

The European Association of Preventive Cardiology (EAPC) presents

# 2017 EuroPrevent

European Congress on Preventive Cardiology



**SPAIN  
MÁLAGA  
6-8 APRIL**

**Innovations in Preventive Cardiology**

**Post Congress Report**



## TABLE OF CONTENTS

1	GENERAL INFORMATION .....	3
2	SCIENTIFIC PROGRAMME INFORMATION .....	7
3	REGISTRATION & ATTENDANCE .....	15
4	INDUSTRY .....	24
5	COMMUNICATIONS .....	26
6	POST CONGRESS SURVEY .....	32

# 1 General Information

**EuroPrevent 2017 was held in Malaga, Spain from 6 to 8 April at the Palacio de Ferias y Congresos de Malaga.**

## **1.1 Quick Facts and Figures**

**61 countries represented**

**1079 participants**

1011 Delegates (includes free and Press)  
68 Exhibitors

**146 Faculty members for 291 roles in the programme**

**59 Scientific Programme sessions**

35 Scientific Sessions  
14 Abstract-based Sessions

**4 lecture rooms**

**681 abstracts submitted & 579 abstracts accepted**

**495 Posters & 40 Moderated Posters & 44 Oral presentation**

**Industry sponsored sessions**

6 Satellite Symposia

**Exhibition**

209m<sup>2</sup> occupied  
19 exhibiting companies

***Congress Main Theme***  
**“Innovations in Preventive Cardiology”**

**Accredited by the EACCME with 15 hours of European CME credits.**

## 1.2 Introduction

Every year the European Association of Preventive Cardiology (EAPC) hosts a congress on preventive cardiology and the importance of the prevention of cardiovascular disease. This congress, called EuroPrevent, is the premiere international forum where leading experts from all the scientific fields in cardiology get together to discuss strategies for a universal approach towards the prevention of cardiovascular disease. EuroPrevent is a far reaching congress attracting a wide variety of cardiology professionals from more than 80 countries every year.

## 1.3 History

EuroPrevent 2011, 14-16 April Geneva, Switzerland

EuroPrevent 2012, 03-05 May Dublin, Ireland

EuroPrevent 2013, 18 – 20 April Rome, Italy

EuroPrevent 2014, 08-10 May, Amsterdam, Netherlands

EuroPrevent 2015, 14-16 May, Lisbon, Portugal

*EuroPrevent 2016, 5-7 May, Istanbul, Turkey (Cancelled & replaced by)*

EuroPrevent Meeting 2016, 14-15 June, Sophia Antipolis, France

## 1.4 Committees

### **EAPC Executive Officers**

Diederick Grobbee, President, EJPC Editor in Chief

Paul Dendale, President-Elect

Antonio Pelliccia, Past-President

Uwe Nixdorff, Secretary

Marco Guazzi, Treasurer

### **EuroPrevent 2017 Congress Programme Committee:**

Jean-Paul Schmid, Chairperson

### **Congress Programme Committee**

#### **Members**

Marco Guazzi

Michael Papadakis

Grethe Tell

Heinz Voller

#### **Deputy Members**

Ana Abreu

Paul Leeson

Maja-Lise Lochen

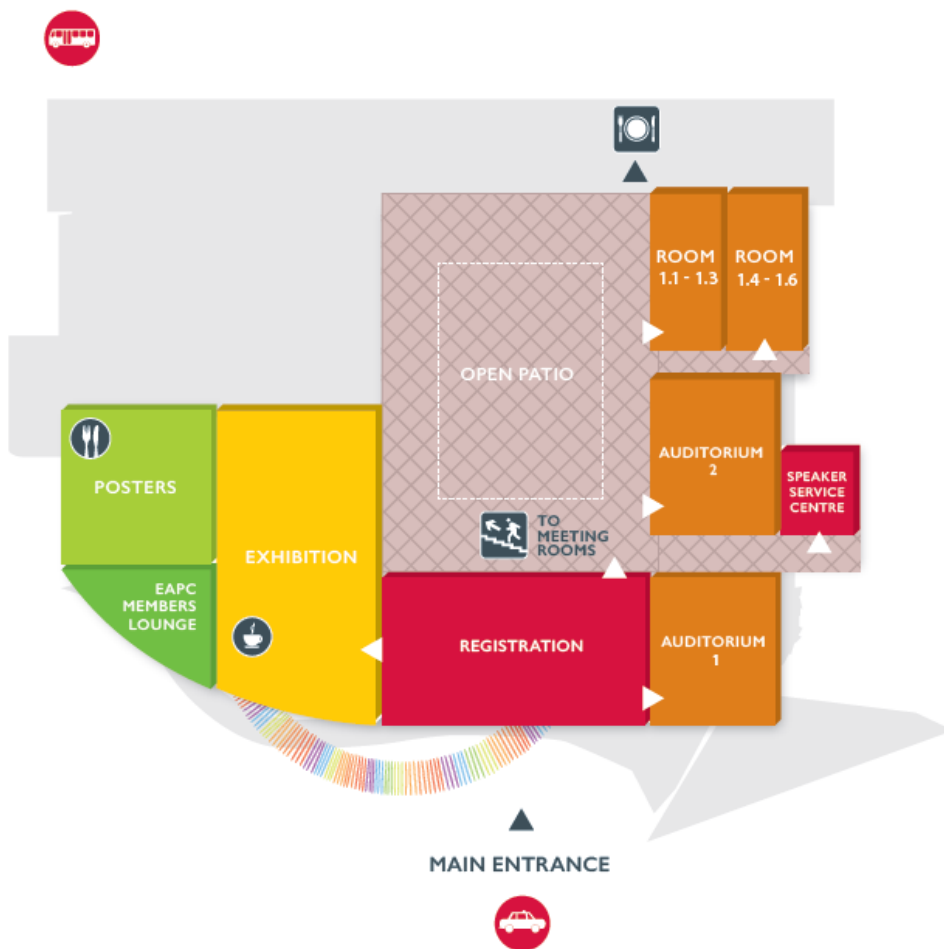
Sanjay Sharma

## 1.5 Venue

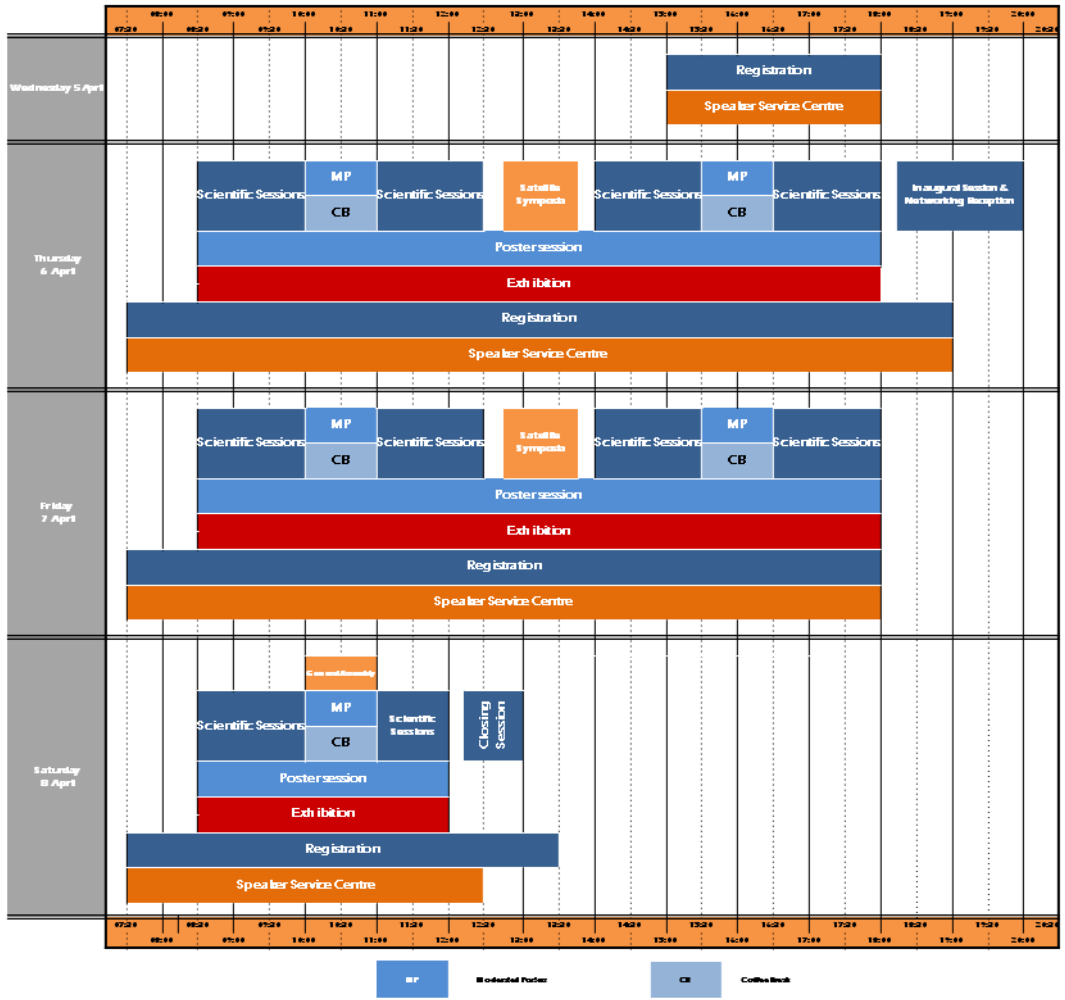
FYCMA - Palacio de Ferias y Congresos de Malaga  
Avenida Ortega y Gasset, 201  
29006 Malaga, Spain



### Venue layout overview



# 1.6 Timetable



## 2 SCIENTIFIC PROGRAMME INFORMATION

### 2.1 General Information

4 Lecture rooms

59 Sessions

35 Pre-arranged sessions

- 19 Symposium
- 4 Case-based Symposium
- 3 How-to Session
- 4 Teaching Course
- 5 Special Session

14 Abstract-based sessions

- 5 Moderated Posters
- 3 Poster Session
- 2 Rapid Fire Abstract session
- 4 YIA Abstract session

10 Other sessions

- 1 EAPC General Assembly
- 1 Inaugural Session
- 1 Closing Ceremony
- 1 EuroPrevent Career Cafe
- 6 Satellite symposium

681 Abstracts Received

580 Abstracts Accepted (85 %)

146 Faculty Members

291 Roles (All sessions except industry & special event)

- 90 roles of Chairperson
- 130 roles of Speaker
- 71 roles of Other (12 judges abstract & 59 discussants)

### 2.2 FACULTY RELATED REPORTS

Overview EuroPrevent 2017 Scientific session (does not include industry & special events)

#### Number of Roles distributed

291 roles distributed as shown below

Faculty roles distributed for EPR programme	Total
Chairperson	90
Judge Abstract	12
Speaker	130
Discussant	59
Grand Total	291

#### Number of Faculty invited for EUROPREVENT Programme

	EuroPrevent 2015	EuroPrevent 2017
TOTAL number of Faculty	144	146

**146** Faculty members involved in the EUROPREVENT 2015 Programme

**Faculty Gender representation** 27,4% Women – 72,6% Men

### Faculty overview

**Role distribution (does not include Industry sessions and special events)**

	2015	2017
1 role	76	67
2 roles	35	36
3 roles	17	28
4 roles	12	10
5 roles	3	3
6 roles	1	1
7 roles		1
<b>Total faculty</b>	<b>144</b>	<b>146</b>

