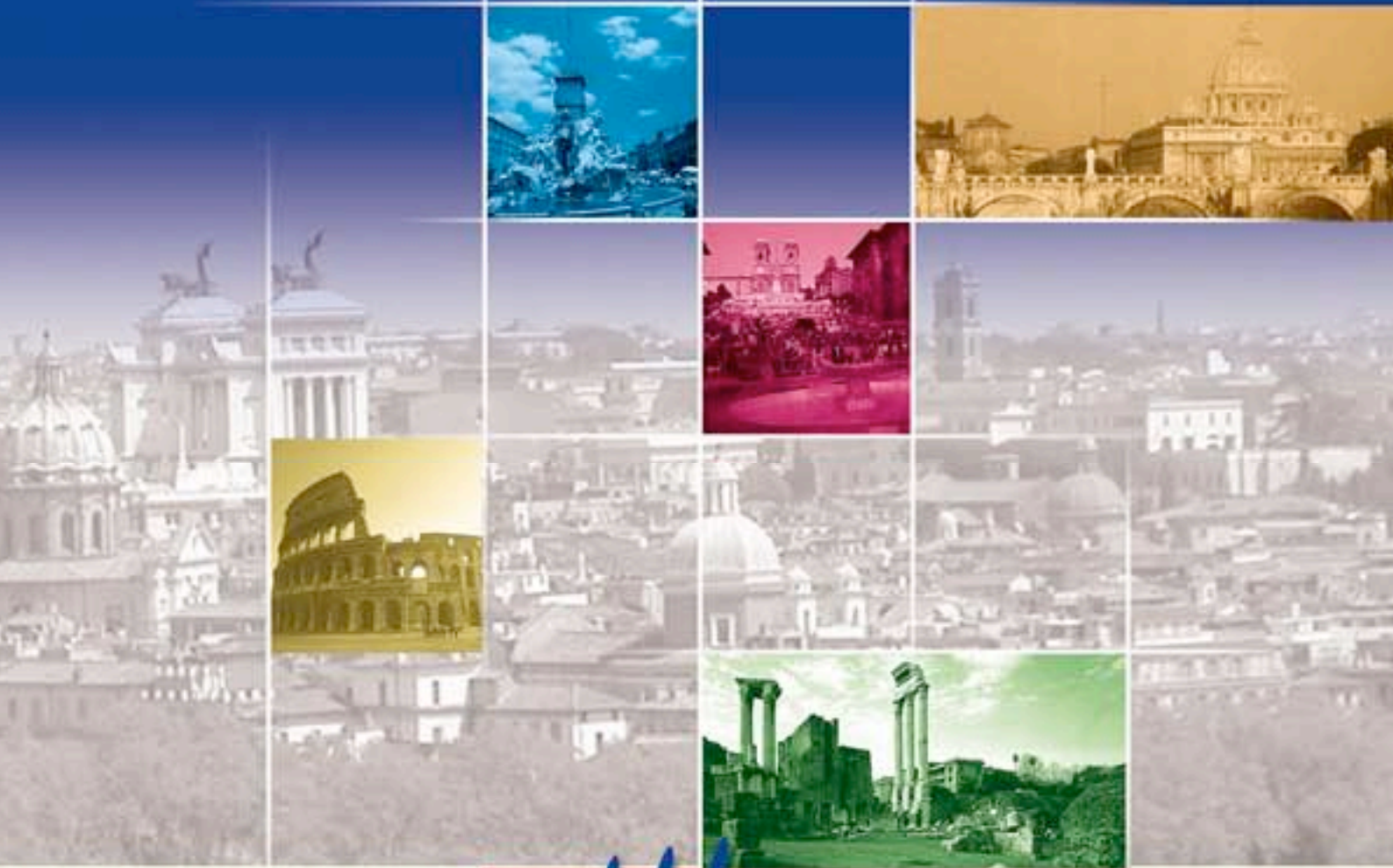


December 2 - 6, 2007
Rome - Italy

Rome Marriott
Park Hotel




World Congress on Cardiac Pacing and Electrophysiology

Second Announcement



ICPES



Dear Colleague,

The **XIII World Congress on Cardiac Pacing and Electrophysiology** will be held on December 2 - 6, 2007 in Rome. The Board members of the International Cardiac Pacing and Electrophysiology Society (ICPES) assigned to me the task to coordinate both the scientific and logistic organization. The ICPES World Congress is held every four years since more than three decades and it has always been very successful. The attendance in the last two editions (Berlin, Hong Kong) was very high, including more than 5.000 electrophysiologists and clinical cardiologists from all over the world. The mission of the World Congress of Cardiac Pacing and Electrophysiology is to be very educative, underlining the evidence-based clinical practice in the field of arrhythmology for clinical cardiologists and young electrophysiologists.

On the other side, the Congress has also the need to touch the most advanced topics in invasive electrophysiology and pacing, giving to the top level electrophysiologists the opportunity to show and discuss new diagnostic and therapeutic strategies. To achieve these targets, it seems mandatory, in consideration of the very large scientific evidence available at present in the field of heart failure treatment and sudden death prevention, to address the scientific program to all the doctors who are, at different stages, involved in the diagnostic and therapeutic process of arrhythmic patients.

