

Balti-Põhjamaade Kardioloogia Kongressi ja ESC Congress 2019 säravamad hetked

ENO-MARTIN LOTMAN

kardioloog

Põhja-Eesti Regionaalhaigla



Lotman, 2019



Lotman, 2019

Mis on Nordic-Baltic Cardiology Alliance

- Nordic-Baltic Congress of Cardiology (NBCC) toimub iga 2 aasta järel ühes Skandinaavia või Baltikumi riigis
- Esimene kongress 1967
- Eesmärgiks tihendada regionaalset erialast koostööd ning kujundada ühiseid arusaamu
- Sel aastal 700 osalejat, Eestist ca 80, sh 2 sessiooni juhatajat, 3 lektorit, 1 poster ning 2 osalejat haigusjuhtude võistlusel

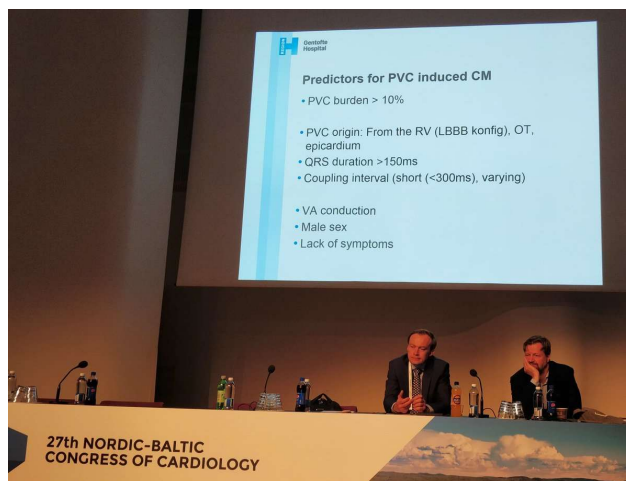


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Arütmiate sessioon



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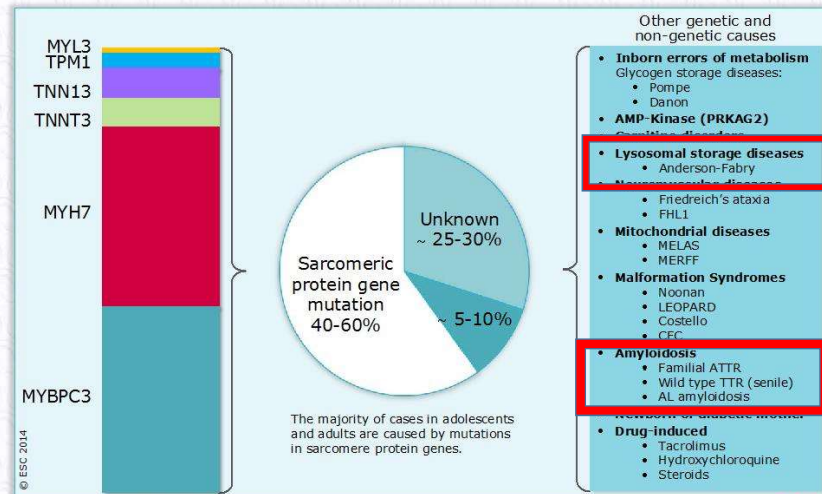
Onkokardioloogia sessioon



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Diverse aetiology of hypertrophic cardiomyopathy



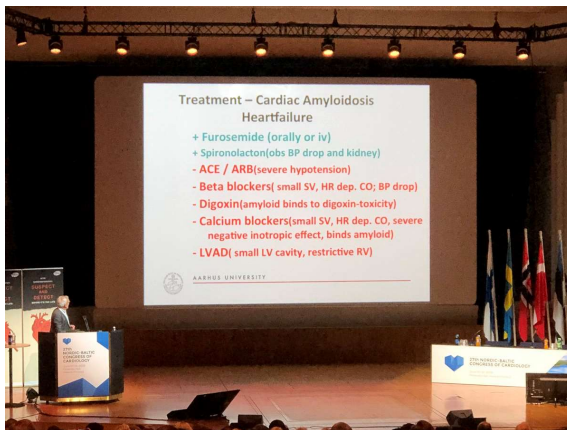
www.escardio.org/guidelines

European Heart Journal (2014);35:2733-2779 - doi:10.1093/eurheartj/ehu284



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Südameamüloidoosi loeng



FDA NEWS RELEASE

FDA approves new treatments for heart disease caused by a serious rare disease, transthyretin mediated amyloidosis

