2025 POST-ESC HIGHLIGHT SYMPOSIUM (台北場)

時間: 114 年 9 月 14 日(星期日) 14:00-17:00

地點: 張榮發基金會國際會議中心 6 樓 602 會議室 (台北市中正區中山南路 11 號)

	Topic	Presenter	Moderator
14:00 – 14:05	Welcome Remarks		李貽恒
14:05 – 14:25	CAD and ACS	蘇峻弘	李貽恒
14:25 – 14:45	Arrhythmia and Device Therapy	李政鴻	林彥璋
14:45 – 15:05	Valvular Heart Disease & 2025 ESC guidelines	宋思賢	高憲立
15:05 – 15:25	Panel Discussion		陳文鍾
15:25 – 15:35	Healthy Break		
15:35 – 15:55	Pulmonary artery hypertension	吳俊賢	林彥宏
15:55 – 16:15	Lipid & 2025 ESC guidelines (Focused Update)	黃金洲	葉宏一
16:15 – 16:35	Hot Line and Late-Breaking Clinical Trials	林宗憲	謝宜璋
16:35 – 16:55	Panel Discussion		侯嘉殷
16:55 – 17:00	Closing Remarks		侯嘉殷

蘇峻弘

現任醫院職位

中山醫學大學附設醫院心臟血管內科主任

學歷

中山醫學大學醫學系

中山醫學大學醫學研究所碩士

中山醫學大學醫學研究所博士

經歷

中山醫學大學醫學系專任教授

中山醫學大學醫學系行政副系主任

中山醫學大學附設醫院心導管室主任

中山醫學大學醫學系臨床副系主任

中山醫學大學附設醫院心臟內外科病房主任

中華民國心臟內科專科醫師

中華民國重症醫學專科醫師

中山醫學大學附設醫院心臟內科主治醫師

中山醫學大學附設醫院加護病房專責主治醫師

中山醫學大學附設醫院心臟內科研究醫師

臺大醫院心臟內科研究醫師

專業項目

狹心症、冠狀動脈心臟病、心導管手術、冠狀動脈整形術及支架置放、周邊動脈阻塞治療（包括頸動脈及腎動脈支架置放術等）、充血性心臟衰竭、瓣膜性心臟病、心臟超音波、心律不整、心律調節器植入、困難及次發性高血壓治療、重症醫療

不只好發老年族群！這些族群須小心「冠心病」危機

李政鴻醫師

主治專長

心臟血管疾病、高血壓、心律不整、電生理檢查、心律不整電燒術、複雜性心律不整(先天性或瓣膜性心臟病術後併發之心律不整)、3D 立體定位電燒術(心房顫動及心室頻脈電燒術)、重症醫學

專業經驗

高血壓治療、高血脂治療、心律不整治療、心臟節律器手術及治療

重要經歷/進修訓練

臺中榮民總醫院心臟血管中心電氣生理科主任

臺中榮民總醫院心臟血管中心主治醫師

臺北榮民總醫院員山分院內科主治醫師

臺北榮民總醫院心臟內科總醫師

臺北榮民總醫院內科部住院醫師

學歷

國立陽明大學臨床醫學研究所博士

慈濟大學醫學系醫學士

專科證照

中華民國心臟學會專科會員

教師資格

教育部定講師

中興大學兼任助理教授

宋思賢醫師	***Shih-Hsien Sung,*** *M.D., Ph.D.*
學位：	陽明大學公共衛生研究所博士 陽明大學醫學士
現職：	**臺北榮民總醫院醫學研究部臨床試驗科主任** **臺北榮民總醫院內科部心臟內科主治醫師**

教職：	國立陽明交通大學內科學科教授
經歷：	臺北榮民總醫院內科住院醫師 臺北榮民總醫院內科部總醫師 臺北榮民總醫院心臟內科總醫師 日本福岡九州大學醫學部研究員
專長學科：	經導管瓣膜修補、置換手術 成人心臟內科 心臟超音波 Echocardiography 心臟血管介入性治療 Invasive Cardiology
專科證書：	中華民國內科專科醫師 中華民國心臟專科醫師 中華民國重症醫專科醫師
專科學會：	中華民國內科醫學會 中華民國心臟學會 中華民國重症醫學會
重要著作：	**Sung SH**, Huang CJ, Cheng HM, Huang WM, Yu WC, Chen CH. Effect of Acoustic Cardiography-guided Management on 1-year Outcomes in

Patients With Acute Heart Failure. J Card Fail. 2020; (2):142-150.

