



REGIONE DEL VENETO

PROGETTO REGIONALE SU MALATTIA CARDIACA E NEOPLASIA

Presentazione preliminare del IX Anni di Lavoro
31 dicembre 2023

Alla Presidenza della Regione Veneto

Dr. Luca Zaia

Venezia



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ULSS2
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REGIONE DEL VENETO



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PEDEMONTANA

Studio prospettico su
Neoplasia Maligna e Mortalità
dopo Sindrome Coronarica
Acuta:

***The ABC Study on Acute Coronary
Syndrome
(Adria, Bassano, Conegliano, Padova)***

ABC Study on Heart Disease Association

ABC Heart Disease Foundation - ONLUS

<https://www.abcstudy.foundation/>

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THE ABC HEART DISEASE FOUNDATION-ONLUS

Conegliano, 10 gennaio 2024

Al Sig. Presidente della Regione Veneto
Dott. Luca Zaia
Venezia

Al Sig. Direttore Generale dell'AULSS 2 del Veneto
Dott. Francesco Benazzi,
(Ufficio Protocollo, AULSS 2 del Veneto)

Oggetto: Realizzazione del Progetto Regionale sulla malattia coronarica e neoplastica, (The ABCStudy on acute coronary syndrome). Rendiconto del IX anno (anno solare 2023) del Progetto Regionale.

Gentile Presidente Luca Zaia,
Accludo questa lettera al rendiconto scientifico del IX anno solare (2023) del Progetto Regionale in oggetto, anche per ringraziarla dell'opportunità che la Regione Veneto ci ha dato di lavorare e fare ricerca scientifica sulla malattia coronarica e neoplasie. E per il sostegno concreto la nostra Regione ci da.

Il presente rendiconto riporta i risultati relativi all'anno 2023.

Per il nuovo anno (2024), oltre alle attività previste, vorremmo portare e presentare i risultati che riusciremo ad ottenere basati su 24 anni di follow up continuo dei Pazienti, a Londra, in agosto, in occasione del Congresso della Società Europea di Cardiologia.

Se la nostra Regione sarà favorevole al rinnovo di questo impegnativo Progetto di Ricerca Scientifica, le saremo molto grati. Infine, sarà per noi un onore, oltre che un dovere, tenerla informato sullo sviluppo ed i risultati del Progetto.

A nome della nostra Associazione e Fondazione-ONLUS,
le invio il più cordiale saluto,
GiuseppeBerton

ABC HEART DISEASE FOUNDATION ONLUS

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Al direttore Generale ULSS 2 Marca Trevigiana
Dott. Francesco Benazzi
Treviso

Al direttore Generale ULSS 7 Pedemontana
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Al direttore Generale ULSS 5 Polesana
Dott.ssa Patrizia Simionato
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Al direttore del dipartimento di prevenzione ULSS 2 Marca Trevigiana
Dott. Paolo Patelli
Treviso



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"Nel cercare qualcosa contano un'enorme curiosità, la tenacia ed il persistere, nonostante le amarezze e le delusioni: per ogni vittoria ti aspettano cento fallimenti".

Albert Bruce Sabin

"Il sapere, dunque, trascende i singoli e viene a porsi oltre i singoli, e si pone, di fronte all'uomo quale è di fatto, come liberazione dalla passività, in un giusto rapporto sociale."

Platone, Repubblica

Questo libro è dedicato alle molte persone che hanno collaborato e colloberano con noi, con impegno e buona volontà.
E a tutte quelle che ci hanno sostenuto, anche solo col pensiero.

*Responsabile del Progetto
Giuseppe Berton, MD, FESC
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**THE ABC HEART DISEASE
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A veneto Region Project

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Rosanna Cedran, RN, **Gilberto Paro**, RN, **Lidia Mandaio**, RN and **Davide Lascaia** for the practical collaboration to the ABC program.

A Timeline of Clinical Research Milestones

1992

Start of the ABC Study on Heart Disease.

1997

Albumin excretion rate (marker of endothelial dysfunction) found to increase during acute myocardial infarction and to predict early mortality (in-hospital).

2003

C-reactive protein (inflammation) in acute myocardial infarction found to be associated with heart failure and mortality.

2008

Albumin excretion in acute myocardial infarction found associated to long-term mortality (seven years).

2009

Atrial fibrillation during acute myocardial infarction found associated to sudden death after 7-year of follow-up.

2009

Low-dose digitalis during acute myocardial infarction found to be protective for long-term sudden death (seven years).

2012

ABC-1 Study on Heart Disease. The four factors of the ABC model (estimated glomerular filtration rate, albumin/creatinine excretion ratio, history of angina, and previous myocardial infarction) improved the predictive power of other traditional models for long-term event-free survival.

2014

ABC-2 Study on Heart Disease. It identified clinical predictors of long-term mortality (twelve years) after ACS that might help prognostication, patient education, and risk modification. It showed that the analysis of the modes of death might improve the risk assessment.

2016

ABC-3 Study on Heart Disease. It indicates that women and men with ACS have different long-term cardiovascular mortality risk across increasing degrees of heart failure. Gender is an independent effect modifier of heart failure for cardiovascular mortality.

A Timeline of Clinical Research Milestones

2018

ABC-4 Study on Heart Disease. The long-term prospective study showed that patients with acute coronary syndrome have a higher incidence of malignancy than the general population.

2019

ABC-4 Study on Heart Disease. Neoplasia onset and mortality are independently associated with low baseline plasma Total Cholesterol and LDL-C levels at admission for acute coronary syndrome.

2019

ABC-5 Study on Heart Disease. Plasma lipid levels during ACS: Association with 20-year mortality: The ABC-5* Study on Heart Disease.

2020

ABC-5*a Study on Heart Disease. Plasma lipid levels during ACS: Association with 20-year mortality. A prospective long-term study revealed that baseline plasma lipid levels during acute coronary syndrome seem not to be associated with long-term global mortality. Only an independent inverse association between TC and LDL and non-cardiac death has been observed.

2020

The ABC-7* Study on Heart Disease. Risk of malignancy long after acute coronary syndrome in selected urban and rural areas and comparison with smoking risk. A prospective long-term study that investigates the possible difference in malignancy risk in six geographic areas of the Veneto region in Italy in an unselected sample of patients discharged alive after an index hospitalization with ACS and followed up for 22 years.

2021

The ABC-7a* Study on Heart Disease. Risk of neoplastic death 22 years after acute coronary syndrome . This prospective study of unselected real-world ACS patients showed a significant difference in cancer death risk in different geographic areas of the Veneto region, with the highest risk in the north-rural area.

2022

The ABC-8* Study on Heart Disease. Microalbuminuria During Acute Coronary Syndrome and 22-year Mortality. A prospective analysis showed that baseline urinary albumin excretion during ACS is a strong independent predictor of the very long-term mortality risk, chiefly due to non-sudden cardiac death.

A Timeline of Clinical Research Milestones

2023

The ABC-9* Study on Heart Disease. Heart failure During Acute Coronary Syndrome and 24-year cancer risk. A prospective analysis showed an inverse association between baseline HF and long-term cancer risk.

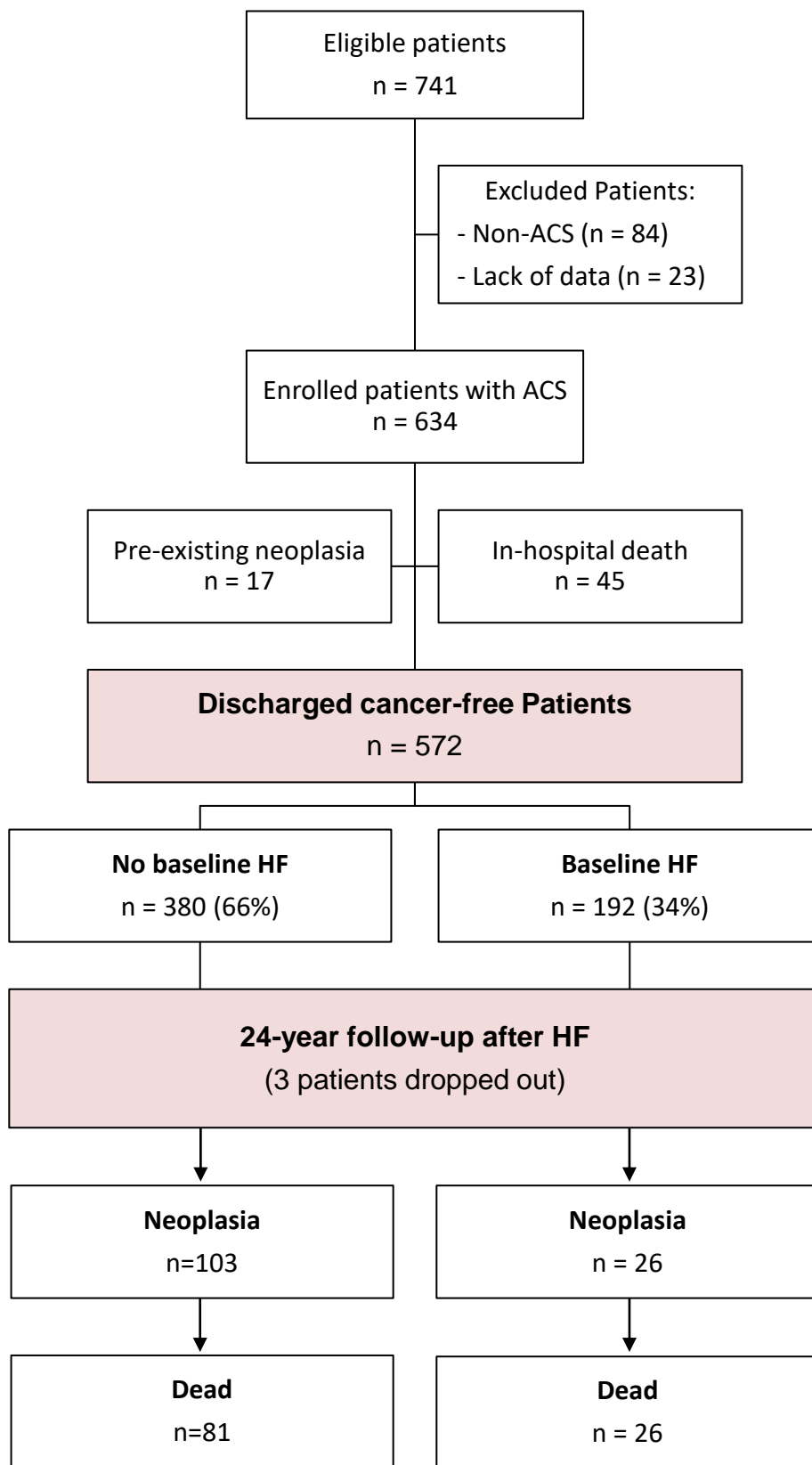
Capitolo 1

Risultati **dell'anno 2023**
del Progetto Regionale

**Heart Failure During Acute Coronary
Syndrome and The Long-Term Cancer Risk.
The ABC-9* Study on Heart Disease**

Brief Title: ACS, heart failure, and long-term cancer risk.