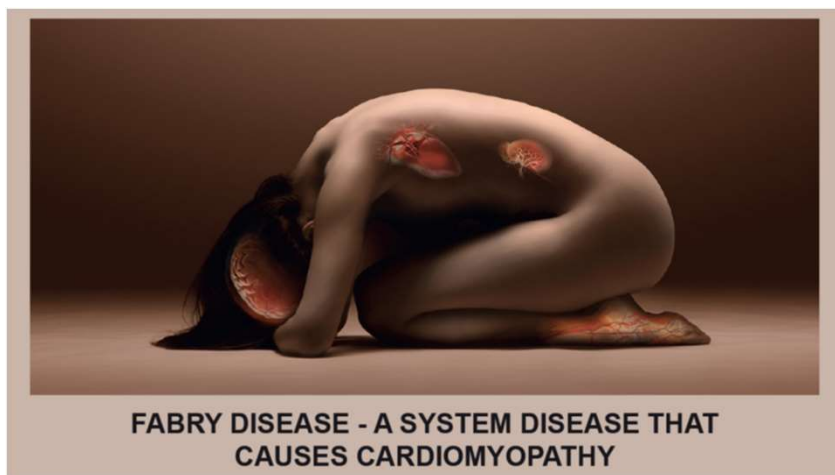
For Immediate Release:

May 06, 2019

On May 3, the U.S. Food and Drug Administration approved Vyndaqel (tafamidis meglumine) and Vyndamax (tafamidis) capsules for the treatment of the heart disease (cardiomyopathy) caused by transthyretin mediated amyloidosis (ATTR-CM) in adults. These are the first FDA-

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Anderson-Fabry haiguse sessioon



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Haigusjuhtude esitluse võistlus



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Mis on Euroopa Kardioloogide Selts?

The ESC was founded by 14 European National Cardiac Societies in 1950. Today, the ESC includes:

Who is the ESC?
OUR DIVERSITY IS OUR STRENGTH

European roots - Global reach



56
Member

56 Member National Cardiac Societies
from within Europe and the Mediterranean basin



43
Affiliated

43 Affiliated Cardiac Societies
non-European cardiac societies and organisations



4 000 Fellows of the ESC



95 000 Healthcare Professionals

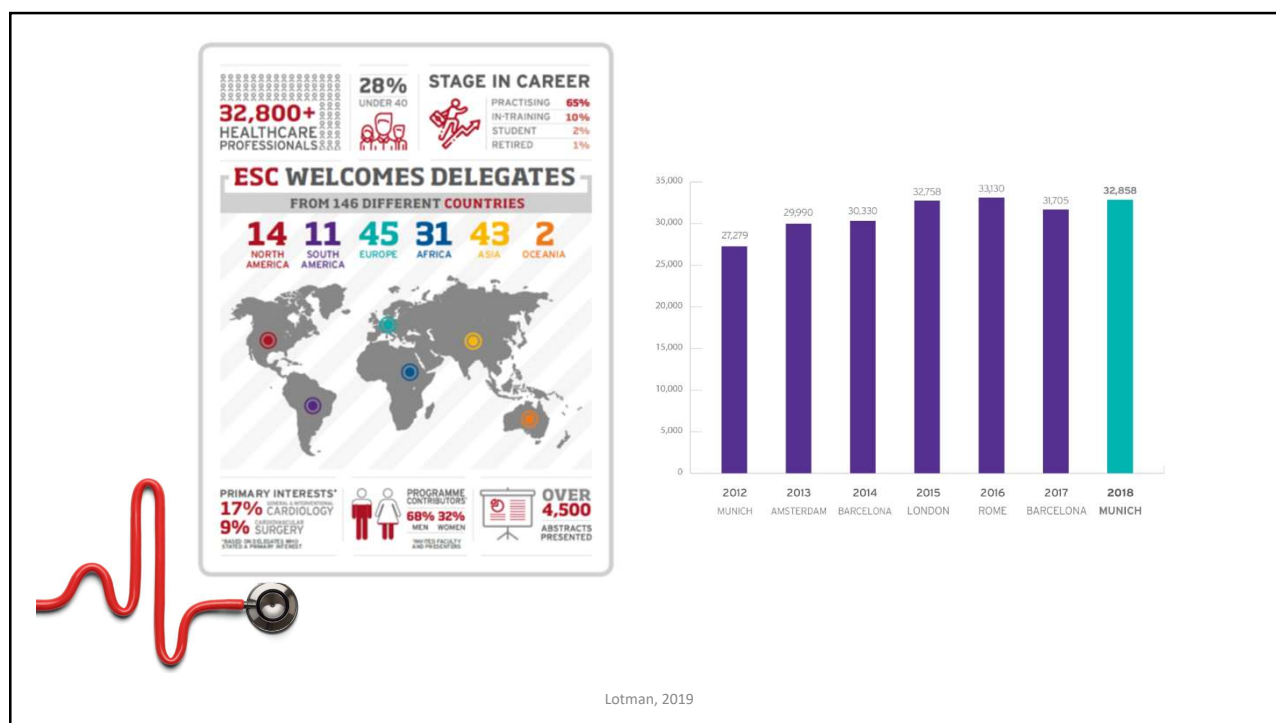
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ESC Congress 2019 together with World Congress of Cardiology