**Faculty by country 2015 & 2017 – Sorted by top country representation in 2017 - \*Host country**

Country	2015	2017
United Kingdom	22	28
Netherlands	5	17
Spain	5	*14
Germany	15	12
Italy	17	12
Belgium	8	10
Switzerland	7	7
France	8	5
Norway	8	5
Denmark	2	4
Sweden	4	4
Austria	1	3
Finland	1	3
Greece	3	3
Japan	5	3
Portugal	*13	3
United States of America	2	3
Australia		2
India	1	2
Romania		2
Canada		1
Ireland	1	1
Poland	3	1
Russian Federation	1	1
Angola	1	
Brazil	2	
China	1	
Croatia	1	
Czech Republic	1	
Mozambique	1	
Qatar	1	



Saudi Arabia	1	
Slovenia	1	
Turkey	1	
Ukraine	1	
<b>Grand Total</b>	<b>144</b>	<b>146</b>

## 2.3 COMPARISON sessions 2015 – 2017

This chart does not include special event sessions and Satellite symposium

Process Type	Type	2015	2017
<b>Abstract</b>	Rapid Fire Abstract	2	2
	Young Investigators Awards session	4	4
	Moderated Poster session	5	5
	Poster session	5	3
	Total	16	14
<b>Pre arranged</b>	Debate Session	0	1
	Main session	1	0
	Case-based session	0	4
	How-to Session	5	2
	Special Session	2	5
	Symposium	19	18
	Teaching Course	8	4
Total	35	34	
Grand Total		51	48

**The number of sessions is low compare to 2015 because it has been decided to have one poster session with the posters on display during the whole day instead of having two poster sessions with a half day display only.**

### Number of Sessions By topic

Session by Topic	2015	2017
Cardiac rehabilitation	7	4
Diabetes		1
Epidemiology		1
Exercise testing	4	1
Exercise training	2	
Hypertension	2	
Imaging		1
Lipids	2	
Nutrition	2	2
Obesity		1
Other/ Miscellaneous	19	24
Physical activity		1
Psycho-social risk factors	2	
Public health / health policy	2	1
Risk scoring	1	1

Smoking		1
Social inequalities in cardiovascular health	1	1
Sports cardiology	6	4
Telemedicine	1	4
<b>Total</b>	<b>51</b>	<b>48</b>

## 2.4 SESSIONS OCCUPANCY REPORT

### Session by occupancy brackets in comparison with 2015

Occupancy Bracket	EPR 2015	EPR 2017
200-250		1
100 - 200	11	5
50 - 100	21	22
Less 50	9	12

### List of top attended sessions

Session Title	Category	Type	Session Grade	Occupancy @Peak	Max Occup %	Topic
New frontiers in sports cardiology: quantifying risk in master athletes		Case-based Symposium	5	220	55%	Sports cardiology
Exercise and cardiovascular health		Symposium	5	190	32%	Miscellaneous
State-of-the-art exercise prescription in cardiovascular rehabilitation: innovative approaches		Special Session	4	170	28%	Miscellaneous
Investigating and managing challenging cases in sports cardiology		Case-based Symposium	5	120	60%	Sports cardiology
Exercise for cardiovascular health: double edged sword?		Debate Session	5	120	100%	Miscellaneous
Innovations in preventing sudden death in athletes		Case-based Symposium	5	115	29%	Sports cardiology
Secondary Prevention: unmet medical needs - Session I	Master Class	Teaching Course	5	100	17%	Miscellaneous
Secondary Prevention: unmet medical needs - Session II	Master Class	Teaching Course	5	90	15%	Miscellaneous
Utility of cardio pulmonary exercise testing in cardiac rehabilitation	Joint session with Spanish Society of Cardiology	Special Session	5	90	23%	Miscellaneous
Diet, nutrients and cardiovascular disease prevention: novel aspects		Symposium	5	85	21%	Nutrition
How to tailor cardiac rehabilitation in patients with devices or endstage diseases?	Joint session with the Japanese Society of cardiac rehabilitation	Special Session	5	85	43%	Cardiac rehabilitation
The role of Apps and other e-Health tools for health assessment		Symposium	4	80	20%	Telemedicine

<b>and improvement</b>						
<b>Telemedicine in primary prevention</b>		Symposium	4	75	13%	Telemedicine
<b>Cardiovascular risk and polypill</b>	Master Class	Teaching Course	5	70	12%	Miscellaneous
<b>Update on the athlete's ECG; International criteria 2017</b>		Case-based Symposium	5	70	35%	Sports cardiology
<b>New developments in the field of preventive cardiology</b>		Special Session	5	70	58%	Miscellaneous
<b>Physical activity monitoring, current status and future perspectives</b>		Symposium	4	65	11%	Physical activity
<b>Nutrition over lifespan</b>		Symposium	5	65	16%	Nutrition
<b>Cardiac telerehabilitation: greater benefits at lower costs?</b>		Symposium	5	60	10%	Telemedicine
<b>Tobacco endgame: the roles of e-cigarettes, waterpipe and other forms of smoking</b>		Symposium	4	60	50%	Smoking
<b>Rapid Fire Abstract session II</b>		Rapid Fire Abstract	4	60	50%	Miscellaneous
<b>Young investigator award session II - Sport Cardiology</b>		Young Investigator Awards	5	58	48%	Miscellaneous
<b>Detection of subclinical atherosclerosis</b>		Symposium	5	55	14%	Risk scoring
<b>Metabolic targets in rehabilitation in the young and in the old: is there a seasoning aspect?</b>		Symposium		55	28%	Obesity
<b>"Feeling better, being better" The HeartQoL questionnaire</b>		Symposium	5	55	28%	Cardiac rehabilitation
<b>Rapid Fire Abstract session I</b>		Rapid Fire Abstract	4	55	46%	Miscellaneous
<b>How to assess frailty?</b>		How-to Session	5	52	26%	Cardiac rehabilitation
<b>Rehabilitation works: the need for meta-analysis</b>		Symposium	5	50	42%	Cardiac rehabilitation

### List of least attended Sessions

Session Title	Category	Type	Session Grade	Occupancy @Peak	Max Occup %	Topic
<b>Clean air for clean arteries?</b>		Symposium	5	16	8%	Epidemiology
<b>The year in preventive cardiology</b>	Joint session with the European Heart Journal and the European Journal of Preventive Cardiology.	Special Session	5	20	3%	Miscellaneous
<b>The cardiovascular polypill: practical implementation</b>	Master Class	Teaching Course	3	25	4%	Miscellaneous
<b>A new approach in CVD risk management, the role of pharmacists</b>		Symposium	4	25	6%	Public health / health policy
<b>Young investigator award session III - Prevention, Epidemiology &amp; Population Science (PEP)</b>		Young Investigator Awards	4	30	25%	Miscellaneous
<b>How to make use of add-ons in exercise testing?</b>		How-to Session	4	35	18%	Exercise testing
<b>The role of exercise in diabetes prevention and therapy</b>		Symposium	3	35	18%	Diabetes

Young investigator award session I - Exercise Basic & Translational Research (EBTR)	Young Investigator Awards	5	35	29%	Miscellaneous
Young investigator award session IV - Cardiac Rehabilitation	Young Investigator Awards	4	35	29%	Miscellaneous
How to implement a safe, qualitative, medically and legally robust cardiac e-Health programme	Symposium	4	40	10%	Telemedicine
Innovative approaches in exercise assessment and exercise rehabilitation in CHD	Symposium	5	40	10%	Imaging
Social inequalities in cardiovascular disease and prevention	Symposium	4	40	20%	Social inequalities in cardiovascular health

## 2.5 Abstracts related report

### Overview by all status – comparison with previous years

	2013	2014	2015	2017	+/- Variance
Submitted	999	762	857	681	+176
Not validated & Withdrawn	44	11	31	17	-14
Accepted	553	519	704	579	+125
- oral	33	54	53	44	-9
- poster	520	465	611	495	+116
- moderated poster	0	0	40	40	=
- <i>withdrawn after acceptance</i>	26	44	38	24	-12
% acceptance	58%	68%	82%	85%	3%
No show	99 (17%)	89 (17%)	122 (17%)	86 (14%)	-36

### By Topic

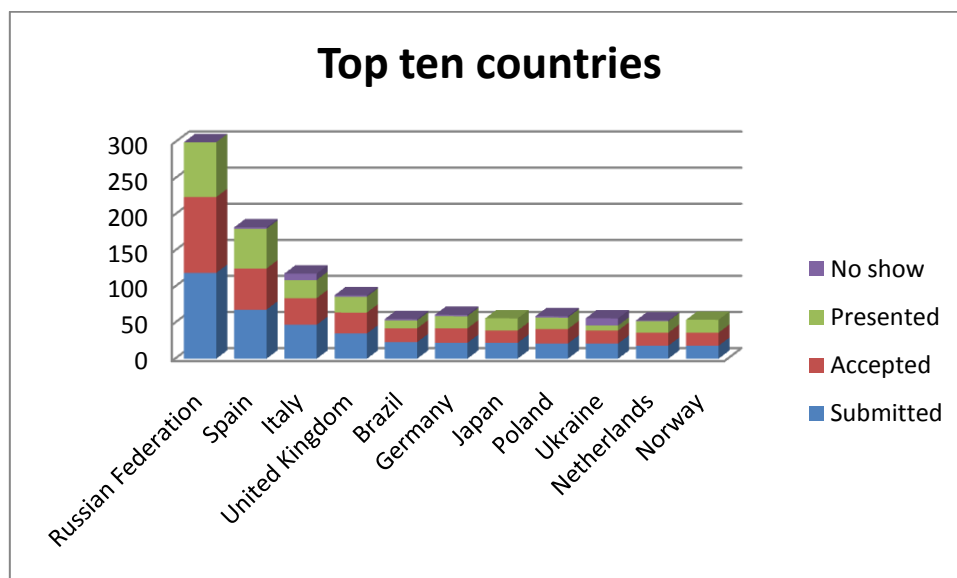
Topic	Submitted	Accepted	Presented	No show
01.00 - Cardiac rehabilitation	102	81	63	10
02.00 - Diabetes	28	27	19	7
03.00 - Environmental factors	3	3	3	
04.00 - Epidemiology	70	63	53	7
05.00 - Exercise testing	31	28	25	1
06.00 - Exercise training	20	18	14	2
07.00 - Genetics	14	11	9	2
08.00 - Health economics	4	3	2	1
09.00 - Hypertension	43	39	28	9
10.00 - Imaging	17	12	10	1
11.00 - Lipids	38	32	20	10
12.00 - Motivational psychology	10	8	7	
13.00 - Nutrition	23	22	18	4
14.00 - Obesity	29	27	22	5
16.00 - Physical activity	16	15	14	1
17.00 - Psycho-social risk factors	30	20	16	3
18.00 - Public health / health policy	10	5	5	
19.00 - Risk factors: others	79	76	57	13
20.00 - Risk scoring	20	14	11	2

21.00 - Smoking	12	12	10	1
22.00 - Social inequalities in cardiovascular health	8	8	8	
23.00 - Sports cardiology	47	33	27	3
24.00 - Stroke prevention	7	6	4	1
25.00 - Sudden Cardiac Death	11	9	5	3
26.00 - Telemedicine	9	7	5	
Grand Total	681	579	455	86

### Abstracts by country - sorted by # of Submissions from top to lower submission level

Country	Submitted	Accepted	Presented	No show
Russian Federation	119	105	76	22
Spain	68	57	55	2
Italy	47	37	25	9
United Kingdom	35	29	22	2
Brazil	23	19	11	2
Germany	22	20	17	2
Japan	22	17	17	
Poland	21	20	16	2
Ukraine	21	18	7	10
Netherlands	18	18	16	1
Norway	18	18	18	
Serbia	16	16	10	5
Romania	15	11	11	
Turkey	15	11	9	2
Belgium	14	14	12	1
United States of America	14	12	11	
Bulgaria	13	10	10	
Denmark	13	12	11	
Greece	13	12	8	3
Sweden	10	8	8	
Tunisia	9	8	7	1
Canada	8	8	6	2
Egypt	8	4	1	2
France	8	7	6	1
Ireland	7	6	4	
Malta	7	6	6	
Albania	6	2	2	
Indonesia	6	5	5	
Korea Republic of	6	5	3	1
Portugal	6	5	5	
Slovak Republic	6	6	5	1
Hungary	5	4	2	2
India	5	3	1	2
Lithuania	5	4	3	
Australia	4	4	3	

