

# HEART FAILURE 2008

Congress organised by the Heart Failure Association of the ESC



14 - 17 June 2008

ITALY

MILAN

ADVANCE PROGRAMME

[www.escardio.org/HFA](http://www.escardio.org/HFA)



HEART FAILURE  
ASSOCIATION  
OF THE ESC



EUROPEAN  
SOCIETY OF  
CARDIOLOGY®

## Important Dates

- |   |                 |
|---|-----------------|
| ▪ "My ESC" Services<br>(Abstract submission, Registration, Hotel) | November 2007   |
| ▪ Abstract submission Deadline                                    | 14 January 2008 |
| ▪ Results of the Abstract selection                               | Mid-March 2008  |
| ▪ Deadline for Early Registration Fee                             | 31 March 2008   |
| ▪ Deadline for Pre-Registration                                   | 15 May 2008     |



Heart Failure 2008  
14 - 17 June

# Welcome Address

Dear Friends and Colleagues,

Despite impressive advances in our knowledge of its mechanisms and treatment, heart failure remains one of the most challenging diseases both for basic research and clinical practice. Improved treatment of most cardiovascular diseases and increased longevity are causing a steady increase in the number of persons affected by this syndrome. Heart failure remains associated with poor quality of life, frequent hospitalisations and, ultimately, a high mortality. To date, it is the most important cause of hospitalisations in patients over 65 in Western countries and it is associated with a higher mortality rate than most malignancies. Its high prevalence and poor prognosis make it a major cause of expense and use of health care resources.

The primary mission of the Heart Failure Association of the European Society of Cardiology is to “to improve quality of life and longevity, through better prevention, diagnosis and treatment of heart failure, including the establishment of networks for its management, education and research”. The organisation of a large international meeting is an essential component of our activity. It gives us the possibility to gather all those interested in heart failure, including cardiologists, internists, practising general physicians, basic scientists, epidemiologists, cardiac nurses, industry affiliates and others, so that they can share new insights and improve their knowledge and clinical practice.

Since 2004, the Heart Failure Association has organised a large annual Congress in different European congress locations to provide an extensive update on all recent advances in basic and clinical science. The next Congress, Heart Failure 2008, will be held in the beautiful and lively city of Milan, an easily reachable city from any country throughout the world, an ideal link between the North and South of Europe.

We warmly invite you to come and participate in this Congress. We wish to share with you the delights and merits of an exciting and challenging scientific programme, as well as the beauty of Milan.

Yours sincerely,

**Prof. Kenneth Dickstein**

President, Heart Failure Association of the ESC

**Prof. Marco Metra**

Chairperson, Scientific Committee

**Prof. John McMurray**

President-Elect, Heart Failure Association of the ESC

**Dr. Antonello Gavazzi**

Co-Chairperson, Scientific Committee

## Committees

### Board of the Heart Failure Association of the ESC

**K. Dickstein** (Stavanger, NO), President

**D. Brutsaert** (Antwerp, BE), Immediate Past-President

**J. McMurray** (Glasgow, UK), Chairperson Clinical Section & President-Elect

**A. Shah** (London, GB), Chairperson Basic Sciences Section

**T. Jaarsma** (Groningen, NL), Secretary

**P. Ponikowski** (Wroclaw, PL), Treasurer

S. Anker (Berlin, DE)

J.-L. Balligand (Brussels, BE)

G. Condorelli (Rome, IT)

M. Cowie (London, GB)

U. Dahlström (Linköping, SE)

K. Swedberg (Göteborg, SE)

**ex-officio**, Editor in Chief of the European Journal of Heart Failure

T. Eschenhagen (Hamburg, DE)

G. Filippatos (Athens, GR)

G. Hasenfuss (Göttingen, DE)

S. Janssens (Leuven, BE)

M. Metra (Brescia, IT)

W. Paulus (Amsterdam, NL)

M. Ryder (Dunlaoghaire, IE)

A. Strömberg (Linköping, SE)

D. van Veldhuisen (Groningen, NL)

F. Zannad (Dommartin-les-Toul, FR)

### Scientific Committee

All Board members of the Heart Failure Association of the ESC are part of the Scientific Committee

**M. Metra** (Brescia, IT),

Chairperson of the Scientific Committee

**A. Gavazzi** (Bergamo, IT),

Co-Chairperson of the Scientific Committee

G. Condorelli (Rome, IT)

L. Dei Cas (Brescia, IT)

R. Ferrari, (Ferrara, IT)

C. Fiorentini (Milan, IT)

A.-P. Maggioni (Florence, IT)

L. Tavazzi (Pavia, IT)



# General Information

## Congress Centre

Milano Convention Centre - Via Gattamelata 5,  
Milan, Italy  
Tel: +39 02 4997.7134  
Fax: +39 02 4801.0265  
Web Site: [www.micmilano.it](http://www.micmilano.it)



The building has disabled persons access.

