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1. General Congress Summary
1.1 Key Figures

**Largest ESC Congress**
- 151 Participating Countries

**8 Villages and 35 Lecture Rooms, including**
- 18 Session Rooms
- 5 Hubs + 1 stage
- 2 Agoras
- 2 Case Corner Rooms
- 2 Science Box Rooms
- 2 Global Exchange Rooms
- 1 Centre Stage
- 2 Digital Health Rooms

**646 ESC Scientific and Educational Programme Sessions**
- 334 scientific and educational programme
- 248 abstract-based sessions
- 28 “Global Exchange” sessions
- 36 Late Breaking Science sessions

**116 Industry-sponsored sessions**
- 89 Satellite Symposia
- 27 Experts on the Spot

**33,510 Participants**
- 27,946 Delegates
- 5,154 Exhibitors
- 410 Press

**5,114 Participants in the Programme**
- 1,538 Invited Faculty (Chairpersons, Speakers, Discussants, Judges) - 70 countries represented
- 3,576 Presenters (Abstracts, Clinical Cases, Technology & Innovation) - 86 countries represented

**Original Scientific Contributions:**
- 11,318 Abstract Submitted / 4,509 Accepted
- 634 Clinical Case Submitted / 164 Accepted
- 371 Late Breaking Science Applications / 110 Accepted
- 184 Technology & Innovation submissions / 80 accepted

**8950.5 m² Exhibition**
- 2 Exhibition Halls
- 167 exhibiting companies
1.3 Layout

Paris Expo Porte de Versailles

ESC Congress 2019 together with World Congress of Cardiology occupied three halls within the Paris Expo Porte de Versailles: Hall 3, Hall 4 and Hall 7. The overall hall space used was 113,000 m².

The Registration Area and Speaker Service Centre were accommodated in Hall 3.

As with ESC Congress 2018, the ESC Plaza, located in Hall 4, accommodated many of the ESC activities including: ESC Stand; the National Cardiac Societies (NCS) and Affiliated Cardiac Societies (ACS) booths; the ESC Professional Members Lounge; the Cardio-Pulmonary Resuscitation (CPR) workshops; ESC TV; ESC 365 stand; History of Cardiology booth; the Innovation Funding Area, and the WHF stand.

The Main Auditorium was also located in Hall 4.

The Exhibition took place in Hall 7 (Levels 1 and 2) and the same hall also hosted Villages 1 to 8 (on Levels 1 and 2), Digital Health Area (on Level 1), The Hub and Centre Stage (on Level 2), and the Poster Area (on Level 3). This year, the ESC Headquarters (HQ) and Fellow of the ESC (FESC) Lounge were located on the third floor of Hall 7.

All meeting rooms (ESC and Industry) were either in the Exhibition Hall (7) or in Hall 3.

15,840 seats were distributed across 35 lecture rooms. Of these rooms, 14 were managed by mediAVentures (MAV), and 21 were managed by ACS.
2. Scientific Programme
2.1 Venue - Organisation of the Programme

2.1.1 Villages
All villages had two lecture rooms except for Village 2 with four lecture rooms, hosting Prevention, Special Population and Hypertension along with the Spotlight Track.

2.1.2 Hub
The Hub featured five open rooms with a new design. One Hub was specifically designed to host the Controversy track with two lecterns set up. The Centre Stage located in the middle of the area hosted larger sessions including the recorded Live Procedure sessions.

2.1.3 Digital Health Area
The Digital Health area was extended this year and included two open lecture rooms, referred to as “stage”. There was one for scientific sessions and the other one for Pitch Session (Technology & Innovation presentations).

2.1.4 Poster Area
Although the moderated ePoster stations maintained the same layout as in 2018, they were redesigned to optimise acoustics and to cater for a larger audience. The Poster Area area was unchanged as a new set up had already been introduced in 2018.

2.1.5 Science Box & Case Corner
Located within the Poster Area, the two Science Boxes were specifically designed to host the oral abstract sessions in the traditional format of presentation and fitted for the limited audience we expect for these sessions (50).

NEW in 2019 - On the same model, the two Case Corners were added to accommodate the Clinical Cases selected for presentation.

2.1.6 Agora
The Agora rooms hosted Rapid Fire abstract sessions as well as some special sessions suited to a more casual / interactive environment. The design was changed this year where the Chairpersons sat in the middle of the audience to encourage the informal exchange.

2.1.7 ESC TV Stage
The ESC TV Stage was positioned in ESC Plaza along with ESC Stand and Professional Member’s Lounge. This year sessions such as “Meet the Trialist” were also hosted on this stage.

2.1.8 Global Exchange
Located in the ESC Plaza, these rooms were designed for the Professional Development programme. Global Exchange 1 was dedicated to ESC Programme and was made using the library back-drop created in 2018. The seating capacity was 100.

Global Exchange 2 was a closed workshop set up room provided to WHF to host their roundtable programmes and some other specific sessions covering WHF initiatives.
2.2 Key Figures 2019

646 Sessions
- 248 Abstract Sessions (including Clinical cases, Abstracts and Technology & Innovation Demonstrations)
- 28 “Global Exchange” Sessions (Professional Development & WHF Sessions)
- 36 Late Breaking Science Sessions (including Hot Line, Late Breaking Science and Meet the Trialists)
- 334 Scientific & Educational Sessions

5,114 Participants in the Programme
- 1,538 Invited Faculty (Chairpersons, Speakers, Discussants, Judges) - 70 countries represented
- 3,576 Presenters (Abstracts, Clinical Cases, Technology & Innovation) - 86 countries represented

2.3 Session Schedule

Taking into consideration the size and scope of the ESC Congress Programme, combined with the multiplication of related activities (ESC Stand, ESC Professional Members’ Lounge, Digital Health Area) and the visibility of the Industry partners in the Exhibition, the ESC Congress Session Schedule was adjusted in 2018 to allow more time between sessions and a longer lunch break to avoid time conflicts with the industry lunch sessions. It has been slightly adjusted this year based on last year’s feedback.

The new schedule is as follows:
- Breakfast 07:45 - 08:15
- Morning 08:30 - 10:00 (90 min)
- Coffee break sessions 10:05 or 10:10 - 10:50
- Late Morning 11:00 - 12:30 (90 min)
- Lunch sessions (Industry) 13:00 - 13:45 or 14:00
- Afternoon Session 14:30 - 15:40 (70 min)
- Coffee Break Afternoon 15:50 or 15:55 - 16:35
- Late Afternoon Session 16:40 - 17:50 (70 min)

Session formats and content have been adapted to fit their assigned time slots - either at time of session construction or upon review once scheduled.

2.4 General Attendance

Since 2011 we have been measuring the participation at each session via a head count performed by the room Hostess.

The report below is based on 542 sessions for which we were able to record attendance.

The total attendance count below represents all seats occupied throughout all the Villages and across all days - It does not take into consideration the Professional Development Programme, the Poster Sessions or Moderated Poster sessions.
The calculation method is based on Hostesses completing a form during the session, with the highest number taken for reference. This is the same method of counting attendance we have been using throughout the years.

Table 2-1: Breakdown of Attendance

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Total attendance (All lecture room &amp; All time slots)</th>
<th>Congress active delegates</th>
<th>Number of sessions (counted in attendance)</th>
<th>Average session attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>LONDON</td>
<td>121,680</td>
<td>27,802</td>
<td>439</td>
<td>277</td>
</tr>
<tr>
<td>2016</td>
<td>ROME</td>
<td>104,615</td>
<td>27,974</td>
<td>453</td>
<td>230</td>
</tr>
<tr>
<td>2017</td>
<td>BARCELONA</td>
<td>112,379</td>
<td>26,857</td>
<td>458</td>
<td>245</td>
</tr>
<tr>
<td>2018</td>
<td>MUNICH</td>
<td>141,144</td>
<td>27,663</td>
<td>509</td>
<td>277</td>
</tr>
<tr>
<td>2019</td>
<td>PARIS</td>
<td>132,211</td>
<td>28,356</td>
<td>542</td>
<td>244</td>
</tr>
</tbody>
</table>

Figure 2-1: Total Attendance (All Lecture Rooms and All Time Slots)

Table 2-2: Total Attendance: Breakdown Per Day

<table>
<thead>
<tr>
<th>Year</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESC 2015</td>
<td>12,932</td>
<td>39,861</td>
<td>35,665</td>
<td>27,138</td>
<td>6,084</td>
</tr>
<tr>
<td>Attend</td>
<td>13,638</td>
<td>33,787</td>
<td>29,706</td>
<td>22,256</td>
<td>5,228</td>
</tr>
<tr>
<td>Sessions</td>
<td>74</td>
<td>133</td>
<td>128</td>
<td>112</td>
<td>6</td>
</tr>
<tr>
<td>ESC 2016</td>
<td>15,465</td>
<td>31,932</td>
<td>31,932</td>
<td>23,145</td>
<td>4,341</td>
</tr>
<tr>
<td>Attend</td>
<td>20,480</td>
<td>40,229</td>
<td>40,229</td>
<td>29,630</td>
<td>6,676</td>
</tr>
<tr>
<td>Sessions</td>
<td>63</td>
<td>133</td>
<td>133</td>
<td>121</td>
<td>5</td>
</tr>
<tr>
<td>ESC 2017</td>
<td>22,766</td>
<td>38,207</td>
<td>38,225</td>
<td>27,158</td>
<td>5,855</td>
</tr>
<tr>
<td>Attend</td>
<td>24,700</td>
<td>44,129</td>
<td>44,129</td>
<td>30,258</td>
<td>7,155</td>
</tr>
<tr>
<td>Sessions</td>
<td>99</td>
<td>153</td>
<td>147</td>
<td>136</td>
<td>4</td>
</tr>
</tbody>
</table>

Grand Total 121,680 104,615 112,419 141,144 509 132,211 542
### 2.4.1 Top Attended Sessions

#### Table 2-3: Top Attended Sessions: Main Auditorium Attendance by Session

<table>
<thead>
<tr>
<th>Day</th>
<th>Session</th>
<th>Number attended</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sunday</strong></td>
<td>2019 ESC Guidelines on Chronic Coronary Syndromes</td>
<td>3,200</td>
</tr>
<tr>
<td></td>
<td>2019 ESC Guidelines Overview</td>
<td>3,400</td>
</tr>
<tr>
<td></td>
<td>Hot Line Session 1</td>
<td>3,800</td>
</tr>
<tr>
<td></td>
<td>Hot Line Session 2</td>
<td>2,000</td>
</tr>
<tr>
<td><strong>Monday</strong></td>
<td>2019 ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the European Association for the Study of Diabetes (EASD)</td>
<td>2,600</td>
</tr>
<tr>
<td></td>
<td>2019 ESC/EAS Guidelines on Dyslipidaemias</td>
<td>3,000</td>
</tr>
<tr>
<td></td>
<td>Hot Line Session 3</td>
<td>3,200</td>
</tr>
<tr>
<td></td>
<td>Hot Line Session 4</td>
<td>2,000</td>
</tr>
<tr>
<td><strong>Tuesday</strong></td>
<td>2019 ESC Guidelines on Acute Pulmonary Embolism</td>
<td>2,800</td>
</tr>
<tr>
<td></td>
<td>2019 ESC Guidelines on Supraventricular Tachycardias</td>
<td>2,600</td>
</tr>
<tr>
<td></td>
<td>Hot Line Session 5</td>
<td>2,200</td>
</tr>
<tr>
<td></td>
<td>Hot Line Session 6</td>
<td>1,500</td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Congress Condensed - 2019 Clinical Practice Guidelines</td>
<td>2,200</td>
</tr>
<tr>
<td></td>
<td>ESC Congress Highlights</td>
<td>3,200</td>
</tr>
<tr>
<td>Title</td>
<td>Room</td>
<td>Zone</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>--------------</td>
<td>--------</td>
</tr>
<tr>
<td>Chronic heart failure: Essential Update Cardiology in 4 days</td>
<td>Budapest</td>
<td>Village 5</td>
</tr>
<tr>
<td>Expert Advice - Focus on heart failure with preserved ejection fraction (HFrEF)</td>
<td>Budapest</td>
<td>Village 5</td>
</tr>
<tr>
<td>The Conundrum of HFrEF Joint with the American Heart Association (AHA)</td>
<td>Budapest</td>
<td>Village 5</td>
</tr>
<tr>
<td>New hope for HFrEF patients</td>
<td>Budapest</td>
<td>Village 5</td>
</tr>
<tr>
<td>Late Breaking Science in Heart Failure 1</td>
<td>Budapest</td>
<td>Village 5</td>
</tr>
<tr>
<td>Acute Heart failure: Essential Update Cardiology in 4 days</td>
<td>Budapest</td>
<td>Village 5</td>
</tr>
<tr>
<td>Hypertension: Essential Update Cardiology in 4 days</td>
<td>Astana</td>
<td>Village 2</td>
</tr>
<tr>
<td>The European Heart Journal’s advances from prevention to intervention: the year in Cardiology Joint with the European Heart Journal</td>
<td>Centre Stage</td>
<td>The Hub</td>
</tr>
<tr>
<td>Controversies in the management of hypertension Joint with the European Society of Hypertension</td>
<td>Astana</td>
<td>Village 2</td>
</tr>
<tr>
<td>The European Heart Journal’s advances in heart failure and valvular heart disease Joint with the European Heart Journal</td>
<td>Sarajevo</td>
<td>Village 5</td>
</tr>
<tr>
<td>Sexual activity and your heart</td>
<td>London</td>
<td>Village 2</td>
</tr>
<tr>
<td>Late Breaking Science in Cardiovascular Pharmacology</td>
<td>London</td>
<td>Village 2</td>
</tr>
<tr>
<td>Preventive cardiology: Essential Update Part 1 Cardiology in 4 days</td>
<td>London</td>
<td>Village 2</td>
</tr>
<tr>
<td>Guidelines in Practice - Hypertension in pregnancy and stable coronary syndromes Guidelines in Daily Practice</td>
<td>Astana</td>
<td>Village 2</td>
</tr>
<tr>
<td>Tips and tricks for your daily Transesophageal Echocardiogram Image Interpretation with the Masters</td>
<td>Amsterdam</td>
<td>Village 1</td>
</tr>
<tr>
<td>Latest recommendations on the echocardiographic evaluation of diastolic function</td>
<td>Amsterdam</td>
<td>Village 1</td>
</tr>
<tr>
<td>Late Breaking Science in Atrial Fibrillation 2</td>
<td>Berlin</td>
<td>Village 4</td>
</tr>
<tr>
<td>Guidelines in Practice - Syncope Guidelines in Daily Practice</td>
<td>Berlin</td>
<td>Village 4</td>
</tr>
</tbody>
</table>
### Table 2-4: Most Attended Sessions (Except Main Auditorium) - Continued

<table>
<thead>
<tr>
<th>Title</th>
<th>Room</th>
<th>Zone</th>
<th>Day</th>
<th>Start Time</th>
<th>Number attended</th>
<th>Overflow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart failure with preserved ejection fraction</td>
<td>Sarajevo</td>
<td>Village 5</td>
<td>Saturday</td>
<td>11:00</td>
<td>640</td>
<td>Yes</td>
</tr>
<tr>
<td>Expert Advice - Best practice in acute coronary syndromes</td>
<td>Helsinki</td>
<td>Village 8</td>
<td>Monday</td>
<td>11:00</td>
<td>625</td>
<td>Yes</td>
</tr>
<tr>
<td>Meet the Task Force of the 2019 ESC/EAS Guidelines on Dyslipidaemias</td>
<td>Centre Stage</td>
<td>The Hub</td>
<td>Monday</td>
<td>10:10</td>
<td>605</td>
<td>No</td>
</tr>
<tr>
<td>Professor Braunwald's perspective on lipid lowering</td>
<td>Colette</td>
<td>The Hub</td>
<td>Monday</td>
<td>14:30</td>
<td>600</td>
<td>No</td>
</tr>
<tr>
<td>Meet the Experts - Cardiovascular disease in pregnancy Meet the Experts Focused Case Discussions</td>
<td>London</td>
<td>Village 2</td>
<td>Saturday</td>
<td>9:00</td>
<td>600</td>
<td>No</td>
</tr>
</tbody>
</table>

### Table 2-5: Overflow Situation

<table>
<thead>
<tr>
<th>Overflow Screen Activation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room Capacity</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>50</td>
</tr>
<tr>
<td>80</td>
</tr>
<tr>
<td>100</td>
</tr>
<tr>
<td>250</td>
</tr>
<tr>
<td>300</td>
</tr>
<tr>
<td>350</td>
</tr>
<tr>
<td>500</td>
</tr>
<tr>
<td>800</td>
</tr>
<tr>
<td>870</td>
</tr>
<tr>
<td>1,000</td>
</tr>
<tr>
<td>3,200</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
</tr>
</tbody>
</table>
2.5 Programme Overview

2.5.1 Number of Sessions by Programme Type

The number of sessions detailed by programme type is provided in Table 2-6.

Table 2-6: ESC Programme: Number of Sessions Detailed by Programme Type

<table>
<thead>
<tr>
<th>Scientific &amp; Educational Programme</th>
<th>334</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology@Breakfast</td>
<td>18</td>
</tr>
<tr>
<td>Case-based Session</td>
<td>28</td>
</tr>
<tr>
<td>Debate Session</td>
<td>13</td>
</tr>
<tr>
<td>ESC TV Stage Session</td>
<td>6</td>
</tr>
<tr>
<td>Focus with the Experts</td>
<td>34</td>
</tr>
<tr>
<td>Guidelines - Main Session</td>
<td>6</td>
</tr>
<tr>
<td>Guidelines - Meet Task Force</td>
<td>5</td>
</tr>
<tr>
<td>Highlight Session / Congress Condensed</td>
<td>3</td>
</tr>
<tr>
<td>Live in the Box</td>
<td>7</td>
</tr>
<tr>
<td>Pitch Session</td>
<td>16</td>
</tr>
<tr>
<td>QUIZ Session</td>
<td>5</td>
</tr>
<tr>
<td>Special Event - Online / Onsite</td>
<td>3</td>
</tr>
<tr>
<td>Special Session</td>
<td>20</td>
</tr>
<tr>
<td>Symposium</td>
<td>170</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Abstract</th>
<th>248</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstract Session</td>
<td>42</td>
</tr>
<tr>
<td>Advances in Science</td>
<td>60</td>
</tr>
<tr>
<td>Clinical Cases</td>
<td>32</td>
</tr>
<tr>
<td>Investigator Award Abstracts / ACNAP</td>
<td>1</td>
</tr>
<tr>
<td>Moderated Posters</td>
<td>70</td>
</tr>
<tr>
<td>Poster Session</td>
<td>7</td>
</tr>
<tr>
<td>Rapid Fire Abstracts</td>
<td>30</td>
</tr>
<tr>
<td>Young Investigator Award Abstracts</td>
<td>6</td>
</tr>
<tr>
<td>Late-Breaking Science</td>
<td>36</td>
</tr>
<tr>
<td>Hot Line Session</td>
<td>6</td>
</tr>
<tr>
<td>Late-Breaking Science</td>
<td>16</td>
</tr>
<tr>
<td>Meet the trialist on ESC TV Stage</td>
<td>14</td>
</tr>
<tr>
<td>Global Exchange</td>
<td>28</td>
</tr>
<tr>
<td>ESC Professional Development</td>
<td>20</td>
</tr>
<tr>
<td>WHF Sessions</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 2-7: ESC Programme: Other Related Sessions

<table>
<thead>
<tr>
<th>ESC TV</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESC TV Interview</td>
<td>41</td>
</tr>
<tr>
<td>ESC TV Stage Session</td>
<td>5</td>
</tr>
<tr>
<td>ESC TV Wrap Up</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>43</td>
</tr>
<tr>
<td>Session Briefing</td>
<td>43</td>
</tr>
</tbody>
</table>

2.5.2 Number of Sessions by Main Topic

All sessions are indexed under one Main Topic; presentations will be further indexed with up to three topics selected by the presenter / speaker to further classify the content presented (mainly to aid a search via ESC 365).
Table 2-8: ESC Programme: Number of Sessions by Topic

<table>
<thead>
<tr>
<th>Main Topic - ESC Topic List</th>
<th>Abstract</th>
<th>Late-Breaking Science</th>
<th>Scientific and Educational</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - BASICS</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>B - IMAGING</td>
<td>24</td>
<td>21</td>
<td></td>
<td>45</td>
</tr>
<tr>
<td>C - ARRHYTHMIAS AND DEVICE THERAPY</td>
<td>24</td>
<td>3</td>
<td>28</td>
<td>55</td>
</tr>
<tr>
<td>D - HEART FAILURE</td>
<td>20</td>
<td>5</td>
<td>20</td>
<td>45</td>
</tr>
<tr>
<td>E - CORONARY ARTERY DISEASE, ACUTE CORONARY SYNDROMES, ACUTE CARDIAC CARE</td>
<td>34</td>
<td>8</td>
<td>30</td>
<td>72</td>
</tr>
<tr>
<td>F - VALVULAR, MYOCARDIAL, PERICARDIAL, PULMONARY, CONGENITAL HEART DISEASE</td>
<td>34</td>
<td>1</td>
<td>34</td>
<td>69</td>
</tr>
<tr>
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<td>H - INTERVENTIONAL CARDIOLOGY AND CARDIOVASCULAR SURGERY</td>
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<td>I - HYPERTENSION</td>
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<td>K - CARDIOVASCULAR DISEASE IN SPECIAL POPULATIONS</td>
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<tr>
<td>N - Е-CARDIOLOGY / DIGITAL HEALTH, PUBLIC HEALTH, HEALTH ECONOMICS, RESEARCH METHODOLOGY</td>
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<td>33</td>
<td>40</td>
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<tr>
<td>(Poster Sessions)</td>
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<td>P - OTHER</td>
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<td><strong>36</strong></td>
<td><strong>334</strong></td>
<td><strong>618</strong></td>
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</table>
2.6 Participants in the Programme - Invited Faculty and Presenters

2.6.1 Global Overview

There were a total of 5,114 active participants in the programme - 94 countries represented with 7,209 roles held (Presentation or Chairperson / Discussant role)

Table 2-9: Invited Faculty and Presenters: Regional Representation Overview

<table>
<thead>
<tr>
<th>Regions Distribution</th>
<th>Total Persons</th>
<th>% Persons</th>
<th>Total Roles</th>
<th>% Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa (non ESC)</td>
<td>30</td>
<td>0.59%</td>
<td>44</td>
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<tr>
<td>Asia Pacific</td>
<td>982</td>
<td>19.20%</td>
<td>1,201</td>
<td>16.66%</td>
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<tr>
<td>ESC</td>
<td>3,528</td>
<td>68.99%</td>
<td>5,164</td>
<td>71.63%</td>
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<tr>
<td>North America</td>
<td>471</td>
<td>9.21%</td>
<td>666</td>
<td>9.24%</td>
</tr>
<tr>
<td>South &amp; Central America</td>
<td>103</td>
<td>2.01%</td>
<td>134</td>
<td>1.86%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>5,114</td>
<td></td>
<td>7,209</td>
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Table 2-10: Invited Faculty and Presenters: Gender Overview

<table>
<thead>
<tr>
<th>Gender Distribution</th>
<th>Total Persons</th>
<th>% Persons</th>
<th>Total Roles</th>
<th>% Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1,657</td>
<td>32.40%</td>
<td>2,248</td>
<td>31.18%</td>
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<tr>
<td>Male</td>
<td>3,457</td>
<td>67.60%</td>
<td>4,961</td>
<td>68.82%</td>
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<tr>
<td>Total</td>
<td>5,114</td>
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<td>7,209</td>
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2.6.2 Invited Faculty

The focus of this section of the report is on Invited Faculty (Role Speaker, Chairperson and Discussant) in the Scientific & Educational Programme, Chairperson and Discussant in the Abstract Based Programme. There was a total of 1,538 Invited Faculty representing 70 countries, for 2,783 roles (Table 2-11 and Table 2-12). An alphabetical list of countries represented in the Invited Faculty is provided in Table 2-13.

Table 2-11: ESC Congress 2019 - Invited Faculty by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Persons</th>
<th>% Persons</th>
<th>Roles</th>
<th>% Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>404</td>
<td>26.27%</td>
<td>749</td>
<td>26.91%</td>
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<tr>
<td>Male</td>
<td>1,134</td>
<td>73.73%</td>
<td>2,034</td>
<td>73.09%</td>
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<td>Grand Total</td>
<td>1,538</td>
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<td>2,783</td>
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### Table 2-12: ESC Congress 2019 - Invited Faculty by Region

<table>
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<th>Regions</th>
<th>Persons</th>
<th>% Persons</th>
<th>Roles</th>
<th>% Roles</th>
</tr>
</thead>
<tbody>
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<td>Africa (non ESC)</td>
<td>14</td>
<td>0.91%</td>
<td>28</td>
<td>1.01%</td>
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<td>12.94%</td>
<td>328</td>
<td>11.79%</td>
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<td>South &amp; Central America</td>
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<td>0.91%</td>
<td>20</td>
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<tr>
<td><strong>Grand Total</strong></td>
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### Table 2-13: Invited Faculty 2019 by Country by Year (in Order of Highest Representation in 2019)

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<th>2017</th>
<th>2018</th>
<th>2019</th>
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<tbody>
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<td><strong>Total Invited Faculty</strong></td>
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<td>1,542</td>
<td>1,515</td>
<td>1,650</td>
<td>1,538</td>
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<tr>
<td>United Kingdom of GB &amp; Northern Ireland</td>
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<td>185</td>
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<tr>
<td>United States of America</td>
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<td>119</td>
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Table 2-13: Invited Faculty 2019 by Country by Year (in Order of Highest Representation in 2019) - Continued

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Table 2-13: Invited Faculty 2019 by Country by Year (in Order of Highest Representation in 2019) - Continued

<table>
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<th>Countries Represented</th>
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<td>1,650</td>
<td>1,538</td>
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Table 2-13: Invited Faculty 2019 by Country by Year (in Order of Highest Representation in 2019) - Continued

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<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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<tbody>
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<td>Countries Represented</td>
<td>68</td>
<td>58</td>
<td>72</td>
<td>75</td>
<td>70</td>
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<tr>
<td>Total Invited Faculty</td>
<td>1,541</td>
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2.6.3 Abstract and clinical case presenters
The information provided in this part of the report relates to the presenters of Abstracts, Clinical Cases and Technology and Innovation Pitch.