Saturday 31 August - Wednesday 4 September 2019
Paris - France



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2019 anti välja 5 uut ESC ravijuhist



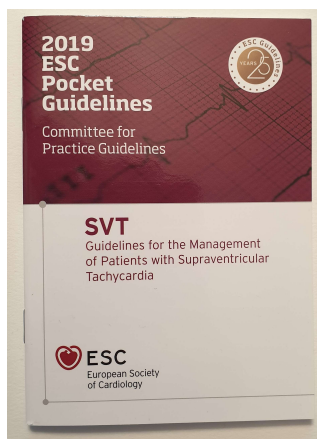
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Ravijuhiste esmaesitlusel osaleb tuhandeid delegaate



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Supraventrikulaarsete tahhükardiate ravijuhis



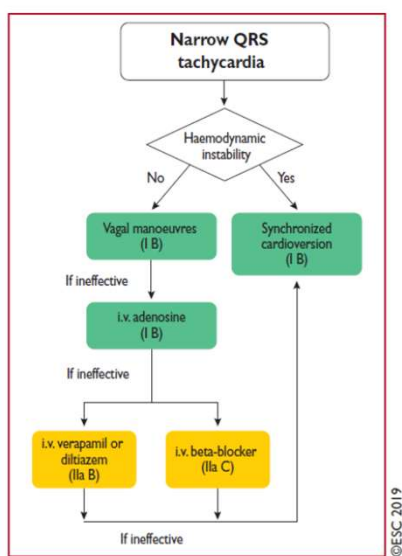
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Kateeterablatsioon SVT ravis

	Acute success (%)	Recurrence (%)	Complications (%)	Mortality (%)
Focal AT	85	20	1.4 ^a	0.1
CTI-dependent atrial flutter	95	10	2 ^b	0.3
AVNRT	97	2	0.3 ^c	0.01
AVRT	92	8	1.5 ^d	0.1

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Kitsa QRS-kompleksiga tahhükardia



Acute management of narrow QRS tachycardias

Verapamil and diltiazem

Beta-blockers

Amiodarone and digoxin are not mentioned in the 2019 Guidelines

2003	2019
I	IIa
IIb	IIa

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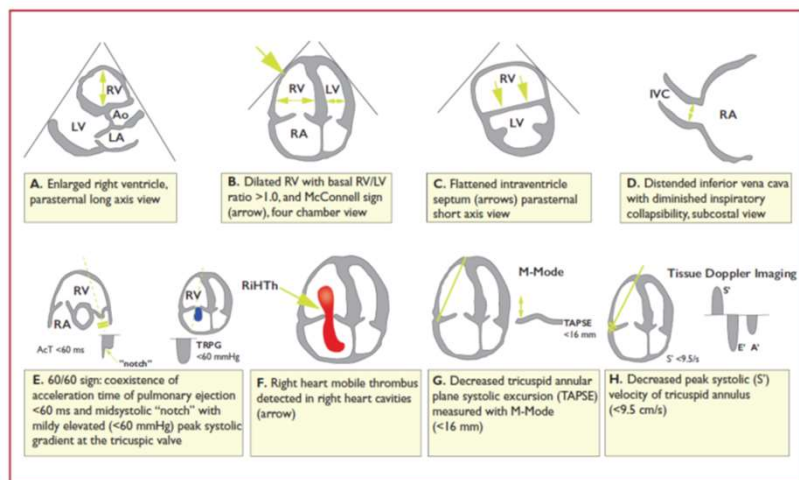
Kopsuarteri trombemboolia ravijuhis



Acute PE Guidelines for the Diagnosis and Management of Acute Pulmonary Embolism

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Selgemalt välja toodud KATE ehhokardiograafilised tunnused



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D-dimeeridele soovitatakse KATE diagnoosimisel kasutada vanuse või kliinilise tõenäosuse põhiseid normipiire

As an alternative to the fixed D-dimer cut-off, a negative D-dimer test using an age-adjusted cut-off ($\text{age} \times 10 \mu\text{g/L}$, in patients aged >50 years) should be considered for excluding PE in patients with low or intermediate clinical probability, or those that are PE-unlikely.¹⁰⁶

IIa

B

As an alternative to the fixed or age-adjusted D-dimer cut-off, D-dimer levels adapted to clinical probability^c should be considered to exclude PE.¹⁰⁷

