

Heart Valve Specialist Core Syllabus

A learning framework for continuous medical education on valvular heart disease

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Foreword

Heart valve disease becomes a major cardiovascular pathologic entity, as a result of an increase in prevalence in the continuously aging population. A recent (2015) large scale community screening study (OxVALVE) found a prevalence of moderate and severe heart valve disease of 11.3% in individuals over the age of 65, with a predicted double prevalence by 2046. The consequent increase in demand for heart valve disease diagnostic and management services require advance planning of education and training of heart valve disease specialists. Advances in diagnostic and management techniques require the development of specific individual expertise and the development of expert multidisciplinary Heart Valve Teams.

The ESC Council on Valvular Heart Disease aims to encourage structured education on heart valve disease and to support the development of an accreditation process. Describing knowledge requirements and providing the framework for structured education, the Core Syllabus provides a platform for certification in heart valve disease of individuals and of Heart Valve Teams and for accreditation of Heart Valve Centres of Excellence. The ESC Council on Valvular Heart Disease plans to provide certification and accreditation opportunities as an incentive and motivation for self-improvement and also to document the recognition of quality in heart valve disease care.

The Core Syllabus provides a learning framework for individual learning and for the development of educational material and teaching events.

Introduction

The diagnosis, follow-up and management of heart valve disease require specific knowledge and skills from the multidisciplinary team involved. The Core Syllabus outlines the elements of knowledge needed as background for the development of skills.

Following the publication of the Heart Valve Specialist Core Syllabus, the ESC Council on Valvular Heart Disease will encourage and support the development of sessions dedicated to the Core Syllabus at the EuroValve Congress, at the European Society of Cardiology annual Congress, at PCR London Valves, at the European Association for Cardio-Thoracic Surgery Annual Meeting and at EuroEcho Imaging. Furthermore, The Accreditation Taskforce of the ESC Council on Valvular Heart Disease will develop and publish accreditation criteria and the description of the accreditation process.

Core Syllabus

1. Epidemiology

ESC Topics 15.1, 15.2

- Epidemiology
- Variations in aetiology globally
- Increase in degenerative and iatrogenic disease
- Effect of ageing population
- Device related endocarditis
- IVDU related endocarditis
- Global and local prevalence of valve disease
- Results of population surveys (e.g. Global Burden of Disease, OxVALVE, Nkomo et al. US-based, Norwegian Tromsø, Finnish)
 - Findings of EuroHeart Surveys I and II

2. Mechanisms of disease

ESC Topics 15.1, 15.2

- Pathology of calcific aortic disease
 - Similarities and differences compared with coronary disease
- Pathology of bicuspid aortic valve disease and associated disease of the aorta
- Pathology of annulo-aortic ectasia
- Pathology of aortic valve cusp prolapse
- Pathology of subaortic stenosis
- Pathology of degenerative mitral valve disease
 - Barlow Disease
 - Forme fruste
 - Fibroelastic deficiency
- Pathology of calcific mitral stenosis
- Pathology of rheumatic disease
 - Jones, WHO and other criteria for initial and subsequent attacks

- Treatment of acute rheumatic fever
- Secondary prophylaxis including duration
- Reasons for decline in rheumatic disease
- Pathology of carcinoid valve disease
- Drug-induced valve disease
- Radiation-induced valve disease
- Valve disease in systemic diseases
 - SLE and antiphospholipid syndrome
 - Ankylosing spondylitis

3. Valvular heart failure

ESC Topics 15.1, 15.2

- Heart failure in primary heart valve disease
- Left ventricular remodelling
 - Heart failure with preserved ejection fraction (HFpEF)
 - Heart failure with reduced ejection fraction (HFrEF)
- Secondary pulmonary hypertension and right heart failure
- Secondary heart valve disease in heart failure
 - Ventricular-secondary regurgitation of atrio-ventricular valves
- Atrial-secondary regurgitation of atrio-ventricular valves (including regurgitation due to atrial fibrillation

4. General care

ESC Topics 15.3, 15.4, 15.5, 15.6

- Management of patients requiring non-cardiac surgery
- Effect on driving and insurance
- Advice to athletes
- Pregnancy
- Dental surveillance
- Advantages and drawbacks of population screening
- Costs

- Medicalisation of well people
- Evaluating surgical risk
- Drawbacks of EuroSCORE
- Frailty index and Futility for intervention
- Quality of life
- Effect of multiple morbidities on symptoms and principles of assessment
- Use of biomarkers notably BNP
- Patient and family education
- Variation in access to specialist care
 - The Heart Valve Clinic
 - The Heart Valve Centre of Excellence
 - The endocarditis team in the endocarditis reference centers
 - Interhospital variation in perioperative mortality
 - Interhospital variation in mitral valve repair rates
 - The effect of surgeon and hospital volumes
- Methods for organising care
 - Arguments for and against specialist valve clinics and specialised surgeons
 - Structure of Multidisciplinary teams
 - Culture of safety
 - Defining a valve specialist
 - Reduced access for the elderly
 - Effect of TAVI programmes on conventional surgical rates
 - Standards of a Heart Valve Centre
 - Virtual valve clinics
 - Models for community care
 - GP with special interest in valve disease
 - Murmur clinic
 - Open access echocardiography
- Screening

