


# POST CONGRESS REPORT



## ACUTE CARDIOVASCULAR CARE 2016

5TH ANNUAL CONGRESS OF THE ACUTE CARDIOVASCULAR CARE ASSOCIATION

MANAGING RISK IN ACUTE CARDIOVASCULAR CARE

**15-17 OCTOBER 2016**  
**LISBON, PORTUGAL**

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



Acute  
Cardiovascular  
Care Association  
ACCA  
A Registered Branch of the ESC



EUROPEAN  
SOCIETY OF  
CARDIOLOGY®

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# 1 General Information

## 1.1 Quick facts & figures

### ✓ **1 122 participants**

1 066 Active delegates  
52 Exhibitors  
4 Press

### ✓ **69 countries represented**

### ✓ **103 Faculty** members for **226 roles** in the programme

95 roles of Chairperson  
126 roles of Speaker  
5 roles of Other (judge abstract)

### ✓ **63 Scientific Programme sessions**

44 Pre-Arranged Sessions  
13 Abstract-based Sessions  
4 Industry sessions  
2 Special events

### ✓ **4 lecture rooms**

### ✓ **801 abstracts** received, **736 abstracts** accepted

### ✓ **Industry sponsored sessions**

4 Satellite Symposia  
3 Sessions supported with an unrestricted educational grant  
3 eBlasts

### ✓ **Exhibition**

7 exhibiting companies  
84 m<sup>2</sup> occupied

### ***Congress Main Theme***

**"Innovating to improve Acute Cardiovascular Care"**

### ***Other information about this congress***

- **New session type:** Virtual Case Area
- ACCA School – 3 workshops held on Saturday
- ACCA Certification exam held on Monday afternoon

## 1.2 Introduction

Acute Cardiovascular Care is the annual congress of the Acute Cardiovascular Care Association (ACCA) of the European Society of Cardiology (ESC). The congress became annual in 2013.

## 1.3 History

### Acute Cardiac Care 2008

Versailles – France  
1 226 total attendees

### Acute Cardiac Care 2010

Copenhagen – Denmark  
1 115 total attendees

### Acute Cardiac Care 2012

Istanbul - Turkey  
1 371 total attendees

### Acute Cardiac Care 2013

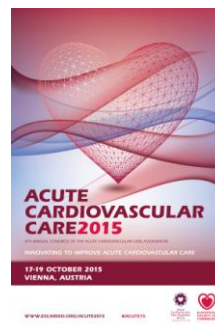
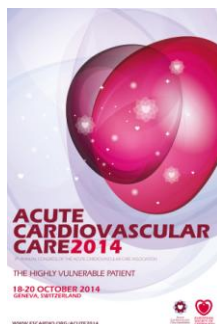
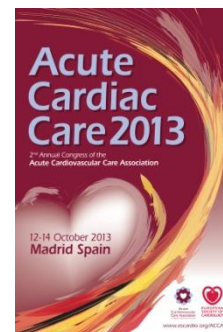
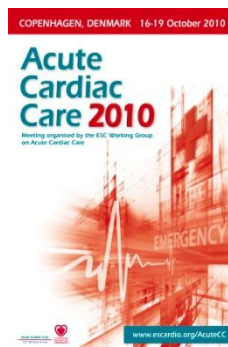
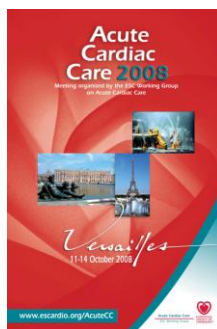
Madrid - Spain  
1 056 total attendees

### Acute Cardiovascular Care 2014

Geneva- Switzerland  
1 078 total attendees

### Acute Cardiovascular Care 2015

Vienna- Austria  
993 total attendees



## 1.4 ACCA Board & Acute Cardiovascular Care Committee

### ACCA Executive Board 2014-2016



**President**  
Prof. Héctor Bueno, FESC  
Madrid, Spain



**President-Elect**  
Dr. Maddalena Lettino  
Milano, Italy



**Past-President**  
Prof. Christiaan Vrints, FESC  
Edegem, Belgium



**Secretary**  
Prof. Chris Gale  
Leeds, UK



**Treasurer**  
Prof. Kurt Huber, FESC  
Vienna, Austria

### ACCA Board Members

Prof. Farzin Beygui, (FR) FESC  
Prof. Uwe Zeymer, (GE) FESC  
Prof. Christian Mueller, (SW) FESC  
Prof. Janina Stepinska, (PL) FESC  
Prof Gregory Lip, (UK) FESC  
Dr. David Walker, (UK) FESC  
Prof. Eric Bonnefoy, (FR)

### Acute Cardiovascular Care 2016

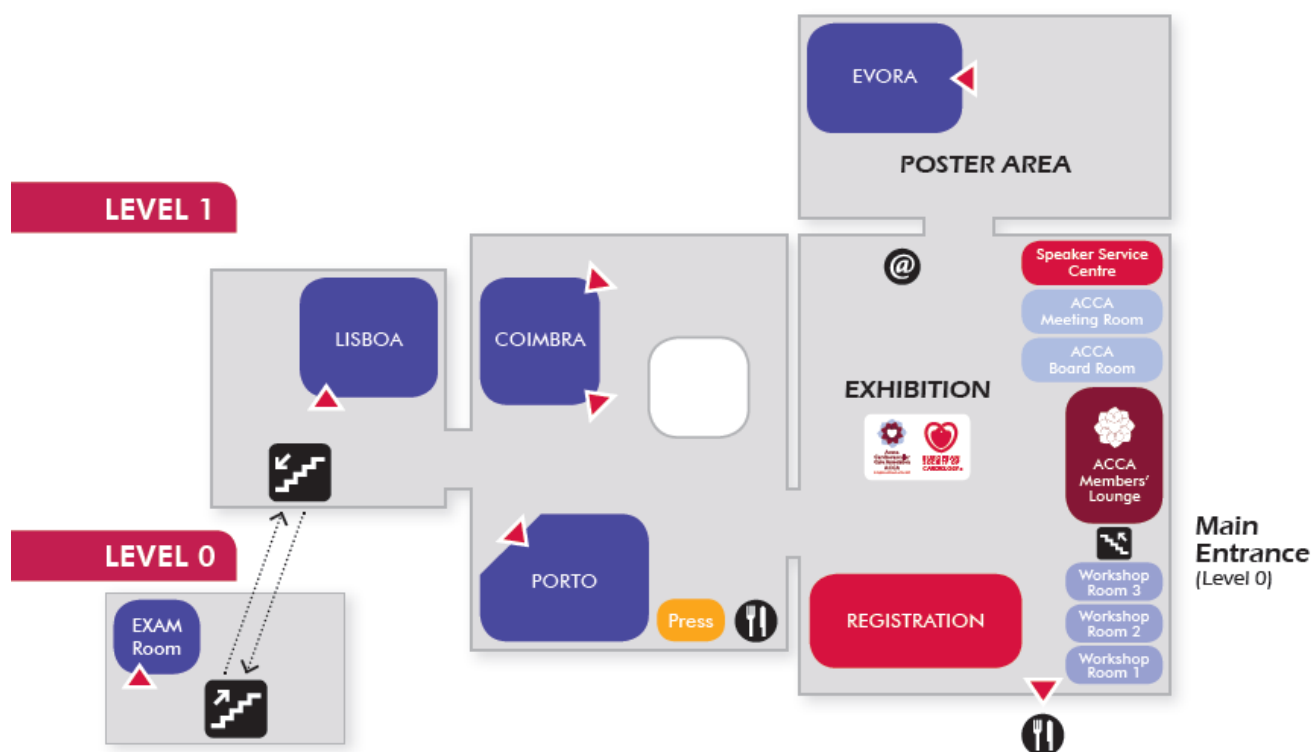
#### Scientific Programme Committee

Prof. Kurt Huber (AT), Chairperson  
Prof. Doron Zahger (IS), Co Chairperson  
Dr. Konstantin Krychtiuk (AT)  
Ass. Prof. Christian Hassager (DK)  
Dr. Joao Morais (PT)  
Dr. Johannes Holfeld (AT)  
Dr. Lim Hoong Sern (UK)

The **ACCA Board 2016-2018** presided by Dr. Maddalena Lettino was instated on Monday during the ACCA General Assembly.

## 1.5 Venue

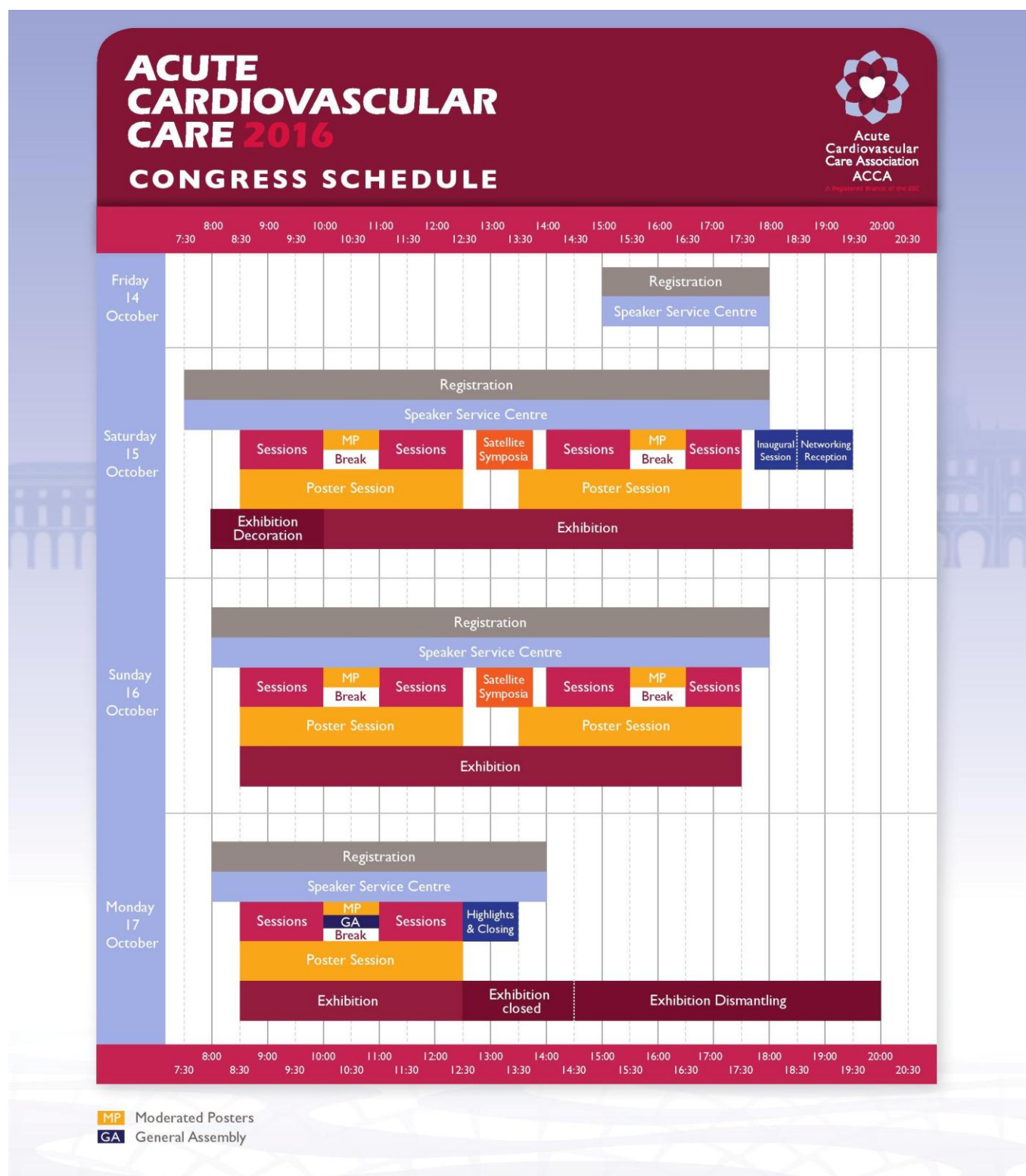
Acute Cardiovascular Care 2016 was held at the **Centro de Congressos de Lisboa** (CCL) in Lisbon, Portugal.



Area	Level	Capacity in use
LISBOA	1	408 seats
PORTO	1	325 seats
COIMBRA	1	201 seats
EVORA	1	154 seats
Exhibition area	1	1000 m2
Poster area	1	1200 m2
ACCA Board room	1	30 seats
ACCA Meeting room	1	30 seats
ACCA school	1	30 seats
Exam rom	0	80 seats



## 1.6 Schedule



## 2 Scientific Programme



*Acute Cardiovascular Care 2016 is accredited by the European Accreditation Council for Continuing Medical Education (EACCME) for 15 hours of external CME Credits.*

### 2.1 Overview

4 Lecture rooms

60 Sessions

#### 44 Pre-arranged sessions

- 13 How to sessions (Including ACCA School and Demonstration Cases)
- 2 Clinical Cases
- 23 Symposium
- 2 Special Sessions
- 4 Meet the Experts

#### 2 Special events

- Inaugural Session
- ACCA General Assembly

#### 4 Industry sessions

#### 13 Abstract-based sessions

- 3 Oral Abstract Sessions
- 10 Poster Sessions ( 5 Poster Sessions and 5 Moderated Posters)

801 Abstracts Received

736 Abstracts Accepted (92% acceptance rate)

103 Faculty Members

226 Roles

- 95 roles of Chairperson
- 126 roles of Speaker
- 5 roles of Other (judge abstract)

### New this year

- ACCA SCHOOL – More sessions organised this year => three sessions running in parallel at 11:00 and 14:00 on Saturday and open to all.
- VIRTUAL CASE AREA - a virtual and interactive case on a **patient simulator**. The cases were first presented on Saturday morning in a **Virtual Case Arena** session and each case has been further developed in a demonstration on the Virtual Case Area, located in the exhibition, during the coffee breaks.

## 2.2 Faculty

### Overview and comparison of faculty / roles

	2012 Istanbul	2013 Madrid	2014 Geneva	2015 Vienna	2016 Lisbon
<b>TOTAL number of faculty</b>	144	129	121	118	103
<b>TOTAL number of roles</b>	398	262	293	239	226

The trend is towards a reduction of the number of Faculty with a higher distribution of roles

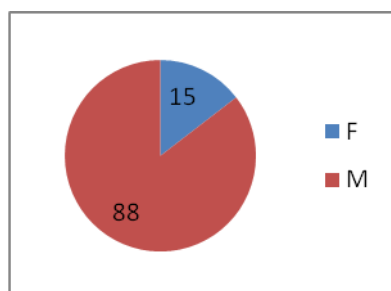
### Activity by type of role

Year	2013	2014	2015	2016
# lecture room	5	4	4	4
Roles	262	293	239	226
Chairperson	85	85	88	95
Speaker	173	138	146	126
Judges	4	4	5	5
Poster Discussant		66		
Total persons	129	121	118	103

### Role distribution

Number of Roles	2013	2014	2015	2016
1	75	44	54	36
2	31	30	33	36
3	9	25	20	14
4	3	8	3	13
5+	11	14	8	4
<b>Grand Total</b>	<b>129</b>	<b>121</b>	<b>118</b>	<b>103</b>

### Faculty per Gender



### Faculty representation by region of origin

Region	2012	2013	2014	2015	2016
ESC	144	128	114	117	103
North America	0	1	6	1	0
Asia Pacific	0	0	1	0	0
<b>Grand Total</b>	<b>144</b>	<b>129</b>	<b>121</b>	<b>118</b>	<b>103</b>

There is conscious choice to limit the number of faculty from outside of Europe.

