

Successful examples of the ESC 2023 Guidelines implementation: the experience of the Polish Cardiac Society

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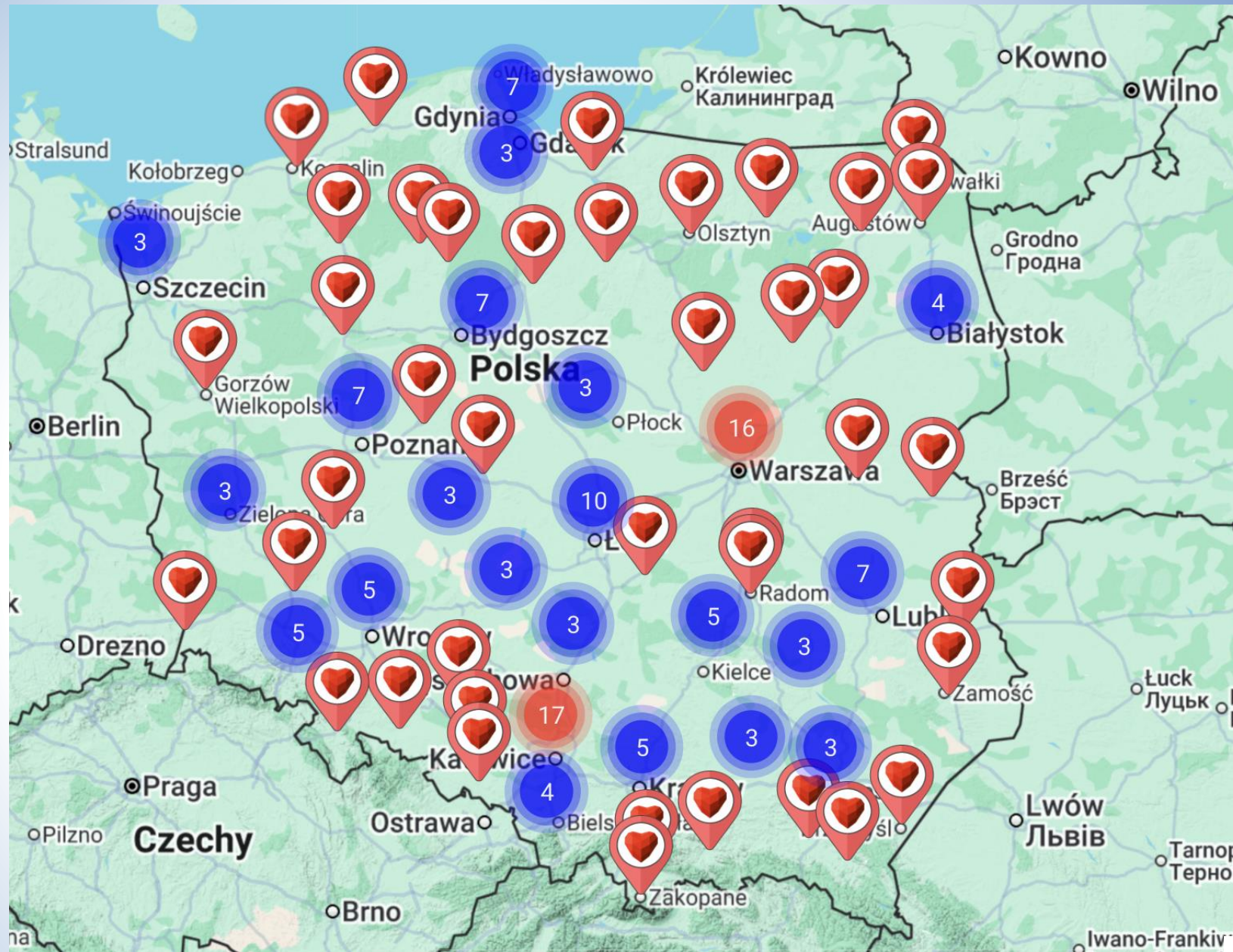
**Cardiology Department, National Medical Institute of the
Internal Affairs Ministry, Warsaw, Poland**



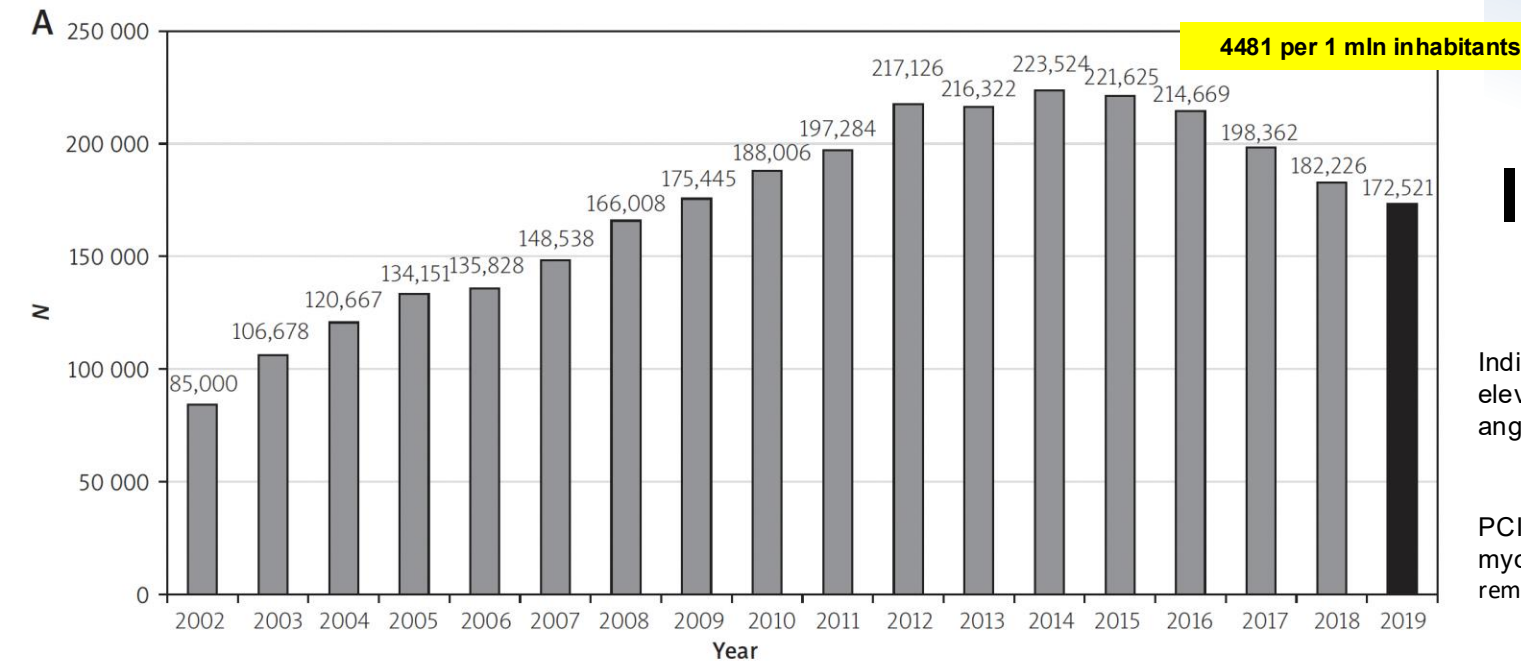
2025
166 centers



1314 members



A meeting of the ESC Cardiovascular Round Table (CRT)

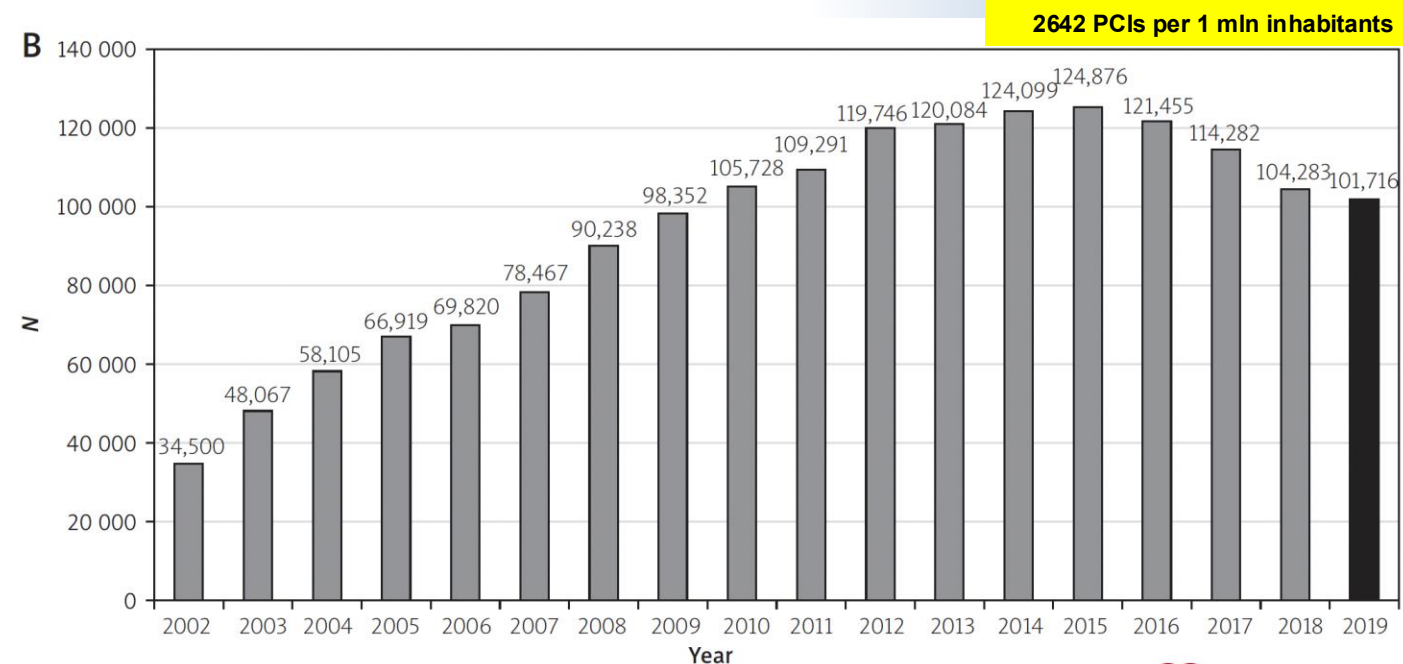


Interventional Cardiology in Poland up to 2019.

Indications for CAG was: 11% ST-elevation myocardial infarction (STEMI), 14% non-ST-elevation myocardial infarction (NSTEMI), 26% unstable angina (UA), and 49% stable angina.

PCIs were done in the setting of the acute coronary syndromes (ACS) 40% acute myocardial infarction (20% STEMI and 20% NSTEMI), 24% unstable angina and the remaining 36% for stable angina.

The number of coronary angiography (A) and PCI (B) procedures in Poland in the years 2002–2019



Adv Interv Cardiol 2020; 16, 2 (60): 123–126; DOI: <https://doi.org/10.5114/aic.2020.96054>

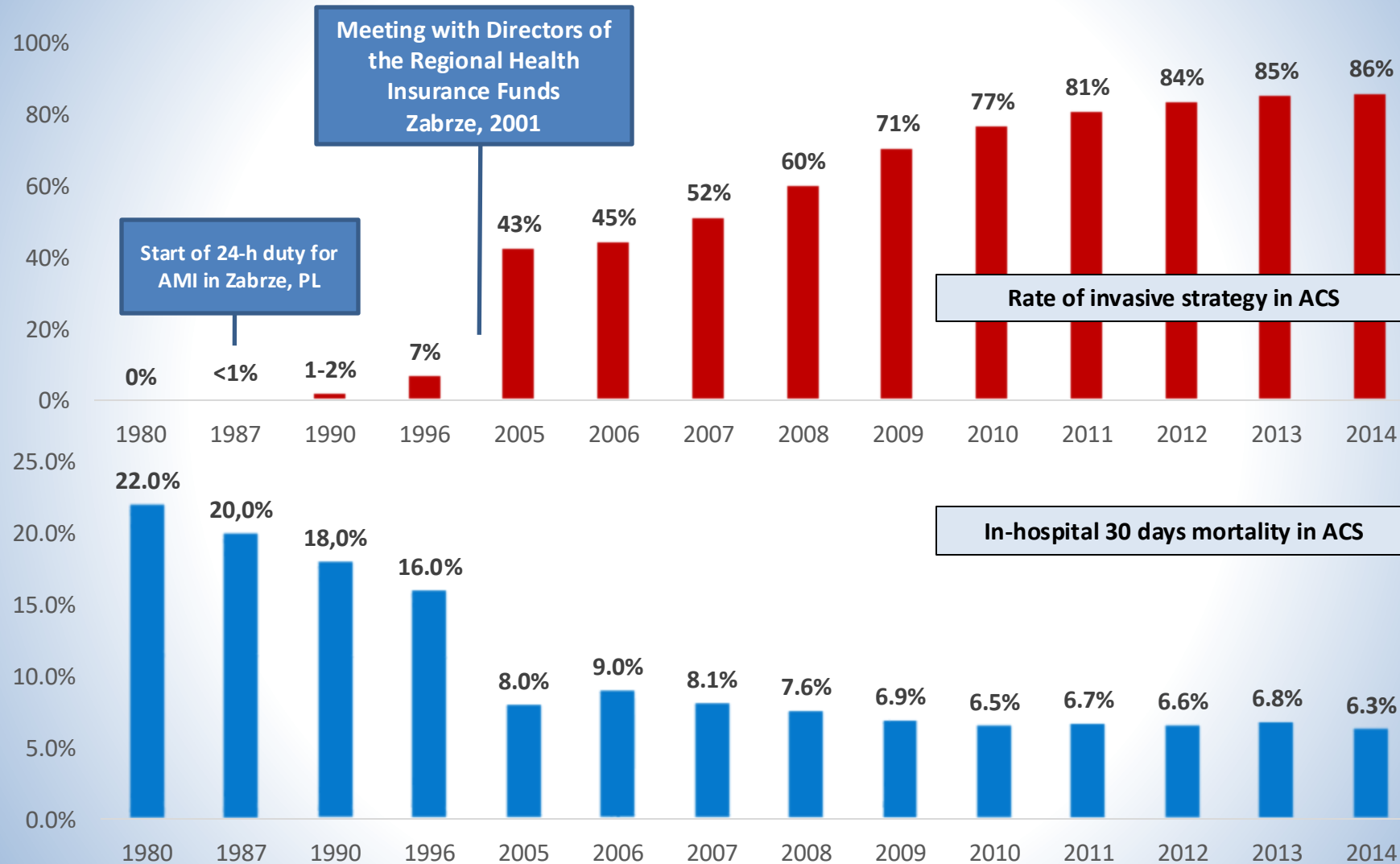
A meeting of the ESC Cardiovascular Round Table (CRT)



Invasive treatment vs In-hospital mortality in Poland according to years...