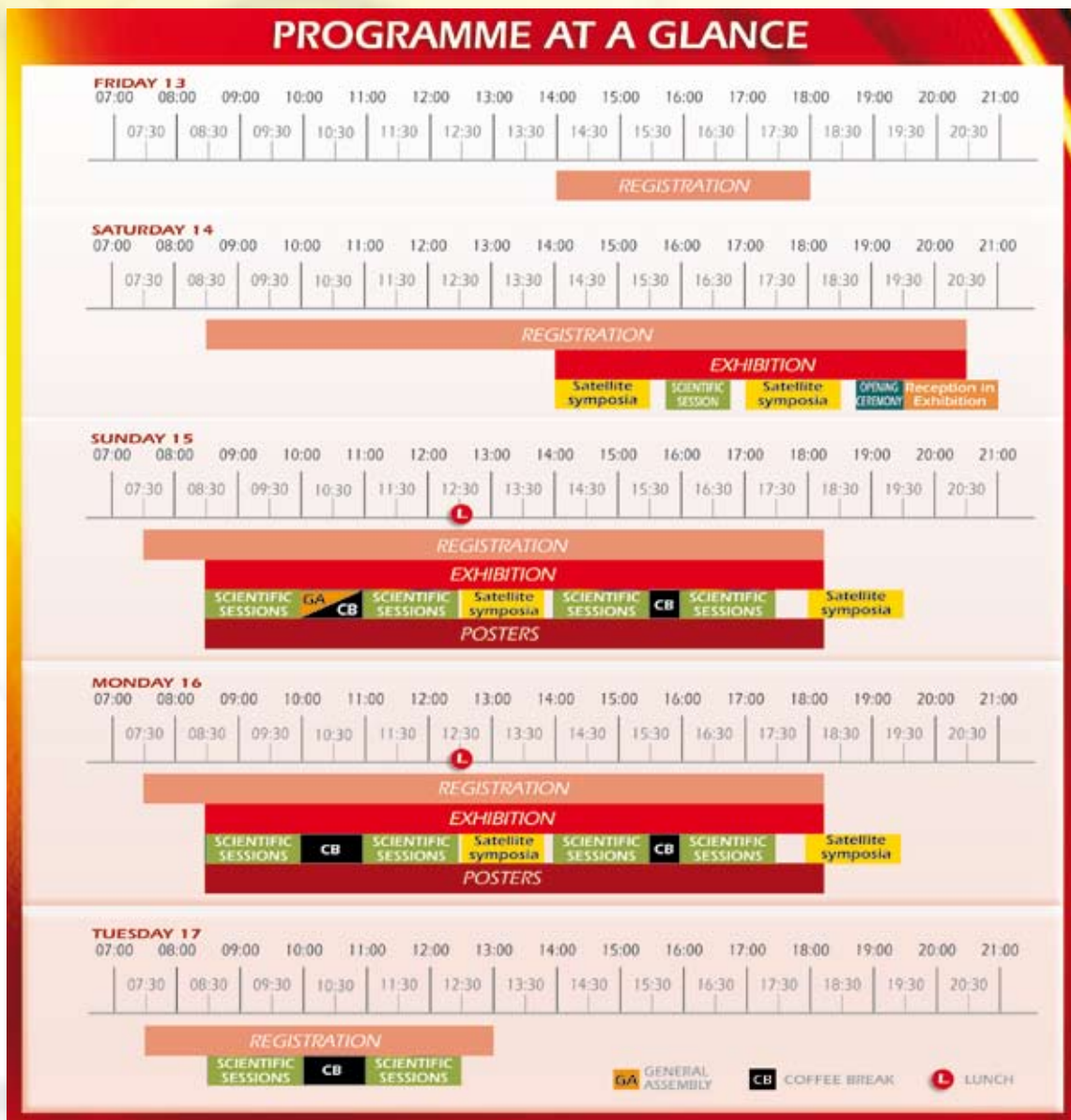
## Heart Failure 2008 Secretariat

ESC - European Heart House  
2035 Route des Colles - Les Templiers - BP 179  
06903 Sophia Antipolis Cedex - France

For **General Information**, please contact:  
Tel: +33 (0)4 92 94 76 00 - Fax: +33 (0)4 92 94 76 01

## Language

The official language is English. No translation will be available during the Congress.



## Updated Scientific Programme available on [www.escardio.org/HFA](http://www.escardio.org/HFA)

### CME Accreditation

The Heart Failure 2008 Congress is accredited by the European Board for Accreditation in Cardiology (EBAC) for **15 hours** of external CME credits. Each participant should claim only those hours of credit spent on an educational activity. EBAC works in co-operation with the European Accreditation Council for Continuing Medical Education (EACCME), which is an institution of the European Union of Medical Specialists (UEMS).

EBAC certificates will be available at the Registration Desk as from Monday 16 June in the afternoon.



### Call for abstracts

All abstracts must be submitted via My ESC ([www.escardio.org/HFA](http://www.escardio.org/HFA)) before **14 January 2008**.

#### Oral Sessions

This year these sessions keep their new dimensions and are now referred to as:

#### ➔ Young Investigator Awards in Clinical and Basic Science

These categories are open to contestants under the age of 35 on the day of presentation. Diplomas and prizes are given to the top three presentations judged during the session. All presenters receive a Travel Grant.

#### ➔ Judges Choice sessions

These abstracts are the top-scoring in the whole submission process. Each presenter receives a Travel Grant.

#### ➔ Featured research sessions

Abstracts whose interesting content comes to the attention of the selectors will be presented in these sessions.

All above abstracts are presented orally in a lecture room with two experts chairing each session (and a Panel of four judges for the Young investigator Awards).

#### Hyde Park Corner

Got a bee in your bonnet? This forum gives the presenters a rare chance to express their novel ideas and radical hypotheses with limited scientific documentation - and we've programmed plenty of time for the audience to jump in on the argument!

#### Poster Sessions

These sessions provide a visual display of research highlights. Four half-days of poster displays are planned and presenters are available during coffee breaks so that delegates can view and discuss their work. This format allows a maximum of viewing time for the research.

#### Moderated Poster Sessions

The content of posters considered to be of special interest will be discussed during the coffee breaks in the Exhibition area. As last year, presenters are asked to provide a paper poster for display during the session and a slide of their poster which will be projected on a large screen in the Agora while the presenters discuss their work with the Chairmen of the session. Discussion is relayed by microphone so that the information can reach as many people as possible.

**Late Breaking Trials** application forms will be available from 1 January from: [HFscientific@escardio.org](mailto:HFscientific@escardio.org)

### Travel Grant

#### Abstract presenters! Save 400 Euros at Heart Failure 2008!

Members of the HFA can apply for a 400 Euros Travel Grant if they fulfill the following criteria:

- Your abstract must be accepted for Heart Failure 2008
- You must be less than 35 years old
- You should be the presenter of your abstract
- You must be a HFA Member

The deadline for application is **15 March 2008**.

Please go to [www.escardio.org/HF/HF2008/scientific/abstracts](http://www.escardio.org/HF/HF2008/scientific/abstracts) to download the form and send it to the ESC with a photocopy of your passport (Email: [HFsecretariat@escardio.org](mailto:HFsecretariat@escardio.org) or Fax: +33 (0)4 92 94 86 29).

A limited number of Grants are available, therefore final selection is made according to abstract grade.

The travel grant will be sent by bank transfer after the Heart Failure Congress 2008.



# Saturday 14 June 2008

|               |   |
|---------------|---|
| 14:00 - 15:30 | Satellite Symposia  |
| 15:45 - 16:45 | The 2008 Heart Failure Guidelines: a sneak preview  |
| 17:00 - 18:30 | Satellite Symposia  |
| 18:45 - 19:30 | Opening Ceremony - Chairpersons: K. Dickstein (Stavanger, NO), M. Metra (Brescia, IT) - The HFA of ESC Honorary Lecture: R. Ferrari (Ferrara, IT) |