Lee CW, Frerker C, Huang WM, Tsai YL, Huang CJ, Yu WC, Hsu CP, Chiang CE, Chen CH, **Sung SH**. Feasibility and rationale of direct current cardioversion immediately after transcatheter percutaneous edge-to-edge mitral valve repair. Eur J Clin Invest. 2020;50(10):e13274.

Chang HC, Huang WM, Yu WC, Cheng HM, Guo CY, Chiang CE, Chen CH, **Sung SH**. Prognostic Role of Pulmonary Function in Patients With Heart Failure With Reduced Ejection Fraction. J Am Heart Assoc. 2022;11(7):e023422.

Chang HC, Wei TW, Wu PY, Tsai MD, Yu WC, Chen CH, **Sung SH**. TIFA protein expression is associated with pulmonary arterial hypertension. Sci Rep. 2021;11(1):14140.

Chang HC, Huang CJ, Yang AC, Cheng HM, Chuang SY, Yu WC, Chiang CE, Chen CH, **Sung SH**. Role of Heart Rate Variability in Association Between Glomerular Hyperfiltration and All-Cause Mortality. J Am Heart Assoc. 2021;10(24):e021585.

限於篇幅,以上謹為代表著作

吳俊賢 三軍總醫院心臟功能室主任

Chun-Hsien Wu

現職

三軍總醫院心臟加護中心主任

國防醫學大學助理教授

學位

陽明交通大學微生物及免疫研究所博士

國防醫學大學醫學系醫學士

經歷

三軍總醫院內科部心臟超音波室主任

三軍總醫院內科部心臟內科主治醫師

三軍總醫院基隆分院心臟內科主治醫師

三軍總醫院澎湖分院心臟內科主治醫師

國軍高雄總醫院屏東分院心臟內科主治醫師

三軍總醫院內科部心臟內科總醫師

專長學科

心導管介入性心臟學

高血壓及瓣膜性心臟疾病

成人心臟學

心臟急重症加護

肺動脈高壓

專業執照

中華民國內科專科醫師

中華民國心臟專科醫師

中華民國重症專科醫師

中華民國台灣心臟專科技專醫師

中華民國台灣心臟介入學會專科醫師

黃金洲醫師

學位：	國立陽明大學藥理研究所博士 國立陽明大學醫學系醫學士
現職：	**臺北榮民總醫院內科部心臟內科主治醫師**

教　職：	國立陽明交通大學內科學科教授 國立陽明交通大學藥理所教授
經　歷：	臺北榮民總醫院內科部住院醫師 臺北榮民總醫院內科部心臟內科總醫師 德國柏林心臟醫學中心研究員 臺北榮民總醫院教學研究部/教學部主治醫師
專長學科：	成人心臟內科 高血壓 高血脂 心導管介入性治療 重症加護醫學 醫學教育
專科證書：	中華民國內科專科醫師 中華民國心臟專科醫師 中華民國重症專科醫師

	心臟血管介入專科醫師 心臟超音波專科醫師 高級心臟救命術指導員
專科學會：	中華民國內科醫學會 中華民國心臟學會 中華民國血脂及動脈硬化學會 台灣血脂衛教協會 中華民國重症醫學會 台灣介入性醫學會 醫學教育學會
學術獎勵	2010 中華民國心臟學會優秀論文獎 2010 APSH Fellowships award, Vancouver hypertension 2010 and Asian-Pacific Society of Hypertension. 2014 中華民國心臟學會青年醫師研究獎 2016 台灣醫學教育學會研究獎 2018 Best Poster, ESC Congress 2018 2021 臺北榮總「臨床教學績優醫師獎」