Figure 1. Flow diagram of the study population and progress during follow-up



ACS= acute coronary syndrome; **HF**= heart failure.

Table 1. Patients' baseline characteristics according to heart failure status.

	Overall Population (n=572)	No heart failure (n=380)	Heart failure (n=192)	P values
Demographics and clinical data				
Age, yrs.	67 (59-75)	64 (56-72)	72 (65-79)	<0.0001
Females	30	24	41	<0.0001
Body mass index, kg/m ² *	26(24-28)	26(24-28)	25(23-28)	0.06
Current smokers	38	42	30	0.008
Alcohol consumption	74	73	74	0.74
Education higher than primary school	26	29	19	0.01
Hypertension	47	47	47	0.99
Diabetes mellitus	23	18	33	<0.0001
Previous myocardial infarction	24	19	33	<0.0001
In-hospital characteristics				
Prehospital time delay, min* (n= 474)	180(120-540)	180(120-420)	240(120-660)	0.003
Systolic blood pressure, mmHg	120(110-130)	120(110-133)	120(110-130)	0.57
Diastolic blood pressure, mmHg	80(70-80)	80(70-81)	75(70-80)	0.12
Heart rate, beats/min	71(60-82)	70(60-80)	80(67-88)	<0.0001
ST-elevation myocardial infarction	62	58	69	0.01
Left ventricular ejection fraction, % (n=488)	52(45-60)	58(50-63)	46(35-51)	<0.0001
Atrial fibrillation/flutter†	10	5	20	<0.0001
Thrombolysis‡	35	37	31	0.12
Laboratory data				
Creatine kinase peak, U/L*	828(360-1621)	735(322-1501)	1075(466-1848)	0.0004
Creatine kinase-MB peak, U/L*	103(43-204)	96(38-184)	118(56-251)	0.0002
LDH peak, U/L*	847(515-1380)	732(461-1200)	1117(693-1659)	<0.0001
Haemoglobin, g/L	14(13-15)	14(13-15)	13(12-15)	0.05
Blood glucose, mg/dL	120(101-159)	116(99-147)	142(107-192)	<0.001
Total cholesterol, mg/dL*	208(179-243)	210(182-242)	205(172-246)	0.31
eGFR (ml/min x 1.73 m ²) *	72(54-96)	76(56-101)	61(48-88)	<0.0001
Follow-up treatment ‡				
Thrombolytic therapy	35	37	31	0.12
PTCA/CABG	35	43	19	<0.0001
Antiplatelet	90	92	84	0.002
Beta-blockers	53	63	34	<0.0001
Statin	47	54	34	<0.0001

Data are presented as median (interquartile range) or percentages.

ACR= Urinary albumin-to-creatinine excretion ratio; **ACEIs**= Angiotensin-converting enzyme inhibitors; **eGFR**= Estimated glomerular filtration rate calculated using the Modification of Diet in Renal Disease formula; **LDH**= lactate dehydrogenase-1 isoenzyme; **PTCA/CABG**= percutaneous transluminal coronary angioplasty/ Coronary artery bypass grafting

* P values were calculated using Log-transformed data.

† During the first 7 days of hospital stay.

‡ At enrolment and/or at any time during follow-up.

Table 2: Incidence rate per 1000 person-years of Incident cancer and cancer death.

	Incident cancer	Cancer death
Analysis time (person-year)	6440	6913
Incidence rate		
Overall	20	15
Age terciles		
1 st	14	9
2 nd	23	20
3 rd	33	30
Gender		
male	21	16
female	18	14
HF		
no	21	15
yes	18	17
LVEF terciles		
1 st	22	19
2 nd	22	18
3 rd	18	12

HF= heart failure; LVEF= left ventricular ejection fraction.

Table 3: Cox regression analysis for incident cancer and neoplastic death 24 years after acute coronary syndrome (n= 572).

		Un-adjusted model			Adjusted model*		
		HR	95% CI	P-value	HR	95% CI	P-value
Incident cancer	HF	0,96	(0,62-1,49)	0,86	0,88	(0,56-1,40)	0,60
	LVEF	1.00	(0,98-1,01)	0,82	1.00	(0,98-1,02)	0,94
	Age	1,80	(1,42-2,28)	<0,0001	1,89	(1,46-2,46)	<0,0001
	Male gender	0,94	(0,61-1,43)	0,77	0,90	(0,53-1,53)	0,72
Cancer death	HF	1,38	(0,88-2,15)	0,16	1,20	(0,74-1,95)	0,45
	LVEF	0,98	(0,96-1,00)	0,07	0,98	(0,96-1,00)	0,12
	Age	2,59	(1,99-3,37)	<0,0001	2,68	(2,02-3,55)	<0,0001
	Male gender	0.93	(0.58-1.50)	0.78	0.71	(0.40-1.28)	0.27

CI= Confidence interval; HR= Hazard ratio; HF= heart failure; LVEF= left ventricular ejection fraction.

* Adjusted for age, gender, BMI, smoking, diabetes mellitus, total cholesterol level and STEMI at admission.

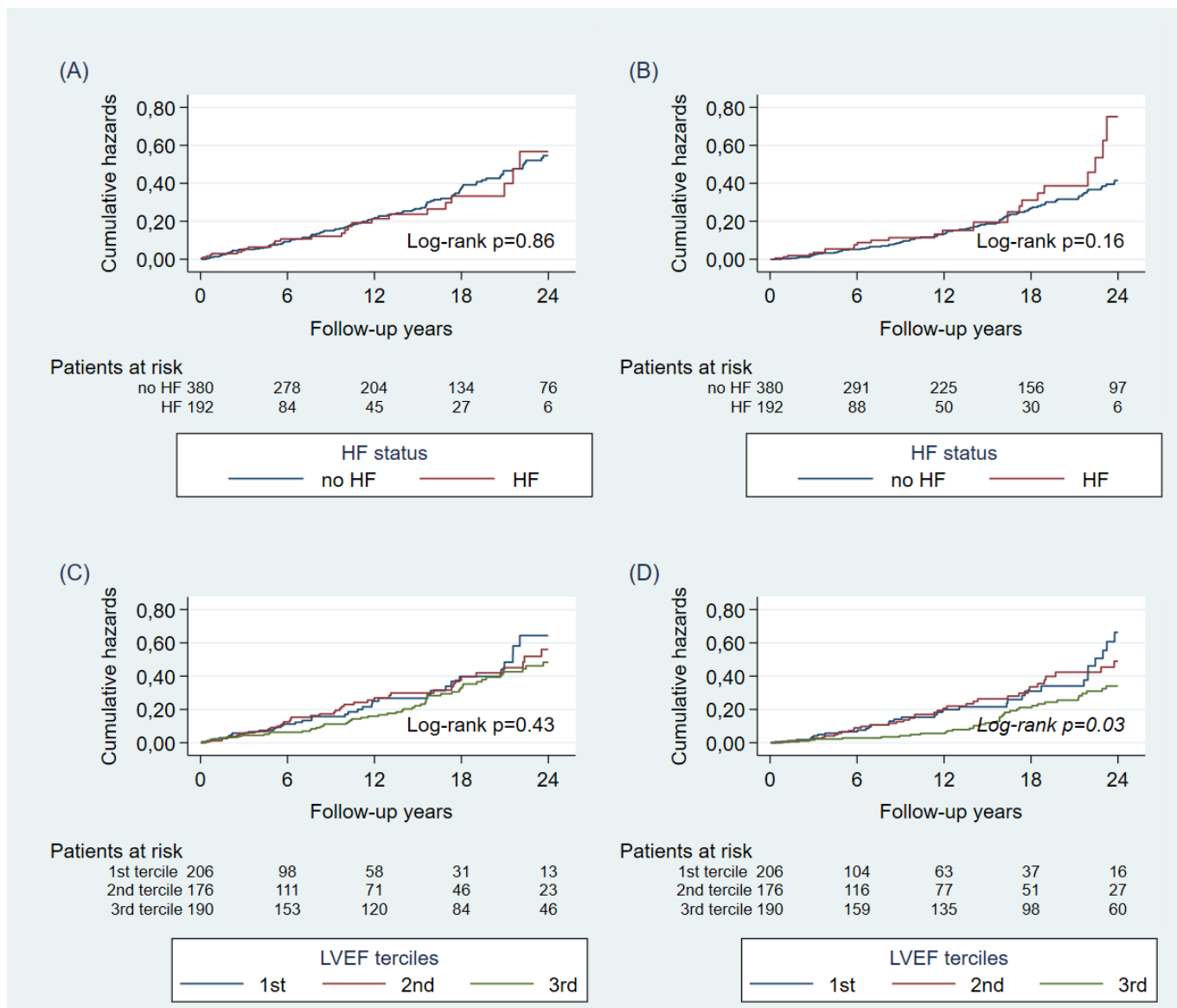
Table 4: Competing risks regression analysis for incident cancer and cancer death 24 years after acute coronary syndrome.

	Un-adjusted model			Adjusted model*		
	SHR	95%CI	P-value	SHR	95%CI	P-value
Incident cancer						
HF	0,47	(0,30-0,73)	0,001	0,55	(0,33-0,89)	0,02
LVEF	1,02	(1,01-1,04)	0,002	1,02	(1,00-1,03)	0,009
Age	0,85	(0,69-1,04)	0,12	1,00	(0,77-1,31)	0,99
<i>Interaction</i>						
HF # Age	0,57	(0,35-0,91)	0,02	0,57	(0,35-0,92)	0,02
LVEF # Age	1,35	(1,05-1,73)	0,02	1,35	(1,04-1,75)	0,03
Cancer death						
HF	0,61	(0,39-0,95)	0,03	0,63	(0,37-1,05)	0,08
LVEF	1,01	(0,99-1,03)	0,07	1,02	(0,99-1,06)	0,08
Age	1,05	(0,85-1,31)	0,66	1,23	(0,92-1,63)	0,15
<i>Interaction</i>						
HF # Age	0,43	(0,27-0,70)	0,001	0,43	(0,27-0,71)	0,001
LVEF # Age	1,51	(1,16-1,97)	0,002	1,50	(1,14-1,97)	0,003

CI= Confidence interval; SHR= sub-hazard ratio; HF= heart failure; LVEF= left ventricular ejection fraction.