# Sunday 15 June 2008

|               | Main sessions  | Clinical 1  | Clinical 2  | Debates / Controversies   | Translational Research   | Basic Science  |   |   |
|---------------|--|---|---|---|--|--|---|---|
| 08:30         | <p><b>How is heart failure changing.</b><br/>M. Pfeffer (Boston, US); K. Dickstein (Stavanger, NO)<br/>Epidemiology of heart failure in Europe.<br/>M.T. Keamery (Leeds, GB)</p> <p><b>Silent majority: cardiac suction failure.</b><br/>D. Bruckert (Amberg, BE)</p> <p><b>Coronary artery disease is still the main cause.</b><br/>C. O'Connor (Durham, US)</p> <p><b>The burden of the ageing population.</b><br/>M. Komajda (Paris, FR)</p>  | <p><b>Cardiomyopathies: the 'unknown' face of heart failure.</b><br/>L. Del Cas (Brescia, IT); G. Hatzelius (Göteborg, DE)<br/>The cardiomyopathies: Classification and clinical diagnosis. P.M. Elliott (London, GB)</p> <p><b>Genetic basis of dilated cardiomyopathy.</b><br/>A. Keren (Jerusalem, IL)</p> <p><b>Hypertrophic cardiomyopathy and heart failure: a highly heterogeneous pathophysiological substrate.</b><br/>P. Spinto (Genoa, IT)</p> <p><b>End-stage heart failure - how to support patients and caregivers.</b><br/>L. Blue (Glasgow, UK)</p> | <p><b>Psychological and behavioural aspects in heart failure.</b><br/>M. Leveritt (Bari, CH); M. van der Wal (Groningen, NL)</p> <p><b>Depression - prevalence, screening and prognosis and treatment.</b><br/>C. Angermann (Würzburg, DE)</p> <p><b>Cognitive dysfunction - prevalence, screening and treatment.</b><br/>G. Zuccala (Rome, IT)</p> <p><b>Changing lifestyle is homebased exercise training feasible in elderly heart failure patients?</b><br/>J. Wikstrand (Jönköping, SE)</p> <p><b>End-stage heart failure - how to support patients and caregivers.</b><br/>L. Blue (Glasgow, UK)</p>  | <p><b>Which interventions can further improve prognosis in heart failure?</b><br/>M. Böhm (Homburg/Saar, DE); S. Richard (Münster, FR)</p> <p><b>Heart rate reduction.</b><br/>R. Ferrari (Ferrara, IT)</p> <p><b>Neurohormonal antagonism.</b><br/>K. Swedberg (Göteborg, SE)</p> <p><b>Improvement in renal function.</b><br/>A. Di Lenarda (Trieste, IT)</p> <p><b>Non-pharmacological tools.</b><br/>T. Jaasma (Groningen, NL)</p>  | <p><b>Skeletal muscle anabolism - New targets.</b><br/>S. Anker (Berlin, DE); M. Prepoli (Piacenza, IT)</p> <p><b>Skeletal muscle metabolism.</b><br/>W. Doehmer (Berlin, DE)</p> <p><b>Anabolic effects of erythropoietins.</b><br/>W. van Gilst (Groningen, NL)</p> <p><b>IGF, IGF and Ghrelin.</b><br/>T. Thum (Würzburg, DE)</p> <p><b>Anabolic therapy.</b><br/>E.A. Jankowska (Wrocław, PL)</p> <p><b>The contribution of stem cells to skeletal muscle homeostasis in normal and disease states.</b><br/>Y. Torrente (Milan, IT)</p>            | <p><b>Novel targets in pathological cardiac hypertrophy.</b><br/>S. Heymans (Maastricht, NL)</p> <p><b>Control of cardiac hypertrophy by EPAC.</b><br/>F. Leziouh (Cherbourg-Nablay, FR)</p> <p><b>Normalisation of abnormal EC coupling by nNOS.</b><br/>C. Heymes (Paris, FR)</p> <p><b>Protective redox signalling via NOx.</b><br/>A. Shah (London, GB)</p> <p><b>The ubiquitin-proteasome pathway.</b><br/>L. Carnier (Hamburg, DE)</p> | P   |   |
| 10:00         | <b>COFFEE BREAK / MODERATED POSTERS</b>  |   |   |   |  |  |   |   |
| 11:00         | <p><b>How can we improve the design of clinical trials in heart failure?</b><br/>F. Follath (Zürich, CH)<br/>J. McMurray (Glasgow, UK)</p> <p><b>Acute heart failure: The best endpoints.</b><br/>L. Tavazzi (Pavia, IT)</p> <p><b>Chronic heart failure: the best endpoints.</b><br/>H. Bueno (Madrid, ES)</p> <p><b>Ongoing trials in heart failure.</b><br/>K. Dickstein (Stavanger, NO)</p> <p><b>Statistics and magic trials.</b><br/>I. Ford (Glasgow, UK)</p>   | <p><b>Comorbidities in heart failure.</b><br/>A. Barotoli (Genoa, IT);<br/>D. Kremastros (Athens, GR)</p> <p><b>Diabetes.</b><br/>M. Tendera (Katowice, PL)</p> <p><b>COPD.</b><br/>P.G. Agostoni (Milan, IT)</p> <p><b>Anemia.</b><br/>K. Swedberg (Göteborg, SE)</p> <p><b>Renal failure.</b><br/>K. Adams (Chapel Hill, US)</p>  | <p><b>Joint session with American Association Heart Failure Nurses: clinical trials and clinical practise - what is the relationship?</b><br/>R. Trupp (Dublin, US); A. Stromberg (Lübeck, SE)</p> <p><b>Using impedance monitoring in daily practice: what evidence do we have?</b><br/>R. Trupp (Dublin, US)</p> <p><b>The Health Buddy system: a new way of telemonitoring.</b><br/>J. Janssen (Maastricht, NL)</p> <p><b>Yoga and other non-pharmacological tools to decrease shortness of breath in patients with advanced heart failure.</b><br/>I. Elkman (Göteborg, SE)</p> <p><b>Ethical dilemmas in monitoring patients via electronic systems.</b><br/>S. Wrigate (Silver Springs, US)</p> | <p><b>Controversies in heart failure with normal EF: 2 debates.</b><br/>C. Ischope (Berlin, DE);<br/>P. Mairmo (Novara, IT)</p> <p><b>Vasomotor responses are impaired.</b><br/>V. Melnitsky (Prague, CZ)</p> <p><b>Vasomotor responses are not impaired.</b><br/>D.W. Kitzman (Minston-Salem, US)</p> <p><b>Treatment is the same to heart failure with reduced EF</b><br/>B. Pitt (Ann Arbor, US)</p> <p><b>Treatment is different.</b><br/>F. Zannad (Darmstadt-Les-Toul, FR)</p>  | <p><b>Emerging role of microRNAs in cardiac disease.</b><br/>T. Thum (Würzburg, DE);<br/>E. Hirsch (Tübing, IT)</p> <p><b>Regulation of cellular function by miRNAs.</b><br/>M. Stoffe (Zürich, CH)</p> <p><b>miRNAs in cardiac development.</b><br/>D. Sinagra (San Francisco, US)</p> <p><b>Control of cardiac hypertrophy by miRNAs.</b><br/>G. Condorelli (Rome, IT)</p> <p><b>microRNAs as therapeutic targets in cardiac disease.</b><br/>S. Engelhardt (Würzburg, DE)</p>   | <p><b>Judges Choice session</b><br/><b>Oral Abstract Session</b></p> <p>Submit your abstract using<br/>My ESC on <a href="http://www.escardio.org">www.escardio.org</a></p>  | S   |   |
| 12:30         | <b>LUNCH / SATELLITE SYMPOSIUM</b>   |   |   |   |  |  |   |   |