A total of 3,576 individuals presented their accepted submission in the relevant dedicated programme.

Table 2-14: ESC Congress 2019 - Abstract and Clinical Case Presenters by Gender

<table>
<thead>
<tr>
<th>Gender</th>
<th>Persons</th>
<th>as %</th>
<th>Roles</th>
<th>as %</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1,253</td>
<td>35.04%</td>
<td>1,499</td>
<td>33.87%</td>
<td>70</td>
</tr>
<tr>
<td>Male</td>
<td>2,323</td>
<td>64.96%</td>
<td>2,927</td>
<td>66.13%</td>
<td>1,538</td>
</tr>
<tr>
<td>Total</td>
<td>3,576</td>
<td>100%</td>
<td>4,426</td>
<td>100%</td>
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</tr>
</tbody>
</table>

Table 2-15: ESC Congress 2019 - Abstract and Clinical Case Presenters by Region

<table>
<thead>
<tr>
<th>Regions</th>
<th>Persons</th>
<th>as %</th>
<th>Roles</th>
<th>as %</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa (non ESC)</td>
<td>16</td>
<td>0.45%</td>
<td>16</td>
<td>0.36%</td>
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<tr>
<td>Asia Pacific</td>
<td>873</td>
<td>24.41%</td>
<td>1,041</td>
<td>23.52%</td>
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<tr>
<td>ESC</td>
<td>2,326</td>
<td>65.04%</td>
<td>2,917</td>
<td>65.91%</td>
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<tr>
<td>North America</td>
<td>272</td>
<td>7.61%</td>
<td>338</td>
<td>7.64%</td>
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</tr>
<tr>
<td>South &amp; Central America</td>
<td>89</td>
<td>2.49%</td>
<td>114</td>
<td>2.58%</td>
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</tr>
<tr>
<td>Total</td>
<td>3,576</td>
<td></td>
<td>4,426</td>
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2.6.4 Comparison 2015 – 2019

In 2019 there was an increase in the number of presenters due to the addition of new submission based programmes - Clinical Cases (Case Corner Sessions) and Call for Technology and Innovation (Pitch Sessions).

Table 2-16: ESC Congress 2019 – Abstract and Clinical Case Presenters by Country By Year (in Order of Highest Representation in 2019)

<table>
<thead>
<tr>
<th>Country</th>
<th>ESC 2015</th>
<th>ESC 2016</th>
<th>ESC 2017</th>
<th>ESC 2018</th>
<th>ESC 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grand Total</td>
<td>3,269</td>
<td>3,283</td>
<td>3,460</td>
<td>3,313</td>
<td>3,576</td>
</tr>
<tr>
<td>Countries Represented</td>
<td>82</td>
<td>79</td>
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Table 2-17: ESC Congress 2019 – Abstract and Clinical Case Presenters by Gender by Year (in Order of Highest Representation in 2019)

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Table 2-18: ESC Congress 2019 – Abstract and Clinical Case Presenters by Country by Year (in Order of Highest Representation in 2019)

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<thead>
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<th>ESC 2018</th>
<th>ESC 2019</th>
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### Table 2-18: ESC Congress 2019 - Abstract and Clinical Case Presenters by Country by Year (in Order of Highest Representation in 2019)

<table>
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<tr>
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<td>3,283</td>
<td>3,460</td>
<td>3,313</td>
<td>3,576</td>
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<tr>
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<td>79</td>
<td>77</td>
<td>75</td>
<td>86</td>
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Table 2-18: ESC Congress 2019 - Abstract and Clinical Case Presenters by Country by Year (in Order of Highest Representation in 2019) - Continued

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<th>ESC 2018</th>
<th>ESC 2019</th>
</tr>
</thead>
<tbody>
<tr>
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<td>3,283</td>
<td>3,460</td>
<td>3,313</td>
<td>3,576</td>
</tr>
<tr>
<td>Countries Represented</td>
<td>82</td>
<td>79</td>
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Table 2-18: ESC Congress 2019 - Abstract and Clinical Case Presenters by Country by Year (in Order of Highest Representation in 2019) - Continued

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2.7 Programme Composition - Submissions

2.7.1 NEW! Clinical Cases

Table 2-19: New initiative in 2019 – More Clinical Case Sessions

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<td>Accepted</td>
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<tr>
<td>Number of sessions</td>
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2.7.2 NEW! Call for Technology and Innovation

There was a combined Submission Platform to receive applications for both ESC Congress 2019 in Paris and Digital Summit in Tallinn (October 2019). Submitters were given their first choice preference when specified. A total of 16 “Pitch” Sessions were organized in Paris (Digital Health Stage 2).

Table 2-20: New initiative in 2019 – Technology and Innovation Submissions

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<td>Accepted for Tallinn</td>
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2.7.3 Abstract Submissions and Acceptance

A total of 183 abstracts were accepted but then withdrawn by the presenter, and a total of 143 abstracts were not presented (considered as a “no-show”) (Table 2-21).

Table 2-21: Abstract Submissions

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<td>Presented</td>
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### Table 2-22: Abstract Submission and Original Acceptance Overview 2015-2019: by Region by Year

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### Table 2-23: Abstract Submission and Original Acceptance Overview 2015-2019: by Country by Year (in Order of Highest Number of Submissions in 2019)

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ESC Congress Paris 2019 (31 August - 4 September): Congress Report
### Table 2-23: Abstract Submission and Original Acceptance Overview 2015-2019: by Country by Year (in Order of Highest Number of Submissions in 2019) - Continued

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Table 2-23: Abstract Submission and Original Acceptance Overview 2015-2019: by Country by Year (in Order of Highest Number of Submissions in 2019) - Continued

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<th>Countries Represented</th>
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Table 2-23: Abstract Submission and Original Acceptance Overview 2015-2019: by Country by Year (in Order of Highest Number of Submissions in 2019) - Continued

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2.7.4 Case Corner Rooms and Science Box Rooms

These small rooms were specifically designed for a limited audience for clinical case presentations and abstract presentations. The rooms were located in the Poster Area. The attendance levels (in attendance brackets) for these rooms are shown in Table 2-25.

Table 2-25: Case Corner Rooms and Science Box Rooms: Attendance Level

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Table 2-25: Case Corner Rooms and Science Box Rooms: Attendance Level - Continued

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2.7.5 Late Breaking Science

Submissions and acceptance and number of sessions for Late Breaking Science are provided in Table 2-26 and Table 2-27.

Table 2-26: Late Breaking Science: Submissions and Acceptance by Year

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<td>53</td>
<td>22</td>
<td>38</td>
<td>15</td>
<td>50</td>
<td>10</td>
</tr>
<tr>
<td>Late Breaking Clinical Trial</td>
<td>60</td>
<td>27</td>
<td>62</td>
<td>28</td>
<td>79</td>
<td>41</td>
<td>94</td>
<td>35</td>
<td>103</td>
<td>48</td>
</tr>
<tr>
<td>Late-Breaking Registry Results</td>
<td>72</td>
<td>18</td>
<td>61</td>
<td>23</td>
<td>112</td>
<td>23</td>
<td>107</td>
<td>30</td>
<td>148</td>
<td>37</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>236</td>
<td>76</td>
<td>204</td>
<td>88</td>
<td>288</td>
<td>96</td>
<td>296</td>
<td>92</td>
<td>371</td>
<td>110</td>
</tr>
</tbody>
</table>

Table 2-27: Late Breaking Science: Submissions and Acceptance by Year

| Hot Line Session | 6 |
| Late-Breaking Science | 16 |

2.8 Scientific and Educational Programme

2.8.1 Spotlight Track - Global Cardiovascular Health

Organised together with the World Heart Federation, these sessions highlighted differences in prevalence, clinical manifestations, prevention strategies, diagnostic modalities and management of cardiovascular diseases around the world (Table 2-28).

Table 2-28: Sessions Tagged as ‘Spotlight’ : by Order of Best Attended

<table>
<thead>
<tr>
<th>Spotlight of the Congress</th>
<th>Room</th>
<th>Zone</th>
<th>Date</th>
<th>Grade</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet, alcohol and CVD: myths and facts</td>
<td>Colette</td>
<td>The Hub</td>
<td>03/09/2019</td>
<td>8</td>
<td>280</td>
</tr>
</tbody>
</table>
Table 2-28: Sessions Tagged as ‘Spotlight’ : by Order of Best Attended - Continued

<table>
<thead>
<tr>
<th>Spotlight of the Congress</th>
<th>Room</th>
<th>Zone</th>
<th>Date</th>
<th>Grade</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is cardiac rehabilitation still a must in the 21st century?</td>
<td>Reykjavik</td>
<td>Village 2</td>
<td>01/09/2019</td>
<td>10</td>
<td>230</td>
</tr>
<tr>
<td>How to reduce global CVD by 30% by 2030?</td>
<td>Camus</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>205</td>
</tr>
<tr>
<td>Global and regional burden of cardiovascular disease : what are the evidence gaps and how to fix them</td>
<td>Camus</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>140</td>
</tr>
<tr>
<td>Environment and cardiovascular health</td>
<td>Camus</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>10</td>
<td>140</td>
</tr>
<tr>
<td>Infection, inflammation and the heart Joint with the South African Heart Association</td>
<td>Prague</td>
<td>Village 2</td>
<td>31/08/2019</td>
<td>10</td>
<td>110</td>
</tr>
<tr>
<td>Personalized tobacco cessation strategies for your patient: patches, drugs or e-cigarettes?</td>
<td>Prague</td>
<td>Village 2</td>
<td>31/08/2019</td>
<td>10</td>
<td>80</td>
</tr>
<tr>
<td>To score or not to score risk assessment in primary prevention</td>
<td>Prague</td>
<td>Village 2</td>
<td>03/09/2019</td>
<td>10</td>
<td>80</td>
</tr>
<tr>
<td>New hope for neglected cardiovascular diseases Joint with the Brazilian Society of Cardiology</td>
<td>Tbilisi</td>
<td>Village 6</td>
<td>01/09/2019</td>
<td>10</td>
<td>70</td>
</tr>
<tr>
<td>Outcome disparities in acute coronary syndromes between the rich and poor and in different ethnicities</td>
<td>Sofia</td>
<td>Village 8</td>
<td>31/08/2019</td>
<td>10</td>
<td>65</td>
</tr>
<tr>
<td>New approaches to tackle the global burden of cardiovascular disease Joint with the Cardiac Society of Australia and New Zealand</td>
<td>Camus</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>10</td>
<td>61</td>
</tr>
<tr>
<td>Challenges and opportunities in managing rheumatic heart disease</td>
<td>Zagreb</td>
<td>Village 6</td>
<td>02/09/2019</td>
<td>10</td>
<td>44</td>
</tr>
</tbody>
</table>
2.8.2 Saturday Special Track

NEW! Emergency Medicine

The Emergency Medicine programme is organised in collaboration with the Acute Cardiovascular Care Association (ACCA) and the Société Française de Cardiologie (SFC) to gather professionals involved in Emergency Cardiovascular Care and address a “Heart Team” approach through the interactions it necessitates.

Table 2-29: Saturday Special Track: Emergency Medicine: Attendance and Feedback

<table>
<thead>
<tr>
<th>Emergency Care</th>
<th>Room</th>
<th>Zone</th>
<th>Date</th>
<th>Grade</th>
<th>Max Attend.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiopulmonary resuscitation today</td>
<td>Centre Stage</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>8</td>
<td>259</td>
</tr>
<tr>
<td>Emergency Care in response to terrorist attacks</td>
<td>Centre Stage</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>10</td>
<td>179</td>
</tr>
<tr>
<td>State of the art management of the cardiovascular patient in the emergency department</td>
<td>Centre Stage</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>10</td>
<td>158</td>
</tr>
<tr>
<td>Emergency medicine: the French touch</td>
<td>Centre Stage</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>9</td>
<td>70</td>
</tr>
</tbody>
</table>

2.8.3 Session with National Cardiac Societies

Big picture and guidelines implementation in National Cardiac Societies.

Rotation for participation in this programme.

The selected National Cardiac Societies (NCS) for this year were:

- French Society of Cardiology
- Romanian Society of Cardiology
- Portuguese Society of Cardiology
- Cardiology Society of Serbia
- Latvian Society of Cardiology
- Estonian Society of Cardiology
- Algerian Society of Cardiology
- Estonian Society of Cardiology
2.8.4 NEW! Wrap-Up In Local Language

This programme was Live from the Congress, broadcasted on a dedicated WebPage designed in collaboration with the participating NCS

Table 2-30: Wrap-up in Local Language

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Title</th>
<th>Learning Objectives</th>
<th>Room location</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/09/2019 16:45</td>
<td>ESC Congress 2019 and the World Congress of Cardiology · Wrap up in French</td>
<td>In collaboration with the National Cardiac Society, Key Opinion Leaders presented selected highlights from the Congress in French. A French speaking audience was invited to attend and participate in the discussion with the opportunity to ask questions to the panel. Programme was broadcasted live on a dedicated channel: <a href="https://www.escardio.org/Congresses-&amp;-Events/ESC-Congress/esc-congress-2019-and-the-world-congress-of-cardiology-wrap-up-in-french">https://www.escardio.org/Congresses-&amp;-Events/ESC-Congress/esc-congress-2019-and-the-world-congress-of-cardiology-wrap-up-in-french</a></td>
<td>Balzac The Hub</td>
</tr>
<tr>
<td>03/09/2019 17:00</td>
<td>ESC Congress 2019 and the World Congress of Cardiology · Wrap up in Russian</td>
<td>In collaboration with the Russian Society of Cardiology, Key Opinion Leaders presented selected highlights from the Congress in Russian. A Russian speaking audience was invited to attend and participate in the discussion with the opportunity to ask questions to the panel. Programme was broadcasted live on a dedicated channel: <a href="https://www.escardio.org/Congresses-&amp;-Events/ESC-Congress/esc-congress-2019-and-the-world-congress-of-cardiology-wrap-up-in-russian">https://www.escardio.org/Congresses-&amp;-Events/ESC-Congress/esc-congress-2019-and-the-world-congress-of-cardiology-wrap-up-in-russian</a></td>
<td>Colette The Hub</td>
</tr>
<tr>
<td>03/09/2019 11:30</td>
<td>ESC Congress 2019 and the World Congress of Cardiology · Wrap up in Japanese</td>
<td>In collaboration with the Japanese Circulation Society, Key Opinion Leaders presented selected highlights from the Congress in Japanese. A Japanese speaking audience was invited to attend and participate in the discussion with the opportunity to ask questions to the panel. Programme was broadcasted live on a dedicated channel.</td>
<td>ESC TV Stage</td>
</tr>
</tbody>
</table>

2.8.5 Joint Sessions With Affiliated Cardiac Societies and Sister Societies

Table 2-31: Joint Sessions With Affiliated Cardiac Societies and Sister Societies: Attendance figures

<table>
<thead>
<tr>
<th>Joint With:</th>
<th>Session Title</th>
<th>Room location</th>
<th>Zone</th>
<th>Date</th>
<th>CH Grade</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>American College of Cardiology (ACC)</td>
<td>It starts at the top · Leadership and clinician wellness</td>
<td>Centre Stage</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>10</td>
<td>86</td>
</tr>
<tr>
<td>American College of Cardiology (ACC) - JACC</td>
<td>Journal of the American College of Cardiology’s Year in Cardiology: four challenges to enhance major health factors</td>
<td>Balzac</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>NG</td>
<td>110</td>
</tr>
<tr>
<td>Joint With:</td>
<td>Session Title</td>
<td>Room location</td>
<td>Zone</td>
<td>Date</td>
<td>CH Grade</td>
<td>Max Attendance</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------</td>
<td>--------</td>
<td>--------------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>American Heart Association (AHA)</td>
<td>Moving from risk to benefit in prevention Guidelines</td>
<td>Astana</td>
<td>Village 2</td>
<td>01/09/2019</td>
<td>10</td>
<td>98</td>
</tr>
<tr>
<td>American Heart Association (AHA)</td>
<td>The Conundrum of HFpEF</td>
<td>Budapest</td>
<td>Village 5</td>
<td>31/08/2019</td>
<td>10</td>
<td>1050</td>
</tr>
<tr>
<td>Asian Pacific Society of Cardiology (APSC)</td>
<td>Why should registry data impact clinical practice?</td>
<td>Camus</td>
<td>The Hub</td>
<td>03/09/2019</td>
<td>10</td>
<td>39</td>
</tr>
<tr>
<td>Association for Paediatric and Congenital Cardiology (AEPC)</td>
<td>Transposition of the great arteries: what have we learnt?</td>
<td>Tbilisi</td>
<td>Village 6</td>
<td>03/09/2019</td>
<td>9</td>
<td>70</td>
</tr>
<tr>
<td>Brazilian Society of Cardiology (BSC)</td>
<td>New hope for neglected cardiovascular diseases</td>
<td>Tbilisi</td>
<td>Village 6</td>
<td>01/09/2019</td>
<td>10</td>
<td>70</td>
</tr>
<tr>
<td>Canadian Cardiovascular Society (CCS)</td>
<td>Can we trump advanced heart failure, once and for all? Intercontinental perspectives</td>
<td>Colette</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>125</td>
</tr>
<tr>
<td>Cardiac Society of Australia and New Zealand (CSANZ)</td>
<td>New approaches to tackle the global burden of cardiovascular disease</td>
<td>Camus</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>10</td>
<td>61</td>
</tr>
<tr>
<td>Cardiological Society of India (CSI)</td>
<td>Chronic heart failure</td>
<td>Sarajevo</td>
<td>Village 5</td>
<td>03/09/2019</td>
<td>10</td>
<td>30</td>
</tr>
<tr>
<td>Chinese Society of Cardiology (CSC)</td>
<td>Antithrombotic therapy in patients with acute coronary syndromes</td>
<td>Helsinki</td>
<td>Village 8</td>
<td>02/09/2019</td>
<td>10</td>
<td>35</td>
</tr>
<tr>
<td>European Association for Cardio-Thoracic Surgery (EACTS)</td>
<td>Optimal therapy for aortic arch disease</td>
<td>Tashkent</td>
<td>Village 7</td>
<td>01/09/2019</td>
<td>10</td>
<td>60</td>
</tr>
<tr>
<td>European Association for the Study of Diabetes (EASD)</td>
<td>SGLT2 inhibitors and cardiovascular outcomes</td>
<td>Prague</td>
<td>Village 2</td>
<td>02/09/2019</td>
<td>10</td>
<td>200</td>
</tr>
<tr>
<td>European Atherosclerosis Society (EAS)</td>
<td>Expert Advice - Premature cardiovascular events? Think familial hypercholesterolaemia</td>
<td>London</td>
<td>Village 2</td>
<td>03/09/2019</td>
<td>10</td>
<td>111</td>
</tr>
<tr>
<td>European Heart Journal</td>
<td>The European Heart Journal’s advances in heart failure and valvular heart disease</td>
<td>Sarajevo</td>
<td>Village 5</td>
<td>02/09/2019</td>
<td>NG</td>
<td>700</td>
</tr>
<tr>
<td>European Heart Journal</td>
<td>The European Heart Journal’s advances from prevention to intervention: the year in Cardiology</td>
<td>Centre Stage</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>820</td>
</tr>
</tbody>
</table>
## Table 2-31: Joint Sessions With Affiliated Cardiac Societies and Sister Societies: Attendance figures - Continued

<table>
<thead>
<tr>
<th>Joint With:</th>
<th>Session Title</th>
<th>Room location</th>
<th>Zone</th>
<th>Date</th>
<th>CH Grade</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>European Heart Journal</td>
<td>From submission to sharing: How to publish your best articles in the European Heart Journal and the New England Journal of Medicine</td>
<td>Centre Stage</td>
<td>The Hub</td>
<td>03/09/2019</td>
<td>10</td>
<td>175</td>
</tr>
<tr>
<td>European Respiratory Society (ERS)</td>
<td>Sleep-disordered breathing and cardiovascular disease: two sides of the same coin?</td>
<td>Prague</td>
<td>Village 2</td>
<td>01/09/2019</td>
<td>10</td>
<td>90</td>
</tr>
<tr>
<td>European Resuscitation Council (ERC)</td>
<td>New insights into cardiopulmonary resuscitation</td>
<td>Helsinki</td>
<td>Village 8</td>
<td>01/09/2019</td>
<td>10</td>
<td>140</td>
</tr>
<tr>
<td>European Society of Human Genetics (ESHG)</td>
<td>Patient derived iPSC-modelling of inherited cardiovascular disorders</td>
<td>Pristina</td>
<td>Village 3</td>
<td>01/09/2019</td>
<td>8</td>
<td>77</td>
</tr>
<tr>
<td>European Society of Hypertension (ESH)</td>
<td>Controversies in the management of hypertension</td>
<td>Astana</td>
<td>Village 2</td>
<td>02/09/2019</td>
<td>10</td>
<td>753</td>
</tr>
<tr>
<td>European Stroke Organisation (ESO)</td>
<td>Heart and Stroke - Clinically relevant interactions</td>
<td>Tallinn</td>
<td>Village 7</td>
<td>01/09/2019</td>
<td>10</td>
<td>200</td>
</tr>
<tr>
<td>Great Wall International Congress of Cardiology (GW-ICC)</td>
<td>Lipid Treatment in very high risk ASCVD patient</td>
<td>Reykjavik</td>
<td>Village 2</td>
<td>03/09/2019</td>
<td>10</td>
<td>90</td>
</tr>
<tr>
<td>International Society for Adult Congenital Heart Disease (ISACHD)</td>
<td>Give me the evidence in adult congenital heart disease!</td>
<td>Tbilisi</td>
<td>Village 6</td>
<td>02/09/2019</td>
<td>10</td>
<td>350</td>
</tr>
<tr>
<td>International Society for Cardiovascular Translational Research (ISCTR)</td>
<td>The digital revolution in cardiology</td>
<td>Balzac</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>10</td>
<td>240</td>
</tr>
<tr>
<td>International Society of Cardiovascular Pharmacotherapy (ISCP)</td>
<td>Would you give it to your grandmother? - Primary prevention in the elderly</td>
<td>London</td>
<td>Village 2</td>
<td>03/09/2019</td>
<td>8</td>
<td>106</td>
</tr>
<tr>
<td>International Society of Heart Research (ISHR)</td>
<td>Non-coding RNAs regulating cardiac hypertrophy and disease</td>
<td>Athens</td>
<td>Village 3</td>
<td>31/08/2019</td>
<td>10</td>
<td>89</td>
</tr>
<tr>
<td>Japanese Circulation Society (JCS)</td>
<td>Tips and tricks for chronic total occlusion PCI</td>
<td>Hugo</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>200</td>
</tr>
</tbody>
</table>
Table 2-31: Joint Sessions With Affiliated Cardiac Societies and Sister Societies: Attendance figures - Continued

<table>
<thead>
<tr>
<th>Joint With:</th>
<th>Session Title</th>
<th>Room location</th>
<th>Zone</th>
<th>Date</th>
<th>CH Grade</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Journal Cardiovascular Research</td>
<td>Best of Cardiovascular Research</td>
<td>Balzac</td>
<td>The Hub</td>
<td>03/09/2019</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Journal Circulation</td>
<td>The new Circulation: expanding frontiers</td>
<td>Balzac</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>NG</td>
<td>35</td>
</tr>
<tr>
<td>Journal JAMA</td>
<td>Cardiovascular highlights from the JAMA Network, 2018-19</td>
<td>Camus</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>78</td>
</tr>
<tr>
<td>Journal Lancet</td>
<td>The Lancet-ESC symposium on ischemic heart disease</td>
<td>Balzac</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>52</td>
</tr>
<tr>
<td>South African Heart Association (SAHA)</td>
<td>Infection, inflammation and the heart</td>
<td>Prague</td>
<td>Village 2</td>
<td>31/08/2019</td>
<td>10</td>
<td>110</td>
</tr>
</tbody>
</table>

2.8.6 NEW! Controversy Track

In the “Controversy Track” sessions, experts debated controversial issues in clinical cardiovascular medicine (Table 2-32). The sessions had an engaging and dynamic format. All sessions took place in the HUB Duras with a special debate set-up.

Table 2-32: Controversy Track: Attendance

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Date</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controversies in the management of pulmonary hypertension and venous thromboembolism</td>
<td>01/09/2019</td>
<td>350</td>
</tr>
<tr>
<td>Controversies in valvular heart disease</td>
<td>01/09/2019</td>
<td>260</td>
</tr>
<tr>
<td>Controversies in hypertension management</td>
<td>01/09/2019</td>
<td>200</td>
</tr>
<tr>
<td>Controversies in anti-platelet therapy</td>
<td>01/09/2019</td>
<td>280</td>
</tr>
<tr>
<td>Controversies in imaging coronary artery disease</td>
<td>02/09/2019</td>
<td>240</td>
</tr>
<tr>
<td>Controversies in the treatment of aortic valve disease</td>
<td>02/09/2019</td>
<td>250</td>
</tr>
<tr>
<td>Controversies in management of atrial fibrillation and non-ischemic dilated cardiomyopathy</td>
<td>02/09/2019</td>
<td>190</td>
</tr>
<tr>
<td>Controversies in heart failure</td>
<td>02/09/2019</td>
<td>320</td>
</tr>
<tr>
<td>Controversies in coronary revascularisation: left main disease and diabetes</td>
<td>03/09/2019</td>
<td>115</td>
</tr>
<tr>
<td>Controversies in antithrombotic treatment for primary and secondary prevention</td>
<td>03/09/2019</td>
<td>285</td>
</tr>
<tr>
<td>Controversies in secondary prevention: treating residual risk</td>
<td>03/09/2019</td>
<td>260</td>
</tr>
</tbody>
</table>
2.8.7 Quiz Sessions

A series of QUIZ sessions were available, in an entertaining and educational format.