PL-ACS



AmiPL



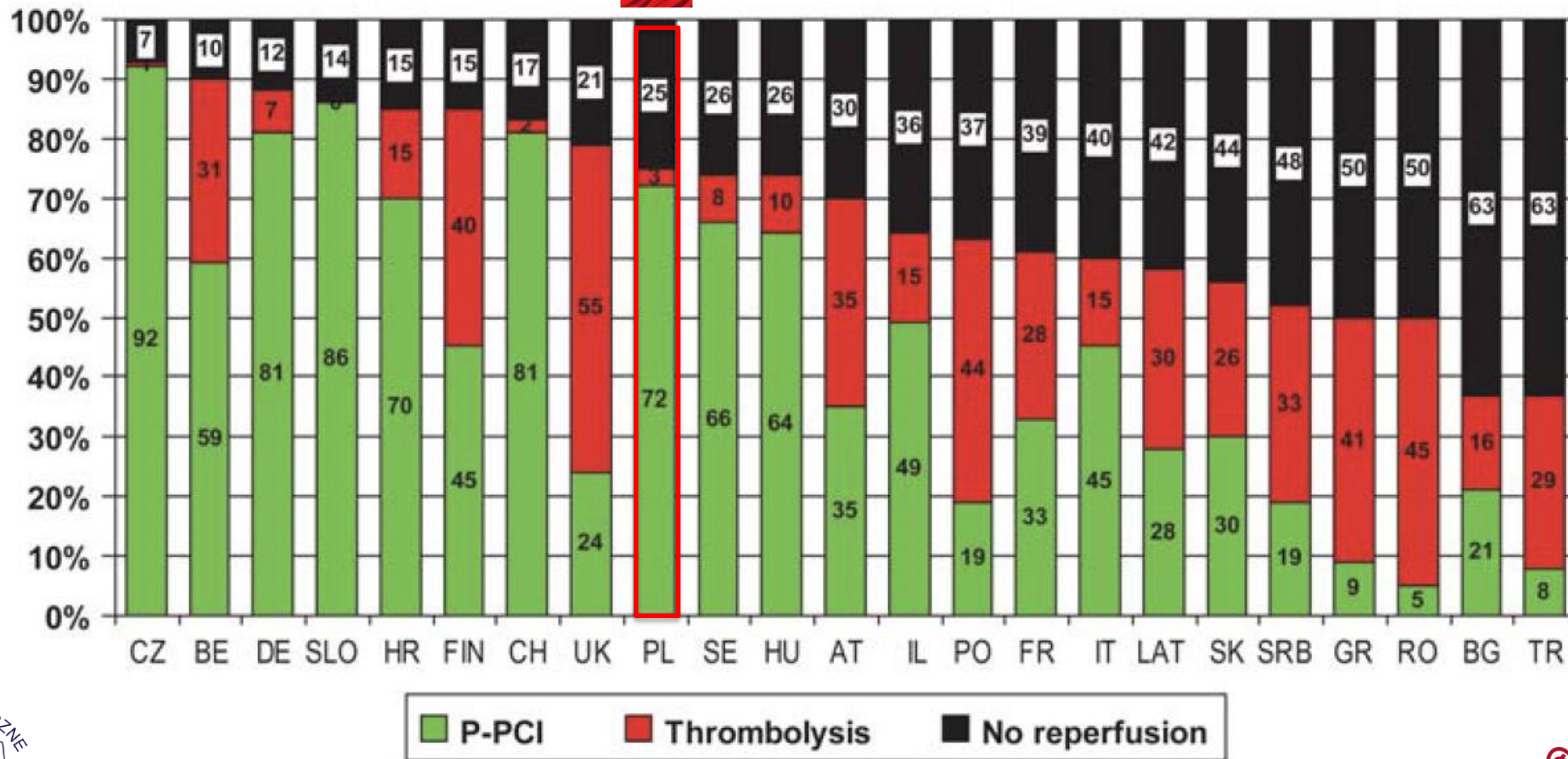
Wojtyński B, Goryński P (red). Sytuacja zdrowotna ludności polski i jej uwarunkowania.
 Narodowy Instytut Zdrowia Publicznego - Państwowy Zakład Higieny, Warszawa 2016, ISBN 978-83-89379-49-8.



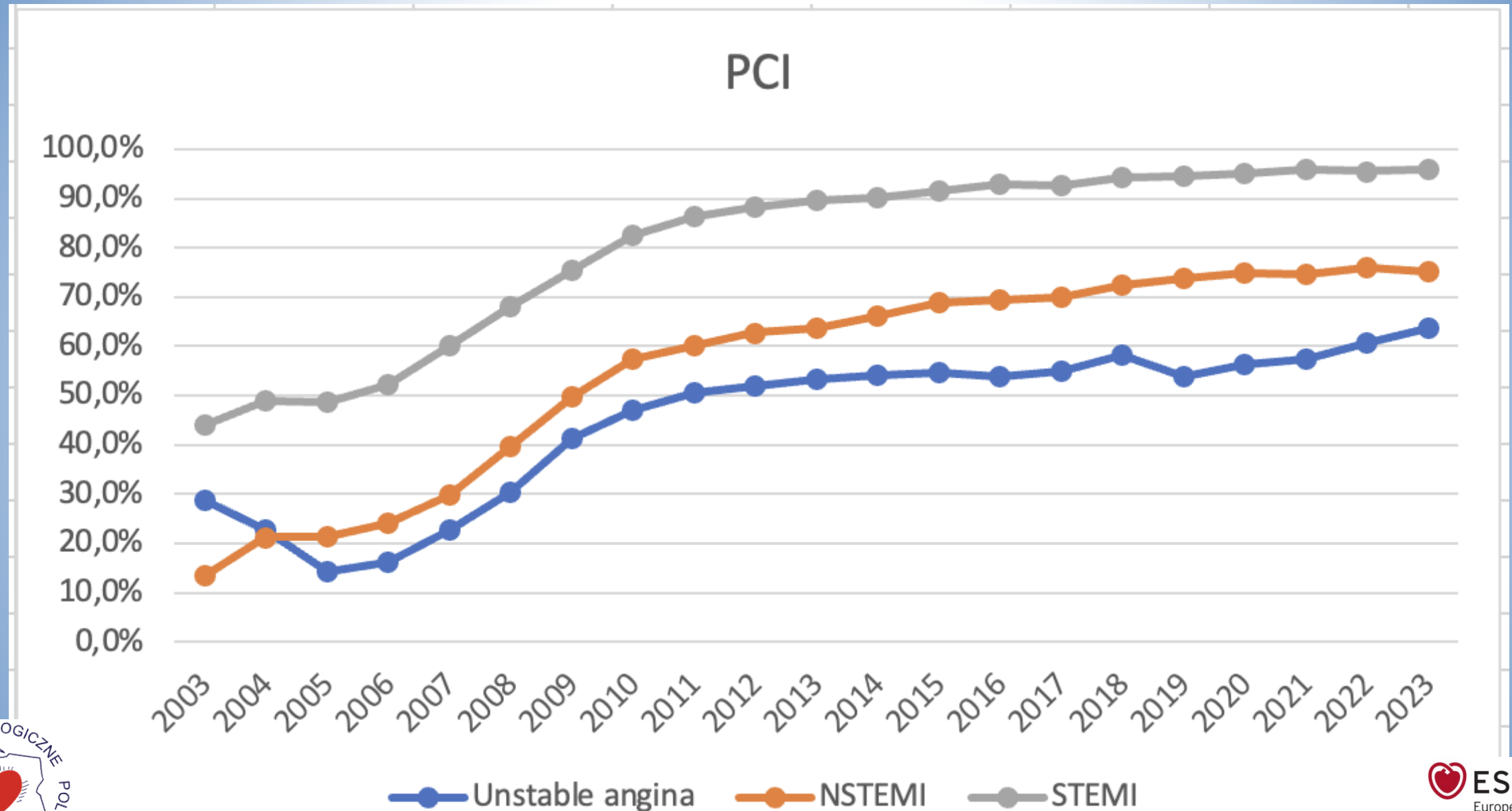
A meeting of the ESC Cardiovascular Round Table (CRT)

Poland and Others in Europe...