| 14:00         | <p><b>Acute heart failure: new treatments, new targets.</b><br/>F. Fedele (Rome, IT);<br/>A. Mebazaa (Paris, FR)</p> <p><b>What is wrong with diuretics in heart failure?</b><br/>J. Cleland (Kingston upon Hull, GB)</p> <p><b>Vasopressin antagonists.</b><br/>M. Gheorghade (Chicago, US)</p> <p><b>Can we prevent renal dysfunction in acute heart failure?</b><br/>M. Metra (Brescia, IT)<br/>Ultrafiltration. F. Oliva (Milan, IT)</p>   | <p><b>Asymptomatic left ventricular dysfunction.</b><br/>A. Ganaou (Saxari, IT);<br/>C. Torp-Pedersen (Hellerup, DK)</p> <p><b>The clinical impact.</b><br/>M. Pfeifer (Boston, US)</p> <p><b>How to make a diagnosis.</b><br/>A. Fraser (Cardiff, UK)</p> <p><b>Which treatment?</b><br/>T. McDonagh (London, GB)</p> <p><b>Cost effectiveness of early detection and treatment.</b><br/>A. Gavazzi (Bergamo, IT)</p>  | <p><b>Neuregulin signalling in heart failure.</b><br/>T. Sueter (Zürich, CH); D. Bruckert (Amberg, BE)</p> <p><b>Hereceptin-induced cardiomyopathy in the treatment of breast cancer.</b><br/>E. Page (Grenoble, FR)</p> <p><b>Physiology and pathophysiology of neuregulin signalling in the heart.</b><br/>G. De Keulenaer (Amwerp, BE)</p> <p><b>Mechanisms and management of Hereceptin-induced cardiomyopathy.</b><br/>R. Knevel (Goettingen, DE)</p> <p><b>Cardiac safety guidelines for the use of Hereceptin.</b><br/>T. Sueter (Bern, CH)</p>  | <p><b>New aspects of adrenergic regulation.</b><br/>M. Bristow (Denver, US);<br/>T. Eschenhagen (Hamburg, DE)</p> <p><b>Beta-1 adrenergic receptor gene polymorphisms and heart failure.</b><br/>M. Bristow (Denver, US)</p> <p><b>Beta-2 adrenergic receptors: the 'good face' of adrenergic stimulation?</b><br/>M. Yacoub (London, GB)</p> <p><b>Beta-3 adrenergic receptors and role of NO.</b><br/>J.-L. Balligand (Brussels, BE)</p> <p><b>Downstream interventions in the beta adrenergic pathway.</b><br/>A. El-Amouchi (Hamburg, DE)</p> | <p><b>Neuregulin signalling in heart failure.</b><br/>T. Sueter (Zürich, CH); D. Bruckert (Amberg, BE)</p> <p><b>Hereceptin-induced cardiomyopathy in the treatment of breast cancer.</b><br/>E. Page (Grenoble, FR)</p> <p><b>Physiology and pathophysiology of neuregulin signalling in the heart.</b><br/>G. De Keulenaer (Amwerp, BE)</p> <p><b>Mechanisms and management of Hereceptin-induced cardiomyopathy.</b><br/>R. Knevel (Goettingen, DE)</p> <p><b>Cardiac safety guidelines for the use of Hereceptin.</b><br/>T. Sueter (Bern, CH)</p> | <p><b>Submit your abstract using</b><br/>My ESC on <a href="http://www.escardio.org">www.escardio.org</a></p>  | X   |   |
| 15:30         | <p><b>The challenge of writing guidelines.</b><br/>K. Swedberg (Göteborg, SE)<br/>L.W. Stevenson (Boston, US)</p> <p><b>What is the role of guidelines in clinical practice?</b><br/>Effects of guidelines implementation on prognosis.<br/>M. Komajda (Paris, FR)</p> <p><b>The new HF guidelines, a preview.</b><br/>K. Dickstein (Stavanger, NO)</p> <p><b>Putting guidelines into clinical practice: how can we achieve our goals.</b><br/>M. Tendera (Katowice, PL)</p> <p><b>Risks and limitations.</b><br/>P. Poole-Wilson (London, GB)</p> | <p><b>Palliative care in heart failure.</b><br/>M. Ryder (Dublin, IE); P. Mohacs (Bern, CH)</p> <p><b>Epidemiological and prognostic factors in end-stage heart failure.</b><br/>T. McDonagh (London, GB)</p> <p><b>Determination of content in palliative care.</b><br/>M. Leveritt (Basel, CH)</p> <p><b>Cachexia and nutritional aspects.</b><br/>S. Anker (Berlin, DE)</p> <p><b>Pharmacological and non-pharmacological support to patients and families.</b><br/>C. Opasich (Pavia, IT)</p>   | <p><b>Short-term targets of treatment in acute heart failure.</b><br/>G. Jordeau (Paris, FR); M. Metra (Brescia, IT)</p> <p><b>Symptoms.</b><br/>G. Cotter (Durham, US)</p> <p><b>Renal function.</b><br/>M. Konstam (Boston, US)</p> <p><b>Prevention of ischaemic damage.</b><br/>V. Dzau (Durham, US)</p> <p><b>Tachyarrhythmias.</b><br/>M. Nieminen (Helsinki, FI)</p>   | <p><b>Molecular defects in cardiomyopathies.</b><br/>C. Basso (Padua, IT); J.-J. Mercadier (Paris, FR)</p> <p><b>Insights into the aetiology of post-partum cardiomyopathy.</b><br/>D. Hilker (Hannover, DE)</p> <p><b>New sarcomeric/cytoskeletal proteins in dilated cardiomyopathy.</b><br/>M.L. Bang (Milan, IT)</p> <p><b>Nesprins and nuclear laminopathies.</b><br/>C. Shanahan (Cambridge, UK)</p> <p><b>Altered autophagy in cardiomyopathy.</b><br/>K. Oba (Osaka, JP)</p>  | <p><b>Extracellular matrix regulation in heart failure.</b><br/>F. Zannad (Darmstadt-Les-Toul, FR);<br/>M. Pauschinger (Berlin, DE)</p> <p><b>The MMP / TIMP balance.</b><br/>J. Diaz Martinez (Pamplona, ES)</p> <p><b>Matricellular proteins.</b><br/>S. Heymans (Maastricht, NL)</p> <p><b>Connective tissue growth factor.</b><br/>H. Atramadal (Oslo, NO)</p> <p><b>PKB<math>\alpha</math> signalling and inflammation.</b><br/>E. Hirsch (Tübing, IT)</p>  | <p><b>Short-term targets of treatment in acute heart failure.</b><br/>G. Jordeau (Paris, FR); M. Metra (Brescia, IT)</p> <p><b>Symptoms.</b><br/>G. Cotter (Durham, US)</p> <p><b>Renal function.</b><br/>M. Konstam (Boston, US)</p> <p><b>Prevention of ischaemic damage.</b><br/>V. Dzau (Durham, US)</p> <p><b>Tachyarrhythmias.</b><br/>M. Nieminen (Helsinki, FI)</p>  | <p><b>Myocarditis and unusual cardiomyopathies: update for the clinician.</b><br/>A. Keren (Jerusalem, IL); H.P. Schultheis (Berlin, DE)</p> <p><b>Acute myocarditis: clinical presentation and follow-up.</b><br/>A. Caforio (Padua, IT)</p> <p><b>Fabry disease.</b><br/>P. Elliott (London, GB)</p> <p><b>Thalassemia.</b><br/>D.T. Kremastros (Athens, GR)</p> <p><b>Lamin A/C defect-related and desmin accumulation cardiomyopathies.</b><br/>E. Arbustini (Pavia, IT)</p> <p><b>Takotsubo cardiomyopathy.</b><br/>A. Repetto (Pavia, IT)</p> | I |
| 16:00         | <b>COFFEE BREAK / MODERATED POSTERS</b>  |   |   |   |  |  |   |   |
| 17:30         | <b>SATELLITE SYMPOSIUM</b>   |   |   |   |  |  |   |   |
| 18:00 - 19:30 | Scientific Programme available on <a href="http://www.escardio.org/HFA">www.escardio.org/HFA</a>   |   |   |   |  |  |   |   |