Table 2-33: Quiz Sessions: Attendance

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Room Location</th>
<th>Zone</th>
<th>Date</th>
<th>Overall Quality</th>
<th>Max Attendance</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mini quiz - France vs Hungary</td>
<td>Camus</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>10</td>
<td>136</td>
<td>GUIDELINES 2018 - NCS</td>
</tr>
<tr>
<td>Mini quiz - Algeria vs Latvia</td>
<td>Camus</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>10</td>
<td>46</td>
<td>GUIDELINES 2018 - NCS</td>
</tr>
<tr>
<td>Mini quiz - Estonia vs Slovakia</td>
<td>Camus</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>10</td>
<td>92</td>
<td>GUIDELINES 2018 - NCS</td>
</tr>
<tr>
<td>Cardiology detectives - ECG Quiz</td>
<td>Hugo</td>
<td>The Hub</td>
<td>03/09/2019</td>
<td>10</td>
<td>450</td>
<td>COT</td>
</tr>
<tr>
<td>The Great Cardiovascular Quiz</td>
<td>Centre Stage</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>200</td>
<td>EDUCATION</td>
</tr>
</tbody>
</table>

2.8.8 Scientists of Tomorrow

This programme was complementary to the Basic Science Programme held in Village 3. New this year, the Scientists of Tomorrow Saturday track comprised four additional sessions, devised in collaboration with the Groupe de Réflexion pour la Recherche Cardiovasculaire (GRRC).

Table 2-34: Scientists of Tomorrow: Attendance and Feedback

<table>
<thead>
<tr>
<th>Scientists of Tomorrow</th>
<th>Room</th>
<th>Zone</th>
<th>Date</th>
<th>Grade</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application of single-cell genomics in cardiovascular research</td>
<td>Duras</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>10</td>
<td>140</td>
</tr>
<tr>
<td>Mitochondria and the diabetic heart</td>
<td>Duras</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>10</td>
<td>140</td>
</tr>
<tr>
<td>What makes your heart beat?</td>
<td>Duras</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>10</td>
<td>70</td>
</tr>
<tr>
<td>Cardiovascular consequences of obstructive sleep apnea</td>
<td>Hugo</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>9</td>
<td>175</td>
</tr>
<tr>
<td>Women in basic science: challenges and opportunities</td>
<td>Agora 2</td>
<td>Poster Area</td>
<td>01/09/2019</td>
<td>10</td>
<td>35</td>
</tr>
<tr>
<td>&quot;Tomorrow never dies&quot; - Your role in basic science communities!</td>
<td>Pristina</td>
<td>Village 3</td>
<td>02/09/2019</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td>Active Learning: CRISPR-Cas9 Genome Editing Bootcamp</td>
<td>Pristina</td>
<td>Village 3</td>
<td>02/09/2019</td>
<td>10</td>
<td>110</td>
</tr>
<tr>
<td>A career in Basic Science: tales from the road</td>
<td>Agora 2</td>
<td>Poster Area</td>
<td>03/09/2019</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Out of Control: proarrhythmic calcium handling from bench to bedside</td>
<td>Pristina</td>
<td>Village 3</td>
<td>03/09/2019</td>
<td>10</td>
<td>50</td>
</tr>
</tbody>
</table>
## 2.8.9 Cardiologists of Tomorrow

All Cardiologists of Tomorrow sessions were held in Hugo (The Hub). Attendance figures and feedback on the sessions are shown in Table 2-35.

Table 2-35: Cardiologists of Tomorrow - Attendance and Feedback

<table>
<thead>
<tr>
<th>Cardiologists of Tomorrow</th>
<th>Room</th>
<th>Zone</th>
<th>Date</th>
<th>Grade</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>TAVI - Tips and tricks for beginners Joint session with French Society of Cardiology</td>
<td>Hugo</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>NG</td>
<td>170</td>
</tr>
<tr>
<td>Amyloidosis: more complex than we thought? Joint session with French Society of Cardiology</td>
<td>Hugo</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>10</td>
<td>200</td>
</tr>
<tr>
<td>Tough calls in acute cardiology - Accept the challenge Joint session with French Society of Cardiology</td>
<td>Hugo</td>
<td>The Hub</td>
<td>31/08/2019</td>
<td>10</td>
<td>170</td>
</tr>
<tr>
<td>Multimodality imaging quiz: the whole is greater than the sum of its parts</td>
<td>Hugo</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>NG</td>
<td>100</td>
</tr>
<tr>
<td>General cardiology crash course - Part 1</td>
<td>Hugo</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>NG</td>
<td>98</td>
</tr>
<tr>
<td>Designing a clinical study - Learning from the masters</td>
<td>Hugo</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>380</td>
</tr>
<tr>
<td>Best clinical cases - Awards session</td>
<td>Hugo</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>75</td>
</tr>
<tr>
<td>General cardiology crash course - Part 2</td>
<td>Balzac</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>80</td>
</tr>
<tr>
<td>Tips and tricks for chronic total occlusion PCI Joint session with the Japanese Circulation Society</td>
<td>Hugo</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>10</td>
<td>200</td>
</tr>
<tr>
<td>General cardiology crash course - Part 3</td>
<td>Hugo</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>NG</td>
<td>70</td>
</tr>
<tr>
<td>Recent clinically relevant advances for the busy cardiologist Young community session</td>
<td>Hugo</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>NG</td>
<td>250</td>
</tr>
<tr>
<td>A bag of trouble: lessons in myocardial and pericardial disease</td>
<td>Hugo</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>NG</td>
<td>105</td>
</tr>
</tbody>
</table>
Table 2-35: Cardiologists of Tomorrow - Attendance and Feedback - Continued

<table>
<thead>
<tr>
<th>Cardiologists of Tomorrow</th>
<th>Room</th>
<th>Zone</th>
<th>Date</th>
<th>Grade</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>A bag of trouble: lessons in myocardial and pericardial disease</td>
<td>Hugo</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>NG</td>
<td>105</td>
</tr>
<tr>
<td>Cardiogenic shock during an intensive care unit night shift: how can machines help?</td>
<td>Hugo</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>10</td>
<td>112</td>
</tr>
<tr>
<td>Complications from congenital heart disease: unusual connections need unusual answers</td>
<td>Hugo</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>10</td>
<td>150</td>
</tr>
<tr>
<td>General cardiology crash course - Part 4</td>
<td>Hugo</td>
<td>The Hub</td>
<td>03/09/2019</td>
<td>NG</td>
<td>150</td>
</tr>
<tr>
<td>Cardiology detectives - ECG Quiz</td>
<td>Hugo</td>
<td>The Hub</td>
<td>03/09/2019</td>
<td>10</td>
<td>450</td>
</tr>
<tr>
<td>Nightmare cases from the CCU</td>
<td>Hugo</td>
<td>The Hub</td>
<td>03/09/2019</td>
<td>10</td>
<td>290</td>
</tr>
</tbody>
</table>

2.8.10 ESC Named Lectures
There were five ESC Named Lectures, details provided in Table 2-36.

Table 2-36: ESC Named Lectures

<table>
<thead>
<tr>
<th>Date, time, ESC Named Lecture</th>
<th>Speaker (city, country)</th>
<th>Lecture title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday 1 September 15:30 - ESC William Harvey Lecture on Basic Science</td>
<td>C R Bezzina (Amsterdam, NL)</td>
<td>When genetic burden reaches threshold</td>
</tr>
<tr>
<td>Saturday 31 August 10:10 - ESC Paul Hugenholtz lecture for innovation</td>
<td>S James (Uppsala, SE)</td>
<td>Creating a learning health care system of evidence generation by linking clinical registries, trials and biobanks</td>
</tr>
<tr>
<td>Monday 2 September 15:50 - ESC Andreas Grüntzig Lecture on Interventional Cardiology</td>
<td>R Mehran (New York, USA)</td>
<td>The evolution of dual antiplatelets therapies/antithrombotic regimens in interventional cardiology: a thirty year journey</td>
</tr>
<tr>
<td>Sunday 1 September 10:20 - ESC Geoffrey Rose Lecture on Population Sciences</td>
<td>K Sliwa-Hahnle (Cape Town, ZA)</td>
<td>Heart Failure - Can affect everyone</td>
</tr>
<tr>
<td>Monday 2 September 10:20 - ESC Rene Laennec Lecture on Clinical Cardiology</td>
<td>I C Van Gelder (Groningen, NL)</td>
<td>Atrial fibrillation: not just an arrhythmia</td>
</tr>
</tbody>
</table>
2.8.11 Distinguished Keynotes

There were three distinguished keynotes, details provided in Table 2-37.

Table 2-37: Distinguished Keynotes

<table>
<thead>
<tr>
<th>Date, time, Distinguished Keynotes</th>
<th>Speaker (city, country)</th>
<th>Keynote title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saturday 31 August 13:05 - Memorial lecture Bongani Mayosi</td>
<td>G A Mensah (Bethesda, USA)</td>
<td>The 2019 Bongani Mayosi memorial lecture: cardiovascular health research, training, and capacity building in low-income and middle-income countries</td>
</tr>
<tr>
<td>Monday 2 September 18:00 Awards Ceremony</td>
<td>H Ross (Toronto, CA)</td>
<td>ESC Awards Inspirational Career Lecture</td>
</tr>
<tr>
<td>Sunday 1 September 10:10</td>
<td>E Olson (Dallas, US)</td>
<td>- Inspirational Lecture in Translational Science</td>
</tr>
</tbody>
</table>

2.8.12 Live in the Box

Procedures performed by experts from international leading centres were recorded and shown on centre stage (The Hub). A panel commented and discussed procedures and patient management on-stage (Table 2-38).

Table 2-38: Live in the Box: Recorded Live Procedure and Attendance

<table>
<thead>
<tr>
<th>Title</th>
<th>Recorded Live Procedure from</th>
<th>Date</th>
<th>Overall Quality</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCI of the left main bifurcation</td>
<td>Clinique Pasteur Toulouse, France</td>
<td>01/09/2019</td>
<td>NG</td>
<td>410</td>
</tr>
<tr>
<td>Alcohol septal ablation of hypertrophic cardiomyopathy</td>
<td>Klinikum Wurzburg Mitte - Standort Jullisspital, Wurzburg, Germany</td>
<td>01/09/2019</td>
<td>10</td>
<td>161</td>
</tr>
<tr>
<td>Assist device-based PCI in cardiogenic shock</td>
<td>Heart Center Leipzig, Germany</td>
<td>02/09/2019</td>
<td>10</td>
<td>128</td>
</tr>
<tr>
<td>Percutaneous mitral valve edge-to-edge repair</td>
<td>Cleveland Clinic, Ohio, USA</td>
<td>02/09/2019</td>
<td>10</td>
<td>214</td>
</tr>
<tr>
<td>Transvenous lead extraction</td>
<td>University Hospital, Pisa, Italy</td>
<td>03/09/2019</td>
<td>10</td>
<td>76</td>
</tr>
<tr>
<td>TAVI - Transcatheter Aortic Valve Implantation</td>
<td>Bern University Hospital, Switzerland</td>
<td>03/09/2019</td>
<td>10</td>
<td>403</td>
</tr>
<tr>
<td>Retrograde CTO recanalisation</td>
<td>San Raffaele Scientific Institute, Milan, Italy</td>
<td>03/09/2019</td>
<td>10</td>
<td>181</td>
</tr>
</tbody>
</table>
2.8.13 ESC Clinical Practice Guidelines

Sessions were organised around the ESC Guidelines, release of the new Guidelines as well as Guidelines in Practice Sessions which demonstrated Guidelines implementation (Table 2-39).

Sessions were all tagged under the category “ESC Clinical Practice Guidelines” to help the delegates identify these.

Table 2-39: ESC Clinical Practice Guidelines – Attendance (sorted by most attended to least attended)

<table>
<thead>
<tr>
<th>Title</th>
<th>Room Location</th>
<th>Zone</th>
<th>Date</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 ESC Guidelines Overview</td>
<td>Paris</td>
<td>Main Auditorium</td>
<td>01/09/2019</td>
<td>3,400</td>
</tr>
<tr>
<td>2019 ESC Guidelines on Chronic Coronary Syndromes</td>
<td>Paris</td>
<td>Main Auditorium</td>
<td>01/09/2019</td>
<td>3,200</td>
</tr>
<tr>
<td>2019 ESC/EAS Guidelines on Dyslipidaemias</td>
<td>Paris</td>
<td>Main Auditorium</td>
<td>02/09/2019</td>
<td>3,000</td>
</tr>
<tr>
<td>2019 ESC Guidelines on Acute Pulmonary Embolism</td>
<td>Paris</td>
<td>Main Auditorium</td>
<td>03/09/2019</td>
<td>2,800</td>
</tr>
<tr>
<td>2019 ESC Guidelines on Supraventricular Tachycardias</td>
<td>Paris</td>
<td>Main Auditorium</td>
<td>03/09/2019</td>
<td>2,600</td>
</tr>
<tr>
<td>2019 ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the European Association for the Study of Diabetes (EASD)</td>
<td>Paris</td>
<td>Main Auditorium</td>
<td>02/09/2019</td>
<td>2,600</td>
</tr>
<tr>
<td>Guidelines in Practice - Hypertension in pregnancy and stable coronary syndromes</td>
<td>Astana</td>
<td>Village 2</td>
<td>31/08/2019</td>
<td>658</td>
</tr>
<tr>
<td>Guidelines in Practice - Syncope</td>
<td>Berlin</td>
<td>Village 4</td>
<td>03/09/2019</td>
<td>650</td>
</tr>
<tr>
<td>Meet the Task Force of the 2019 ESC/EAS Guidelines on Dyslipidaemias</td>
<td>Centre Stage</td>
<td>The Hub</td>
<td>02/09/2019</td>
<td>605</td>
</tr>
<tr>
<td>Meet the Task Force of the 2019 ESC Guidelines on Acute Pulmonary Embolism</td>
<td>Tbilisi</td>
<td>Village 6</td>
<td>03/09/2019</td>
<td>430</td>
</tr>
<tr>
<td>Guidelines in Daily Practice - Valvular Heart Disease (organised with the French Society of Cardiology)</td>
<td>Zagreb</td>
<td>Village 6</td>
<td>01/09/2019</td>
<td>420</td>
</tr>
<tr>
<td>Guidelines in Daily Practice - Syncope (organised with the Slovak Society of Cardiology)</td>
<td>Berlin</td>
<td>Village 4</td>
<td>02/09/2019</td>
<td>395</td>
</tr>
<tr>
<td>Meet the Task Force of the 2019 ESC Guidelines on Chronic Coronary Syndromes</td>
<td>Centre Stage</td>
<td>The Hub</td>
<td>01/09/2019</td>
<td>378</td>
</tr>
</tbody>
</table>
Table 2-39: ESC Clinical Practice Guidelines - Attendance (sorted by most attended to least attended) - Continued

<table>
<thead>
<tr>
<th>Title</th>
<th>Room Location</th>
<th>Zone</th>
<th>Date</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidelines in Practice - Revascularisation strategies in STEMI and multi-vessel disease</td>
<td>Tashkent Village 7</td>
<td>03/09/2019</td>
<td>340</td>
<td></td>
</tr>
<tr>
<td>Meet the Task Force 2019 ESC Guidelines on diabetes, pre-diabetes, and cardiovascular diseases developed in collaboration with the European Association for the Study of Diabetes (EASD)</td>
<td>Centre Stage The Hub</td>
<td>02/09/2019</td>
<td>338</td>
<td></td>
</tr>
<tr>
<td>Guidelines in Practice - Cerebrovascular and peripheral arterial disease</td>
<td>Tashkent Village 7</td>
<td>31/08/2019</td>
<td>325</td>
<td></td>
</tr>
<tr>
<td>Guidelines in Practice - How to treat high risk non-ST elevation myocardial infarction</td>
<td>Helsinki Village 8</td>
<td>03/09/2019</td>
<td>325</td>
<td></td>
</tr>
<tr>
<td>Guidelines in Practice - Cardiovascular disease in pregnancy</td>
<td>London Village 2</td>
<td>02/09/2019</td>
<td>240</td>
<td></td>
</tr>
<tr>
<td>Meet the Task Force of the 2019 ESC Guidelines on Supraventricular Tachycardias</td>
<td>Rome Village 4</td>
<td>03/09/2019</td>
<td>200</td>
<td></td>
</tr>
<tr>
<td>Guidelines in Daily Practice - AMI-STEMI (organised with the Hungarian Society of Cardiology)</td>
<td>Helsinki Village 8</td>
<td>03/09/2019</td>
<td>160</td>
<td></td>
</tr>
<tr>
<td>Mini quiz - France vs Hungary</td>
<td>Camus The Hub</td>
<td>31/08/2019</td>
<td>136</td>
<td></td>
</tr>
<tr>
<td>Guidelines in Daily Practice - Myocardial Revascularisation (organised with the Latvian Society of Cardiology)</td>
<td>Sofia Village 8</td>
<td>02/09/2019</td>
<td>125</td>
<td></td>
</tr>
<tr>
<td>Mini quiz - Estonia vs Slovakia</td>
<td>Camus The Hub</td>
<td>31/08/2019</td>
<td>92</td>
<td></td>
</tr>
<tr>
<td>Mini quiz - Algeria vs Latvia</td>
<td>Camus The Hub</td>
<td>31/08/2019</td>
<td>46</td>
<td></td>
</tr>
</tbody>
</table>
2.8.14 NEW! How Should I Treat?

In the “How Should I Treat?” sessions, experts showed different possible approaches to clinical case management (Table 2-40).

Table 2-40: How Should I Treat?: Attendance and Feedback

<table>
<thead>
<tr>
<th>How Should I Treat</th>
<th>Room</th>
<th>Zone</th>
<th>Date</th>
<th>Grade</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>How should I treat acute pulmonary embolism?</td>
<td>Tbilisi</td>
<td>Village 6</td>
<td>03/09/2019</td>
<td>10</td>
<td>285</td>
</tr>
<tr>
<td>How should I treat heart failure - From ejection fraction to personalised medicine</td>
<td>Zagreb</td>
<td>Village 6</td>
<td>01/09/2019</td>
<td>10</td>
<td>220</td>
</tr>
<tr>
<td>How should I treat ventricular arrhythmia in my device patient?</td>
<td>Berlin</td>
<td>Village 4</td>
<td>02/09/2019</td>
<td>10</td>
<td>200</td>
</tr>
<tr>
<td>How should I image a patient to differentiate constriction from restriction?</td>
<td>Amsterdam</td>
<td>Village 1</td>
<td>01/09/2019</td>
<td>10</td>
<td>182</td>
</tr>
<tr>
<td>How should I treat resistant hypertension</td>
<td>Astana</td>
<td>Village 2</td>
<td>02/09/2019</td>
<td>10</td>
<td>182</td>
</tr>
<tr>
<td>How should I treat challenging patients with severe aortic stenosis?</td>
<td>Tallinn</td>
<td>Village 7</td>
<td>03/09/2019</td>
<td>10</td>
<td>150</td>
</tr>
<tr>
<td>How should I treat NSTEMI frail patients</td>
<td>Sofia</td>
<td>Village 8</td>
<td>01/09/2019</td>
<td>10</td>
<td>85</td>
</tr>
</tbody>
</table>

2.8.15 Digital Health Programme

The Digital Health Programme was organised in the Digital Health Area, two stages. Stage 1 was dedicated to the traditional sessions and Stage 2 was used for the Technology and Innovation Pitch Sessions.

Table 2-41: Digital Health Programme - Attendance

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Stage</th>
<th>Date</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESC Paul Hugenholtz Lecture for innovation</td>
<td>Stage 1</td>
<td>31/08/2019</td>
<td>140</td>
</tr>
<tr>
<td>Social media in cardiology: 21st century advancement or Pandora’s box</td>
<td>Stage 1</td>
<td>31/08/2019</td>
<td>120</td>
</tr>
<tr>
<td>Digital cardiovascular health revolution - Are you ready?</td>
<td>Stage 1</td>
<td>31/08/2019</td>
<td>190</td>
</tr>
<tr>
<td>Telemedicine in heart failure management - The minimum, the optimum, and the unnecessary</td>
<td>Stage 1</td>
<td>01/09/2019</td>
<td>90</td>
</tr>
<tr>
<td>Ethics in research: participants, trials and guidelines</td>
<td>Stage 1</td>
<td>01/09/2019</td>
<td>140</td>
</tr>
<tr>
<td>Digital cardiovascular health solutions</td>
<td>Stage 1</td>
<td>01/09/2019</td>
<td>110</td>
</tr>
</tbody>
</table>
Table 2-41: Digital Health Programme – Attendance - Continued

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Stage</th>
<th>Date</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Big Data will impact cardiology: a physician’s guide</td>
<td>Stage 1</td>
<td>01/09/2019</td>
<td>200</td>
</tr>
<tr>
<td>Cardiovascular innovation: the next frontier</td>
<td>Stage 1</td>
<td>02/09/2019</td>
<td>89</td>
</tr>
<tr>
<td>Heart health on the move</td>
<td>Stage 1</td>
<td>02/09/2019</td>
<td>23</td>
</tr>
<tr>
<td>Cardiac rehabilitation: is mobile health the way to go?</td>
<td>Stage 1</td>
<td>02/09/2019</td>
<td>102</td>
</tr>
<tr>
<td>Advances in digital health</td>
<td>Stage 1</td>
<td>02/09/2019</td>
<td>153</td>
</tr>
<tr>
<td>Remote monitoring of cardiac implanted electronic devices: new ESC Recommendations</td>
<td>Stage 1</td>
<td>03/09/2019</td>
<td>60</td>
</tr>
<tr>
<td>Big data in cardiovascular medicine: hope or hype?</td>
<td>Stage 1</td>
<td>03/09/2019</td>
<td>115</td>
</tr>
<tr>
<td>Machine learning - State of the art</td>
<td>Stage 1</td>
<td>03/09/2019</td>
<td>150</td>
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<tr>
<td>Remote Monitoring for Chronic Heart Failure</td>
<td>Stage 2</td>
<td>31/08/2019</td>
<td>160</td>
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<td>Wearables</td>
<td>Stage 2</td>
<td>31/08/2019</td>
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<tr>
<td>m-Health and Coronary Artery Disease</td>
<td>Stage 2</td>
<td>31/08/2019</td>
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<tr>
<td>m-Health in Special Populations</td>
<td>Stage 2</td>
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<td>Digital Health</td>
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<tr>
<td>Other e-Health and Digital Health</td>
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<td>01/09/2019</td>
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<tr>
<td>Artificial Intelligence for Arrhythmias</td>
<td>Stage 2</td>
<td>01/09/2019</td>
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<td>Artificial Intelligence for ACC and CAD</td>
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<td>Remote Monitoring 1</td>
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<td>Data Analysis</td>
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<td>m-Health in Acute Coronary Syndromes</td>
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<td>m-Health in Arrhythmias</td>
<td>Stage 2</td>
<td>02/09/2019</td>
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<td>m-Health in Risk Factors and Prevention</td>
<td>Stage 2</td>
<td>03/09/2019</td>
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<td>m-Health other</td>
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<tr>
<td>Remote Monitoring 2</td>
<td>Stage 2</td>
<td>03/09/2019</td>
<td>53</td>
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<tr>
<td>Remote Monitoring in Arrhythmias</td>
<td>Stage 2</td>
<td>03/09/2019</td>
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2.8.16 ESC Congress Highlights and Congress Condensed

Table 2-42: ESC Congress Highlights & Congress Condensed: Attendance

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Room location</th>
<th>Zone</th>
<th>Date</th>
<th>Start Time</th>
<th>Max Attendance</th>
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<tbody>
<tr>
<td>Congress Condensed Basic Science</td>
<td>Nicosia</td>
<td>Village 1</td>
<td>04/09/2019</td>
<td>9:00</td>
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<tr>
<td>Congress Condensed General Cardiology</td>
<td>Amsterdam</td>
<td>Village 1</td>
<td>04/09/2019</td>
<td>9:00</td>
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<tr>
<td>Congress Condensed - 2019 Clinical Practice Guidelines</td>
<td>Paris</td>
<td>Main Auditorium</td>
<td>04/09/2019</td>
<td>9:00</td>
<td>2200</td>
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<tr>
<td>ESC Congress Highlights</td>
<td>Paris</td>
<td>Main Auditorium</td>
<td>04/09/2019</td>
<td>10:15</td>
<td>3200</td>
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</table>
## 2.9 Late-Breaking Science Programme

All Hot Lines had ESC TV interviews and a Press Conference.