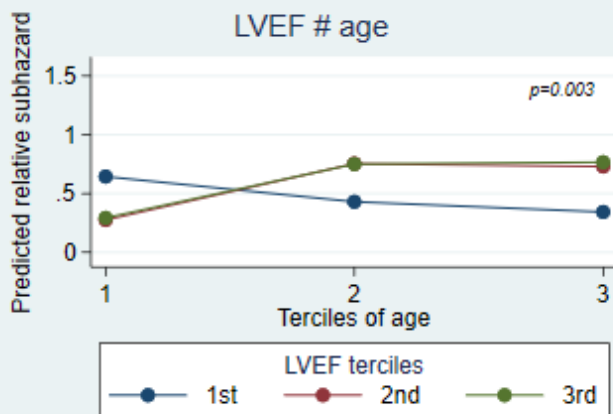
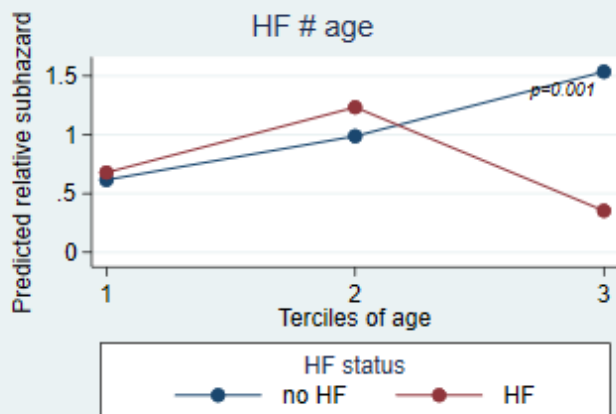
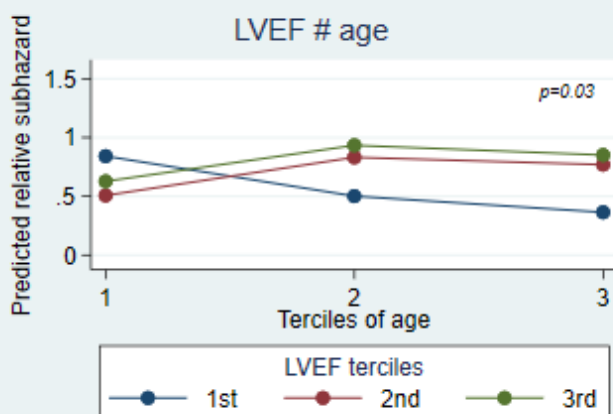
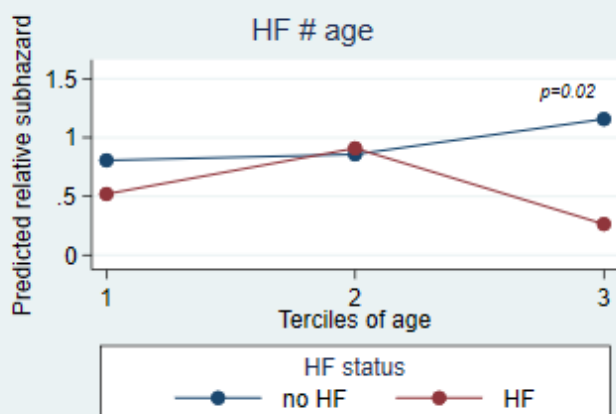
* Adjusted for age, gender, BMI, smoking, diabetes mellitus, total cholesterol level and STEMI at admission.

Figure 2: Cumulative hazards of incident cancer (left panels) and cancer death (right panels) 24 years after ACS according to baseline HF and LVEF.



HF= heart failure; LVEF= left ventricular ejection fraction.

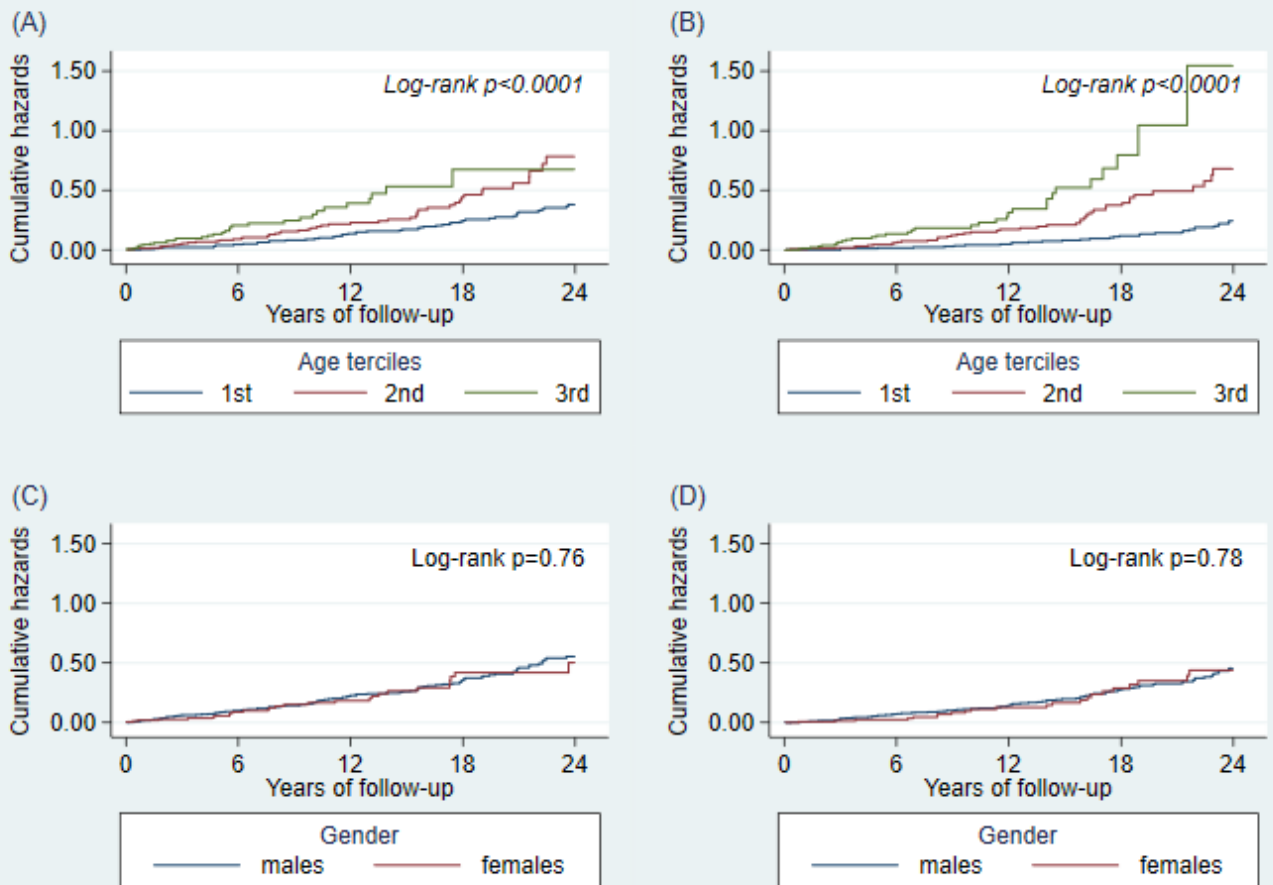
Figure 3: Graphic representation of the interaction between age and HF as well as LVEF for the risk of incident cancer (upper row) and cancer death (lower row) 24 years after ACS.



HF= heart failure; LVEF= left ventricular ejection fraction.

Adjusted for age, gender, BMI, smoking, diabetes mellitus, total cholesterol level and STEMI at admission.

Figure 4: Cumulative hazards of incident cancer (upper row) and cancer death (lower row) 24 years after ACS according to enrolment age and gender.



Heart failure during acute coronary syndrome and the long-term cancer risk: the ABC-9⁺ Study on heart disease

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¹The ABC Study on Heart Disease Foundation-ONLUS, Conegliano, Italy; ²Department of Cardiology, Minia University, Minia, Egypt; and ³Department of Internal Medicine and Cardiology, Adria General Hospital, Adria, Italy

Abstract

Aims A higher risk of cancer among patients with heart failure (HF) has been suggested in recent community-based studies. This study aimed to investigate the impact of HF during hospitalization with acute coronary syndrome (ACS) on the long-term cancer risk.

Methods and results The study included 572 patients admitted with ACS to three Italian hospitals, discharged cancer-free, and prospectively followed for 24 years or until death. All but three patients completed the follow-up, which represented 6440 person-years (mean age: 66 ± 12 years; 70% males). Baseline HF was diagnosed in 192 (34%) patients. A total of 129 (23%) patients developed cancer (103 without HF and 26 with HF), and 107 (19%) patients died due to it (81 without HF and 26 with HF). The incidence rates for cancer onset and cancer death were not different according to HF status. Cox regression analysis revealed no association between HF or left ventricular ejection fraction (LVEF) and cancer risk. In addition, no difference in cancer risk was observed among patients with HF with preserved ejection fraction, HF with mid-range ejection fraction, and HF with reduced ejection fraction. In competing risk regression analysis, the risk of cancer onset associated with HF was sub-hazard ratio (SHR) 0.47 [95% confidence interval (CI): 0.30–0.72; *P* = 0.001] and SHR 1.02 (95% CI: 1.01–1.04; *P* = 0.002) with LVEF. Results were the same in the adjusted model. Yet the fully adjusted model showed an attenuated association between cancer death and HF (SHR: 0.63; 95% CI: 0.37–1.05; *P* = 0.08) and LVEF (SHR: 1.02; 95% CI: 0.99–1.06; *P* = 0.08). Consistent results were obtained after using propensity score matching analysis that created 192 pairs. A negative interaction between age and HF and a positive interaction between age and LVEF for cancer risk have also been found.

Conclusions An inverse association between baseline HF and long-term cancer risk has been observed among the ABC Study on heart disease patients who were followed for 24 years after ACS.

Keywords Acute coronary syndrome; Heart failure; Incident cancer; Cancer mortality; Epidemiology; Follow-up studies

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[†]ABC is an acronym for Adria, Bassano, Conegliano, and Padua hospitals.

Introduction

Heart failure (HF) is common among patients hospitalized for acute coronary syndrome (ACS) with an incidence ranging from 14% to 37%.^{1,2} The prognostic significance of HF complicating myocardial infarction (MI) has been documented in many studies as an important predictor of all-cause and cardiovascular mortality risks.^{3–5}

Recently, reports have suggested an increased risk of cancer and cancer-related mortality in patients who survived ACS.^{6–10} Both pathologies are linked by inflammation and oxidative stress and share several modifiable risk factors such as smoking, sedentary lifestyle, unhealthy diet, and obesity, possibly reflecting a shared biology.^{7,11–15} Yet it is not well understood which patients have this higher risk.