Azerbaijan	4	2		2
Czech Republic	4	3	3	
Uzbekistan	4	4	1	3
Austria	3	3	3	
Israel	3	3	3	
Switzerland	3	3	3	
Morocco	3			
Belarus	2	2		1
Colombia	2	2	1	1
Mexico	2	2	2	
Singapore	2	2	2	
Slovenia	2	2	2	
Latvia	2			
Bangladesh	1	1		1
Croatia	1	1		1
Georgia Republic of	1	1		1
Iran (Islamic Republic of)	1	1	1	
Jordan	1	1	1	
Lebanon	1	1	1	
Nepal	1	1	1	
Sri Lanka	1	1		1
Taiwan ROC	1	1	1	
United Arab Emirates	1	1	1	
Montenegro	1			
Finland	1			
<b>Grand Total</b>	<b>681</b>	<b>579</b>	<b>455</b>	<b>86</b>



## 2.6 Feedback from Faculty received by email

**A thank you message was sent to the faculty just after the congress**

Dear Diederick Grobbee and Jean-Paul Schmid,

Thank you for the mail and for the opportunity to actively participate in all EuroPrevent and EAPC activities. It was such a great pleasure! And absolutely it was an incredible experience. No doubts that I will be happy to contribute and collaborate in the future and plan to attend EuroPrevent 2018 in Lyubljana, Slovenia.

Yours sincerely, Maria Simonenko.

Dear Drs. Grobbee and Schmid, It was indeed a pleasure and honor to participate again in Europrevent and I look forward to helping in any way I can with next year’s program!

Best wishes, Nathan

Nathan D. Wong, PhD, FACC, FAHA

### 3 REGISTRATION & ATTENDANCE

#### 3.1 Registration fees

Full congress fees:

Full Congress fee	Early fee until 23 January 2017	Late fee until 28 February 2017	Last Minute fee until 27 March 2017
Regular Member of the EAPC	€565	€645	€750
Ivory Member of the EAPC (1)	€540	€620	€725
Silver Member of the EAPC (1)	€466	€546	€651
Standard fee	€565	€645	€750
Allied Health Professional & Health Professional in Training (2)	€280	€320	€375
Local Resident (2)	€280	€320	€375

**(1)** Reduced fee for EAPC members only applies if membership is settled before the date of registration. The reduced fee for delegates who became EAPC member after registering will not apply.

EAPC Member registration: An online version of the European Journal of Preventive Cardiology for 2018 is included in your EAPC 2017 Silver Membership. A Paper version of the journal can be purchased - for more information please contact [publications@escardio.org](mailto:publications@escardio.org). Extra benefits for EAPC Members Ivory & Silver includes discounted registration fees and members lounge access.

**(2)** - Allied Health Professionals, Health Professionals in Training and Medical Students: Proof of status, both signed and stamped by the Head of Department on official letterhead, will be requested during the registration process. For Medical Students, a currently valid student card will be needed.

- Local Resident: Applies to participants of Spanish nationality both living and working in Spain. A copy of your ID/passport will be requested during the registration process.

Day tickets:

One Day Ticket only: Thursday 6 OR Friday 7 OR Saturday 8	Early fee until 23 January 2017	Late fee until 28 February 2017	Last Minute fee until 27 March
Standard	€235	€260	€280
Local Resident (2)	€120	€130	€140
Medical Student (2)	€35	€45	€55

The fees included:

- Access to all scientific sessions and the Exhibition area
- Coffee breaks
- A printed copy of the Final Programme

### 3.2 Total attendance

	2013 Rome	2014 Amsterdam	2015 Lisbon	2017 Malaga	+/- 2015 / 2017
Active delegates	1 538	1 123	1 251	1 006	- 245
Press members	7	4	11	5	- 6
Exhibitors	245	163	97	68	- 29
<b>TOTAL</b>	<b>1 790</b>	<b>1 290</b>	<b>1 359</b>	<b>1 079</b>	<b>- 280</b>

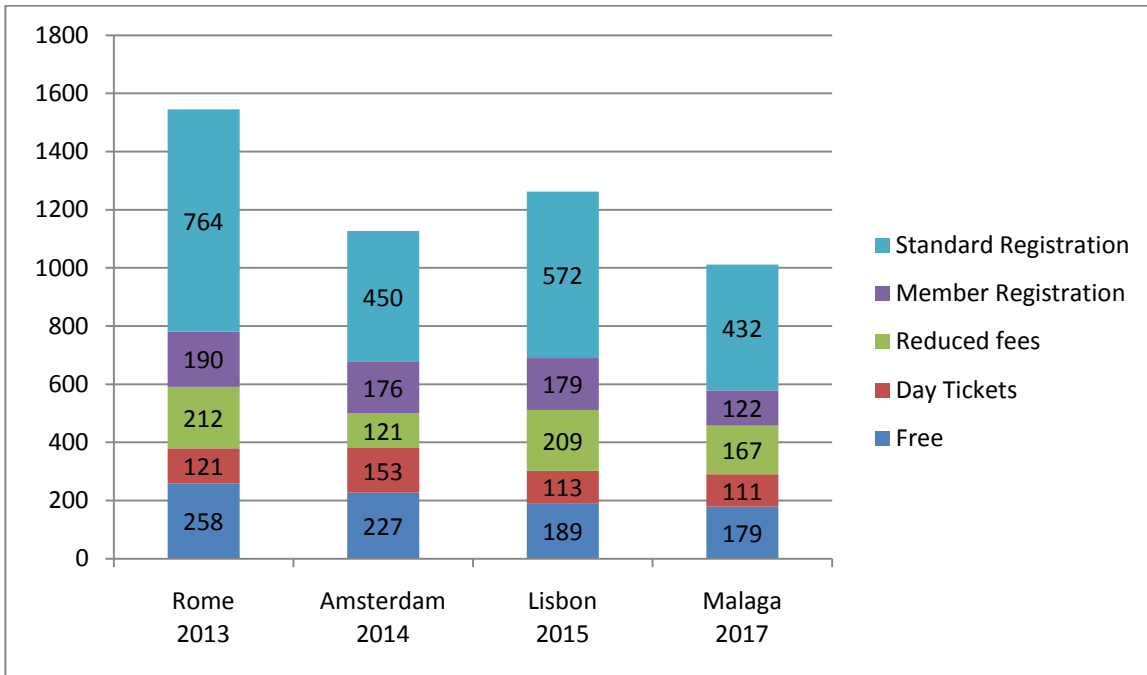
### 3.3 Registration type (Standard, member, student etc...)

#### 3.3.1 Distribution of attendance by type of fee

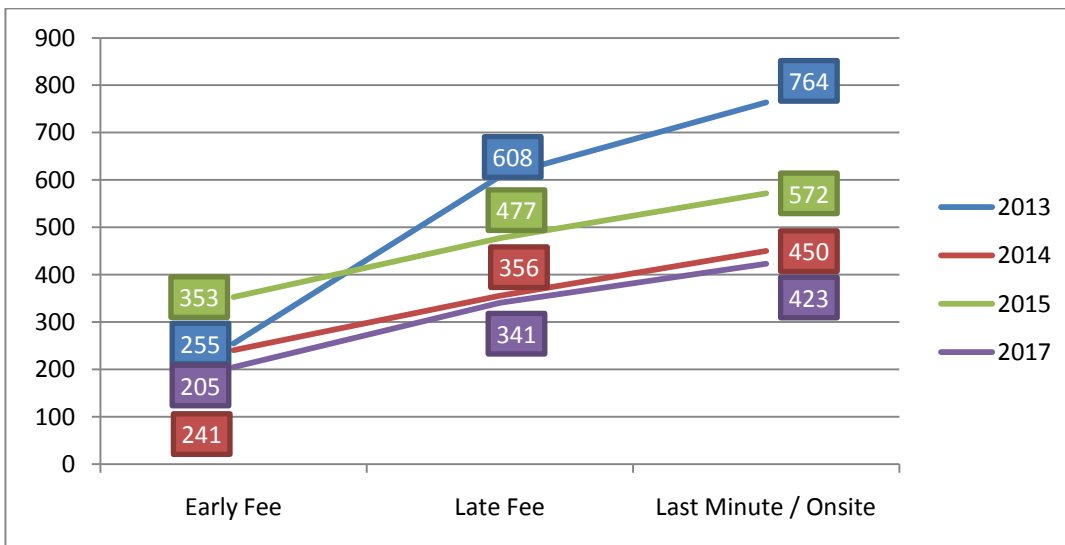
	2013 Rome	2014 Amsterdam	2015 Lisbon	2017 Malaga	+/- 2015 / 2017
Regular EAPC Member	N/A	N/A	N/A	82	N/A
Ivory EAPC Member	N/A	N/A	N/A	10	N/A
Silver EAPC Member	190 (all EACPR members)	176 (all EACPR members)	179 (all EACPR members)	30	- 57 (all EAPC & EACPR members)
Standard fee	764	450	572	432	- 140
Reduced fee (1)	148	95	177	115	- 62
Local Resident (2)	64	26	32	52	+ 20
Free	258	227	189	179	- 10
Day Ticket	121	147	83	81	- 2
Day Ticket Local (2)	N/A	6	14	6	- 8
Day Ticket Student (3)	N/A	N/A	16	24	+ 8
<b>TOTAL</b>	<b>1 545</b>	<b>1 127</b>	<b>1 262</b>	<b>1 011</b>	<b>- 251</b>



- 1) Applies to Allied Health Professional & Health Professional in Training. An official statement both signed and stamped by the Head of Department and proving Allied Health Professional & Health Professional in Training status, or a currently valid Student card, had to be provided during the registration process.
- 2) Applies to participants of Spanish nationality both living and working in Spain. A copy of the ID/passport was requested during the registration process.
- 3) Applies to Medical Student. A currently valid student card was requested during the registration process.