### Table 2-43: Hot Line Sessions

#### Sunday, 1 September 2019 - 14:30 - 16:00 - Paris - Main Auditorium Late-Breaking Science

<table>
<thead>
<tr>
<th>Title</th>
<th>Speaker</th>
<th>Discussant</th>
</tr>
</thead>
<tbody>
<tr>
<td>THEMIS - Main Results of the Effect of Ticagrelor on Health Outcomes in Diabetes Mellitus Patients Intervention Study</td>
<td>D Bhatt (Newton, US)</td>
<td>C Baigent (Oxford, GB)</td>
</tr>
<tr>
<td>THEMIS-PCI: Ticagrelor in Patients with Diabetes and Stable Coronary Artery Disease with a History of Prior Percutaneous Coronary Intervention</td>
<td>P Steg (Paris, FR)</td>
<td></td>
</tr>
<tr>
<td>PARAGON-HF - Angiotensin Receptor Neprilysin Inhibition in Heart Failure with Preserved Ejection Fraction</td>
<td>S Solomon (Boston, US)</td>
<td>SJ Connolly (Hamilton, CA)</td>
</tr>
<tr>
<td>COMPLETE Revascularization with Multivessel Percutaneous Coronary Intervention in ST-segment Elevation Myocardial Infarction</td>
<td>SR Mehta (Hamilton, CA)</td>
<td>S James (Uppsala, SE)</td>
</tr>
<tr>
<td>DAPA HF - The Dapagliflozin And Prevention Of Adverse-outcomes In Heart Failure Trial-</td>
<td>J McMurray (Glasgow, GB)</td>
<td>M Metra (Brescia, IT)</td>
</tr>
</tbody>
</table>

#### Sunday, 1 September 2019 - 16:40 - 17:52 - Paris - Main Auditorium

<table>
<thead>
<tr>
<th>Title</th>
<th>Speaker</th>
<th>Discussant</th>
</tr>
</thead>
<tbody>
<tr>
<td>NZOTACS - The New Zealand Oxygen Therapy in Acute Coronary Syndromes trial</td>
<td>R Stewart (Auckland, NZ)</td>
<td>R Hofmann (Stockholm, SE)</td>
</tr>
<tr>
<td>ISAR-REACT 5 - Ticagrelor Versus Prasugrel in Patients With Acute Coronary Syndrome</td>
<td>S Schuepke (Munich, DE)</td>
<td>G Montalescot (Paris, FR)</td>
</tr>
<tr>
<td>HISTORIC - High-Sensitivity cardiac Troponin On presentation to Rule out myocardial InfarCtion: A stepped-wedge cluster randomised controlled trial</td>
<td>N Mills (Edinburgh, GB)</td>
<td>H Katus (Heidelberg, DE)</td>
</tr>
</tbody>
</table>

#### Monday, 2 September 2019 11:00 - 12:30 Paris - Main Auditorium

<table>
<thead>
<tr>
<th>Title</th>
<th>Speaker</th>
<th>Discussant</th>
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<tbody>
<tr>
<td>Combined effect of lower LDL-C and lower SBP on the lifetime risk of cardiovascular disease</td>
<td>BA Ference (Cambridge, GB)</td>
<td>JC Hopewell (Oxford, GB)</td>
</tr>
<tr>
<td>AFIRE - Rivaroxaban monotherapy versus combination therapy in patients with atrial fibrillation and stable coronary artery disease</td>
<td>S Yasuda (Suita, JP)</td>
<td>F Verheugt (Amsterdam, NL)</td>
</tr>
<tr>
<td>GALACTIC - Goal-directed AfterLoad Reduction in Acute Congestive Cardiac Decompensation: a randomized controlled trial</td>
<td>CE Mueller (Basel, CH)</td>
<td>A Mebazaa (Paris, FR)</td>
</tr>
<tr>
<td>Salt substitution and community-wide reductions in blood pressure and hypertension incidence</td>
<td>JJ Miranda (Lima, PE)</td>
<td>B Neal (Sydney, AU)</td>
</tr>
<tr>
<td>HOPE 4 - Impact on cardiovascular risk of a community-based multifaceted intervention in individuals with hypertension in 2 middle income countries: The Heart Outcomes Prevention and Evaluation 4 study</td>
<td>JD Schwalm (USA)</td>
<td>E Prescott (Copenhagen, DK)</td>
</tr>
</tbody>
</table>
### Monday, 2 September 2019 - 16:40 - 17:52 - Paris - Main Auditorium

**Hot Line Session 4:**

**Chairpersons:** M Jessup (Hingham, US) - M Roffi (Geneva, CH) - S Clarke (Cambridge, GB)

<table>
<thead>
<tr>
<th>Title</th>
<th>Speaker</th>
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</tr>
</thead>
<tbody>
<tr>
<td>BB-meta-HF - Beta-blockers are effective in high-risk heart failure patients with reduced ejection fraction and moderately-severe renal dysfunction</td>
<td>D Kotecha (Birmingham,GB)</td>
<td>HF T McDonagh (London,GB)</td>
</tr>
<tr>
<td>SYNTAXES - Ten-Year Survival after Coronary Artery Bypass Grafting versus Percutaneous Coronary Intervention: The SYNTAX Extended Survival study</td>
<td>D Thuijs (Rotterdam,NL)</td>
<td>F Verheugt (Amsterdam,NL)</td>
</tr>
<tr>
<td>MITRA-FR - 2 years follow-up of the MITRA-FR study a randomized controlled trial evaluating the effectiveness of percutaneous mitral valve repair in secondary mitral regurgitation</td>
<td>JF Obadia (Lyon-Bron Cedex,FR)</td>
<td>A Mebazaa (Paris,FR)</td>
</tr>
<tr>
<td>DANAMI-2 - 16-year follow-up of the Danish Acute Myocardial Infarction 2 trial - Primary percutaneous coronary intervention versus fibrinolysis in ST-elevation myocardial infarction</td>
<td>P Thrane (Aarhus,DK)</td>
<td>B Neal (Sydney,AU)</td>
</tr>
</tbody>
</table>

### Tuesday, 3 September 2019 - 11:00 - 12:40 - Paris - Main Auditorium

**Hot Line Session 5:**

**Chairpersons:** C Linde (Stockholm, SE) - MJ Landray (Oxford, GB) - D Capodanno (Catania, IT)

<table>
<thead>
<tr>
<th>Title</th>
<th>Speaker</th>
<th>Discussant</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLARIFY - In stable coronary disease, patients with angina and prior myocardial infarction have a poor prognosis despite adherence to guideline recommended therapies. Final 5-year results from the CLARIFY study</td>
<td>E Sorbets (London,GB)</td>
<td>D Hasdai (Petah-Tikva,IL)</td>
</tr>
<tr>
<td>SWEDHEART - Secondary prevention medication after coronary artery bypass surgery and long-term mortality: A longitudinal population-based study from the SWEDHEART registry</td>
<td>E Bjoerklund (Gothenburg,SE)</td>
<td>V Falk (Berlin,DE)</td>
</tr>
<tr>
<td>ICD use in HF - Association between implantable cardioverter-defibrillator use for primary prevention and mortality: a prospective propensity-score matched study</td>
<td>B Schrage (Hamburg,DE)</td>
<td>G Hindricks (Leipzig,DE)</td>
</tr>
<tr>
<td>FRANCE-TAVI (WITHDRAWN 21 Aug)</td>
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<tr>
<td>PURE - Contrasting patterns of cardiovascular disease, cancers and related mortality between high- versus low-middle income countries in 21 countries</td>
<td>D Leong (Hamilton,CA)</td>
<td>R Peto (Oxford,GB)</td>
</tr>
<tr>
<td>PURE - Impact of modifiable risk factors on cardiovascular disease and mortality</td>
<td>S Yusuf (Hamilton,CA)</td>
<td></td>
</tr>
</tbody>
</table>
Tuesday, 3 September 2019 - 16:40 - 17:52 - Paris - Main Auditorium

Hot Line Session 6:
Chairpersons: S Price (London, GB) - P Steg (Paris, FR) - F Weidinger (Vienna, AT)

<table>
<thead>
<tr>
<th>Title</th>
<th>Speaker</th>
<th>Discussant</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAPID-TnT - A randomised trial of a 1-hour troponin T protocol in</td>
<td>T D Chew (Adelaide,AU)</td>
<td>CE Mueller (Basel,CH)</td>
</tr>
<tr>
<td>suspected acute coronary syndromes: the Rapid Assessment of Possible</td>
<td></td>
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<tr>
<td>ACS in the emergency Department with high sensitivity Troponin</td>
<td></td>
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</tr>
<tr>
<td>ENTRUST-AF PCI - Edoxaban-based versus vitamin-K-antagonist-based</td>
<td>A Goette (Paderborn,DE)</td>
<td>R Lopes (Durham,US)</td>
</tr>
<tr>
<td>anti-thrombotic regimen following successful coronary stenting in</td>
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<td>atrial fibrillation patients</td>
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<tr>
<td>POPular Genetics - Genotype-guided oral P2Y12-inhibition in</td>
<td>DMF Claassens (Nieuwegein,NL)</td>
<td>M Valgimigli (Bern,CH)</td>
</tr>
<tr>
<td>patients with ST-segment elevation myocardial infarction undergoing</td>
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<tr>
<td>primary PCI: a randomized, open-label, multicenter trial</td>
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</tr>
<tr>
<td>DAPA - Long-term outcome of the Defibrillator After Primary</td>
<td>D Haanschoten (Zwolle,NL)</td>
<td>C Leclercq (Rennes,FR)</td>
</tr>
<tr>
<td>Angioplasty Trial - Implantable Defibrillator Early After Primary</td>
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<tr>
<td>Percutaneous Intervention for ST-Elevation Myocardial infarction</td>
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</tbody>
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2.9.1 Late-Breaking Science Sessions

Other selected Late-breaking Science Submissions were organized in the Late Breaking Science Sessions held in topic related Villages or the Hub (Table 2-44).

Table 2-44: Late Breaking Science Sessions: Other

| Saturday 09:00 Helsinki - Village 8 Late Breaking Science in Acute Coronary Syndromes 1 | A Cluster Randomized Trial of Objective Risk Assessment Versus Standard Care for Acute Coronary Syndromes: The Australian GRACE Risk score Intervention Study | Derek Chew - AU |
| COMBinAtion Therapy with remote ischemic conditioning and exenatide in Myocardial Infarction. Primary results of The COMBAT-MI trial | Imanol Otaegui Iruruta - ES |
| Randomised comparison of clopidogrel versus ticagrelor or prasugrel in patients of 70 years or older with non-ST-elevation acute coronary syndrome - POPular AGE | Marieke Elisabeth Gimbel - NL |
| Evolocumab for Early Reduction of LDL-Cholesterol Levels in Patients with Acute Coronary Syndromes | Konstantinos Koskinas - CH |

<p>| Saturday 09:00 Berlin - Village 4 Late Breaking Science in Atrial Fibrillation 1 | Different short- and long-term prognostic implications of bleeding in patients with newly diagnosed atrial fibrillation: Real world evidence from the GARFIELD-AF registry | Jean-Pierre Bassand - FR |
| Catheter Ablation Can Delay Progression from Paroxysmal To Persistent Atrial Fibrillation | Karl-Heinz Kuck - DE |
| Four-year trends in oral anticoagulant use and rate of ischemic stroke among 194,030 atrial fibrillation patients taken from a population of 13 million people | Aldo Pietro Maggioni - IT |
| Efficacy and safety of pulmonary vein isolation alone for recurrence prevention compared to extensive ablation in patients with persistent atrial fibrillation | Inoue Koichi - JP |
| Maximum-fixed energy shocks for cardioverting atrial fibrillation | Anders Sjoerslev Schmidt - DK |</p>
<table>
<thead>
<tr>
<th>Event</th>
<th>Late Breaking Science Sessions: Other - Continued</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Saturday 11:00 London - Village</strong>&lt;br&gt;2 Late Breaking Science in Cardiovascular Pharmacology</td>
<td><strong>Combination of low dose rivaroxaban and aspirin in females and males with chronic coronary artery disease or peripheral artery disease</strong> &lt;br&gt;Yan Liang - CN</td>
</tr>
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<td></td>
<td><strong>International Registry of Anakinra for Pericarditis</strong> &lt;br&gt;Massimo Imazio - IT</td>
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<tr>
<td></td>
<td><strong>A risk based approach to the role of aspirin on cardiovascular risk reduction in a healthy older cohort</strong> &lt;br&gt;Christopher Reid - AU</td>
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<td><strong>Effects of omega-3 fatty acid supplements on arrhythmias in the ASCEND study</strong> &lt;br&gt;Sarah Parish - GB</td>
</tr>
<tr>
<td><strong>Saturday 13:50 Pristina - Village</strong>&lt;br&gt;3 Late Breaking Basic and Translational Science - Acute Coronary Syndromes and Heart Failure</td>
<td><strong>Therapeutic miR-132 inhibition reverses heart failure</strong> &lt;br&gt;Thomas Thum - DE</td>
</tr>
<tr>
<td></td>
<td><strong>Circulating dipeptidyl peptidase-3 is a myocardial depressant factor: Procizumab promptly and sustainably restored hemodynamics in heart failure</strong> &lt;br&gt;Alexandre Mebazaa - FR</td>
</tr>
<tr>
<td></td>
<td><strong>A different microbial signature in plaque and gut of patients presenting with ACS: a possible role for coronary instability</strong> &lt;br&gt;Pisano Eugenia - IT</td>
</tr>
<tr>
<td></td>
<td><strong>Exome variants influencing cholesterol levels and the risk of recurrent ischemic events after early-onset myocardial infarction</strong> &lt;br&gt;Diego Ardissino - IT</td>
</tr>
<tr>
<td></td>
<td><strong>In silico model for specific antigen-driven response of T-lymphocytes in the epicardial adipose tissue: unravelling the intricate skein of microbiota involvement in acute coronary syndromes</strong> &lt;br&gt;Daniela Pedicino - IT</td>
</tr>
<tr>
<td><strong>Sunday 11:00 Helsinki - Village</strong>&lt;br&gt;8 Late Breaking Science in Acute Coronary Syndromes 2</td>
<td><strong>Temporal Trends in Incidence and Outcome of Acute Coronary Syndrome</strong> &lt;br&gt;Johannes Neumann - DE</td>
</tr>
<tr>
<td></td>
<td><strong>Compared 5-year survival in patients receiving a pharmacoinvasive strategy vs timely or off-limits primary PCI in STEMI patients. The FAST-MI programme</strong> &lt;br&gt;Nicolas Danchin - FR</td>
</tr>
<tr>
<td></td>
<td><strong>Temporal trends in bleeding complications following acute myocardial infarction - insights from the SWEDEHEART registry</strong> &lt;br&gt;Moa Simonsson - SE</td>
</tr>
<tr>
<td></td>
<td><strong>Long-term prognosis of early-onset myocardial infarction. Results from the multicentre, prospective, longitudinal Italian Genetic Study on Early-onset Myocardial Infarction</strong> &lt;br&gt;Diego Ardissino - IT</td>
</tr>
<tr>
<td></td>
<td><strong>One-year outcomes after ST elevation myocardial infarction. The EORP ACCA EAPCI registry on ST-elevation myocardial infarction of the European Society of Cardiology (ESC)</strong> &lt;br&gt;Uwe Zeymer - DE</td>
</tr>
</tbody>
</table>
### Table 2-44: Late Breaking Science Sessions: Other - Continued

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Session Title</th>
<th>Abstract</th>
<th>Speaker</th>
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<tbody>
<tr>
<td><strong>Saturday 11:00 London - Village</strong></td>
<td><strong>2 Late Breaking Science in Cardiovascular Pharmacology</strong></td>
<td>APIXABAN in the Prevention of Stroke and Systemic Embolism in Patients With Atrial Fibrillation in Real-Life Setting in France SNIIRAM Study</td>
<td>Philippe Gabriel Steg - FR</td>
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<td></td>
<td></td>
<td>A home-based education and learning program for atrial fibrillation: the HELP-AF study</td>
<td>Prashanthan Sanders - AU</td>
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<td></td>
<td></td>
<td>Integrated management of atrial fibrillation in primary care: the ALL-IN cluster randomised trial</td>
<td>Carline Jo Van Den Dries - NL</td>
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<tr>
<td></td>
<td></td>
<td>Randomised clinical trial of nurse-led integrated care for atrial fibrillation, a comparison with care as usual provided by the cardiologist</td>
<td>Elisabeth Wijtvliet - NL</td>
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<tr>
<td></td>
<td></td>
<td>Opportunistic screening for atrial fibrillation versus routine care in older persons in the community: findings from a Dutch nationwide primary care-based cluster randomised clinical trial</td>
<td>Steven Bernard Uittenbogaart - NL</td>
<td></td>
</tr>
<tr>
<td><strong>Sunday 14:30 Balzac - The Hub</strong></td>
<td><strong>Late Breaking Basic and Translational Science - Hypertension and Endothelial dysfunction</strong></td>
<td>Therapeutic role of miRNA-205 in hypertension: exercise training effects and AAV9-mediated miRNA delivery</td>
<td>Tiago Fernandes - BR</td>
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<tr>
<td></td>
<td></td>
<td>Beta 2 adrenergic signalling supports hypertension specific memory T cells maintenance and promotes repeated hypertension - a potential therapeutic target to limit end-organ damage</td>
<td>Liang Xiao - US</td>
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<tr>
<td></td>
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<td>Downregulation of erythrocyte miR-210 induces endothelial dysfunction in type 2 diabetes</td>
<td>Zhichao Zhou - SE</td>
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<tr>
<td></td>
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<td>Causal association between periodontitis and hypertension. Evidence from Mendelian Randomization and a Randomized Controlled Trial of non-surgical periodontal therapy.</td>
<td>Marta Czesnikiewicz-Guzik - GB</td>
<td></td>
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<tr>
<td></td>
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<td>Chronic kidney disease leads to endothelial dysfunction via reduced export of vasculo-protective microRNAs into extracellular vesicles.</td>
<td>Andreas Zietzer - DE</td>
<td></td>
</tr>
<tr>
<td><strong>Monday 08:30 Balzac - The Hub</strong></td>
<td><strong>Late Breaking Science in Arrhythmias</strong></td>
<td>Sudden cardiac death during Endurance Races: is it always preventable?</td>
<td>Jean-Philippe Collet - FR</td>
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<td>Primary prevention of sudden cardiac death. The PRospeEctiVE study on implANTable cardiOverter defibrillator therapy and sudden cardiac death in Adults with Congenital Heart Disease (PREVENTION-ACHD)</td>
<td>Joris R De Groot - NL</td>
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<tr>
<td></td>
<td></td>
<td>Accurate Prediction of Appropriate Shocks by Periodic Repolarization Dynamics: Results from the prospective EU-CERT-ICD study</td>
<td>Axel Bauer - DE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Predictors of intracranial haemorrhage in patients with atrial fibrillation: Insights from the GARFIELD-AF and ORBIT-AF registries</td>
<td>Toon Wei Lim - SG</td>
<td></td>
</tr>
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<td></td>
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<td>Temporal trends in sports-related sudden cardiac death</td>
<td>Xavier Jouven - FR</td>
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</tr>
</tbody>
</table>
**Table 2-44: Late Breaking Science Sessions: Other - Continued**

<table>
<thead>
<tr>
<th>Session Date</th>
<th>Session Time</th>
<th>Location</th>
<th>Title</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>Saturday 11:00 London - Village 2</td>
<td>Late Breaking Science in Cardiovascular Pharmacology</td>
<td></td>
<td>APIXABAN in the Prevention of Stroke and Systemic Embolism in Patients With Atrial Fibrillation in Real-Life Setting in France SNIIRAM Study</td>
<td>Philippe Gabriel Steg - FR</td>
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<td>Prashanthan Sanders - AU</td>
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<td>Liang Xiao - US</td>
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<td></td>
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<td>Downregulation of erythrocyte miR-210 induces endothelial dysfunction in type 2 diabetes</td>
<td>Zhichao Zhou - SE</td>
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<td></td>
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<td></td>
<td>Causal association between periodontitis and hypertension. Evidence from Mendelian Randomization and a Randomized Controlled Trial of non-surgical periodontal therapy.</td>
<td>Marta Czesnikiewicz-Guzik - GB</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Chronic kidney disease leads to endothelial dysfunction via reduced export of vasculo-protective microRNAs into extracellular vesicles.</td>
<td>Andreas Zietzer - DE</td>
</tr>
<tr>
<td>Monday 08:30 Balzac - The Hub</td>
<td>Late Breaking Science in Arrhythmias</td>
<td></td>
<td>Sudden cardiac death during Endurance Races: is it always preventable?</td>
<td>Jean-Philippe Collet - FR</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Primary prevention of sudden cardiac death. The PROspeEctiVE study on implantable cardioverter defibrillator therapy and sudden cardiac death in Adults with Congenital Heart Disease (PREVENTION-ACHD)</td>
<td>Joris R De Groot - NL</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Accurate Prediction of Appropriate Shocks by Periodic Repolarization Dynamics: Results from the prospective EU-CERT-ICD study</td>
<td>Axel Bauer - DE</td>
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<tr>
<td></td>
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<td>Predictors of intracranial haemorrhage in patients with atrial fibrillation: Insights from the GARFIELD-AF and ORBIT-AF registries</td>
<td>Toon Wei Lim - SG</td>
</tr>
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<td>Temporal trends in sports-related sudden cardiac death</td>
<td>Xavier Jouven - FR</td>
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<tr>
<td>Monday 08:30 Budapest - Village 5 Late Breaking Science in Heart Failure 1</td>
<td></td>
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<td>---------------------------------------------------------------</td>
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<tr>
<td>Effects of Angiotensin Receptor/Nephrilysin Inhibitor Therapy on NT-proBNP and Cardiac Remodeling in Heart Failure with Reduced Ejection Fraction: Primary Results of the PROVE-HF Study</td>
<td>James Januzzi - US</td>
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<tr>
<td>Spironolactone in atrial fibrillation with preserved cardiac contractility</td>
<td>Eduard Shantsila - GB</td>
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<tr>
<td>Effects of Sacubitril-Valsartan Compared with Enalapril on Arterial Hemodynamics and Cardiac Remodeling in Patients with Heart Failure and Reduced Ejection Fraction</td>
<td>Akshay Suvas Desai - US</td>
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<td>Clinical effectiveness of primary prevention implantable defibrillators: results of the EU-CERT-ICD non-randomised, controlled, multicentre study</td>
<td>Markus Zabel - DE</td>
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<tr>
<td>Clinical phenotypes, gender differences and adverse events associated with truncating variants in the Titin (TTN) gene</td>
<td>Majid Akhtar - GB</td>
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<table>
<thead>
<tr>
<th>Monday 08:30 Amsterdam - Village 1 Late Breaking Science in Imaging and Digital</th>
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</thead>
<tbody>
<tr>
<td>Mobile Health technology for atrial fibrillation screening using smart devices based photoplethysmography: The HUAWEI Heart study</td>
</tr>
<tr>
<td>Mortality prediction using machine learning in patients eligible for transcatheter aortic valve replacement: insights from the FRANCE-TAVI registry</td>
</tr>
<tr>
<td>Prognostic value of selective myocardial perfusion imaging after coronary computed tomography angiogram: A multicentre cohort study</td>
</tr>
<tr>
<td>Similarities and Differences in Cardiac Chamber Size and Function Among Races and Nationalities. Results of the World Alliance of Societies of Echocardiography (WASE) Normal Values Study</td>
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<tr>
<td>Telemedical Interventional Management in Heart Failure (2) To Improve Outcomes: Extended 12-Month Follow-up after Stopping Remote Patient Management (RPM)</td>
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<table>
<thead>
<tr>
<th>Monday 08:30 Helsinki - Village 8 Late Breaking Science in Intervention</th>
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<tbody>
<tr>
<td>Low-dose rivaroxaban after left atrial appendage closure: The randomized ADRIFT study</td>
</tr>
<tr>
<td>Randomized, Multicenter Comparison of Intensified versus Standard Loading Strategies with P2Y12-Receptor-Inhibitors in Patients Undergoing Elective PCI</td>
</tr>
<tr>
<td>Percutaneous left atrial appendage closure versus novel anticoagulation agents in high-risk atrial fibrillation patients (PRAGUE-17 study)</td>
</tr>
<tr>
<td>Ultrathin-strut biodegradable polymer sirolimus-eluting stents versus durable polymer everolimus-eluting stents in acute myocardial infarction: a randomized controlled trial</td>
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<tr>
<td>Immediate versus Delayed Stenting After Primary Percutaneous Reperfusion in ST-Elevation Myocardial Infarction: The PRIMACY Bayesian Randomized Controlled Trial</td>
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### Table 2-44: Late Breaking Science Sessions: Other - Continued

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Location</th>
<th>Session Title</th>
<th>Presentation Title</th>
<th>Authors</th>
</tr>
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<tbody>
<tr>
<td>Monday 08:30 London - Village 2 Late Breaking</td>
<td>Late Breaking Science in Prevention 1</td>
<td>New insights into anthropometrics and cardiovascular outcomes in 150,000 adults from 21 countries followed for 9 years: a PURE study</td>
<td>Darryl Leong - CA</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Cardiovascular outcomes in patients with type 2 diabetes and obesity: Comparison of metabolic surgery versus usual care</td>
<td>Ali Aminian - US</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Impact of inclisiran on LDL-C over 18 months in patients with ASCVD or risk-equivalent – Results of the Phase 3 ORION-11 trial</td>
<td>Kausik K Ray - GB</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>The EAS Familial Hypercholesterolaemia Studies Collaboration (FHSC) global registry: analyses from over 55,000 cases and 68 countries</td>
<td>Antonio J Vallejo-Vaz - GB</td>
<td></td>
</tr>
<tr>
<td>Tuesday 08:30 Pristina - Village 3 Late Breaking</td>
<td>Basic and Translational Science - Atherosclerosis and Aortic Stenosis</td>
<td>Dipeptidyl Peptidase-4 Inhibition to Prevent Calcific Aortic Valve Disease: Proof of Concept Study (DIP CAVD_POC)</td>
<td>Jae-Kwan Song - KR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clonal hematopoiesis of indeterminate potential (CHIP) in patients with degenerative aortic valve stenosis: incidence, clinical correlates, and prognostic significance following TAVI</td>
<td>Silvia Mas-Peiro - DE</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>A novel CT-based radiotranscriptomic signature of perivascular fat improves cardiac risk prediction in the SCOT-HEART and CRISP-CT studies</td>
<td>Charalambos Antoniades - GB</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>The tyrosine kinase inhibitor nilotinib inhibits discoidin domain receptor 2 in human aortic valves, increases aortic valve thickness and induces valvular interstitial cell calcification</td>
<td>Magnus Back - SE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Heat Shock Protein 25 Immunotherapy Post-Menopause is Superior to Estradiol in Targeting Atherogenesis, Plasma Cholesterol and PCSK9 Levels</td>
<td>Edward O'Brien - CA</td>
<td></td>
</tr>
<tr>
<td>Tuesday 11:00 Astana - Village 2 Late Breaking</td>
<td>Science in Prevention</td>
<td>Physical activity as a predictor for instant death in myocardial infarction - a collaborative meta-analysis</td>
<td>Kim Wadt Hansen - DK</td>
<td></td>
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<td></td>
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<td>Lipid concentration and cardiovascular risk - refining global risk approaches</td>
<td>Fabian Johannes Brunner - DE</td>
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<td></td>
<td></td>
<td>Cardiac arrhythmia services in 22 African countries from 2011 to 2018: the second report of the Pan African Society of Cardiology (PASCAR)</td>
<td>Aime Bonny - CM</td>
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<td></td>
<td></td>
<td>Risk factor control and long-term outcomes after myocardial infarction</td>
<td>Emil Hagstrom - SE</td>
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</tr>
<tr>
<td>Tuesday 14:30 Camus - The Hub Late Breaking</td>
<td>Science in Aortic Valve Stenosis</td>
<td>Prognostic implications of moderate aortic stenosis among 247,353 individuals: Insights from the National Echocardiography Database of Australia Study</td>
<td>Geoffrey Strange - AU</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Value of annual NT-proBNP measurements to identify low-risk patients with asymptomatic aortic valve stenosis: An analysis from the randomized placebo-controlled SEAS trial</td>
<td>Olav Wendelboe Nielsen - DK</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Incidence and Outcomes of Infective Endocarditis after Transcatheter Aortic Valve Implantation Versus Surgical Aortic Valve Replacement.</td>
<td>Laurent Fauchier - FR</td>
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</tbody>
</table>
### Table 2-44: Late Breaking Science Sessions: Other - Continued