- Different yields from clinical vs. echocardiographic screening
- Groups at particularly high risk
 - Elderly
 - Relatives of probands with bicuspid valve disease
 - Relatives of probands with Barlow mitral valve disease
 - Migrants from countries in which rheumatic fever is endemic
 - Atrial fibrillation
- Patient involvement
 - Effect of education on acceptance of results

5. Aortic stenosis

- Epidemiology
- Aetiology
- Common and less common causes
- The bicuspid aortic valve
 - Functional vs. anatomical bicuspid aortic valve
 - Patterns of cusps morphology
 - Association with aortic dilatation / aortic coarctation / mitral valve prolapse
 - Natural history
 - Risk of developing haemodynamically significant valve disease
 - Risk of developing aortic dilatation
 - Risk of dissection
- Natural history of aortic stenosis
 - Response of the left ventricle to pressure load
 - Gender differences in response
 - Effect of coexistent coronary disease and hypertension
 - Conduction disease
 - Effect of LV hypertrophy on outcome
 - Prevalence of pulmonary hypertension and effect on outcome

- Valvular heart failure in aortic stenosis
- Symptoms and signs
 - Exercise testing to reveal latent symptoms
- Principles of assessment by echocardiography (ESC Topic 3.1)
 - Classification of severity and how to approach apparent discrepancies
 - Effect of incorrect readings
 - Use of dimensionless index and indexing to body surface area
 - The role of valve stress echocardiography
- Role of CMR (ESC Topic 3.3)
- Role of MDCT (ESC Topic 3.2)
- Role of Nuclear Imaging (ESC Topic 3.4)
- Low-flow low-gradient aortic stenosis with reduced and preserved EF
- The approach to the patient with moderate aortic stenosis and symptoms
- Frequency of surveillance
- Indications for and timing of surgery for severe aortic stenosis (ESC Topic 26.2)
- Criteria for surgery at the time of CABG or aortic surgery (ESC Topic 26.2)
- Indications for TAVI
- Evidence for balloon valvotomy and role as bridge to conventional surgery
- Postoperative complications including LV outflow acceleration (ESC Topic 26.2)
- Medical therapy
 - To reduce the rate of progression
 - In valvular heart failure
 - In end-stage inoperable aortic stenosis
 - In HFpEF despite successful valve replacement
 - Evidence for medical therapy in aortic dilatation

6. Aortic regurgitation

- Epidemiology
- Aetiology

- Primary and secondary causes
- Natural history
 - Response of the left ventricle to volume load
 - Effect of LV size on wall stress
 - Valvular heart failure and aortic regurgitation
- Symptoms and signs
 - Exercise testing to reveal latent symptoms
- Principles of assessment by echocardiography (ESC Topic 3.1)
 - Classification of severity
 - Importance of LV volumes
 - The role of valve stress echocardiography
- Role of CMR (ESC Topic 3.3)
- Frequency of surveillance
- Indications for and timing of surgery (ESC Topic 26.2)
- Types of surgery (ESC Topic 26.2)
 - Aortic valve replacement
 - Aortic valve repair
 - Valve-sparing aortic surgery
- Likelihood of permanent pacing
- Medical therapy
 - To reduce the rate of progression
 - Evidence for nifedipine, ACE inhibitors and AT receptor-blockers
 - Use and avoidance of beta-blockers

7. Mitral stenosis

- Epidemiology
- Aetiology
 - Rheumatic
 - Calcific Mitral Annulus Calcification

- SLE
- Natural history
 - Effect on pulmonary artery pressures and right ventricular function
 - Valvular heart failure in mitral stenosis
 - Complications including thromboembolism
- Symptoms and signs
- Exercise testing to reveal latent symptoms
- ECG and radiographic features
- Principles of assessment by echocardiography (ESC Topic 3.1)
 - Classification of severity
 - The role of 3D echocardiography
 - The role of valve stress echocardiography
- Role of CMR (ESC Topic 3.3)
- Role of MDCT (ESC Topic 3.2)
- Frequency of surveillance
- Indications for and timing of intervention
- Balloon valvotomy
 - Favoured over surgery
 - Morphologic criteria of eligibility (echocardiographic assessment)
 - Natural history after balloon valvotomy
- Types of surgery (ESC Topic 26.2)
 - Open valvotomy
 - Replacement
 - The role of repair
- Need to intervene for secondary tricuspid regurgitation
- Medical therapy
 - Rate control
 - Diuretics
 - Criteria for anticoagulation in sinus rhythm