Hospitalized STEMI treatment in Europe

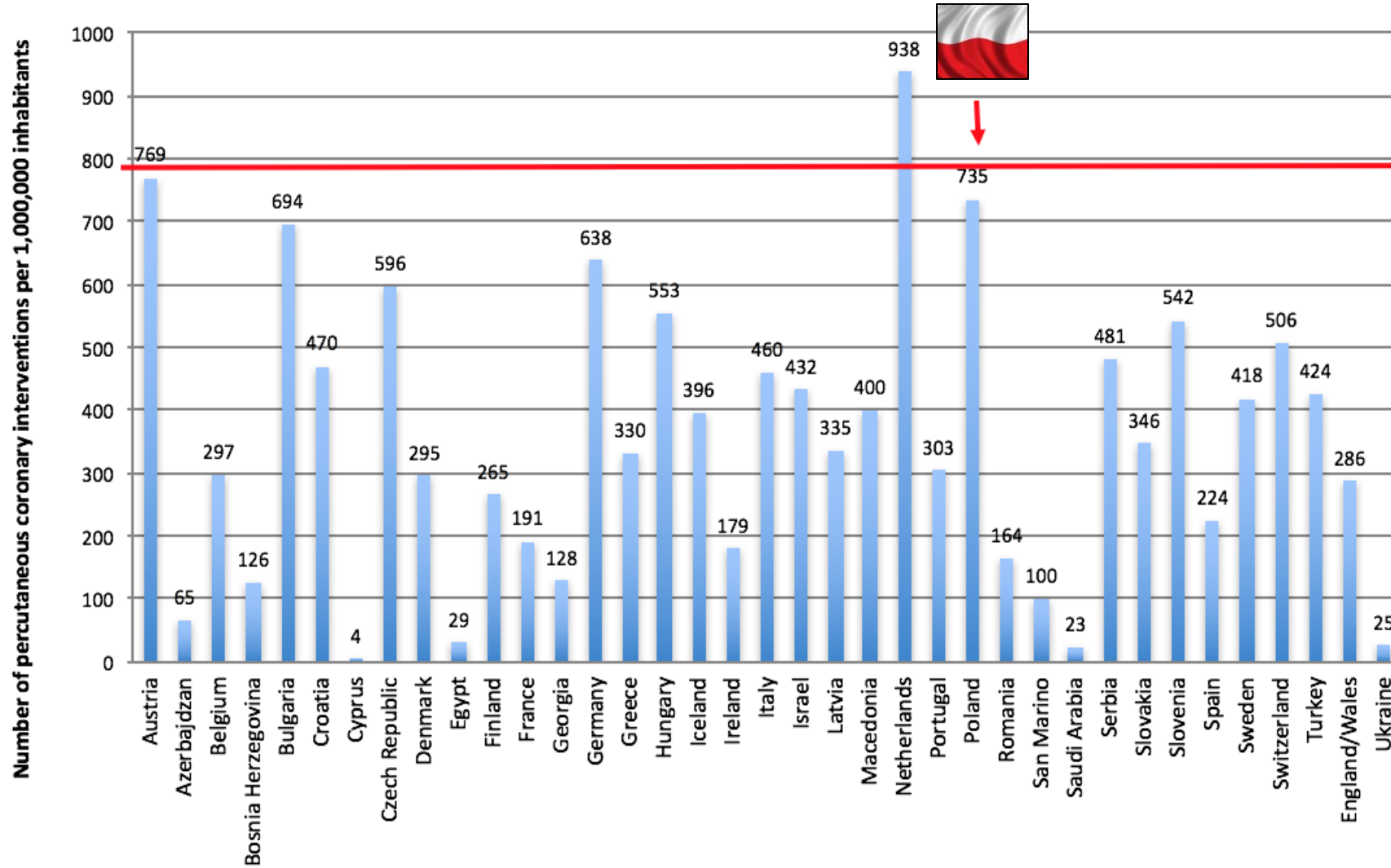


Percutaneous treatment for ACS in Poland



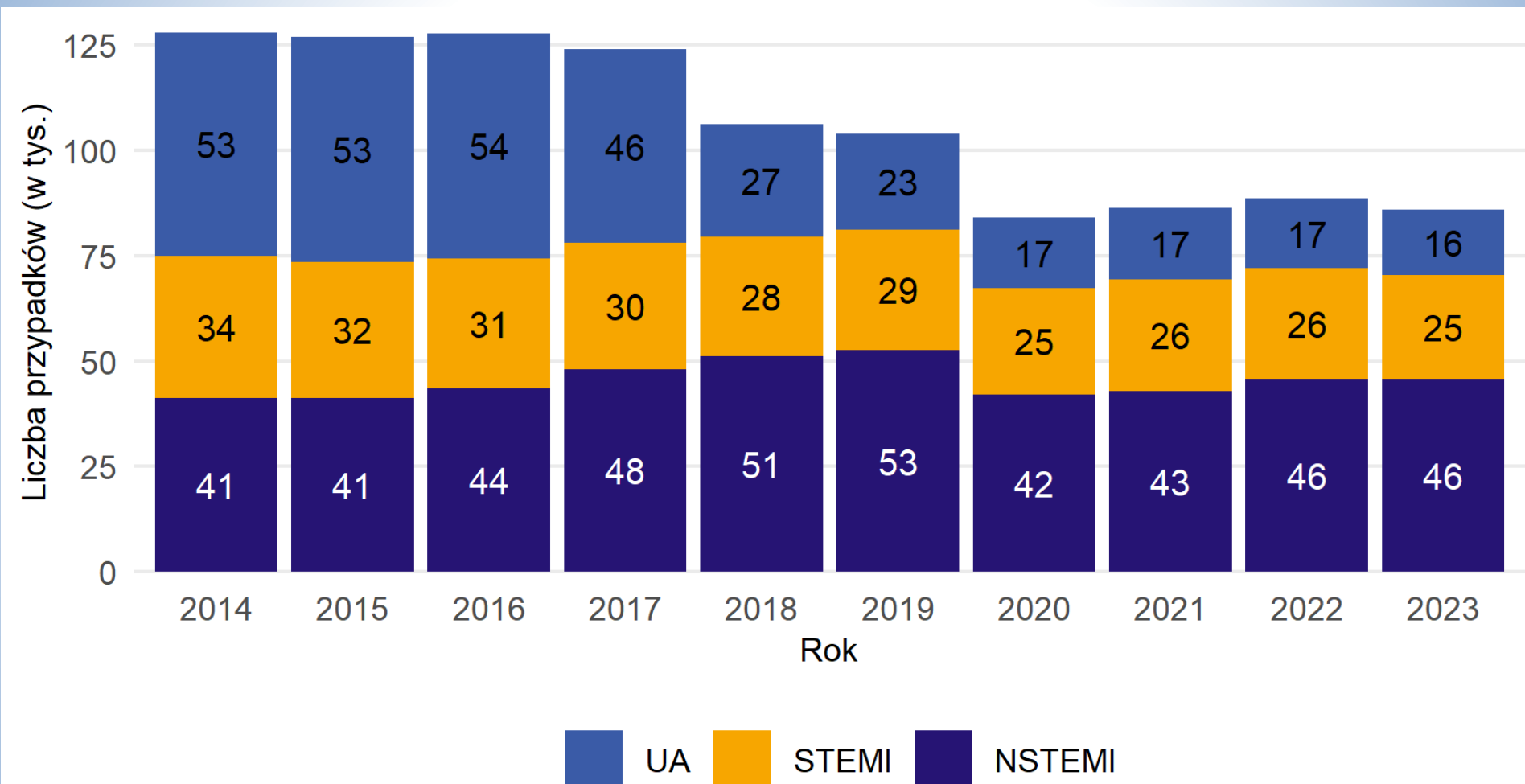
Primary PCI in Europe (n/mIn)

PL-ACS



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Number of cases (in thousands) of Acute Coronary Syndromes among adults by type in Poland



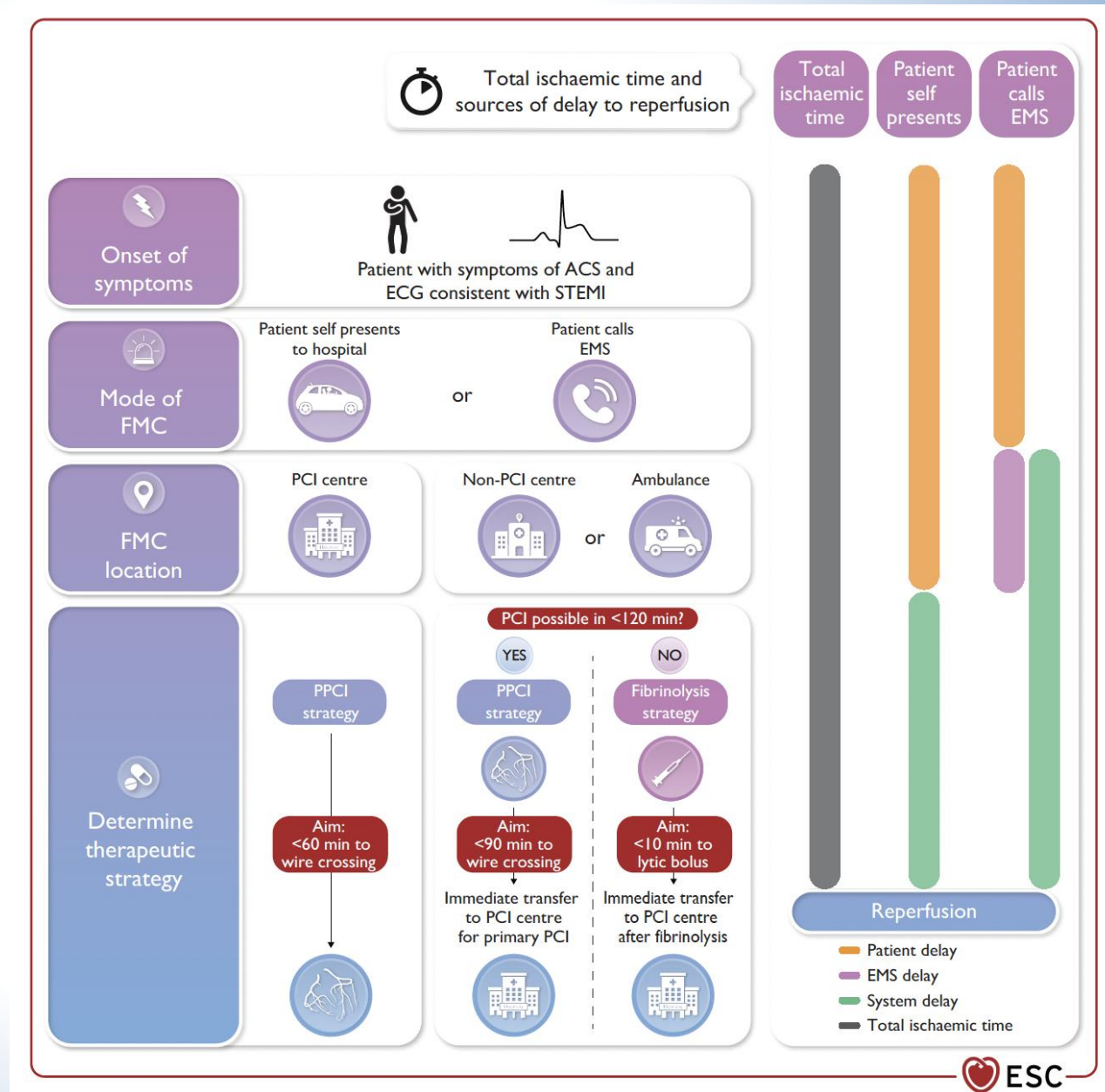
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Invasive management and myocardial revascularization in pts with STEMI

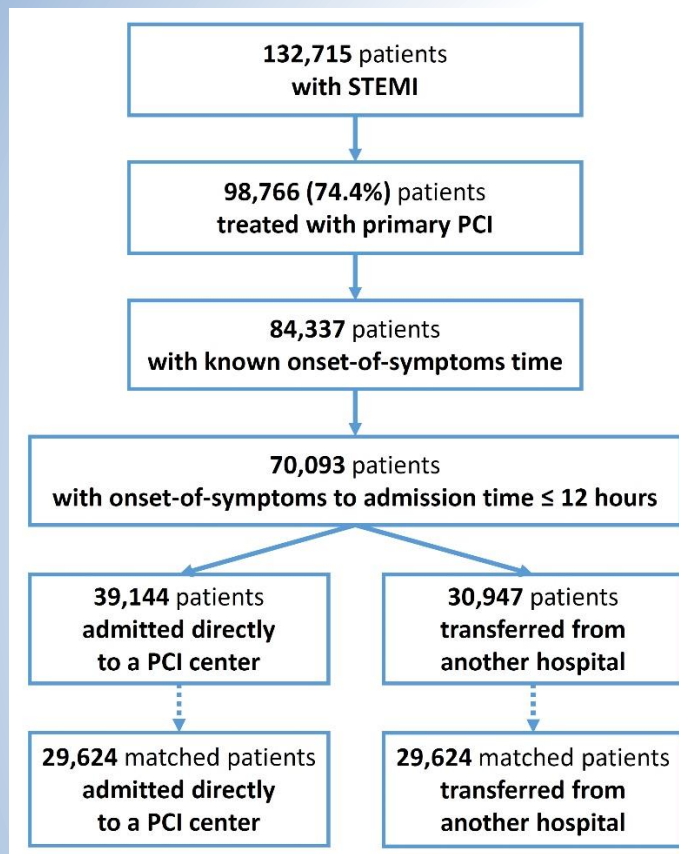
2023 ESC Guidelines for the management of acute coronary syndromes

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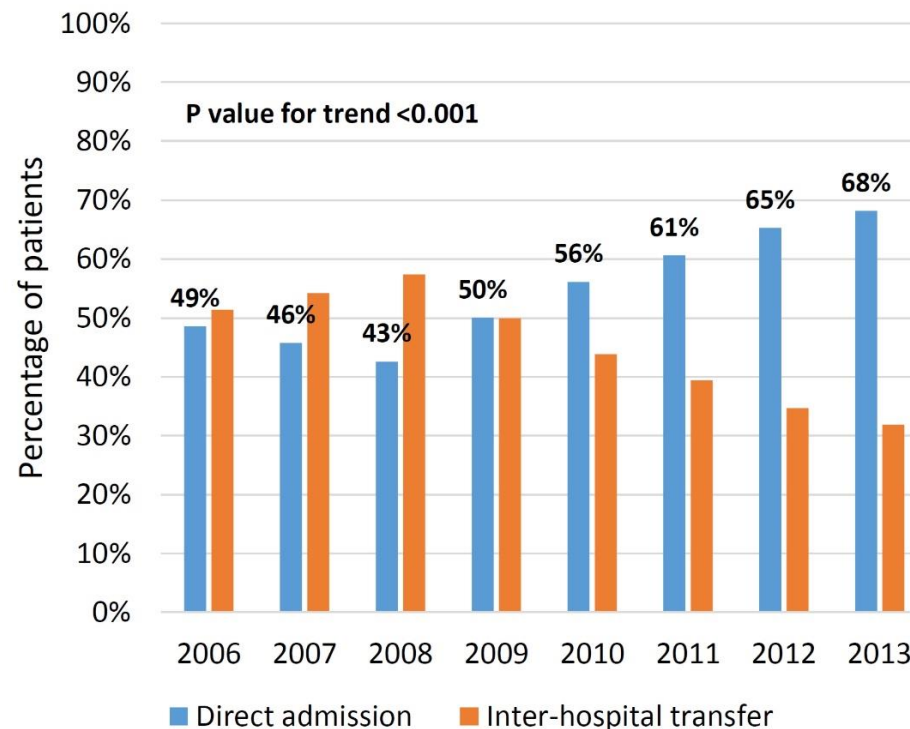
Direct admission vs. Inter-hospital transfer between hospitals

PL-ACS



A

Direct admission and inter-hospital transfer in 2006-2013
Entire cohort



AmiPL
Acute Myocardial Infarction in Poland

Direct Admission versus Inter-Hospital Transfer for Primary Percutaneous Coronary Intervention in ST-segment Elevation Myocardial Infarction

Kawecki Damian, MD, PhD^{1*}, Gierlotka Marek, MD, PhD^{2,3}, Morawiec Beata, MD, PhD¹,
Hawranek Michał, MD, PhD^{2,3}, Tajstra Mateusz, MD, PhD^{2,3}, Skrzypek Michał, PhD^{3,4},
Wojakowski Wojciech, Prof.⁵, Poloński Lech, Prof.^{2,3}, Nowalany-Kozielska Ewa, Prof.¹,
Gąsior Mariusz, Prof.^{2,3}



JACC
Cardiovascular Interventions

ESC
European Society
of Cardiology

A meeting of the ESC Cardiovascular Round Table (CRT)