<table>
<thead>
<tr>
<th>Time</th>
<th>Location</th>
<th>Session Title</th>
<th>Title</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday 14:30</td>
<td>Budapest</td>
<td>Dynamic changes in cardiac structures: novel aspects of the pathophysiology of heart failure with preserved left ventricular ejection fraction - a report from the CHART-2 Study</td>
<td>Hiroaki Shimokawa - JP</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Village 5</td>
<td>Diabetes and heart failure after acute myocardial infarction. The FAST-MI programme</td>
<td>Nicolas Danchin - FR</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current characteristics and treatment of patients with heart failure with reduced ejection fraction in outpatients in Europe. Baseline results of ARIADNE</td>
<td>Uwe Zeymer - DE</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Natriuretic Peptide Metabolisation is Associated with Clinical Outcome in Chronic Heart Failure: a Step Towards Personalized Heart Failure Guidance</td>
<td>Roland van Kimmenade - NL</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Association between beta-blocker use and mortality/morbidity in elderly patients with heart failure with reduced ejection fraction: a prospective propensity score-matched cohort study</td>
<td>Gianluigi Savarese - SE</td>
<td></td>
</tr>
</tbody>
</table>

### Table 2-45: Late Breaking Basic and Translational Science

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Late Breaking Basic and Translational Science - Acute Coronary Syndromes and Heart Failure - Pristina - 31 Aug 13:50</td>
<td>Exome variants influencing cholesterol levels and the risk of recurrent ischemic events after early-onset myocardial infarction</td>
</tr>
<tr>
<td></td>
<td>In silico model for specific antigen-driven response of T-lymphocytes in the epicardial adipose tissue: unravelling the intricate skein of microbiota involvement in acute coronary syndromes</td>
</tr>
<tr>
<td></td>
<td>A different microbial signature in plaque and gut of patients presenting with ACS: a possible role for coronary instability</td>
</tr>
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<td></td>
<td>Therapeutic miR-132 inhibition reverses heart failure</td>
</tr>
<tr>
<td></td>
<td>Circulating dipeptidyl peptidase-3 is a myocardial depressant factor: Procizumab promptly and sustainably restored hemodynamics in heart failure</td>
</tr>
<tr>
<td>Late Breaking Basic and Translational Science - Hypertension and Endothelial dysfunction - Balzac 1 Sept 14:30</td>
<td>Therapeutic role of miRNA-205 in hypertension: exercise training effects and AAV9-mediated miRNA delivery</td>
</tr>
<tr>
<td></td>
<td>Causal association between periodontitis and hypertension. Evidence from Mendelian Randomization and a Randomized Controlled Trial of non-surgical periodontal therapy.</td>
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<td></td>
<td>Beta 2 adrenergic signaling supports hypertension specific memory T cells maintenance and promotes repeated hypertension - a potential therapeutic target to limit end-organ damage</td>
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<tr>
<td></td>
<td>Chronic kidney disease leads to endothelial dysfunction via reduced export of vasculo-protective microRNAs into extracellular vesicles.</td>
</tr>
<tr>
<td></td>
<td>Downregulation of erythrocyte miR-210 induces endothelial dysfunction in type 2 diabetes</td>
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Table 2-45: Late Breaking Basic and Translational Science - Continued

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Title</th>
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<tbody>
<tr>
<td>Late Breaking Basic and Translational Science</td>
<td>Heat Shock Protein 25 Immunotherapy Post-Menopause is Superior to Estradiol in Targeting Atherogenesis, Plasma Cholesterol and PCSK9 Levels</td>
</tr>
<tr>
<td>Pristine 3 Sept 8:30</td>
<td>A novel CT-based radiotranscriptomic signature of perivascular fat improves cardiac risk prediction in the SCOT-HEART and CRISP-CT studies</td>
</tr>
<tr>
<td></td>
<td>Clonal hematopoiesis of indeterminate potential (CHIP) in patients with degenerative aortic valve stenosis: incidence, clinical correlates, and prognostic significance following TAVI</td>
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<tr>
<td></td>
<td>The tyrosine kinase inhibitor nilotinib inhibits discoidin domain receptor 2 in human aortic valves, increases aortic valve thickness and induces valvular interstitial cell calcification</td>
</tr>
<tr>
<td></td>
<td>Dipeptidyl Peptidase-4 Inhibition to Prevent Calcific Aortic Valve Disease: Proof of Concept Study (DIP CAVD_POC)</td>
</tr>
</tbody>
</table>

2.10 Abstract-Based Programme, Clinical Cases, Technology and Innovation

During and after the congress, abstracts were published in:
- The ESC Congress app
- ESC 365, the online scientific resources library (multiple formats available: original abstract submission, presentation slides, e-poster)
- European Heart Journal - Volume 40, September 2019 - Abstract supplement (Post congress)

2.10.1 Young Investigator Awards Sessions

The ESC gave a prize of 2,000 to the winners and the three remaining finalists will each receive 1,000. The results were announced at the Award Ceremony on Monday 2 September at 18:00 FESC Lounge, Hall 7 4th Floor. The ESC Awards Inspirational Career Lecture was given by Heather Ross during the Awards Ceremony.

Table 2-46: Young Investigator Awards Sessions: Winners

<table>
<thead>
<tr>
<th>Category</th>
<th>Abstract Title</th>
<th>Last Name</th>
<th>First Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Clinical Cases - Awards session</td>
<td>Sudden cardiac arrest of a 16-year-old boy with left main coronary artery atresia during soccer practice.</td>
<td>TOMURA</td>
<td>Nobunari</td>
<td>Japan</td>
</tr>
<tr>
<td>Nursing and Allied Professional Investigator Award</td>
<td>Seeing is believing: the feasibility and acceptability of using wearable cameras to enhance self-management of heart failure.</td>
<td>CARTLEDGE</td>
<td>Susie</td>
<td>Australia</td>
</tr>
<tr>
<td>Young Investigator Award Basic science</td>
<td>Continuous shock-free termination of atrial fibrillation by local optogenetic therapy and arrhythmia-triggered activation of an implanted light source</td>
<td>NYNS</td>
<td>Emile</td>
<td>Netherlands (The)</td>
</tr>
<tr>
<td>Young Investigator Award Clinical</td>
<td>Perivascular fat attenuation index stratifies the cardiac risk associated with high-risk plaque features on coronary computed tomography angiography</td>
<td>OIKONOMOU</td>
<td>Evangelos K</td>
<td>United Kingdom</td>
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</table>
Table 2-46: Young Investigator Awards Sessions: Winners - Continued

<table>
<thead>
<tr>
<th>Category</th>
<th>Abstract Title</th>
<th>Last Name</th>
<th>First Name</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Investigator Award Coronary Pathophysiology and Microcirculation</td>
<td>Blunted stress myocardial oxygenation and not myocardial perfusion reserve is associated with arrhythmic risk in hypertrophic cardiomyopathy.</td>
<td>RAMAN</td>
<td>Betty</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Young Investigator Award Global Cardiovascular Health</td>
<td>Phenotyping acute decompensated heart failure by intrarenal venous flow and right ventricle-pulmonary circulation uncoupling</td>
<td>VELLA</td>
<td>Alessandro</td>
<td>Italy</td>
</tr>
<tr>
<td>Young Investigator Award Population sciences</td>
<td>Impact of genetically determined differences in ECG parameters on risk of AF in c. 300,000 UK Biobank participants</td>
<td>GAJENDRAGADKAR</td>
<td>Parag Ravindra</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Young Investigator Award Thrombosis</td>
<td>Intravenous administration of IV-STATIN CARDIOSHIELD during myocardial infarction renders higher cardioprotection than oral atorvastatin given shortly after reperfusion: a translational CMR study</td>
<td>MENDIETA BADIMON</td>
<td>Lina Guiomar</td>
<td>Spain</td>
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</tbody>
</table>

2.10.2 Advances in Science

Advances in Science were the combination of original research abstracts with renowned expert reviews and commentary on related topics. These sessions featured the top-rated abstracts in each topic, linking recent results with clinical care to guide future scientific investigations. These sessions were held in the Villages. New at this year’s congress as a concluding lecture was “Best Journal Article”. This session was organized in collaboration with the EHJ & CVR Teams for the selection of the articles.

Table 2-47: Advances in Science: Best Journal Article

<table>
<thead>
<tr>
<th>Session number</th>
<th>Session title</th>
<th>Article title</th>
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<tr>
<td>526</td>
<td>Novel pharmacological targets in vascular disease</td>
<td>Microparticles from vascular endothelial growth factor pathway inhibitor-treated cancer patients mediate endothelial cell injury</td>
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<tr>
<td>540</td>
<td>Differences in the management and outcomes in congenital versus acquired heart disease</td>
<td>Machine learning algorithms estimating prognosis and guiding therapy in adult congenital heart disease: data from a single tertiary centre including 10,019 patients.</td>
</tr>
<tr>
<td>531</td>
<td>Adverse outcomes in atrial fibrillation: can they be prevented?</td>
<td>Less dementia and stroke in low-risk patients with atrial fibrillation taking oral anticoagulation.</td>
</tr>
<tr>
<td>541</td>
<td>Novel therapeutic targets in hypertrophic cardiomyopathy</td>
<td>Short- and long-term outcomes of alcohol septal ablation for hypertrophic obstructive cardiomyopathy in patients with mild left ventricular hypertrophy: a propensity score matching analysis.</td>
</tr>
<tr>
<td>509</td>
<td>Role of diastolic dysfunction in cardiovascular risk prediction</td>
<td>Assessment of myocardial oxygenation, strain, and diastology in MYBPC3-related hypertrophic cardiomyopathy: a cardiovascular magnetic resonance and echocardiography study.</td>
</tr>
<tr>
<td>536</td>
<td>Treatment of conundrum in acute heart failure</td>
<td>Cardiovascular biomarkers in patients with acute decompensated heart failure randomized to sacubitril-valsartan or enalapril in the PIONEER-HF trial.</td>
</tr>
</tbody>
</table>
2.10.3 NEW in 2019

Blockbusters from the Young
These sessions acknowledged the excellence of research emerging from the Young community. These sessions were held in the Agora during the coffee breaks (Table 2-48).

Table 2-48: Blockbusters from the Young - Attendance

<table>
<thead>
<tr>
<th>Title</th>
<th>Room Location</th>
<th>Zone</th>
<th>Date</th>
<th>Max Attendance</th>
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</thead>
<tbody>
<tr>
<td>Blockbusters from the Young - Multimodality Imaging in coronary artery disease</td>
<td>Agora 1</td>
<td>Poster Area</td>
<td>01/09/2019</td>
<td>100</td>
</tr>
<tr>
<td>Blockbusters from the Young - Mental Health and Environmental Challenges in Cardiovascular Disease</td>
<td>Agora 1</td>
<td>Poster Area</td>
<td>01/09/2019</td>
<td>45</td>
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<tr>
<td>Blockbusters from the Young in preventive cardiology</td>
<td>Agora 2</td>
<td>Poster Area</td>
<td>01/09/2019</td>
<td>42</td>
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<tr>
<td>Blockbusters from the Young in Basic Science</td>
<td>Agora 2</td>
<td>Poster Area</td>
<td>01/09/2019</td>
<td>27</td>
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<tr>
<td>Blockbusters from the Young in coronary artery disease</td>
<td>Agora 2</td>
<td>Poster Area</td>
<td>02/09/2019</td>
<td>30</td>
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<tr>
<td>Blockbusters from the Young - Role of imaging in patients with left ventricular hypertrophy</td>
<td>Agora 1</td>
<td>Poster Area</td>
<td>02/09/2019</td>
<td>100</td>
</tr>
<tr>
<td>Blockbusters from the Young - Cutting edge in heart failure</td>
<td>Agora 1</td>
<td>Poster Area</td>
<td>02/09/2019</td>
<td>27</td>
</tr>
<tr>
<td>Blockbusters from the Young in atrial fibrillation and cardiac resynchronisation therapy</td>
<td>Agora 2</td>
<td>Poster Area</td>
<td>02/09/2019</td>
<td>60</td>
</tr>
<tr>
<td>Blockbusters from the Young in cardiovascular interventions</td>
<td>Agora 1</td>
<td>Poster Area</td>
<td>03/09/2019</td>
<td>60</td>
</tr>
<tr>
<td>Blockbusters from the Young in acute coronary syndromes</td>
<td>Agora 2</td>
<td>Poster Area</td>
<td>03/09/2019</td>
<td>45</td>
</tr>
<tr>
<td>Blockbusters from the Young in myocardial and pericardial disease</td>
<td>Agora 2</td>
<td>Poster Area</td>
<td>03/09/2019</td>
<td>65</td>
</tr>
</tbody>
</table>

2.10.4 Oral Abstracts

Traditional Oral Abstract Presentations
Each abstract presentation was followed by Questions and Answers. Sessions were held in the Science Box rooms located in the Poster Area.

Rapid Fire Abstracts
Key messages of ten original research abstracts were presented in these fast-paced and interactive sessions. Each presentation was followed by a Questions & Answer session with the experts, chairs, and the audience. These sessions were held in dedicated rooms with a casual setting which allowing presenters and audience to carry on the discussions after the session.
2.10.5 NEW ! Clinical Case Corner

The clinical case corner was a new session format designed to give the opportunity to clinicians to present their most educational cases. Cases were presented in a small setting favouring the interaction between presenter, chairs, and the audience.

Each session featured between five and seven cases. The Case Corner Room was designed with limited audience seating of 80.

Table 2-49: Clinical Case Corner – Attendance

<table>
<thead>
<tr>
<th>Clinical cases sessions</th>
<th>Date</th>
<th>Max attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unusual encounters in atrial fibrillation ablation and left atrial appendage closure</td>
<td>31/08/2019</td>
<td>26</td>
</tr>
<tr>
<td>Acute Coronary Syndromes I</td>
<td>31/08/2019</td>
<td>60</td>
</tr>
<tr>
<td>Aortic diseases</td>
<td>31/08/2019</td>
<td>38</td>
</tr>
<tr>
<td>Peripheral vascular diseases</td>
<td>31/08/2019</td>
<td>31</td>
</tr>
<tr>
<td>Arrhythmias</td>
<td>31/08/2019</td>
<td>30</td>
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<tr>
<td>Ventricular arrhythmias and sudden cardiac death</td>
<td>31/08/2019</td>
<td>70</td>
</tr>
<tr>
<td>Non-Atherosclerotic Coronary Diseases</td>
<td>01/09/2019</td>
<td>37</td>
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<tr>
<td>Echocardiography masterclass</td>
<td>01/09/2019</td>
<td>83</td>
</tr>
<tr>
<td>Device therapy</td>
<td>01/09/2019</td>
<td>32</td>
</tr>
<tr>
<td>Pulmonary Circulation and Right Heart Failure</td>
<td>01/09/2019</td>
<td>44</td>
</tr>
<tr>
<td>Acute Cardiac Care</td>
<td>01/09/2019</td>
<td>36</td>
</tr>
<tr>
<td>Acute Coronary Syndromes II</td>
<td>01/09/2019</td>
<td>55</td>
</tr>
<tr>
<td>Bradycardia</td>
<td>01/09/2019</td>
<td>33</td>
</tr>
<tr>
<td>Non-Coronary Cardiac Interventions</td>
<td>01/09/2019</td>
<td>23</td>
</tr>
<tr>
<td>Grown-up Congenital Heart Diseases</td>
<td>02/09/2019</td>
<td>32</td>
</tr>
<tr>
<td>Myocardial diseases</td>
<td>02/09/2019</td>
<td>55</td>
</tr>
<tr>
<td>Pulmonary circulation</td>
<td>02/09/2019</td>
<td>38</td>
</tr>
<tr>
<td>Holes in the heart</td>
<td>02/09/2019</td>
<td>15</td>
</tr>
<tr>
<td>Lipids</td>
<td>02/09/2019</td>
<td>14</td>
</tr>
<tr>
<td>Infective endocarditis</td>
<td>02/09/2019</td>
<td>36</td>
</tr>
<tr>
<td>ECG Masterclass</td>
<td>02/09/2019</td>
<td>75</td>
</tr>
<tr>
<td>Challenging cases in Valvular Heart Disease</td>
<td>02/09/2019</td>
<td>27</td>
</tr>
<tr>
<td>Challenging PCI cases</td>
<td>03/09/2019</td>
<td>43</td>
</tr>
<tr>
<td>Myocarditis</td>
<td>03/09/2019</td>
<td>47</td>
</tr>
<tr>
<td>Rare and unusual cases</td>
<td>03/09/2019</td>
<td>15</td>
</tr>
<tr>
<td>Pericardial diseases</td>
<td>03/09/2019</td>
<td>45</td>
</tr>
<tr>
<td>Imaging Masterclass</td>
<td>03/09/2019</td>
<td>36</td>
</tr>
<tr>
<td>Challenging clinical cases</td>
<td>03/09/2019</td>
<td>25</td>
</tr>
</tbody>
</table>
In addition to the Young Cardiologist Programme, there was a clinical case selection where during three highly interactive and educational sessions, young clinicians presented their cases and discussed management with senior experts.

In addition, four best cases from Young Cardiologists were selected to compete for an ESC Award. The Best Clinical Cases - Awards session was held on Sunday 1 September (14:30 - 15:40) in Hugo (The Hub).

2.10.6 Posters

Saturday 31 August
- Poster Session 11:00 - 16:00
- Meet the Poster Presenters 12:35 - 13:25
- Moderated Poster Sessions 12:40 - 13:30

From Sunday to Tuesday Morning Afternoon
- Poster session 08:30 - 12:30 14:00 - 18:00
- Meet the Poster Presenters 10:05 - 10:55 15:45 - 16:35
- Moderated Poster session 10:05 - 10:55 12:40-13:30 (New additional lunch time slot) and 15:45 - 16:35

The poster sessions provided visual displays of original research abstracts in topic-specific areas - typically a melting pot of ideas, scientific exchange, and networking between peers.

Moderated Posters
These sessions were composed of seven original top-rated abstracts presented in an electronic format. The research was presented and discussed by the first author and two moderators during the coffee breaks. Presenters compete for the Best Presentation award, given by the chairpersons. There was one overall winner per Main Topic who received a free registration for ESC Congress 2019.

2.10.7 Technology and Innovation Pitch Sessions
In the dedicated Digital Health Stage 2 (see Section 2.7.14, Table 2-41 for attendance figures). The Technology and Innovation Pitch Sessions include presentations of digital technologies and innovations that will impact your clinical practice and/or research. These sessions offered an opportunity to exchange and discuss with the presenters and expert moderators in a dynamic setting. At the end of each session, the audience was invited to vote for the best innovation/technology presented.
2.10.8 ESC Plaza – Global Exchange Room

ESC Professional Development Programme in Global Exchange 1

The ESC Professional Development Programme sessions were organised by ESC Advocacy, Research, Women in Cardiology. All sessions were held in the ESC Plaza – Global Exchange Room 1 (Table 2-50). The World Heart Federation held special workshops in Global Exchange Room 2 for which attendance was not recorded.

Table 2-50: ESC Professional Development Programme in Global Exchange - Attendance

<table>
<thead>
<tr>
<th>Title Overview File</th>
<th>Session Subtitle</th>
<th>Category</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get engaged with the ESC</td>
<td>A session organised for ESC Professional Members and future Members: practical tips to enhance your involvement in ESC</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>ESC and UEMS cardiac session - Quality and standards in cardiology</td>
<td>Joint with the Cardiology Section of the Union of European Medical Specialists</td>
<td>Cardiology Section of the Union of European Medical Specialists (UEMS)</td>
<td>24</td>
</tr>
<tr>
<td>Medical devices in the global era: balancing access, safety and innovation</td>
<td></td>
<td>Regulatory Affairs</td>
<td>25</td>
</tr>
<tr>
<td>Part II: Towards Integrity in Research. Interactive case presentations and discussions</td>
<td>Joint with the Ethics and Oversight Committee and the Cardiologists (CoT) and Scientists (SoT) of Tomorrow</td>
<td>RESEARCH</td>
<td>25</td>
</tr>
<tr>
<td>Discussions with the Investors</td>
<td></td>
<td></td>
<td>25</td>
</tr>
<tr>
<td>Challenges and opportunities for Cardiovascular Disease Research: The Strategic Research Agenda of ERA-CVD</td>
<td></td>
<td>RESEARCH</td>
<td>30</td>
</tr>
<tr>
<td>Cardiovascular disease and women: global threat or macro-opportunity</td>
<td>Promoted by Women in ESC</td>
<td>Women in ESC</td>
<td>35</td>
</tr>
<tr>
<td>Pursuing Health Equity: how to close the gaps in health care disparities</td>
<td></td>
<td>ATLAS</td>
<td>35</td>
</tr>
<tr>
<td>Part I: Towards Integrity in Research. A continuing challenge.</td>
<td>Joint with the Ethics and Oversight Committee and of the ESC Journals Family Ethics Committee</td>
<td>RESEARCH</td>
<td>40</td>
</tr>
<tr>
<td>Patient involvement: unleashing the potential for true excellence in cardiovascular care</td>
<td></td>
<td>PATIENT</td>
<td>45</td>
</tr>
<tr>
<td>Investor session</td>
<td></td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>The future of precision medicine: the case of cardiology</td>
<td></td>
<td>ACADEMY</td>
<td>50</td>
</tr>
<tr>
<td>New EU Regulations for medical devices: impacting all clinical practice from May 2020</td>
<td></td>
<td>Regulatory Affairs</td>
<td>60</td>
</tr>
</tbody>
</table>
### Table 2-50: ESC Professional Development Programme in Global Exchange - Attendance - Continued

<table>
<thead>
<tr>
<th>Title Overview File</th>
<th>Session Subtitle</th>
<th>Category</th>
<th>Max Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Be scientific and unique on Twitter</td>
<td></td>
<td></td>
<td>70</td>
</tr>
<tr>
<td>Research funding 360: supporting research and researchers in Europe and worldwide</td>
<td>Joint session with the European Commission</td>
<td>RESEARCH</td>
<td>80</td>
</tr>
<tr>
<td>Health economics in the era of the increased health care demands</td>
<td></td>
<td>ACADEMY</td>
<td>90</td>
</tr>
<tr>
<td>Female patients and female physicians. Does it make any difference?</td>
<td>Promoted by Women in ESC</td>
<td>Women in ESC</td>
<td>120</td>
</tr>
<tr>
<td>Launch of new Oxford Master’s in Clinical Trials</td>
<td></td>
<td>ACADEMY</td>
<td>120</td>
</tr>
<tr>
<td>Twitter Influencers get social at #ESCCongress</td>
<td></td>
<td>#N/A</td>
<td>#N/A</td>
</tr>
<tr>
<td>European cardiovascular research Funding: lagging behind the needs and expectations</td>
<td></td>
<td>Cardioscape</td>
<td>#N/A</td>
</tr>
</tbody>
</table>

### 2.11 Programme Evaluation

#### 2.11.1 Chairpersons’ evaluation of the sessions

Chairpersons were asked to rate the overall quality of the session they had chaired from 1 (bad) to 10 (excellent) (Table 2-51).

### Table 2-51: Chairpersons’ evaluation of the sessions

<table>
<thead>
<tr>
<th>Session Overall Grade</th>
<th># Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>10</td>
<td>384</td>
</tr>
<tr>
<td>Not graded</td>
<td>115</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>543</strong></td>
</tr>
</tbody>
</table>
3. Registration Data
The charts usually show figures for the previous six years; however, as Paris was the destination for both ESC Congress 2011 and ESC Congress 2019, data from ESC Congress 2011 have been included in the charts to enable comparison for the same destination city.

### 3.1 Key Registration Figures

ESC Congress 2019 had a record total attendance with the highest number of physicians compared with previous years (Table 3-1 and Figure 3-1).

When comparing ESC Congress 2011 with ESC Congress 2019 – both held in Paris - it is important to note that the total attendance in 2011 included accompanying persons as they could register to attend the congress. A total of 540 accompanying persons is included in the total participant for 2011 (total participants minus the accompanying persons was 32,357).

Table 3-1: General Attendance and Registration Figures

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>26,355</td>
<td>24,561</td>
<td>24,622</td>
<td>27,208</td>
<td>27,369</td>
<td>26,302</td>
<td>27,151</td>
<td>27,946</td>
</tr>
<tr>
<td>Press</td>
<td>725</td>
<td>546</td>
<td>721</td>
<td>594</td>
<td>605</td>
<td>555</td>
<td>512</td>
<td>410</td>
</tr>
<tr>
<td>Total Active Participants</td>
<td>27,080</td>
<td>25,107</td>
<td>25,343</td>
<td>27,802</td>
<td>27,974</td>
<td>26,857</td>
<td>27,663</td>
<td>28,356</td>
</tr>
<tr>
<td>Exhibitors</td>
<td>5,277</td>
<td>4,883</td>
<td>4,987</td>
<td>4,956</td>
<td>5,156</td>
<td>4,848</td>
<td>5,195</td>
<td>5,154</td>
</tr>
<tr>
<td>Total Participants</td>
<td>32,897</td>
<td>29,990</td>
<td>30,330</td>
<td>32,758</td>
<td>33,130</td>
<td>31,705</td>
<td>32,858</td>
<td>33,510</td>
</tr>
</tbody>
</table>

Figure 3-1: Congress Participation by Category
Table 3-2: Individual versus Group Registrations

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual*</td>
<td>47%</td>
<td>54%</td>
<td>54%</td>
<td>56%</td>
<td>56%</td>
<td>60%</td>
<td>61%</td>
<td>63%</td>
</tr>
<tr>
<td>Group**</td>
<td>53%</td>
<td>46%</td>
<td>46%</td>
<td>44%</td>
<td>44%</td>
<td>40%</td>
<td>39%</td>
<td>37%</td>
</tr>
</tbody>
</table>

* An individual registration can also be sponsored by an industry or an institution
** Group Registration = ten or more delegates registered by an industry or an institution

Compared with participants invited by industry, the number of participants registering individually continued to increase (Table 3-2).