	2022: 第 18 屆榮總台灣聯合大學合作研究計畫『優良論文』第三名 2022: 中華民國血脂及動脈硬化學會 111 年度海報論文獎第一名 2024: 未來科技獎：「人工智慧輔助醫院血壓量測」
重要著作：	Hung MH, Shih LC, Wang YC, Leu HB, Huang PH, Wu TC, Lin SJ, Pan WH, Chen JW, **Huang CC***. Prediction of masked hypertension and masked uncontrolled hypertension using machine learning. *Front Cardiovasc Med.* 2021;8:778306. Shih LC, Wang YC, Hung MH, Cheng H, Shiao YC, Tseng YH, **Huang CC***, Lin SJ, Chen JW. Prediction of white-coat hypertension and white-coat uncontrolled hypertension using machine learning algorithm. *Eur Heart J Digit Health.* 2022;3:559-569. **Huang CC**, Niu DM, Charng MJ. Genetic analysis in a Taiwanese cohort of 750 index patients with clinically diagnosed familial

	hypercholesterolemia. *J Atheroscler Thromb*. 2022;29:639-653. **Huang CC***, Huang YL, Lin CH*, Chen JW. Plasma metabolomic profiles associated with hypertension and blood pressure in response to thiazide diuretics. *Hypertens Res.* 2022;45:464-473. Ho IW, Kuo MJ, Hsu PF, Lee IH, Hsu TF, Lin YJ, **Huang CC***. The impacts of anemia burden on clinical outcomes in patients with out-of-hospital cardiac arrest. *Clin Cardiol*. 2024;47:e24175. 限於篇幅以上僅為代表著作

林宗憲醫師

現任職稱

高雄醫學大學附設中和紀念醫院副院長
高雄醫學大學附設中和紀念醫院運營管理部主任
高雄醫學大學附設中和紀念醫院心臟血管主治醫師
高雄醫學大學醫學系教授
高雄醫學大學臨床醫學研究所合聘教授

學歷

高雄醫學大學醫學系學士
高雄醫學大學臨床醫學研究所碩士
高雄醫學大學臨床醫學研究所博士

專科執照與學會

內科醫學會專科醫師及指導醫師
心臟學會專科醫師及指導醫師
重症醫學會及重症專科醫師
介入性心臟血管醫學會

經歷

高雄醫學大學附設中和紀念醫院實習醫師
高雄醫學大學附設中和紀念醫院內科住院醫師
高雄醫學大學附設中和紀念醫院心臟內科總住院醫師
高雄醫學大學附設中和紀念醫院心導管室主任
高雄醫學大學附設中和紀念醫院心臟血管內科加護病房主任
高雄醫學大學附設中和紀念醫院心功能室主任
高雄醫學大學附設中和紀念醫院行政管理中心主任
高雄醫學大學附設中和紀念醫院心臟血管內科主任
高雄醫學大學附設中和紀念醫院院長室醫務秘書
高雄醫學大學附設中和紀念醫院醫品病安管理中心主任
高雄醫學大學教師發展中心臨床技能組組長

CAD and ACS

蘇峻弘

For many years, patients with diabetes and no known coronary artery disease (CAD) were thought to have the same risk for future myocardial infarction (MI) as did patients with known CAD. CAD is a major determinant of the long-term prognosis among patients with T2DM. Furthermore, in patients with T2DM there is an increased mortality after MI, and worse overall prognosis in T2DM patients with CAD. In the past prior to 2008, the available drugs for glycemic control in DM had been largely neutral or even had some harmful effects. The newer agents, like SGLT-2 inhibitors and GLP-1 receptor agonists have recently been shown to be not only effective and safe for glycemic control, but also have cardio-protective effects. It is well recognized that as many as two- thirds of T2DM patients with either ACS or stable CAD have either previously diagnosed DM or will be subsequently diagnosed with it. It is, therefore, essential for the clinical cardiologist to be familiar with the latest therapeutic strategies and advances for the management of these patients. Given that there has been significant evolution in the development of pharmacologic management of T2DM patients and selection of the optimal antidiabetic strategy for T2DM patients with CAD is crucial. The TSOC consensus suggests the target of HbA1c <7%. Metformin remains the first-line therapy in diabetic patients with CAD, mainly based on the findings from the UKPDS trial, 3 meta-analyses,1 observational study, and its effect on the reduction in CAC severity. For dual therapy, we recommend metformin plus SGLT-2 inhibitors, followed by metformin plus GLP-1 RAs, and then metformin plus TZDs (pioglitazone only). The PROactive trial, an important meta-analysis,74 and 2 image studies (CHICAGO and PERISCOPE provided evidences to support the place of pioglitazone in the management of type 2 diabetes and CAD. The EMPA-REG OUTCOME trial, the CANVAS program, DECLARE TIMI-58 studies and the CVD-REAL Nordic study gave a rationale for the use of SGLT-2 inhibitors. Reassuringly, each of the completed large-scale 7 CVOTs and their recent meta-analysis of these trials demonstrates cardioprotective effect of GLP-1RA gave a rationale for the use of GLP-1 RAs. If the fourth drug is to be added, DPP-4 inhibitors are recommended due to their neutral effects and safety. Sulfonylurea did not have any positive trial to support its use, and the result of a Taiwanese cohort showed a worse outcome. In addition, the risk of hypoglycemia is well-known. Glinides and acarbose have low priority due to lack of any supporting evidence.