Direct admission vs. Inter-hospital transfer between hospitals

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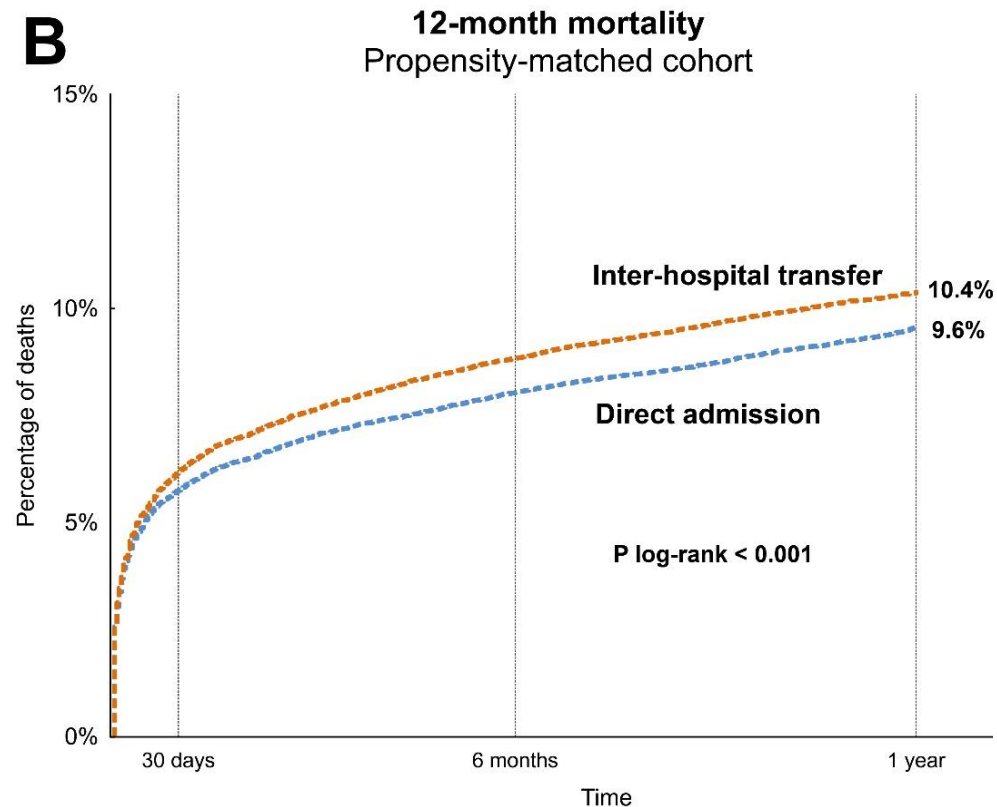
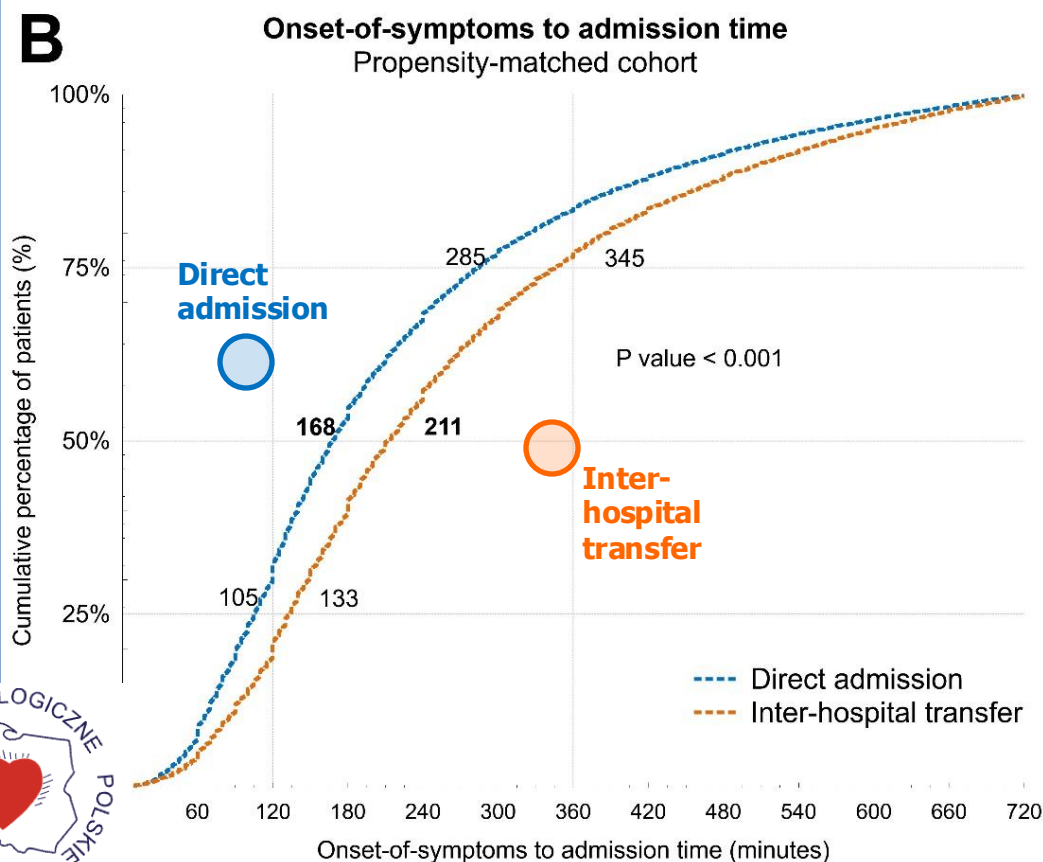
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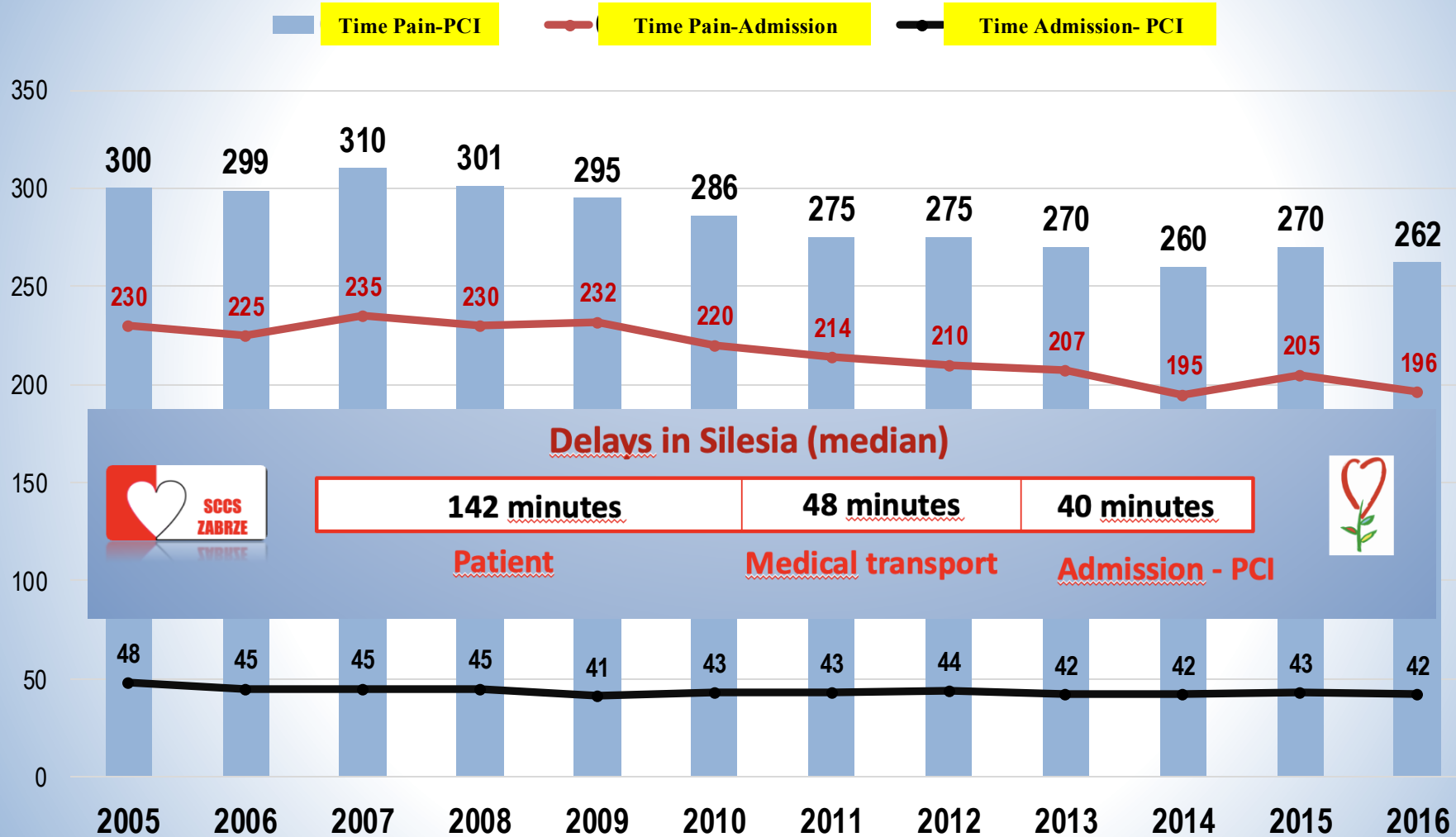
JACC
Cardiovascular Interventions



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Time from pain to PCI in STEMI

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A meeting of the ESC Cardiovascular Round Table (CRT)



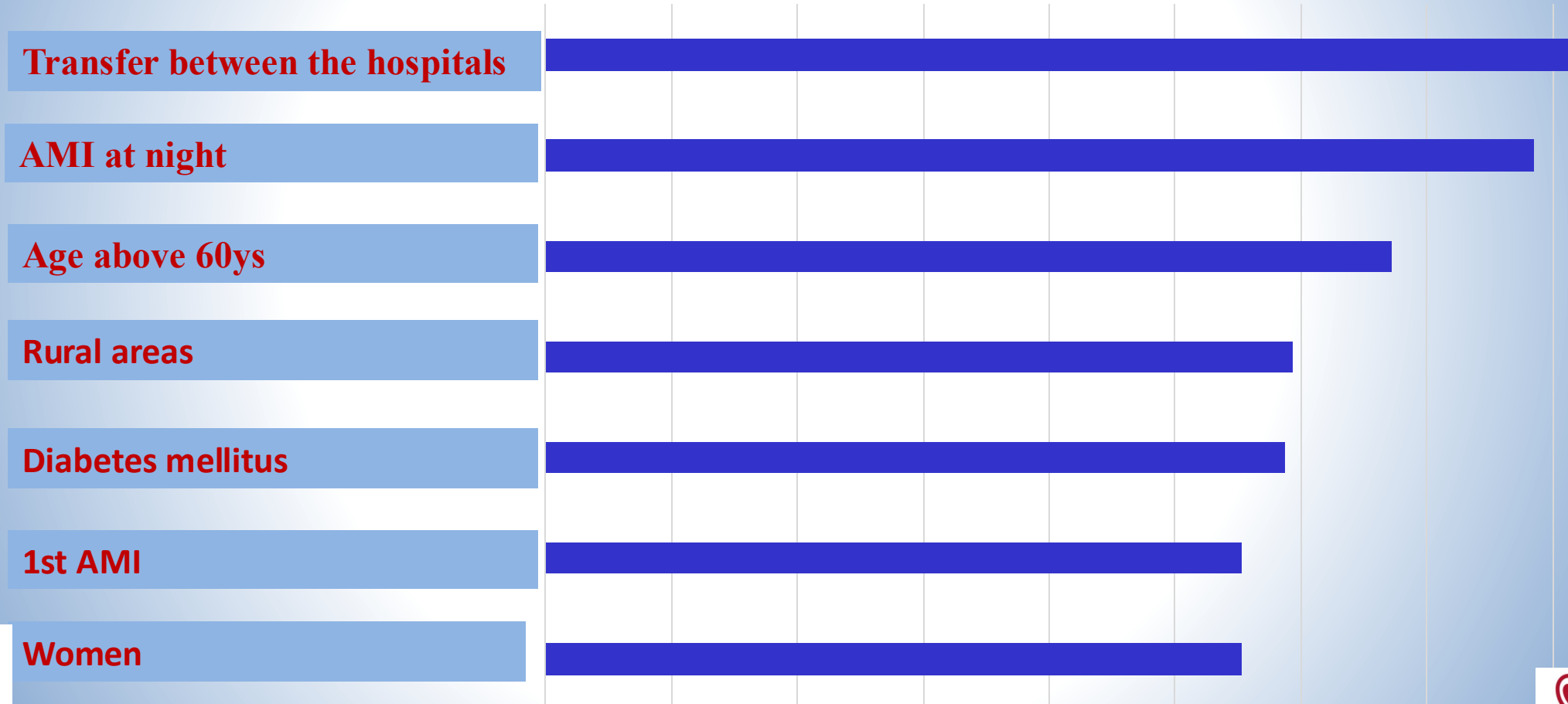
Time from pain onset to invasive treatment in STEMI

(pts with pain duration less than 12 hours)



Risk factors for prolonged time between pain and angioplasty -
multivariate analysis, according to decreasing odds ratio values