|                      | <b>Main sessions</b>   | <b>Clinical 1</b>  | <b>Clinical 2</b>   | <b>Debates / Controversies</b>  | <b>Translational Research</b>  | <b>Basic Science</b>   |
|----------------------|--|--|---|---|--|--|
| <b>08:30</b>         | <p><b>The best way to block the RAAS system is with:</b></p> <p>B. Pitt (Ann Arbor, US); C. Rapezzi (Bologna, IT)</p> <p>ACE inhibitors.</p> <p>S. Solomon (Boston, US)</p> <p>Angiotensin receptor blockers.</p> <p>J. McMurray (Glasgow, UK)</p> <p>Renin inhibitors.</p> <p>V. Dzau (Durham, US)</p> <p>Aldosterone blockers.</p> <p>A. Struthers (Dundee, UK)</p>  | <p><b>Anaemia and iron deficiency in CHF</b></p> <p>L. Dei-Cas (Brescia, IT)</p> <p>B. Greenberg (San Diego, US)</p> <p>Anaemia and iron metabolism - scope of the problem.</p> <p>P. Poole-Wilson (London, GB)</p> <p>Iron, oxygen and muscle function.</p> <p>D. Okonko (London, GB)</p> <p>Iron therapy.</p> <p>P. Ponikowski (Wroclaw, PL)</p> <p>Erythropoiesis stimulation - concepts and first results.</p> <p>A.A. Voors (Groningen, NL)</p>   | <p><b>Polypharmacy: a double edged sword - what to use and what to avoid.</b></p> <p>M. Komajda (Paris, FR); G. Sinagra (Trieste, IT)</p> <p>S. Piorri (Pavia, IT)</p> <p>D. Dargie (Glasgow, UK)</p> <p>Neurohormonal antagonists: the turning point</p> <p>M. Cowie (London, GB)</p> <p>Digoxin and new inotropes.</p> <p>M. Geighraide (Chicago, US)</p> <p>What to avoid.</p> <p>C. Torp-Pedersen (Hellerup, DK)</p>  | <p><b>How can we improve selection of patients for device therapy?</b></p> <p>F. Zamnad (Dommarin-Les-Toul, FR); S. Piorri (Pavia, IT)</p> <p>The role of the heart failure physician.</p> <p>D. van Veldhuisen (Groningen, NL)</p> <p>CRF: The role of the echocardiographer.</p> <p>G. Bleeker (Leiden, NL)</p> <p>CRF: The role of the electrophysiologist.</p> <p>J. Brugada (Barcelona, ES)</p> <p>CRF &amp; ICD: cost efficacy analyses and future perspectives.</p> <p>A. Auricchio (Lugano, CH)</p> | <p><b>Emerging biomarkers in heart failure.</b></p> <p>G. Ambrosio (Perugia, IT); P. Golino (Naples, IT)</p> <p>Markers of cell death and differentiation.</p> <p>K. Wollert (Hannover, DE)</p> <p>Markers of renal dysfunction.</p> <p>S. von Haehling (London, GB)</p> <p>Markers of myocardial dysfunction.</p> <p>T. Omland (Lorvskog, NO)</p> <p>Markers of inflammation.</p> <p>M.A. Cicola (Verona, IT)</p>   | <p><b>Cardiac commitment of adult and embryonic stem cells.</b></p> <p>A. Shah (London, GB); PR. Riley (London, GB)</p> <p>Does a cardiac master stem cell exist?</p> <p>J.T. Lam (Munich, DE)</p> <p>Myocardial and vascular committed cells from spermatogonial stem cells.</p> <p>K. Guan (Goettingen, DE)</p> <p>Cardiac differentiation of embryonic stem cells.</p> <p>M. Puceat (Montpellier, FR)</p> <p>Animal cardiac progenitor cells.</p> <p>P. Doevendans (Utrecht, NL)</p> <p>Proliferation activation of cardiac committed stem cells.</p> <p>PR. Riley (London, GB)</p> |
| <b>10:00</b>         | <b>GENERAL ASSEMBLY</b>  |  |   |   |  |  |
| <b>11:00</b>         | <p><b>Late Breaking Trials</b></p> <p>A. Struthers (Dundee, UK); T. McDonagh (London, GB)</p> <p>Application forms from <a href="mailto:hfscentific@escardio.org">hfscentific@escardio.org</a></p>   | <p><b>Regeneration therapy for heart failure.</b></p> <p>R. Ferrari (Ferrara, IT); M. Tondara (Katowice, PL)</p> <p>Bone marrow stem cell production in heart failure.</p> <p>W. Wojakowski (Katowice, PL)</p> <p>Role of stem cell injection.</p> <p>A.M. Zeiner (Frankfurt, DE)</p> <p>Long term effect of BMC transplantation post MI.</p> <p>K.C. Wollert (Hannover, DE)</p> <p>Role of myoblast implantation.</p> <p>P. Menaché (Paris, FR)</p>   | <p><b>New aspects of heart failure disease management programmes 2008.</b></p> <p>U. Dahlstrom (Linköping, SE)</p> <p>L. Blue (Glasgow, UK)</p> <p>The COACH perspective.</p> <p>T. Jaarsma (Groningen, NL)</p> <p>Meta-analysis and cost-effectiveness.</p> <p>B. Granger (Durham, US)</p> <p>The guideline perspective.</p> <p>A. Strömberg (Linköping, SE)</p> <p>The clinical perspective.</p> <p>S. Nodari (Brescia, IT)</p>                                 | <p><b>Advanced chronic heart failure: The next frontier?</b></p> <p>P. Ponikowski (Wroclaw, PL); H. Dargie (Glasgow, UK)</p> <p>The changing epidemiology of heart failure.</p> <p>B. Greenberg (San Diego, US)</p> <p>The definition and its prognostic impact.</p> <p>M. Metra (Brescia, IT)</p> <p>Strategies of medical treatment.</p> <p>C. Hekker-Bergh (Gothenburg, CH)</p> <p>Surgical options.</p> <p>M. Yacoub (London, GB)</p>   | <p><b>Young Investigator Award Competition (Basic Science)</b></p> <p>D. Hifiker (Hannover, DE); T. Eschenhagen (Hamburg, DE)</p> <p>Submit your abstract using <a href="http://www.escardio.org">www.escardio.org</a></p>   | <p><b>Young Investigator Award Competition (Basic Science)</b></p> <p>D. Hifiker (Hannover, DE); T. Eschenhagen (Hamburg, DE)</p> <p>Submit your abstract using <a href="http://www.escardio.org">www.escardio.org</a></p>   |
| <b>12:30</b>         | <b>LUNCH / SATELLITE SYMPOSIA</b>  |  |   |   |  |  |
| <b>14:00</b>         | <p><b>Acute heart failure: pathophysiology and assessment.</b></p> <p>M. Nieminen (Helsinki, FI); A. Gavazzi (Bergamo, IT)</p> <p>Definition and classification: Do we really know what acute heart failure is?</p> <p>P. Poole-Wilson (London, GB)</p> <p>New role for old prognostic markers.</p> <p>M. Cowie (London, GB)</p> <p>Catheters and devices in monitoring treatment: still useful?</p> <p>L.W. Stevenson (Boston, US)</p> <p>Renal mechanisms in heart failure: prognostic significance and assessment.</p> <p>D. van Veldhuisen (Groningen, NL)</p> | <p><b>Joint Meeting with HFA - HFA Presidents Forum.</b></p> <p>K. Dickstein (Stavanger, NO); B. Greenberg (San Diego, US)</p> <p>Treatment of heart failure in 2018: US perspective.</p> <p>B.H. Greenberg (San Diego, US)</p> <p>Treatment of heart failure in 2018: European perspective.</p> <p>J.G.F. Cleland (Kingston upon Hull, GB)</p> <p>Heart failure registries provide relevant and valuable data - a debate. PRO.</p> <p>L. Tavazzi (Pavia, IT)</p> <p>Heart failure registries provide relevant and valuable data - a debate. CONTRA.</p> <p>M. Pfeiffer (Boston, US)</p> | <p><b>Devices in acute heart failure management.</b></p> <p>P. Ferrazzi (Bergamo, IT); M. Konstam (Boston, US)</p> <p>Implantable monitoring devices.</p> <p>G. Filippatos (Athens, GR)</p> <p>Non-invasive ventilation.</p> <p>J. Masip (Barcelona, ES)</p> <p>Short term ventricular assist devices: a cardiologists view.</p> <p>E. Gronda (Milan, IT)</p> <p>Short term ventricular assist devices: a surgeon's view.</p> <p>A. Prisis (Thessaloniki, GR)</p> | <p><b>Oral Abstract Session</b></p> <p>Submit your abstract using <a href="http://www.escardio.org">www.escardio.org</a></p>  | <p><b>Atrial fibrillation and heart failure: are there specific mechanisms and therapeutic targets?</b></p> <p>M. Gasparini (Rozzano, IT); L. Neyens (Manchester, GB)</p> <p>Pathophysiology of atrial fibrillation.</p> <p>S. Piorri (Pavia, IT)</p> <p>Chronic haemodynamic overload of the atria and myocardial remodeling.</p> <p>S. Hatem (Paris, FR)</p> <p>Signaling pathways activated during AF</p> <p>A. Goette (Magdeburg, DE)</p> <p>Transcriptome and AF</p> <p>M. Nabauer (Munich, DE)</p> <p>New treatments.</p> <p>J.-Y. Le Heuzey (Paris, FR)</p> | <p><b>Mechano-transduction: insights from recombinant mice.</b></p> <p>G. Condorelli (Rome, IT); M. Schaub (Zürich, CH)</p> <p>Integrins - link between mechanical and electrical activity.</p> <p>S.E. Litwin (Salt Lake City, US)</p> <p>Modulation of the molecular motor by C-protein.</p> <p>C. Corraut (Paris, FR)</p> <p>Role of MURF proteins</p> <p>M. Gaudel (London, GB)</p> <p>Beta catenin and adaptive cardiac remodelling.</p> <p>M. Bergmann (Berlin, DE)</p>  |
| <b>15:30</b>         | <b>COFFEE BREAK / MODERATED POSTERS</b>  |  |   |   |  |  |
| <b>16:00</b>         | <p><b>Beginning with a short Award Ceremony</b></p> <p><b>Hyde Park Corner</b></p> <p>K. Dickstein (Stavanger, NO)</p> <p>J. McMurray (Glasgow, UK)</p> <p>Submit your abstract using <a href="http://www.escardio.org">www.escardio.org</a></p>   | <p><b>No session</b></p>   | <p><b>No session</b></p>  | <p><b>No session</b></p>  | <p><b>Mechanism of heart failure with normal EF: Clinical and pathophysiological perspective.</b></p> <p>B. Peske (Goettingen, DE)</p> <p>Problems at the level of the myocyte.</p> <p>W. Paulus (Amsterdam, NL)</p> <p>Matrix abnormalities in diabetes and hypertension.</p> <p>F. Zamnad (Dommarin-Les-Toul, FR)</p> <p>Mechanistic insights from clinical investigation.</p> <p>C. Tschöpe (Berlin, DE)</p>  | <p><b>Oral Abstract Session</b></p> <p>Submit your abstract using <a href="http://www.escardio.org">www.escardio.org</a></p>   |
| <b>17:30</b>         | <b>SATELLITE SYMPOSIA</b>  |  |   |   |  |  |
| <b>18:00 - 19:30</b> | <b>SATELLITE SYMPOSIA</b>  |  |   |   |  |  |