8. Mitral regurgitation

- Epidemiology
- Aetiology
 - Primary and secondary
- Natural history
 - Effect of LV volume load
 - Pulmonary artery pressures
 - Valvular heart failure and mitral regurgitation
- Symptoms and signs
- Exercise testing to reveal latent symptoms
- Principles of assessment by echocardiography (ESC Topic 3.1)
 - Classification of severity
 - The role of 3D echocardiography
 - Morphologic characteristics of primary and secondary mitral regurgitation
 - Detailed morphologic and physiologic analysis to guide surgery
 - Differences in effect of grading in primary and secondary regurgitation
 - Role of valve stress echocardiography
- Role of CMR (ESC Topic 3.3)
- Role of MDCT (ESC Topic 3.2)
- Role of fusion imaging and planning (percutaneous mitral valve prosthesis)
- Frequency of surveillance
- Indications for and timing of intervention in primary / secondary mitral regurgitation *(ESC Topic 26.6)*
 - Mitral valve repair
 - Types of repair
 - Triangular resection, quadrangular resection, sliding plasty
 - Respect vs. resect
 - Neochords

- Annuloplasty
- Under-sizing annuloplasty in secondary mitral regurgitation
- Differences in indication according to suitability for repair / need for CABG
- The definition of successful repair
- latrogenic / functional mitral stenosis
- latrogenic LVOTO
- Residual mitral regurgitation
- Natural history after repair
- Transcatheter procedures
 - Indications
 - Suitability based on valve morphology
- Need to intervene for secondary tricuspid regurgitation
- Medical therapy
 - Rate control
 - Evidence for ACE inhibitors and beta-blockers
 - Medical therapy in valvular heart failure

9. Right heart valve disease

- Epidemiology of tricuspid and pulmonary valve disease
- Aetiology
 - Association with congenital syndromes
 - Primary and secondary causes
- Natural history
 - Effect of RV volume load
 - Pulmonary artery pressures
 - Valvular heart failure and right heart valve disease
- Principles of assessment by echocardiography (ESC Topic 3.1)
 - Classification of severity
 - Assessment of morphology

- Role of CMR (ESC Topic 3.3)
 - Prominent role in pulmonary regurgitation
 - Assessment of right ventricular volumes and ejection fraction
- Role of MDCT (ESC Topic 3.2)
- Role of fusion CT / Echo findings for guiding better the percutaneous treatments
- Frequency of surveillance
- Indications for and timing of intervention (ESC Topic 26.2)
 - In tricuspid stenosis and pulmonary stenosis
 - In primary and secondary tricuspid regurgitation
 - Effect of delay in surgery
 - In pulmonary regurgitation
- Types of repair (ESC Topic 26.2)
- Prototype transcatheter devices
- Medical therapy
 - Rate control
 - Off-loading

10. Infective endocarditis

ESC Topics 16.1, 16.2, 16.3, 16.4, 16.5, 16.6

- Prevalence estimates
- Changing epidemiology
 - Causative organisms for native, prosthetic and IVDU
 - Causes of culture negative IE
- Pathology of infective endocarditis (IE)
- Diagnosis of IE
 - Presentation of IE
 - When to suspect IE
 - Duke criteria for diagnosis
 - The differential diagnosis between IE and line infection
 - The difference between pacemaker pocket infection and device infection

- Complications of IE and of treatment
- The differential diagnosis between discitis and osteomyelitis
- Investigation of IE
 - Blood tests
 - Blood cultures, number and timing
 - Role of imaging
 - Central role of echocardiography
 - When TOE is indicated and when TTE is sufficient
 - Role of CT and PET
- Antibiotic management
 - Dose and duration
 - Methods of delivery including PICC or central line
 - Indications and evidence for outpatient management (OPAT)
- Determinants of mortality
- Indications for and timing of surgery
 - Effect of cerebral event and other complications
 - Effect of residual vegetation size
 - Special cases
 - Prosthetic valve IE
 - Right-sided IE
 - Management of implantable electrical device infection
- Service delivery

Endocarditis teams

Communication between hospitals and cardiothoracic center

Patient education

- Outpatient follow-up
 - Recurrence and relapse rate
 - Requirement for surgery for residual regurgitation
 - Long-term survival

- Management of IV drug use
- Principles of managing representation in IVDU
- The need for dental surveillance
- Antibiotic prophylaxis ESC guidelines

11. Replacement ('prosthetic') heart valves

ESC Topics 15.4, 26.2

- Types of replacement valve
 - Design
 - General design features (occluder, housing, sewing ring)
 - Common designs of mechanical valves
 - Common designs of stented xenograft
 - Types of stentless xenograft and potential advantages
 - Positioning (supra-annular, intra-annular, intermediate)
 - Homograft preparation and use
 - The Ross procedure and its indications
- Complications of replacement heart valves
 - Prevalence
 - Effect of valve design
 - Modes of primary failure of biological and mechanical valves
 - Valve dehiscence
 - Patient-prosthesis mismatch
 - Adverse effects
 - How it can be avoided
- Natural history of different valve types
 - Patient factors in determining failure: age, diabetes and hypertension
- Assessment of function
 - Detection of obstruction and regurgitation
 - Differentiation of thrombus and pannus
 - Identification of patient-prosthesis mismatch