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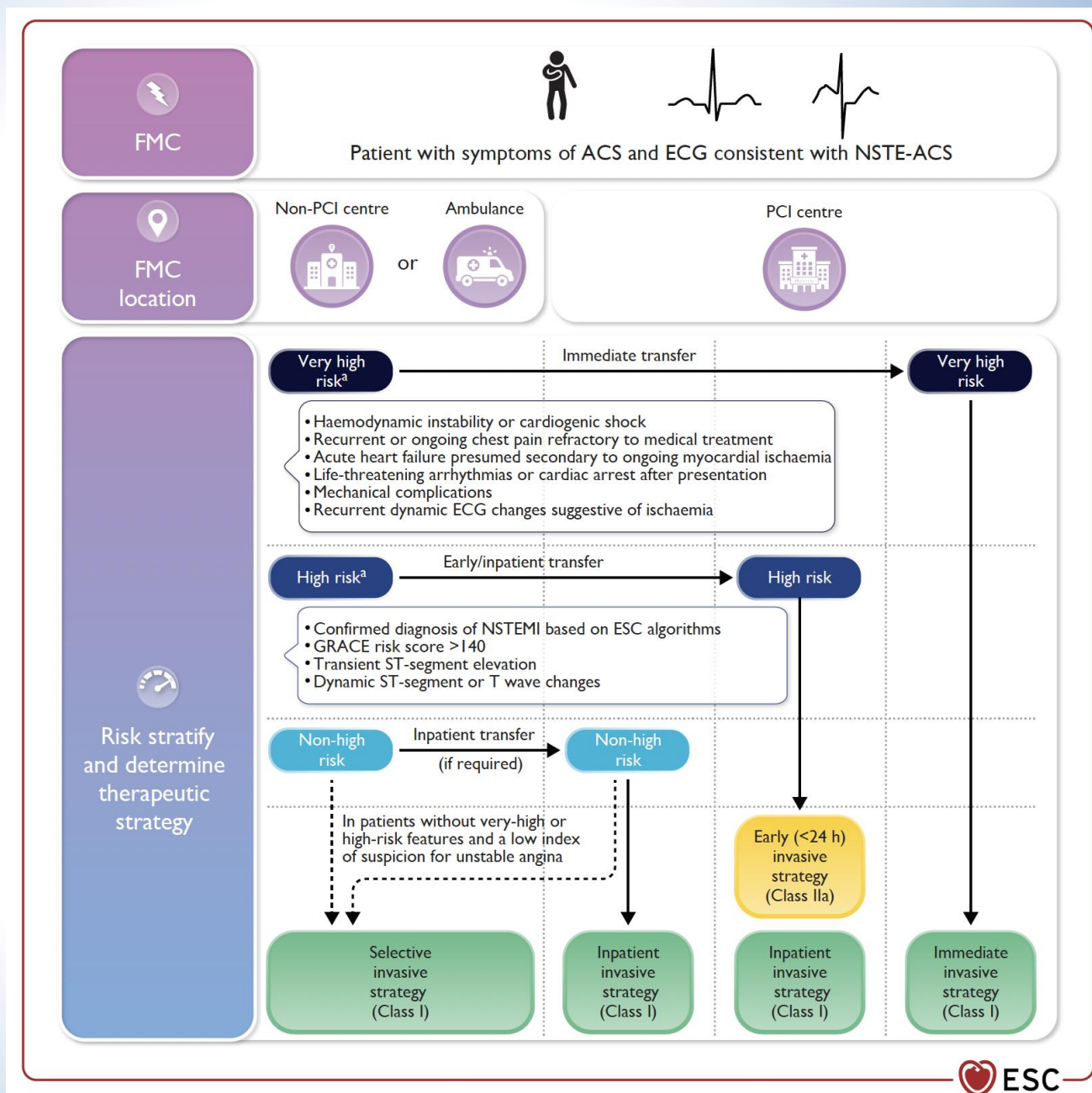


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Selection of invasive strategy and reperfusion therapy in patients with NSTEMI-ACS

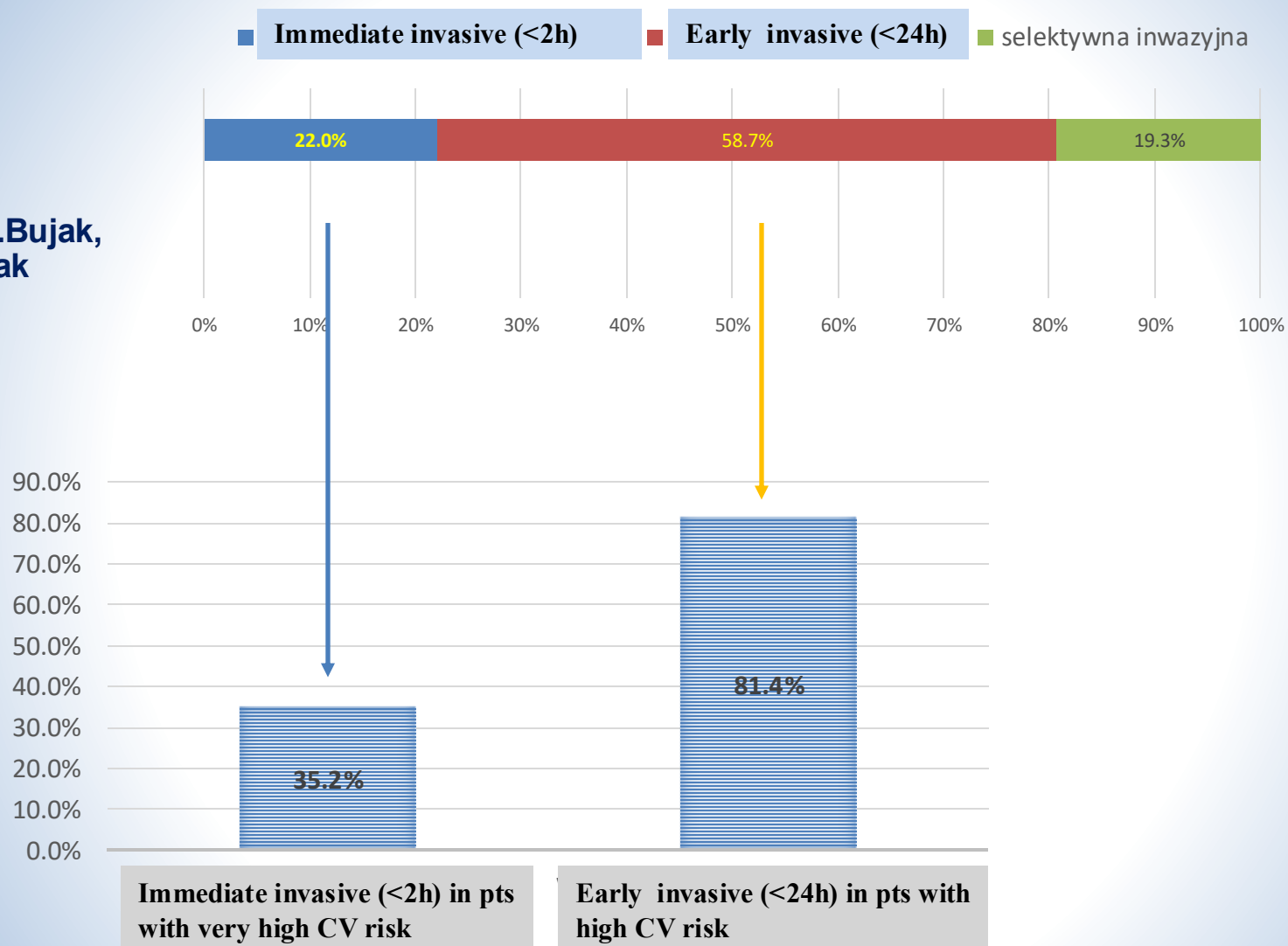
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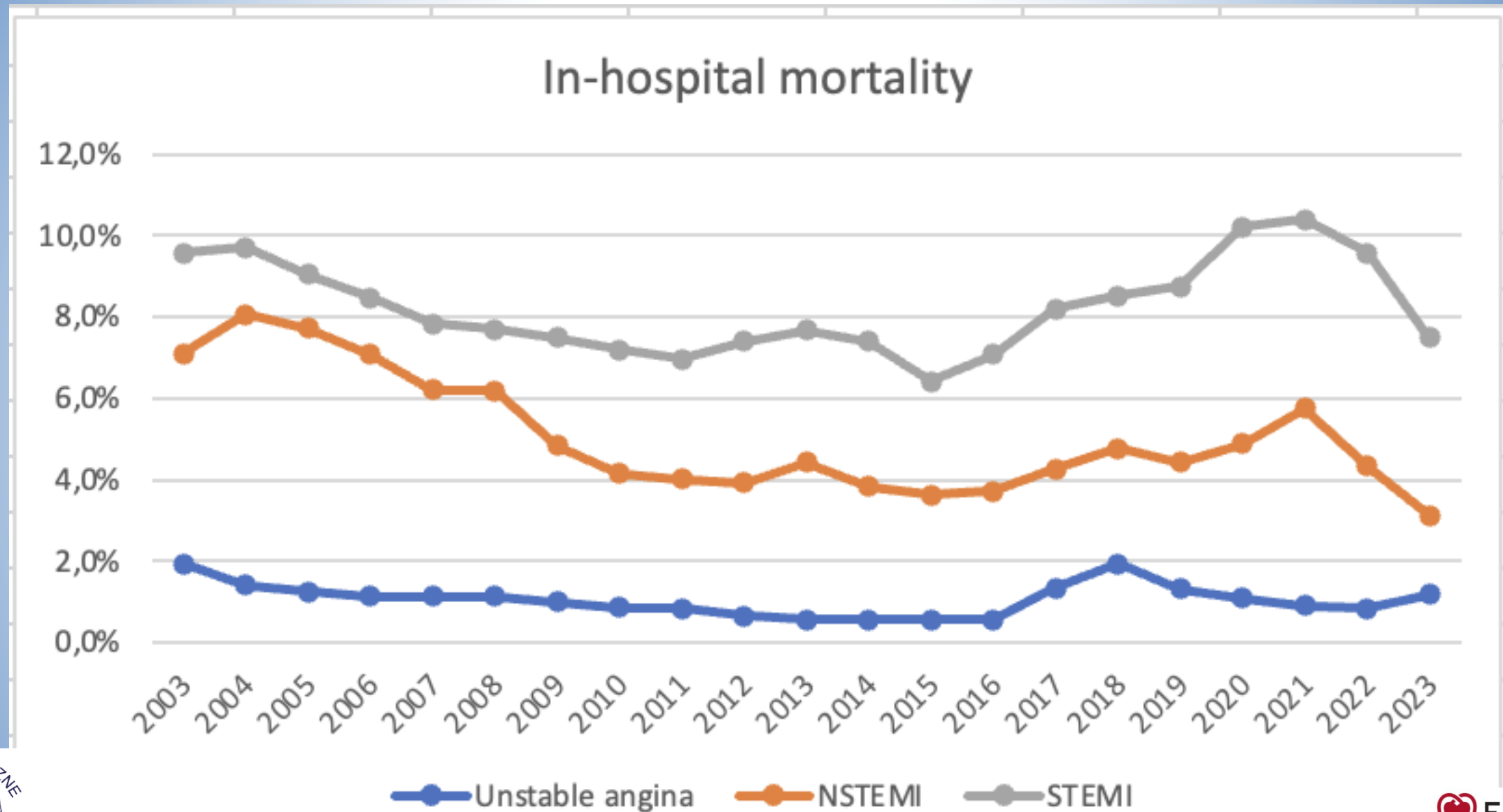


Strategy of NSTEMI-ACS treatment in PL (2020-2021)

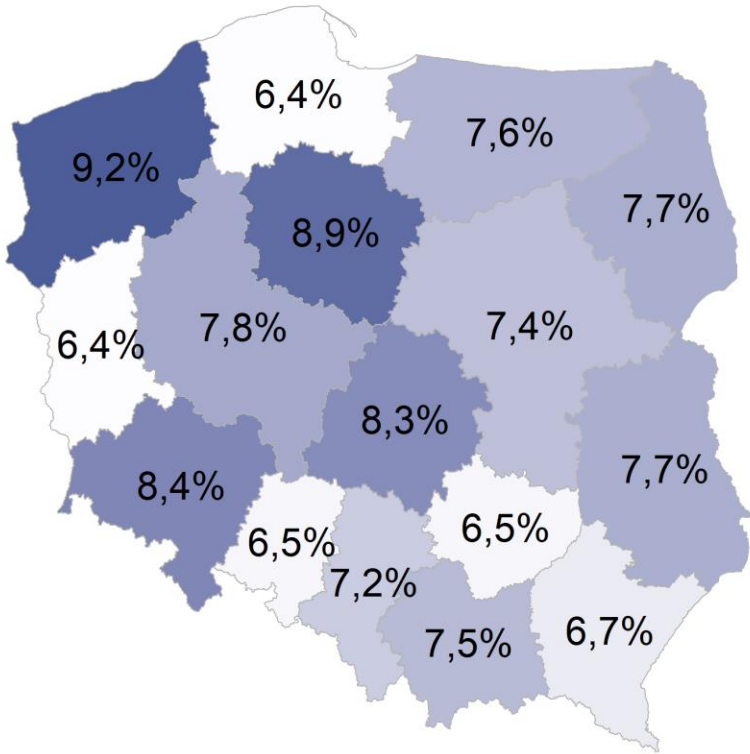
According to M.Gąsior, K.Bujak,
M.Gierlotka, P.Trzeciak