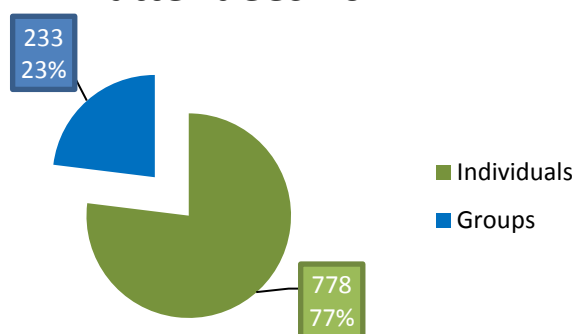


### 3.3.2 Booking pace and proportion of Standard fees



### 3.3.3 Individual Vs Group attendees

## Individual vs Group attendees 2017



### 3.4 By Country

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

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

Country	Rome 2013	Amsterdam 2014	Lisbon 2015	Malaga 2017			+/-
	(total)	(total)	(total)	Non Faculty	Faculty	Total	2015/2017
<b>Africa (non ESC)</b>	4	5	8	3	0	3	-5
Angola	0	0	2	0	0	0	-2
Benin	0	0	0	0	0	0	0
Botswana	0	0	0	0	0	0	0
Burkina Faso	0	0	0	0	0	0	0
Cameroon	0	0	0	0	0	0	0
Cape Verde	0	0	0	0	0	0	0
Central African Republic	0	0	0	0	0	0	0
Chad	0	0	0	0	0	0	0
Comoros	0	0	0	0	0	0	0
Congo	0	0	0	0	0	0	0
Cote d'Ivoire	0	0	0	0	0	0	0
Democratic Republic of Congo	0	0	0	0	0	0	0
Ethiopia	0	0	0	0	0	0	0
Gabon	0	0	0	0	0	0	0
Gambia	0	0	0	0	0	0	0
Ghana	0	0	0	0	0	0	0
Guinea	0	0	0	0	0	0	0
Guinea-Bissau	0	0	0	0	0	0	0
Kenya	0	0	0	0	0	0	0
Lesotho	0	0	0	0	0	0	0
Libya	1	0	0	0	0	0	0
Madagascar	0	0	0	0	0	0	0
Mali	0	0	1	0	0	0	-1
Mauritius	0	0	0	0	0	0	0
Mozambique	0	0	1	0	0	0	-1
Namibia	0	0	0	0	0	0	0

Niger	0	0	0	0	0	0	0
Nigeria	0	2	0	0	0	0	0
Rwanda	0	0	0	0	0	0	0
Senegal	0	0	0	0	0	0	0
Sierra Leone	0	0	0	0	0	0	0
Somalia	0	0	0	0	0	0	0
South Africa	2	3	4	3	0	3	-1
Sudan	0	0	0	0	0	0	0
Swaziland	1	0	0	0	0	0	0
Tanzania United Republic of	0	0	0	0	0	0	0
Togo	0	0	0	0	0	0	0
Uganda	0	0	0	0	0	0	0
Zambia	0	0	0	0	0	0	0
Zimbabwe	0	0	0	0	0	0	0
<b>Asia Pacific</b>	<b>115</b>	<b>43</b>	<b>101</b>	<b>81</b>	<b>6</b>	<b>87</b>	<b>-14</b>
Afghanistan	0	0	0	0	0	0	0
Australia	10	1	13	4	1	5	-8
Azerbaijan	5	2	5	0	0	0	-5
Bahrain	0	0	0	0	0	0	0
Bangladesh	1	0	0	0	0	0	0
Bhutan	0	0	0	0	0	0	0
Brunei Darussalam	0	0	0	0	0	0	0
Cambodia	0	0	0	0	0	0	0
China People's Republic of	1	4	19	24	0	24	5
Christmas Island	0	0	0	0	0	0	0
Cocos (Keeling) Islands	0	0	0	0	0	0	0
Hong Kong SAR People's Republic of China	1	2	0	0	0	0	0
India	6	2	8	2	2	4	-4
Indonesia	0	0	0	5	0	5	5
Iran (Islamic Republic of)	2	0	0	1	0	1	1
Iraq	10	1	0	0	0	0	0
Japan	41	11	33	24	3	27	-6
Jordan	2	0	0	2	0	2	2
Kiribati	0	0	0	0	0	0	0
Korea Democratic People's Republic Of	0	0	0	0	0	0	0
Korea Republic of	3	2	9	4	0	4	-5
Kuwait	0	0	3	0	0	0	-3
Lao People's Democratic Republic	0	0	0	0	0	0	0
Macau SAR People's Republic of China	0	0	0	0	0	0	0
Malaysia	1	0	0	1	0	1	1
Maldives	0	0	0	0	0	0	0
Mongolia	0	0	0	0	0	0	0
Myanmar	0	0	0	0	0	0	0
Nepal	0	0	0	0	0	0	0
New Zealand	1	3	2	0	0	0	-2
Oman	0	0	0	0	0	0	0
Pakistan	0	0	0	0	0	0	0
Palau	0	0	0	0	0	0	0

Palestine Territories	0	0	0	0	0	0	0
Papua New Guinea	0	0	0	0	0	0	0
Philippines	0	0	0	10	0	10	10
Qatar	1	4	1	0	0	0	-1
Saudi Arabia	10	3	3	0	0	0	-3
Singapore	1	3	2	2	0	2	0
Sri Lanka	0	0	1	1	0	1	0
Syrian Arab Republic	0	1	0	0	0	0	0
Taiwan ROC	0	0	0	1	0	1	1
Tajikistan	0	0	0	0	0	0	0
Thailand	15	0	0	0	0	0	0
Turkmenistan	0	0	0	0	0	0	0
United Arab Emirates	4	3	1	0	0	0	-1
Uzbekistan	0	1	1	0	0	0	-1
Vietnam	0	0	0	0	0	0	0
Western Samoa	0	0	0	0	0	0	0
Yemen	0	0	0	0	0	0	0
<b>ESC</b>	<b>1357</b>	<b>1042</b>	<b>1095</b>	<b>751</b>	<b>124</b>	<b>875</b>	<b>-220</b>
Albania	29	11	18	13	0	13	-5
Algeria	0	0	2	0	0	0	-2
Andorra	0	0	0	0	0	0	0
Armenia	0	1	2	1	0	1	-1
Austria	17	12	9	4	3	7	-2
Belarus	2	5	8	0	0	0	-8
Belgium	49	56	48	38	8	46	-2
Bosnia and Herzegovina	3	0	2	1	0	1	-1
Bulgaria	42	28	50	58	0	58	8
Croatia	39	39	11	3	0	3	-8
Cyprus	1	0	0	0	0	0	0
Czech Republic	12	5	10	1	0	1	-9
Denmark	42	34	18	15	4	19	1
Egypt	2	5	0	5	0	5	5
Estonia	2	1	6	12	0	12	6
Falkland Islands (Malvinas)	0	0	0	0	0	0	0
Faroe Islands	0	0	0	0	0	0	0
Finland	8	4	6	4	3	7	1
France	25	15	24	12	5	17	-7
French Guiana	0	0	0	0	0	0	0
French Polynesia	0	1	0	0	0	0	0
Georgia Republic of	13	3	4	2	0	2	-2
Germany	57	68	56	32	11	43	-13
Gibraltar	0	0	0	0	0	0	0
Greece	132	89	72	52	3	55	-17
Greenland	0	0	0	0	0	0	0
Guadeloupe	0	0	1	0	0	0	-1
Hungary	22	2	17	4	0	4	-13
Iceland	7	6	5	3	0	3	-2
Ireland	11	7	8	7	1	8	0
Israel	10	4	5	6	0	6	1
Italy	162	111	122	49	11	60	-62
Kazakhstan	9	2	3	0	0	0	-3

Kosovo Republic of	0	0	0	0	0	0	0
Kyrgyzstan	2	0	0	0	0	0	0
Latvia	5	2	4	7	0	7	3
Lebanon	0	1	0	0	0	0	0
Liechtenstein	0	0	0	0	0	0	0
Lithuania	29	5	21	11	0	11	-10
Luxembourg	4	3	3	2	0	2	-1
Macedonia The Former Yugoslav Republic of	0	0	0	1	0	1	1
Malta	3	0	0	3	0	3	3
Martinique	0	0	0	0	0	0	0
Mayotte	0	0	0	0	0	0	0
Moldova Republic of	1	0	3	0	0	0	-3
Monaco	0	0	0	0	0	0	0
Montenegro	3	2	1	0	0	0	-1
Morocco	0	0	2	0	0	0	-2
Netherlands	55	122	34	45	13	58	24
Netherlands Antilles	0	0	0	0	0	0	0
New Caledonia	0	0	0	0	0	0	0
Norway	57	30	32	34	4	38	6
Poland	19	16	52	14	1	15	-37
Portugal	20	5	95	11	2	13	-82
Reunion	0	1	1	0	0	0	-1
Romania	82	18	44	50	2	52	8
Russian Federation	62	69	60	37	0	37	-23
San Marino Republic of	0	0	0	0	0	0	0
Serbia	69	30	19	21	0	21	2
Slovak Republic	17	23	14	26	0	26	12
Slovenia	3	3	4	4	1	5	1
Spain	67	46	73	91	14	105	32
Sweden	49	31	22	19	4	23	1
Switzerland	37	33	26	12	6	18	-8
Tunisia	1	0	0	2	0	2	2
Turkey	22	25	11	6	0	6	-5
Ukraine	14	15	11	16	0	16	5
United Kingdom	40	53	56	17	28	45	-11
<b>North America</b>	<b>53</b>	<b>22</b>	<b>26</b>	<b>28</b>	<b>4</b>	<b>32</b>	<b>6</b>
Canada	16	11	9	9	1	10	1
Mexico	6	3	2	2	0	2	0
United States Minor Outlying Islands	0	0	0	0	0	0	0
<b>United States of America</b>	<b>31</b>	<b>8</b>	<b>15</b>	<b>17</b>	<b>3</b>	<b>20</b>	<b>5</b>
<b>South &amp; Central America</b>	<b>16</b>	<b>15</b>	<b>32</b>	<b>14</b>	<b>0</b>	<b>14</b>	<b>-18</b>
Antigua and Barbuda	0	0	0	0	0	0	0
Argentina	3	2	2	1	0	1	-1
Aruba	0	0	0	0	0	0	0
Bahamas	0	0	0	0	0	0	0
Barbados	0	0	0	0	0	0	0
Belize	0	0	0	0	0	0	0
Bermuda	0	0	0	0	0	0	0
Bolivia	0	0	0	0	0	0	0
Brazil	10	9	28	11	0	11	-17

Cayman Islands	0	0	0	0	0	0	0
Chile	0	1	0	0	0	0	0
Colombia	0	0	1	1	0	1	0
Costa Rica	0	0	0	0	0	0	0
Cuba	1	0	0	0	0	0	0
Dominica (Commonwealth of Dominica)	0	0	0	0	0	0	0
Dominican Republic	0	0	0	0	0	0	0
Ecuador	1	0	0	0	0	0	0
El Salvador	0	0	0	0	0	0	0
Guatemala	0	0	0	0	0	0	0
Guyana	0	0	0	0	0	0	0
Haiti	0	0	0	0	0	0	0
Honduras	0	0	0	0	0	0	0
Jamaica	0	0	0	0	0	0	0
Monteserrat	0	0	0	0	0	0	0
Nicaragua	0	0	0	0	0	0	0
Panama	0	0	0	1	0	1	1
Paraguay	0	0	0	0	0	0	0
Peru	1	0	0	0	0	0	0
Puerto Rico	0	0	0	0	0	0	0
Saint Kitts & Nevis	0	0	0	0	0	0	0
Saint Lucia	0	0	0	0	0	0	0
Suriname	0	3	1	0	0	0	-1
Trinidad & Tobago	0	0	0	0	0	0	0
Uruguay	0	0	0	0	0	0	0
Venezuela	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>1545</b>	<b>1127</b>	<b>1262</b>	<b>877</b>	<b>134</b>	<b>1011</b>	<b>-251</b>
<b>Country</b>	<b>Rome 2013</b>	<b>Amsterdam 2014</b>	<b>Lisbon 2015</b>	<b>Malaga 2017</b>			<b>+/-</b>
	<b>(total)</b>	<b>(total)</b>	<b>(total)</b>	<b>Non Faculty</b>	<b>Faculty</b>	<b>Total</b>	<b>2015/2017</b>

### 3.4.2 Top 20 countries of origin

Rank	Zone	Country	2015		2017	
			Lisbon		Malaga	
			excl. Faculty	incl. Faculty	excl. Faculty	incl. Faculty
1	ESC	Spain	68	73	91	164
2	ESC	Italy	107	122	49	171
3	ESC	Bulgaria	50	50	58	108
4	ESC	Netherlands	30	34	45	79
5	ESC	Greece	69	72	52	124
6	ESC	Romania	44	44	50	94
7	ESC	Belgium	42	48	38	86
8	ESC	United Kingdom	36	56	17	73
9	ESC	Germany	42	56	32	88
10	ESC	Norway	24	32	34	66
11	ESC	Russian Federation	59	60	37	97
12	Asia Pacific	Japan	28	33	24	57
13	ESC	Slovak Republic	14	14	26	40