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25 August - 28 August 2023

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ESC Congress 2023



Incidence of Fatal Stroke 24 Years After ACS: The Value of Baseline Albuminuria and Hypertension

The ABC Study On Acute Coronary Syndrome

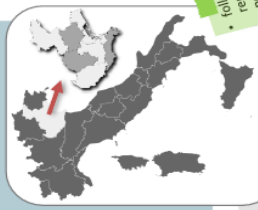
Berton G, Palmieri R, Cordiano R, Pasquinucci M, Bagato F, Merotto D, Menegon F, Nardi T, Ahmed MM, and Mahmoud HT

The ABC Study on Heart Disease Foundation-ONLUS, Conegliano, Italy

A Veneto Region Project, AULSS 2 Treviso, Italy

The ABC Study on ACS:

- An ongoing, prospective investigation designed to reflect, as closely as possible, an unbiased population of patients with ACS.
- Started in 1992-1993.
- Patients were enrolled in Adria, Bassano and Conegliano Hospitals.
- All data were connected with Padua University.



follow-up 7065 registered patients with 3 patients with follow-up <24 yrs

Background:

Albuminuria and hypertension are known independent predictors of stroke risk.

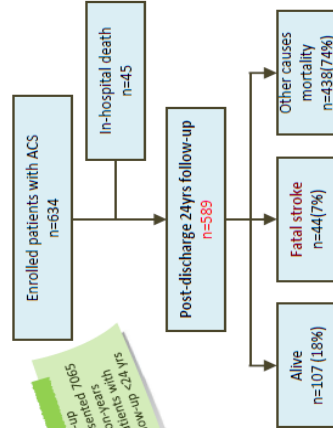


Purpose:

To investigate the additive effect of baseline albuminuria and hypertension on the very long-term risk prediction of fatal stroke in patients with ACS.

Methods:

- 589 ABC study patients with ACS.
- Follow-up 24 years or until death.
- Baseline clinical and laboratory data recorded within the first 7 days of hospitalization.



Results:

- * 44 patients (7%) developed FS.
- * They shared most of the baseline clinical characteristics with the patients who didn't, except for:

	FS	No FS	p
Age	72±8	66±12	0.0008
Albuminuria	66	49	0.03
3rd-day ACR	66±215	35±184	0.009

* Survival analysis:

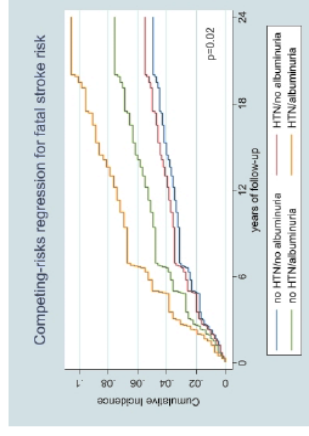
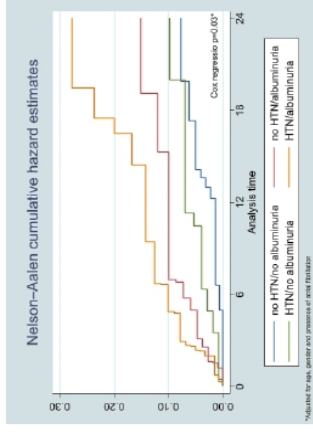
At Cox regression analysis;

	HR (95%CI)	p
HTN	1.8 (1.0-3.2)	0.05
ACR	2.9 (1.5-5.3)	0.001
HTN-ACR	4.2 (8.0-9.7)	0.001

* Same results after adjusting for age, gender and presence of atrial fibrillation.

* Same results with competing risk analysis

(SHR=2.6; 95%CI=1.1-6.0, p=0.02).



Conclusions:

The combination of baseline hypertension and albuminuria is associated with an **independent greater risk** of developing a fatal stroke long after ACS.

* <http://www.abcheartdiseasestudy.org/en/>

Edited by: H. Mahmoud, MD PhD

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Progetto Regionale Neoplasie, ABC 9* Study.

Incidence of fatal stroke 24 years after acute coronary syndrome: the value of baseline albuminuria and hypertension. The ABC study on acute coronary syndrome

G. Berton¹, R. Cordiano², R. Palmieri², M. Pasquinucci¹, F. Bagato³, D. Merotto¹, F. Menegon¹, T. Nardi¹, M.M. Ahmed⁴, H.T. Mahmoud¹

¹The ABC study on heart disease Association-Foundation-ONLUS, Conegliano, Italy

²Adria General Hospital, Adria, Italy

³Conegliano General Hospital, Conegliano, Italy

⁴Alto Vicentino Hospital, cardiology, Santorso, Italy

On behalf of The ABC study on heart disease Association-Foundation-ONLUS

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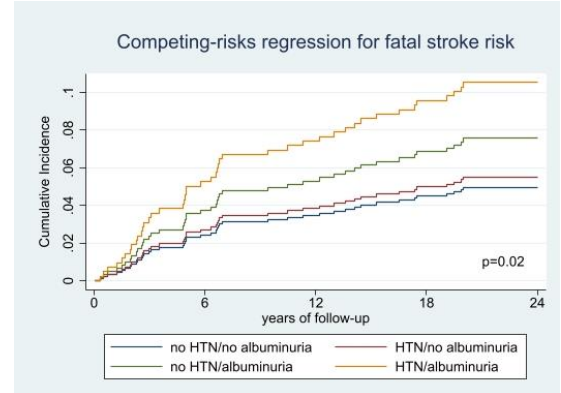
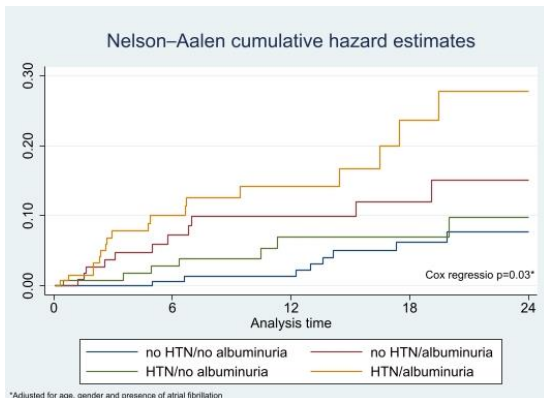
Background: Albuminuria and hypertension are known independent predictors of stroke risk.

Purpose: To investigate the additive effect of baseline albuminuria and hypertension on the very long-term risk prediction of fatal stroke (FS) in patients with acute coronary syndrome (ACS).

Methods: The present analysis includes 589 patients admitted with ACS to 3 Italian hospitals and discharged alive. Patients were followed prospectively for 24 years or until death. Baseline clinical and laboratory data were recorded within the first 7 days of hospitalization.

Results: All but three patients completed the follow-up representing 7065 person-years and 44 patients (7%) developed FS. They shared most of the baseline clinical characteristics with the patients who did not have FS, except for being significantly older (mean age was 72 ± 8 vs. 66 ± 12 years, $p=0.0008$). Patients with FS also had albuminuria more frequently (66% vs. 49%, $p=0.009$) with significantly higher values of 3rd-day albumin-creatinine ratio (ACR), ($p=0.009$). At Cox regression analysis; patients who had hypertension or albuminuria had a higher risk of developing FS, hazard ratios were (HR=1.8; 95%CI=1.0–3.2; $p=0.05$ and HR=2.9; 95%CI=1.5–5.3; $p=0.001$ respectively). Patients with both hypertension and albuminuria showed an independent risk association for developing FS than patients with neither HR=4.2; 95%CI=1.8–9.7; $p=0.001$. Results kept true with a model adjusted for age, gender and presence of atrial fibrillation. The same results were obtained with the competing risk analysis (HR=2.6; 95%CI=1.1–6.0, $p=0.02$).

Conclusions: the results showed that the combination of hypertension and albuminuria is associated with an independent greater risk of developing a fatal stroke long after ACS.



National congresses

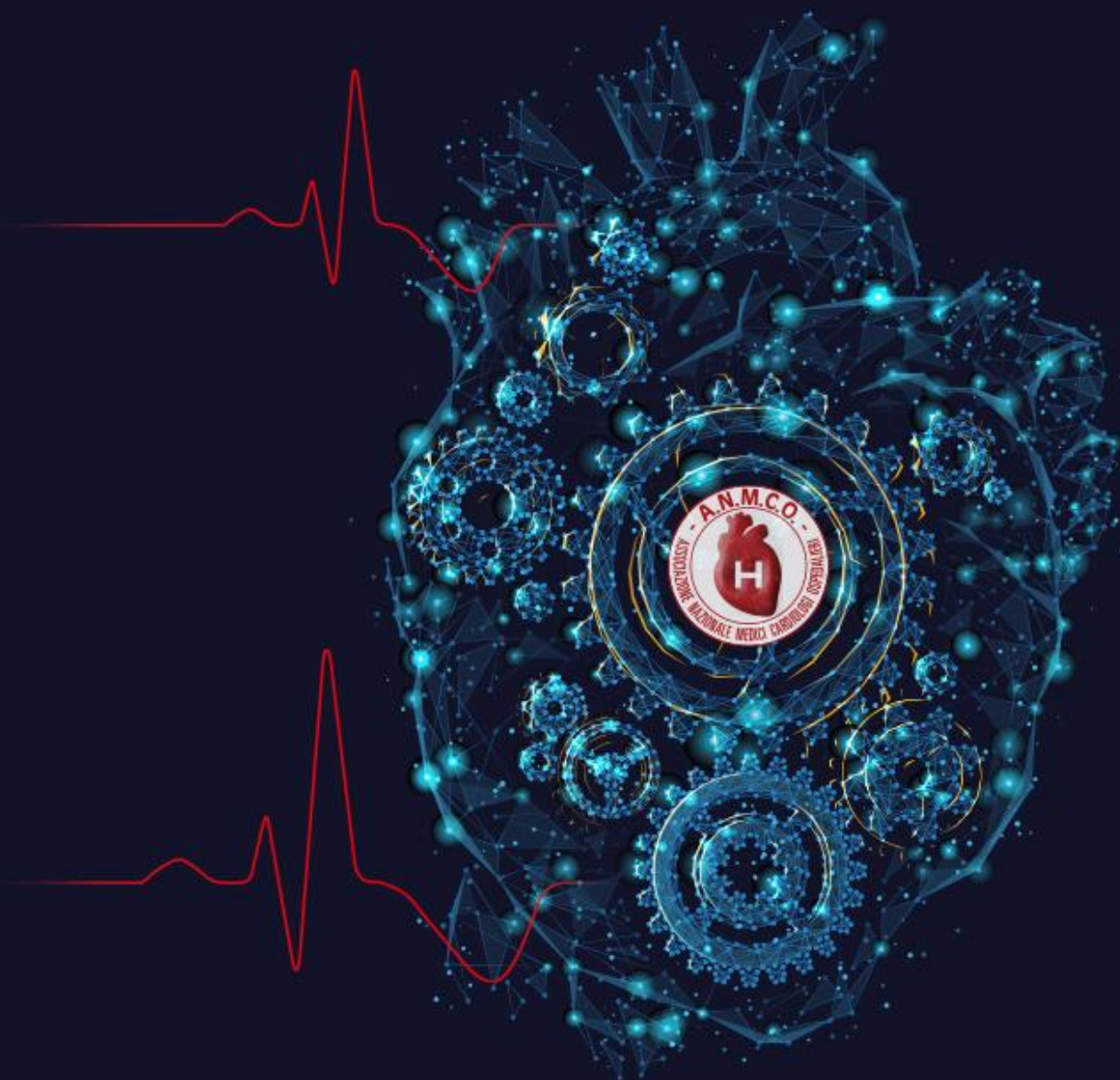


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STORIA E FUTURO DELLA CARDIOLOGIA

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Progetto Regionale Neoplasie, ABC 9* Study.