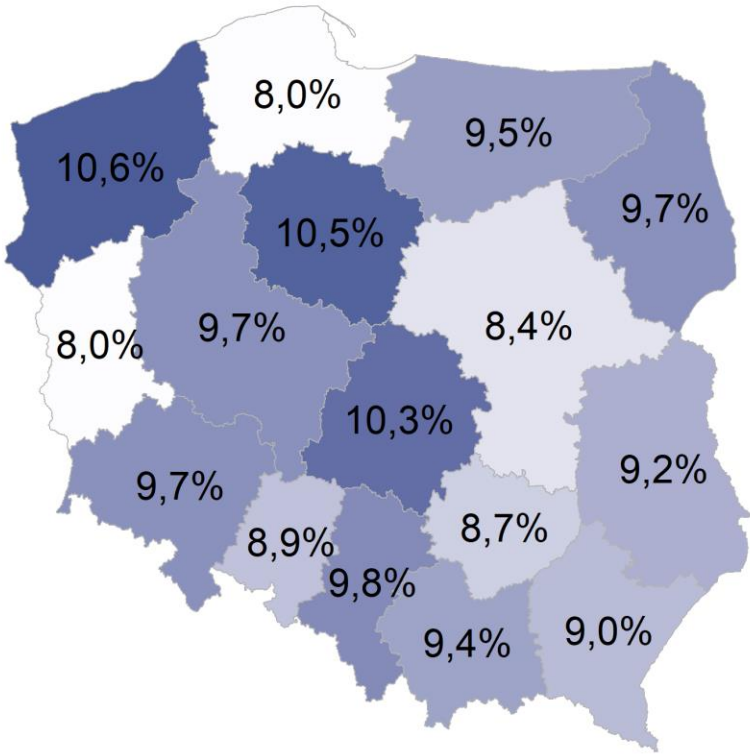
Results of ACS treatment in PL (2003-2023)



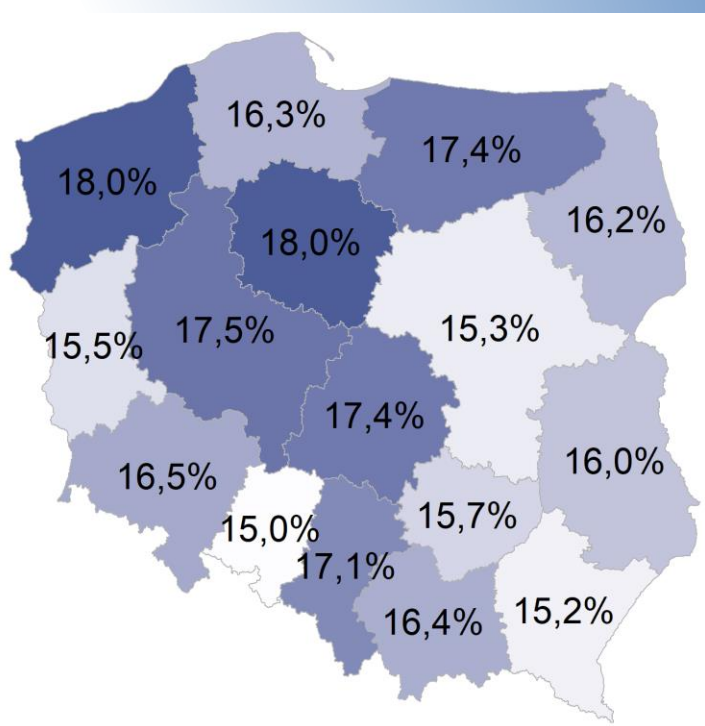
Mortality rate of adult patients with myocardial infarction standardized to the nationwide age, gender and type of infarction structure by patient's province of residence (2022)



In-hospital



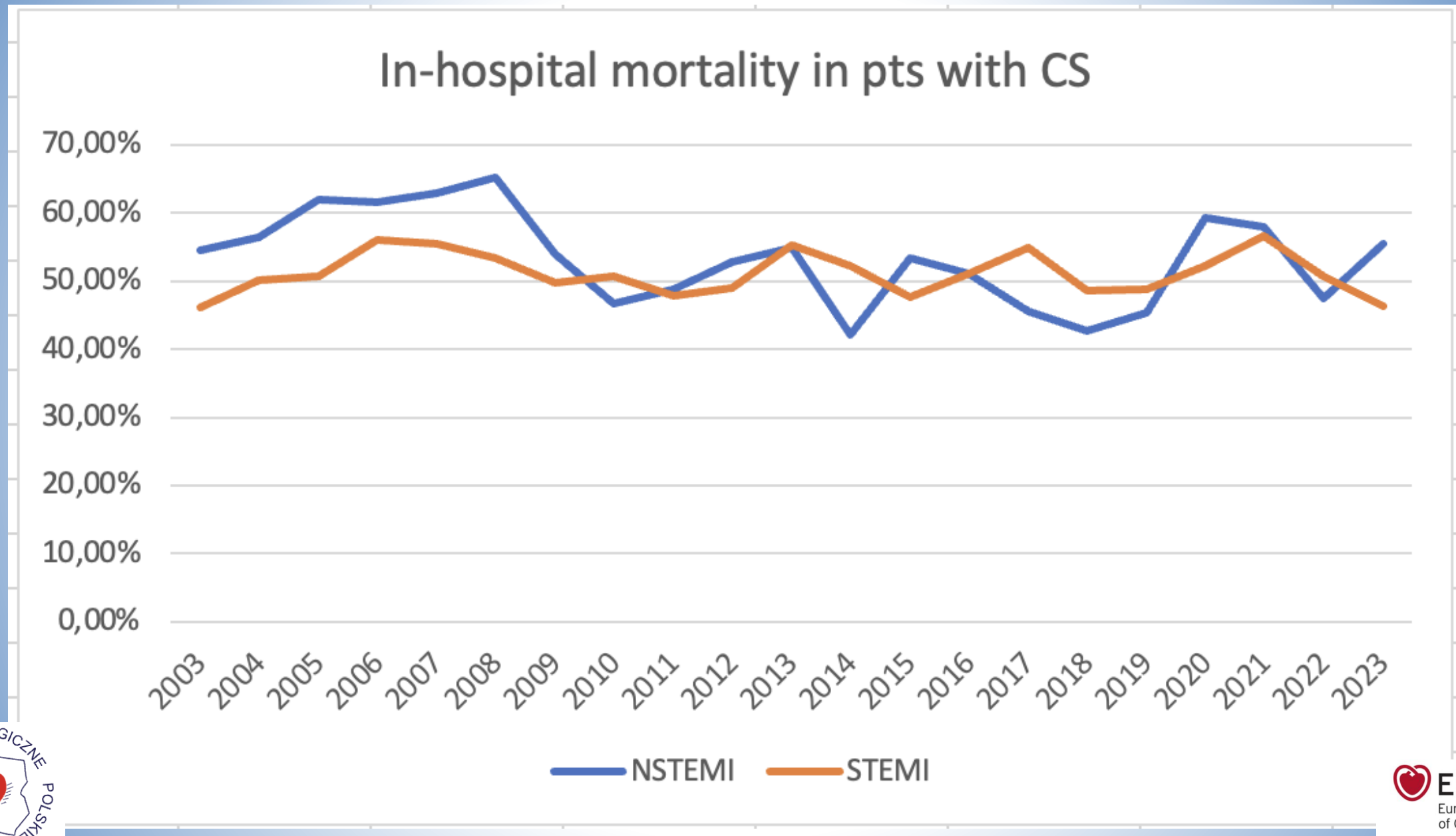
30 day



12 month

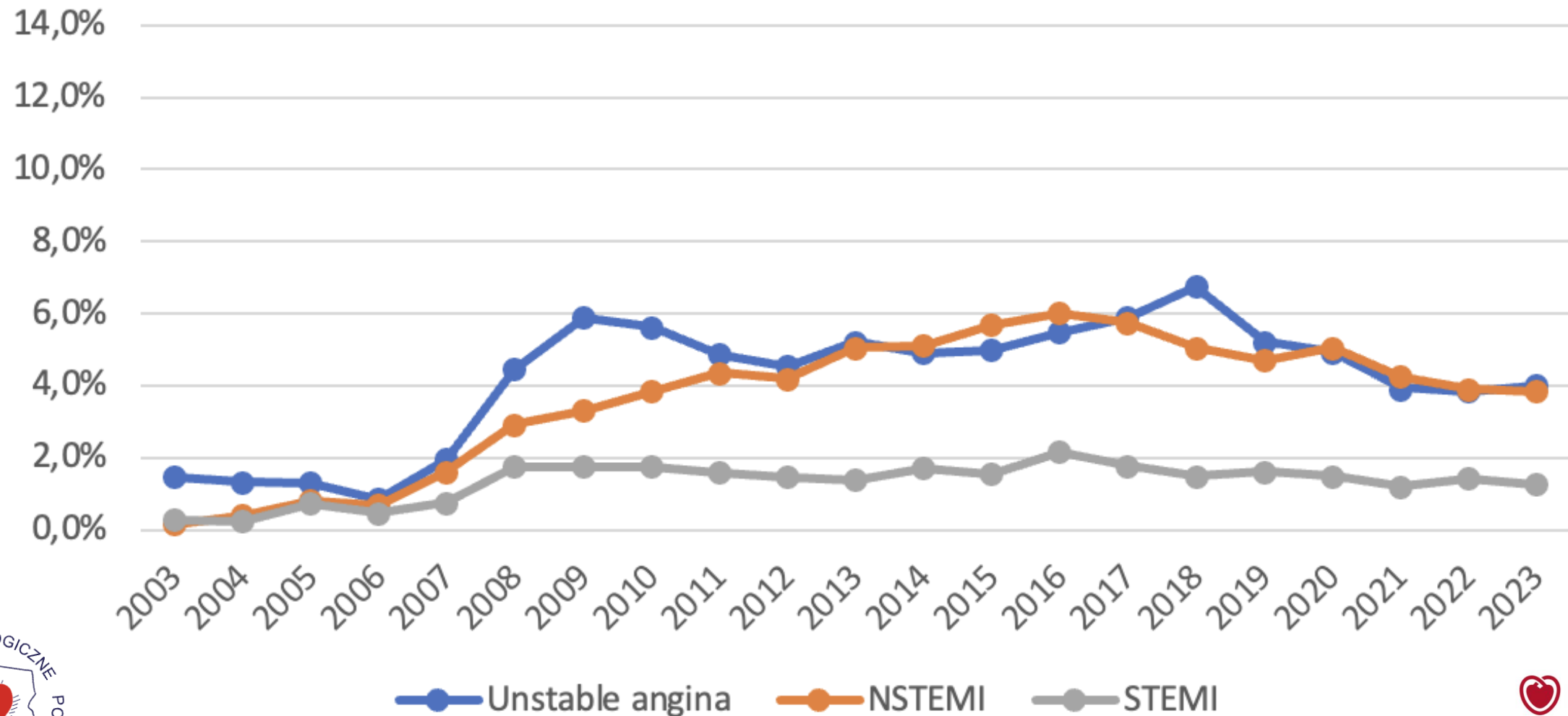
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Results of ACS treatment in PL (2003-2023)



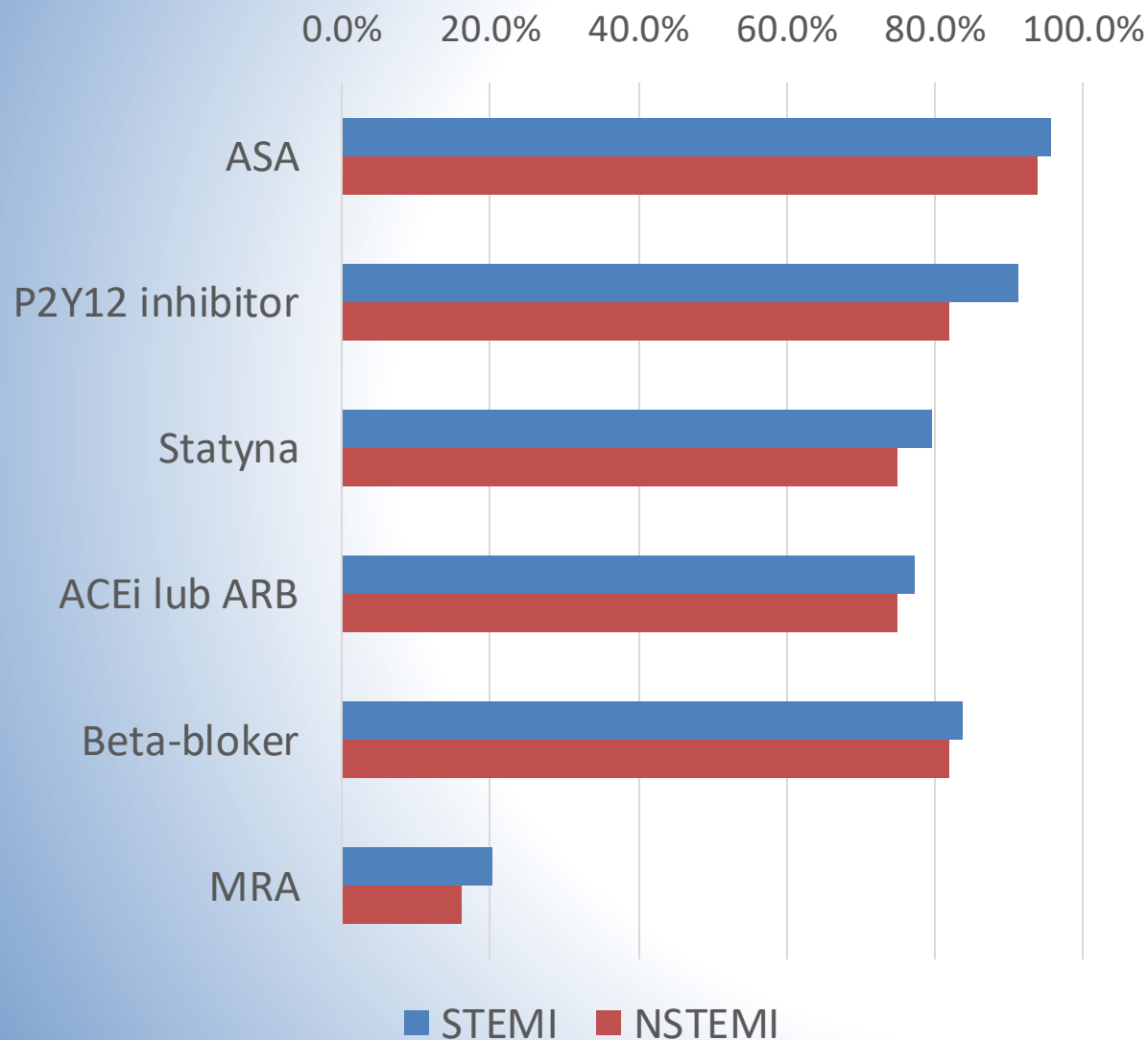
ACS treatment in PL (2003-2023)