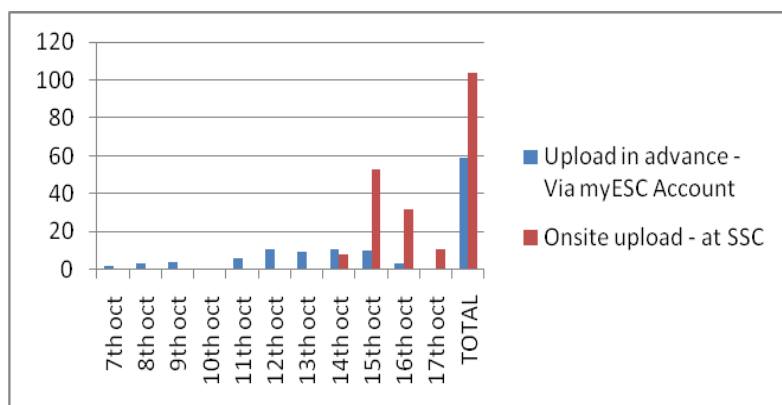
### Top 15 Country of origin

Rank	Country	# Faculty
1	Germany	14
2	<b>Portugal</b>	<b>11</b>
3	Israel	9
4	Italy	9
5	United Kingdom	9
6	Austria	8
7	France	7
8	Belgium	5
9	Denmark	5
10	Netherlands	5
11	Spain	5
12	Poland	2
13	Slovenia	2
14	Sweden	2
15	Switzerland	2



## Speaker Service Centre

	7th oct	8th oct	9th oct	10th oct	11th oct	12th oct	13th oct	14th oct	15th oct	16th oct	17th oct	TOTAL	%
Upload in advance - Via myESC Account	2	3	4	0	6	11	9	11	10	3		59	36%
Onsite upload - at SSC								8	53	32	11	104	64%
<b>TOTAL presentation received</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>6</b>	<b>11</b>	<b>9</b>	<b>19</b>	<b>63</b>	<b>35</b>	<b>11</b>	<b>163</b>	<b>100 %</b>



Online upload opened one week prior to the congress, on October 7<sup>th</sup>. Faculty were contacted by email and invited to submit their slides online via their My ESC Profile.

Online upload was also available throughout the congress, and statistics show that some faculty continued to upload online despite having the possibility to check in at the Speaker Service Centre.

**Online upload is becoming more standard amongst ESC Congresses faculty; representing in this case 36% of total uploads – similar to last year's figures.**

## 2.3 Sessions

### Programme composition: evolution since 2012

	Type	2012	2013	2014	2015	2016	+/- 2015/16
		Istanbul 5 rooms	Madrid 5 rooms	Geneva 4 rooms	Vienna 4 rooms	Lisbon 4 rooms	
Abstract-based programme	Moderated Posters	4		2	3	5	<b>+2</b>
	Poster Session	4	4	4	5	5	
	Rapid Fire Abstract / Oral Session	3	2	1	1	1	
	Young Investigators Awards Abstracts	1	1	1	1	1	
	<b>Total abstract sessions</b>	<b>12</b>	<b>7</b>	<b>8</b>	<b>10</b>	<b>13</b>	
Pre-arranged programme	Clinical Cases	8	8	5	2	2	<b>+3</b>
	Debate Session		2	4	2		
	How-to Session	4	2	5	10	13	
	Meet the experts				3	4	
	Special Event	2	2	2	2	2	
	Special Session		9	6	2	2	
	Symposium	25	22	19	20	23	
	<b>Total pre-arranged sessions</b>	<b>39</b>	<b>45</b>	<b>41</b>	<b>41</b>	<b>44</b>	<b>+3</b>
Industry programme	Satellite Symposium	1	2	1	3	4	<b>+1</b>
	<b>Total industry sessions</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>+1</b>
<b>Total sessions per congress</b>		<b>52</b>	<b>54</b>	<b>50</b>	<b>54</b>	<b>60</b>	<b>+6</b>

## Sessions by Category

### Education Track: 5 sessions

Update 2016: STEMI

Update 2016: NSTEMI

Update 2016: Shock

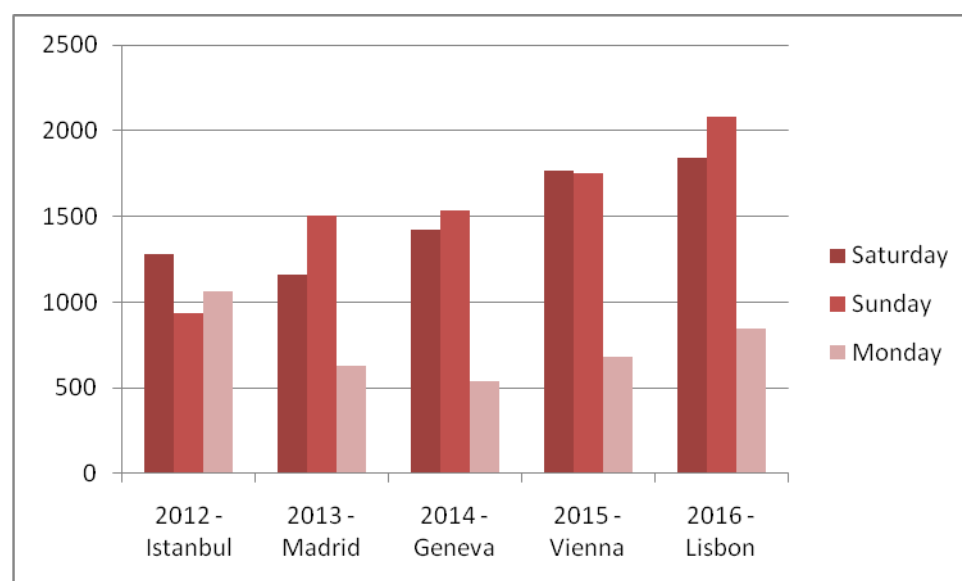
CPR and post resuscitation care

Update 2016: Non invasive imaging

Joint Sessions Track: 9 sessions	Partner society
Stent for life: a successful initiative in Portugal	The Portuguese working group on Acute Cardiac Care
Update on acute heart failure	Heart Failure Association (HFA) of the ESC
Dilemmas in anti thrombotic therapy	ESC Working Group on Thrombosis
Arrhythmias in acute cardiac care	European Heart Rhythm Association (EHRA)
Rule in and rule out strategies in the triage of chest pain	EuSEM
Updates in post-resuscitation syndrome	European Resuscitation Council (ERC)
Controversies in PCI	European Association of Percutaneous Cardiovascular Interventions (EAPCI)
Secondary prevention after acute coronary syndromes	European Association for Cardiovascular Prevention & Rehabilitation (EACPR)
Update 2016: Non invasive imaging	YOUNG ACCA, ESC Cardiologists of Tomorrow and Young Emergency Medicine Doctor

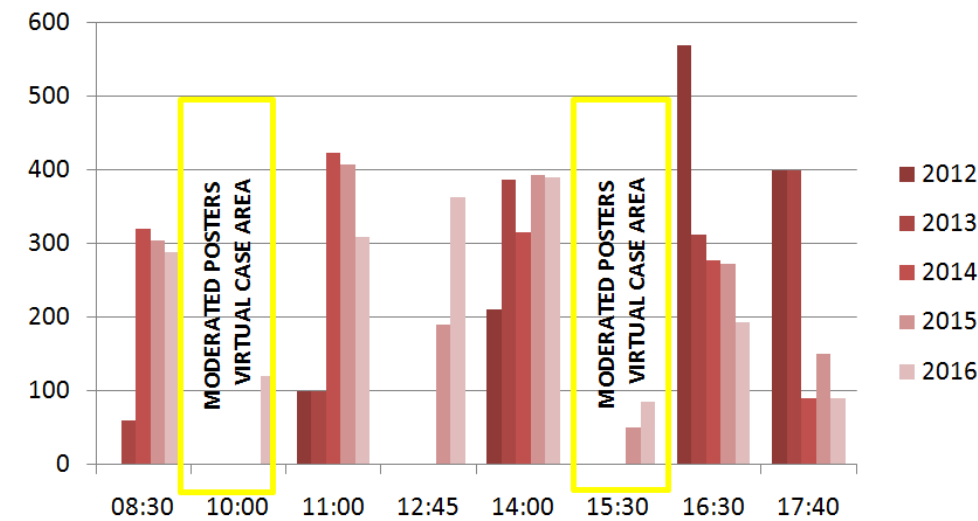
## 2.4 Session attendance

### Congress attendance by day : evolution since 2012



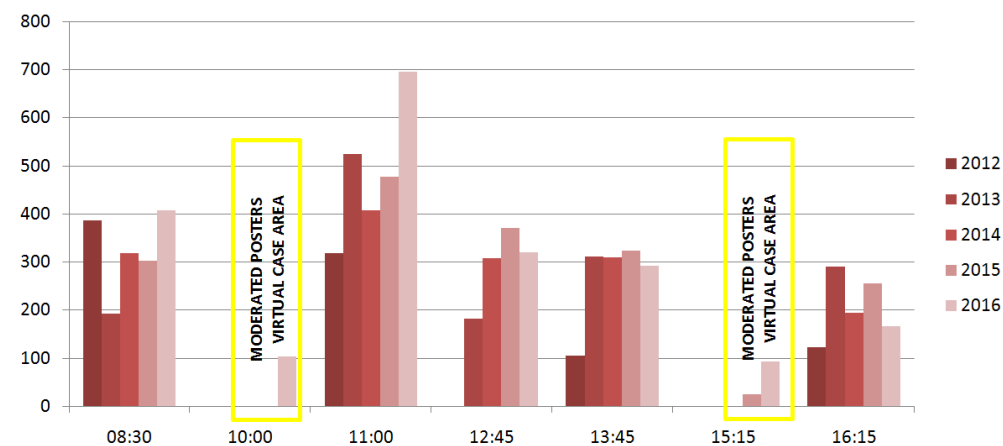
The congress scheduled has evolved over the last few years. Until 2014, the congress started on Saturday mid-day and closed on Monday end of day. Since 2014, the format is 2 full days on Saturday & Sunday, and ½ day on Monday. This format is proving more effective in keeping a balanced attendance throughout the congress.

### Saturday attendance per timeslot 2012 - 2016:

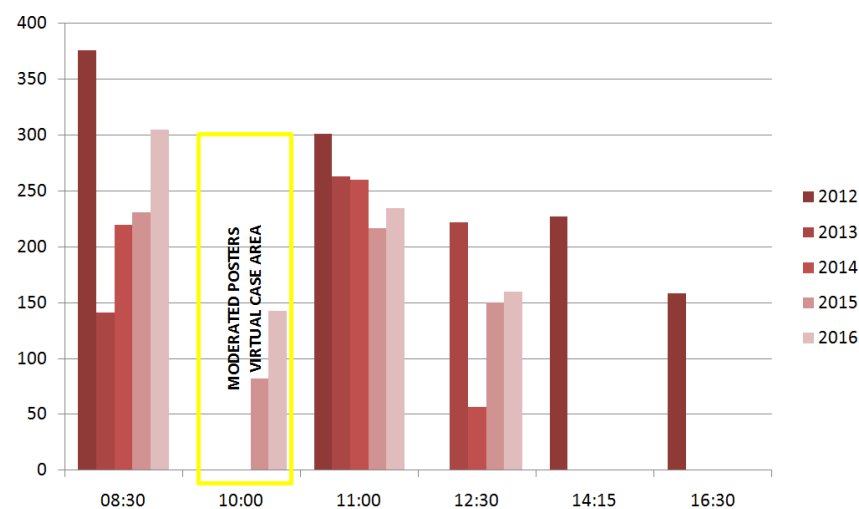


The offer of the Saturday morning has been strengthened by the introduction of a 1 hour coffee break with Moderated Posters sessions and the presentation of the Virtual Case Area in the exhibition. This initiative had a very positive turnout for a pilot edition.

### Sunday attendance per timeslot 2012 - 2016



### Monday attendance per timeslot 2012 - 2016







## 2.5 Session occupancy



«Session quality»: sessions are rated by both chairpersons on a scale from 1 (poor) to 5 (good).






### Top 10 attended sessions (excludes industry sessions and special events)

Top 10 is measured by total attendance to session – not by % of room occupancy



Session N°	Session Title	Occupancy at peak	% room capacity	Session Quality	Start Time	Location
106	Type 2 versus type 1 myocardial infarction: why care?	350	86%	5	Sunday 11:00	Lisboa
153	Update 2016: Shock  Education Track	259	168%	5	Saturday 14:00	Evora
118	Cardiac arrest - state of the art 2016	250	61%	5	Sunday 08:30	Lisboa
121	Cardiogenic shock	233	72%	4	Sunday 11:00	Porto
901	Highlights from Acute Cardiovascular Care 2016 & Closing Ceremony	160	49%	5	Monday 12:30	Porto
112	Acute venous thrombo-embolism	154	77%	5	Saturday 11:00	Coimbra
101	The use of biomarkers in ACS and heart failure	150	46%	5	Saturday 08:30	Porto
194	Arrhythmias in acute cardiac care  Joint session with the European Heart Rhythm Association (EHRA)	139	69%	5	Saturday 08:30	Coimbra
196	Update on acute heart failure  Joint session with the Heart Failure Association of the ESC (HFA)	136	68%	4	Sunday 14:00	Coimbra
193	Updates in post-resuscitation syndrome  Joint session with the European Resuscitation Council (ERC)	120	37%	5	Monday 08:30	Porto

### Session occupancy - Saturday 15 October




Session N°	Session Title	Occupancy at peak	% room capacity	Session Quality	Start Time	Location
101	The use of biomarkers in ACS and heart failure <i>supported with an unrestricted educational grant by Roche Diagnostics International Ltd</i>	150	46%	5	8:30	Porto
194	Arrhythmias in acute cardiac care  Joint session with the European Heart Rhythm Association (EHRA)	139	69%	5	8:30	Coimbra
411	Demonstration Case 1: My chest hurts	60	200%		10:00	Virtual Case Area
311	Moderated Posters Session 1: STEMI	61	203%	4	10:00	Moderated Poster Area
195	Stent for life: a successful initiative in Portugal  Joint session with the Portuguese working group on Acute Cardiac Care	85	26%	4	11:00	Porto
112	Acute venous thrombo-embolism	154	77%	5	11:00	Coimbra
410	Virtual Case Arena	71	46%	4	11:00	Evora
203	How to combine biomarkers and imaging in CAD <i>Sponsored by Singulex</i>	122	30%	5	12:45	Lisboa
202	Expanding insights into atrial fibrillation: non-vitamin K antagonist oral anticoagulants in patients undergoing (cardiovascular) interventions <i>Sponsored by Daiichi Sankyo Europe GmbH</i>	308	95%	5	12:45	Porto

204	Antidotes & Anecdotes: Real-world control in NOAC therapy <i>Satellite Symposium organised by PCM Scientific, supported by an unrestricted educational grant from Boehringer Ingelheim</i>	160	80%	5	12:45	Coimbra
192	Controversies in PCI  <i>Joint session with the European Association of Percutaneous Cardiovascular Interventions (EAPCI)</i>	50	15%	5	14:00	Porto
153	 Update 2016: Shock	259	168%	5	14:00	Evora
119	Risk reduction after acute coronary syndrome	50	12%	4	14:00	Lisboa
502	ACCA Research Prize	31	15%	5	14:00	Coimbra
412	Demonstration Case 2: I have palpitations <i>A case of non-valvular atrial fibrillation</i>	40	133%		15:30	Virtual Case Area
312	Moderated Posters Session 2: ACS and PCI	45	150%	4	15:30	Moderated Poster Area
154	 Update 2016: Non invasive imaging  <i>Joint session with the YOUNG ACCA, ESC Cardiologists of Tomorrow and Young Emergency Medicine Doctors Section of EuSEM</i>	71	46%	4	16:30	Evora
197	Secondary prevention after acute coronary syndromes  <i>Joint session with the European Association of Preventive Cardiology (EAPC)</i>	30	9%	5	16:30	Porto
105	Managing NSTEMI risk: are we getting it right?	70	17%		16:30	Lisboa
116	ACS in diabetes - Mechanisms and challenges	23	11%	4	16:30	Coimbra
1000	Inaugural session	90	22%	5	17:40	Lisboa

## Session occupancy - Sunday 16 October

Session N°	Session Title	Occupancy at peak	% room capacity	Session Quality	Start Time	Location
151	Update 2016: STEMI	76	49%	5	8:30	Evora
108	The patient with dyspnea in the emergency department	40	12%	4	8:30	Porto
118	Cardiac arrest - state of the art 2016	250	61%	5	8:30	Lisboa
501	Rapid Fire Session	42	21%	4	8:30	Coimbra
413	Demonstration Case 3: I am dull and easily out of breath <i>A case of septic shock due to aortic valve endocarditis</i>	50	167%		10:00	Virtual Case Area
313	Moderated Posters Session 3: Heart failure, nursing, special populations	54	180%	4	10:00	Moderated Poster Area
191	Dilemmas in anti thrombotic therapy  <i>Joint session with the ESC Working Group on Thrombosis - This session is supported by an unrestricted educational grant from AstraZeneca</i>	73	36%	5	11:00	Coimbra
106	Type 2 versus type 1 myocardial infarction: why care?	350	86%	5	11:00	Lisboa
121	Cardiogenic shock	233	72%	4	11:00	Porto
801	Young Investigators Award	40	26%	4	11:00	Evora
201	Rationale for addressing symptoms and organ injury in acute heart failure treatment <i>Sponsored by Novartis</i>	325	100%	5	12:45	Porto
111	How to interpret troponin elevations beyond ACS <i>This session is supported with an educational grant from Abbott</i>	45	14%	5	14:00	Porto
196	Update on acute heart failure  <i>Joint session with the Heart Failure Association of the ESC (HFA)</i>	136	68%	4	14:00	Coimbra