Arrhythmia and Device Therapy

李政鴻

Anderson-Fabry disease (AFD) is a rare X-linked inherited metabolic disorder which results in a deficiency or absence of the enzyme α-galactosidase A, leading to the accumulation of glycosphingolipids in various cells and organs, including the heart. Cardiac involvement is common, usually manifests as left ventricular hypertrophy (LVH), increased myocardial inflammation, myocardial fibrosis, heart failure and arrhythmias. Echocardiography and cardiovascular magnetic resonance (CMR) imaging offer distinctive and complementary use to assist in the diagnosis of AFD, including detection of the AFD cardiac phenotype, as well as the differentiation from other forms of LVH. Furthermore, CMR imaging - as the advanced cardiac imaging - holds promise in subclinical detection of AFD-related abnormalities as well as disease staging and prognostication.

In this presentation, we are going to demonstrate the features of AFD on echocardiography, as well as the characteristics on various imaging sequences for differential diagnosis in variable forms of LVH on CMR imaging.

Valvular Heart Disease & 2025 ESC guidelines

宋思賢

Anemia is an important and common comorbidity in patients with heart failure. Patients with anemia and heart failure are associated with poor clinical status and worse outcomes than those without. Whether anemia is just a marker of heart failure severity or it is also involved in heart failure progression and outcomes and therefore should be treated is not entirely clear. Using erythropoiesis-stimulating agents to treat anemia in patients with heart failure has been evaluated intensively during the past several years and is regarded as a promising treatment strategy for heart failure patients. Unfortunately, it has been demonstrated in a large scale randomized controlled trial that these agents did not improve outcomes but were associated with a higher risk of adverse events. The iron deficiency in patients with heart failure can be absolute or function. The former refers to that total body iron is decreased, and the latter is caused when total body iron is normal or increased but is inadequate to meet the needs of target tissues because of sequestration in the storage pool. It seems appropriate to supplement iron in patients with anemia resulting from absolute iron deficiency; however, it has been unclear whether and how absolute or functional iron deficiency should be treated in nonanemic patients with heart failure. Recently, some beneficial effects have been observed in small studies by administrating intravenous iron in patients with heart failure and absolute or functional iron deficiency with or without anemia improves symptoms and exercise capacity. Nonetheless, their long-term outcomes and safety data are not yet available. In this lecture, we discuss the causes and pathogenesis of and treatment options for anemia and iron deficiency in patients with heart failure.