Table 3-3: Registration Bookings Per Fee Period

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced Early Fee 28 (Feb)*</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>4%</td>
<td>4%</td>
</tr>
<tr>
<td>Early Fee (31 May)</td>
<td>61%</td>
<td>57%</td>
<td>60%</td>
<td>60%</td>
<td>61%</td>
<td>64%</td>
<td>60%</td>
<td>58%</td>
</tr>
<tr>
<td>Late Fee (31 July)</td>
<td>29%</td>
<td>30%</td>
<td>32%</td>
<td>28%</td>
<td>29%</td>
<td>23%</td>
<td>26%</td>
<td>28%</td>
</tr>
<tr>
<td>Last Minute &amp; On-site Fee</td>
<td>10%</td>
<td>13%</td>
<td>8%</td>
<td>12%</td>
<td>10%</td>
<td>13%</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

* Reduced early fee available for ESC Professional Member only

The Early Fee registration deadline remained a good indication of expected participation (Table 3-3).

In 2018 an increase in the percentage of free registrations was observed compared with previous years. For this year’s congress, the percentage remained the same as observed in 2018).
3.2 Geographical Participation Analysis

The participation of delegates from ESC Member countries remained stable, with a very small decrease in the number of delegates from Asia Pacific and a small increase in the number of delegates for North, and South and Central America (Figure 3-2 and Table 3-5).

Figure 3-2: Registration (%) by Geographic Region

The number of delegates from North America and South and Central America was the highest recorded.

Table 3-4: Registration (Number) by Geographical Region

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ESC (Member Countries)</td>
<td>18,952</td>
<td>16,442</td>
<td>16,911</td>
<td>18,224</td>
<td>18,390</td>
<td>17,586</td>
<td>17,804</td>
<td>18,009</td>
</tr>
<tr>
<td>Asia Pacific</td>
<td>4,101</td>
<td>4,747</td>
<td>4,827</td>
<td>5,812</td>
<td>5,896</td>
<td>5,062</td>
<td>5,654</td>
<td>5,475</td>
</tr>
<tr>
<td>N. America</td>
<td>1,677</td>
<td>1,657</td>
<td>1,637</td>
<td>1,807</td>
<td>1,798</td>
<td>1,932</td>
<td>2,040</td>
<td>2,278</td>
</tr>
<tr>
<td>S. America</td>
<td>2,174</td>
<td>2,045</td>
<td>1,737</td>
<td>1,657</td>
<td>1,554</td>
<td>1,899</td>
<td>1,828</td>
<td>2,226</td>
</tr>
<tr>
<td>Africa</td>
<td>154</td>
<td>216</td>
<td>217</td>
<td>302</td>
<td>345</td>
<td>387</td>
<td>337</td>
<td>368</td>
</tr>
</tbody>
</table>
Germany remained in first position in the Top 30 Country list despite France being the host country (Table 3-5). Four non-ESC countries are represented in the Top 10, with the United States of America in fifth position.

Table 3-5: Top 30 Country Breakdown

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Nbr delegates</th>
<th>Rank</th>
<th>Country</th>
<th>Nbr delegates</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Germany</td>
<td>2,212</td>
<td>16</td>
<td>Australia</td>
<td>491</td>
</tr>
<tr>
<td>2</td>
<td>France</td>
<td>1,726</td>
<td>17</td>
<td>Denmark</td>
<td>476</td>
</tr>
<tr>
<td>3</td>
<td>Italy</td>
<td>1,460</td>
<td>18</td>
<td>Mexico</td>
<td>453</td>
</tr>
<tr>
<td>4</td>
<td>United States of America</td>
<td>1,451</td>
<td>19</td>
<td>Romania</td>
<td>436</td>
</tr>
<tr>
<td>5</td>
<td>United Kingdom of Great Britain and Northern Ireland</td>
<td>1,331</td>
<td>20</td>
<td>Austria</td>
<td>404</td>
</tr>
<tr>
<td>6</td>
<td>Japan</td>
<td>1,121</td>
<td>21</td>
<td>Belgium</td>
<td>393</td>
</tr>
<tr>
<td>7</td>
<td>Brazil</td>
<td>963</td>
<td>22</td>
<td>Czechia</td>
<td>380</td>
</tr>
<tr>
<td>8</td>
<td>Spain</td>
<td>834</td>
<td>23</td>
<td>Portugal</td>
<td>373</td>
</tr>
<tr>
<td>9</td>
<td>Netherlands (The)</td>
<td>803</td>
<td>24</td>
<td>Canada</td>
<td>371</td>
</tr>
<tr>
<td>10</td>
<td>China</td>
<td>794</td>
<td>25</td>
<td>Egypt</td>
<td>359</td>
</tr>
<tr>
<td>11</td>
<td>Switzerland</td>
<td>717</td>
<td>26</td>
<td>Norway</td>
<td>309</td>
</tr>
<tr>
<td>12</td>
<td>Russian Federation</td>
<td>659</td>
<td>27</td>
<td>Greece</td>
<td>295</td>
</tr>
<tr>
<td>13</td>
<td>Sweden</td>
<td>608</td>
<td>28</td>
<td>Bulgaria</td>
<td>281</td>
</tr>
<tr>
<td>14</td>
<td>Poland</td>
<td>526</td>
<td>29</td>
<td>India</td>
<td>277</td>
</tr>
<tr>
<td>15</td>
<td>Argentina</td>
<td>494</td>
<td>30</td>
<td>Israel</td>
<td>270</td>
</tr>
</tbody>
</table>

3.3 Exhibitor Registration

The total number of badges distributed to exhibitors was 5,154 (Table 3-6).

Table 3-6: Types of Exhibitor Badges Distributed

<table>
<thead>
<tr>
<th>Badge Type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diamond</td>
<td>72</td>
</tr>
<tr>
<td>Scientific</td>
<td>1,692</td>
</tr>
<tr>
<td>Standard</td>
<td>3,390</td>
</tr>
<tr>
<td><strong>All Exhibitor Badges</strong></td>
<td><strong>5,154</strong></td>
</tr>
</tbody>
</table>
3.4 Additional Registration Data

3.4.1 Age and Gender

Table 3-7: ESC Registration by Gender and Age (ESC Congress 2018 vs ESC Congress 2019)

<table>
<thead>
<tr>
<th>Age bands, Years</th>
<th>2018 Munich</th>
<th>2019 Paris</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total %</td>
<td>Female %</td>
</tr>
<tr>
<td>&lt;=35</td>
<td>18.00</td>
<td>7.60</td>
</tr>
<tr>
<td>36-39</td>
<td>8.50</td>
<td>2.90</td>
</tr>
<tr>
<td>40-45</td>
<td>13.60</td>
<td>4.40</td>
</tr>
<tr>
<td>46-50</td>
<td>11.00</td>
<td>3.40</td>
</tr>
<tr>
<td>51-55</td>
<td>12.00</td>
<td>3.00</td>
</tr>
<tr>
<td>56-60</td>
<td>10.50</td>
<td>2.40</td>
</tr>
<tr>
<td>60 and over</td>
<td>12.60</td>
<td>2.20</td>
</tr>
<tr>
<td>Undisclosed</td>
<td>14.00</td>
<td>4.60</td>
</tr>
</tbody>
</table>

The number of delegates aged 35 years or under decreased compared to last year and the number of delegates aged 60 years and over increased (Table 3-7 and Figure 3-4).
The participation of female delegates increased compared with 2018 (Figure 3-5).
3.4.2 Registration by Profile

The percentages in Table 3-8, Table 3-9, Table 3-10, and Table 3-11 are based on delegates having completed required information in their My ESC Profile.

Table 3-8 Percentage of Total Attendance by Topic

<table>
<thead>
<tr>
<th>Topics</th>
<th>% of Total Attendance</th>
<th>Topics</th>
<th>% Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Heart Failure</td>
<td>28</td>
<td>General Cardiology</td>
<td>7</td>
</tr>
<tr>
<td>Acute Coronary Syndromes</td>
<td>27</td>
<td>Chronic Heart Failure</td>
<td>6</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>22</td>
<td>Acute Cardiac Care</td>
<td>6</td>
</tr>
<tr>
<td>Hypertension</td>
<td>20</td>
<td>Tumours of the Heart</td>
<td>4</td>
</tr>
<tr>
<td>Arrhythmias-General</td>
<td>20</td>
<td>Other</td>
<td>3</td>
</tr>
<tr>
<td>Coronary Artery Disease Chronic</td>
<td>20</td>
<td>Device Therapy</td>
<td>3</td>
</tr>
<tr>
<td>Valvular Heart Disease</td>
<td>18</td>
<td>e-Cardiology</td>
<td>3</td>
</tr>
<tr>
<td>Interventional Cardiology</td>
<td>17</td>
<td>Training and Education</td>
<td>3</td>
</tr>
<tr>
<td>Myocardial Disease</td>
<td>14</td>
<td>Stroke</td>
<td>2</td>
</tr>
<tr>
<td>Risk Factors and Prevention</td>
<td>13</td>
<td>Supraventricular Tachycardia (non-AF)</td>
<td>2</td>
</tr>
<tr>
<td>Ventricular Arrhythmias and Sudden Cardiac Death (SCD)</td>
<td>13</td>
<td>Clinical Skills</td>
<td>2</td>
</tr>
<tr>
<td>Rehabilitation and Sports Cardiology</td>
<td>12</td>
<td>Research Methodology</td>
<td>1</td>
</tr>
<tr>
<td>Syncope and Bradycardia</td>
<td>12</td>
<td>Public Health and Health Economics</td>
<td>1</td>
</tr>
<tr>
<td>Pulmonary Circulation-Pulmonary Embolism-Right Heart Failure</td>
<td>12</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Basic Science</td>
<td>12</td>
<td>Cardiovascular Surgery</td>
<td>1</td>
</tr>
<tr>
<td>Pharmacology and Pharmacotherapy</td>
<td>10</td>
<td>Cardio-Oncology</td>
<td>1</td>
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<tr>
<td>Infective Endocarditis</td>
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<td>Cardiovascular Nursing</td>
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</tr>
<tr>
<td>Pericardial Disease</td>
<td>8</td>
<td>Cardiovascular Disease in Women</td>
<td>1</td>
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<tr>
<td>Peripheral Vascular and Cerebrovascular Disease</td>
<td>8</td>
<td>Cardiac Magnetic Resonance</td>
<td>1</td>
</tr>
<tr>
<td>Congenital Heart Disease and Pediatric Cardiology</td>
<td>8</td>
<td>Pregnancy and Cardiovascular Disease</td>
<td>1</td>
</tr>
<tr>
<td>Diseases of the aorta</td>
<td>7</td>
<td>Cardiovascular Disease in the Elderly</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Renal Failure and Cardiovascular Disease</td>
<td>1</td>
</tr>
</tbody>
</table>
### Table 3-9: Percentage of Total Attendance by Workplace

<table>
<thead>
<tr>
<th>Workplace</th>
<th>% of Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration and Government</td>
<td>2</td>
</tr>
<tr>
<td>Healthcare - Hospital</td>
<td>44</td>
</tr>
<tr>
<td>Healthcare - Private Practice</td>
<td>14</td>
</tr>
<tr>
<td>Industry</td>
<td>7</td>
</tr>
<tr>
<td>Insurance</td>
<td>0</td>
</tr>
<tr>
<td>Research Institution - Non-University</td>
<td>4</td>
</tr>
<tr>
<td>Research Institution - University</td>
<td>22</td>
</tr>
</tbody>
</table>

### Table 3-10: Percentage of Total Attendance by Stage of (Career)

<table>
<thead>
<tr>
<th>Total Stage</th>
<th>% of Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>In training</td>
<td>10.43</td>
</tr>
<tr>
<td>Practicing</td>
<td>58.92</td>
</tr>
<tr>
<td>Retired</td>
<td>0.90</td>
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<tr>
<td>Student</td>
<td>2.11</td>
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</table>

### Table 3-11: Percentage of Total Attendance by Stage by Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>% of Total Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Cardiologist - Clinical Cardiologist</td>
<td>42.68</td>
</tr>
<tr>
<td>Physician Cardiologist - Interventional</td>
<td>7.02</td>
</tr>
<tr>
<td>Other - Other</td>
<td>3.52</td>
</tr>
<tr>
<td>Allied Professional - Scientist/ Biomedical Scientist</td>
<td>3.39</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Internal Medicine</td>
<td>2.71</td>
</tr>
<tr>
<td>Other - Other Healthcare Profession</td>
<td>1.80</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Other Specialty</td>
<td>1.13</td>
</tr>
<tr>
<td>Nurse - Nurse</td>
<td>0.93</td>
</tr>
<tr>
<td>Other - Industry Representative</td>
<td>0.81</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - General Practitioner / Family Medicine</td>
<td>0.74</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Cardio-Thoracic Surgery</td>
<td>0.67</td>
</tr>
<tr>
<td>Physician Cardiologist - Electrophysiologist</td>
<td>0.64</td>
</tr>
<tr>
<td>Physician Cardiologist - Imaging</td>
<td>0.59</td>
</tr>
<tr>
<td>Other - Press</td>
<td>0.53</td>
</tr>
<tr>
<td>Physician Cardiologist - Heart Failure</td>
<td>0.48</td>
</tr>
<tr>
<td>Physician Cardiologist - Acute Cardiac Care</td>
<td>0.43</td>
</tr>
<tr>
<td>Physician Cardiologist - Scientist Researcher</td>
<td>0.39</td>
</tr>
<tr>
<td>Allied Professional - Medical Technologist / Medical Technician / Technician</td>
<td>0.29</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Vascular Surgery</td>
<td>0.28</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Intensive Care Medicine</td>
<td>0.28</td>
</tr>
<tr>
<td>Activity</td>
<td>% of Total Attendance</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Emergency Medicine</td>
<td>0.25</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Endocrinologist</td>
<td>0.25</td>
</tr>
<tr>
<td>Allied Professional - Administrator</td>
<td>0.24</td>
</tr>
<tr>
<td>Allied Professional - Clinical Bioengineer</td>
<td>0.22</td>
</tr>
<tr>
<td>Physician Cardiologist - Adult Congenital Heart Disease</td>
<td>0.14</td>
</tr>
<tr>
<td>Allied Professional - Pharmacist</td>
<td>0.13</td>
</tr>
<tr>
<td>Physician Cardiologist - Paediatric Cardiology</td>
<td>0.12</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Radiologist</td>
<td>0.12</td>
</tr>
<tr>
<td>Nurse - Advanced Nurse Practitioner</td>
<td>0.11</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Nephrologist</td>
<td>0.11</td>
</tr>
<tr>
<td>Physician Cardiologist - Prevention &amp; Rehabilitation</td>
<td>0.09</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Neurologist</td>
<td>0.08</td>
</tr>
<tr>
<td>Nurse - Nurse Practitioner</td>
<td>0.06</td>
</tr>
<tr>
<td>Allied Professional - Paramedic</td>
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<tr>
<td>Allied Professional - Echocardiographer / Sonographer</td>
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</tr>
<tr>
<td>Allied Professional - Cardiac Physiologist</td>
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</tr>
<tr>
<td>Allied Professional - Healthcare Scientist</td>
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<td>N/A</td>
<td>0.04</td>
</tr>
<tr>
<td>Allied Professional - Epidemiologist</td>
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</tr>
<tr>
<td>Allied Professional - Life Scientist</td>
<td>0.02</td>
</tr>
<tr>
<td>Allied Professional - Physiotherapist</td>
<td>0.02</td>
</tr>
<tr>
<td>Allied Professional - Statisticians / Data Professional</td>
<td>0.02</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Paediatrician</td>
<td>0.02</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Surgeon</td>
<td>0.02</td>
</tr>
<tr>
<td>Allied Professional - Health Economist</td>
<td>0.02</td>
</tr>
<tr>
<td>Allied Professional - Physiological Scientist</td>
<td>0.02</td>
</tr>
<tr>
<td>Allied Professional - Psychologist</td>
<td>0.02</td>
</tr>
<tr>
<td>Allied Professional - Health Educator</td>
<td>0.01</td>
</tr>
<tr>
<td>Allied Professional - Physician Assistant</td>
<td>0.01</td>
</tr>
<tr>
<td>Allied Professional - Medical Physicist</td>
<td>0.01</td>
</tr>
<tr>
<td>Allied Professional - Communication Officer</td>
<td>0.01</td>
</tr>
<tr>
<td>Allied Professional - Dietician</td>
<td>0.01</td>
</tr>
<tr>
<td>Allied Professional - Exercise Physiologist / Kinesiologist / Sports Scientist</td>
<td>0.01</td>
</tr>
<tr>
<td>Allied Professional - Radiographer</td>
<td>0.01</td>
</tr>
<tr>
<td>Physician (non-cardiologist) - Oncologist</td>
<td>0.01</td>
</tr>
<tr>
<td>Allied Professional - Cardio pneumologist</td>
<td>0.00</td>
</tr>
<tr>
<td>Allied Professional - Genetic Scientist / Genetic Counsellor</td>
<td>0.00</td>
</tr>
</tbody>
</table>
4. Industry Activities
4.1 Exhibition

4.1.1 Exhibition Area

The Exhibition Area provided the opportunity for delegates to engage with industry professionals and learn more about the latest developments and research in cardiovascular products and therapies. Exhibitors hosted a variety of scientific activities on their stands which allowed for instructive encounters throughout the congress.

The Exhibition Area was divided into two exhibition halls (approximately 23,500 m² gross), which were located on two separate floors accessible via various entrances. This area gathered exhibiting companies from the pharmaceutical, device, imaging and diagnostic sectors. In addition, dedicated space was allocated to publishers, booksellers and not-for-profit organisations.

In addition, the commercial exhibition also included:

- Temporary Meeting Rooms (1,344 m² net used): 22 companies booked customised meeting rooms during the Congress (56 rooms, each measuring 24 m²).
- Practical Tutorials rooms (720 m² net used): eight companies booked nine rooms (80 m² each) to organise hands-on sessions during the congress.
- Meeting on the Go areas (800 m² used): these meeting and seating areas were available in both exhibitions and allowed participants to take a break from their busy schedules, meet with their peers or simply make the most of the various catering services at their disposal.
4.1.2 Exhibition: New This Year

4.1.2.1 Navigation through the Exhibition & Exhibitor visibility

As requested during our recent Industry Forum, the ESC developed several tools which were available to delegates in order to find their way through the venue and exhibition halls. In addition to the Exhibition Map (known as the “Stand Locator” at ESC Congress 2018) which was distributed at various key locations throughout the venue (including the entrance of Exhibition halls), the following items were on offer to improve delegate navigation:

- Beacon technology: Small devices were deployed throughout the venue in order to populate an interactive map of the congress centre in the Mobile App, allowing visitors to ascertain their current location and find the fastest route to any given location within the venue.
- Exhibition Map Floor Stickers: The same map that was used for flyers and large freestanding panels was also replicated into floor stickers which were spread out throughout the Exhibition.
- Information Points: Four desks manned by hostesses were located in the exhibition halls, and although not solely devoted to providing information on the exhibition alone, were seen as a welcome and friendly initiative.
- Ask for an Appointment: This feature was added to the Mobile App as a means for delegates to further interact with exhibitors, and optimise their time spent visiting the exhibition.
4.1.3 Exhibition: Figures

Figure 4-1: Number of Stands (Industry and Emerging Technologies Showcase Area*, Publishers and Not-For-Profit Organisations, Digital Health Area**)

* 2016, 2017 and 2018, ** 2017, 2018 and 2019

Figure 4-2: Space Used: Stands (Industry and Emerging Technologies Showcase Area* and Carpet & Storage, Publishers and Not-For-Profit Organisations, Digital Health Area**)

* 2016, 2017 and 2018, ** 2017, 2018 and 2019
Figure 4-3: Component Type Breakdown in Exhibition

ESC Congress 2019: Proportion of Stand Types

ESC Congress 2019: Proportion of Stand Space Types (Net m²)

4.1.4 Exhibition: Pictures
4.1.5 A Digital Health Area Three Times Bigger Than in 2018

Following last year’s resounding success in Munich, the ESC decided to take Digital Health to the next level in Paris with a staggering 2,300m² area. Start-ups along with key industry leaders presented their new technologies and demonstrated how their digital solutions support and transform healthcare both today and tomorrow.

Located in the vicinity of the Imaging Village hosting two lecture rooms of 500 and 300 seats, our Digital Health area also gave Industry Partners the opportunity to present Satellite Symposia to a much larger audience. The area was divided into two main activities:

- **Exhibition:** A total of 40 exhibiting companies displayed their latest developments in a dynamic setting, with technology at the heart of discussions.
- **Two Digital Health Stages:** These modernistic rooms which resemble our Hubs hosted more than 30 sessions with a variety of topics covering the benefits of implementing Digital Health in everyday practice. A call for technology allowed presenters to pitch their solutions to Digital Health enthusiasts who were then able to vote for the best presentation.

4.1.6 Meetings on the Go

Although these areas already existed at ESC Congress 2018, the concept was revamped this year to create a seating area as well as a meeting space. Located near catering points, these informal settings were the perfect location for informal meetings and breaks from busy daily schedules.

In total, there were five Meeting on the Go areas, ranging in size from 110m² to 225m² and divided between both exhibition halls (one in Exhibition 1 and four in Exhibition 2).
4.2 Industry Sponsored Sessions

4.2.1 Industry Sponsored Sessions: ESC Congress 2019

Industry Sponsored Sessions allow for the review and discussion of recent trials and ongoing studies with the objective of providing the latest information on new therapies and techniques in cardiovascular medicine. Various formats were made available to industry partners depending on their congress objectives:

- **Satellite Symposia**: These sessions offered companies the chance to present pertinent data on the latest scientific information and developments for products or research.
- **Satellite Symposia – Experts on the Spot**: These sessions were complementary to Satellite Symposia and could not be organised as standalone sessions. This 30-minute format gave industry partners the opportunity to engage with their audience. Topic experts were able to discuss content from Satellite Symposia in a dynamic and interactive format.
- **Practical Tutorials**: These tutorials offered companies a chance to provide participants with hands-on and/or one-to-one learning from clinical and/or technical experts on specific areas of expertise.

NB: All Industry Sponsored Sessions were subject to ESC Congress 2019 Programme Committee approval.

4.2.2 Industry Sponsored Sessions: Figures

A total of 116 Industry Sponsored Sessions were organised by industry partners.

The number of Industry Sponsored Sessions has continued to increase and was the highest recorded in the history of ESC Congress.

The breakdown per session duration demonstrates a clear preference for 60-minute sessions (comprising 61% of Industry Sponsored Sessions, N=71) (Figure 4-4).

Figure 4-4: Number of Industry Sponsored Sessions by Duration (Practical Tutorials Excluded)

*75-minute slots were introduced from ESC Congress 2018 onwards*
4.2.2.1. Time Slot Occupancy

Following a dip last year in Munich, evening slots are now on the rise again.

Figure 4-5: Time Slot Occupancy (Practical Tutorials Excluded)

4.2.2.2. Satellite Symposia - Experts On The Spot

Satellite Symposia - Experts on the Spot sessions offered delegates who attended Satellite Symposia a further opportunity to question and interact with topic experts in a concise and interactive format.

As these sessions were complementary to an industry Satellite Symposium, the content had to be aligned with information presented during the related session.

All Satellite Symposia - Experts on the Spot sessions were held in the dedicated Hub areas. These open spaces were the perfect setting for interactive discussions between experts and the audience.

A total of 27 Satellite Symposia - Experts on the Spot sessions were sponsored by 15 industry partners (Figure 4-6).

Figure 4-6: Number of Satellite Symposia - Experts On The Spot
4.2.2.3. Practical Tutorials

These hands-on sessions allowed companies to provide delegates with one-to-one demonstrations on their software/equipment in a classroom environment throughout the duration of the congress. Practical Tutorials were promoted as part of the scientific programme in a dedicated tab of the final programme, within the Mobile App, in the Scientific Programme and Planner as well as in the industry programme booklet.

Practical Tutorials were organised in state-of-the-art temporary rooms within the exhibition. A total of nine Practical Tutorials were organised by eight different industry partners (Figure 4-7).

A total of 105 sessions were organised from Saturday through Tuesday inside the Practical Tutorials rooms.

Figure 4-7: Number of Practical Tutorials

4.2.2.4. Industry Sponsored Sessions: Pictures

Satellite Symposium

Satellite Symposium – Experts on the Spot

Practical Tutorials
4.3 Sponsorship

4.3.1 What is Sponsorship?

ESC Congress is a unique platform for industry partners to convey their key messages to a global audience. Sponsorship opportunities at the congress deliver increased brand awareness and generate traffic to industry partners’ onsite activities.

From traditional to modern formats, a wide variety of options were available for sponsorship at the congress (Figure 4-8).

Figure 4-8: ESC Congress 2019 – Sponsorship Offer (Industry Prospectus)
4.3.2 Sponsorship: Figures

Figure 4-9: Sponsorship Items at the Congress

4.3.3 Special Focus: Industry Session Digest

Industry partners were given the opportunity to create a short video summary of their Industry Sponsored Session which contained key highlights and take-home messages from their Satellite Symposium or Satellite Symposium – Experts on the Spot session. This video acted as an insightful teaser for their full session. A dedicated moderator and up to two speakers took centre stage in our state-of-the-art ESC TV studio located onsite in order to discuss their latest findings. The video was then posted on ESC 365 for dissemination and sponsors also had the opportunity to promote their video via e-Daily news adverts or post-congress eBlasts.
4.3.4 Sponsorship: Pictures

Figure 4-10: Number of Industry Session Digests

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Industry Session Digest</td>
<td>8</td>
</tr>
<tr>
<td>Organising Companies</td>
<td>5</td>
</tr>
</tbody>
</table>

Sponsorship Item - ESC Congress 2019 Mobile App

Sponsorship Item - Congress News Advertisement

Sponsorship Item - Industry Session Digest

Sponsorship Item - Final Programme Advertisements
4.4 Onsite Advertising

4.4.1 What Is Onsite Advertising?

In addition to our sponsorship items, industry partners were able to convey their congress messages via onsite advertising opportunities throughout the congress venue in order to enhance their visibility at the congress.

Companies were able to communicate on their therapeutic areas of research and innovation, promote Industry Sponsored Sessions as well as stand activities.