152	 Update 2016: NSTEMI	52	34%	5	14:00	Evora
115	Renal failure in cardiac intensive care	60	15%	4	14:00	Lisboa
414	Demonstration Case 4: I have difficulties to breathe <i>A case of Acute Heart Failure</i>	50	167%		15:30	Virtual Case Area
314	Moderated Posters Session 4: Arrhythmias, sudden death, basic science	44	147%	4	15:30	Moderated Poster Area
198	Rule in and rule out strategies in the triage of chest pain  <i>Joint session with the European Society for Emergency Medicine (EuSEM)</i>	26	13%	4	16:30	Coimbra
155	 CPR and post resuscitation care	31	20%	5	16:30	Evora
103	Acute aortic diseases	30	9%	5	16:30	Porto
104	Apparent ACS without a culprit lesion	80	20%	5	16:30	Lisboa

## Session occupancy - Monday 17<sup>th</sup> October

Session N°	Session Title	Occupancy at peak	% room capacity	Session Quality	Start Time	Location
193	Updates in post-resuscitation syndrome <i>Joint session with the European Resuscitation Council (ERC)</i>	120	37%	5	8:30	Porto
110	Biomarkers in acute cardiovascular care	106	53%	4	8:30	Coimbra
156	Preparatory session for the ACCA certification exam	79	51%		8:30	Evora
415	Demonstration Case 5: My legs are swollen and I lose my breath easily <i>A case of cardiac tamponade</i>	40	133%		10:00	Virtual Case Area
315	Moderated Posters Session 5: General intensive care	33	110%	4	10:00	Moderated Poster Area
1001	ACCA General Assembly	70	22%	4	10:05	Porto
107	The failing heart: from hemodynamic support to transplantation	87	56%		11:00	Evora
113	Care of the critically ill patients	70	22%	4	11:00	Porto
114	Transcatheter aortic valve implantation: issues for the cardiac care unit	78	39%	5	11:00	Coimbra
901	Highlights from Acute Cardiovascular Care 2016 & Closing Ceremony	160	49%	5	12:30	Porto

## 2.6 Abstracts

### General information

Abstracts submitted	801
<i>Abstracts withdrawn &amp; not validated</i>	20
<i>Abstracts sent to grading</i>	781
<b>Abstracts accepted</b>	<b>736</b>
<b>Abstracts rejected</b>	<b>45</b>
<b>Acceptance rate</b>	<b>92%</b>

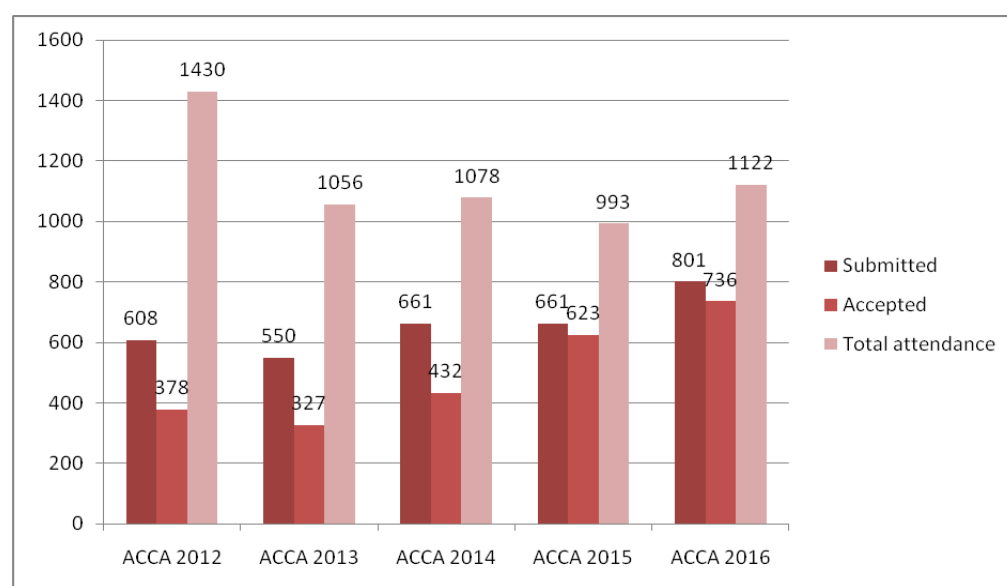
All abstracts accepted were graded above 4.4 – same cut-off grade as last year

Additional Moderated Poster Sessions were introduced in 2016 with two additional coffee breaks on Saturday and Sunday morning. This provides an alternative to oral poster sessions in the lecture rooms and allows to accommodate more abstracts in the programme.

## Submission: comparison with previous years

	2012 Istanbul	2013 Madrid	2014 Geneva	2015 Vienna	2016 Lisbon	2015- 2016
<b>Submitted</b>	608	550	661	<b>661</b>	<b>801</b>	<b>+ 140</b>
<b>Withdrawn and not validated</b>		24	16	<b>14</b>	<b>20</b>	
<b>Accepted</b>	378	327	432	<b>623</b>	<b>736</b>	<b>+113</b>
<b>- oral</b>	24	26	16	<b>17</b>	<b>20</b>	<b>+ 3</b>
<b>- poster</b>	320	301	396	<b>431</b>	<b>628</b>	<b>+ 197</b>
<b>- moderated poster</b>	34	0	20	<b>23</b>	<b>48</b>	<b>+ 25</b>
<b>Accepted withdrawn</b>	30	13	12	<b>38</b>	<b>40</b>	
<b>NO SHOW</b>	94	43	93	<b>114</b>	<b>119</b>	<b>+ 5</b>
<b>Presented</b>	254	271	327	<b>471</b>	<b>577</b>	<b>+ 106</b>

### Abstract submitted VS accepted – evolution and impact on attendance



The abstract acceptance rate went from 65% in 2014 to 92% in 2016; there has had no obvious immediate impact on attendance.

## Top ten submission countries

Abstract were received from 58 different countries

Rank	Country	Abstract submitted
1	Portugal	189
2	Spain	146
3	Russian Federation	54
4	Italy	44
5	Brazil	31
6	United Kingdom	26
7	Germany ( <i>New as top submitter</i> )	20
8	Egypt	18
9	Serbia	18
10	Denmark ( <i>New as top submitter</i> )	15

## No Shows

Poster Presenter's age	# No Show in number of posters	Corresponding # of No Show Presenters
Below 36 years old	68	53
36 years old and over	51	45

NB: a presenter can present more than 1 Poster

## 2.7 Other activities: CPR Workshops



CPR Workshops have been organised since 2013 in Madrid and the Board decided to renew the experience in Lisbon.

Dr Nikolaos Nikolaou, is the Course Director for the 2016 CPR Workshops programme, Ronald Justina da Silva was the onsite Course Director and workshops were led by four local certified ERC instructors.

### Key information

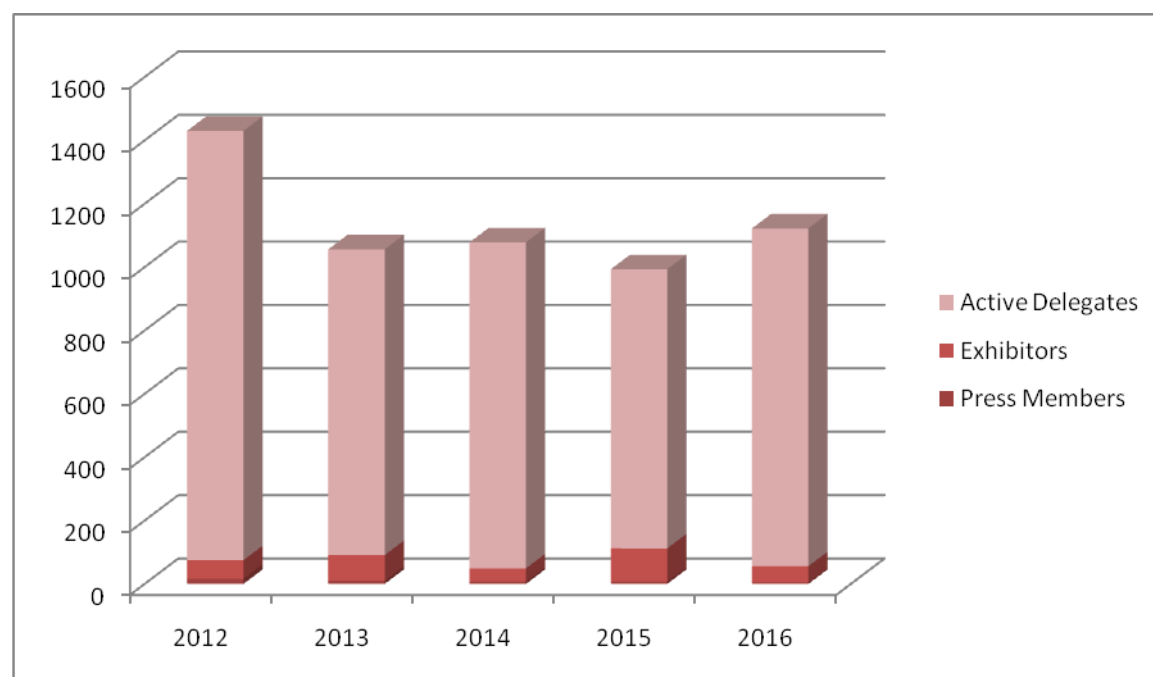
- ⇒ The workshops are supported by: Zoll, Scientific 3 B, ACCA of the ESC and ERC
- ⇒ The space used is: one stand (located next to the Poster Area) and two separate rooms close by
- ⇒ There were two types of sessions :
  - “CPR & AED Refresher”
  - “Advanced CPR”
- ⇒ Registration on-site is mandatory
- ⇒ Participants are given a certificate of attendance
- ⇒ The workshops are promoted on the website, in the scientific programme planner and in the Mobile App.

	2013 - Madrid	2014 – Geneva	2015 – Vienna	2016 – Lisbon
Number of rooms	3	3	3	3
Number of sessions	24	24	24	24
Number of faculty	5	5	5	5
Number of participants	69	49	87	47
<b>Overall occupancy</b> (% of total capacity over full congress)	<b>82 %</b>	<b>58 %</b>	<b>104 %</b>	<b>55 %</b>
<b>% of participants</b> (vs delegates attendance)	<b>7,15 %</b>	<b>4,76 %</b>	<b>9,88 %</b>	<b>4,41 %</b>
<b>Cost of the initiative</b>	<b>5 968 €</b>	<b>4 130 €</b>	<b>4 397 €</b>	<b>1 317 €</b>

## 3 Registration & Attendance

	2012 Istanbul	2013 Madrid	2014 Geneva	2015 Vienna	2016 Lisbon	+/- 2015
<b>Active delegates</b>	1 355	965	1 029	881	<b>1 066</b>	<b>+ 185</b>
<b>Exhibitors</b>	59	81	42	105*	<b>52</b>	<b>- 53</b>
<b>Press members</b>	16	10	7	7	<b>4</b>	<b>- 3</b>
<b>TOTAL</b>	<b>1 430</b>	<b>1 056</b>	<b>1 078</b>	<b>993</b>	<b>1 122</b>	<b>+ 129</b>

\*Total number of eligible badges vs total number of badges claimed used for other years.



### 3.1 Delegate breakdown per activity

On the total of 1 070 registrations, 900 have provided information on their activity and are therefore considered in the below breakdown (the others have an incomplete profile or had registrations made by Third Parties):

<b>Total</b>	<b>900</b>	
<b>Physician - Cardiology</b>	535	50,2%
<b>Cardiologist</b>	103	9,7%
<b>Physician - Interventional Cardiology</b>	69	6,5%
<b>Physician - Intensive Care</b>	33	3,1%
<b>Cardiologist - Trainee</b>	19	1,8%
<b>Nurse, Nurse Practitioner</b>	19	1,8%
<b>Other</b>	19	1,8%
<b>Scientist</b>	19	1,8%
<b>Physician - Internal Medicine</b>	16	1,5%
<b>Physician - Cardiac Surgery</b>	13	1,2%
<b>Physician - Emergency Medicine</b>	13	1,2%
<b>Physician - Other Specialty</b>	13	1,2%
<b>Physician - General Practice</b>	8	0,8%
<b>Other Healthcare Profession</b>	7	0,7%
<b>Physician - Nephrology</b>	3	0,3%

Industry/Agent	2	0,2%
Nurse	2	0,2%
Surgeon	2	0,2%
Administrator	1	0,1%
Physician - Endocrinology	1	0,1%
Physician - Neurology	1	0,1%
Physician - Radiology	1	0,1%
Physician - Vascular Medicine / Angiology	1	0,1%

## 3.2 Registration by type of fee

### Type of fees available

The congress fees were updated for the 2016 ACCA congress with major changes:

- Overall reduction of the standard and member fees following a benchmark study of the market
- ACCA Members fee: in order to emphasize the incentive to register as an ACCA Member, the fee was placed at 100€ below the standard fee. In 2016, the basic ACCA Membership was 10€.
- Balance of the increase in price between early / late / onsite deadlines in order to incite delegates to register early
- Creation of a ½ day offer for Monday

Fee type	2015 Vienna	2016 Lisbon
Standard Non Member Fee (early)	€ 680,00	€ 590,00
Standard Non Member Fee (late)	€ 735,00	€ 670,00
Standard Non Member Fee (on-site)	€ 810,00	€ 790,00
ACCA members (early)	€ 670,00	€ 490,00
ACCA members (late)	€ 725,00	€ 570,00
ACCA members (onsite)	€ 800,00	€ 690,00
Reduced fee (early) <sup>1 2</sup>	€ 265,00	€ 300,00
Reduced fee (late) <sup>1 2</sup>	€ 310,00	€ 380,00
Reduced fee (onsite) <sup>1 2</sup>	€ 355,00	€ 460,00
Day ticket (unique price)	€ 275,00	€ 290,00
Day ticket reduced fee (unique price) <sup>1 2</sup>	€ 125,00	€ 150,00
½ day ticket (valid only on Monday)	N/A	€ 130,00
½ day ticket (valid only on Monday) reduced fee <sup>1 2</sup>	N/A	€ 95,00

### Distribution of attendance by type of fee

	2013 Madrid	2014 Geneva	2015 Vienna	2016 Lisbon	Difference +/- 2015/2016
ACCA Member	106	110	62	<b>92</b>	<b>+ 30</b>
Day Ticket	73	70	50	<b>86</b>	<b>+ 36</b>
Day Ticket reduced <sup>1 2</sup>	7	16	42	<b>48</b>	<b>+ 6</b>
Free	172	331*	193	<b>128</b>	<b>- 65</b>
Local Champion <sup>3</sup>	-	-	8	-	<b>- 8</b>
Reduced Fee <sup>1 2</sup>	85	73	198**	<b>207***</b>	<b>+ 9</b>
Standard Fee	532	436	335	<b>509</b>	<b>+ 174</b>
					<b>+ 182</b>

- 1) Applies to Nurse/Students/Technicians. An official statement both signed and stamped by the Head of Department and proving Nurse/Technician status, or a currently valid Student card, had to be provided during the registration process.



- 2) Applies to Young cardiologists below 35 and Abstract presenters below 35. As a proof of age, a piece of ID had to be provided during the registration process.
- 3) The opportunity was given to the ACCA Local Champions to each provide a list of participants who would be offered a special rate of €400 (half the Onsite Standard fee), as long as they had not attended the ACCA congress in either 2013 or 2014 and had not registered for the 2015 congress yet. Those delegates were not considered as a group and were contacted individually for payment and invoicing purposes.