|   | Clinical 1  | Clinical 2   | Debates / Controversies   | Translational Research   | Basic Science  |
|---|---|--|---|--|--|
| 08:30                                   | <p><b>How to diagnose and treat heart failure with normal EF in patients with exertional dyspnea and no signs of heart failure?</b></p> <p>D.L. Brusaferri (Antwerp, BE); O. Kamp (Amsterdam, NL); Diagnostic strategy. W.J. Paulus (Amsterdam, NL); BNP assays. C. Tschöpe (Berlin, DE); Use of tissue Doppler imaging. A. Flachskampf (Erlangen, DE); Is there a specific treatment? A.L. Clark (Kingston upon Hull, GB); Nuclear techniques. R. Giubbini (Brescia, IT)</p> | <p><b>Management beyond medical treatment.</b></p> <p>C. Fiorentini (Milan, IT); M. Ryder (Dublin, IE); Nutritional support. M. Gheorghiu (Chicago, US); Telemonitoring. A. Morzara (Monza, IT); Sleep disordered breathing: definition and assessment. O. Oldenburg (Bad Oeynhausen, DE); Sleep disordered breathing: treatment. T.D. Bradley (Toronto, CA)</p>                             | <p><b>Stem cell therapy and chronic heart failure.</b></p> <p>H. Drexler (Hannover, DE); A. Shah (London, GB); Lessons from imaging of myocardial stem cell homing. D.L. Kraitchman (Baltimore, US); How to optimize regenerative functions of stem and progenitor cells. U. Landmesser (Zurich, CH); Endogenous mobilization of stem and progenitor cells - is it important? F. Crea (Rome, IT); A hard look at stem cell therapy in acute MI. S. Janssens (Louvain, BE)</p>   | <p><b>Genetics of complex disorders in cardiovascular diseases.</b></p> <p>L. Thieryfelder (Berlin, DE); A. Keren (Jerusalem, IL); Complex disease genes: lessons from genetic isolates. B. Keavney (Newcastle upon Tyne, GB); DNA-based diagnosis in clinical practice. S. Pironi (Pavia, IT); Genome wide approach for gene identification in cardiovascular diseases. N. Samani (Leicester, GB); The German Genome Research Network. H. Bickelböler (Goettingen, DE)</p>  | <p><b>Targeting Na and Ca handling proteins in heart failure.</b></p> <p>G. Hasenfuss (Goettingen, DE); S. Richard (Montpellier, FR); The Ryanodine receptor. C. George (Cardiff, UK); Phospholamban. M. Shattock (London, GB); The Na/H exchanger. A. Baarschoter (Amsterdam, NL); CaMKII and Na Overload. L. Maier (Goettingen, DE)</p>  |
| <b>COFFEE BREAK / MODERATED POSTERS</b> |   |  |   |  |  |
| 11:00                                   | <p><b>Remodelling: the journey from ischaemia to heart failure.</b></p> <p>J. Parissis (Athens, GR); C. Vassanelli (Verona, IT); Remodelling: biological or mechanical effects. D. Mann (Houston, US); Cardiac remodelling: an imbalance between life and death of the myocytes? R. Ferrari (Ferrara, IT); How can we better assess remodelling? M. Konstam (Boston, US); Remodelling: can it be reversed or just prevented? H. Drexler (Hannover, DE)</p>                    | <p><b>Mitral insufficiency.</b></p> <p>E.J. Pinto (Lisbon, PT); A. Barsotti (Genoa, IT); Functional mitral regurgitation in heart failure: prognostic significance and treatment. A. Rossi (Verona, IT); Mitral insufficiency: diagnostic issues. A. Fraser (Cardiff, UK); Treatment: a cardiologists view. A. Vahanian (Paris, FR); Treatment: a surgeon's view. O. Alfieri (Milan, IT)</p> | <p><b>Antithrombotic and antiplatelet agents in heart failure. Four controversies.</b></p> <p>D. Lok (Dijon, France, IT); Stroke and embolic events in heart failure: How big is the risk? P. Ponikowski (Wroclaw, PL); Antithrombotic therapy in heart failure patients with sinus rhythm - is there evidence? S. Anker (Berlin, DE); Antithrombotic and antiplatelet therapies - Are they worth the risk? J. Cleland (Kingston upon Hull, GB); What is the best anticoagulation therapy in heart failure? S. Homma (New York, US)</p> | <p><b>Joint session with EHRA.</b></p> <p>J. Brugada (Barcelona, ES); M. Cowie (London, GB); In selecting patients: mechanical dysynchrony is more important than electrical dysynchrony. PRO. M. Stages (Barcelona, ES); In selecting patients: mechanical dysynchrony is more important than electrical dysynchrony. CON. A. Auricchio (Lugano, CH); CRT should always include an ICD (CRTD). PRO. M. Gasparini (Rozzano, IT); CRT should always include an ICD (CRTD). CON. A.L. Clark (Kingston upon Hull, GB)</p> | <p><b>Heart metabolism in heart failure.</b></p> <p>J.L. Baligand (Brussels, BE); A. Magionato (Milan, IT); Metabolic 'versatility' as an adaptive response of the stressed heart. M. Frenneaux (Birmingham, GB); Mitochondrial biogenesis and integrity in the metabolically challenged heart. R. Ventura-Clapier (Chantelay, FR); Cell-specific PARs in the heart: new roles beyond metabolic control. M. van Bilsen (Maastricht, NL); Creatine-phosphocreatine balance. G. Ambrosio (Perugia, IT)</p> |
| 12:30                                   |   |  |   |  |  |