- Management of anticoagulation
 - Pregnancy
 - Over-dose and active bleeding
 - Use of anticoagulants in biological valves
 - Role of vitamin K antagonists and of direct oral anticoagulants
- Management of valve thrombosis
- Management of valve dehiscence / paravalvular leak (regurgitation)
 - Conservative treatments and indications for intervention
 - Transcatheter paravalvular leak closure vs operative repair
- Principles of choosing type of valve
 - RCT of different designs of valve and microsimulation studies
 - Special cases, the woman of child-bearing age, the athlete, the fit elderly
- Risks of redo surgery
- Indications for valve-in valve transcatheter techniques
- Future directions for research and development
 - Design
 - Biopolymers and stem cell research
 - Transcatheter valves

Annex

ESC Topic List



ESC TOPIC LIST

Δ	_	R	Δ	S	ırs

- 1 History of Cardiology
- 2 Clinical Skills
- 2.1 History Taking
- 2.2 Physical Examination
 - 2.2.1 Auscultation
 - 2.2.99 Physical Examination, Other
- 2.3 Electrocardiography
- 2.99 Clinical Skills Other

B - IMAGING

3 - Imaging

3.1 - Echocardiography

- 3.1.1 Echocardiography: Technology
- 3.1.2 Echocardiography: Dimensions, Volumes and Mass
- 3.1.3 Echocardiography: Systolic and Diastolic Function
- 3.1.4 Echocardiography: Valve Disease
- 3.1.5 Echocardiography: Masses and Sources of Emboli
- 3.1.6 Doppler Echocardiography
- 3.1.7 Transesophageal Echocardiography
- 3.1.8 Contrast Echocardiography
- 3.1.9 Tissue Doppler, Speckle Tracking and Strain Imaging
- 3.1.10 Stress Echocardiography
- 3.1.11 3D Echocardiography
- 3.1.12 Intraoperative and Interventional Echocardiography
- 3.1.99 Echocardiography, Other

3.2 - Computed Tomography

- 3.2.1 Computed Tomography: Technology
- 3.2.2 Computed Tomography: Dimensions, Volumes and Mass
- 3.2.3 Computed Tomography: Systolic and Diastolic Function
- 3.2.4 Computed Tomography: Valve Disease
- 3.2.5 Coronary Calcium Score
- 3.2.6 Coronary CT Angiography
- 3.2.7 Computed Tomography: Plaque Imaging
- 3.2.8 CT Myocardial Perfusion

- 3.2.9 CT Imaging of Structural Heart Disease
- 3.2.10 CT-derived FFR
- 3.2.11 Computed Tomography: Extracardiac Findings
- 3.2.12 Computed Tomography: Radiation Exposure
- 3.2.99 Computed Tomography, Other

3.3 - Cardiac Magnetic Resonance

- 3.3.1 Cardiac Magnetic Resonance: Physics and Technology
- 3.3.2 Cardiac Magnetic Resonance: Dimensions, Volumes and Mass
- 3.3.3 Cardiac Magnetic Resonance: Systolic and Diastolic Function
- 3.3.4 Cardiac Magnetic Resonance: Valve Disease
- 3.3.5 Cardiac Magnetic Resonance: Deformation Imaging
- 3.3.6 Cardiac Magnetic Resonance: Flow Imaging
- 3.3.7 Stress CMR
- 3.3.8 Late Gadolinium Enhancement and Viability
- 3.3.9 T1 and T2 Mapping, T2*
- 3.3.10 Cardiac Magnetic Resonance: Coronary Imaging
- 3.3.11 Cardiac Magnetic Resonance: Plaque Imaging
- 3.3.12 Cardiac Magnetic Resonance: Angiography
- 3.3.13 Cardiac Magnetic Resonance: Myocardium
- 3.3.14 Cardiac Magnetic Resonance: Pericardium
- 3.3.15 Cardiac Magnetic Resonance: Cardiac Masses
- 3.3.16 Cardiac Magnetic Resonance: Safety
- 3.3.99 Cardiac Magnetic Resonance, Other