**\*Includes 158 Young Abstract Presenters** registered for free (special initiative valid only in 2014)

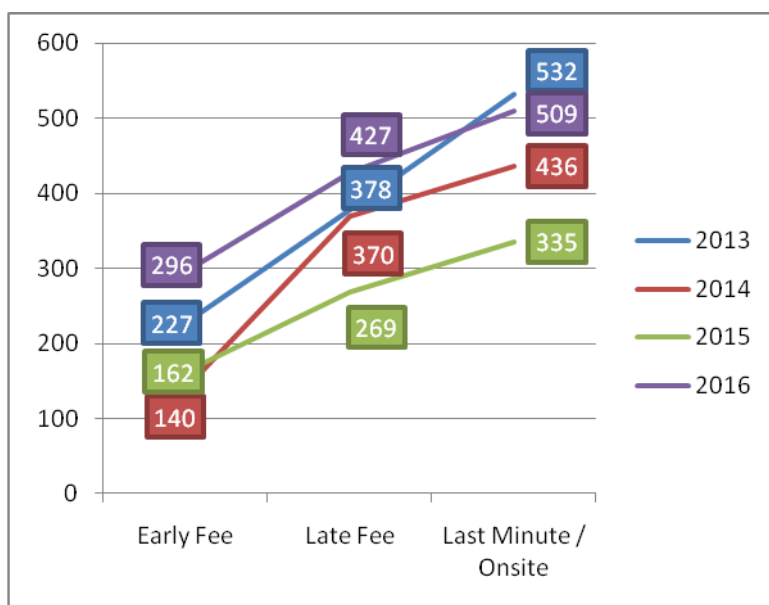
**\*\*"Reduced fee" in 2015 includes 70 Young Abstract Presenters**

**\*\*\*"Reduced fee" in 2016 includes 61 Young Abstract Presenters**

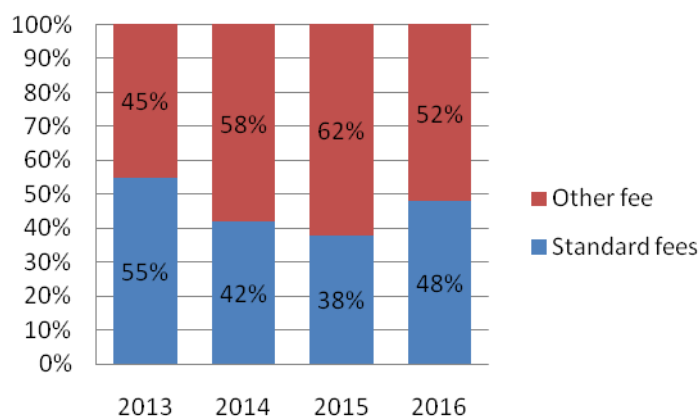
### What was included in the 2015 registration fee

- Access to scientific sessions and the exhibition area
- Print copy of the Final Programme
- Access to the Online Abstract Book
- Refreshments during official coffee breaks

### Booking pace for Standard fees

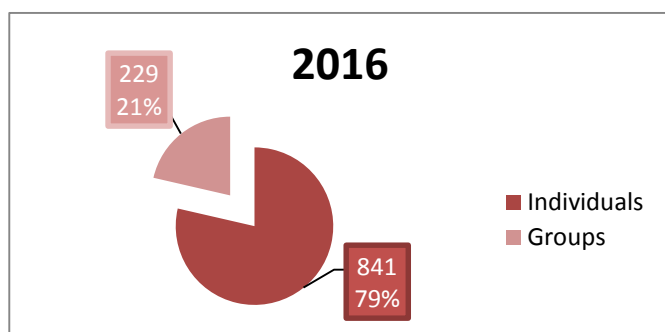


### Proportion of Standard fees 2013 - 2016



The proportion of Standard fee registration has noticeably risen after losing ground for the past two years, partially explained by the decrease in free registrations.

### Individual vs group registrations



There have been important fluctuations in the proportion of group registrations 13% in 2014, 6% in 2015 with a peak to 21% in 2016.

## 3.3 Registration by origin

### Complete list of countries and comparison with previous years

The breakdown by country of origin includes data from active delegates & press; excludes all exhibitor badges.

	2013 Madrid (total)	2014 Geneva (total)	2015 Vienna (total)	2016 Lisbon (total)	2016 Lisbon excl Faculty	2016 Lisbon Faculty	+/-2015 Comparison based on total figures
<b>Africa (non ESC)</b>	<b>8</b>	<b>8</b>	<b>5</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>-1</b>
Kenya	2	1	2	0	0	0	-2
South Africa	6	3	2	3	3	0	1
Sudan	0	4	1	1	1	0	0
<b>Asia Pacific</b>	<b>54</b>	<b>124</b>	<b>101</b>	<b>68</b>	<b>68</b>	<b>0</b>	<b>-33</b>
Australia	14	8	9	2	2	0	-7
Bahrain	0	0	0	1	1	0	1
China People's Republic of	1	4	3	1	1	0	-2
Hong Kong SAR	0	0	2	0	0	0	-2
India	0	6	3	2	2	0	-1
Indonesia	9	12	9	11	11	0	2
Iraq	0	2	0	0	0	0	0
Japan	12	17	26	15	15	0	-11
Jordan	0	1	0	0	0	0	0
Kazakhstan	3	0	4	2	2	0	-2
Korea Republic of	4	9	3	11	11	0	8
Kuwait	0	2	1	0	0	0	-1
Kyrgyzstan	0	3	0	0	0	0	0
Malaysia	0	3	1	0	0	0	-1
New Zealand	2	1	2	0	0	0	-2
Oman	1	1	0	1	1	0	1
Philippines	0	10	9	13	13	0	4
Qatar	0	3	0	0	0	0	0
Saudi Arabia	2	2	3	4	4	0	1
Singapore	0	3	4	0	0	0	-4
Sri Lanka	0	2	0	2	2	0	2
Taiwan ROC	2	2	0	1	1	0	1
Thailand	0	27	4	0	0	0	-4
United Arab Emirates	3	4	5	1	1	0	-4
Uzbekistan	1	0	4	0	0	0	-4
Vietnam	0	0	0	1	1	0	1
<b>ESC</b>	<b>877</b>	<b>848</b>	<b>752</b>	<b>968</b>	<b>876</b>	<b>92</b>	<b>216</b>
Albania	16	28	23	17	17	0	-6
Algeria	0	1	0	0	0	0	0
Armenia	5	8	13	9	9	0	-4
Austria	10	17	54	16	10	6	-38
Azerbaijan	2	3	1	1	1	0	0

Belarus	0	0	0	0	0	0	0
Belgium	26	20	21	25	21	4	4
Bosnia & Herzegovina	1	4	1	0	0	0	-1
Bulgaria	65	25	14	18	18	0	4
Croatia	0	12	5	4	3	1	-1
Cyprus	0	0	1	0	0	0	-1
Czech Republic	11	20	14	12	11	1	-2
Denmark	24	21	14	24	19	5	10
Egypt	3	7	15	19	18	1	4
Estonia	4	6	2	6	6	0	4
Finland	6	12	12	6	6	0	-6
France	36	24	16	23	18	5	7
Georgia Republic of	1	4	2	5	5	0	3
Germany	23	28	35	36	24	12	1
Greece	86	84	47	40	39	1	-7
Greenland	1	0	0	0	0	0	0
Hungary	2	4	4	0	0	0	-4
Iceland	0	0	1	0	0	0	-1
Ireland	3	6	8	8	8	0	0
Israel	13	23	29	26	18	8	-3
Italy	152	59	55	161	154	7	107
Kosovo	0	2	3	0	0	0	-3
Latvia	4	3	1	3	3	0	2
Lebanon	1	3	4	1	1	0	-3
Libya	4	1	0	0	0	0	0
Lithuania	3	12	9	6	6	0	-3
Luxembourg	0	0	0	1	1	0	1
Macedonia The Former Yugoslav Republic of	0	4	2	1	1	0	-1
Malta	0	1	1	3	3	0	2
Montenegro	0	0	1	4	4	0	3
Morocco	0	0	1	0	0	0	-1
Netherlands	47	28	19	30	25	5	11
Norway	15	12	11	9	8	1	-2
Poland	14	17	28	20	19	1	-8
Portugal	24	27	29	96	81	15	67
Romania	17	27	19	78	77	1	59
Russian Federation	23	61	34	42	42	0	8
Serbia	45	33	21	18	18	0	-3
Slovak Republic	0	3	5	4	4	0	-1
Slovenia	1	3	6	2	0	2	-4
Spain	119	66	77	109	103	6	32
Sweden	14	12	8	10	8	2	2
Switzerland	11	52	19	12	11	1	-7
Tunisia	5	11	2	7	7	0	5
Turkey	3	9	9	9	9	0	0
Ukraine	10	7	9	8	7	1	-1

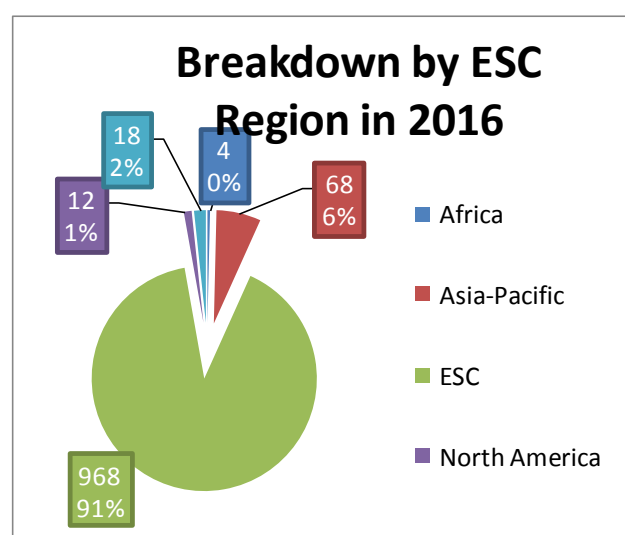
United Kingdom	27	38	47	39	33	6	-8
North America	20	28	20	12	11	1	-8
Canada	5	10	7	1	1	0	-6
Mexico	4	2	1	4	4	0	3
United States of America	11	16	12	7	6	1	-5
South & Central America	16	28	10	18	18	0	8
Argentina	1	0	0	2	2	0	2
Brazil	3	21	5	11	11	0	6
Chile	5	2	0	1	1	0	1
Colombia	3	2	1	1	1	0	0
Costa Rica	0	1	0	0	0	0	0
Panama	0	1	0	1	1	0	1
Paraguay	2	1	0	0	0	0	0
Peru	2	0	4	1	1	0	-3
Uruguay	0	0	0	1	1	0	1
<b>TOTAL</b>	<b>975</b>	<b>1 036</b>	<b>888</b>	<b>1070</b>	<b>977</b>	<b>93</b>	<b>182</b>

## Top 20 countries of origin

Rank	Country	2015	2015	2016	2016	Difference 2015/2016
		Vienna	Vienna	Lisbon	Lisbon	
		excl. Faculty	incl. Faculty	excl. Faculty	incl. Faculty	
1	Italy	47	55	154	161	106
2	Spain	69	77	103	109	32
3	Portugal	24	29	81	96	67
4	Romania	17	19	77	78	59
5	Russian Federation	34	34	42	42	8
6	Greece	46	47	39	40	-7
7	United Kingdom	41	47	33	39	-8
8	Germany	21	35	24	36	1
9	Netherlands	16	19	25	30	11
10	Israel	23	29	18	26	-3
11	Belgium	14	21	21	25	4
12	Denmark	10	14	19	24	10
13	France	9	16	18	23	7
14	Poland	27	28	19	20	-8
15	Egypt	14	15	18	19	4
16	Bulgaria	14	14	18	18	4
17	Serbia	19	21	18	18	-3
18	Albania	23	23	17	17	-6
19	Austria	33	54	10	16	-38
20	Japan	26	26	15	15	-11

## Breakdown by ESC Region

	2013	2014	2015	2016	
	Madrid	Geneva	Vienna	Lisbon	
Africa	8	8	5	4	0,37%
Asia-Pacific	54	124	101	68	6,35%
ESC	877	848	752	968	90,46%
North America	20	28	20	12	1,12%
South & Central America	16	28	10	18	1,68%



## Comments on delegate origin

- **Italy, Portugal, Romania and Spain** have had the most significant increase in attendance since last year: **+106**, **+67**, **+59** and **+32** respectively (total **+264**)



- In terms of **young community** participation (fees encompassing both “Young Delegate under 35” and “Abstract Presenter under 35”), two countries stand out as the most involved: Spain and the Russian Federation, with **52** and **29** young delegates respectively.
- Contrary to **Acute Cardiovascular Care 2015** in Vienna, in which the inclusion of Faculty figures had quite an impact on the Top 20 participation ranking (**Austria and Germany** were demoted from 3<sup>rd</sup> and 6<sup>th</sup> to respectively 6<sup>th</sup> and 12<sup>th</sup>, whereas **Greece, Russian Federation and Poland** all moved up in the ranks after Faculty were removed from the participation figures), this year the exclusion of Faculty hardly has any impact on the ranking - the only “significant” change comes from **Israel**, which would be demoted from 10<sup>th</sup> to 13<sup>th</sup>

## 3.4 Returning delegates

Overall, there are a growing number of delegates returning from one year to the next. The figures used include faculty.

### Returning delegates to Lisbon

Congress	% of delegates who returned to Lisbon 2016
<b>2015 Vienna</b>	22%
<b>2014 Geneva</b>	16%
<b>2013 Madrid</b>	13%

#### Conclusions

- 22% of the 2015 Vienna delegates also attended 2016 in Lisbon
- 16% of the 2014 Geneva delegates also attended 2016 in Lisbon
- 13% of the 2013 Madrid delegates also attended 2016 in Lisbon

### Returning delegates from one year to the next

Congress	% of participants returning from the year's previous congress
<b>2015 Vienna</b>	22%
<b>2014 Geneva</b>	17%
<b>2013 Madrid</b>	19%

#### Conclusions

- 22% of delegates attending 2015 Vienna also attended 2014 Geneva
- 17% of delegates attending 2014 Geneva also attended 2013 Madrid
- 19% of delegates attending 2013 Madrid also attended 2012 Istanbul

# 4 Industry

## Tracking of participation since 2013

Industry Partner	2013	2014	2015	2016
Advanced Cooling Therapy		x		
AMEDTEC Medizintechnik Aue GmbH				x
American Heart Association		x		
Aspen Europe GmbH			x	
AstraZeneca AB	x	x	x	x
Astrazeneca Farmaceutica	x			
AstraZeneca Oesterreich GmbH			x	
Boehringer Ingelheim RCV GmbH & Co KG			x	
Cardiome international AG	x			
Cardiorentis		x		
Daiichi Sankyo Espana SA	x	x	x	x
Eli Lilly Export SA	x			
NI Medical Ltd.			x	
Novartis Farmaceutica	x			
Novartis Pharma AG	x	x	x	
Novartis PharmaSchweiz AG	x			x
Orion Pharma (Austria) GmbH			x	
Oxford University Press			x	x
PCM Scientific				x
Randox Laboratories Ltd	x			
Roche Diagnostics International AG		x	x	x
SAGE Publications Ltd	x	x	x	x
Semperit Technische Produkte Gesellschaft GmbH	x	x		
Singulex			x	x
the heartorg from WebMD	x			
The Medicines Company		x	x	
Thermo Fisher Scientific	x		x	x
VectraCor Inc			x	
Virogates A/S			x	x
Wisepress Online Bookshop Ltd	x	x		x

## 4.2 Sponsorship & advertisement

### 3 eBlasts this year:

- 2 adverts for Singulex and PCM on the 12 October 2016
- 1 advert for PCM (post congress eBlast) 18 November 2016

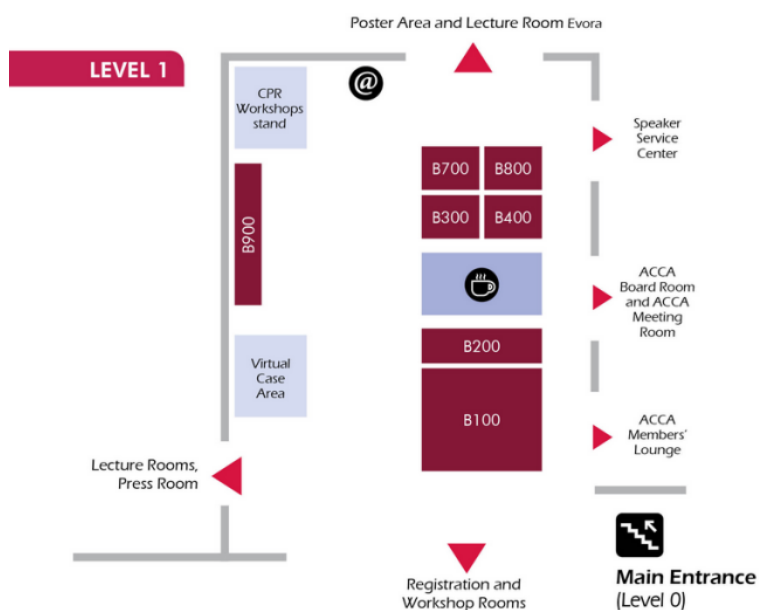
### 3 Unrestricted Educational Grants this year

Sponsors	AstraZeneca Thermo Fisher Scientific Roche Diagnostics
Topics covered	Antithrombotic therapy Biomarkers

## 4.3 Exhibition

### Stand space – Evolution since 2013

	2013 Madrid	2014 Geneva	2015 Vienna	2016 Lisbon	+/- 2015/16
<b>Total paying in m2</b>	124	90	117	<b>36</b>	-81
<b>Total free in m2</b>	39	39	45	<b>48</b>	+3
<b>Total in m2</b>	163	129	162	<b>84</b>	-78
<b>Total of exhibiting companies</b>	9	9	12	<b>7</b>	-5



## 4.4 Industry sponsored sessions

	2013 Madrid	2014 Geneva	2015 Vienna	2016 Lisbon	+/- 2014
<b>Cardiome Development AG</b>	1	-	-	-	-
<b>Daiichi Sankyo</b>	-	-	1	1	-
<b>PCM Scientific</b>	-	-	-	1	+1
<b>Novartis Pharma AG</b>	-	1	1	1	-
<b>Singulex</b>	-	-	1	1	-
<b>Thermo Fisher Scientific</b>	1	-	-	-	-
<b>TOTAL</b>	2	1	3	4	+1

# 5 Hotels & Social Events

## 5.1 Hotels

### History and comparison with previous years

	2013 Madrid	2014 Geneva	2015 Vienna	2016 Lisbon
Number of rooms used for Board & Faculty	109	110	93	89
Number of hotels	1	2	2	1

### Official hotels in use at Acute Cardiovascular Care 2016

Hotel	Used for	Location	Number of rooms
Vila Gale Opera Hotel	Faculty & Staff	Congress area	111

### Appointed Housing Agency : AIM International

Hotel Room sales: 305 rooms on the peak night, total roomnights 949 (including above faculty & staff)

Groups: Sigma Tau – 104 rooms, Daiitchi – 8 rooms, Bayer Italy – 18 rooms

Individual Bookings – 64

### Number of rooms confirmed by Faculty members (incl Board)

no reply = 3 faculty members

0 nights = informed us that no hotel is needed (probably in and out on one day) -> 10 pax

1 night stay -> 11 pax

2 nights stay -> 58 pax

3 nights stay -> 9 pax

4 nights stay -> 10 pax (Board)

Total 194 roomnights used

## 5.2 Social events

### Networking Cocktail in Exhibition

Saturday 15 October 2016

Fairly well attended. The order was for 300 persons but 200-250 should have been sufficient

### Young ACCA Event

Saturday 15 October 2016 at Doca de Santo Restaurant/Bar

This event was again a success. Approximately 95 persons confirmed their attendance, approx 80 attended. Board and VIPs joined before going to their Dinner. This was appreciated and again a good initiative and a very good atmosphere.