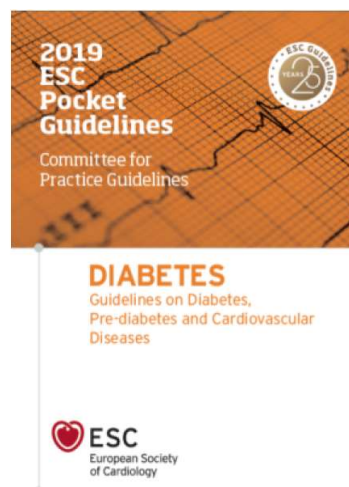
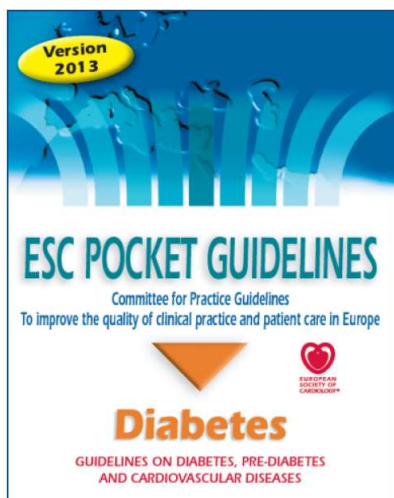
IIa

B



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Diabeedi ja prediabeedi ravijuhis



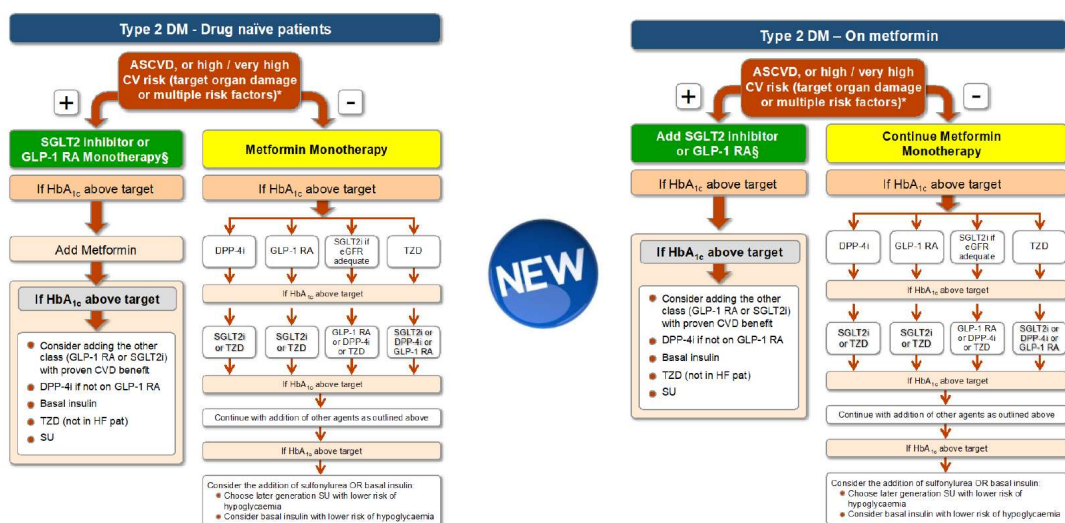
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Võrreldes eelmise ravijuhisega on ilmunud väga palju teadusadmeid