In fact, it appeared very clear, during this last decade, that more and more arrhythmic and heart failure patients are followed by clinical cardiologists and general practitioners.

That has created a real need to debate with them about the numerous and important results obtained by the new therapeutic strategies using implantable devices for cardiac resynchronization and particularly implantable defibrillators.

Similarly, atrial fibrillation, which is still the most common arrhythmia and the most frequent cardiac cause of hospitalization and which can be cured in many cases by different pharmaceutical and/or non-pharmaceutical tools is often observed and initially treated by general cardiologists and internal medicine doctors before being referred to an Arrhythmia Center.

That brings the evidence that a common therapeutic strategy to fight against sudden death and atrial fibrillation should be shared and organized together with all the medical components which have some role in the identification and treatment of these patients. Should we succeed in that purpose a further step toward an equal access to the appropriate therapy for all the patients could be reached in the more and also in the less developed countries.

The World Congress of Cardiac Pacing and Electrophysiology has this ambition, and therefore it is my pleasure to invite all the doctors involved in the field of clinical cardiology and obviously the experts in the diagnosis and treatment of cardiac arrhythmias to join us in this worldwide scientific event.





See you in Rome



Massimo Santini, MD, FESC, FACC

Secretary General

XIII World Congress on Cardiac Pacing and Electrophysiology



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TOPICS

BASIC SCIENCE

- Basic electrophysiology
- Genetics in arrhythmias
- Cell and gene therapies

CLINICAL ARRHYTHMOLOGY

■ Sick Sinus Syndrome

Electrophysiological substrate
Natural history
Update in prognosis and treatment

■ Atrial Fibrillation

Epidemiology and social burden
Classification
Anatomical and electrical changes
Prognosis
Pharmacological and non-pharmacological treatment
Non antiarrhythmic drugs to prevent atrial fibrillation recurrences
Cost-benefit of the various therapeutical strategies
Equal access to therapy for all the patients
External, oesophageal, internal cardioversion
Permanent anticoagulation new and old drugs
Percutaneous closure of the left atrial appendage
Post CABG atrial fibrillation prevention and treatment
Non-antiarrhythmic drugs for atrial fibrillation prevention
Stroke prevention by atrial fibrillation early detection
Transtelephonic remote control
Disease management and comorbidities

■ AV and Intraventricular Conduction Disturbances

In the acute myocardial infarction setting
Progression and prognosis
Hemodynamic imbalance
Echocardiographic evaluation
Appropriate device implantation and programming
Temporary pacing during non cardiac surgery

■ Sudden Death

Epidemiology and classification
Underlying heart disease
Prevention
Identification of candidates and of the most appropriate treatment
Cost-benefit
Equal access to therapy for all the patients
Automatic external defibrillation: devices, training programs, cost-benefit

■ Non Invasive Sudden Death Risk Stratification

QT dynamicity
T Wave alternans
Heart rate variability and turbulence
Baroreflex sensitivity
QRS width

■ Heart Failure

Atrial fibrillation
Malignant ventricular tachyarrhythmias
Inter and intraventricular dissynchrony
AV nodal conduction troubles
Supraventricular and ventricular repetitive ectopic beats
Echocardiographic evaluation
Cardiac revascularization benefits
Emerging role of the heart failure/device specialists

■ Genetic Arrhythmias

Brugada syndrome
Arrhythmogenic right ventricular dysplasia
Long QT syndrome
Short QT syndrome
Catecholaminergic ventricular tachycardia

■ Hypertrophic Cardiomyopathy

Identification of candidates to sudden death
Various therapeutical strategies (pacing, ICD, alcoholization)

■ Arrhythmias in Diabetic Patients

■ Pediatric Arrhythmias

Clinical issues
Electrophysiology and pacing in pediatric patients

■ Sleep Apnea

■ Cardiac Syncope

Neuromediated-orthostatic
In patients with structural heart disease
In patients with genetic disease
Diagnostic flow-chart
Pharmacological treatment
Indications to permanent pacing
Special pacing algorithms
Implantable diagnostic tools
Body posture and drugs influence
Prognostic significance
Data from registries and trials

TOPICS

■ **Echocardiography in Arrhythmology**

Identification of atrial thrombo-embolic sources
Evaluation of intraventricular and interventricular delay
Selection of coronary sinus lead appropriate site in CRT
Optimal AV interval programming in DDD pacing
Optimal VV timing in CRT
Patient risk stratification post myocardial infarction
Indications to lead extraction
Intraprocedure cardiac tamponade
Intracardiac echocardiography

■ **Arrhythmias in Athletes**

Prognostic significance
Eligibility for competitive sports
Selection of the most appropriate sport activity
Diagnostic and therapeutic flow-chart
Sport practice in pacemaker and ICD patients

INVASIVE THERAPIES

■ **Catheter Ablation Technique**

Invasive therapeutical techniques
New energy sources and catheters
Different approaches and ablation techniques
Novel lead/delivery system technologies
Troubles and trouble-shooting