CABG in-hospital

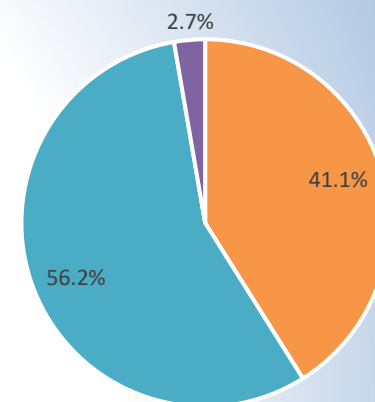




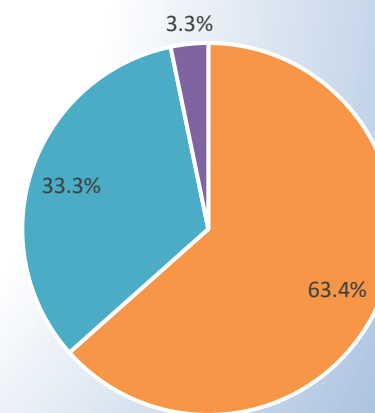
Pharmacotherapy upon discharge from hospital (PL-ACS 2021-2023)



P2Y12 inhibitor - STEMI



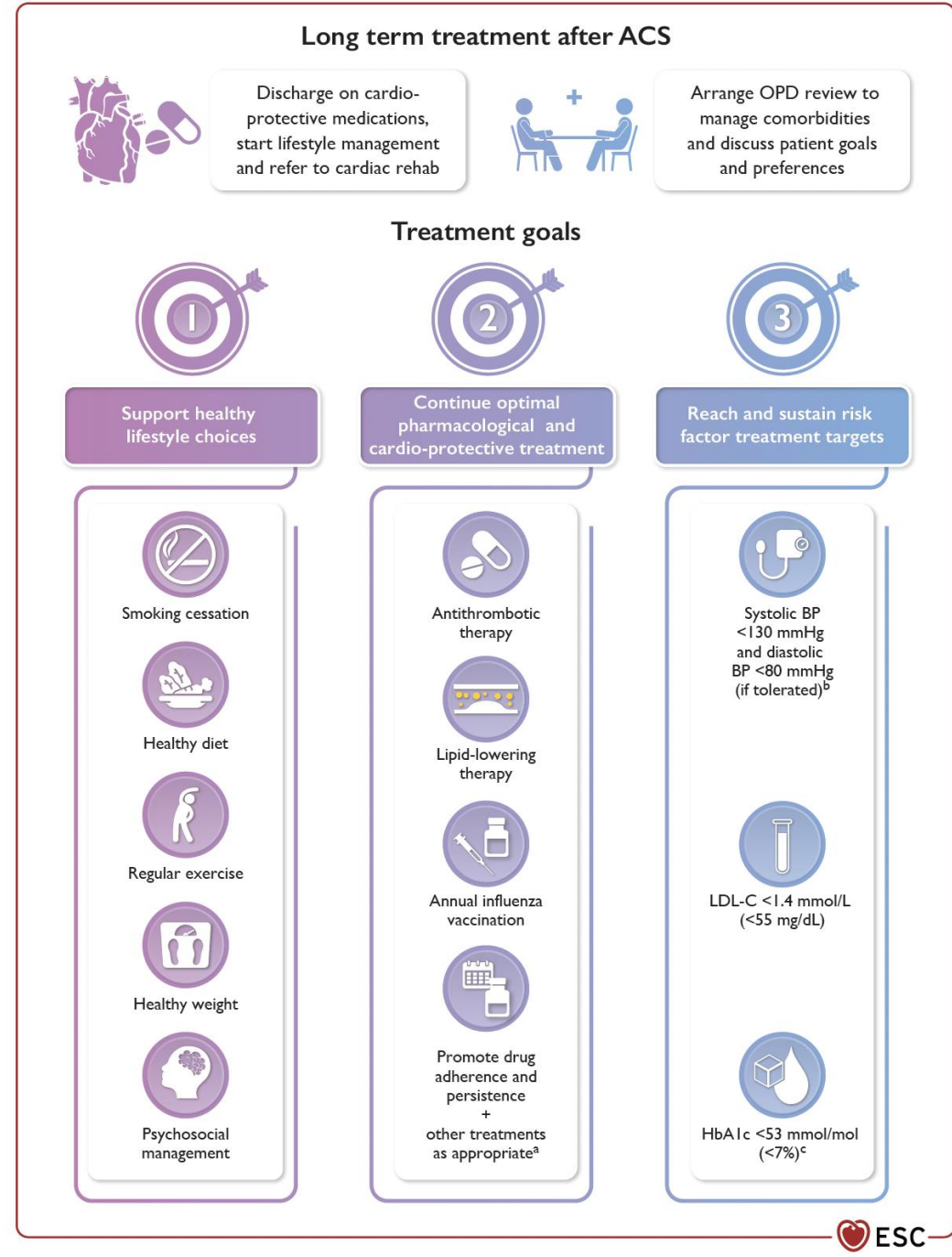
P2Y12 inhibitor - NSTEMI



■ Klopidogrel ■ Tikagrelor ■ Prasugrel

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Managed Care for Acute Myocardial Infarction Survivors Program



PL-ACS

Kardiologia Polska 2016; 74, 8: 800-811; EDOI: 10.5603/KP.2016.0118

ISSN 0022-9032

OPINIE, KONSENSUSY, STANOWISKA EKSPERTÓW / EXPERTS' OPINIONS AND POSITION PAPERS

Opieka koordynowana po zawale serca. Stanowisko Polskiego Towarzystwa Kardiologicznego oraz Agencji Oceny Technologii Medycznych i Taryfikacji

Coordinated care after myocardial infarction. The statement of the Polish Cardiac Society and the Agency for Health Technology Assessment and Tariff System

Piotr Jankowski^{1, *}, Mariusz Gąsior², Marek Gierlotka², Urszula Ceglowska^{3, 4}, Marta Słomka^{3, 5},
Zbigniew Eysymontt⁶, Michał Gałaszek⁶, Piotr Buszman², Zbigniew Kalarus⁷, Jarosław Kaźmierczak^{8, **},
Jacek Legutko^{9, ***}, Gabriela Sujkowska³, Wojciech Matuszewicz³, Grzegorz Opolski¹⁰, Piotr Hoffman^{11, ****}

ZARZĄDZENIE Nr 38/2017/DSOZ

PREZESA

NARODOWEGO FUNDUSZU ZDROWIA

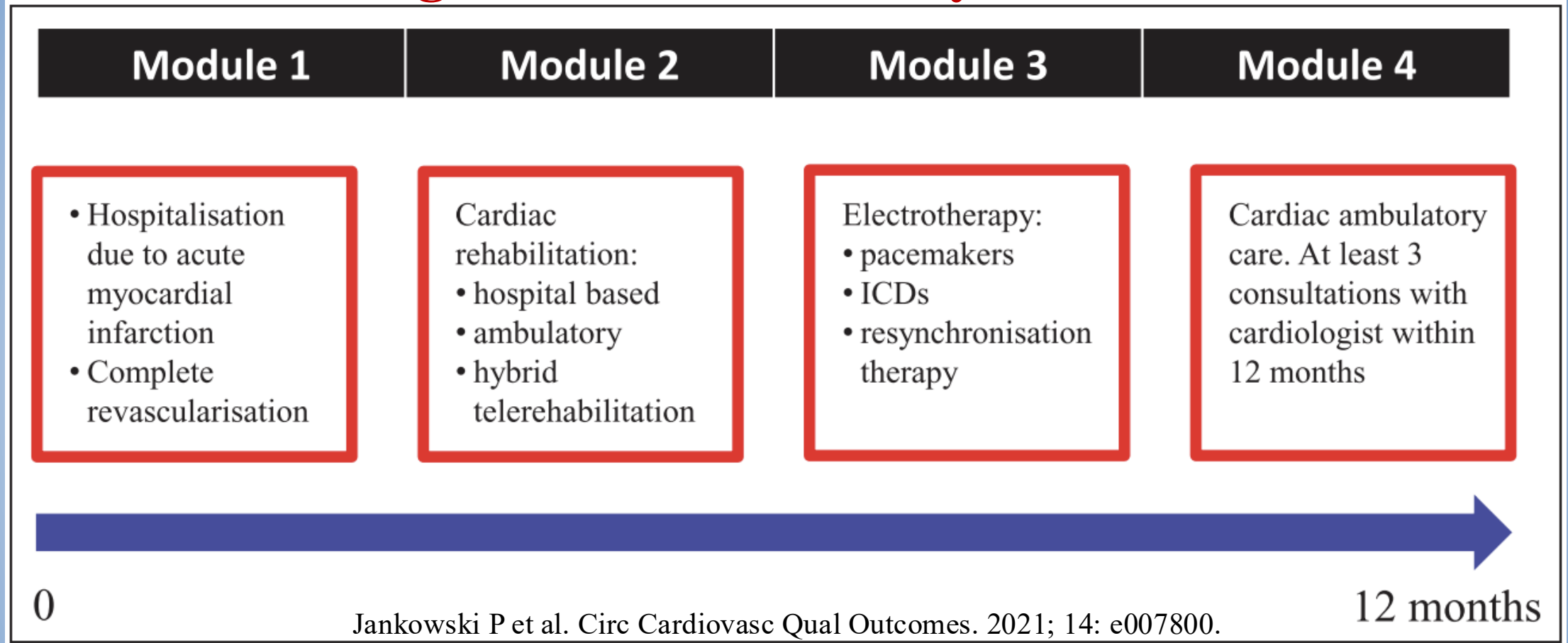
z dnia 29 maja 2017 r.

**w sprawie określenia warunków zawierania i realizacji umów w rodzaju leczenie
szpitalne - świadczenia kompleksowe**



A meeting of the ESC Cardiovascular Round Table (CRT)

Outline of the Managed Care for Acute Myocardial Infarction Survivors Program – established by: MoH, PCS, NHF.