14	Asia Pacific	China People's Republic of	18	19	24	43
15	ESC	Sweden	19	22	19	41
16	ESC	Serbia	19	19	21	40
17	North America	United States of America	13	15	17	32
18	ESC	Denmark	17	18	15	33
19	ESC	Switzerland	17	26	12	38
20	ESC	France	17	24	12	36

### 3.5 Delegate breakdown by activity

On the total of 1 079 registrations, 860 have provided information on their activity and are therefore considered in the below breakdown (the others have an incomplete profile or had registrations made by Third Parties):

Total	860	85,1%
Administrator	3	0,3%
Cardiologist	83	8,2%
Cardiologist - Trainee	3	0,3%
Engineer	2	0,2%
General Practitioner	1	0,1%
Medical Technician	3	0,3%
Nurse	2	0,2%
Nurse, Nurse Practitioner	32	3,2%
Other	41	4,1%
Other Healthcare Profession	46	4,6%
Paramedic	8	0,8%
Physician - Cardiac Surgery	3	0,3%
Physician - Cardiology	422	41,8%
Physician - Emergency Medicine	2	0,2%
Physician - General Practice	14	1,4%
Physician - Intensive Care	2	0,2%
Physician - Internal Medicine	18	1,8%
Physician - Interventional Cardiology	13	1,3%
Physician - Nephrology	1	0,1%
Physician - Neurology	1	0,1%
Physician - Other Specialty	38	3,8%
Physician - Radiology	1	0,1%
Physician - Vascular Medicine / Angiology	4	0,4%
Press/Medical Writer	1	0,1%
Public Health Organisation/NGO	2	0,2%
Scientist	113	11,2%
Surgeon	1	0,1%

Note that the total percentage does not add up to 100% as the profiles missing information relative to their activity make up 15% of the total but were not included in the above table.

## 4 INDUSTRY

### Exhibition

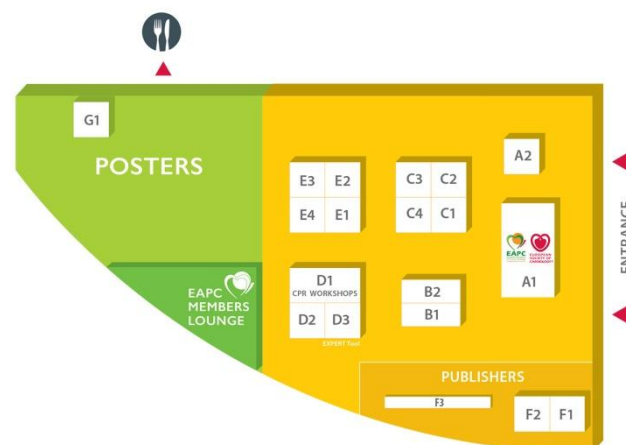
List of Exhibitors	2013 (m <sup>2</sup> )	2014 (m <sup>2</sup> )	2015 (m <sup>2</sup> )	2017 (m <sup>2</sup> )
A. Menarini Pharmaceuticals Ireland Ltd				
Ab HUR Oy		10		
Ai Mediq S.A.	9			
Ani Biotech Oy/Labsystems Diagnostics	9			
Aspetar			36	
Association for the Mediterranean Diet	9			
AstraZeneca		9		
AtCor Medical	9			9
Axelife SAS			9	
Bayer B.V.		9		
Bittium Corporation				9
Bold Technologies Leading Espana SL				9
CamNtech Limited			9	9
cardiowise :: seleon gmbh	9			
Carocelle Ltd.				9
Charity Cardiac Risk in the Young (CRY)			9	9
COSMED	9	9	9	10
diaDexus, Inc	9	9		
DiagnOptics Technologies BV		12		
DSM Nutritional Products AG				9
Ercules Comunicazioni	6			
ergoline GmbH	9			
Ergosana GmbH		9		
Esaote	9	12		
European Society of Cardiology / CPR Workshops				18
European Society of Cardiology / European Association of Preventive Cardiology	36	36	36	36
EXPERT Tool				9
Fukuda Denshi	9	9		
GICR-IACPR (Italian Association for Cardiovascular Prevention, Rehabilitation and Epidemiology)	9			
Heart Test Laboratories, Inc	9			
Hitachi Medical Systems Europe Holding AG / Hitachi Aloka	20	12		
Imedos Systems UG				9
Institute for Scientific Information on Coffee			9	
Irish Heart Foundation				
Istituto Superiore di Sanità	9			
Italian National Olympic Committee (CONI)	9			
Italian Paralympic Committee (CIP)	9			
Julius Clinical		9		
Ljubljana Tourism / ESC				9
Mc Neil Nutritionals (BENECOL)				
MSD				



Oxford University Press			9	9
Panasonic Healthcare	15			
Romanian Heart Foundation	9			
Rottapharm Madaus	54			
Russian National Society for Cardiovascular Prevention and Rehabilitation	9	9		
SAGE	9	9	9	9
SERVIER	9	9	9	9
Takeda				
The Japanese Association of Cardiac Rehabilitation	9	9	9	9
TILMAN sa		9		
Toshiba Medical Systems Europe BV	9			10
Wisepress Online Medical Bookshop	6	7	6	9
<b>Total</b>	<b>327</b>	<b>197</b>	<b>159</b>	<b>209</b>

## Exhibitors

- Number of stands: 19 stands – 209m<sup>2</sup>
- Exhibition stand spaces:
  - Industry: 10 stands – 92m<sup>2</sup>
  - Publishers: 3 stands – 27m<sup>2</sup>
  - Congress agreement: 4 stands – 36m<sup>2</sup>
  - ESC / EAPC Stand: 1 stand - 36m<sup>2</sup>
  - CPR Workshops : 1 stand – 18m<sup>2</sup>



## Satellite Symposia

6 Satellite Symposia as below:

### Thursday 6 April, 12:45 – 13:45

- **DHA omega-3 and carotenoids in cardio- and cerebrovascular disease prevention** Sponsored by **Carocelle Ltd.** in Auditorium 1  
Room Capacity: 400 pax - Attendance: 78 pax
- **Monitoring the rising stars - Cardiac assessment in adolescent elite athletes**  
Sponsored by **Toshiba Medical Systems Europe** in Conference room 1.1 – 1.3  
Room Capacity: 200 pax - Attendance: 80 pax
- **The importance of nutritional interventions for heart and cardiovascular health**  
Sponsored by **DSM Nutritional Products AG** in Conference room 1.4 – 1.6  
Room Capacity: 120 pax - Attendance: 93 pax

### Friday 7 April, 12:45 – 13:45

- **Pharmacological agents during cardiac rehabilitation: the synergy to go further**  
Sponsored by **SERVIER** in Auditorium 1  
Room Capacity: 400 pax - Attendance: 85 pax
- **Turning evidence into practice: integrating smoking cessation into cardiovascular clinics**  
Sponsored by **Pfizer** in Conference room 1.1 – 1.3  
Room Capacity: 200 pax - Attendance: 82 pax
- **Retinal vessel analysis in cardiovascular prevention**  
Sponsored by **Imedos Systems UG** in Conference room 1.4 – 1.6  
Room Capacity: 120 pax - Attendance: 55 pax

## Sponsorship

Included in Satellite Symposium package: 1 Delegate bag insert + 1 Weblink per session

Sponsor	Delegate bag insert	Weblink
Carocelle Ltd.	1	1
DSM Nutritional Products AG	1	0
Imedos Systems UG	1	0
Pfizer Ltd	1	1
SERVIER	1	1
Toshiba Medical Systems Europe BV	0	0
<b>Total</b>	<b>5</b>	<b>3</b>

## 5 COMMUNICATIONS

### 5.1 OBJECTIVES AND HIGHLIGHTS

- Giving visibility to EuroPrevent 2017 in order to drive health care professionals to:
  - o Submit an abstract and
  - o Register to attend were clearly the primary objectives of the communications campaign

After the cancellation of the congress in 2016 we developed more defined communication objectives to give more structure to the overall campaign and support these primary objectives

Communication objectives

- Ensure EuroPrevent recognised as the official congress of the European Association of Preventive Cardiology (New Name of the Association)
- Clearly position EuroPrevent as the leading international congress in preventive cardiology (this is not clear from the name of the congress alone)
- Make scope and quality of scientific content/sessions clear and engaging to potential delegates
- Raise awareness of EuroPrevent and beneficial price point to young health care professionals
- Raise awareness of EuroPrevent and beneficial price point in host country cardiology community
- Highlight benefits for EAPC members at EuroPrevent, including price point, to increase member participation
- Raise awareness of EuroPrevent beyond 'ESC community' (those already receiving direct communications from the ESC)

### 5.2 *What was new for EuroPrevent 2017 to meet objectives?*

- Change presentation: **EuroPrevent** ( no more EuroPrevent) + change name of the Association
- **Repeated tagline across all online and offline communication channels:**  
EuroPrevent - *the* leading international congress in preventive cardiology
- Systematic messaging highlighting EuroPrevent as official congress of the EAPC (footer in all ecampaigns, messaging on website, promotional flyers, journals advertising etc.)
- Cross promotion between EAPC and EuroPrevent to underline ownership of EuroPrevent by EAPC
  - EAPC quizzes
  - County of the Month
  - EJPC articles
- This year: better visibility for key speakers

- Recognition for volunteers and decision driver for potential delegates
- Stronger messaging around quality and multifaceted scientific programme
- Improved messaging on sessions (Why you should attend / what you will learn)
- Better visibility for programme content through different formats – people look for info in different ways... (SP&P / web pages / flickable online book / mobile app)
- Targeted messages for price point / member benefits
- Focus on young delegates / YIA contenders

Engaging local cardiologists – drive local attendance

- Great support/engagement from local host and Sociedad Espanola de cardiologia
- Banner online on their webpage
- Improved visibility at host country annual congress
  - Promotional flyer in congress bags
  - Promotional slide in sessions linked to prevention
  - ESC stand briefed to up-sell congress and price point



Communication overview

The communication began in September 2016 with the opening of online services (excluding the promotional flyer which was available during EuroPrevent 2016 and at numerous health congresses ahead of this date)

### 5.3 Dedicated e-campaigns

All e-campaigns were sent to the following target audiences:

- All those in the ESC database interested in Rehabilitation and Exercise Physiology and Cardiovascular Rehabilitation and Secondary Prevention – Long-term Management
- ALL EAPC members
- Previous EuroPrevent delegates (2012 – 2016)
- Previous Abstract submitters to ESC Congress in topic Prevention and Rehabilitation (2012 – 2016)
- Previous EuroPrevent abstract submitters (2012 – 2016)
- EJPC subscribers
- All those in the ESC database in strategic geographic markets identified as Portugal, Spain etc

Specific registration messaging is included in each campaign for the different groups entitled to beneficial pricing (EAPC members, young health care professional and students).

