

Rome and ESC 2016

Traditionally, the annual meeting of the European Society of Cardiology (ESC) is held in late August. In this month's editorial, I would like to talk about this meeting, as indicated by its title. You may note that the names of the city and of the scientific event were separated by the word, and. This was deliberate since I wish to describe the city and the event differently.

Let us talk about Rome first. It is one of the leading cities that contributed to the making of world history. The richness of the city will take you plenty of time if you want to see it all. However, I will not introduce this richness for my entire column. Instead, I will talk about Rome's unsuitability for a large-scale scientific event attended by 32,000 participants. The distance between city center and the convention center was approximately 25 kilometers. A majority of the participants had accommodations in the city center due to the lack of space in nearby hotels. Yet, there were no shuttles from the hotels to the convention center because of the intense traffic in the city, which made transportation a nightmare. The only means of transport was the train, and it did not make enough trips. For this reason, it took several minutes to get all passengers out of the trains and disperse the crowd since there was only one stair from the train station to the convention center. Most of our colleagues who wanted to attend the morning sessions had no choice but to miss them. To make the matters even worse, some speakers who were supposed to make presentations in morning sessions missed their opportunity. The organization committee had to apologize for all of these problems in the congress' daily newspaper. There was nothing to criticize as long as you stayed in the convention center or managed to get there. However, there were queues to make you wait at least for 20 minutes if you wanted to return to the hotel by taxi instead of dealing with the difficulties of public transportation.

Rome has the attractions to get people to participate in a scientific convention. It is not possible to argue against this. Our experiences, though, proved that Rome is not suitable for such a large-scale convention at all. I hope the administration of the ESC will learn from this experience and select the location of future conventions while considering the comfort of their participants.

I also want to talk about the second part of the title, ESC 2016. To begin with, the scientific content of the convention was very satisfactory. In fact, the ESC's annual convention is ahead of the other two main cardiology conventions. It is impossible to include all of the topics discussed during the convention in this article. I will still mention a few points that should be emphasized in my opinion. Initially, I would like to say that there are things to be learned from negative studies. The studies DANISH and ANTARTIC are examples of them. DANISH was a randomized con-

trolled trial demonstrating that ICDs do not reduce mortality in patients with dilated cardiomyopathy (DCM). The results of this study did not support the heart failure guidelines published by the ESC three months ago, which recommends ICDs for patients with dilated cardiomyopathy as a class I indication with a level of evidence B. What I would like to emphasize about this study is that it shows us that it is wrong to generalize the positive effect of ICDs on patients with ischemic systolic dysfunction, and making a suggestion without testing it in patients with DCM in a large-scale study is not scientific enough. Another study with a negative outcome, ANTARTIC, taught us a different point. This study examined the effect of tailoring the dose of thienopyridine type P2Y12 inhibitor treatment in high-risk elderly patients by assessing the platelet reactivity on clinical end points. It demonstrated that there was no difference between planning treatments based on demographic and clinical characteristics and by assessing the platelet reactivity. This negative outcome emphasized once more that it is important to treat patients rather than laboratory results.

Others branches of medicine may have different approaches, but studies testing/comparing therapies are the first to come to our minds as cardiologists when we think of randomized controlled trials. However, we saw that diagnostic methods had begun to be tested using randomized controlled trials at the annual convention of the American College of Cardiology in March 2016. CE-MARC 2, AMERICA and DOCTORS were this type of studies presented at the ESC convention. The researchers presented data that would affect our daily practices by reducing costs.

The last group I would like to emphasize includes the hypothesis-generating studies. Two such studies were EROSION and NACIAM, both of which were conducted in acute coronary syndrome patients. The EROSION study proposed a hypothesis for large scale randomized controlled trials by proving that patients diagnosed with endothelial erosion as the cause of ACS by optical coherent tomography can be treated by administering only anti-thrombotic medication instead of percutaneous coronary operations. The small-scale NACIAM study, which showed that reperfusion injuries can be reduced by N-acetylcystein, also proposed a new hypothesis in this field.

The annual conventions of the ESC are among the most satisfactory scientific events. So was the convention held this year. Still, participants have the right to expect a more considerate choice of location from the ESC directors.

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