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ABSTRACT



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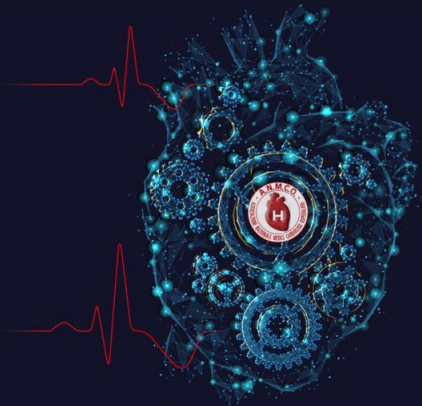
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Heart failure during acute coronary syndrome and the long-term risk of cancer death

The ABC-9* Study on Heart Disease



Giuseppe Berton, MD.

The ABC Study on Heart Disease Foundation-ONLUS.

ANMCO
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STORIA E FUTURO DELLA CARDIOLOGIA

Edited by: Mahmoud H.T, MD, PhD.

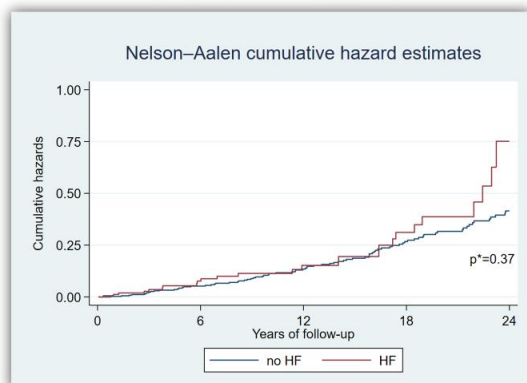
R I M I N I
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Cancer death risk



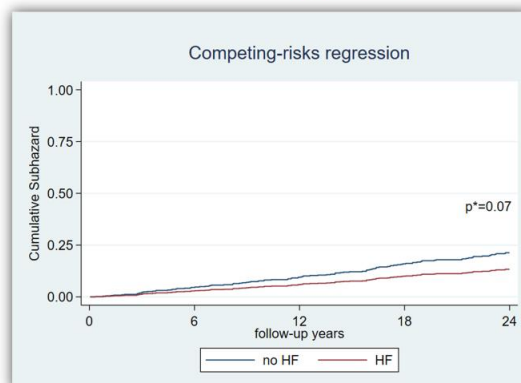
- Unadjusted cox regression analysis

HR= 1.37(0.87-2.15), p=0.17



- Unadjusted competing risk regression analysis

SHR= 0.60(0.39-0.94), p=0.29



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HF= heart failure. *Adjusted for gender, BMI, smoking, diabetes mellitus, total cholesterol level and STEMI at admission



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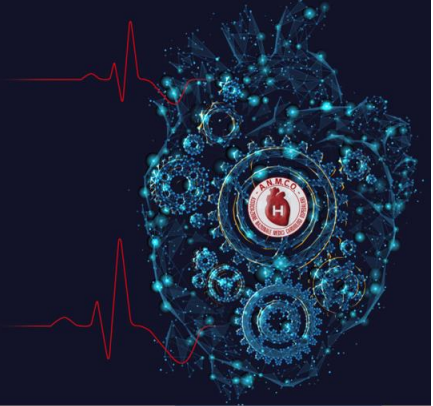
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Microalbuminuria During ACS as Long-Term Prognostic Factor

Results From 24 Years of Follow-up of The ABC Study on Heart Disease



Giuseppe Berton, MD.

The ABC Study on Heart Disease Foundation-ONLUS.

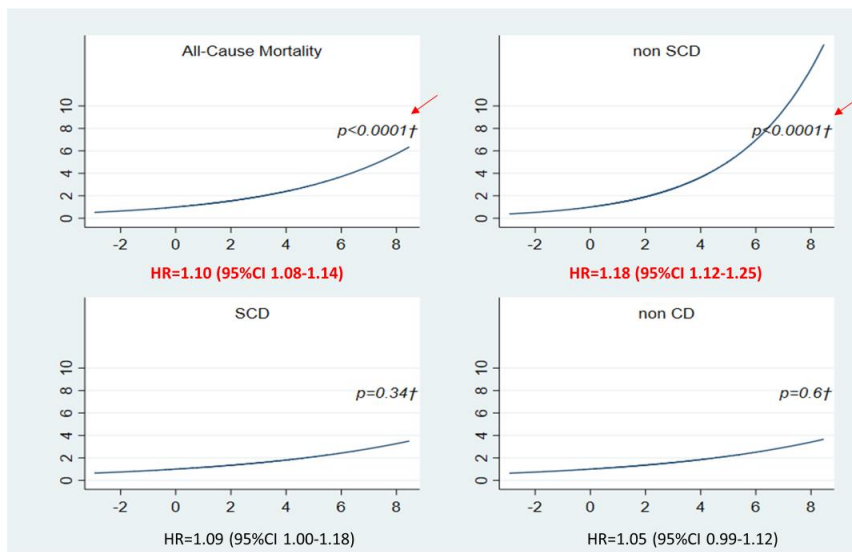
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STORIA E FUTURO DELLA CARDIOLOGIA

Edited by: Mahmoud H.T, MD, PhD.

R I M I N I
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M A G G I O

Relative hazard estimates for all-cause and cause-specific mortality 24 years after ACS according to baseline ACR level



ANMCO 2023

ACR= urinary albumin-to-creatinine excretion ratio (mg/g); non-SCD= non-sudden cardiac death; non-CD= non-cardiac death; SCD= sudden cardiac death. † Analysis was done using log-transformed ACR. * Values from the Cox regression analysis using a model adjusted for age, gender, smoking, diabetes mellitus, hypertension, presence of heart failure at admission, and plasma total cholesterol level

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e-POSTER

ABSTRACT

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Heart Failure During Acute Coronary Syndrome and The Long-Term Risk of Incident Cancer.

The Abc-9* Study on Heart Disease.

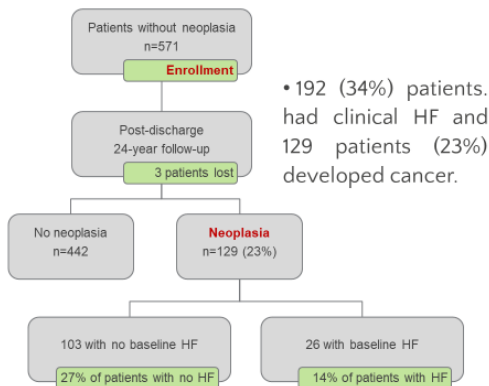
Heba Mahmoud, Giuseppe Berton, Rocco Cordiano, Fiorella Cavuto, David Merotto, Francesco Menegon, Francesco Bagato, Arianna Dal Bo, Moemen Mahmoud and Nadir Sitta.
The ABC Heart Disease Foundation - ONLUS

Introduction

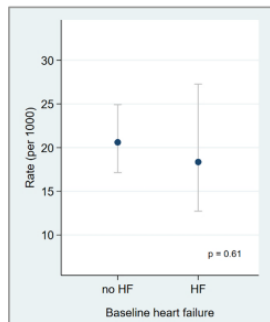
Recent reports have suggested a higher risk of incident cancer among patients with pre-existing Heart failure (HF) in community-based cohorts

Results

• Almost all patients completed the follow-up (6440 person-years).



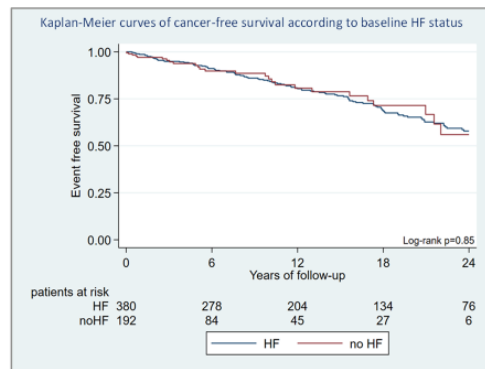
• No difference in cancer incidence rate in patients with and without baseline HF.



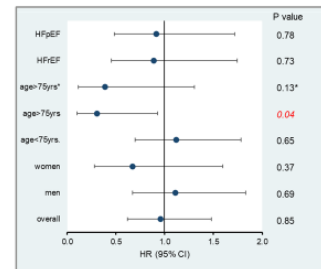
• The risk for cancer associated with HF was (HR: 0.96; 95% CI: 0.62-1.47; p=0.85).

Methodology

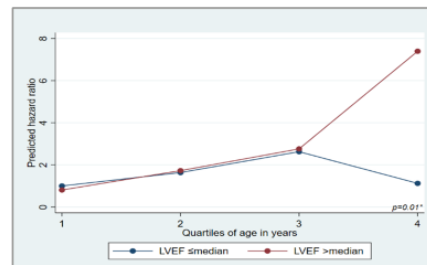
To investigate the association between HF during hospitalization with ACS and the very long-term cancer risk, we enrolled 572 patients admitted with ACS to 3 Italian hospitals and discharged alive and free from neoplasia. Patients were prospectively followed for 24 years or until death.