Date	Subject line	Delivered	Opened (D)	Open rate %	Clicks (C)	Click rate C/D %
19/09/16	Submit your abstract	9404	2459	26.15 %	259	10.53%
29/09/16	Tips and tricks for a top abstract submission	9391	2297	24.5 %	160	6.97%
17/10/16	Only one week left to submit your abstract for EuroPrevent 2017!	9323	2230	23.91%	260	11.65%
25/10/16	Breaking news! Abstract submission deadline extended for EuroPrevent 2017	9282	2277	24.53%	165	7.24%
22/12/16	EuroPrevent 2017: Get your registration now to benefit from the early fee!	44973	8791	19,54%	610	6.94%
10/01/17	EuroPrevent 2017: Register now and benefit from the best rate!	44797	8575	19.14%	572	6.67%
19/01/17	Few days left to register for EuroPrevent 2017	44737	8146	18.20%	501	6.15%
31/01/17	An innovating programme in Preventive Cardiology awaits you	44428	6826	15.36%	472	6.91%
08/02/17	EuroPrevent - Register now for EuroPrevent 2017 - 20170208	44,445	8,367	18.87 %	470	5.63%
22/02/17	EuroPrevent - Only a few days left to register for The European Congress on Preventive - 20170222	44 331	7 612	17.21 %	418	5.49%
27/03/17	attendance guide	1 289	824	54.98%	236	28.64%

13/04/17	survey	689	356	51.67%	173	48.59%
20/04/17	SURVEY	688	310	45.06%	113	36.45%

## Results

Total e-campaigns	Total number recipients	Average open rate	Average click rate of open
15	315 339	14%	5%

### E-newsletter articles

Newsletters provide additional visibility to key dates and messaging. They reach a generally larger, but less targeted audience. Articles appeared from September 2016 to April 2017 across the following ESC newsletters:

- My ESC News – 70 000 recipients: Average open rate 16 % / click rate 2 %
- EAPC member quarterly newsletter – 2000 recipients: Average open rate 34.08 %% / click rate 7.3 %

### EuroPrevent daily newsletter

#### Objectives:

- 1) Leverage EuroPrevent 2017 to raise awareness of congress and EAPC activity to EAPC members and all those interested in prevention who were not EuroPrevent delegates.
- 2) Share information on sessions not to be missed, events and EAPC stand activity with delegates on site as a secondary support to the printed version of the newsletter.

Given there were no resources, the newsletter was sent early in the morning to:

- a) Improve opportunity of engaging non delegates in twitter conversation if they see sessions of interest are taking place ( + highlight share information on Facebook and LinkedIn)
- b) Ensure delegates are aware of time and location of key sessions identified to promote

Date	Subject line	Delivered (D)	Opened	Open rate	Clicks (C)	Click rate C/O
05/04/17	Day 1 at EuroPrevent 2017	650	356	56.31%	106	29.8%
06/04/17	Day 2 at EuroPrevent 2017	676	325	48.08%	74	22.76%
07/04/17	Day 3 at EuroPrevent 2017	685	336	49.05%	93	27.7%

### Journal advertising

EuroPrevent 2017 adverts appeared in the following printed journals:

Journal	Vol	Publication date
EJPC	23/4	07/01/16
EHJ	37/7	15/01/16
EJPC	24/1	14/11/16
EJPC	24/2	30/11/16
EJPC	24/3	15/12/16
EJPC	24/4	13/01/17
EJPC	24/5	27/01/17
EJPC	24/6	13/02/17
EJPC	24/7	14/03/17
EJPC	24/8	29/03/17
EJPC	24/9	14/04/17
EJPC	24/10	15/05/17
EJPC	24/11	30/05/17

## 5.4 Press releases

7 April 2017

[Big women have nearly threefold greater risk of atrial fibrillation](#)

8 April 2017

[Obese Spanish workers take more sick leave](#)

8 April 2017

[Grey hair linked with increased heart disease in men](#)

Key facts: overview

Congress	Articles	Publicity Value
EuroPrevent 2017	794	€ 4,98 M

### NEW - Impact of each press release

Source: Meltwater Impact

Consult these online reports for figures & charts on potential reach, top countries, social shares...

1. **Big women:** <https://impact.meltwater.com/reports/7HX552YUCSLJ>

2. **Obese Spanish:** <https://impact.meltwater.com/reports/7aHRZk2bmMF4>

3. **Grey hair:** <https://impact.meltwater.com/reports/vURND8eSwPJ3>

Top Coverage: Meltwater

Medical

**Outlet:** Journal of Invasive Cardiology

**Title:** High Body Surface Area (BSA) Women Have Nearly Threefold Greater Risk of Atrial Fibrillation

**Publication Date:** 07/04/2017

**Source URL:** <http://www.invasivecardiology.com/news/high-body-surface-area-bsa-women-have-nearly-threefold-greater-risk-atrial-fibrillation>

**Outlet:** Health Medicine Network

**Title:** Big women have nearly threefold greater risk of atrial fibrillation

**Publication Date:** 07/04/2017

**Source URL:** <http://healthmedicinet.com/i/big-women-have-nearly-threefold-greater-risk-of-atrial-fibrillation/>

**Outlet:** Health Medicine Network

**Title:** Overweight, obese workers more likely to take sick leave, study shows

**Publication Date:** 10/04/2017

**Source URL:** <http://healthmedicinet.com/i/overweight-obese-workers-more-likely-to-take-sick-leave-study-shows/>

**Outlet:** Aunt Minnie Europe

**Title:** Gray hair linked to increased heart disease risk

**Publication Date:** 10/04/2017

**Source URL:** <http://www.auntminnie.com/index.aspx?sec=ser&sub=def&pag=dis&ItemID=117065>

**Outlet:** WebMD

**Title:** The Grayer His Hair, the Higher His Heart Risk?

**Publication Date:** 10/04/2017

**Source URL:** <http://www.webmd.com/men/news/20170410/the-grayer-his-hair-the-higher-his-heart-risk#1>

News

**Outlet:** Yahoo

**Title:** Gray Hair Linked to an Increased Risk of Heart Disease in Men

**Publication Date:** 11/04/2017

**Source URL:** <https://www.yahoo.com/beauty/grey-hair-linked-increased-risk-heart-disease-men-163121232.html>

**Outlet:** Huffington Post UK

**Title:** Grey Hair Linked To Increased Risk Of Heart Disease In Men

**Publication Date:** 10/04/2017

**Source URL:** [http://www.huffingtonpost.co.uk/entry/grey-hair-linked-to-increased-risk-of-heart-disease-in-men\\_uk\\_58eb49d9e4b00de141047e73](http://www.huffingtonpost.co.uk/entry/grey-hair-linked-to-increased-risk-of-heart-disease-in-men_uk_58eb49d9e4b00de141047e73)

**Outlet:** USA Today

**Title:** Grey Hair Linked To Increased Risk Of Heart Disease In Men

**Publication Date:** 10/04/2017

**Source URL:** <https://www.usatoday.com/videos/news/health/2017/04/10/having-gray-hair-linked-increased-risk-heart-disease/100284396/>

**Outlet:** MSN

**Title:** Grey Hair: Warning Sign For Heart Disease In Men

**Publication Date:** 10/04/2017

**Source URL:** <https://www.msn.com/en-ph/health/medical/grey-hair-warning-sign-for-heart-disease-in-men/ar-BBzEFwR>

**Outlet:** Mirror

**Title:** Are you a man with grey hair? Experts are warning you could face increased risk of heart disease

**Publication Date:** 08/04/2017

**Source URL:** <http://www.mirror.co.uk/news/uk-news/you-man-grey-hair-experts-10181592>

**Outlet:** Daily Mail

**Title:** Going grey may be a sign of HEART DISEASE: Hair whitening could indicate damage to the arteries and may allow doctors to spot at-risk patients instantly

**Publication Date:** 08/04/2017

**Source URL:** <http://www.dailymail.co.uk/health/article-4390790/Going-grey-sign-heart-disease.html>

**Outlet:** The Sun

**Title:** NO SILVER LINING

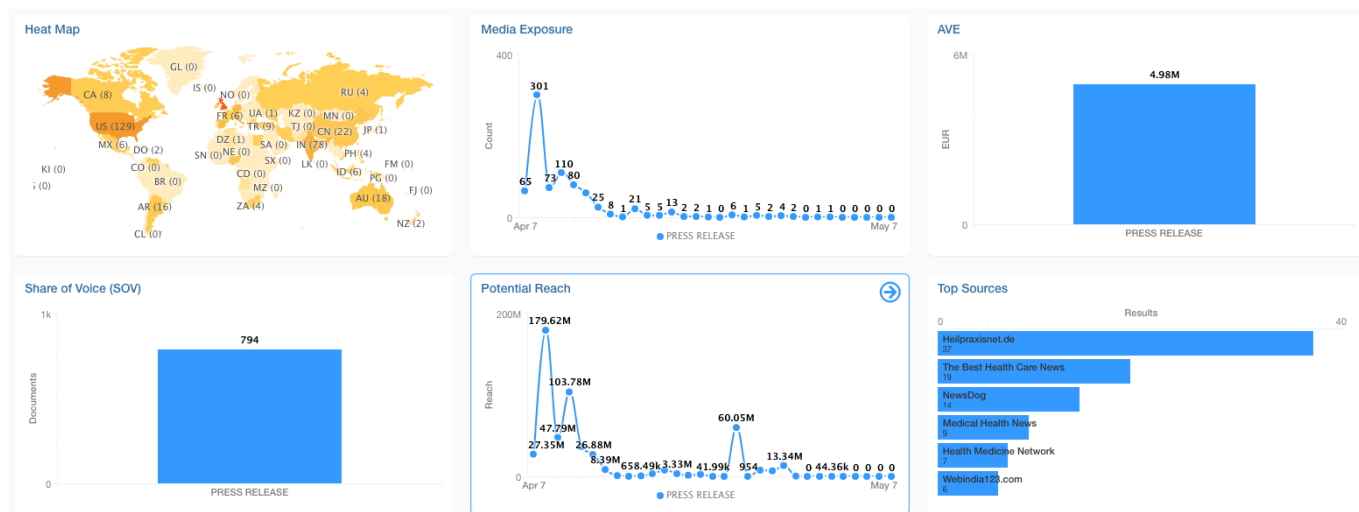
Going grey increases your risk of 'THIS deadly disease'... so what does your barnet say about you?

**Publication Date:** 08/04/2017

**Source URL:** <https://www.thesun.co.uk/uncategorized/3283286/going-grey-increases-your-risk-of-this-deadly-disease-so-what-does-your-barnet-say-about-you/>

### Meltwater: Charts

5.5





## 5.6 Mobile App

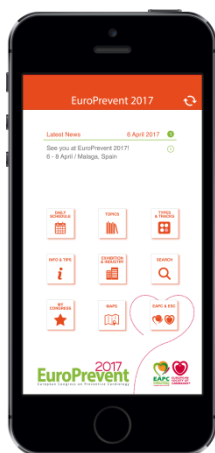
### Facts & Figures

- 580 downloads / 1 011 delegates
- 67% downloads on iOS
- 80% downloads done before congress day 1
- Mobile app promoted in 2 newsletters/e-campaigns
- Search: mostly used to search for speakers/Faculty
- Major actions done by users
  - Adding a favourite (58%)
  - Reading the latest news (50%)
  - Checking where a session/presentation or an exhibitor is located (36%)

### Project Description

EuroPrevent 2017 mobile app (for iOS and Android devices) was made available on the App Store® and Google play on **3 March 2017**.

The mobile app contained:



- The entire scientific programme of the Congress (including abstracts)
- Check-list, attendance guide and travel info
- Congress general information & resources
- EAPC information
- ESC corporate information
- Daily congress messages
- Functionality to search for sessions, posters, speakers, exhibitors and general information on the congress
- Functionality to create your personal programme selecting favourite sessions, and to sync it with SP&P and other mobile devices
- Possibility to include notes on sessions/presentations
- Possibility to share content on social media (Facebook, Twitter, LinkedIn...) and by email.
- Stand alone app, once downloaded, no need to connect to the internet to access all congress info

### Project Objectives

- **Disseminate EuroPrevent scientific programme and general information easily to participants**
  - Enhance the delegates' meeting experience by facilitating and optimising decision-making for participants
  - Offer functionalities to delegates:
    - Sessions objectives & abstracts available for consultation within the app
    - Powerful search functionality
    - Creation of personalised programmes & to do lists
    - Take notes of specific sessions and share these with colleagues
    - Find practical information about the Meeting
  - New technologies to reach a younger target audience
  - Propose new sponsorship items
- Enter the "personal" delegates telephone

### EuroPrevent 2017 Mobile App Figures

There were a total of **1 011 participants** at EuroPrevent 2017. The EuroPrevent 2017 mobile app was downloaded **580 times** (from 3 March until 16 April). The comparison with 2016 figures will not be relevant as the congress was cancelled and replaced by EuroPrevent Meeting 2016.