Scientific Programme available on [www.escardio.org/HFA](http://www.escardio.org/HFA)

# Topic list 2008

- 1 - Renin-angiotensin-aldosterone antagonists
  - 2 - Acute heart failure
  - 3 - Animal models and experimentation
  - 4 - Arrhythmias and treatment
  - 5 - Beta-blockers
  - 6 - Cardiac resynchronisation therapy
  - 7 - Cardiomyopathy
  - 8 - Cellular biology & cellular electrophysiology
  - 9 - Coronary circulation
  - 10 - Devices / artificial heart/ CRT/ ICD
  - 11 - Diagnosis
  - 12 - Disease management programs
- 
- 13 - Diuretics
  - 14 - Drug therapy, others
  - 15 - Echocardiography
  - 16 - Exercise testing
  - 17 - Gene and cell therapy
  - 18 - Heart transplantation
  - 19 - Hormones / neurohumoral regulation
  - 20 - Hypertension / LV hypertrophy
  - 21 - Left ventricular function
  - 22 - Metabolism, ischaemia
  - 23 - Molecular biology and genetics
  - 24 - MRI & cardiac radiology
- 
- 25 - Natriuretic peptides
  - 26 - Cytokines and inflammation
  - 27 - Nuclear cardiology
  - 28 - Nursing
  - 29 - Others
  - 30 - Pathophysiology
  - 31 - Haemodynamics and peripheral circulation
  - 32 - Population studies / Epidemiology
  - 33 - Prognosis
  - 34 - Psychosocial /ethical concepts
  - 35 - Pulmonary hypertension
  - 36 - Surgery