• Risks for cancer associated with HF in different subgroups



• Strong positive interaction between age and LVEF for the risk of cancer onset (HR: 1.002; 95% CI: 1.003 -1.004; p=0.02)



Conclusion

A lack of association between clinical HF at admission for ACS and the long-term cancer risk has been observed in this prospective study of unselected ACS patients.

A positive independent interaction between age and LVEF has been also observed



Baseline Albuminuria and Heart Failure During Hospitalization With ACS and Long-term Death Risk.

Results From 24 Years of Follow-up of The ABC Study on Heart Disease.

G. Berton, R. Palmieri, F. Cavuto, R. Cordiano, D. Merotto, F. Bagato, A. Dal Bo, G. Preti, H. Mahmoud.

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Introduction

Both albuminuria and heart failure are known predictors of poor outcomes in patients with acute coronary syndrome (ACS).

Aim of the work

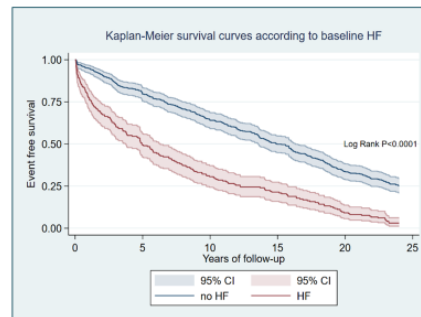
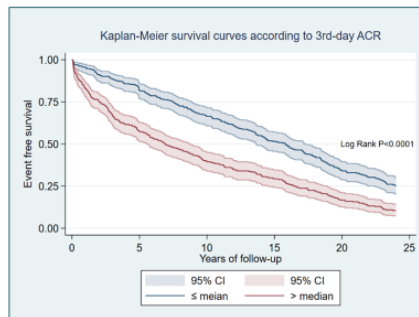
To assess the combined effect of albuminuria and heart failure on the long-term mortality risk prediction 24 years after ACS.

Methods and Materials

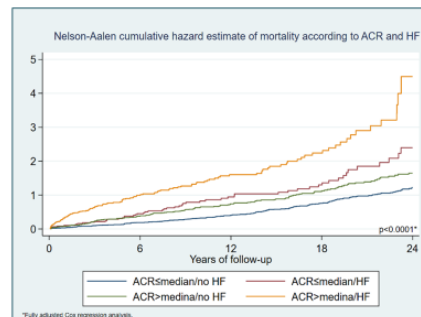
- The present analysis includes 589 patients with ACS admitted to three Italian hospitals and discharged alive.
- Baseline clinical and laboratory data were collected within the first 7 days of hospitalization.
- Patients were followed for 24 years or until death.

Results

- Virtually all patients completed the follow-up, representing 7066 person-years.
- Patients' mean age was 66 ± 12 years, 70% were males .
- 482(82%) had died during follow-up.
- Compared to the living, dead patients were significantly different for many clinical features, they had:
 - Baseline HF more frequently (39 % vs. 5% $p<0.0001$)
 - Microalbuminuria more frequently (24 % vs. 7% $p<0.0001$)
 - Significantly higher values of 3rd-day albumin-creatinine ratio (ACR) ($p<0.0001$).
- Cox regression analysis showed that the presence of either albuminuria or HF at admission with ACS is independently associated with long-term mortality (HR:1.84; 95%CI 1.54-2.20; $p<0.0001$) and (HR:2.48; 95%CI 2.05-2.98; $p<0.0001$), respectively.



- Patients who suffered from both pathologies were at **higher risk** of death than patients with either.



Conclusions

The **Presence of heart failure and albuminuria during ACS is independently associated with long-term mortality with an additive effect.**

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Edited by: Mahmoud H.T, PhD

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The Heart of the Matter

***Abstracts from the 54th Congress of
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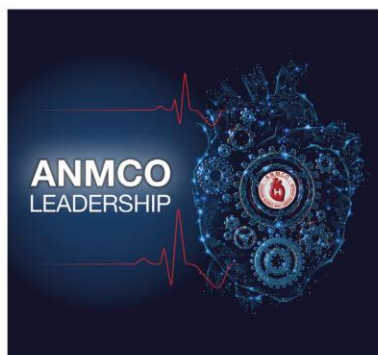
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C10 HEART FAILURE DURING ACUTE CORONARY SYNDROME AND THE LONG-TERM RISK OF CANCER DEATH. THE ABC-9* STUDY ON HEART DISEASE

H. Mahmoud, G. Berton, R. Cordiano, R. Palmieri, D. Merotto, F. Menegon, S. Petucco, A. Dal Bo, M. Mahmoud, and F. Cavuto
The ABC Study on Heart Disease Foundation-Onlus, Conegliano; Adria General Hospital, Adria; Adria General Hospital, Adria; The ABC Study on Heart Disease Foundation-Onlus, Conegliano; Ulss7, Vicenza; Ospedale Alto Vicentino, Santorso; Bassano del Grappa General Hospital, Bassano del Grappa

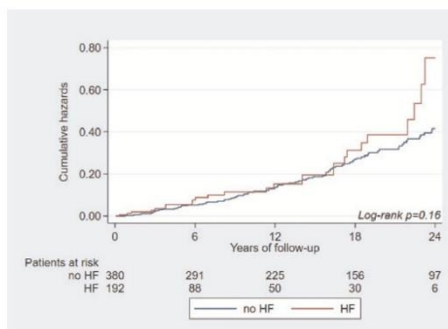
Introduction: Emerging evidence suggests that patients with coronary artery disease carry an increased risk of cancer death.

Methods: To assess the association between heart failure (HF) during hospitalization with acute coronary syndrome (ACS) and the very long-term cancer death risk, we enrolled 572 patients admitted with ACS to 3 Italian hospitals and discharged alive and free from neoplasia. Patients were followed prospectively for 24 years or until death.

Results: All except for three patients completed the follow-up, representing 6913 person-years. Patients' mean age was 66 ± 12 years and 70% were males. Baseline clinical HF was diagnosed in 192 (34%) patients. During follow-up, 107 patients (19%) died due to cancer; of them, 81 with no HF [79% of patients without HF] and 26 had baseline HF [14% of patients with HF]. The incidence rates for cancer death were 17 and 14 per 1000 person-years for patients with and without baseline HF, respectively ($p = 0.48$). The risks for cancer death associated with HF were (HR: 1.37; 95% CI: 0.88-2.15; $p=0.16$). Similar associations were observed among men and women and in patients younger and older than 75 years of age. The unadjusted HRs for incident cancer were (HR: 1.25; 95% CI: 0.61-2.53; $p=0.53$) and (HR: 1.26; 95% CI: 0.66-2.39; $p=0.49$) for patients with HFrEF and HFpEF respectively. We observed a positive interaction between age and LVEF for the risk of cancer death (HR: 1.002; 95% CI: 1.001-1.004; $p=0.01$) in the unadjusted model. **Results:** were the same in the fully adjusted model.

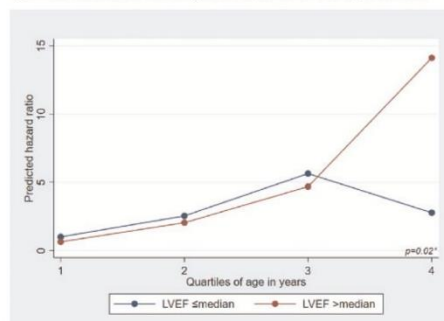
Conclusions: A lack of association between clinical HF at admission for ACS and the long-term cancer death risk has been observed in this prospective study of unselected ACS patients. A positive independent interaction between age and LVEF has been also observed.

Figure 1: Cumulative hazards of cancer death according to baseline HF status.



HF= heart failure.

Figure 2: Interaction between LVEF and age for the risk of incident cancer 24 years after ACS.



LVEF= left ventricular ejection fraction.

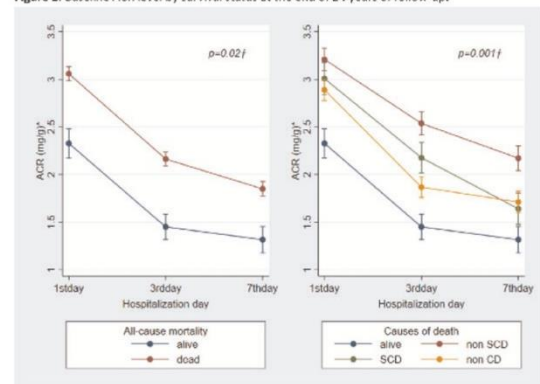
*Adjusted for age, gender, diabetes mellitus, hypertension, smoking and baseline total cholesterol level.

Methods: To evaluate the very long-term prognostic yield of baseline microalbuminuria in patients with acute coronary syndrome (ACS), we prospectively studied 589 ACS patients admitted to three Italian hospitals. The baseline albumin/creatinine ratio (ACR) was measured on days 1, 3, and 7 in 24-h urine samples. Patients were followed for 24 years or until death.

Results: Virtually all patients completed the follow-up, representing 7066 person-years. During follow-up, 482 (82%) had died: 38% due to non-sudden cardiac death (non-SCD), 19% sudden cardiac death (SCD), and 43% due to non-cardiac (non-CD) death. Throughout the 1st admission week, ACR was consistently higher in the patients who died during follow-up than in those who survived. Similar higher values were found for deaths from non-SCD causes. The unadjusted Cox regression analysis revealed that ACR is a significant predictor of all-cause mortality (HR:1.24; 95%CI 1.20-1.28; $p<0.0001$) and the 3 causes of death (HR:1.38; 95%CI 1.31-1.45; $p<0.0001$), (HR:1.16; 95%CI 1.07-1.25; $p=0.0001$) and (HR:1.17; 95%CI 1.10-1.23; $p<0.0001$) for non-SCD, SCD and non-CD respectively. Yet the fully adjusted model showed that ACR is a significant independent predictor of all-cause mortality (HR:1.10; 95%CI 1.08-1.14; $p<0.0001$) and only non-SCD (HR:1.18; 95%CI 1.12-1.25; $p<0.0001$). A positive interaction between ACR and the presence of heart failure during admission (HR:1.12; 95%CI 1.02-1.24; $p=0.02$) and a negative interaction with LVEF (HR:0.86; 95%CI 0.78-0.95; $p=0.004$) for all-cause death was also observed at the multivariable level.

Conclusion: This prospective study shows that baseline ACR during ACS seems to be a strong independent long-term risk predictor, chiefly associated with non-sudden cardiac death. Positive independent interaction with indicators of heart failure has been also observed.

Figure 1: Baseline ACR level by survival status at the end of 24 years of follow-up.