## 6 POST CONGRESS SURVEY

### Introduction

This survey was sent to 690 participants out of which **173** responses were collected during 15 days, that represents a response rate of 25%.

The response rate is higher than the previous EuroPrevents; 2015 (11%), 2014 (17%) and 2013 (15%). The objectives of the post congress survey were:

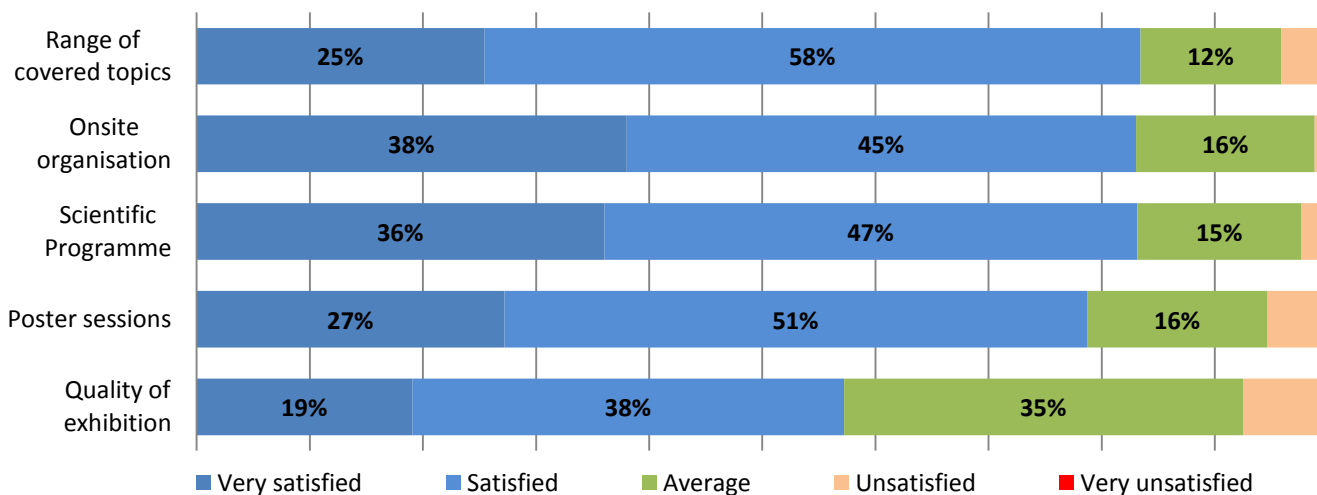
- To identify the main topics of interest and the possibility of including new topics.
- To have general feedback on the activities conducted around the sessions.
- To measure the level of preference on the type of sessions available at the Congress.

The following results have then, according to the objectives, been categorised into 3 parts: Congress experience, Scientific programme satisfaction and newly introduces activities plus workshops adjustments.

### 6.1 Congress experience

The respondent's expectations were highly fulfilled where 80% of the respondent's answers were "Very good" and "Good".

#### Please rate the following in terms of fulfilling your expectations at EuroPrevent 2017?



N=172

In the above chart the respondent's had 83% of 'very good' and 'good' answers for 'range of covered topics' as well as 'onsite organisation' and 'Scientific programme'. Poster sessions come very closely after with 78% of 'very good' and 'good'.

The last item concern the 'Quality of the exhibition' with a rating lower than the other aspects as only 57% of the respondents claim to be very satisfied or satisfied.

Of the 173 respondents of the survey, 35% rated 'Quality of the exhibition' as 'average'. Hence, the efforts to improve the quality of the exhibition can be made in the future.

To sum up the general congress experience we considered to add an open ended question where the respondents were asked if they had something to share with us.



We can group in 2 trends the comments related to congress experience:

- Programme: Poster sessions comments
- Congress venue comments

1) Feedback given in reference to the Poster sessions comments:

- Discussions about posters:
  - "it should be more room for discussions, e.g. shorter presentations but extension of discussions."
  - "if the speaker doesn't have a fluent english, the congress could provide translators to help the discussion moment. The session "exercise testing" was poor due that. the speakers didn't understand the question from audience."
- Posters attendance
  - "still problems with no show from speakers and posters"
  - "Poster presentators stand for 2h at poster and mostly no moderator shows up."
  - "There was no moderated person in poster session, so I don't see the debates. I would like to suggest to separate places of holding poster moderated seccions from that of poster session."

## 6.2 Feedback given in reference to the Congress venue:

- "The day was too long, I prefer to divide topics on additional day rather than a long day!! - You should consider the need for lunch!!"
- "The lunch was pretty disappointing"
- "Please make the Congress site more easily accessible"
- "The congress was far from the metro and bus. This could be improved"
- "I would like to have comfortable chairs and sofa where you can sit and take a rest or maybe work. Faculty only had that facility."

**The respondents had quite a lot of positive comments made on the programme** apart from few specific requests. In poster sessions, the respondent's mentioned several times the difficulty on discussions, or too short or not easy to conduct due to several reasons. Also, few comments were made on the accessibility of the venue as well as minor upgrades EuroPrevent could consider (quality of the chairs and lunch).

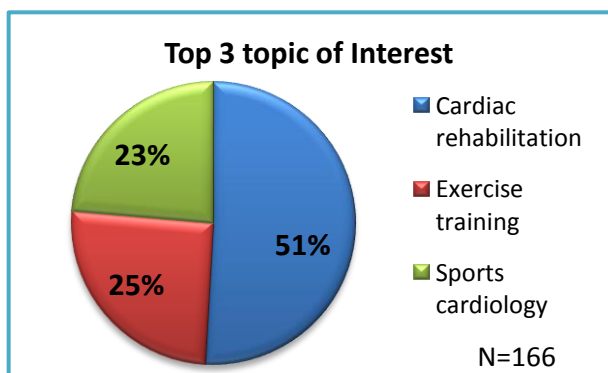
It is also important to notice that some comments were really positive and enthusiastic:

- "Everything was real excellent!"
- "Keep up the great work! I really enjoyed the congress and I can't wait for the EuroPrevent 2018 in Ljubljana! :)"
- "Excellent program best wishes and thank you"

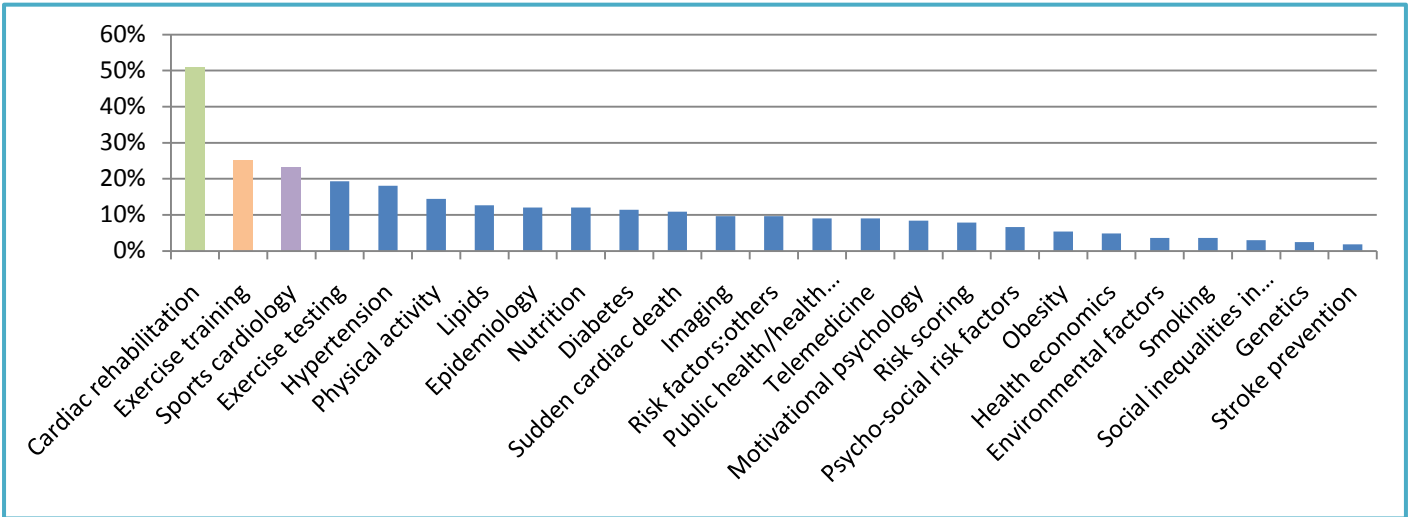
## 6.3 Scientific programme satisfaction

In order to answer business objectives regarding the topics, the following questions were asked.

**Please select your top 3 topics of interest?**

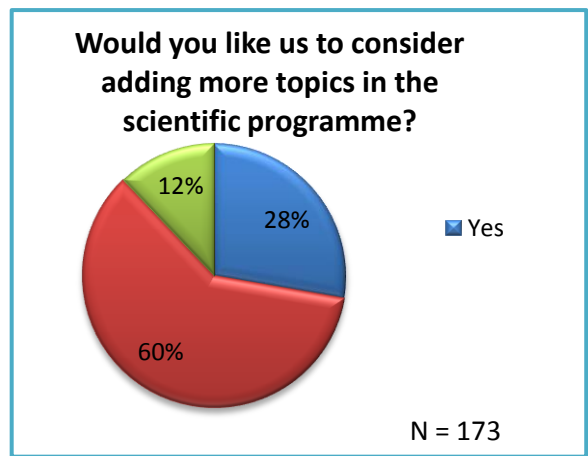


As we can see in the above chart the top preferred topics are Cardiac Rehabilitation (51%), Exercise training (25%) and 23% of them chose Sports Cardiology. These 3 topics were cited on at least one of the top 3 choice by each respondent. All the other topics are split evenly with approx 10%.

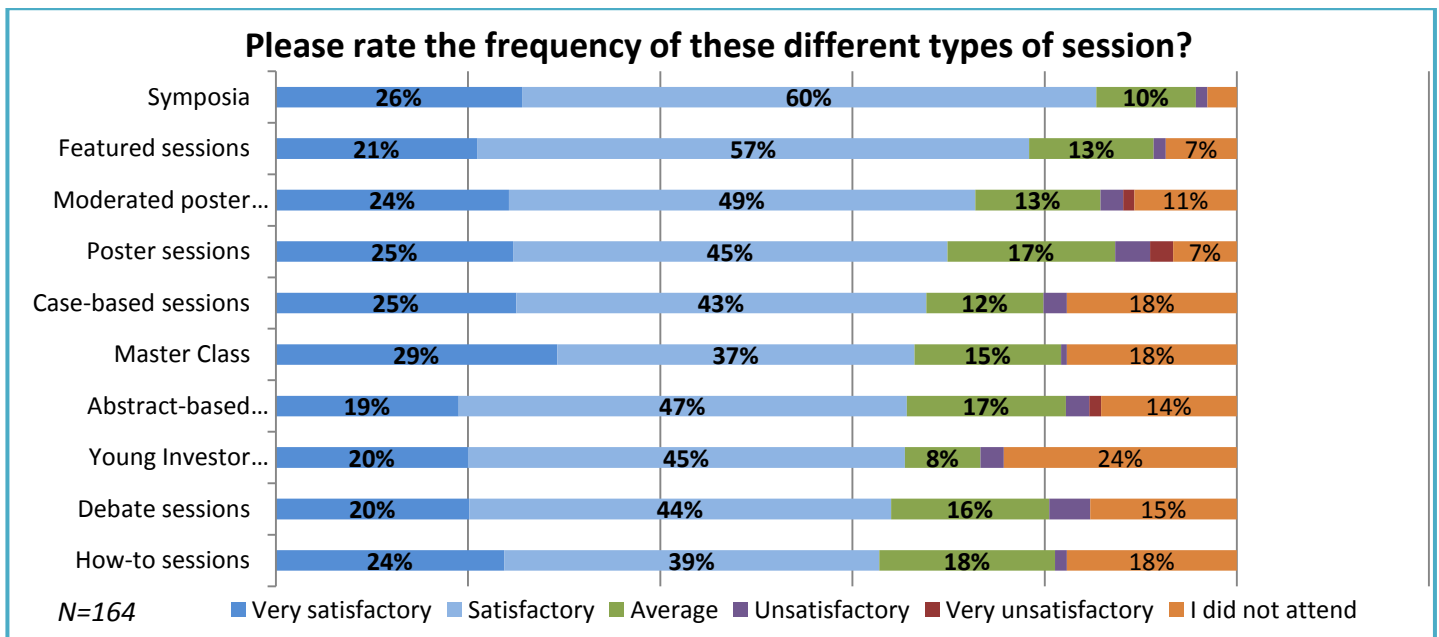


**A good majority of respondents expressed their satisfaction with the variety of scientific topics proposed.**

If we cross the results from the previous question with this one, we can say that people consider the variety of topics covers more than the essential of the science on Cardio Prevention. The various topics were treated through a variety of session types and format, covering the different aspects and approach of science.