SGLT2 inhibitors					GLP-1 RAs					DPP-IV inhibitors						
Trial	EMPA-REG OUTCOME ¹⁰⁸	CANVAS ¹⁰⁹	DECLARE – TIMI 58 ¹¹¹	CREDENCE ¹¹³	ELIXA ¹⁰⁷	LEADER ¹⁰⁴	SUSTAIN-6 ¹⁰⁵	EXSCAL ¹¹⁵	Harmony Outcomes ¹¹¹	REWIND ¹¹²	PIONEER 6 ¹⁰⁶	SAVOR – TIMI 53 ¹¹¹	EXAMINE ¹⁰¹	TECOS ¹⁰³	CARMELINA ¹⁰⁴	CAROLINA ¹¹⁰
Baseline	Empagliflozin vs. placebo	Canagliflozin vs. placebo	Dapagliflozin vs. placebo	Canagliflozin vs. placebo	Lixisenatide vs. placebo	Liraglutide vs. placebo	Semaglutide vs. placebo	Exenatide vs. placebo	Alogliptide vs. placebo	Dulaglutide vs. placebo	Oral Semaglutide vs. placebo	Saxagliptin vs. placebo	Alogliptin vs. placebo	Stagipletin vs. placebo	Linagliptin vs. placebo	Linagliptin vs. glimepiride
n	7020	10 142	17160	4401	6068	9340	3287	14 752	9463	9901	3182	16 492	5400	14 671	6979	6033
Age (years)	63	63	63	63	60	64	64	62	64	66	66	65	61	66	65	64
DH (years)	57% >10	13.5	11.8	15.8	9.3	12.8	13.9	12.0	14.1	10.5	14.9	10	7.2	9.4	14.7	6.2
Body mass index (kg/m ²)	30.6	32.0	32.1	31.3	30.1	32.5	32.8	31.8	32	32.3	32.3	31	29	30	31.3	30.1
Insulin (N)	48	50	~40	65	39	44	58	46	40	24	61	41	30	23	58	0
HbA _{1c} (%)	8.1	8.2	8.3	8.3	7.7	8.7	8.7	8.0	8.7	7.2	8.2	8.0	8.0	7.3	7.9	7.2
Previous CVD (%)	99	65	40	50.4	100	~81	~83	73	100	31	35	78	100	100	57	42
CV risk inclusion criteria	MI, CHD, CVD, or PVD	MI, CHD, CVD, or PVD	CVD or at least one CVRF	CKD	ACS <180 days	Age ≥ 50 years and CVD, ^a or CKD, or age ≥ 40 years and at least one CVRF	CHD, CVD, or PVD27%	CHD, CVD, or PVD	MI, CHD, CVD, or PVD	Age ≥ 50 years and CVD or CVRFs	Age ≥ 50 years and CVD, or CKD, or age ≥ 40 years and CVRFs	Age ≥ 40 years and CVD (CHD, CVD, or PVD), or age ≥ 55 years and at least one CVRF	ACS <90 days	CHD, CVD, or PVD	CVD and/or CKD	CVD or evidence of vascular-related end-organ damage, or age ≥ 70 years, or at least two CVRFs
Hypertension (%)	94	89	89	96.8	76	92	92	90	86	93	94	81	83	86	95	90
Follow-up (years)	3.1	2.4	4.5	2.6	2.1	3.8	2.1	3.2	1.6	5.4	1.3	2.1	1.5	2.8	2.2	6.3

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Uus ravi algoritm: esmavaliku muutus



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Olulisemad teadusuudised

Late-Breaking Science

ESC Congress 2019 together with World Congress of Cardiology



ESC Congress is the place where latest findings and original research are presented, reviewed and discussed.

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Olulisemate uuringute tulemuste esitlusel osaleb tuhandeid delegaate



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THEMIS: Ticagrelor Added to Aspirin in Patients with Stable Coronary Disease and Diabetes

Presented by Deepak L. Bhatt

Philippe Gabriel Steg,* Deepak L Bhatt,*

Tabassome Simon, Kim M. Fox, Shamir R. Mehta, Robert A. Harrington, Claes Held, Marielle Andersson, Anders Himmelmann, Wilhelm Ridderstråle, Maria Leonsson-Zachrisson, Yuyin Liu, Grzegorz Opolski, Dmitry Zateyshchikov, Junbo Ge, José Carlos Nicolau, Ramón Corbalán, Jan Hein Cornel, Petr Widimský, Lawrence A. Leiter

on behalf of the THEMIS Steering Committee and Investigators

*co-Chairs and co-Principal Investigators of THEMIS

European Society of Cardiology 2019

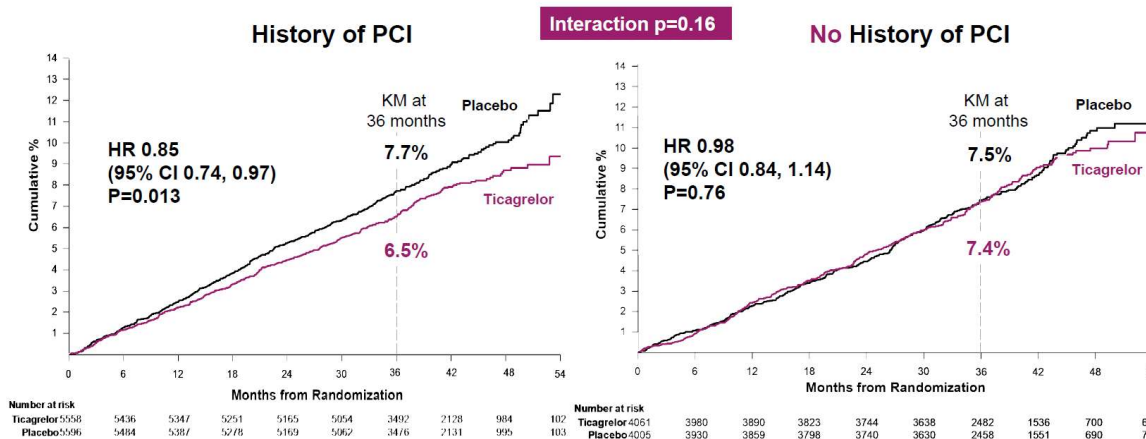
ClinicalTrials.gov registration: NCT01991795