3.4 - Nuclear Imaging

- 3.4.1 Nuclear Imaging: Technology and Tracers
- 3.4.2 Single Photon Emission Computed Tomography (SPECT)
 - 3.4.2.1 Single Photon Emission Computed Tomography (SPECT) Dimensions, Volumes and Mass
 - 3.4.2.2 Single Photon Emission Computed Tomography (SPECT) Systolic and Diastolic Function
 - 3.4.2.3 Single Photon Emission Computed Tomography (SPECT) Ischaemia and Viability
 - 3.4.2.4 Single Photon Emission Computed Tomography (SPECT) Inflammation
 - 3.4.2.99 Single Photon Emission Computed Tomography (SPECT) Other
- 3.4.3 Positron Emission Tomography (PET)
 - 3.4.3.1 Positron Emisssion Tomography (PET) Dimensions, Volumes and Mass
 - 3.4.3.2 Positron Emisssion Tomography (PET) Systolic and Diastolic Function
- 3.4.3.3 Positron Emisssion Tomography (PET) Ischaemia and Viability
 - 3.4.3.4 Positron Emisssion Tomography (PET) Inflammation
 - 3.4.3.99 Positron Emisssion Tomography (PET) Other
- 3.4.4 Nuclear Imaging: Dimensions, Volumes and Mass
- 3.4.5 Nuclear Imaging: Systolic and Diastolic Function
- 3.4.6 Molecular Imaging
- 3.4.99 Nuclear Cardiology, Other

3.5 - Hybrid and Fusion Imaging

3.6 - Cross-Modality and Multi-Modality Imaging Topics

- 3.6.1 Imaging: Cardiac Dimensions, Volume, and Mass
- 3.6.2 Imaging: Systolic and Diastolic Function
- 3.6.3 Imaging: Valve Disease
- 3.6.4 Imaging: Arrhythmias
- 3.6.5 Imaging: Heart Failure
- 3.6.6 Imaging: Coronary Artery Disease
- 3.6.7 Imaging: Acute Coronary Syndromes
- 3.6.8 Imaging: Myocardial Disease
- 3.6.9 Imaging: Pericardial Disease
- 3.6.10 Imaging: Congenital Heart Disease

- 3.6.11 Imaging: Aortic Disease
- 3.6.12 Imaging: Peripheral Vascular Disease
- 3.6.13 Imaging: Prevention and Rehabilitation
- 3.6.99 Cross-Modality and Multi-Modality Imaging, Other

3.99 - Imaging - Other

C - ARRHYTHMIAS AND DEVICE THERAPY

4 - Arrhythmias, General

4.1 - Arrhythmias, General - Pathophysiology and Mechanisms

- 4.1.1 Cellular Mechanisms of Arrhythmias
- 4.1.2 Genetic Aspects of Arrhythmias
- 4.1.3 Arrhythmias, General Pathophysiology and Mechanisms: Ion Channel Disorders
- 4.1.99 Arrhythmias: Pathophysiology and Mechanisms, Other

4.2 - Arrhythmias, General - Epidemiology, Prognosis, Outcome

4.3 - Arrhythmias, General - Diagnostic Methods

- 4.3.1 Arrhythmias, General Diagnostic Methods: Electrocardiography
- 4.3.2 Arrhythmias, General Diagnostic Methods: Signal-averaged ECG
- 4.3.3 Arrhythmias, General Diagnostic Methods: Holter Monitoring and Event Recorder
- 4.3.4 Arrhythmias, General Diagnostic Methods: Non-invasive Diagnostic Methods
- 4.3.5 Arrhythmias, General: Invasive Diagnostic Methods
- 4.3.99 Arrhythmias, General: Diagnostic Methods, Other

4.4 - Arrhythmias, General - Treatment

- 4.4.1 Arrhythmias, General: Lifestyle Modification
- 4.4.2 Antiarrhythmic Drug Treatment
- 4.4.3 Cardioversion and Defibrillation
- 4.4.4 Catheter Ablation of Arrhythmias
- 4.4.99 Arrhythmias, General: Treatment, Other

4.5 - Arrhythmias, General - Prevention

- 4.6 Arrhythmias, General Clinical
- 4.99 Arrhythmias, General Other

5 - Atrial Fibrillation

5.1 - Atrial Fibrillation - Pathophysiology and Mechanisms

- 5.1.1 Cellular Electrophysiology
- 5.1.2 Cell-cell Interactions
- 5.1.3 Disease Modeling in Atrial Fibrillation
- 5.1.4 Genetic Causes of Atrial Fibrillation
 - 5.1.4.1 Monogenic diseases causing Atrial Fibrillation
 - 5.1.4.2 Common Gene Variants in Atrial Fibrillation
- 5.1.5 Atrial Stressors Causing Atrial Fibrillation
 - 5.1.5.1 Ischemia and Metabolic Imbalance
 - 5.1.5.2 Heart Failure and Left Ventricular Dysfunction
 - 5.1.5.3 Atrial Stressors Causing Atrial Fibrillation: Valvular Heart Disease
 - 5.1.5.4 Sleep Disordered Breathing

- 5.1.5.5 Obesity and Diabetes
- 5.1.5.6 Autonomic Dysfunction
- 5.1.5.7 Sports and Atrial Fibrillation
- 5.1.6 Defining Types of Atrial Fibrillation
- 5.1.7 Mechanisms for Stroke in Atrial Fibrillation
- 5.1.8 Mechanisms for Heart Failure and Cardiac Complications in Atrial Fibrillation
- 5.1.99 Atrial Fibrillation, Pathophysiology and Mechanism, Other

