

International Workshop on:

**STABLE CORONARY ARTERY DISEASE:  
250 YEARS AFTER HEBERDEN'S  
DESCRIPTION**

Organized by

Department of Cardiovascular Diseases,  
Multimedica Hospital,  
Sesto San Giovanni (Milan)

With an unrestricted grant by



FONDAZIONE  
INTERNAZIONALE  
MENARINI

Milan (Italy), March 2-3, 2018

Fondazione Umanitaria  
Via San Barnaba, 48 - Milan

**SCIENTIFIC PROGRAM**

In patients with chest pain suggestive of stable angina, ESC Guidelines recommend non invasive stress testing to assess the need for invasive coronary angiography when the pre-test probability indicates an intermediate risk with direct referral for catheterization only when the patients are at high risk. The goal of these recommendations is to enhance the diagnostic yield of cardiac catheterization as well as to limit the number of patients found not to have obstructive coronary artery disease. Therefore an appropriate use of non-invasive tests should result in more effective risk stratification, allowing identification of those patients who would be most likely to benefit from invasive coronary angiography and subsequently from coronary revascularization procedures. Despite several decades of non-invasive cardiovascular testing experience, improved diagnostic accuracy and risk stratification is still needed. To address these issues, 2 large, randomized trials (the SCOT-HEART and PROMISE) explored the diagnostic evaluation of patients with symptoms suspected for coronary heart disease. It is not known however how cardiologists incorporate the results of these pivotal trials into current clinical practice. Still many invasive procedures and percutaneous coronary interventions (PCI) are performed without prior use of diagnostic tests (either functional or anatomical) to substantiate the suspect of the presence of coronary artery disease. Studies conducted in U.S. demonstrate that 1 in 6 non acute PCI were classified as inappropriate, indicating that the benefits of the procedure were unlikely to outweigh the risks with substantial variation in the proportion of non acute PCIs considered inappropriate across hospitals.

Another important issue concerns the assessment of severity of a coronary narrowing shown by invasive coronary angiography, a necessary step to make decisions as to treat it with coronary angioplasty or not, particularly for “intermediate” stenoses. Although pressure-derived fractional flow reserve (FFR) has become the standard of reference to define the functional significance of epicardial stenoses of intermediate angiographic severity, in daily practice the vast majority of decisions about revascularization are based on visual estimation.

The purpose of the workshop is to analyze and discuss these issues which are of paramount importance to guide our clinical practice and for a correct use of resources.

#### **Scientific Secretariat**

Claudio Anzà  
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#### **Unrestricted grant by**

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*Prof. Stefano De Servi*

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Friday, March 2<sup>nd</sup>, 2018 - Afternoon

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**13.00 Welcome addresses (S. De Servi)**

**Session I - Anatomy and pathophysiology  
of stable coronary artery disease**

Chairpersons: S. De Servi, S. Savonitto

- 13.30 The anatomic substrate: are there indicators for future plaque instability?  
**(E. Arbustini, Pavia)**
- 14.00 Pathophysiology of stable coronary artery disease: from obstructive coronary disease to microcirculation  
**(M. Di Carli, Boston)**
- 14.30 Refining Risk Stratification from Anatomical and Functional Assessment of Stable Coronary Artery Disease: lessons from COURAGE, BARI 2D and FREEDOM for those Working in the Trenches  
**(GB. Mancini, Vancouver)**
- 15.00 Prognostic determinants of stable coronary artery disease: anatomy, physiology or morphology?  
**(J. Narula, New York)**
- 15.30 General Discussion
- 16.15 Coffee break

**Session II - What's the best gatekeeper  
to invasive angiography?**

Chairpersons: A. Margonato, L. Oltrona Visconti

- 16.30 Clinical assessment: pre-test probability  
**(P. Tricoci, Durham)**
- 17.00 Role of coronary computed tomography  
**(G. Pontone, Milan)**
- 17.30 Functional testing is the first choice  
**(C. Bucciarelli Ducci, Bristol)**
- 18.00 General Discussion

Chairpersons: G. De Ferrari, A. Menozzi

- 18.30 Appropriate Endpoints to Assess Success of Treatment in Stable Angina  
**(L. Bolognese, Arezzo)**
- 19.00 Optimal antithrombotic therapy in stable coronary artery disease  
**(RD. Lopes, Durham)**
- 19.30 Appropriateness of coronary revascularization in stable coronary artery disease: The APACHE study  
**(S. Leonardi, Pavia)**
- 20.00 General Discussion
- 20.15 *End of the first day*

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Saturday, March 3<sup>rd</sup>, 2018 - Morning

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**Session III**

Chairpersons: G. De Luca, C. Cavallini,  
F. Piscione

- 08.00 Summary of day 1 lectures
- 08.45 Stable coronary artery disease: the real world evidence  
**(L. De Luca, Tivoli)**
- 09.15 Troponins as prognostic indicators in stable coronary artery disease: a paradigm shift?  
**(L.M. Biasucci, Rome)**
- 09.45 iFR and FFR: the new gold standards of coronary stenoses assessment  
**(C. Indolfi, Catanzaro)**
- 10.15 General Discussion
- 11.00 Coffee break

**Session IV**

Chairpersons: L. Bolognese, S. De Servi

- 11.15 The evolution of interventional cardiology: less thrombogenic stents, shorter DAPT periods: does this translate into better outcome for patients with stable coronary artery disease?  
**(T. Palmerini, Bologna)**
- 12.00 Complete versus incomplete revascularization in patients undergoing PCI for stable coronary artery disease  
**(G. Stefanini, Rozzano)**
- 12.45 Revascularization versus medical treatment in patients with stable coronary artery disease  
**(P. Clemmensen, Copenhagen)**
- 13.15 General Discussion
- 14.00 Closing remarks
- 14.15 End of the meeting
- Light lunch*

## **FACULTY**

### *Speakers/Chairpersons*

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**GENERAL INFORMATION****Meeting Venue**

Fondazione Umanitaria  
Via San Barnaba, 48 - 20122 Milan (Italy)

**Secretariat During the Meeting**

The Secretariat will be open at the following times:

**Friday, from 12.00 to 20.30**

**Saturday, from 7.30 to 15.30**

**Official Language**

The official language of the Meeting is English.

**CME Credits**

The Congress was granted 9,1 C.M.E. credits from the Italian Ministry of Health for physicians specialized in Cardiology, General Medicine, Internal Medicine.

**Registration**

The Meeting is free to attend for n. 200 participants.

**Certificate of Attendance**

The certificate of attendance will be available on request at the end of the Meeting at the Secretariat.

**Technical Facilities**

Facilities will be available for computer presentations and overhead projections.

A business center with PC (Powerpoint for Windows) will be available for check and preview of presentations. It is essential that speakers take their presentation to the business center at least one hour before the session starts.

**Lunches and Coffee Breaks**

Lunches and coffee breaks will be served in the Meeting area.

**Abstracts**

Participants will receive usb key at the Meeting.