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Primary Efficacy Endpoint CV death, MI or stroke (ITT)



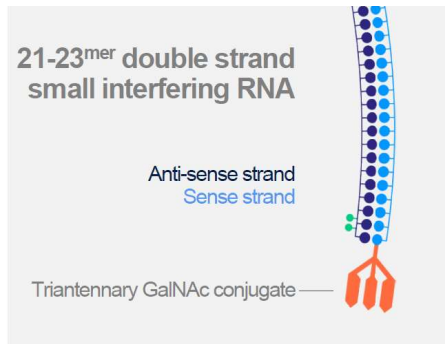
CI=Confidence Interval; CV=cardiovascular; HR=hazard ratio; KM=Kaplan-Meier; ITT=intention to treat; MI=myocardial infarction; PCI=percutaneous coronary intervention

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ORION-11

Inclisiran for subjects with ACSVD or ACSVD-risk equivalent and elevated low-density lipoprotein cholesterol

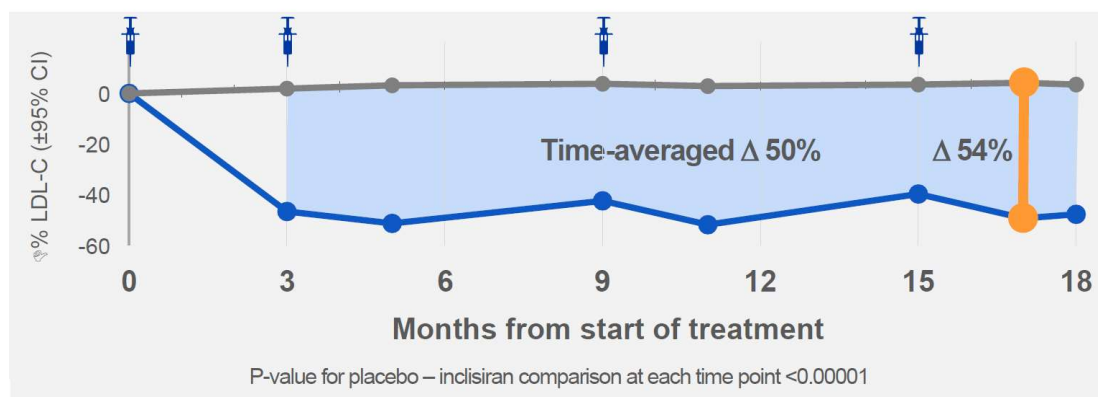


- Väike vahelesegav kaheahelaline stabiliseeritud RNA molekul
- Inhibeerib spetsiifiliselt ja pikaajaliselt PCSK9 valgusünteesi
- Manustatakse subkutaanselt 2 korda aastas

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Inklisiraani toime LDL-C tasemele

Percent change in LDL-C over time – observed values ITT patients



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Dapagliflozin in Patients with Heart Failure and Reduced Ejection Fraction



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Key baseline characteristics

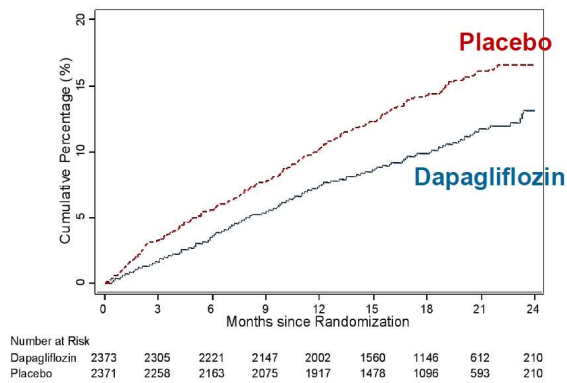
Characteristic	Dapagliflozin (n=2373)	Placebo (n=2371)
Mean age (yr)	66	67
Male (%)	76	77
NYHA class II/III/IV (%)	68/31/1	67/32/1
Mean LVEF (%)	31	31
Median NT pro BNP (pg/ml)	1428	1446
Mean systolic BP (mmHg)	122	122
Ischaemic aetiology (%)	55	57
Mean eGFR (ml/min/1.73m ²)	66	66
Prior diagnosis T2D (%)	42	42
Any baseline T2D (%)*	45	45

*includes 82 dapagliflozin and 74 placebo patients with previously undiagnosed diabetes i.e. two HbA1c $\geq 6.5\%$ (≥ 48 mmol/mol)

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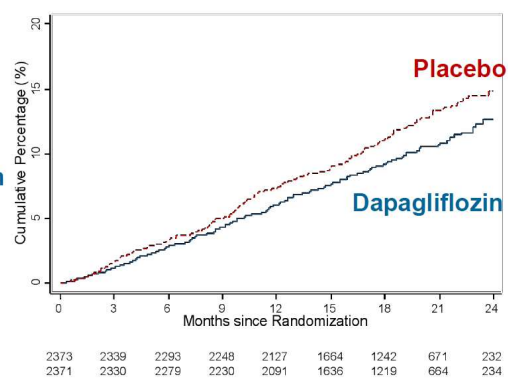
Worsening HF event