### Faculty Dinner

Sunday 16 October 2016 at 1300 Taberna in LX Factory.

97 faculty confirmed, 82 tickets were picked up but only approximately 75 persons turned up. It was a successful event and a good and very reasonable venue.

## 5.3 Catering

Catering: Silva Carvalho Catering

Good collaboration with catering company, very flexible approach and easy going.

Delegate Coffee breaks served:

Saturday a.m. 400 pax – Saturday p.m. 500 pax

Sunday a.m. 400 pax – Sunday p.m. 500 pax

Monday a.m. 400 pax

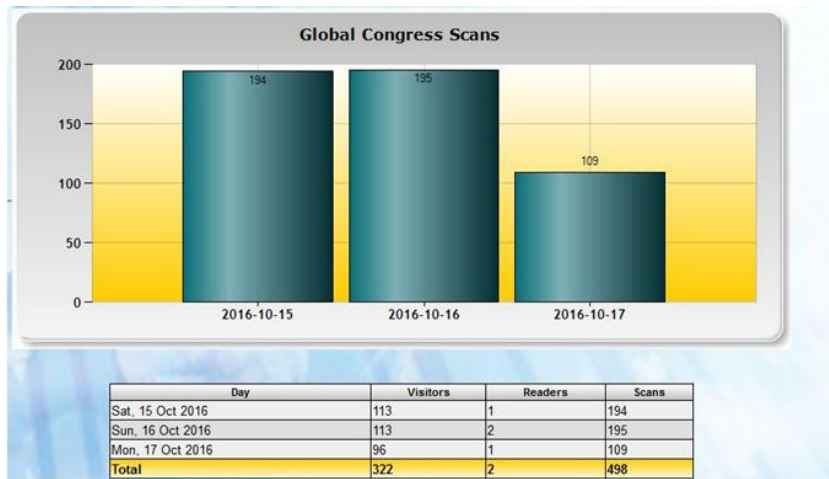
#### Cash bars:

1 Cafeteria was made available by the Caterer. Not that busy. We had requested the opening of the Restaurant but they Congress Centre declined to open over the weekend. In view of the very low number of customers in 2015 this was deemed to be acceptable. A number of exhibition stands had coffee and snacks available.

#### Member Lounge Catering :

Permanent coffee break for 50 persons (coffee/tea/water/juice/pastries/fruit)

The actual visits far exceeded 50 persons, therefore the coffee breaks were not quite sufficient at certain times. Actual visit scans below.





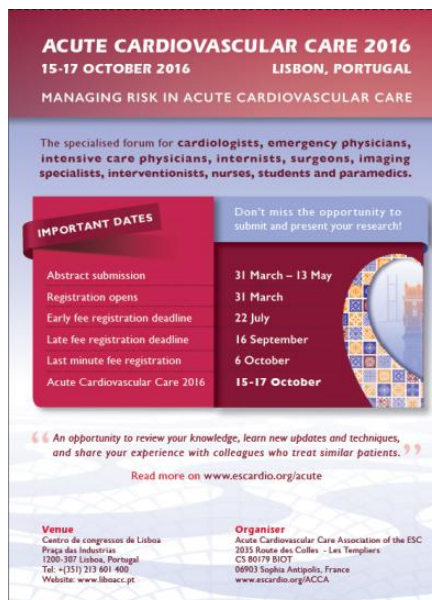
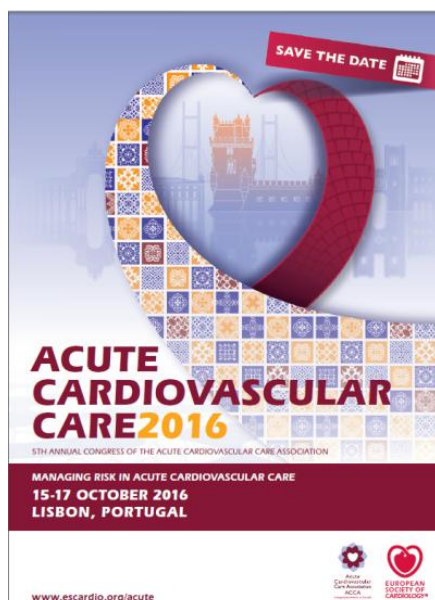
# 6 Communication

## 6.1 Publications

The Acute Cardiovascular Care 2016 community is quite young and very responsive to online publications (with, for example, very good download rates for the Mobile App). In order to adapt to the demands of this community, the communication plan for the congress is focused on Online media; with limited and optimised use of all Print media.

### Promotional documents

Name	1 <sup>st</sup> announcement
Lifespan	October 2015
Key info	Key dates Target audience Venue / organiser
Format	A4 Folded to A5 – 2 sides
Print quantity	2 500 copies
Online views	n/a
Sponsor	None

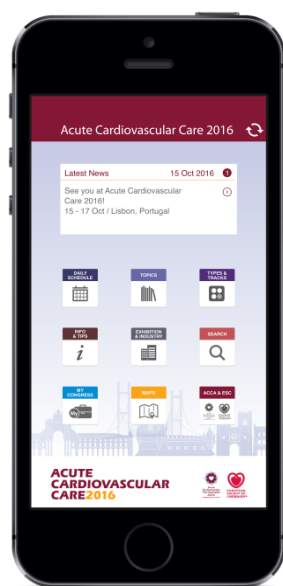


## Programme publications

Name	Advance Programme	Final Programme	Mobile App
<b>Lifespan</b>	July 2016 – October 2016	October 2016 + archives	August 2016 – archives
<b>Key info</b>	Congress schedule (session titles) Promotion of registration Promotion of the SP&P Focus on educational opportunities Membership Practical information	Congress general info Full congress programme Lists of authors, presenters, faculty Information on ACCA Practical congress information	See features below
<b>Format</b>	Online only	A4 Booklet – 86 pages	Application available on Android and iOS
<b>Print quantity</b>	No printed version	1 200 copies	n/a
<b>Online version</b>	Online flipbook – 1 798 views from May 31 to 25 September	Interactive online flipbook - 795 views from 4 October to 30 October	Published on 24/08/15 - 1 645 downloads
<b>Sponsor</b>	None	None	None

## The Acute Cardiovascular Care 2016 Mobile App

An upgraded version of the Acute Cardiovascular Care Mobile App (for iPhones, Android Phones, iPad & Android tablets) was made available on the App store® and Google play on 24 August 2016.



The mobile app contained:

- The entire scientific programme of the congress (including abstracts & learning objectives)
- Congress floor-plans (congress venue and exhibition)
- Congress general information
- Functionality to search for sessions, posters, speakers, exhibitors and general information on the congress
- Functionality to create your personal programme selecting favourite sessions, and to sync it with SP&P and other mobile devices
- Possibility to include notes on sessions/presentations
- Functionality to share sessions, programme, content and notes with colleagues by email and on social media (Facebook, Twitter, LinkedIn and other apps already installed on the device)
- Possibility to add personal appointment from My Programme and to sync it between devices
- Access to the latest news
- Acute Cardiovascular Care Association corporate information
- Stand alone app, once downloaded, no need to connect to the internet to access all congress info

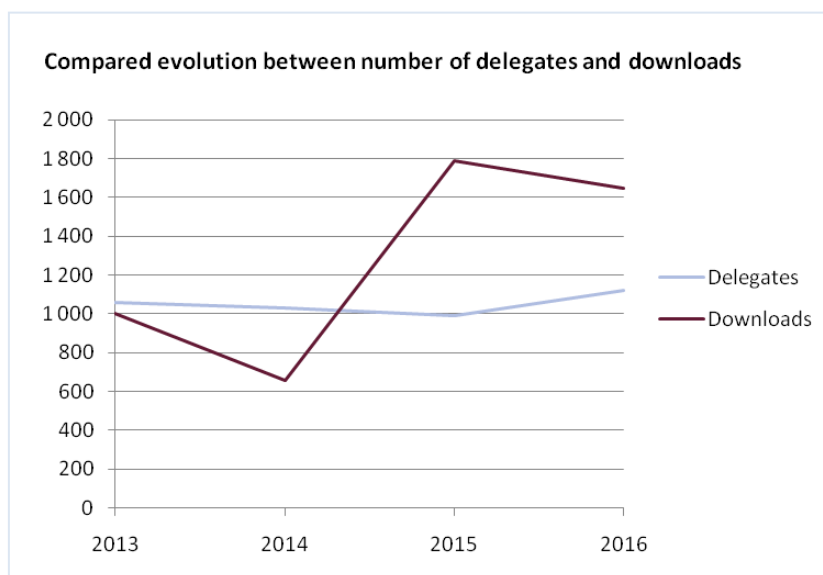
### New this year:

- Deep-linking of push notification: by clicking on the push notification on the lock screen of your device, the news will be shown directly within the app
- Speakers' name in the presentation subtitle
- New layout for My Programme: easier to read
- Easier way to tick/untick session/presentation as favourite

## Figures

There were a total of **1 122 participants** at Acute Cardiovascular Care 2016. The ACCA 2016 Mobile App was downloaded **1 645 times** (from 24/08/16 until 30/10/16) meaning that almost all delegates have downloaded the app.

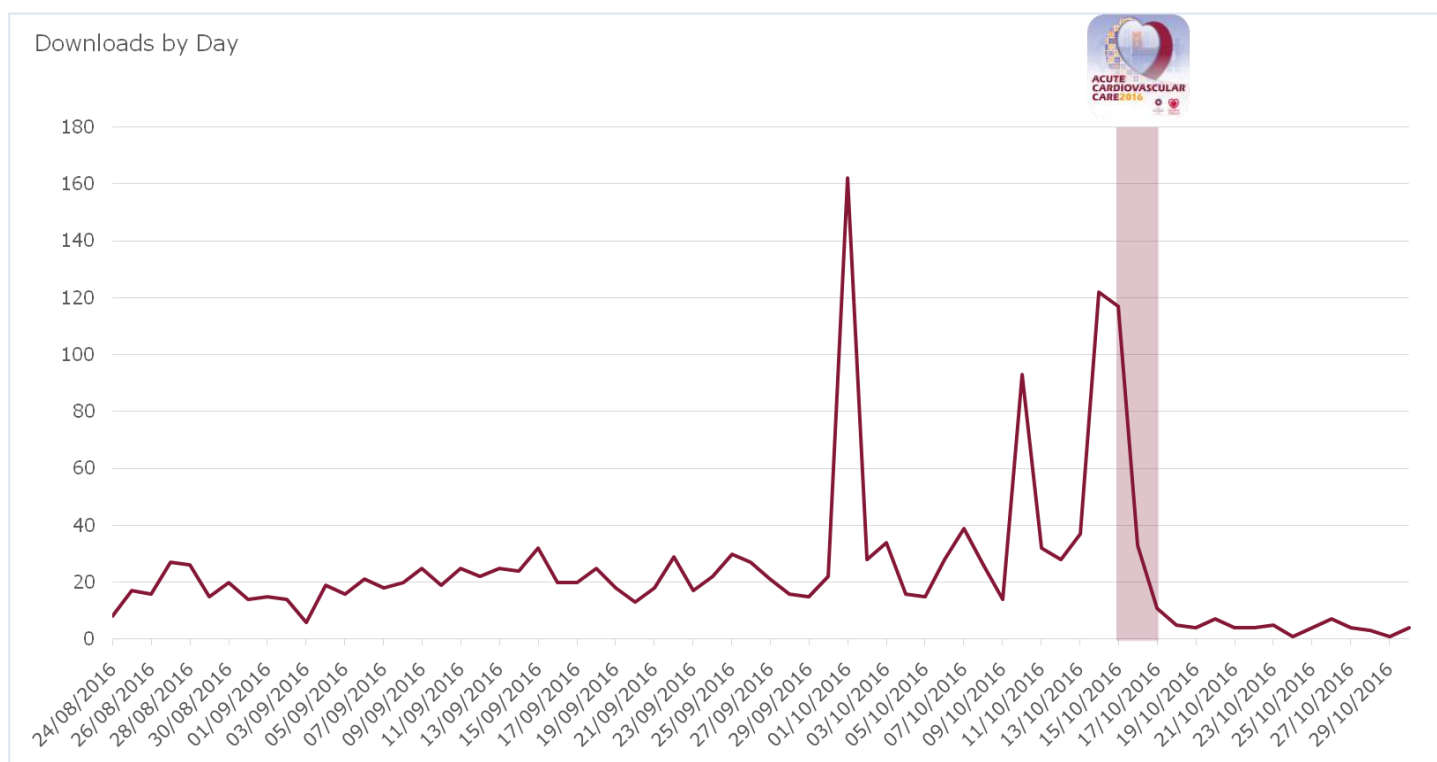
*Note: this does not mean that exactly all of congresses delegates downloaded the app, as some users may have downloaded the app on several devices (e.g. a mobile phone and a tablet). Since the app is free to download and free to be used without registration, it could have been downloaded by persons not attending the congress. This is something to consider.*



## Customer behaviour

The graph below shows the evolution of downloads and some key promotion actions.

The mobile app was launched on 24 August 2016 and promotion on ESC Website was launched on 25 August.



A complete report on the Acute Cardiovascular Care 2016 Mobile App is available.