4.4.2 Onsite Advertising: Figures

Figure 4-11: Onsite Advertising Items at the Congress

4.4.3 Onsite Advertising: Pictures

Travelator

Sitting Cubes

Backlit Block

Large Banner
4.5 Rooms At ESC

4.5.1 What Are Rooms At ESC?
The ESC created various meeting room set-ups to allow exhibiting companies or non-exhibitor Industry Sponsored Session organisers to host different meeting formats within the venue during congress hours:

- **Meeting Rooms**: Allowed companies to host a limited number of guests and organise small meetings (up to approximately 20 people) in a range of rooms available within the venue.
  - Temporary rooms (previously known as “State of the art rooms”): high standard, modular rooms with optimal sound reduced levels were built in the exhibition halls. Sponsors who had at least two adjoining rooms had the possibility to ask the room constructor to merge the rooms in order to create a larger space. 56 Meeting Rooms of 24 m² each were made available for industries at ESC Congress 2019.
- **Closed Industry Meetings**: During available time slots, fully furnished and AV-equipped lecture rooms were available for closed industry meetings (on invitation only).

4.5.2 Rooms at ESC: Figures

Figure 4-12: Number of Rooms at ESC Congress (Evolution From 2013 to 2019)

![Bar Chart](image)

4.5.3 Rooms At ESC: Pictures

![Meeting Room](image)
5. Focus 2019
5.1 Highlights from ESC’s Partnership with the WHF World Congress of Cardiology

The World Heart Federation participated actively in the Congress, bringing to the table their unique global perspective and knowledge of cardiovascular disease. In particular, they were able to use the ESC Congress platform to increase awareness of neglected cardiovascular diseases such as Chagas and rheumatic heart disease, and key global health issues such as the impact of air pollution on cardiovascular health. In addition to contributing to the development of the scientific programme and coordinating with ESC on congress promotion, they hosted a number of activities during the Congress in Paris:

5.1.1 Meet & Share Forum
The World Heart Federation hosted the second edition of the WHF Meet & Share Forum in the Global Exchange, which featured experts, CEOs, influencers, managers, and leaders of foundations, societies and associations across all continents coming together to share experiences, showcase successes and discuss challenges in combating heart disease at the national, regional and global level.

5.1.2 NCD Café
The NCD Café, held on the ESC Plaza, provided an interactive platform for open discussion on key topics in the field of global health and non-communicable diseases (NCDs). Sessions focused on a range of important topics, including air pollution, rheumatic heart disease, universal health coverage, and the role of healthcare professionals and patients in combating NCDs.

5.1.3 Launch of two new Roadmaps
On 2 September 2019, the World Heart Federation launched two new Global CVD Roadmaps as part of the scientific programme: a roadmap for Heart Failure and a roadmap on CVD prevention among people living with diabetes.

5.1.4 Special sessions on reducing the burden of CVD
WHF hosted three special sessions on reducing the burden of cardiovascular disease in the Americas, in Asia Pacific and in Africa in the Global Exchange. The sessions addressed the unique challenges faced by each region in reducing the burden of CVD.

5.1.5 Launch of new WHO CVD risk charts
WHF also hosted the launch of the new World Health Organization (WHO) cardiovascular disease risk charts in the Global Exchange, which featured high-level speakers who played a role in the development of the charts, including WHF Past President Prof David Wood and WHO Coordinator for the Management of NCDs Dr Cherian Varghese.

5.1.6 WHF Booth
The WHF booth was located on the ESC Plaza outside the Main Auditorium and attracted a steady flow of people throughout the Congress. Visitors had the opportunity to learn about WHF’s programmes and events, pick up publications and promotional materials, and take a picture in the World Heart Day-themed photobooth.
5.2 Innovation Funding Area

The Innovation Funding Area was located in ESC Plaza and consisted of nine stations. Of these, two were managed by ESC staff and seven were managed by Investment firms. An additional stand managed by the British Heart Foundation (BHF) was located just nearby.

The Innovation Funding Area in ESC Plaza allowed delegates to:
- find out about ESC Research and Training Grants
- obtain information about EU Research Funding
- meet Investment Firms to discuss funding for projects: New this year

5.2.1 ESC-run Booths
- ESC Research & Training Grants
- EU Research Funding

5.2.2 Investment Firms-run Booths (New!):
- Innogest Capital (IT)
- Cardiovascular Lab (IT)
- MD Start- Sofinnova Partners (IT)
- Indaco Venture Partners SGR (IT)
- Tech Wald Holding Spa TWH (DE)
- EARLYBIRD | VENTURE CAPITAL (DE)
- Tech Care Paris (FR)

All stands were in an open area so that delegates could be easily redirected depending on the types of funding they were interested in.

There was also a seating area for 20 people.

The ESC-run stands received an average of 20 visits per day each (total visitors 150). Its focus was the dissemination of information.

The Investors-run desks received an average of 15 visits per day.

The grouping of funders on a single stand was convenient for delegates as it enabled them to investigate and discuss available funding opportunities with representatives focused on their area(s) of interest.

Throughout the congress, approximately 100 delegates per day visited the Innovation Funding Area.

5.2.3 New! Innovators Meet Investors Initiative

The aim of this new initiative was to create an exchange platform between innovators, mainly cardiologists searching for funding for their projects, and investments firms and business incubators.

Seven firms responded to the ESC invitation and were given a dedicated desk to meet with innovators. Innovators were given the opportunity to make an appointment with their chosen firm before the Congress via the ESC mobile app. It was also possible to arrange meetings while onsite.

Dedicated Scientific Programme and Events on Sunday, 1 September:
- 10:00-11:00: Session in The Global Exchange / presentation session
- 14:00-14:30: Why Investors at ESC Congress: Special event in the Professional Members’ Lounge
- 15:30-16:30: Panel Discussion in The Global Exchange / case study
- 16:30-17:30: Networking reception
5.3 ESC Training and Research Grants

The activities surrounding the ESC Research and Training Grants were numerous and rewarding for all participants. In addition to the activities below, there was also a stand at the Innovation Funding Area in ESC Plaza to disseminate information about available ESC Grants.

5.3.1 ESC Research and Training Grant Awardees

Saturday 30 August
1. Inaugural session
The training grant awardees were elegantly acknowledged during the Inaugural Session where a picture of each one of them appeared on the big screen.

2. Networking Cocktail
Following the opening ceremony, a group picture was taken in the Professional Members’ Lounge together with Professor Barbara Casadei, ESC President and Professor Tomasz Guzik, Chair of the Research and Grants Committee.

Monday 2 September
1. Grants Programme
Professor Guzik presented the Grants Programme and interviewed three previous awardees in the Professional Members’ Lounge

2. Promotion and Communication
Three previous awardees were interviewed to gather promotional material. We hope to do more of these interviews next year.
5.4 ESC Congress Grants

ESC Congress provides an opportunity to support an individual’s professional development in the fight against cardiovascular disease. Recognising that the current regulatory environment is likely to impact the direct sponsorship of clinicians and scientists which enables them to attend congresses, the ESC offered 350 Educational Grants for ESC Congress 2019 together with World Congress of Cardiology in Paris.

These Congress Educational Grants were offered to professionals who had little or no access to funding or faced difficulties in obtaining financial assistance to attend the Congress.

Successful applicants received 850 euros as a contribution towards the costs of travel and accommodation and also benefited from free congress registration.

5.4.1 New! WHF Grants for ESC Congress 2019

World Heart Federation offered 20 grants to applicants who were not ESC Professional Members at the time of their application. Selected applicants were offered a four-month ESC Professional Membership trial (from June to September 2019) in addition to free Congress registration and 850 euros.

5.4.2 Who is eligible for ESC Congress Educational Grants?

All professionals in the cardiovascular field who were ESC Professional Members were eligible to apply. Priority was given to first authors or co-authors of research submitted to the ESC Congress 2019 as well as healthcare professionals (HCPs) from lower and middle-income countries. No strict age limit was applied.

5.4.3 ESC & WHF Congress Educational Grants: Submission Results

744 applications from 85 countries were submitted (Table 5-1). The highest number of applicants were from Russia, Italy and Egypt (the same as in 2018).

Table 5-1: Grant Applications: Submission Results

<table>
<thead>
<tr>
<th></th>
<th>By gender</th>
<th>By age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>ESC Professional Members</td>
<td>325</td>
<td>326</td>
</tr>
<tr>
<td>Non-ESC Professional Members</td>
<td>40</td>
<td>53</td>
</tr>
<tr>
<td>Total</td>
<td>365</td>
<td>379</td>
</tr>
<tr>
<td>Total Applications</td>
<td>744</td>
<td></td>
</tr>
</tbody>
</table>
5.4.4 Selection Process

The criteria Table 5-2 (below) were used as a framework for selection.

Table 5-2: Grant Applications: Selection Criteria

<table>
<thead>
<tr>
<th>Priority criteria (officially communicated)</th>
<th>Additional criteria (internal selection criteria - not officially communicated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ESC Professional Member (for ESC grants)</td>
<td>4. Gender</td>
</tr>
<tr>
<td>2. Author or Co-author of a submitted abstract</td>
<td>5. Age</td>
</tr>
<tr>
<td>3. Low- and middle-income country resident</td>
<td>6. ESC region</td>
</tr>
<tr>
<td></td>
<td>7. Abstract presenter</td>
</tr>
</tbody>
</table>

All applications were given an average score based on the above criteria (Table 5-2).

Recipients of ESC Congress Educational Grants from previous years (2016, 2017 and 2018) were not eligible to apply for ESC Congress 2019 Educational Grants.

5.4.5 ESC & WHF Educational Grants: Selection Results

A total of 392 applications were selected: 371 for ESC grants and 21 for WHF grants. Applicants were informed of their application status by email and were asked to acknowledge the grant online. Of these, 379 selected applicants accepted their grant (361 ESC grant winners and 17 WHF grant winners) (Table 5-3 and Table 5-4).

All grant winners were informed that the payment of their grant was conditional on their presence at the Congress for a minimum of four days. They were asked to register and record their attendance onsite by signing a participation form (check-in and check-out) at the dedicated Grant desk.

Table 5-3: ESC Congress Educational Grants: Selection Results by Gender and Age

<table>
<thead>
<tr>
<th>Age, years</th>
<th>ESC Grants</th>
<th>WHF Grants</th>
<th>Total per age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Below 30</td>
<td>95</td>
<td>62</td>
<td>5</td>
</tr>
<tr>
<td>30-40</td>
<td>105</td>
<td>90</td>
<td>2</td>
</tr>
<tr>
<td>40-50</td>
<td>3</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Over 50</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total per gender</td>
<td>205</td>
<td>157</td>
<td>8</td>
</tr>
<tr>
<td>Country</td>
<td>Nbr of grants</td>
<td>Nbr of grants</td>
<td>Nbr of grants</td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>---------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albania</td>
<td>1</td>
<td>20</td>
<td>15</td>
</tr>
<tr>
<td>Argentina</td>
<td>3</td>
<td>2</td>
<td>11</td>
</tr>
<tr>
<td>Armenia*</td>
<td>1</td>
<td>1</td>
<td>23</td>
</tr>
<tr>
<td>Australia</td>
<td>4</td>
<td>2</td>
<td>55</td>
</tr>
<tr>
<td>Austria</td>
<td>4</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>2*</td>
<td>40</td>
<td>1</td>
</tr>
<tr>
<td>Belarus</td>
<td>1</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Belgium</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Brazil</td>
<td>4</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Canada</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Croatia</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Czechia</td>
<td>2</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>Denmark</td>
<td>4</td>
<td>1</td>
<td>28</td>
</tr>
<tr>
<td>Ecuador</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Egypt</td>
<td>22*</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>1*</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Georgia</td>
<td>2*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* lower and middle-income country
5.5 Advocacy

5.5.1 Heart Healthy Cities

During ESC Congress 2019 together with World Congress of Cardiology, the ESC, in partnership with the French Society of Cardiology and the City of Paris, launched Heart Healthy Cities, a forward-looking initiative aiming to support cities in addressing the urban cardiovascular challenge by means of scientific-based interventions.

At a Round Table event at Paris City Hall, political representatives from Paris, Amsterdam and London and scientific experts came together to discuss how cardiovascular health may be prioritised on the policy agenda.

The Heart Healthy Cities testimonial was passed from Paris to the future ESC Congress hosts, Amsterdam and London, who will be taking up and further developing the initiative in 2020 and 2021, respectively.

5.5.2 Global Exchange

A new space - the Global Exchange Room in the ESC Plaza - featured advocacy-related sessions. Topics included medical devices, EU research funding, and patient engagement.

5.5.2.1 Medical Devices

"Medical devices in the global era: balancing access, safety and innovation" and “New EU Regulations for medical devices: impacting all clinical practice from May 2020” addressed the issues of how technological advances and changing patterns in medical practice require a regulatory system capable of supporting innovation, guaranteeing timely access for patients while ensuring high levels of safety and clinical efficacy.
5.5.2.2 EU Research Funding

A joint session with the European Commission titled “Research funding 360: supporting research and researchers in Europe and worldwide” looked at funding opportunities for cardiovascular disease research, while the session “Challenges and opportunities for Cardiovascular Disease Research: The Strategic Research Agenda of ERA-CVD” discussed priorities for cardiovascular disease research.

5.5.2.3 Patient Engagement

Eight members of the ESC Patient Forum attended the congress. The Forum held its own session titled: “Patient Involvement - unleashing the potential for true excellence in cardiovascular care” as part of the Global Exchange Programme.

Two patients and the ESC Lead on Patient Engagement actively contributed to the session as speakers and chairs. Patient Forum members also took the opportunity to meet with Patient Engagement Liaison Officers of several ESC Associations as well as with the ESC Presidency.
5.6 Public Event: Le Coeur de Paris Bat plus Fort

For ESC Congress 2019, the ESC teamed up with the French Society of Cardiology and the city of Paris to organise an event to raise awareness of cardiovascular disease among the general public.

The event took place on Saturday 30 August and Sunday 1 September on the esplanade of the Paris City Hall. Activities included: screenings, blood pressure testing, exploring the cardiovascular system using a virtual-reality model, and learning how to perform cardiopulmonary resuscitation (CPR).

It is estimated that 5,000 people not only visited the event, but also received detailed information and advice for prevention and improved heart care.

The project received financial or resource support from the ESC, WHF, French Society of Cardiology, Fédération Française de Cardiologie, Bayer, Amgen, Boehringer Ingelheim, Novartis and Servier.
6. Communication
6.1 e-Daily News

The e-Daily News was sent from Friday to Wednesday as follows:

Table 6-1: Audience: ESC Congress Attendees

<table>
<thead>
<tr>
<th>Date / Time</th>
<th>Subject Line</th>
<th>Received by (email addresses)</th>
<th>Unique opens</th>
<th>Unique Open Rate (%)</th>
<th>Unique Clicks</th>
<th>Unique Click Rate (%)</th>
<th>Most Clicked Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday 30 Aug 17:00</td>
<td>Welcome to Paris</td>
<td>17,647</td>
<td>8070</td>
<td>46.20</td>
<td>2,235</td>
<td>12.80</td>
<td>ESC Congresses Mobile App</td>
</tr>
<tr>
<td>Saturday 31 Sept 21:30</td>
<td>Fasten your seatbelt! Science is taking off in Paris.</td>
<td>17,781</td>
<td>6241</td>
<td>35.10</td>
<td>1,775</td>
<td>9.99</td>
<td>SP&amp;P: 2019 ESC Guidelines Overview</td>
</tr>
<tr>
<td>Sunday 1 Sept 22:00</td>
<td>ESC Congress, where everything is possible</td>
<td>17,846</td>
<td>5939</td>
<td>33.28</td>
<td>1,555</td>
<td>8.71</td>
<td>SP&amp;P: Hot Line Session 3</td>
</tr>
<tr>
<td>Monday 2 Sept 20:00</td>
<td>Outstanding Congress, Outstanding Programme, Outstanding Science</td>
<td>17,864</td>
<td>5913</td>
<td>33.10</td>
<td>1,375</td>
<td>7.70</td>
<td>SP&amp;P: TAVI - Transcatheter Aortic Valve Implantation</td>
</tr>
<tr>
<td>Tuesday 3 Sept 20:30</td>
<td>Wait, wait. There's more!</td>
<td>17,971</td>
<td>5855</td>
<td>32.58</td>
<td>1,811</td>
<td>10.08</td>
<td>SP&amp;P: Congress condensed sessions</td>
</tr>
</tbody>
</table>

Table 6-2: Audience: ESC Congress Non-attendees (all in database who agreed to receive emails from ESC)

<table>
<thead>
<tr>
<th>Date / Time</th>
<th>Subject Line</th>
<th>Received by (email addresses)</th>
<th>Unique opens</th>
<th>Unique Open Rate (%)</th>
<th>Unique Clicks</th>
<th>Unique Click Rate (%)</th>
<th>Most Clicked Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday 30 Aug 17:30</td>
<td>It all starts tomorrow. Are you ready?</td>
<td>163,722</td>
<td>30,010</td>
<td>18.33</td>
<td>3,870</td>
<td>2.36</td>
<td>Live from ESC Congress</td>
</tr>
<tr>
<td>Saturday 31 Sept 21:30</td>
<td>Fasten your seatbelt! Science is taking off in Paris.</td>
<td>163,635</td>
<td>25,141</td>
<td>15.36</td>
<td>5,937</td>
<td>3.63</td>
<td>ESC 365: Late Breaking Science in Atrial Fibrillation 1</td>
</tr>
<tr>
<td>Sunday 1 Sept 22:00</td>
<td>ESC Congress, where everything is possible</td>
<td>143,442</td>
<td>23,555</td>
<td>16.42</td>
<td>5,470</td>
<td>3.81</td>
<td>ESC 365: Late Breaking Science in Acute Coronary Syndromes 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20,432</td>
<td>1536</td>
<td>7.52</td>
<td>260</td>
<td>1.27</td>
<td>ESC 365: Late Breaking Science in Acute Coronary Syndromes 2</td>
</tr>
<tr>
<td>Date / Time</td>
<td>Subject Line</td>
<td>Received by (email addresses)</td>
<td>Unique opens</td>
<td>Unique Open Rate (%)</td>
<td>Unique Clicks</td>
<td>Unique Click Rate (%)</td>
<td>Most Clicked Link</td>
</tr>
<tr>
<td>-----------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>--------------</td>
<td>----------------------</td>
<td>---------------</td>
<td>-----------------------</td>
<td>--------------------------------------------------------</td>
</tr>
<tr>
<td>Monday 2 Sept 20:00</td>
<td>Outstanding Congress, Outstanding Programme, Outstanding Science</td>
<td>143,702</td>
<td>24,038</td>
<td>16.73</td>
<td>5,943</td>
<td>4.14</td>
<td>ESC 365: Late Breaking Science in Arrhythmias</td>
</tr>
<tr>
<td></td>
<td></td>
<td>20,447</td>
<td>1,596</td>
<td>7.81</td>
<td>264</td>
<td>1.29</td>
<td>ESC 365: Late Breaking Science in Arrhythmias</td>
</tr>
<tr>
<td>Tuesday 3 Sept 20:31</td>
<td>Wait, wait. There's more!</td>
<td>131,780</td>
<td>24,412</td>
<td>16.25</td>
<td>4,701</td>
<td>3.57</td>
<td>Live from ESC Congress</td>
</tr>
<tr>
<td></td>
<td></td>
<td>32,551</td>
<td>3,361</td>
<td>10.33</td>
<td>682</td>
<td>2.10</td>
<td>Live from ESC Congress</td>
</tr>
</tbody>
</table>

**Green:** Under 40 from Australia, Bangladesh, Brunei Darussalam, Cambodia, China, Hong Kong SAR People’s Republic of China, India, Indonesia, Japan, Korea Democratic People’s Republic Of, Korea Republic of, Lao People’s Democratic Republic, Macau SAR People’s Republic of China, Malaysia, Mongolia, Myanmar, Nepal, New Zealand, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan ROC, Thailand, Vietnam

**Red:** All from Australia, Bangladesh, Brunei Darussalam, Cambodia, China, Hong Kong SAR People’s Republic of China, India, Indonesia, Japan, Korea Democratic People’s Republic Of, Korea Republic of, Lao People’s Democratic Republic, Macau SAR People’s Republic of China, Malaysia, Mongolia, Myanmar, Nepal, New Zealand, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan ROC, Thailand, Vietnam

Table 6-3: Audience: all ESC Congress Attendees and Non-attendees

<table>
<thead>
<tr>
<th>Date / Time</th>
<th>Subject Line</th>
<th>Received by (email addresses)</th>
<th>Unique opens</th>
<th>Unique Open Rate (%)</th>
<th>Unique Clicks</th>
<th>Unique Click Rate (%)</th>
<th>Most Clicked Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wednesday 4 Sept 14:00</td>
<td>So much new science, now at your fingertips</td>
<td>182,252</td>
<td>3,653</td>
<td>20.04</td>
<td>5,533</td>
<td>3.04</td>
<td>ESC 365</td>
</tr>
</tbody>
</table>

Please note that for the attendees’ edition, the click-through rate was not a success parameter as some useful content was not clickable (e.g. Tips of The Day).
6.2 Social Media Activity

ESC Congress 2019 was a record-breaking event in the Twittersphere, with over 540 million potential impressions for #ESCCongress. This makes ESC Congress 2019 the biggest medical conference that Symplur (a healthcare social media analytics company) has ever measured.

For the third year in a row, the ESC hashtag is leading for potential impressions for a cardiovascular conference.

Figure 6-1: Potential Impressions of Tweets During Cardiology Conferences

Potential Impressions is a social media metric used for conference hashtags, showing magnitude of the discussion by the number of times the hashtag could have been seen in the Twittersphere.
Twitter Influencers in Cardiology were official ESC Twitter Ambassadors. The biggest cardiology influencer on Twitter, C Michael Gibson (with nearly 500,000 followers) was an ESC Twitter Ambassador and a key player in social media activities during ESC Congress 2019.

Altogether fifty Twitter ambassadors and commentators from across the globe were mobilised to cover the scientific programme. The feedback received was that stellar behind-the-scenes preparation resulted in the largest conference coverage on Twitter ever.

Facebook, Instagram and LinkedIn complemented ESC’s Twitter work, with high engagement rates for both scientific and community posts. This means both delegates attending the event and those following remotely were able to engage with the Congress.
6.3 ESC Congress Mobile App

6.3.1 Key figures on the ESC Congress 2019 module

- The ESC Congress 2019 module was downloaded 26,709 times (+33% compared to 2018, for the same period of time - from mobile launch to two weeks post-congress).
- 60% of downloads were completed before the congress started, 41% of downloads were completed within five days of congress Day 1.
- Top three most consulted sections: Daily Schedule (83%), Latest Messages (61%), My Congress (59%)
- Top three most searched items: PARAGON (1,453), Hot Line (1,175), DAPA (1,106) - followed closely by Guidelines (1,065), all the other items received less than 1,000 queries.
- On the most intensive day – Sunday 1 September – the app was used on 17,907 devices, representing 67% of downloads (77% in 2018).
- Two new features: ‘ask for an appointment’ (see below) and ‘indoor localisation’: for the latter, users had the possibility to locate themselves in the congress centre and then find their way to the destination of their choice.

6.3.2 User behaviour

6.3.2.1 NEW FEATURE: Ask for an appointment

Users had the possibility to get in touch with an exhibitor before and during the congress via the exhibitor profile page. A pop-up window with template email was opened when the user hit the “Ask for an appointment” button.

219 exhibitors were contacted out of 263, leading to 1,220 clicks on this new button.

6.3.2.2 “Receive the resources post-congress” button (comparisons with 2018)

By clicking on a dedicated button, the user was able to receive a direct link to ESC 365 by email in order to access the available resources from a presentation:

- 46,551 resource requests received from 11 April until 26 September (+7%)
- 11,912 resource requests on Monday 2 September (+11%)
- 4,471 unique resources requested (+9%)
- 2,625 unique My ESC Account holders hit the “Receive Resources” button (+18%)
  and did so for an average of 18 different presentations – the median is five
6.3.2.3 “Mobile App – Vote & Ask” & “Mobile App – Ask a question” sessions

Interactive sessions where users can use the app to cast their vote during a presentation and send question(s) to the Chairpersons.

- 59 “Mobile App – Ask a question” (-81% compared to 2018) and 75 “Mobile App – Vote and Ask a question” sessions (+29% compared to 2018; including 3 sponsored sessions).
- Total number of votes: 10,284 during 58 sessions - 17 sessions did not use the vote functionality.
- Maximum number of votes for a single session: 937 during “Expert Advice - Not all myocardial infarctions are created equal” - 10 questions were asked to the audience during that session.
- Maximum number of votes for a single question: 169 during “Guidelines in Practice - Syncope”
- Average number of voters per session: 42 (-28% compared to 2018).
- Total number of questions sent: 1,186 during 121 sessions - the functionality was not used during 13 sessions.
- Maximum number of questions asked for a single session: 59 - “Guidelines in Practice - Syncope - Guidelines in Daily Practice”.
- Average number of questions asked for a single session: 10 (+25% compared to 2018).

6.3.2.4 Splash screens

A feature was launched in 2017 giving industries the possibility to buy splash screens (adverts) that were displayed for four seconds every time the app was launched during a specific time frame.

Table 6-4: Splash Screens: Data

<table>
<thead>
<tr>
<th>Splash screens</th>
<th>Views</th>
<th>Average time viewed (s)</th>
<th>Unique opens</th>
<th>Unique Open Rate (%)</th>
<th>Unique Clicks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanofi - Saturday (am)</td>
<td>50,878</td>
<td>3.5</td>
<td>13,056</td>
<td>3.9</td>
<td>50%</td>
</tr>
<tr>
<td>BMS/Pfizer - Saturday (pm)</td>
<td>11,124</td>
<td>3.5</td>
<td>5,846</td>
<td>1.9</td>
<td>23%</td>
</tr>
<tr>
<td>Boehringer Ingelheim - Sunday (am)</td>
<td>42,133</td>
<td>3.6</td>
<td>13,792</td>
<td>3.1</td>
<td>53%</td>
</tr>
<tr>
<td>BMS/Pfizer - Sunday (pm)</td>
<td>21,440</td>
<td>3.3</td>
<td>8,299</td>
<td>2.6</td>
<td>32%</td>
</tr>
<tr>
<td>Bayer - Monday (am)</td>
<td>40,795</td>
<td>3.4</td>
<td>13,011</td>
<td>3.1</td>
<td>53%</td>
</tr>
<tr>
<td>The Medicines Company - Monday (pm)</td>
<td>19,497</td>
<td>3.4</td>
<td>6,885</td>
<td>2.8</td>
<td>27%</td>
</tr>
<tr>
<td>BMS/Pfizer - Tuesday (am)</td>
<td>38,764</td>
<td>3.3</td>
<td>10,428</td>
<td>3.7</td>
<td>40%</td>
</tr>
<tr>
<td>Novo Nordisk - Tuesday (pm)</td>
<td>23,832</td>
<td>3.4</td>
<td>5,584</td>
<td>4.3</td>
<td>22%</td>
</tr>
</tbody>
</table>

Views: number of views per device
Average time viewed: average time in seconds a splash screen is viewed
No. devices: number of devices on which a splash screen has been displayed
No. views per device: number of times a splash screen has been displayed on one device
No. closed by user on a device: number of times a splash screen has been closed before the end of the display period (4 seconds)
6.3.2.5 Evaluation form functionality

The user was able to rate the session/presentation and send comments.