HR 0.70 (0.59, 0.83); p=0.00003



Cardiovascular death

HR 0.82 (0.69, 0.98); p=0.029



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All patients

Type 2 diabetes at baseline*

Yes

No

Dapagliflozin
(n=2373)

386/2373

Placebo
(n=2371)

502/2371

215/1075

271/1064

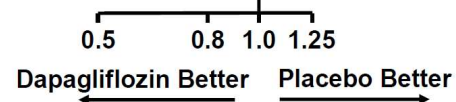
171/1298

231/1307

HR
(95% CI)
0.74 (0.65, 0.85)

0.75 (0.63, 0.90)

0.73 (0.60, 0.88)



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Käimasolevad SP uuringud SGLT2I-ga

SGLT2 inhibitor	Trial	Disease	Primary outcome	No. of patients
Dapagliflozin	DELIVER	HFpEF	Time to CV death or HF hospitalization or urgent HF visit	≈4700
	PRESERVED-HF	HFpEF	Change in NT-proBNP	320
	DEFINE-HF	HFrEF	Change in NT-proBNP	300
	DETERMINE-reduced	HFrEF	Change in 6MWT	263
	DETERMINE-preserved	HFpEF	LVESVI & LV function	400
Empagliflozin	EMPEROR-reduced	HFrEF	Time to CV death or HF hospitalization	≈3350
	EMPEROR-preserved	HFpEF	Time to CV death or HF hospitalization	≈5500
	EMPERIAL-reduced	HFrEF	Change in 6MWT	300
	EMPERIAL-preserved	HFpEF	Change in 6MWT	300
	SUGAR	HFrEF	Change in LVESVI and GLVS	130
	EMBRACE-HF	HF	Change in PAPD	60
	ELSI	HFrEF	Skin Na content	84
	LV function	HFrEF	Change in PCr/ATP	86
	Exercise capacity	HFpEF	Change in 6MWT	100
Ertugliflozin	ERTU-GLS	HF	GLS	120
Sotagliflozin	SOLOIST-WHF	HFrEF	Time to CV death or HF hospitalization	4000

From Seferovic, Ponikowski, Anker et al. Eur J Heart Fail. 2019 May 26. doi: 10.1002/ejhf.1531.

Lotman, 2019



COMPLETE TRIAL

A randomized, comparative effectiveness study of complete versus culprit-only revascularization strategies to treat multivessel disease after early percutaneous coronary intervention for ST-segment elevation myocardial infarction