Pulmonary artery hypertension

吳俊賢

1. **Vericiguat,** a novel oral soluble guanylate cyclase stimulator, in this phase 3, randomized, double-blind, placebo-controlled trial showed beneficial effects in 5050 patients with NYHA II-IV and an EF < 45%. Vericiguat reduced 10% of composite endpoints including cardiovascular death and first heart failure hospitalization in mean 10.8 months.
2. **PARALLAX**, a prospective, randomized, controlled, double-blind multicentre clinical trial in patients with chronic symptomatic HF with EF >40%, New York Heart Association class II-IV symptoms, found sacubitril/valsartan reduced NT-proBNP levels at 12 weeks, but didn't increased 6-minutes walk distance at 24 weeks, compared to inhibitors of the RAS including ACE inhibitors or ARBs.
3. **EXPLORER-HCM,** a phase 3, randomised, double-blind, placebo-controlled trial found mavacamten (a first-in-class cardiac myosin inhibitor) improved exercise capacity, LVOT obstruction, NYHA functional class, and health status in patients with obstructive hypertrophic cardiomyopathy. Patients on mavacamten had greater reductions than those on placebo in post-exercise LVOT gradient (–36 mm Hg, 95% CI –43·2 to –28·1; p<0·0001). Thirty four% more patients in the mavacamten group improved by at least one NYHA class (80 of 123 patients in the mavacamten group *vs* 40 of 128 patients in the placebo group; 95% CI 22·2 to 45·4; p<0·0001).
4. **EMPEROR-Reduced**, a double-blind trial of 3730 patients with class II-IV HF and LVEF<40% to receive empagliflozin or placebo in addition to recommended therapy, found 25% reduction of cardiovascular death and HF hospitalization. The effect of empagliflozin on the primary outcome was consistent in patients regardless of the presence or absence of diabetes. The annual rate of decline in eGFR was slower in the empagliflozin group than in the placebo group, and empagliflozin-treated patients had a lower risk of serious renal outcomes.

Lipid & 2025 ESC guidelines

黃金洲

In the ESC 2025 conference, there was no ground-breaking news in the arrhythmic field. Nonetheless, there were a few interesting researches helping to fine tune the best strategy to treat patients in clinical practice.
As for the management of atrial fibrillation, the launch of ESC 2025 guideline did not differ much from previous one. The low risk of stroke in women with no other risk factor was incorporated into the guideline and needed other risk factors to warrant anticoagulation. The coverage of device detected atrial high rate was new and recommendation of anticoagulation was put into the guideline. However, more evidence is needed. The use of aspirin for stroke prevention in AF patients is totally out of the recommendation due to the similar bleeding risk and less efficacy of stroke prevention than warfarin.

To clarify the role of ablation in treating atrial fibrillation, there are many registries going on all over the world. The one year recurrent rate was around 70% among all the registries, even with the better ablation tools and the improvement of the durability of PV isolation, implying that 30% of the AF patients had triggering foci outside PVs.

There were some post-marketing registries of NOAC, aiming to study the safety of NOAC in real world, including Norway registry, ORBIT-AF registry, and XaPASS. The results were generally consistentent with the phase III RCTs. Edoxaban was mostly not in the analysis of these registries due to its late launch. Its study, ENSURE-AF, showed the safety profile of edoxaban in the use of electrical cardioversion. As for the anti-dote of Xa inhibitor, ANNEXA-4 revealed the efficacy and safety of the drug, andexanet, in reversing the effect of apixaban or revaloxaban.

As for ventricular tachyarrhythmia, DANISH proved no survival benefit of ICD in patients with non-ischemic cardiomyopathy as primary prevention. Numerous studies searched for better risk stratification markers, but the adoption for clinical use needs further studies. The same scenario applied to ischemic cardiomyopathy too. The hot topic of HRS this year, early repolarization, was not hot anymore in ESC. However, it seems to be a good marker of future ventricular arrhythmia events in heart failure patients.

Hot Line and Late-Breaking Clinical Trials

林宗憲

Many clinical trials are presented in the “Hot-Line sessions” of European Society of Cardiology scientific conference this year. Studies, including DANISH and REM-HF for the efficacy of implantable cardioverter defibrillator in heart failure patients were presented and discussed. Strategies of dual antiplatelet treatment (DAPT) and platelet function monitoring (ANTARCTIC) challenged the current concept of DAPT treatment. Management for hyperlipidemia is still a hot topic in this year. Study from Japan (IJ-PROPER) argued the effect of ezetimibe on acute coronary event. ESCAPE trial investigated the effect of alirocumab, a PCK9 inhibitor, on the frequency of lipoprotein apheresis in a randomized phase 3 setting. CE-MARC 2 trial investigated the diagnostic accuracy for coronary artery disease by various image modality, including MR and SPECT and presented in the meeting. The choice of anti-platelet agents and its effects in patients without stenting were discussed in EROSION and PRAGUE-18 trials. ENSURE-AF study reported the effects of edoxaban vs. enoxaparin/warfarin in subjects undergoing cardioversion of atrial fibrillation. These results of clinical trials update the concept and provide information on treatment strategies on patients with cardiovascular diseases.