANCIA

12.30 p.m. **DISCUSSION/DISCUSSIONE**

12.50 p.m. *QUESTIONARIO SCIENTIFICO DI VALUTAZIONE DELL'APPRENDIMENTO*

1.15 p.m. **END OF SYMPOSIUM/CHIUSURA DEI LAVORI**