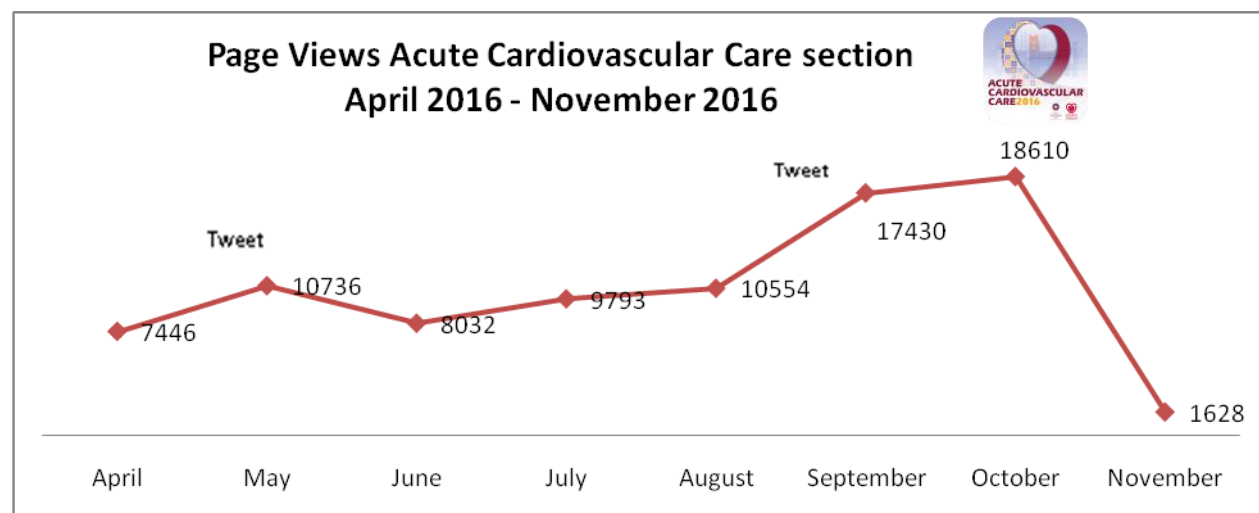
## 6.2 Website activity

### Statistics

The Acute Cardiovascular Care section of the ESC website received **84 229 page views** between April 2016 and November 2016 with a peak in the activity during the 3 days of the congress

In comparison, the ACCA section of the ESC website received **59 904 page views** in the same period. These statistics include only the content hosted directly in the association section (additional ACCA content is available in other sections of the ESC website such as Education, Guidelines, ... )

Other peaks throughout the year are explained by corresponding events such as deadlines, announcement of results, programme publications, ecampaigns, etc ...



### Top 10 visited content

Throughout the same period, the following content received the most views, representing **90% of the traffic**:

Content name	Views
Home page - Acute Cardiovascular Care 2016	36 668
Scientific programme	5 729
Register now	5 563
Call for abstract	4 904
Your attendance guide	4 590
Travel, hotel and city	3 104
Congress resources	2 511
Faculty & presenter guidelines	2 308
Session types and tracks	1 846
Abstract submission rules	1 091
Total views on top 10 content	68 314

## Scientific Programme & Planner

The Acute Cardiovascular Care 2016 Scientific Programme & Planner is updated with the most recent version of the programme and the platform which hosts the *congress resources*:



- **Abstracts** (open access): all abstracts were published on October 7<sup>th</sup> 2016
- **Weblinks** (open access): for all industry sponsored sessions, a PDF invitation is uploaded on the SP&P
- **Slides** (restricted to ACCA Members or paying delegates): for all oral presentations for which copyright has been released, the slides are published. Poster presenters are also given the opportunity to upload an electronic version of their poster in the format of a powerpoint slide.
- **Videos** (restricted to ACCA Members or paying delegates): screencasts (slides + speaker's voice) were published a maximum of 12h after the time of the session

The Scientific Programme & Planner was available from 20 April 2016 and updated automatically from the system.

The Scientific Programme & Planner accumulated 26 740 page views between 01/04/2016 and 15/11/2016.

**Report of clicks per type of resource** from October 7<sup>th</sup> to November 28<sup>th</sup>.

Type of ressource	Total clicks
Abstract	1 988
Slides	1 063
Videos	304
<b>Total clicks</b>	<b>3 355</b>

## 6.3 Promotion


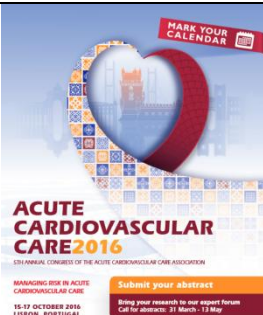
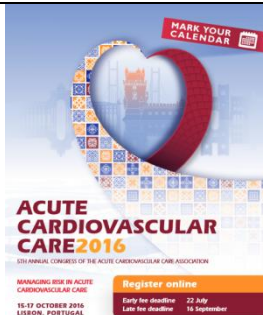
### E-campaigns: planning and key data

	Type of campaign	Date sent	Total recipients	Open rate
Abstract submission	Call for sessions <a href="#">Contribute to the programme: Acute Cardiovascular Care 2016</a>	02/11/15	146	45 %
	<a href="#">ESC - My ESC Congresses and events</a>	09/02/16	75 617	17 %
	<a href="#">ESC - My ESC Congresses and events</a>	11/03/16	75 406	22 %
	<a href="#">Ready to submit your science in Acute Cardiovascular Care?</a>	31/03/16	79 674	17 %
	<a href="#">ESC - My ESC Congresses and events</a>	08/04/16	75 158	17 %
	<a href="#">Boost your career, be visible, compete for scientific excellence!</a>	14/04/16	79 530	18 %
	<a href="#">Put your research in the spotlight: submit to Acute Cardiovascular Care 2016</a>	27/04/16	79 288	18 %
	<a href="#">ESC - My ESC Congresses and events</a>	03/05/16	75 141	17 %
	<a href="#">4 days left to submit your abstract!</a>	09/05/16	79 277	17 %
	<a href="#">3 extra days to finalise your abstract for Acute Cardiovascular Care 2016</a>	13/05/16	79 220	18 %
	<a href="#">ESC - My ESC Congresses and events</a>	27/05/2016	74 933	16 %
Registration	<a href="#">Join the community at Acute Cardiovascular Care in Lisbon</a>	06/06/16	79 333	18 %
	<a href="#">Take part in the scientific discussions: register before the Early Fee deadline!</a>	07/07/16	78 505	19 %
	<a href="#">Get your registration at the best rate!</a>	15/07/16	78 428	17 %
	<a href="#">An innovating programme awaits at Acute Cardiovascular Care 2016</a>	18/08/16	77 847	18 %
	<a href="#">Special offer during ESC Congress 2016!</a>	25/08/16	11 030	29 %
	<a href="#">Tips: register at the best rate for Acute Cardiovascular Care 2016</a>	09/09/16	77 804	19 %
	<a href="#">Acute Cardiovascular Care 2016 está próximo, 15 a 17 de Outubro em Lisboa</a>	22/09/16	2 045	22 %
Congress	<a href="#">Final chance to register online for Acute Cardiovascular Care 2016!</a>	30/09/16	77 451	16 %
	<a href="#">Get ready for Acute Cardiovascular Care 2016!</a>	07/10/16	529	56 %
	<a href="#">Day 1 at Acute Cardiovascular Care 2016</a>	14/10/16	790	53 %
	<a href="#">Day 2 at Acute Cardiovascular Care 2016</a>	16/10/16	800	44 %
	<a href="#">Day 3 at Acute Cardiovascular Care 2016</a>	17/10/16	800	40 %
Post	<a href="#">We need your input on Acute Cardiovascular Care 2016!</a>	19/10/16	673	44 %

\*All targets include:




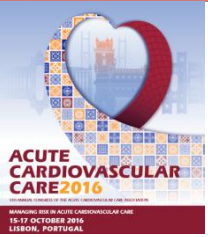
- ACCA members - (old and new members ) 2016/ 2015/2014/2013/2012/ 2010
- ALL Acute congress participants 2015/2014/2013/2012/2010/2008
- ALL Acute congress previous abstracts submitters 2015/2014/2013/2012/2010 – file excel
- ESC Congress abstract submitters topic 'acute cardiac care' 2016/2015 – file excel
- Persons in the database with field of Interest :
  - ACS
  - Arrhythmias
  - Cardiac Consult
  - Cardiac Tumours
  - Congenital Heart Disease
  - Hypertension
  - Sudden Cardiac Death and Resuscitation
  - Syncope Field of interest
  - Primary Pulmonary Hypertension (PPH)
  - Thromboembolic Venous Disease
  - Valvular Heart Diseases
- All person in the data base with "My Professional Activity"= Cardiologist - Trainee + scientist + nurses
- All person in the data base with "my Specialty" = ACS ,Congenital Heart Disease, Sudden Cardiac Death, Thromboembolic, VHD
- ACCA Local champions – file attached excel
- Residents of host + other countries of interest this year : Portugal, Spain, Morocco, Algeria, France, Brazil

## Printed adverts

		
<b>1</b>	<b>2</b>	<b>3</b>
<b>Generic</b>	<b>Abstract submission</b> (Mark your calendar)	<b>Register</b> (Early & Late registration deadlines)

Advert	ESC/Non-ESC journals	Name of Journal	Publication date
<b>1</b>	ESC journal	EHJ-ACC	01/12/16
		EHJ-ACC	01/02/16
<b>2</b>	Non-ESC journal	EHJ-ACC	01/04/16
		Cardiology (ad in black and white)	01/04/16
		Revista Portuguesa de Cardiologia	01/04/16
		Journal für Kardiologie - Austrian Journal of Cardiology	04/04/16
<b>3</b>	ESC journal	EHJ-ACC	01/06/16
	Non-ESC journal	Journal für Kardiologie - Austrian Journal of Cardiology	30/05/16
		Journal of Vascular Research (ad in black and white)	01/06/16
		Journal für Kardiologie - Austrian Journal of Cardiology	01/08/16
	ESC journal	EHJ-ACC	01/08/16
	Non-ESC journal	Revista Portuguesa de Cardiologia	01/09/16
		Journal für Kardiologie - Austrian Journal of Cardiology	19/09/16
	ESC journal	EHJ-ACC	30/09/16

## Online banners

Advert	ESC/Non-ESC journals	Journal	Publication period
	Non-ESC journal	Acute Cardiac Care journal website	15/02/16 – 17/10/16
	Non-ESC journal	Journal of Vascular Research website (Publisher=Karger)	01/01/16 – 31/07/16
		Cardiology website (Publisher=Karger)	01/01/16 – 31/07/16
	Non-ESC journal	Radcliffe Cardiology (website)	13/02/15 – 17/10/15



## Promotion via other congresses

Congress	Congress Dates	Location	Item
Acute Cardiovascular Care 2015	17-19 Oct	Austria - Vienna	Flyers
Turkish Cardiology Congress	22-25 Oct	Turkey – Antalya	Flyers
Resuscitation - ERC (European Resuscitation Council) - The Guidelines Congress	29-31 Oct	Czech Republic - Prague	Flyers + poster
Congrès Francophone de Cardiologie Interventionelle	4-6 Nov	France - Paris	Flyers
ESC in China	29 Oct – 1 Nov	China – Beijing	Flyers
AHA	7-11 Nov	USA – Orlando	Flyers
European Mechanical Circulatory Support Summit (EUMS)	2-5 Dec	France - Paris	Flyers
EuroEcho-Imaging 2015	2-5 Dec	Spain – Seville	Flyers
ESC in India	4-5 Dec	India – Chennai	Flyers
National Congress of Italian Society of Cardiology	11-14 Dec	Italy - Rome	Flyers
European Days, Annual Meeting of the French Society of Cardiology	13-16 Jan	France - Paris	Flyers
Kardiologie Interaktiv	15-16 Jan	Austria – Vienna	Flyers
Integrated Management of Acute and Chronic Cardiovascular Disease	23-26 Jan	Austria - Innsbruck	Flyers
Joint Interventional Meeting (JIM)	11-13 Feb	Italy – Milan	Flyers
ESC in Arabia	12-15 Feb	UAE – Riyadh	Flyers
Annual Meeting of the Society of Thrombosis and Hemostasis Research - GTH	17-20 Feb	Germany - Muenster	Flyers
Milan Cardiology	18-20 Feb	Italy – Milan	Flyers + poster
Herzinsuffizienz	20 Feb	Austria – Vienna	Flyers
Critical Care Congress (Society of Critical Care Medicine annual congress)	20-24 Feb	USA – Phoenix	Flyers
European Congress of Radiology (ECR)	2-6 March	Austria – Vienna	Flyers
International Dead Sea Symposium (IDSS) on Innovations in Technology, Treatment & Prevention of Cardiac Arrhythmias	6-9 March	Israel - Tel-Aviv	Flyers
Resuscitation	9-12 March	USA - Las Vegas	Flyers
UCCVS International Congress of Update in Cardiology and Cardiovascular Surgery including International Forum of Arrhythmias (IFA)	10-13 March	Turkey – Antalya	Flyers
Japanese Circulation Society	18-20 March	Japan - Sendai	Flyers
Annual Meeting of the German Cardiac Society	30 March – 2 April	Germany - Mannheim	Flyers
American College of Cardiology Scientific Sessions (ACC)	2-4 April	USA – Chicago	Flyers
Printemps de la Cardiologie	7-8 April	France – Dijon	Flyers
Israel Cardiac Society	12-13 April	Israel – Tel-Aviv	
European Stroke Conference	13-15 April	Italy – Venice	Flyers
International Symposium on Ischemic Heart Disease and Cardiovascular Critical Care	14-15 April	Spain – Malaga	Flyers (bag insert)
EuroHeartCare 2016	15-16 April	Greece – Athens	Flyers
International Conference on Emergency Medicine (ICEM)	18-21 April	South Africa - Cape Town	Flyers
Global Cardiovascular Educational Forum - Russian Cardiovascular Days	21-24 April	Russia - St Petersburg	Flyers



<b>International Congress of the European Society for Cardiovascular and Endovascular Surgery (ESCVS)</b>	21-24 April	Serbia – Belgrade	Flyers
<b>ESICM Regional Conference</b>	28-30 April	Portugal – Porto	Flyers
<b>Society for Acute Medicine (SAM) - Spring Meeting</b>	5-6 May	UK - Belfast	Flyers
<b>Hungarian Cardiac Society</b>	5-7 May	Hungary – Balatonfüred	Flyers
<b>The European Stroke Organisation Conference</b>	10-12 May	Spain – Barcelona	Flyers
<b>EuroPCR 2016</b>	17-20 May	France – Paris	Flyers
<b>Congreso Nacional Cardiología Pediátrica y Cardiopatías Congénitas</b>	19-21 May	Spain – Valladolid	Flyers (bag insert)
<b>Heart Failure 2016</b>	21-24 May	Italy – Florence	Flyers
<b>European Atherosclerosis Society (EAS)</b>	29 May – 1 June	Austria – Innsbruck	Banner on website
<b>CardioAlex</b>	31 May – 3 June	Egypt – Alexandria	Flyers
<b>British Cardiac Society</b>	6-8 June	UK – Manchester	Flyers
<b>Vicenza Course on AKI and CRRT</b>	7-10 June	Italy – Vicenza	Flyers
<b>CARDIOSTIM-EHRA EUROPACE 2016</b>	8-11 June	France – Nice	Flyers
<b>TCS-ECMO</b>	30 June – 1 July	France – Paris	Flyers
<b>Congress of Cardiovascular Prevention in Pre-Elderly and Elderly Individuals (CPPEI)</b>	30 June – 2 July	Slovak Republic – Bratislava	Flyers
<b>ESC Congress 2016</b>	27-31 August	Italy – Rome	Flyers
<b>ESC in China</b>	7-11 Sept	China – Xi'an	Flyers
<b>ESC in South Africa</b>	8-11 Sept	South Africa – Cape Town	Flyers
<b>Polish Cardiac Society</b>	15-17 Sept	Poland – Poznan	Flyers
<b>Russian Cardiac Society</b>	20-23 Sept	Russia – Ekaterinburg	Flyers
<b>Congrès National de la Société Française d'Anesthésie et de Réanimation (SFAR)</b>	22-24 Sept	France – Paris	Flyers
<b>ESC in Brazil</b>	23-26 Sept	Brazil – Fortaleza	Flyers
<b>Resuscitation - ERC (European Resuscitation Council)</b>	24-25 Sept	Iceland – Reykjavik	Flyers (bag insert) + poster
<b>ESICM Annual Congress – LIVES</b>	1-5 Oct	Italy - Milan	Flyers
<b>European Congress on Emergency Medicine (ECEM organised by EuSEM)</b>	1-5 Oct	Austria - Vienna	Flyers
<b>Herzinsuffizienz Dreiländertreffen</b>	12-15 Oct	Germany – Halle	Flyers

## 6.4 Social media

### Twitter

A total of **158 tweets** were sent using the official hashtag **#acute16**

#### 25 tweets sent from corporate ESC Account:

Date	Topic	Potential reach*	Impressions*	Clicks
10/10/2016	Abstracts	47114	5742	41
11/10/2016	Mobile App	39239	5638	21
14/10/2016	Attendance	73321	7123	17
15/10/2016	Acute Awards	39151	5014	85
15/10/2016	Acute Awards	40473	5416	19
15/10/2016	Acute Awards	39594	5417	26
15/10/2016	Acute Awards	41757	5599	5
15/10/2016	Acute Awards	42118	6094	0
15/10/2016	virtual case area	46730	6250	58
15/10/2016	Acute Awards	41758	6694	4
15/10/2016	Acute Awards	41758	6701	3
15/10/2016	Acute Awards	42119	7091	9
15/10/2016	Acute Awards	41756	7064	6
15/10/2016	Acute Awards	41746	7465	2
15/10/2016	Acute Awards	42180	7504	5
15/10/2016	acute 2018 announcement	53218	9547	0
15/10/2016	Acute resources	43027	8036	27
16/10/2016	press release	47656	8631	32
16/10/2016	press release	68620	11458	39
16/10/2016	press release	54006	9231	24
16/10/2016	Acute Awards	43762	8582	85
16/10/2016	Facebook Gallery	42415	8606	58
16/10/2016	Acute resources	43273	8956	22
17/10/2016	Acute resources	45419	8219	8
17/10/2016	Thank you see you	43800	8950	0
<b>Total</b>		<b>1146010</b>	<b>185028</b>	<b>596</b>

\*Sprout (ESC social media platform) calculates a Tweet's reach by the number of followers ESC has when ESC posts the message, plus the number of followers of each person who retweets the Tweet. Because it's likely that ESC's Tweet won't be seen by all of those people, Sprout considers this the potential maximum reach.