■ **Catheter Ablation of Atrial Fibrillation**

Right atrium, left atrium ablation
Both atria ablation
Right atrium compartmentalization
Circumferential pulmonary veins ablation
Pulmonary veins disconnection
Ablation guided by electrophysiological mapping
Various mapping techniques
Magnetic navigation
Results and complications
Cost-benefit
Associated drug treatment
Need for teaching and learning how to perform it
Selection of the appropriate patients and timing
Multiple sessions
When to stop ablation
Hybrid therapy
Surgical ablation
Endoscopic epicardial ablation
Transeptal puncture: techniques and troubles

■ **Catheter Ablation of Atrial Flutter**

News in electrophysiology of atrial flutter
Single or multiple re-entry circuit
1C flutter ablation
Atypical flutter mapping and ablation
Various techniques for common atrial flutter ablation
Long-term results

■ **Catheter Ablation of Atrial Tachycardia**

■ **Catheter Ablation of AV Nodal Tachycardia**

■ **Catheter Ablation of Anomalous Pathways**

■ **Catheter Ablation of Ventricular Tachycardia**

Monomorphic, polymorphic, sustained, unsustained
Right or left sided ventricular tachycardias
Endocardial or epicardial ablation
Significance of post-ablation morphologies
Prognostic significance of non inducibility
Energy sources and catheter selection
Technical problems
Ablation to treat electrical storms in ICD patients
ICD implant post VT ablation
Efficacy of antitachy pacing post-ablation
Adjunctive antiarrhythmic drug therapy
VT ablation during surgery
VT ablation in congenital heart diseases
Ablation of ventricular ectopies to prevent ventricular fibrillation

■ **Implantable Pacing Devices and Leads**

AAI permanent pacing revisited
Atrial septal pacing
Dual site atrial pacing
Biatial pacing
Single lead VDD pacing: long-term performance
His bundle pacing
Bifocal pacing, techniques and results
New endocardial leads
Minimal invasive epicardial leads
New lead delivery systems
Lead extraction
MRI compatibility
Emerging biotech/device projects
News from national and international pacemaker registries
How to manage device failure

TOPICS

■ **New Automatic Algorithms for Detection and Pacing Optimization**

- Autocapture
- Atrial tachyarrhythmias detection
- Mode switch types
- Multisensor rate-responsiveness
- Physiologic sensors
- Managed ventricular pacing
- Overdrive atrial pacing
- Antitachy pacing
- AV interval automatic change
- Arrhythmia monitoring
- Transtelephonic data transmission
- Internet based remote follow-up

■ **Cardiac Resynchronization Therapy**

- Biventricular pacing, techniques and results
- New endocardial leads and delivery systems to approach the coronary sinus
- New epicardial leads for LV pacing
- Complications of biventricular pacing
- Programming cardiac resynchronization implantable devices
- Echocardiographic and hemodynamic evaluation
- The importance of VV timing
- Isolated left ventricular pacing
- Multisite left ventricular pacing
- Cardiac resynchronization in patients with permanent atrial fibrillation
- Upgrading of paced patients to biventricular pacing
- Long-term performance and threshold of coronary sinus leads
- Coronary sinus lead extraction
- Coronary sinus perforation: how to deal with
- Relationship between learning curve and technical success
- Surgical cardiac resynchronization
- Temporary cardiac resynchronization therapy
- Post-implant management of the heart failure device patient

■ **Implantable Cardioverter-Defibrillators**

- Single, double, triple chamber ICD selection
- Dual defibrillator
- “Airbag” ICD
- Leadless ICD
- New ICD leads and ventricular position
- Defibrillation test during implantation or replacement
- ICD programming
- Detection algorithms
- QRS morphology analysis
- Inappropriate shocks

Electromagnetic interferences

Atrial and ventricular antitachy pacing algorithms

Hemodynamic monitoring by ICD

Antiarrhythmic drugs in ICD recipients

Electrical storms significance and treatment

ICD lead infection and extraction

ICD failure autodiagnosis

ICD patients quality of life

ICD type selection for primary and secondary prevention

ICD cardiac resynchronization therapy in heart failure

ICD in pediatric patients

ICD in the elderly

ICD in cardiac surgery

ICD bridge to heart transplant

ICD association with left ventricular assist devices

ICD remote control

Cost-efficacy ratio in various clinical settings

Equal access to therapy worldwide

Geographic differences between evidence-based guidelines and clinical practice

ICD national and international registries

GUIDELINES

Atrial fibrillation pharmacological and non-pharmacological treatment

Permanent cardiac pacing

Ablation of supraventricular tachyarrhythmias

Ablation of ventricular tachycardia

Cardiac resynchronization therapy

Syncope

Sudden death primary and secondary prevention

Differences between guidelines and clinical practice

Methods to implement guidelines in clinical practice

Medico-legal implication of guidelines in electrophysiology and pacing

THE ROLE OF ALLIED PROFESSIONALS IN ARRHYTHMOLOGY

THE ROLE OF ARRHYTHMIC PATIENT ASSOCIATIONS

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