Patients monitoring:

% of pts who completed rehabilitation and reasons for patients withdrawing from cardiac rehabilitation (in the case of non-completion or commencement of rehabilitation)

% of pts quitting smoking, % of ts with LDL Ch <55mg/dl, % of pts with blood pressure <140/90 mmHg, % of ts with HbA1c <7% or fasting glucose <7.0mmol/dl (<126 mg%, % of pts with BMI <30kg/m2, Rehospitalizations for cardiovascular reasons



Managed Care for Acute Myocardial Infarction Survivors (MACAMIS) program

Oct 2017 – Dec 2022

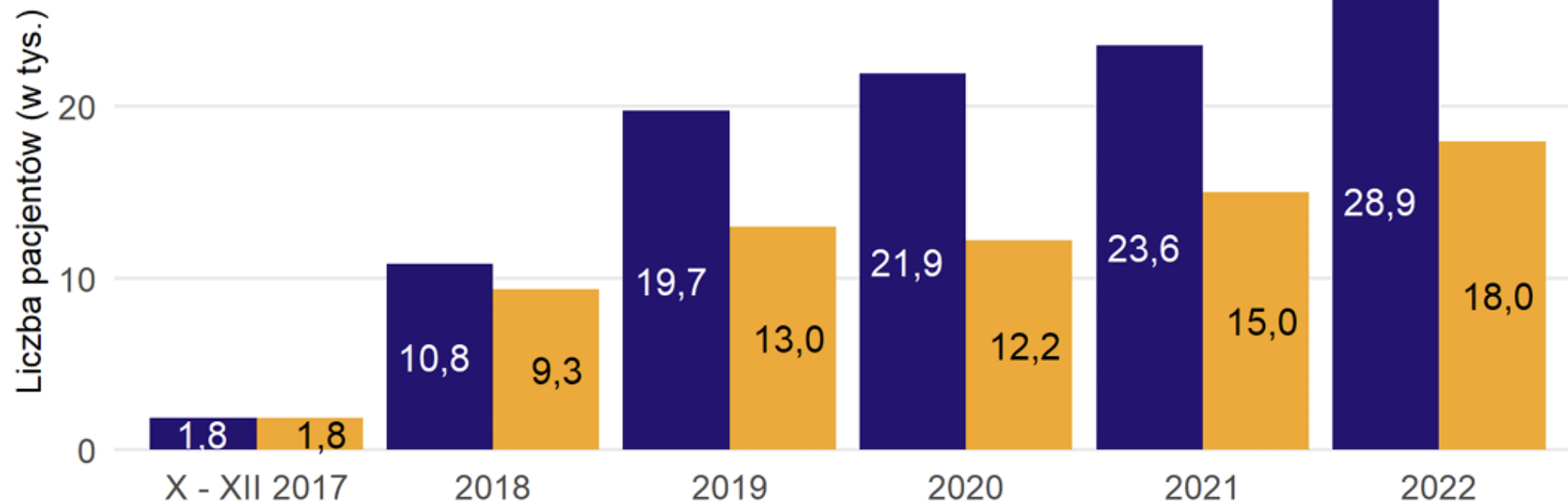
Grupa	In-hospital mortality	30 day mortality	180 day mortality	365 day mortality
MACAMIS +	0,4%	1,1%	3,3%	6,0%
MACAMIS -	8,9%	11,0%	16,6%	21,4%
Together	7,4%	9,2%	14,3%	18,8%

Source: own study based on data from the National Health Fund



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Number of adult patients (in thousands) who received services in KOS-zawał, including those who started treatment in the program (2017–2022)



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patients who had at least one service in KOS-zawał

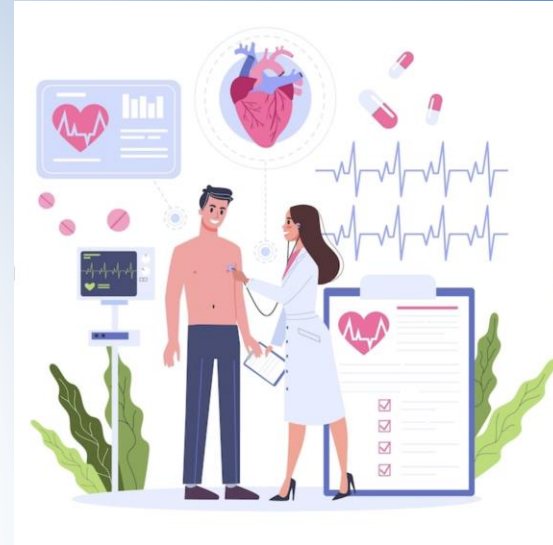
patients who had a service in KOS-zawał for the first time

„My Health” - Adult Health Check-up

It is a comprehensive preventive program addressed to all people over the age of 20.

This free program is available to:

- people aged 20–49 – once every 5 years,
- people over 49 – once every 3 years.



Basic scope of diagnostic tests:

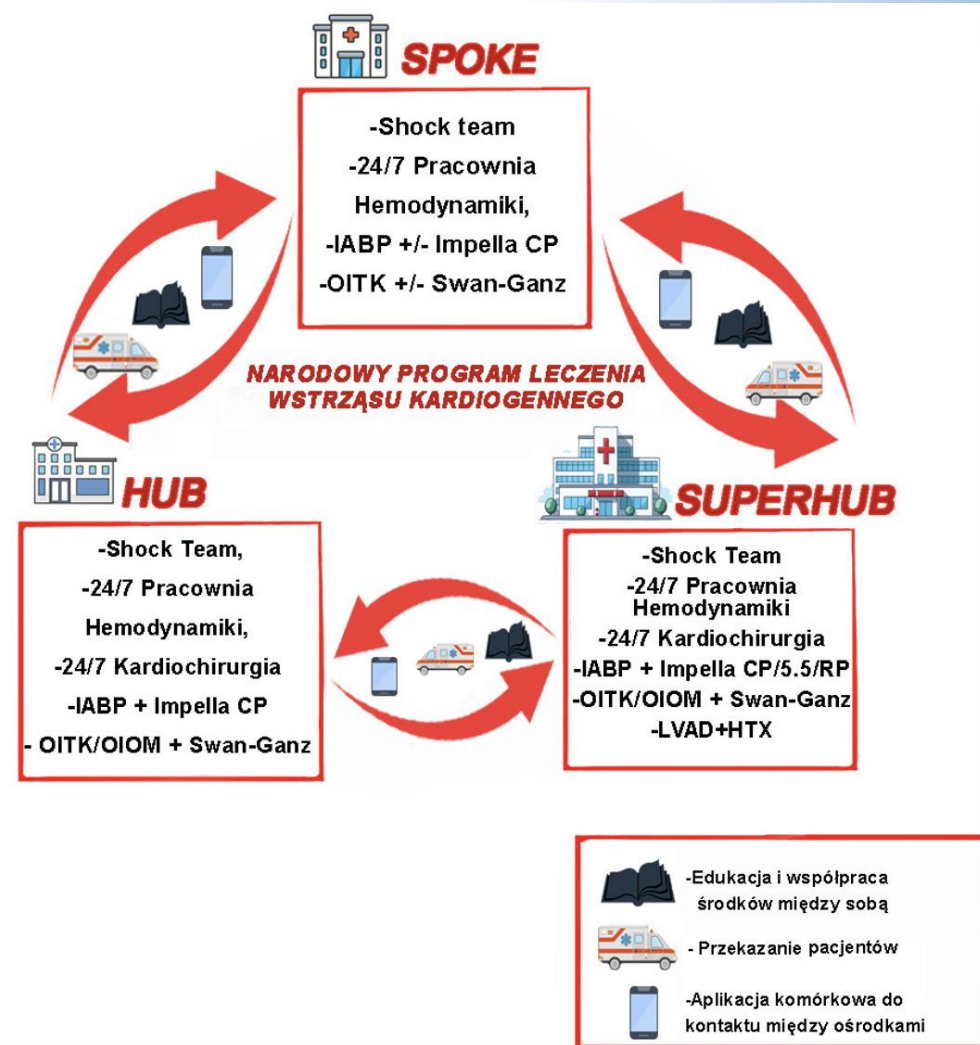
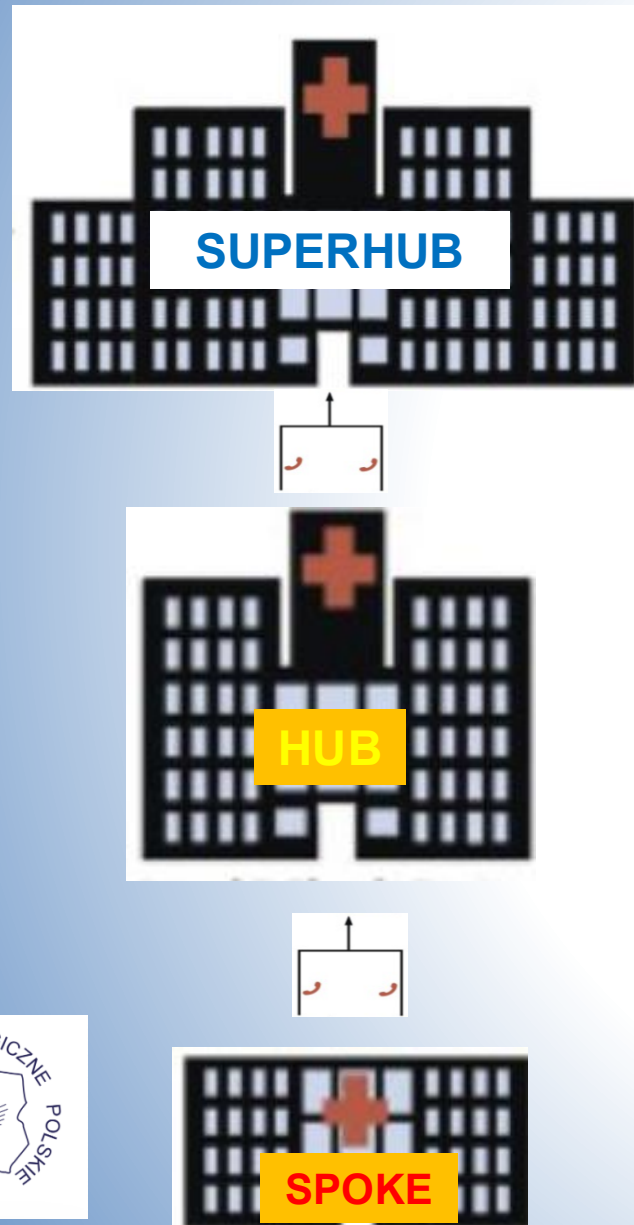
blood count, glucose, creatinine (with eGFR), lipid profile (total cholesterol, LDL, HDL, triglycerides), TSH, urinalysis.

Extended scope of diagnostic tests (conditionally, depending on age and survey result): ALAT, AST, GGTP, total PSA in men, anti-HCV, lipoprotein (a)

Based on the test results, the medical staff will prepare an individual health plan for each patient.



National Cardiogenic Shock Treatment Program in Poland – organizational chart



Distribution of the Spokes, Hubs and Superhubs in Poland



N=133

-SPOKE



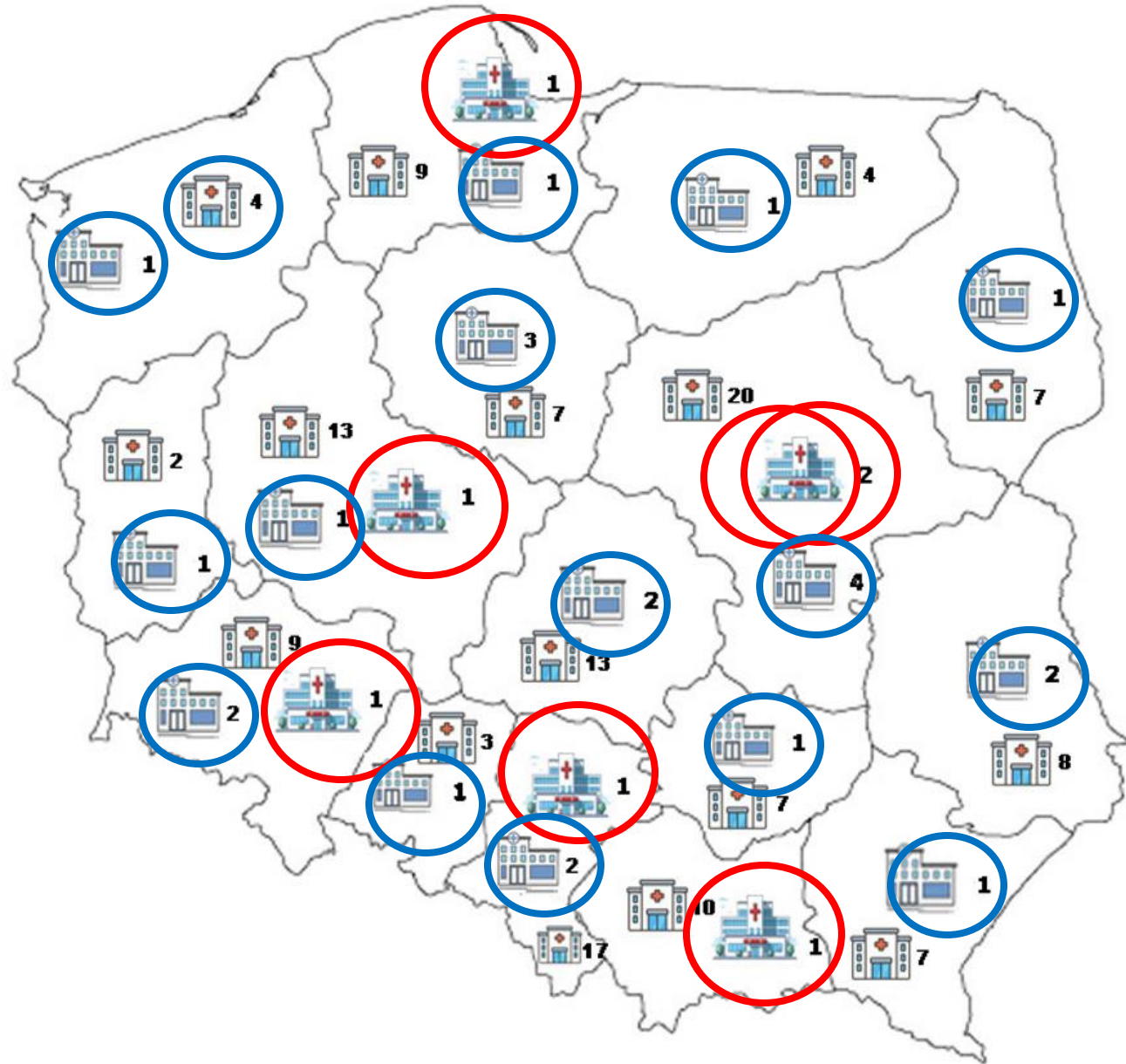
N=12

- HUB



N=6/7

- SUPERHUB





National Cardiogenic Shock Treatment Program in Poland

Pilot Phase

15th MAY 2022



Mortality 65%

15th MAY 2026

1st evaluation



Mortality ↓40%