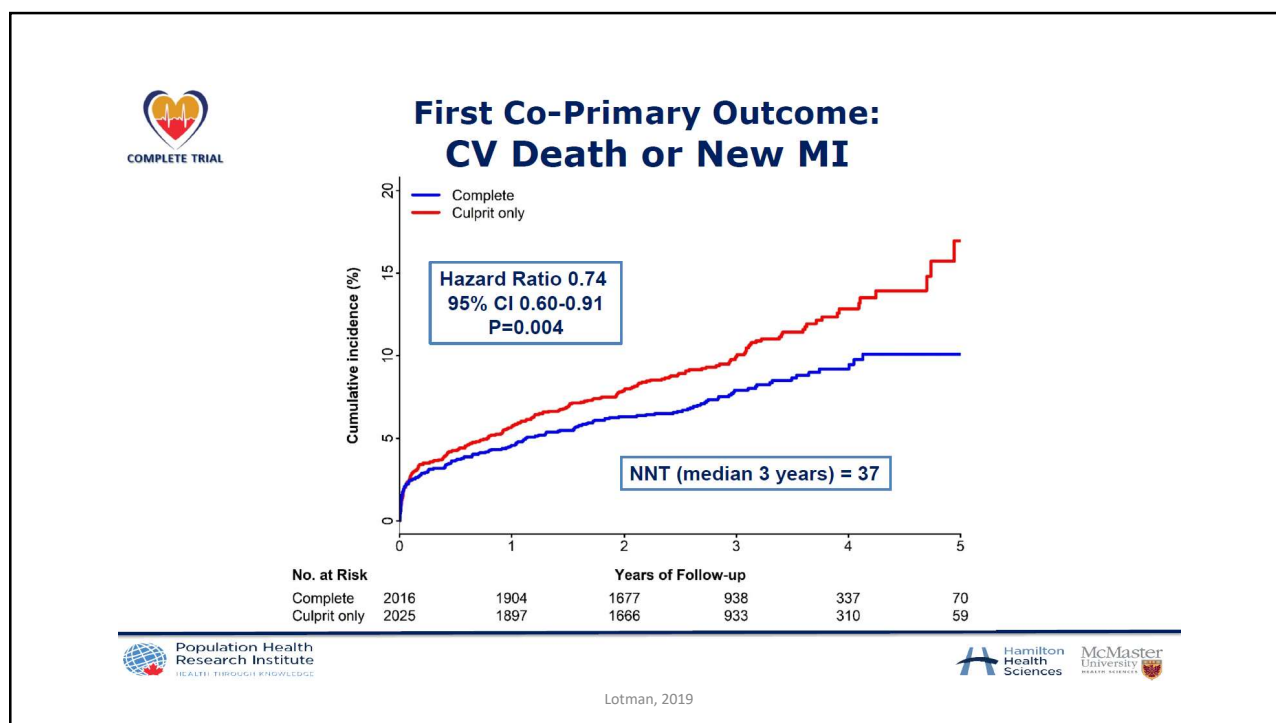
Shamir R. Mehta MD, MSc

Population Health Research Institute, McMaster University and Hamilton Health Sciences

on behalf of the COMPLETE Trial Executive & Steering Committees and Investigators



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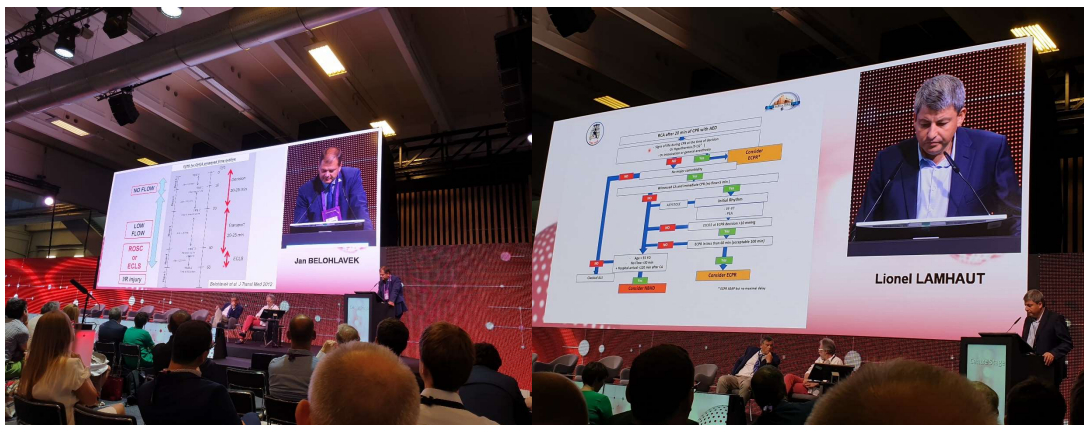


Palju sessioone toimus väiksemates gruppides



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Extra-corporeal cardiopulmonary resuscitation (ECPR)



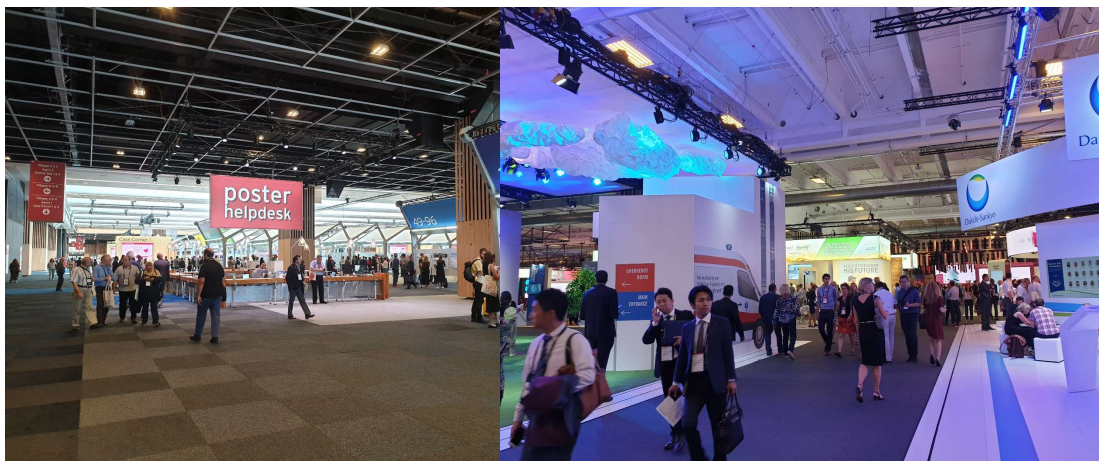
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Kardioloogia ajaloo nurk



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Posterite ning messi ala



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Täna tähelepanu eest!



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