# Registration Hotel Accommodation

## ➔ Register online via "My ESC" ([www.escardio.org/HFA](http://www.escardio.org/HFA))

Agencies or Companies with only a few registrations please contact [HFRegistration@escardio.org](mailto:HFRegistration@escardio.org)

### The standard Registration fee entitles delegates to the following:

- Entry to all scientific sessions and the exhibition.
- Refreshment breaks and lunches (from Saturday afternoon to Tuesday morning).
- Entry to the Opening Ceremony on Saturday 14 June.
- **1 year** subscription to the European Journal of Heart Failure.
- The Abstract Book and the Final Programme.

**Deadline for Early Registration fee: 31 March 2008**

**Deadline for Pre-registration: 15 May 2008**

| Delegate Fee in Euro<br>(including 20% VAT)                      | Until 31 March 2008 | Until 15 May 2008 | On site |
|--|---------------------|-------------------|---------|
| Standard   | € 540               | € 600             | € 720   |
| Member of the HFA of the ESC<br>(based on the 2007 Subscription) | € 480               |                   | € 720   |
| Nurse*   |                     | € 180             |         |
| Student*   |                     | € 144             |         |
| Accompanying person**  |                     | € 96              |         |

\* Applications must be accompanied by a letter from the applicant's head of department confirming student or nurse status.

\*\* Only entitles the person to: lunches and coffee breaks from Sunday to Tuesday morning, entry to the Opening Ceremony and the Exhibition.  
If you have not registered by 15 May 2008, you will need to register On Site in Milan. The registration desk will open from Friday 13 June at 14:00.

## ➔ Book your hotel online via "My ESC" ([www.escardio.org/HFA](http://www.escardio.org/HFA))

Agencies or companies with only a few bookings please contact the Hotel Department if you are unable to use our online services.

### Group Hotel Bookings

Group bookings (from 10 rooms) are handled separately and proposals are made on request. Hotels available for groups may not be the same as for individual bookings. Please contact us by email or fax.

For further information,

Email: [HFhotels@escardio.org](mailto:HFhotels@escardio.org)

Tel: +33 (0)4 92 94 76 43 - Fax: +33 (0)4 92 94 76 16

Rooms are available from 14 to 17 June 2008. All other dates are upon request and subject to hotels' room availability. A limited number of rooms for individual bookings are available. For the latest list of available hotels, please visit: [www.escardio.org/HFA](http://www.escardio.org/HFA).

### General Conditions

Rooms will be allocated on a first come - first served basis. Telephone requests cannot be accepted. Please note that after certain price categories have been booked out, the ESC reserves the right to confirm bookings in other price categories.

Upon receipt of the deposit payment, a voucher will be issued and sent by email. This voucher must be presented to the hotel and upon departure the deposit payment will be deducted from the total bill.

### Payments

Terms of payment, cancellation and modification policy are available on the HFA of the ESC Web Site.



# How to get to

# Milan

## Direct flights from Europe

|            |      |
|------------|------|
| Amsterdam  | 1h45 |
| Athens     | 2h35 |
| Barcelona  | 1h30 |
| Berlin     | 1h55 |
| Brussels   | 1h45 |
| Copenhagen | 2h10 |
| Frankfurt  | 1h25 |
| Lisbon     | 2h25 |
| London     | 2h15 |
| Madrid     | 2h15 |
| Moscow     | 4h00 |
| Paris      | 1h40 |
| Rome       | 1h10 |
| Stockholm  | 3h05 |
| Vienna     | 1h30 |
| Zurich     | 0h55 |



## How to get to the Milano Congress Centre (MIC)

### Arrival by plane - Airport Access

Milan has three national and international airports (Linate, Malpensa and Orio Al Serio). The Milan Malpensa (MXP) airport is connected to Milan by the Malpensa Express train and by the bus Malpensa Shuttle. From Linate there is a bus service that goes to Central Station. Linate and Malpensa are moreover connected to each other by a shuttle service provided by Air Pullman. Please refer to [www.escardio.org/HFA](http://www.escardio.org/HFA) to get more detailed information.

### Public Transport

There are many ways to reach the Milano Congress Centre from outside or inside the city: buses, tram or metro. Find your route on [www.escardio.org/HFA](http://www.escardio.org/HFA).



### Official Airline Network

The Star Alliance™ Members are pleased to be appointed as the Official Airline Network for Heart Failure 2008.

The participating Star Alliance Members\* are pleased to offer eligible pre-registered delegates and one accompanying person special convention discounts between 10% and 20% off applicable published Business or Economy class fares, excluding website/internet fares, senior and youth fares, group fares, agency discount and Round the World fares. All rules of the published fare must be adhered to.

To obtain the Star Alliance™ Conventions Plus discount, please contact your local Star Alliance Member quote the following **Event Code OS03A01** and submit proof of attending the Event.

When making your travel plans please ensure that the Event Code is listed on your ticket. For further information about Star Alliance Members please visit [www.staralliance.com](http://www.staralliance.com).

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"Encouraging patients to comply with treatment and to adjust their lifestyles is a challenge for clinicians: The internet could help achieve this goal, as long as the advice is easy to understand."

**heartfailurematters.org:**  
created by doctors and nurses for patients



**heartfailurematters.org:**  
empowering patients

▪ Users include doctors and nurses, who will find it helpful to provide **practical information to patients**



▪ **Translations** into other European languages is underway

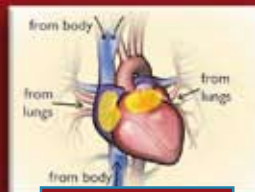
**heartfailurematters.org:**  
innovative & user-friendly

▪ Comprehensive, **practical information on living with heart failure, drugs, devices and diagnosis**



▪ Anna, an **animated guide**, helps users navigate the site

▪ Includes captivating **animations, videos, patient stories, useful downloadable tools**



**Normal**

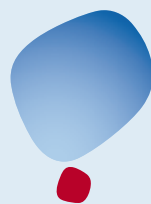


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Otsuka wishes all delegates a successful congress.