Twitter, on the other hand, knows exactly when a Tweet has been seen in a user's timeline, so they can give a more accurate Impressions number. However, they can only determine if a Tweet has been viewed when it has been served by an official Twitter platform (their website and official mobile apps, for example). So their number can be considered the very minimum number of times it was seen.

#### Most clicked tweets

85 clicks



escardio

Congratulations to our Young Investigators Award competitors. Read their individual interviews.

[bit.ly/2e34BhW](http://bit.ly/2e34BhW)

(Tweet) by Cécile N. October 16, 2016 3:00 pm

58 clicks



escardio

Sights of **#acute16**. See the pictures [bit.ly/2dSBYsi](http://bit.ly/2dSBYsi)

(Tweet) by Cécile N. October 16, 2016 4:00 pm

Most retweeted – 28 retweets



**escardio**

20% of emergency department visits preventable: half are cardiovascular disease [#CVD #acute16 bit.ly/2e3gwfN](#)

(Tweet) by [Cécile N.](#) October 16, 2016 9:30 am




Biggest potential reach  
68 620




**escardio**

20% of emergency department visits preventable: half are cardiovascular disease [#CVD #acute16 bit.ly/2e3gwfN](#)

(Tweet) by [Cécile N.](#) October 16, 2016 9:30 am



54 006



**escardio**

New destination presented during [#acute16](#): next congress will be held on 3-5 March 2018 in Milan, Italy

(Tweet) by [Cécile N.](#) October 15, 2016 7:00 pm

Facebook

228 photos were added to the [online Facebook Album](#) during the congress.



**European Society of Cardiology** a ajouté 118 photos à l'album [Acute Cardiovascular Care 2016](#).

16 octobre · 🌐

15-17 October 2016, Lisbon, Portugal



 J'aime

 Commenter

 Partager

All 572  561  7  3  1

# 7 ACCA at the congress

## 7.1 ACCA/ ESC Stand

The staff on the ACCA stand were registering new members 2017 (Ivory & Gold), selling IACC textbook, but also doing live demonstrations of the ACCA Toolkit Mobile Application and demos of the ESCeL platform.



**Type:** 30m<sup>2</sup> corporate stand built by Vision Ltd  
**Location:** Optimal location of the stand at the main entrance of the exhibition and in front of the registration  
**Focus:** Membership 2017 , Textbook, New Toolkit

Another stand was set-up in the “Foyer” dedicated to the ACCA Toolkit with an interactive touch screen platform presenting the ACCA toolkit in PDF version.



### Key figures of the ESC/ACCA Stand

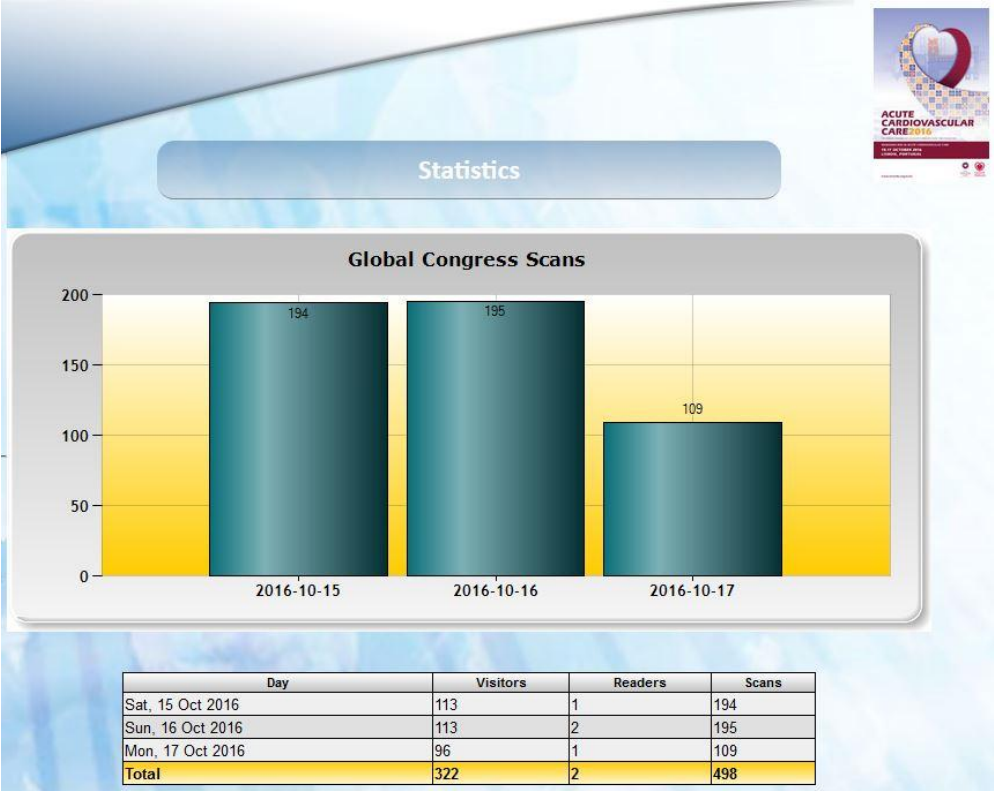
- **500** Pocket Guidelines distributed
- New paying ACCA Members (vs 68 in 2015):
  - 52 Ivory 2017
  - 8 Gold 2017
- **1** IACC Textbook sold ( considering that OUP was also selling the book in the opposite stand)
- **4** on-site registration for the IACC certification
- **1094** documents distributed
- **471** give-aways handed out
- **1300** ACCA Toolkits distributed
- **100 printed copies of ACCA position papers ( 2 papers)**

### Top 5 distributed documents:

- **1300 ACCA** toolkit second edition
- **500** Pocket Guidelines
- **112** IACC textbook flyer
- **100** Folders ACCA All in One, including the postcards
- **100** Acute cardiovascular Care 2018 1<sup>st</sup> Announcement



# 7.2 ACCA Members Lounge



# 7.3 ACCA Events

Alongside the congress activities, social ACCA event hosted by the ACCA take place during the annual congress.

<b>Friday 14 October</b> 20:00 – 22:00	ACCA Board Diner	5 Oceanos	All ACCA board and ESC Staff
<b>Saturday 15 October</b> 20:00 – 00:00	Young ACCA Event	Doca de Santos	All congress delegates below 40 ACCA Board & VIPs (K.Fox, SD Kristensen, L.Badimon...) + 100 attendance
	ACCA Board & Friends	Doca de Santos	The ACCA Board & Friends joined the Young event before and after the dinner ( +30 VIPs)





## 7.4 ACCA Meetings

ACCA Board meeting took place on Friday 14 October with the new elected ACCA Board 16-18.



Another important meeting took place on Sunday 16 October .

ACCA board members and some ACCA local champions working on a Position Paper on the organisation of ICCU in Europe  
The Position Paper should be launch in January 2017





## 7.5 ACCA Certification

This year attendance was a record: 76 registered as follows (64 candidates in Vienna last year)

- Includes 4 registrations on-site
- 53 ACCA members
- 16 Non Members
- 7 resits



## 8 Press

### 8.1 Press releases

15 Sept 2016

[Acute cardiovascular care congress puts spotlight on managing high risk patients](#)

16 Oct 2016

[Ultraviolet air steriliser reduces sepsis and mortality in cardiac surgery patients](#)

16 Oct 2016

[20% of emergency department visits preventable of which half are cardiovascular disease](#)

16 Oct 2016

[Avatar-based application improves symptom recognition in heart attack survivors](#)

### 8.2 Top coverage (in terms of media outlets)

#### Medical Press

**Outlet:** Public Now

**Title:** Acute cardiovascular care congress puts spotlight on managing high risk patients

**Publication Date:** 21/09/2016

**Source URL:** <http://www.publicnow.com/view/D3A35E241742CC6AED0AC42854DADA3DE6242026>

**Outlet:** myinforms.com

**Title:** ACCA annual congress shines lights on managing risk in acute cardiovascular care

**Publication Date:** 19/09/2016

**Source URL:** <http://myinforms.com/en-us/a/41541154-acca-annual-congress-shines-lights-on-managing-risk-in-acute-cardiovascular-care/>

**Outlet:** Health medicine Network

**Title:** ACCA annual association shines lights on handling risk in strident cardiovascular care

**Publication Date:** 19/09/2016

**Source URL:** <http://healthmedicinet.com/acca-annual-congress-shines-lights-on-managing-risk-in-acute-cardiovascular-care/>

**Outlet:** Salute H24

**Title:** Acute cardiovascular care congress puts spotlight on managing high risk patients

**Publication Date:** 18/09/2016

**Source URL:** <http://ct.moreover.com/?a=28000917068&p=y3&v=1&x=plsAyeFr3ba2TLx3X-cNw>

**Outlet:** Salute Domani

**Title:** Salutedomani.com - Acute cardiovascular care congress puts spotlight on managing high risk patients

**Publication Date:** 18/09/2016

**Source URL:**

[http://www.salutedomani.com/article/acute\\_cardiovascular\\_care\\_congress\\_puts\\_spotlight\\_on\\_managing\\_high\\_risk\\_patients\\_22031](http://www.salutedomani.com/article/acute_cardiovascular_care_congress_puts_spotlight_on_managing_high_risk_patients_22031)

#### Newswires

**Outlet:** Europa Press Online

**Title:** Un esterilizador de aire ultravioleta reduce la mortalidad tras una de cirugía cardíaca

**Publication Date:** 17/10/2016

**Source URL:** <http://www.infosalus.com/salud-investigacion/noticia-esterilizador-aire-ultravioleta-reduce-mortalidad-cirugia-cardiaca-20161017072733.html>

**Outlet:** Europa Press Online

**Title:** El 20% de las visitas a urgencias son prevenibles

**Publication Date:** 17/10/2016

**Source URL:** <http://www.infosalus.com/asistencia/noticia-20-visitas-urgencias-son-prevenibles-20161017083231.html>

**Outlet:** MD Linx

**Title:** Ultraviolet air steriliser reduces sepsis and mortality in cardiac surgery patients

**Publication Date:** 26/10/2016

**Source URL:** <https://www.mdlinx.com/anesthesiology/medical-news-article/2016/10/26/cardiac-surgery-ultraviolet-air-steriliser-sepsis/6908046/>

**Outlet:** Fidest Press Agency

**Title:** Avatar-based application improves symptom recognition in heart attack survivors

**Publication Date:** 17/10/2016

**Source URL:** <https://fidest.wordpress.com/tag/avatar-based/>

## 8.3 Media enquiries

Media Outlet	Request	Subject
British Journal of Cardiac Nursing	Figures & Slides - Full text -	Avatar-based application
Medicalnewstoday	Author interview	Ultraviolet air steriliser
Medicalxpress		20% of emergency
Health medicine Network		

A complete press activity report is available on demand.

## 9 Post congress survey

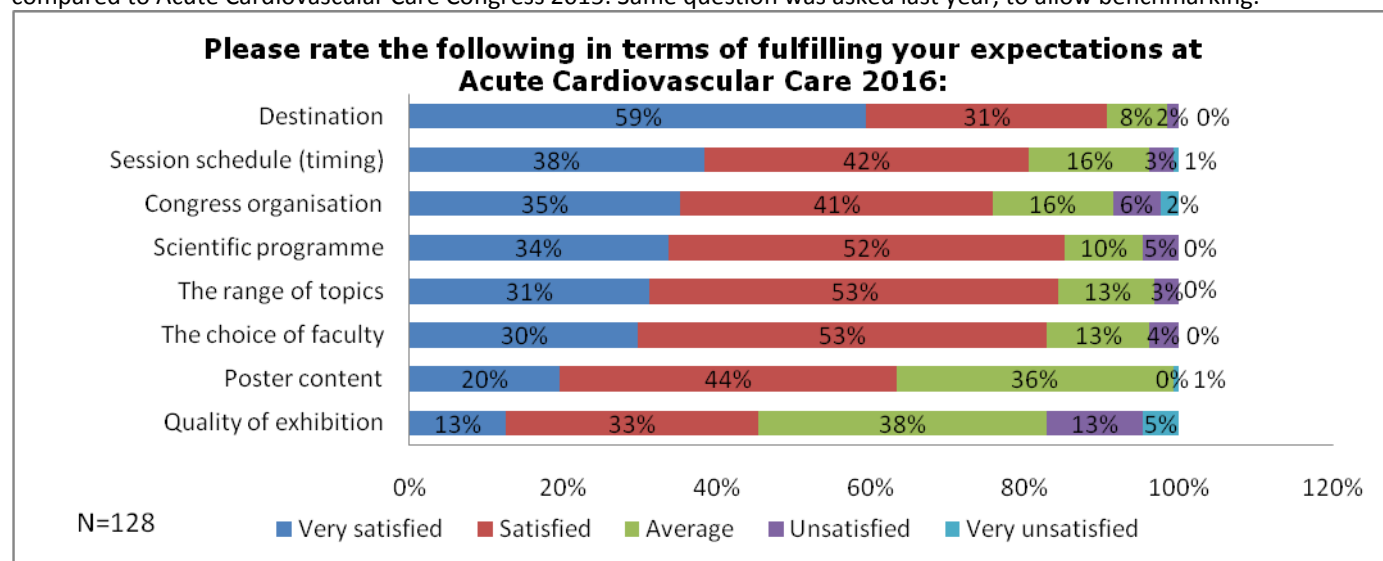
This survey was sent to 650 participants. **128** responses were collected during 17 days which represents **20%** of response rate.

The response rate is quite impressive when compared to other ESC sub-speciality congresses surveys. As a comparison, Acute Cardiovascular Care Congress 2015 had 24% of the audience completing the survey and 22% 2014. The main objective of the survey was to measure the satisfaction level of the delegates and obtain audiences's feedback on the newly introduced elements this year (Virtual Case Area, Acute Cardiovascular Care School format and new schedule for scientific sessions) to help prepare the next Congress in 2018.

The results have been categorised into 3 parts: Congress satisfaction level, elements to be considered while organising future Acute Cardiovascular Care congress Congress and delegates' profile.

### 1) Congress satisfaction level

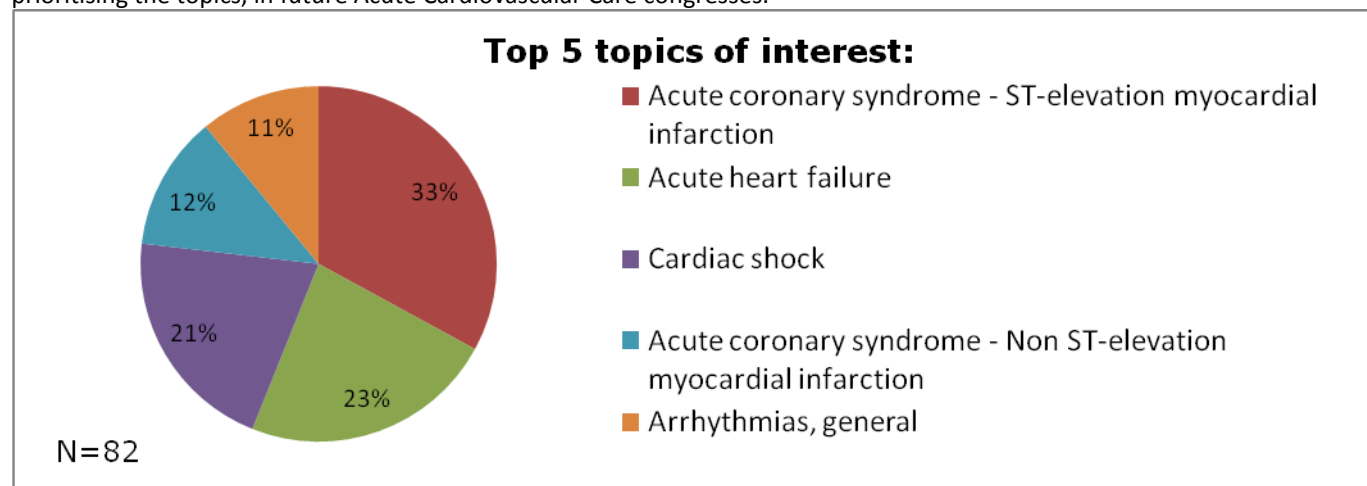
This year, the respondents' overall satisfaction level has comparatively increased between 10% to 15% in all aspects compared to Acute Cardiovascular Care Congress 2015. Same question was asked last year, to allow benchmarking.