Table 6-5: Evaluation Form

<table>
<thead>
<tr>
<th></th>
<th>Sessions</th>
<th>Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rating - average (from 1 to 5 - 5 being best rating)</td>
<td>4.3</td>
<td>4.4</td>
</tr>
<tr>
<td>Rating - median</td>
<td>5.0</td>
<td>5.0</td>
</tr>
<tr>
<td>Number of unique voted items</td>
<td>396</td>
<td>825</td>
</tr>
<tr>
<td>Total number of votes</td>
<td>960</td>
<td>1,242</td>
</tr>
<tr>
<td>Number of comments sent</td>
<td>153</td>
<td>168</td>
</tr>
</tbody>
</table>

6.3.2.6 Most Read Messages

Table 6-6: Top Ten Most Read Messages

<table>
<thead>
<tr>
<th>Message</th>
<th>Date sent</th>
<th>Views</th>
<th>No. of devices</th>
<th>Views per device</th>
<th>% of devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Download the ESC Pocket Guidelines</td>
<td>13 Aug. 2019 10:00</td>
<td>3,609</td>
<td>2,628</td>
<td>1.4</td>
<td>10</td>
</tr>
<tr>
<td>Mobile App before joining us in Paris</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Log in to your My ESC account! Synchronise your calendars</td>
<td>30 Jul. 2019 12:45</td>
<td>3,493</td>
<td>2,557</td>
<td>1.4</td>
<td>10</td>
</tr>
<tr>
<td>Welcome to your congress app!</td>
<td>06 Mar. 2019 14:00</td>
<td>3,371</td>
<td>2,629</td>
<td>1.3</td>
<td>10</td>
</tr>
<tr>
<td>Get your 2019 copy of the ESC Pocket Guidelines</td>
<td>31 Aug. 2019 09:00</td>
<td>2,905</td>
<td>2,357</td>
<td>1.2</td>
<td>9</td>
</tr>
<tr>
<td>Looking for a mentor to enhance your career? Don't miss this opportunity</td>
<td>06 Aug. 2019 13:00</td>
<td>2,565</td>
<td>1,961</td>
<td>1.3</td>
<td>8</td>
</tr>
<tr>
<td>Important - Checklist for ESC Congress</td>
<td>30 Aug. 2019 10:00</td>
<td>2,395</td>
<td>1,910</td>
<td>1.3</td>
<td>7</td>
</tr>
<tr>
<td>Not to be missed today</td>
<td>01 Sep. 2019 07:00</td>
<td>2,347</td>
<td>1,933</td>
<td>1.2</td>
<td>7</td>
</tr>
<tr>
<td>Abstracts available for consultation on Monday</td>
<td>25 Aug. 2019 17:00</td>
<td>2,194</td>
<td>1,875</td>
<td>1.2</td>
<td>7</td>
</tr>
<tr>
<td>Connect to “esc-congress” Wi-Fi (password: esc-congress)</td>
<td>30 Aug. 2019 14:00</td>
<td>1,982</td>
<td>1,721</td>
<td>1.2</td>
<td>7</td>
</tr>
<tr>
<td>Sessions starting at 09:00! Exhibition at 10:00 What's not to be missed today?</td>
<td>31 Aug. 2019 08:00</td>
<td>1,924</td>
<td>1,715</td>
<td>1.1</td>
<td>7</td>
</tr>
</tbody>
</table>

6.3.2.7 ESC Congress 2019 Module Promotion:

- Available from ESC Congresses app as of 6 March 2019.
- Dedicated webpage on ESC website.
- Promoted in different e-campaigns, on ESC Pocket Guidelines app, on ESC Congress 2019 materials (Advance Programme, Final Programme, ESC Congress News).
- On-site promotion: two help desks and ESC advertising.
6.4 ESC 365

- Delegates from ESC Congress in Paris were able to watch the slides/videos/ESC TV interviews of the presentations they missed during the on-site event, and replay those of interest.
- Healthcare professionals who could not make it to Paris this year were able to watch the wealth of content presented in the 500+ on-site presentations from the comfort of their office/home.

6.4.1 ESC 365 at ESC Congress 2019 in numbers

- 134,046 (2018: 98,111) resources were consulted during ESC Congress 2019.
- 353,121 (2018: 255,927) resources consulted during the three weeks from Day 1 of ESC Congress 2019.
- Approximately 10 new membership subscriptions per day generated from those wanting to benefit from year-round access to the platform.
- Five major industry sponsors of the platform.
- 73 industry digestes presented.
ESC 365 was promoted extensively to enhance the congress experience of delegates:
• One self-service computer and presentations by an ESC staff member twice daily on the stage in the ESC Professional Members’ Lounge.
• A major advertisement in the Registration Hall.
• “ESC 365: See it again” advertisements throughout the congress center.
• An ESC 365 slide in the intersession slideshow in each lecture room, a slide during the Inaugural Session, and in the slide footer of presentations.
• Daily mentions in the Congress News and various adverts in programmes (Final Programme, Programme At A Glance).
• ESC 365 was heavily promoted on the escardio.org homepage and influencers on social media also mentioned the availability of resources on ESC 365.

These ESC 365 initiatives on-site were a big success:
• 25% more users consulting 37% more resources during ESC Congress 2019 compared with Munich 2018.
• Delegate feedback was extremely positive with, for the first time, a very good level of unprompted awareness of the platform.
• Users satisfied with the platform’s functionality.
• Non-ESC Professional Members / Regular Members of Associations were pleasantly surprised when they were told they would be able to consult the resources of the specialty congresses on open access for three months.

Figure 6-2: ESC 365 Users and Consultations
Figure 6-3: Consultations of Resources on ESC 365 During ESC Congress: by Type

Figure 6-4: Consultations of Resources on ESC 365 During and Two Weeks Post ESC Congress: by Type

Figure 6-5: Consultations of Resources on ESC 365 During ESC Congress: by Device
Figure 6.6: Consultation of Resources on ESC 365 During ESC Congress: by Membership Type

Table 6.7: Top 20 searches performed on ESC 365 during ESC Congress

<table>
<thead>
<tr>
<th>Search Term</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. DAPA-HF</td>
<td>11.</td>
</tr>
<tr>
<td>2. Paragon</td>
<td>12.</td>
</tr>
<tr>
<td>3. AFIRE</td>
<td>13.</td>
</tr>
<tr>
<td>5. HEART FAILURE</td>
<td>15.</td>
</tr>
<tr>
<td>6. Paragon</td>
<td>16.</td>
</tr>
<tr>
<td>7. DAPA HF</td>
<td>17.</td>
</tr>
<tr>
<td>10. dapa</td>
<td>20.</td>
</tr>
<tr>
<td>11. dapa-hf</td>
<td>12.</td>
</tr>
<tr>
<td>14. dapa hf</td>
<td>15.</td>
</tr>
<tr>
<td>15. guidelines</td>
<td>16.</td>
</tr>
<tr>
<td>17. Heart Failure with Preserved Ejection Fraction (HFpEF)</td>
<td>18.</td>
</tr>
<tr>
<td>18. PARAGON</td>
<td>19.</td>
</tr>
<tr>
<td>19. dapagliflozin</td>
<td>20.</td>
</tr>
<tr>
<td>20. Pulmonary Embolism</td>
<td></td>
</tr>
</tbody>
</table>
6.5 ESC TV at ESC Congress

6.5.1 Project presentation
Daily recordings were held from Saturday 31 August until Tuesday 3 September on the main ESC TV stage and on an additional set.

Overall, a total of 84 videos were recorded and released over a four-day-period.

6.5.2 ESC TV branded videos
54 in total, including:

- 42 face-to-camera interviews on Late Breaking Science. For most trials, both principal investigator & discussant were interviewed
- Four discussions “Guidelines One Year After”
- Four daily wrap-ups
- Three Meet the Trialists, branded as ESC TV
- One French Cardiology Pioneers in collaboration with the French Society of Cardiology

6.5.3 Other videos recorded on ESC TV Stage (not branded as ESC TV programme)
30 in total, including:

- 16 sessions where the ESC TV Stage was used as an open lecture room to promote interactivity and informal discussion
- One wrap-up in Japanese (transmitted LIVE on escardio.org)
- Four interviews for Cardiovascular Research Onlife
- Eight Industry Digests

The sessions and the wrap-up in Japanese were posted on ESC 365. Industry digests were posted on ESC 365 in a dedicated section.

6.5.4 Video dissemination
The videos were posted on the ESC TV @ESC Congress 2019 playlist on YouTube, and on the dedicated page on ESC website.

All ESC TV programme videos were posted on YouTube, ESC 365 and the dedicated webpage.
6.5.5 ESC TV analytics

Analysed period: 31 August 2019 (first videos published on that day) to 17 September 2019 inclusive. Based on ESC TV programme videos.

N.B The links used on ESC TV dedicated webpages are Amazon links (from ESC servers).

A graphic representation of the video views on YouTube is shown in Figure 6-7 (videos ordered by order of highest engagement rate [reading left to right]).

Figure 6-7: Graphic Representation of the Video Views on YouTube
Figure 6-8: Total Video Views Over Time on YouTube Channel

![Graph showing total video views over time on YouTube. The graph peaks around 3rd August and then decreases gradually.]

Figure 6-9: Total Page Views Over Time on 'ESC TV at ESC Congress 2019' Dedicated Webpage

![Graph showing total page views over time on the dedicated webpage. The page views are highest on the 30th August and decrease gradually.]}

Figure 6-10: Countries watching ESC TV on Dedicated Webpage: Source of Page Views

![Map showing the countries from which page views were received. The map highlights Europe, particularly the UK and France, with the highest page views. There are 2840 page views from the UK.]
Table 6-8: ESC TV (ESC Congress 2018 vs ESC Congress 2019)

<table>
<thead>
<tr>
<th></th>
<th>ESC Congress 2019 Paris - France</th>
<th>ESC Congress 2018 Munich - Germany</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of ESC TV videos covering this event</td>
<td>54 ESC TV Programmes</td>
<td>59 ESC TV Programmes</td>
</tr>
<tr>
<td>Views on YouTube</td>
<td>21,972</td>
<td>Not posted on YouTube</td>
</tr>
<tr>
<td>Views on dedicated webpage</td>
<td>7,490</td>
<td>11,367</td>
</tr>
<tr>
<td>Views on ESC 365</td>
<td>486</td>
<td>Views on dedicated webpage</td>
</tr>
<tr>
<td>Views on Facebook</td>
<td>20,178</td>
<td>Views on Facebook</td>
</tr>
<tr>
<td>Views on LinkedIn</td>
<td>2,615</td>
<td>Views on LinkedIn</td>
</tr>
<tr>
<td>Total Views</td>
<td>52,741</td>
<td>46,875</td>
</tr>
</tbody>
</table>

6.5.6 ESC TV @ ESC Congress 2019 promotion

Table 6-9: e-Campaigns

<table>
<thead>
<tr>
<th>Newsletter</th>
<th>Sending date</th>
<th>Number of recipients</th>
<th>Open rate</th>
<th>Overall click rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESC Congress newsletter - Fasten your seatbelt! Science is taking off in Paris (sent to congress attendees)</td>
<td>31 Aug 2019</td>
<td>17,813</td>
<td>35.3%</td>
<td>10.0%</td>
</tr>
<tr>
<td>ESC Congress newsletter - Fasten your seatbelt! Science is taking off in Paris (sent to non-attendees)</td>
<td>31 Aug 2019</td>
<td>164,014</td>
<td>15.5%</td>
<td>3.6%</td>
</tr>
<tr>
<td>ESC Congress newsletter - Outstanding Congress, Outstanding Programme, Outstanding Science (sent to congress attendees)</td>
<td>2 Sept 2019</td>
<td>17,296</td>
<td>33.5%</td>
<td>7.7%</td>
</tr>
<tr>
<td>ESC Congress newsletter - Outstanding Congress, Outstanding Programme, Outstanding Science (sent to non-attendees)</td>
<td>2 Sept 2019</td>
<td>164,536</td>
<td>15.8%</td>
<td>3.8%</td>
</tr>
<tr>
<td>ESC Congress newsletter - Wait, wait. There's more! (sent to congress attendees)</td>
<td>3 Sept 2019</td>
<td>18,038</td>
<td>32.9%</td>
<td>10.2%</td>
</tr>
<tr>
<td>ESC Congress newsletter - Wait, wait. There's more! (sent to non-attendees)</td>
<td>3 Sept 2019</td>
<td>164,781</td>
<td>15.3%</td>
<td>3.3%</td>
</tr>
<tr>
<td>ESC Congress newsletter - So much new science, now at your fingertips</td>
<td>4 Sept 2019</td>
<td>182,766</td>
<td>20.4%</td>
<td>3.1%</td>
</tr>
<tr>
<td>My ESC News</td>
<td>18 Sept 2019</td>
<td>56,135</td>
<td>16.80%</td>
<td>3.6%</td>
</tr>
</tbody>
</table>
6.5.7 ESC Cardio Talk

Eight editions of ESC Cardio Talk were published during ESC Congress and these were downloaded a total of 2,855 times between 1 September and 4 September.

During ESC Congress, there were 4,361 downloads of Cardio Talk podcasts overall from 94 countries.
The United States was the most popular download location, with 14% of all downloads during Congress, followed by the United Kingdom (10%), France (10%), Brazil (7%) and Germany (7%).

6.6 Publications

6.6.1 First Announcement and Call for Abstracts

Due to the change of branding, this flyer was modified after ESC Congress 2018.

It included the main figures and key messages for the congress and a short presentation about the ESC. The “Call for Abstracts” text included the reasons to submit and the key deadlines.

The flyer was used for promoting ESC Congress 2019 during the 2018 edition in Munich and for all other congresses and events around the world until mid-February 2019.

It was also sent by post in early December 2018 to 16,800 contacts (audience: FESC, past attendees, abstract submitters who did not want to receive an email).

A marketing web page was created with a short presentation about ESC Congress 2019, important dates and direct links to relevant web pages.

6.6.2 Advance Programme

The Advance Programme was available online and in the mobile app. It was launched in March 2019 and completed while the programme was being finalised. A marketing page was created to promote the programme in parallel.

A flyer with the same layout as the first was developed replacing the “Call for Abstracts” message with highlights from the scientific programme and information about registration. This flyer was distributed at all congresses and events around the world from March to July 2019.
6.6.3 Final Programme

The Final Programme was available in paper format for distribution on-demand at the registration desks (13,000 copies printed), as well as in electronic format used on the website and in pre-Congress communication: 10,754 users of which 3,483 were unique users) and 490,000 pages viewed.

The general section of the programme was 102 pages long (including 10 pages set aside for World Heart Federation), while the scientific section consisted of 574 pages. This year we removed the list of topics so that the only annexe was the list of chairs, speakers and presenters.

A bookmark was included promoting the Congress visual, dates and venue of the next ESC Congress, as well as an industry advert.

6.6.4 Programme at a Glance

This small-format publication was included in the badge lanyards for each delegate (29,000 copies printed). It presented the list of sessions broken down by day and by main topics. It included an advert for ESC 365 and the mobile app. The floor plan was included as a double page spread. Inside front, inside back and back cover pages were sold to industry.

6.7 ESC Congress Promotional Videos

The main promotional videos were released before ESC Congress 2019.

6.7.1 Abstract Submission

A video showing Professor Keith Fox describing his feelings on presenting an abstract at ESC Congress was used as a teaser. It was release online as of early January 2019: 1,912 views (as of 11 September 2019) https://youtu.be/Mo5m8S5-y9I

6.7.2 General Promotion

A video was produced to promote ESC Congress registration and launched early May: 5,250 views (as of 11 September 2019) https://youtu.be/A5WrUwwidIE. It was also featured on social media.

6.7.3 Congress Venue Overview

A video overview of the congress venue, explaining to delegates how to find their way to the registration desks and navigate the congress venue was available online as of 31 July: 7,261 views (as of 11 September 2019) https://youtu.be/L2VcvmG3V4Y

6.7.4 Visibility of Promotional Videos

These videos were:
- Posted on the ESC YouTube page and other social media.
- Posted on home pages of ESC Congress and the ESC webpages generally
- Sent to potential delegates via targeted emailings throughout the year
6.8 Summary Congress News

6.8.1 New this year

- Saturday-Wednesday editions: 12 pages; Sunday-Monday-Tuesday editions: 16 pages
- Case corner: promotion of daily clinical cases presented during Congress
- Most articles were written and approved before Congress

6.8.2 Facts & Figures

- Production team: Media Committee members: Sarah Clarke – Editor-in-Chief, Carol Ann Remme – Editor, Sanjay Sharma – Editor, seven TMC team members, one ESC photographer (part-time), one ESC staff
- 50,000 printed copies: -17% compared to 2018
- 2,497 leftover copies (does not include leftovers from hotels): -83% compared to 2018
- Publications displayed in different locations: 10 dedicated racks (five in the registration area, two on the ESC Plaza, three in the Atrium – Exhibition Halls) as well as FESC & ESC Professional Members’ Lounges, ESC HQ, Press area, 10 selected hotels
- Five dedicated hostesses distributing printed copies from 07:30 each day of Congress
- 14 industry ads (half-page)
- 35 ESC ads (five on Sat - six on Sunday - six on Monday - nine on Tuesday - nine on Wednesday)
- 110 articles (34 ESC/WHF corporate articles – three ‘people’ articles – 73 scientific articles)
- One imaging quiz presented every day

6.8.3 Web Traffic

Web traffic (analysed period: 1 July – 18 Sept):

www.escardio.org/Congresses-&-Events/ESC-Congress/Congress-resources/Congress-news

Table 6-10: Web Traffic: Page Views

<table>
<thead>
<tr>
<th>Page views</th>
<th>Unique page views</th>
<th>Average time on page</th>
</tr>
</thead>
<tbody>
<tr>
<td>13,893</td>
<td>8,280</td>
<td>02:10</td>
</tr>
</tbody>
</table>

Figure 6-13: Web Traffic: Page Views
Figure 6.14: Dedicated webpage - source of page views in 2019

![Pie chart showing page views by traffic channel in 2019. Organic search accounts for 52%, followed by mobile app (10%), paid search/CPC (10%), email (8%), referral (7%), direct (9%), social (2%), and unknown (13%).]

Table 6.11: Dedicated webpage - source of page views in 2019

<table>
<thead>
<tr>
<th>Incoming Traffic Channel</th>
<th>2019 - Page Views</th>
<th>2018 - Page Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organic Search</td>
<td>52%</td>
<td>54%</td>
</tr>
<tr>
<td>Mobile App*</td>
<td>10%</td>
<td>1%</td>
</tr>
<tr>
<td>Paid Search/CPC</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Email</td>
<td>8%</td>
<td>25%</td>
</tr>
<tr>
<td>Referral</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Direct</td>
<td>-</td>
<td>9%</td>
</tr>
<tr>
<td>Social</td>
<td>-</td>
<td>2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>13%</td>
<td>-</td>
</tr>
</tbody>
</table>

*In 2019, a direct link to the webpage was used in the app while the articles were accessible offline in the app in 2018.

Table 6.12: Top 20 Articles by Page Views

<table>
<thead>
<tr>
<th>Publication day</th>
<th>Article</th>
<th>Page Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 - Monday</td>
<td>2019 ESC Guidelines on The Management of Chronic Coronary Syndromes</td>
<td>2,747</td>
</tr>
<tr>
<td>4 - Tuesday</td>
<td>Lipid Modification to Reduce Cardiovascular Risk 2019 ESC/EAS Clinical Practice Guidelines for The Management of Dyslipidaemias</td>
<td>2,534</td>
</tr>
<tr>
<td>4 - Tuesday</td>
<td>2019 ESC Clinical Practice Guidelines Diabetes in Collaboration with EASD</td>
<td>1,439</td>
</tr>
<tr>
<td>1 - Saturday</td>
<td>2019 ESC Clinical Practice Guidelines What Is New</td>
<td>1,103</td>
</tr>
<tr>
<td>5 - Wednesday</td>
<td>2019 ESC Clinical Practice Guidelines on Supraventricular Tachycardia</td>
<td>910</td>
</tr>
<tr>
<td>2 - Sunday</td>
<td>Is Exercise the Best Medicine</td>
<td>760</td>
</tr>
<tr>
<td>3 - Monday</td>
<td>Dapagliflozin Reduces Cardiovascular Events in HfPEF Not Just Diabetes</td>
<td>750</td>
</tr>
<tr>
<td>3 - Monday</td>
<td>COMPLET Shows That Non-Culprit Lesion Revascularisation Reduces Hard Outcomes for STEMI With Multivessel Disease</td>
<td>720</td>
</tr>
<tr>
<td>2 - Sunday</td>
<td>Air Pollution Is A Bigger Killer Than Tobacco</td>
<td>515</td>
</tr>
<tr>
<td>5 - Wednesday</td>
<td>2019 ESC Clinical Practice Guidelines Acute Pulmonary Embolism in Collaboration With ERS</td>
<td>438</td>
</tr>
<tr>
<td>3 - Monday</td>
<td>PARAGON-HF Do Patients with HfPEF Benefit from Sacubitril Valsartan</td>
<td>423</td>
</tr>
</tbody>
</table>
Table 6-12: Top 20 Articles by Page Views - Continued

<table>
<thead>
<tr>
<th>Publication day</th>
<th>Article</th>
<th>Page Views</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 - Sunday</td>
<td>Lipids How Low to Go How and When</td>
<td>410</td>
</tr>
<tr>
<td>3 - Monday</td>
<td>Prasugrel Superior to Ticagrelor in ACS</td>
<td>391</td>
</tr>
<tr>
<td>2 - Sunday</td>
<td>Cardiac Biomarkers The Good The Bad And The New</td>
<td>347</td>
</tr>
<tr>
<td>1 - Saturday</td>
<td>Does Yoga with Breathing Exercises Improve Outcomes After STEMI</td>
<td>343</td>
</tr>
<tr>
<td>1 - Saturday</td>
<td>Lessons Learned from CABAN CASTLE-AF and CAPTAf</td>
<td>315</td>
</tr>
<tr>
<td>2 - Sunday</td>
<td>Cardio Oncology A New Subspecialty for A Growing Problem</td>
<td>315</td>
</tr>
<tr>
<td>5 - Wednesday</td>
<td>Harnessing the Power of Genetic Medicine The New ESC Council On Cardiovascular Genomics</td>
<td>314</td>
</tr>
<tr>
<td>2 - Sunday</td>
<td>HFpEF Challenges and Opportunities</td>
<td>309</td>
</tr>
<tr>
<td>2 - Sunday</td>
<td>Eating for Cardiovascular Health It's All About Process</td>
<td>306</td>
</tr>
</tbody>
</table>

6.9 Congress Press Office

The Press Zone was a major information hub for journalists and media from across the world enabling them to report on the scientific presentations and outcomes of ESC Congress. Press conferences and releases covered approximately 57 scientific presentations considered by the ESC Media Committee to be of particular interest to press.

The ESC Press Office also arranged and facilitated interviews with ESC spokespersons and presenters and provided working space and catering for reporters.

6.9.1 Key Figures

6.9.1.1 Journalists

- 410 journalists attended Congress, plus many more reporting off-site.
- Reporters came from 39 countries: the majority were from France, the United States of America, United Kingdom and Germany.

6.9.1.2 Press conferences and releases:

- One local press conference in the Paris City Hall on Thursday 29 August (in French).
- One opening press conference on Saturday 31 August at the Congress Centre.
- Six hotline press conferences.
- Two lay news press conferences (‘CVD and the young’, ‘Choices for heart health’).
- One improvised media brief at the request of journalists (on a study not included in Hot Lines that reporters considered ‘pivotal’).
- All press conferences were available on webcasts after embargoes were lifted.
- Three media alerts and one wrap-up press release.
- 57 press releases.
- 57 simultaneous publications in medical journals.
- Exclusive webpage for on-site press with embargoed material (no paper press book).
6.9.1.3 Other media activities:

- Local press office catering to French media (LauMa Communications).
- Video clip for TV outlets made available to media on the first day of the Congress.
- Updated set of photos of the Congress available daily for media on their exclusive webpage.
- Over 100 spokespersons ready to comment on a wide range of topics.
- ESC branded filming area.
- ESC spokespersons corner (NEW).
- Social event with reporters (NEW).

6.9.1.4 Media Coverage:

We registered over 6,565 news clippings from 93 countries.

The top five stories in the media were:

- Eating nuts linked with lower risk of fatal heart attack and stroke.
- Guidelines on diabetes and cardiovascular diseases published today.
- Dapagliflozin reduces death and hospitalisation in patients with heart failure.
- Tiny wearable cameras may improve quality of life in heart-failure patients.
- Malaria infection increases risk of heart failure.

The top outlets that covered ESC Congress news stories are:

- Medical: Science Daily, Medscape, Medical News Today, Doctissimo, Web MD, Saude, Top Santé, Drugs
6.10 New Initiatives at ESC Congress 2019

- Agreement of communication priorities in advance, including two new campaigns:
  - ‘ESC – more than a congress’
  - ‘Members get more’
- Press set up an ESC spokespersons corner and organised a social event with reporters.
- Congress News added a ‘Case Corner’ (promotion of daily clinical cases presented during Congress), and ensured most articles were written and approved before Congress.
- ESC Cardio Talk podcast recordings.
For all other information please contact:

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The European Heart House
Les Templiers
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France

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Website: www.escardio.org