With the aim of completing the comprehension of scientific programme proposition the question about the session's coverage was asked:



**Respondent’s described the congress sessions as satisfactory to very satisfactory for its majority.**

The interesting fact observed in the multiple responses is that they were very eager to express their positive opinions on the congress sessions.

From 63% of satisfaction on ‘How-to sessions’ to 86% on ‘Symposia’, we have here the confirmation that attendees appreciate the global repartition of congress on the way science is displayed and presented to them. Here we can analyse that the majority of respondents felt the number of sessions conducted in the meeting were just right. Hence keeping the same number of sessions can be considered in the future meetings.

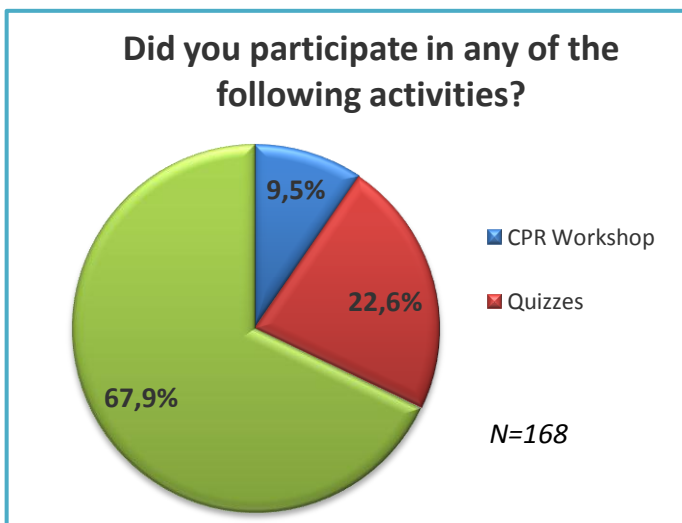
On the open response comments in conclusion of the survey we had enthusiastic comments on sessions:

- o *“It was great to participate in special session - collaboration of young and senior speakers. I am totally interested to continue actively to participate in the future EAPC congresses and events. Career Cafe was an amazing idea.”*

**6.4 Newly Introduced sessions and workshops propositions**

This year at the congress 2 new types of sessions were introduced.

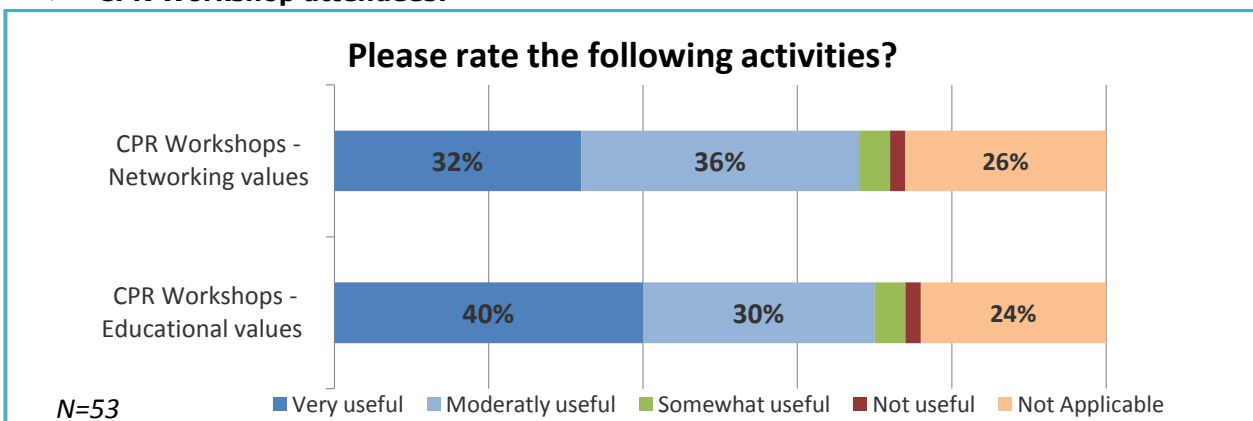
One of the main objectives was so assess how the newly introduced sessions were considered by attendees, what are the rooms for improvements, and do these sessions meet the expectations.



This year newly introduced sessions are the CPR workshops and the Quizzes sessions.

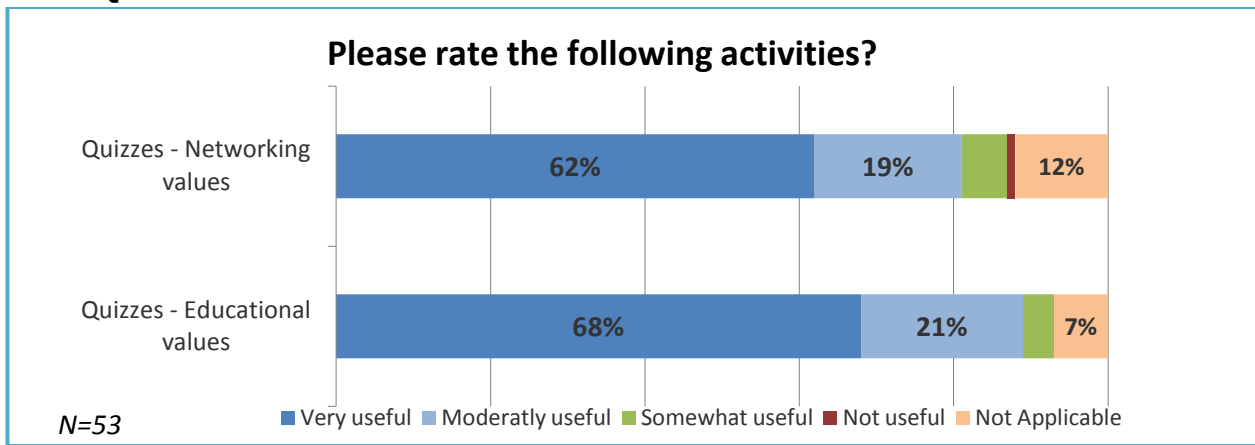
Both Quizzes and CPR workshops were organized within the exposition area, as “animations” rather than on dedicated rooms as sessions. Hence only a small part of the respondents actually attended the workshops or took the Quizzes.

➤ **CPR Workshop attendees:**



The CPR workshops were organized as “show up” open sessions in the exposition. 9.5% of the respondents only participated to one of these workshops. The global feedback from the attendees is positive. 70% of the attendees responding to the rating of the activity find it useful or very useful for them considering educational values. 68% of the same persons consider the networking values useful as well. We can say from the figures attendants to the workshops appreciated the content and interaction they have had amongst it.

➤ **Quizzes sessions**



The Quizzes sessions were available on a screen with open access in the exhibition area next to ESC stand. 22.6% of the respondents took a quiz during the congress. The global feedback from the attendees is very positive.

89% of the attendees responding to the rating of the activity find it useful or very useful for them considering educational values. This is an impressive result for the quality of the quizz itself. 81% of them consider the networking values useful as well.

Having the quizzes on an open area enabled people to share their impressions and create an activity around the screen, encouraging networking. We can say from the figures, as well as for the workshops, respondents appreciated the content and interaction they have had taking the quizzes.

However, we can question ourselves about the visibility of both Quizzes and CPR workshops on the exhibition area and its promotion, as 67.8% of respondents didn't attend any of the 2 newly introduced activities.

In order to always improve the offer for the congress attendees, EuroPrevent organisation wanted to have feedback from the respondents on their thoughts about workshops.

First it was asked the global feeling on workshop offer:

On the pie chart next here, we can see that the responses to this question are really evenly split. 35% of respondents are asking for more workshops, were 30% considering it's not necessary. 35% of the respondents do not have an idea on the workshop offer in terms of skills improvement.



In order to have direct feedback an open ended question was following the workshop offer question.

Here the aim was to let attendees propose workshop subjects for next years proposition in order to meet attendees expectations.

38 respondents had propositions for this open ended question.

**One third of the workshop type proposition from respondent is about Exercise training/practice.**

4 propositions are about "lifestyle" change as: smoking cessation, insomnia or sleep apnea, practicing on workshops on how to manage the patients, implement change or transition phase.

3 propositions are about Imaging in sport cardiology as well as 3 asking for echocardiography in sport cardiology.

2 respondents have asked for scientific or academic writing and presentation

On all of the topics proposed, respondents were integrating the notion of data interpretation and the interactivity with presenter and attendees .

## 6.5 Conclusion

A very large majority of the respondent's described the congress in very positive words (useful, excellent and interesting), with a satisfaction rate at 80% of positive. Despite few comments on details toward the venue itself, the congress organisation reaches the main objective.

Some specific comments were made on Poster sessions, which could be leveraged for next year, in order to maintain the high satisfaction level.

The most interested topics chosen by the respondent's are Cardiac Rehabilitation (51%), Exercise training (25%) and 23% of them chose Sports Cardiology. We also had quite reasonable level of interest shown towards other topics such as Exercise testing, Physical testing and Hypertension. It's interesting to note that Exercise training and testing are also the topics cited by far by respondents for workshops organisation. There is a real interest from congress attendants on these specific topics, in terms of presentation via sessions and practice via workshops.

Respondents consider the variety of topics covers more than the essential of the science on Cardio Prevention, and are happy with the quality of the proposition. The repartition of the sessions and approach of different topics within the sessions is very satisfactory for a high majority of respondents.

Hence keeping the same number of sessions can be considered in the future congress organisation. However, How-To sessions and Debate sessions can be improved in there proposition. Adding a couple of more sessions can be suggested in order to capture the remaining 15% of the respondent's so, in total around 80 % of the respondent's opinions could be fulfilled.

Considering the Quizzes, a very small amount of respondents gave feedback, as only 22% responded they took a quiz. CPR workshops were attended by only 9.5% of the respondents. Newly introduced sessions had a low attendance but were highly satisfactory according to respondents. The promotion of these sessions-types can be improved in order to attract more attendants.

The path to follow here is then clearly on subjects offered on workshops rather than on increasing their numbers. For both Quizzes and CPR workshops, respondents put first the educational value and then the networking. Quality of proposition is the preeminent effort to fulfil satisfaction. Integrating interactivity and group practice fulfil the second aspect of the interest driver, networking.

Global satisfaction is very positive with comments of respondents enthusiastic in coming to next year's congress.