In the above chart, the destination has the highest (90%) of 'very satisfied' and 'satisfied' answers. Session schedule, Congress organisation, scientific programme, range of topics and choice of faculty, each of these elements had more than 80% of the respondents' feeling very satisfied and satisfied.

Poster content (64%) and quality of exhibition (46%) had a little lesser satisfaction level when compared to other elements. However these two elements have still gained more enthusiasm this year when compared to previous 2015 Congress where it was just 40% for both poster content and exhibition.

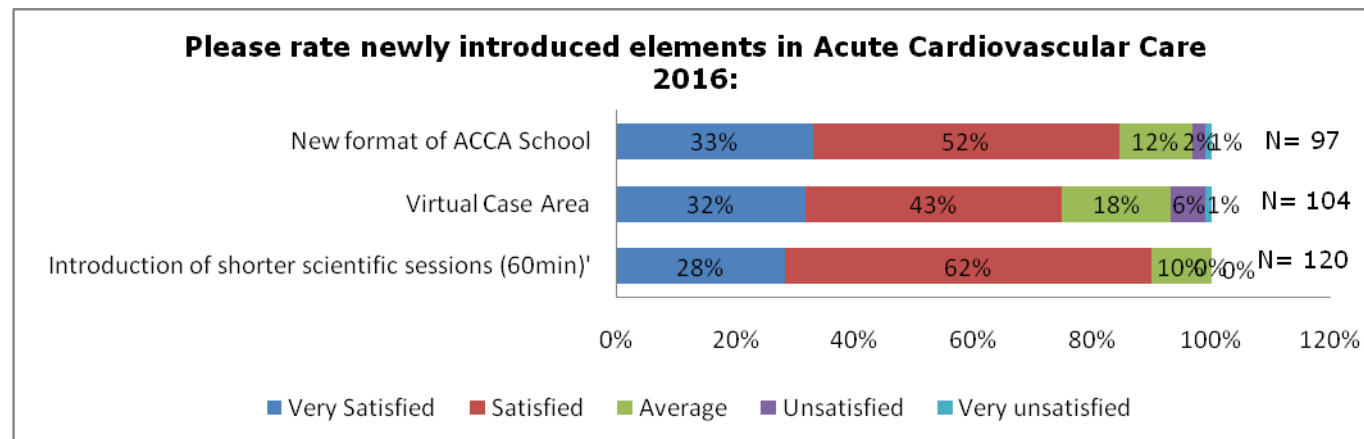
The following question was asked to identify the respondents' top topics of interest which would help us to focus on prioritising the topics, in future Acute Cardiovascular Care congresses.



The top 5 interesting topic chosen by the respondents' are acute coronary syndrome – ST-elevation myocardial infarction (33%), acute heart failure (23%), cardiac shock (21%), acute coronary syndrome – Non ST-elevation myocardial infarction (12%) and arrhythmias, general (11%). Even last year these were the same top 5 topics of interest chosen by respondents'.

The consideration of developing these above topics should be more emphasised while organising future Acute Cardiovascular Care congresses, it could also help the association in effectively retaining the future Congress registrations / participants.

As one of the primary objective was to get a feedback regarding the newly introduced elements (Virtual Case Area, Acute Cardiovascular Care School format & new schedule for scientific sessions), the following question was asked:

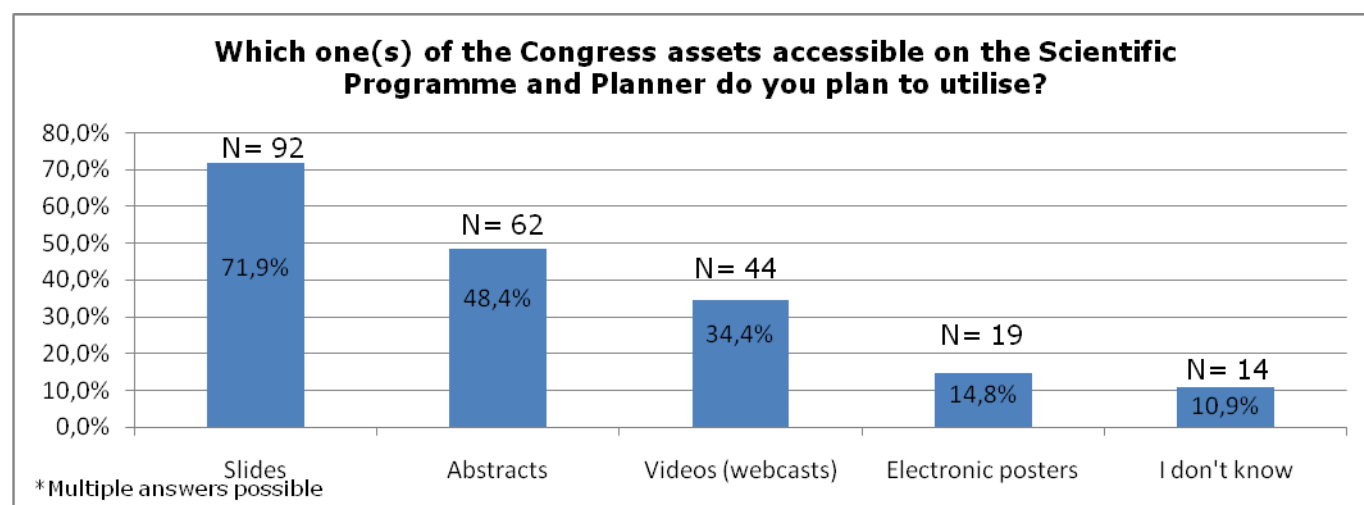


The satisfaction level on this year's newly introduced elements was very impressive. As we can observe, 85% of respondents' were very satisfied or satisfied, 75% for virtual case area and 90% for the introduction of shorter scientific sessions (60min).

## 2) Elements to be considered while organising future Acute Cardiovascular Care congress

### 2a. Congress resources

As every year, this year the post Congress resources included slides, abstracts, videos (webcasts) and electronic posters which were available to ACCA members or Congress delegates.



In the above graph, the figure shows respondents' most interest is in consulting the slides (72%), 48% of respondents' prefer abstracts, 34% of them will opt for using videos (webcasts).

Electronic posters are planned to be less consulted with just 15%. It was the same case in previous years, where this has been always least preferred mode of consulting resource. It could be of interest in the coming years to better understand why videos are less interest to them, to know if this is because of technical reasons or content related.

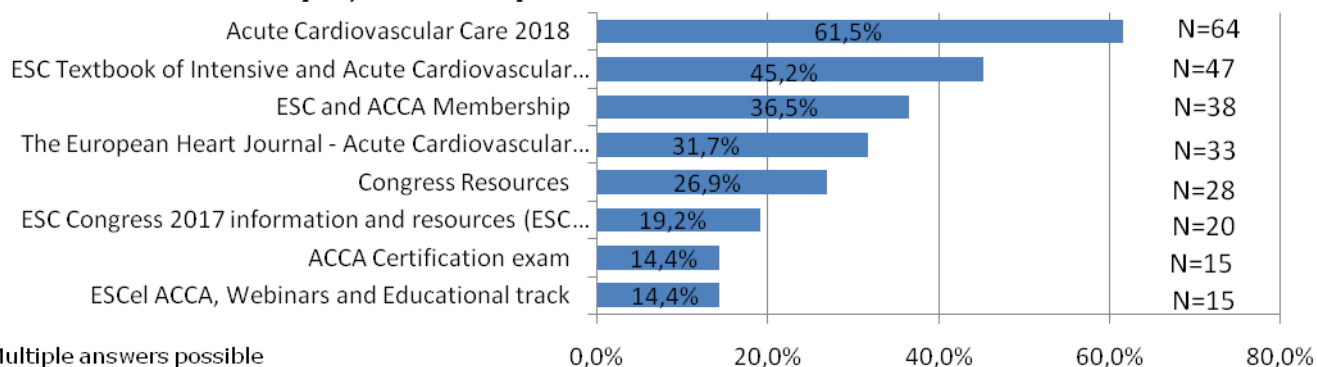
As a part of Congress experience, a question regarding ESC-ACCA stand was asked to the delegates'.

### 2b. Feedback on ESC-ACCA stand

79% of the respondents' stopped by the ESC-ACCA stand and the below graph describes the elements they discovered in stand.



### If yes, What did you discover in ESC-ACCA stand?

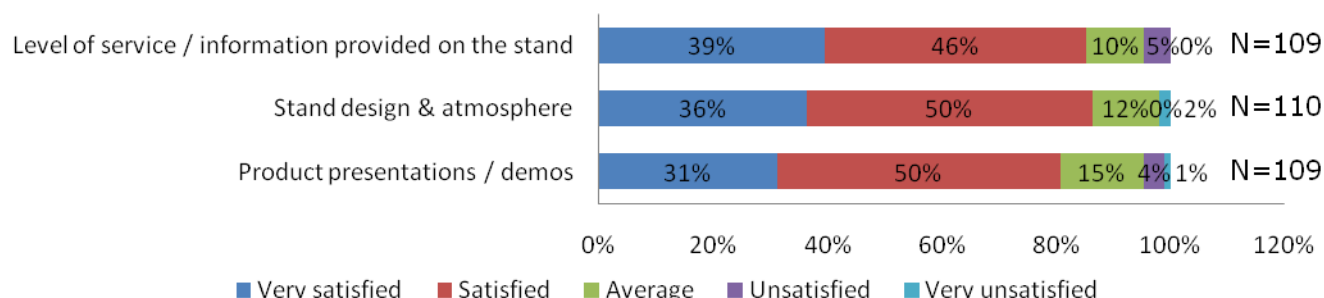


For those 79% of the respondents' who stopped by ESC-ACCA stand had a lot of elements to discover. Acute Cardiovascular Care 2018 Congress had more than 60% of respondents' discovering it. Respondents also discovered ESC Textbook of intensive and Acute Cardiovascular Care (45%), ESC and ACCA memberships (36%), the European Heart Journal (32%) and Congress resources with 27%.

19% of respondents' discovered Congress 365, ACCA certification exam (14%), ESCeL ACCA, webinars & educational track had lesser enthusiasm when compared to other elements.

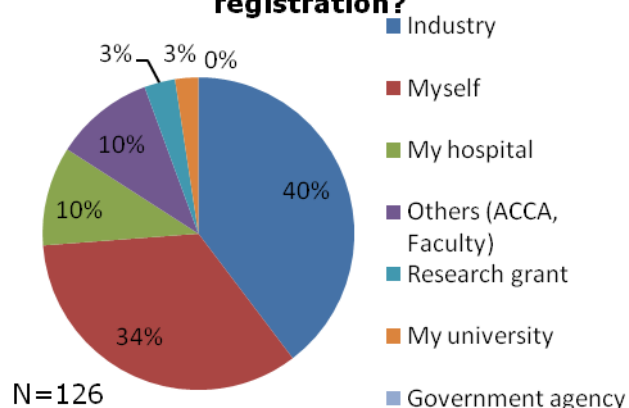
In the following question we would know if the elements presented on the ESC-ACCA stand fulfilled the delegates' expectations.

### Please rate your experience on ESC-ACCA stand in terms of fulfilling your experience:



The level of service / information provided on the stand, stand design & atmosphere and product presentation / demos had more than 80% of respondents' answering 'very satisfied' and 'satisfied' answers.

### Please indicate your main source of funding for Congress registration?



#### 2c. Delegates' funding

Here, the majority of funding for Congress registration came from the Industry (40%) and From themselves (34%). This large percentage of people paying for their own participation secure a lesser impact in the registration figures in the future even if regulation from respective industry is introduced.

The other sources were 'My hospital' (10%) and others also included (ACCA & invited faculty) with 10%.

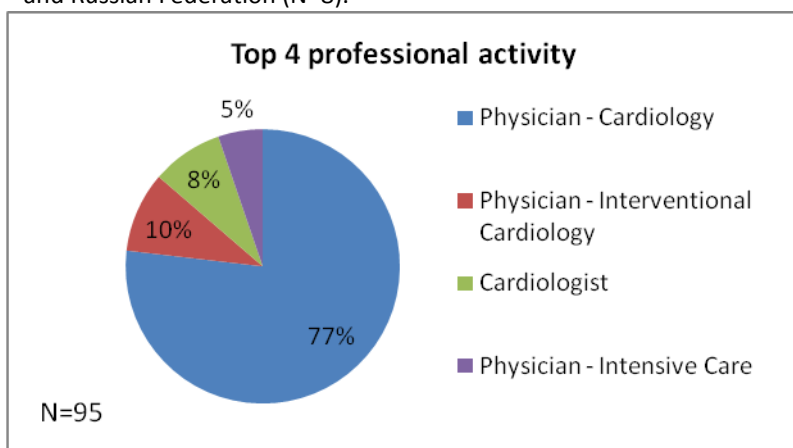
The least source of funding was 'Research grant' and 'My university' with just 3% each.

Following are some of the respondents' comments which the respondents' wished to share with us:

- "Overall excellent congress. Very well organized, excellent speakers and presentations, very good venue. Many thanks and congratulations. Keep the congress at this size and duration - so much better than oversized overcrowded ESC"
- "It was my first participation and the atmosphere as well as the scientific programme was great!"
- "I was really pleased that I was permitted to bring my 3 week old daughter. I think the congress should make more of this and actively promote itself as being "baby friendly"
- "I think that if one attended the congress one should have access to the slides/abstracts without becoming a member of ACCA. I think that since that is not the case could prevent me and my colleagues from attending in the future"
- "Too much repetition of subjects already covered in earlier sessions"
- "Registration rates are extremely expensive in regard to the congress content (scientific and commercial content)"

### 3) Delegates' profile

The analysis of the respondents' has been made based on the information available from their My ESC account. Majority (64%) of the respondents' were male and 36% female. The age range of the respondents' is quite young compared to other Congresses and even when compared Acute Cardiovascular Care 2014 as 61% of them are less than 45 years old in 2016. Italy was top country where majority of the respondents' attended from with N=18 followed by Portugal (N=10), Spain (N=9) and Russian Federation (N=8).



The top 4 professional activity of the respondents' were as expected with 67% of physician – cardiology, 8% of physician - interventional cardiology and 5% of physician - intensive care.



## Conclusion

The respondents' satisfaction level has comparatively increased between 10% to 15% in all aspects compared to Acute Cardiovascular Care 2015. Poster content (64%) and quality of exhibition (46%) had a little lesser satisfaction level when compared to other elements. However these figures have still gained more enthusiasm this year when compared to previous year's 40% of poster content and quality of exhibition.

The top 5 interesting topic chosen by the respondents' are acute coronary syndrome – ST-elevation myocardial infarction (33%), acute heart failure (23%), cardiac shock (21%), acute coronary syndrome – Non ST-elevation myocardial infarction (12%) and arrhythmias, general (11%).

The satisfaction level on this year's newly introduced elements was very impressive. As we can observe, 85% of respondents' were very satisfied or satisfied, 75% for virtual case area and 90% for the introduction of shorter scientific sessions (60min). This indicates that the newly introduced elements were very well integrated into the Acute Cardiovascular Care 2016 congress and was also greatly appreciated by the audience.

This fact should be considered in developing these above topics and should be emphasised more while organising future Acute Cardiovascular Care congresses, it could also help the association in effectively retaining the future Congress registrations / participants.

The figures show that respondents' most interest is in consulting the slides (72%), 48% of respondents' prefer abstracts, 34% of them will opt for using videos (webcasts). Electronic are planned to be less consulted with just 15%. It was the same case in previous years, where this was the least preferred mode of consulting resource.

79% of the respondents' who stood by the ESC-ACCA stand discovered the most of Acute Cardiovascular Care 2016 (62%), ESC Textbook of intensive and Acute Cardiovascular Care (45%), ESC and ACCA membership (36%), the European Heart Journal (32%) and Congress resources with 27%.

The level of service / information provided on the stand, stand design & atmosphere and product presentation / demos had more than 80% of respondents' answering 'very satisfied' and 'satisfied'.

Majority of the delegates' funding came from Industry (40%) and from themselves (34%). Hospitals funded 10% of the respondents' and the other 10% from others which included (ACCA & Faculty).