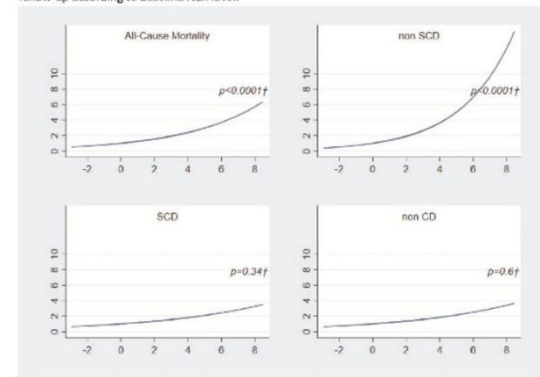


ACR= Urinary albumin/creatinine ratio (mg/g); non-SCD= non-sudden cardiac death; non-CD= non-cardiac death; SCD= sudden cardiac death.

*Log-transformed ACR values were used, and reported as medians with error bars that represent SEM.

†Data were compared using age and gender-adjusted repeated-measure ANCOVA using log-transformed ACR.

Figure 2: Relative hazard estimates for all-cause and cause-specific mortality during 24 years of follow-up according to baseline ACR level.



ACR= Urinary albumin/creatinine excretion ratio (mg/g); non-SCD= non-sudden cardiac death; non-CD= non-cardiac death; SCD= sudden cardiac death.

Analysis was done using log-transformed ACR.

† Adjusted for baseline age, gender, smoking, diabetes mellitus, hypertension, presence of heart failure at admission, and plasma total cholesterol level.

Abstract citation ID: suad111.023

C24 MICROALBUMINURIA DURING ACUTE CORONARY AS LONG-TERM PROGNOSTIC FACTOR. RESULTS FROM 24 YEARS OF FOLLOW-UP OF THE ABC-9 STUDY ON HEART DISEASE

G. Berton, R. Cordiano, R. Palmieri, F. Cavuto, M. Mohammed Ahmed, F. Bagato, D. Merotto, F. Menegon, P. Palatini, and H. Mahmoud
The ABC Study on Heart Disease Foundation-Onlus, Conegliano; Adria General Hospital, Adria; Adria General Hospital, Adria; Bassano del Grappa General Hospital, Bassano del Grappa; Ospedale Alto Vicentino, Santorso; Conegliano General Hospital, Conegliano; The ABC Study on Heart Disease Foundation-Onlus, Conegliano; Padova University, Padova

Background: Microalbuminuria is one of the earliest biomarkers of kidney injury that reflects an endothelial dysfunction with increased glomerular permeability and it is independently associated with adverse outcomes in several clinical situations.

CARDIO-ONCOLOGY - CASE REPORTS 2

Abstract citation ID: suad111.450

P378 HEART FAILURE DURING ACUTE CORONARY SYNDROME AND THE LONG-TERM RISK OF INCIDENT CANCER. THE ABC-9* STUDY ON HEART DISEASE

H. Mahmoud, G. Berton, R. Cordiano, F. Cavuto, D. Merotto, F. Menegon, F. Bagato, A. Dal Bo, M. Mahmoud, and N. Sitta

The ABC Study On Heart Disease Foundation-Onlus, Conegliano; Adria General Hospital, Adria; Bassano del Grappa General Hospital, Bassano del Grappa; Conegliano General Hospital, Conegliano; Ospedale Alto Vicentino, Santorso

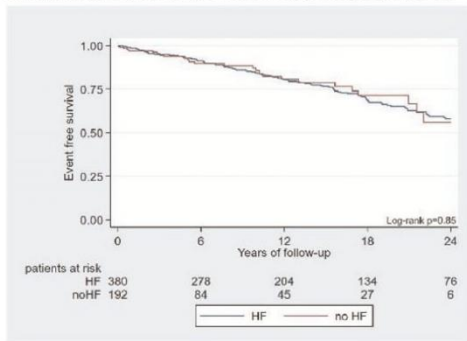
Introduction: Recent reports have suggested a higher risk of incident cancer among patients with pre-existing Heart failure (HF) in community-based cohorts.

Methods: To investigate the association between heart failure (HF) during hospitalization with acute coronary syndrome (ACS) and the very long-term cancer risk, we enrolled 572 patients admitted with ACS to 3 Italian hospitals and discharged alive and free from neoplasia. Patients were prospectively followed for 24 years or until death.

Results: All except for three patients completed the follow-up, representing 6440 person-years. Patients' mean age was 66 ± 12 years and 70% were males. Baseline clinical HF was diagnosed in 192 (34%) patients. During follow-up, 129 patients (23%) developed cancer; of them, 103 with no HF [27% of patients without HF] and 26 had baseline HF [14% of patients with HF]. The incidence rates for cancer were 18 and 21 per 1000 person-years for patients with and without baseline HF, respectively ($p = 0.62$). The risks for cancer associated with HF were (HR: 0.96; 95% CI: 0.62-1.47; $p=0.85$). Similar associations were observed among both genders and in patients younger than 75 years of age. Yet, in patients older than 75 years, the unadjusted risk was (HR: 0.30; 95% CI: 0.09-0.92; $p=0.04$). However, the fully adjusted risk was (HR: 0.39; 95% CI: 0.12-1.30; $p=0.13$). The unadjusted HRs for incident cancer were (HR: 0.88; 95% CI: 0.45-1.74; $p=0.73$) and (HR: 0.91; 95% CI: 0.48-1.71; $p=0.77$) for patients with HF_{rEF} and HF_{pEF} respectively. We observed a positive interaction between age and LVEF for the risk of cancer onset (HR: 1.002; 95% CI: 1.003 -1.004; $p=0.02$) in the unadjusted model. Results were the same in the fully adjusted model.

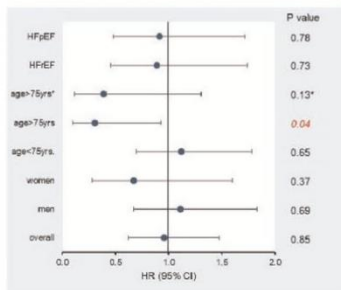
Conclusions: A lack of association between clinical HF at admission for ACS and the long-term cancer risk has been observed in this prospective study of unselected ACS patients. A positive independent interaction between age and LVEF has been also observed.

Figure 1: Kaplan-Meier curves of cancer-free survival according to baseline heart failure status.



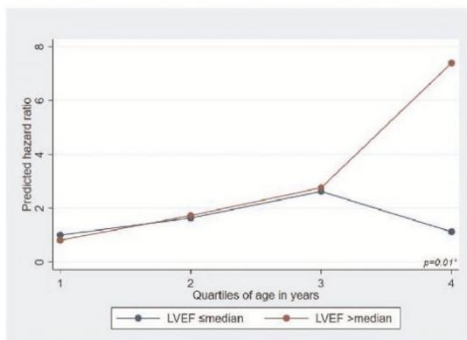
HF= heart failure.

Figure 2: Risks for incident cancer associated with HF in different subgroups.



* Adjusted for age, gender, diabetes mellitus, hypertension, smoking and baseline total cholesterol level.

Figure 3: Interaction between LVEF and age for the risk of incident cancer 24-years after ACS.



LVEF= left ventricular ejection fraction.

*Adjusted for age, gender, diabetes mellitus, hypertension, smoking and baseline total cholesterol level.

Background: Both albuminuria and heart failure are known predictors of poor outcomes in patients with acute coronary syndrome (ACS). Purpose: To assess the combined effect of albuminuria and heart failure on the long-term mortality risk prediction 24 years after ACS.

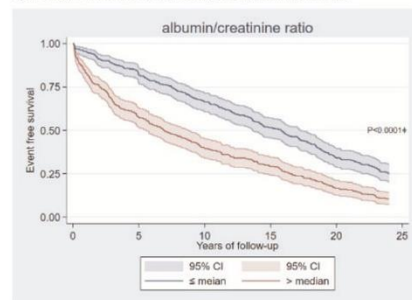
Methods: The present analysis includes 589 patients with ACS admitted to three Italian hospitals and discharged alive. Baseline clinical and laboratory data were collected within the first 7 days of hospitalization. Patients were followed for 24 years or until death.

Results: Virtually all patients completed the follow-up, representing 7066 person-years. Patients' mean age was 66 ± 12 years, 70% were males and 482(82%) had died during follow-up. Compared to those who survived, dead patients, were significantly different for many clinical features, they had baseline HF and microalbuminuria more frequently (39 % vs. 5% $p<0.0001$) and (24 % vs. 7% $p<0.0001$), respectively, and they showed significantly higher values of 3rd-day albumin-creatinine ratio (ACR) ($p<0.0001$). The unadjusted Cox regression analysis showed that the presence of either albuminuria or HF at admission with ACS is independently associated with long-term mortality (HR:1.84; 95%CI 1.54-2.20; $p<0.0001$) and (HR:2.48; 95%CI 2.05-2.98; $p<0.0001$), respectively.

Results: were similar using the fully adjusted model. Moreover, patients who suffered from both pathologies were at higher risk of death than patients with either.

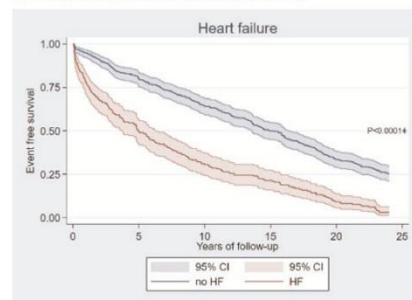
Conclusions: The Presence of heart failure and albuminuria during ACS is independently associated with long-term mortality with an additive effect.

Figure 1: Kaplan-Meier survival curves according to 3rd-day albumin-creatinine ratio.



† Log-rank test

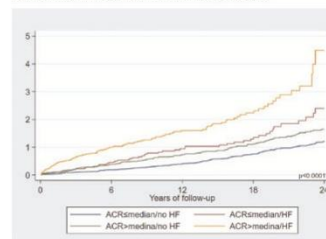
Figure 2: Kaplan-Meier survival curves according to baseline heart failure.



HF= heart failure.

† Log-rank test

Figure 3: Netflow-Aalen cumulative hazard estimator: cumulative hazard estimate of all-cause mortality according to 3rd day albumin-creatinine ratio and heart failure during hospitalization.



ACR= albumin-creatinine ratio; HF= heart failure.
*Fully adjusted Cox regression analysis.