5.2 - Atrial Fibrillation - Epidemiology, Prognosis, Outcome

- 5.2.1 Prevalence and Incidence of Atrial Fibrillation
- 5.2.2 Stroke in Atrial Fibrillation
- 5.2.3 Heart Failure in Atrial Fibrillation
- 5.2.4 Sudden Death in Patients with Atrial Fibrillation
- 5.2.5 Cognitive Function and Autonomy in Patients with Atrial Fibrillation

5.3 - Atrial Fibrillation - Diagnostic Methods

5.4 - Atrial Fibrillation - Treatment

- 5.4.1 Acute Management of Atrial Fibrillation
 - 5.4.1.1 Acute Rate Control and Cardioversion
 - 5.4.1.2 Patient Flow
- 5.4.2 Rate Control
 - 5.4.2.1 Rate Control Targets
 - 5.4.2.2 Medical Therapy for Rate Control
 - 5.4.2.3 AV Nodal Ablation and Pacemaker Therapy
 - 5.4.2.4 Outcome of Rate Control Therapy
- 5.4.3 Rhythm Control, Cardioversion
 - 5.4.3.1 Pharmacological Cardioversion of Atrial Fibrillation
 - 5.4.3.1.1 Pharmacological Cardioversion of Atrial Fibrillation: Treatment Pathway and Technique
 - 5.4.3.1.2 Pharmacological Cardioversion of Atrial Fibrillation: Outcomes and Complications
 - 5.4.3.2 Electrical Cardioversion of Atrial Fibrillation
 - 5.4.3.2.1 Electrical Cardioversion of Atrial Fibrillation: Treatment Pathway and Technique
 - 5.4.3.2.2 Electrical Cardioversion of Atrial Fibrillation: Outcomes and Complications
 - 5.4.3.3 Stroke Prevention in Cardioversion
 - 5.4.3.3.1 Stroke Prevention in Cardioversion: Oral Anticoagulation
 - 5.4.3.3.2 TOE guidance
- 5.4.4 Rhythm Control, Antiarrhythmic Drugs
 - 5.4.4.1 Indications and Patient Selection
 - 5.4.4.2 Episodic Drug Therapy
 - 5.4.4.3 Long Term Drug Therapy
 - 5.4.4.4 Rhythm Control, Antiarrhythmic Drugs: Outcomes and Complications
- 5.4.5 Rhythm Control, Catheter Ablation
 - 5.4.5.1 Rhythm Control, Catheter Ablation: Indications
 - 5.4.5.2 Rhythm Control, Catheter Ablation: Techniques and Technology
 - 5.4.5.3 Rhythm Control, Catheter Ablation: Outcomes and Complications
- 5.4.6 Rhythm Control, Atrial Fibrillation Surgery
 - 5.4.6.1 Rhythm Control, Atrial Fibrillation Surgery: Indications
 - 5.4.6.2 Rhythm Control, Atrial Fibrillation Surgery: Techniques and Technology
 - 5.4.6.3 Rhythm Control, Atrial Fibrillation Surgery: Outcomes and Complications
- 5.4.7 Rhythm Control, Hybrid Therapy
 - 5.4.7.1 Atrial Fibrillation Heart Team
 - 5.4.7.2 Combination of Drug Therapy and Ablation
 - 5.4.7.3 Combination of Pacing and Drug Therapy/Ablation
- 5.4.99 Rhythm Control, Other

5.5 - Atrial Fibrillation - Stroke Prevention

- 5.5.1 Oral Anticoagulation
 - 5.5.1.1 Oral Anticoagulation: Indications

- 5.5.1.2 Long-term Treatment, Adherence, Attrition
- 5.5.1.3 Oral Anticoagulant Drugs
- 5.5.1.4 Bleeding Complications
- 5.5.2 Left Atrial Appendage Occlusion
 - 5.5.2.1 Left Atrial Appendage Occlusion: Indications
 - 5.5.2.2 Left Atrial Appendage Occlusion: Technology and Implantation Technique
 - 5.5.2.3 Left Atrial Appendage Occlusion: Outcomes and Complications
- 5.5.99 Atrial Fibrillation Stroke Prevention, Other

5.6 - Atrial Fibrillation - Stroke Treatment

- 5.6.1 Atrial Fibrillation Stroke Treatment: Imaging
- 5.6.2 Atrial Fibrillation Stroke Treatment: Acute Therapy
- 5.6.3 Novel Therapies for Stroke in Atrial Fibrillation
- 5.6.4 Atrial Fibrillation Heart Teams for Stroke Prevention
- 5.6.99 Atrial Fibrillation Stroke Treatment, Other
- 5.7 Atrial Fibrillation Prevention
- 5.8 Atrial Fibrillation Clinical
- 5.99 Atrial Fibrillation Other
- 6 Supraventricular Tachycardia (non-AF)
- 6.1 Supraventricular Tachycardia (non-AF) Pathophysiology and Mechanisms
 - 6.1.1 Cellular Mechanisms
 - 6.1.2 Genetic Aspects
 - 6.1.99 Supraventricular Tachycardia (non-AF): Pathophysiology and Mechanisms, Other
- 6.2 Supraventricular Tachycardia (non-AF) Epidemiology, Prognosis, Outcome
- 6.3 Supraventricular Tachycardia (non-AF) Diagnostic Methods
- 6.4 Supraventricular Tachycardia (non-AF) Treatment
- 6.5 Supraventricular Tachycardia (non-AF) Prevention
- 6.6 Supraventricular Tachycardia (non-AF) Clinical
- 6.99 Supraventricular Tachycardia (non-AF) Other
- 7 Syncope and Bradycardia
- 7.1 Syncope and Bradycardia Pathophysiology and Mechanisms
 - 7.1.1 Bradycardia Sinus Node Dysfunction
 - 7.1.2 Bradycardia AV-Block
 - 7.1.3 Tachycardia
 - 7.1.4 Non-arrhythmogenic Mechanisms of Syncope
- 7.2 Syncope and Bradycardia Epidemiology, Prognosis, Outcome
 - 7.2.1 Syncope and Bradycardia Epidemiology, Prognosis, Outcome: Epidemiology
 - 7.2.2 Syncope and Bradycardia Epidemiology, Prognosis, Outcome: Prognosis and Risk Stratification
- 7.3 Syncope and Bradycardia Diagnostic Methods
 - 7.3.1 Ambulatory ECG Monitoring and Loop Recorders
 - 7.3.2 Provocation Tests, Assessment of Autonomous Nervous System
 - 7.3.3 Detection of Underlying Heart Disease
- 7.4 Syncope and Bradycardia Treatment
 - 7.4.1 Drug Treatment
 - 7.4.2 Pacemaker Therapy
- 7.5 Syncope and Bradycardia Prevention
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31.1.1 - Aldosterone Antagonists

31.1.2 - Antiarrhythmic Pharmacotherapy

31.1.3 - Angiotensin-Renin-Bradykinine System 31.1.4 - Anticoagulants 31.1.5 - Antiplatelet Drugs 31.1.6 - Beta Blockers 31.1.7 - Calcium Channel Blockers 31.1.8 - Diuretics 31.1.9 - Nitrates 31.1.10 - Lipid-Lowering Agents 31.1.10.1 - Statins 31.1.10.2 - Cholesterol Resorption Antagonists 31.1.10.3 - LDL-Receptor Antagonists 31.1.10.4 - PCSK9-Antagonists 31.1.10.99 - Lipid-Lowering Agents, Other 31.1.11 - Anti-Diabetic Pharmacotherapy 31.1.99 - Cardiovascular Drug Therapy, Other 31.2 - Pharmacogenetics 31.3 - Biotherapies 31.4 - Cardiotoxicity of Drugs 31.99 - Pharmacology and Pharmacotherapy - Other M - CARDIOVASCULAR NURSING 32 - Cardiovascular Nursing 32.1 - Acute Nursing Care 32.2 - Chronic Nursing Care 32.99 - Cardiovascular Nursing - Other N - E-CARDIOLOGY / DIGITAL HEALTH, PUBLIC HEALTH, HEALTH ECONOMICS, RESEARCH METHODOLOGY 33 - e-Cardiology / Digital Health 33.1 - Image Processing and Imaging Standards 33.2 - Cardiovascular Signal Processing 33.2.1 - ECG and Arrhythmia Analysis 33.2.99 - Cardiovascular Signal Processing, Other 33.3 - Computer Modeling and Simulation 33.4 - Digital Health 33.4.1 - Remote Patient Monitoring and Telemedicine 33.4.2 - Hospital Information Systems 33.4.3 - Digital Health: Big Data Analysis 33.4.4 - e-Health 33.4.5 - m-Health 33.4.99 - Digital Health, Other 33.99 - e-Cardiology - Other 34 - Public Health and Health Economics 34.1 - Public Health 34.2 - Health Policy 34.3 - Health Economics 34.99 - Public Health and Health Economics - Other 35 - Research Methodology 35.1 - Biostatistics 35.2 - Research Methodology: Big Data Analysis 35.3 - Cardiovascular Epidemiology 35.4 - Trial Design