Abstract citation ID: suad111.508

P442 BASELINE ALBUMINURIA AND HEART FAILURE DURING HOSPITALIZATION WITH ACS AND LONG-TERM DEATH RISK. RESULTS FROM 24 YEARS OF FOLLOW-UP OF THE ABC STUDY ON HEART DISEASE

G. Berton, R. Palmieri, F. Cavuto, R. Cordiano, D. Merotto, F. Bagato, A. Dal Bo, G. Preti, and H. Mahmoud
The ABC Study On Heart Disease Foundation-Onlus, Conegliano; Adria General Hospital, Adria; Bassano del Grappa General Hospital, Bassano del Grappa; Adria General Hospital, Adria; Conegliano General Hospital, Conegliano

Community meeting

CONGRESSO

APPROCCIO CLINICO INTEGRATO NELLA MEDICINA COLLABORATIVA

INQUINAMENTO E PATOLOGIE CORRELATE

DOMENICA 15 OTTOBRE 2023 - ORE 9.00
GHV Hotel - Via Carpaneda, 5 - Creazzo - Vicenza

Quarto convegno sulle nuove frontiere della medicina collaborativa con la partecipazione interattiva degli ospiti.

Organizzato dall'associazione G.A.S Vicenza APS nella persona di Giovanna Costantino, in collaborazione con i medici Isde Italia

Il tema ambiente e salute rappresenta una delle priorità di intervento del piano nazionale della prevenzione.

PROGRAMMA:

Apertura lavori ore 9.00
Ringraziamento del Sindaco

ore 9.30 / **Prof. Vincenzo Cordiano**
Ematologo - presidente dei medici ISDE Regione Veneto - Dal luglio 2013 si è occupato principalmente del grave inquinamento pluridecennale da sostanze perfluoroalchiliche (PFAS) in un'ampia zona del Veneto. Presidente della sezione di Vicenza dell'Associazione Medici per l'Ambiente - ISDE Italia (attualmente ricopre il ruolo di Presidente regionale della stessa associazione).

ore 9.50 / **Dr. Giuseppe Gancitano**
Medico-Chirurgo, docente e Ricercatore scientifico sulla Heart Rate Variability (HRV) e Fitoterapia Clinica. Collabora con il Prof. Russel Reiter (Stati Uniti) per i progetti di ricerca sulla melatonina.

ore 10.10 / **Prof. Stefano Fais**
Dirigente di ricerca in Oncologia e Medicina Molecolare specialista in Gastroenterologia e patologia generale. Dottore in Ricerca in immunità mucosale postdottorato in virologia. È stato direttore del Reparto Farmaci Antitumorali dell'ISS Dirigente di Ricerca Dipartimento Di Oncologia e Medicina Molecolare dell'ISS autore di più di 220 pubblicazioni scientifiche

ore 10.30 / **Prof. Giuseppe Barton**
Medico cardiologo fondatore dell'associazione di ricerca ABC Study on heart disease foundation

ore 10.50 / **Prof. Biava**
Primo medico a scoprire i fattori di crescita e differenziazione delle cellule staminali. Ha svolto ricerca su Nutrizione e neurodegenerazione Gdo-Microbiota intestinale-Salute, aggiunge il completamento anche dai primi corsi in Italia sull'Epigenetica ambiente e salute, nutrizione e nutraceutica; Studia da parecchi anni il rapporto fra cancro e differenziazione cellulare; ha isolato i fattori di crescita e differenziazione delle cellule staminali in grado di inibire o rallentare la crescita di vari tipi di tumori umani e di indirizzare in generale il destino delle cellule staminali normali e patologiche. Ciò ha notevole importanza nella prevenzione e trattamento di vari tipi di malattie come le malattie cronico-degenerative ed in medicina rigenerativa per il rinnovamento e la rigenerazione cellulare.

ore 11.10 / **Dr. Pietro Pace**
Chirurgo Vascolare - Angiologo, Medicina nutrizionale, medicina estetica, medicina naturale, riabilitazione estetica energetica funzionale

ore 11.30 / **Prof. Guido Paoli**
Fisico, specializzato in Fisiopatologia e terapia del dolore. Guido Paoli vive e lavora a Firenze. Si è laureato in Fisica (indirizzo nucleare) presso l'Università degli Studi di Firenze ed ha conseguito il titolo di Dottore di Ricerca in Fisiopatologia del Dolore presso la stessa Università. È membro della Società Italiana di Fisica (S.I.F.). È responsabile scientifico e vicepresidente della Fondazione Valsè Pantellini e docente presso la neo formata Università Popolare del Tassinaro. Collabora con la Dott.ssa Simonetta Tassoni per alcuni seminari interdisciplinari tenuti nel corso degli anni presso la Scuola di Osteopatia Classica "Effatis" di Lucca, da Lei diretta.
La molecola intelligente. Note di biofisica del cancro

ore 11.50 / **Dr. Giovanni Aru**
Medico chirurgo, doppia iscrizione all'albo dei Medici Chirurghi ed Odontoiatra, da anni impegnato nel campo della Medicina Bioenergetica.

ore 12.10 / **Dr. Rocco Palmisano**
Laureato in tecniche di radiologia medica per immagini e radioterapia. Laureato in scienza della salute (USA)

ore 12.30 / **Dott. Rita Belforti e Simona Chierighini**
Operatore olistico di Medicina Biologica Emozionale "Le patologie hanno un significato biologico senso"

ore 12.50 / **Dr. ssa Tiziana Toso**
Biologa nutrizionista, specialista in Scienze dell'alimentazione, Naturopata, Master in oncologia integrata, Esperta in genetica medica, Master in andrologia e medicina della riproduzione.

ore 13.10 / **Dr.ssa Vezika Cenaj**
Esperta in Terapie Integrate e Complementari per Patologie Croniche ed Oncologiche, Ozonoterapia, Nutrizione, Osteopatia e agopuntura.

Pausa pranzo

ore 14.20 / Ospite d'onore **Dott.ssa Veronica Luna**
psicoterapia cognitivo-comportamentale, e operatrice di Training Autogeno e conduce corsi individuali e di gruppo. È specializzata nella tecnica EMDR, un metodo psicoterapico strutturato che facilita il trattamento di diverse psicopatologie e problemi legati sia ad eventi traumatici, che a esperienze più comuni ma emotivamente stressanti. Qualificata in Psicologia Giuridica

ore 14.40 / Ospite d'onore **Dr.ssa Viviana Frattini**
Specialista in Chirurgia Generale indirizzo oncologico (Direttore Prof. R. Dionigi), Università dell'Insubria, Varese, nell'anno accademico 1999-2000; 50/50 e Iode. Titolo Tesi: I di specializzazione: "metastasi epatiche mammarie. Correlazione clinico-biologica e approccio terapeutico". Ombre e luci in chirurgia oncologica e terapie integrate rapporto medico paziente istituzioni

ore 15.10 / **Prof. Ennio De Bartolomei**
Medico Chirurgo - Specialista in Ostetricia e Ginecologia Diploma in Oncologia Clinica Umana e Sperimentale-1986- (Università di Parigi Sud), Membro FFOM (Federazione Francese Oncologi Medici), Membro Mount Sinai Hospital (New York - U.S.), Ozono terapeuta.

ore 15.30 / **Prof. i. Guido Porcellini**
Medico chirurgo Oncologo, con incarico di sviluppo ed applicazione di protocolli di detossificazione da chemioterapia in malati oncologici accettati dal Gruppo Italiano Linfomi "GIL". Partecipato all'Asi-American Society Hematology sessions legate allo studio delle cellule staminali e trapianto midollo osseo negli anni 2002/2003.

ore 15.50 / **Prof. Paolo Lissoni**
Oncologo, endocrinologo, teologo e poeta "eppure Lissoni è un noto ricercatore di Psiconeuroendocrinologia e di Bioterapia dei tumori, attivo sia in ambito clinico che sperimentale, con specializzazione nello studio della ghiandola pineale: Gli effetti dell'inquinamento sulla ghiandola pineale: possibili implicazioni risolutive

ore 16.10 / **Fabio Poli**
Esperto in conbio terapia
Nuove Tecniche di attività fisica in oncologia

Per iscrizioni e informazioni : G.A.S Vicenza APS - eventigasvicenza@gmail.com

MATERIALE PRODOTTO GRAZIE AI SERVIZI "UN GRAFICO PER LA TUA ASSOCIAZIONE" DEL CENTRO DI SERVIZIO PER IL VOLONTARIATO DELLA PROVINCIA DI VICENZA / 2023



REGIONE DEL VENETO



THE ABC HEART DISEASE FOUNDATION-ONLUS

A Veneto Region Project. Act n°748-2015

Incidenza di ICTUS nel lungo termine dopo infarto miocardico: fattori clinici e ambientali.

Giuseppe Berton, MD, FESC
Fondatore e Presidente
ABC Heart Disease Foundation-ONLUS

Dr. Giuseppe Berton, Dr. Heba Mahmoud e Mattia Ludovico Dario

Meeting Vicenza 15 Ottobre 2023

Inquinamento e patologie correlate

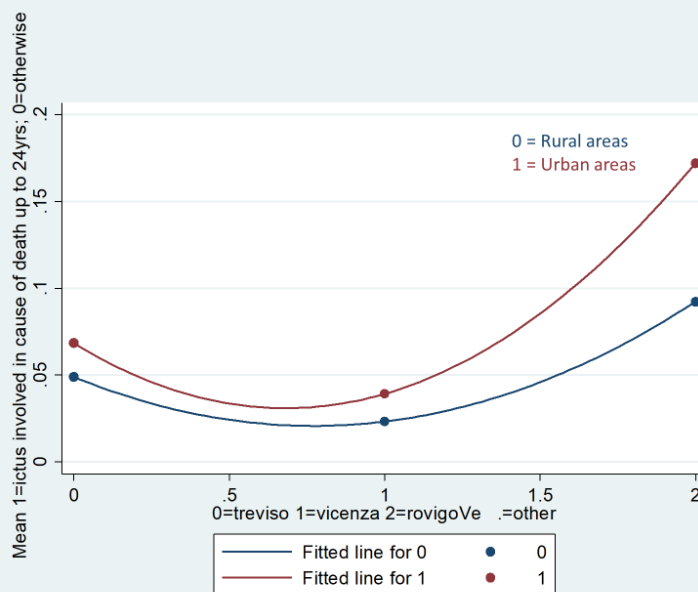
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Questo convegno sulla nuova frontiera della medicina collaborativa con la partecipazione internazionale degli ospiti, organizzato dall'associazione G.A.S. Vicenza APS nella persona di Giovanni Castellano, in collaborazione con il medico Iside Matta il tema ambientale e salute rappresenta una delle priorità di interesse per gli attori nazionali della prevenzione.

PROGRAMMA:

Per iscrizioni e informazioni: G.A.S. Vicenza APS - eventigvicenza@gmail.com

Proportion of fatal ictus in Y, by 6 geographic areas in X, n=535



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