35.5 - Research Ethics

O - BASIC SCIENCE 36 - Basic Science

35.99 - Research Methodology - Other

- 36.1 Basic Science Cardiovascular Development and Anatomy
 36.1.1 Basic Science Cardiovascular Development and Anatomy: Stem Cells, Cell Cycle, Cell Senescence, Cell Death
 - 36.1.2 Basic Science Cardiovascular Development and Anatomy: Genetics, Epigenetics, ncRNA
 - 36.1.99 Cardiovascular Development and Anatomy, Other
- 36.2 Basic Science Cardiac Biology and Physiology
 - 36.2.1 Stem Cells, Cell Cycle, Cell Senescence, Cell Death
 - 36.2.2 Basic Science Cardiac Biology and Physiology: Genetics, Epigenetics, ncRNA
 - 36.2.3 Basic Science Cardiac Biology and Physiology: Signal Transduction, Mechano-Transduction
 - 36.2.4 Basic Science Cardiac Biology and Physiology: Ion Channels, Electrophysiology
 - 36.2.5 Basic Science Cardiac Biology and Physiology: Mitochondria
 - 36.2.6 Basic Science Cardiac Biology and Physiology: Microvesicles, Exosomes
 - 36.2.7 Basic Science Cardiac Biology and Physiology: Metabolism
 - 36.2.8 Basic Science Cardiac Biology and Physiology: Leukocytes, Inflammation, Immunity
 - 36.2.9 Basic Science Cardiac Biology and Physiology: Biomaterials, Tissue Engineering
 - 36.2.99 Cardiac Biology and Physiology, Other
- 36.3 Basic Science Cardiac Diseases
 - 36.3.1 Ischemia, Infarction, Cardioprotection
 - 36.3.2 Basic Science Cardiac Diseases: Cardiac Hypertrophy
 - 36.3.3 Basic Science Cardiac Diseases: Heart Failure
 - 36.3.4 Basic Science Cardiac Diseases: Arrhythmias
 - 36.3.5 Basic Science Cardiac Diseases: Cardiomyopathies
 - 36.3.6 Basic Science Cardiac Diseases: Valvular Heart Disease
 - 36.3.7 Basic Science Cardiac Diseases: Congenital Heart Disease
 - 36.3.8 Basic Science Cardiac Diseases: Leukocytes, Inflammation, Immunity
 - 36.3.9 Basic Science Cardiac Diseases: Fibrosis
 - 36.3.10 Basic Science Cardiac Diseases: Drugs, Drug Targets
 - 36.3.11 Basic Science Cardiac Diseases: Gene Therapy, Cell Therapy
 - 36.3.12 Basic Science Cardiac Diseases: Biomarkers
 - 36.3.99 Cardiac Diseases, Other
- 36.4 Basic Science Vascular Biology and Physiology
 - 36.4.1 Stem Cells, Cell Cycle, Cell Senescence, Cell Death
 - 36.4.2 Basic Science Vascular Biology and Physiology: Genetics, Epigenetics, ncRNA
 - 36.4.3 Basic Science Vascular Biology and Physiology: Signal Transduction, Mechano-Transduction
 - 36.4.4 Vascular Tone, Permeability, Microcirculation
 - 36.4.5 Vascular Biology and Physiology: Ion Channels, Electrophysiology
 - 36.4.6 Basic Science Vascular Biology and Physiology: Mitochondria
 - 36.4.7 Basic Science Vascular Biology and Physiology: Microvesicles, Exosomes
 - 36.4.8 Lipids, Metabolism
 - 36.4.9 Platelets, Haemostasis, Coagulation
 - 36.4.10 Basic Science Vascular Biology and Physiology: Leukocytes, Inflammation, Immunity
 - 36.4.11 Basic Science Vascular Biology and Physiology: Biomaterials, Tissue Engineering

36.4.99 - Vascular Biology and Physiology, Other

36.5 - Basic Science - Vascular Diseases

- 36.5.1 Microcirculation, Angiogenesis, Arteriogenesis
- 36.5.2 Atherosclerosis, Cerebrovascular Diseases, Aneurysm, Restenosis
- 36.5.3 Hypertension, Pulmonary Hypertension
- 36.5.4 Thrombosis, Bleeding
- 36.5.5 Lipid Metabolism, Metabolic Syndrome, Diabetes
- 36.5.6 Basic Science Vascular Diseases: Leukocytes, Inflammation, Immunity
- 36.5.7 Basic Science Vascular Diseases: Fibrosis
- 36.5.8 Basic Science Vascular Diseases: Drugs, Drug Targets
- 36.5.9 Basic Science Vascular Diseases: Gene Therapy, Cell Therapy
- 36.5.10 Basic Science Vascular Diseases: Biomarkers
- 36.5.99 Vascular Diseases, Other
- 36.99 Basic Science Other
- P OTHER
- 80 Training and Education
- 90 European Society of Cardiology
- 90.1 Acute Cardiovascular Care Association
- 90.2 Heart Failure Association
- 90.3 European Heart Rhythm Association
- 90.4 European Association of Percutaneous Cardiovascular Intervention
- 90.5 European Association of Preventive Cardiology
- 90.6 European Association of Cardiovascular Imaging
- 90.7 Councils
- 90.8 Working Groups
- 90.9 ESC Board
- 90.10 ESC Committees
- 90.11 European Heart House
- 90.12 European Heart Agency
- 90.13 EURObservational Research Programme
- 90.14 Education and Certification
- 90.99 European Society of Cardiology Other
- 99 Other