

The Sino–Italian Heart and Brain Forum Shanghai 2007.

Another occasion of the Chinese-Italian collaboration in Education in Cardiology, in Scientific Exchanges in Medicine, Cardiovascular Prevention and Health Care (1999-2009)

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| A) Cardiology in China and worldwide (1999-2009) (1-213)

| In our continuing collaboration between Italy China and personally between myself and Prof. Hu Dayi, in Cardiology, medical education, scientific exchanges and programs in cardiovascular prevention, it was interesting and possible again to organize a new congress, the Sino-Italian Heart Brain Forum 2007 (SIHBF-2007) in collaboration between Italian and Chinese cardiologists and other physicians, in Shanghai from the 20th to the 22nd of October 2007. (1-213) Figure 1 and 2.

| The new congress was mainly based on the internationally recognized experience of Prof. Hu Dayi, in education and promotion of the cardiovascular culture, in China and worldwide, as expressed in the eighteen editions of the Great Wall International Cardiology Congress (GW-ICC) organized by himself, the cardiology department of the People's hospital in Beijing, the Chinese Society of Cardiology and many other outstanding cardiologists in China, US, Japan, Asian countries, Europe, Germany and Italy. (1, 12)

Furthermore, the SIHBF-2007 was organized thanks to the strenuous efforts of Prof. Augusto Zaninelli, associate coordinator of

the Italian Stroke Forum and the internationally recognized competence in evidence-based cardiology and educational meetings of his director, Prof. Gensini Gian Franco, Dean of the Medical Faculty of the University of Florence. (18,19, 40; 105-118, 121-189). Figures 1 and 2.

The SIHBF-2007 took place in Shanghai, at the Tongji University Campus, being our guest Prof. Hu Dayi, who is also the Dean of the medical faculty of Tongji University. As the chairman of the internationally well-known GW-ICC -ACC update, he guided the entire Chinese Cardiology Community, in these years, throughout three major steps:

1. The first step was dedicated to the introduction in China of advanced invasive cardiology and electrophysiology procedures from the beginning of the GW-ICC in 1979 for the first five years, with the collaboration of many outstanding foreign physicians and the Italian interventional cardiologist Dr. Germano di Sciascio. (1)

2. The second major step was dedicated to the implementation of clinical guidelines in Cardiology with the collaboration of the ACC, HRS, Japanese Society of Cardiology (JSC), German Society of Cardiology (GSC), European Society of Cardiology (ESC) and many US, south American (Dubner, Kizpatrick, Reira), European physicians including myself and some Chinese physicians working in the States, including Li Zhang (191-194) Leng Jiang, Jianmin Li, Yong-Mei Cha (EP. Mayo clinic), Lu Yong Xin and others. (1-8, 135-190-213)

The level of Chinese Cardiology institutions and Chinese Cardiologists, at least in China major cities, is similar and sometimes superior to comparable western institutions, as shown by cardiology books and publications available in Chinese medical book stores, and in national and international cardiology websites (1-8) and number of procedures and cardiology interventions performed every year in Chinese Hospitals. (164,180)

I shared my experience and competence with Prof. Hu Dayi and many Chinese friends in Beijing; (Ma Chang-Sheng, Lu Shu-Zheng, Zhang Ji-Rong, Guo Ji-Hong, Zhao Dong, Li Cui-Lan), Xi'an, Shanghai (Wang Le-min, Dai Qiu-yan, Xu Ya-wei, Liu Shao-Wen, Bangoui Sun, Yu Xue-Jing, Xin Gui Guo), Tianjin (Li Guang-Ping, Lu Tong) and TEDA hospital (Qi Qiang-Qian, Ren Zi-Wen, Chen Yan-Lu), HongKong (Lao Chu Pak.), Cheng Du, Sichuan province (Huang De-Jia), Guang Zhou, Guandong province (Wu Shu Lin) Wuhan Hubei province (Hung Congxin), presenting the results of my US (12-22; 25-34) and Italian researches (15-19; 120-123;185-200) and national (15; 20) and international (21;22; 185-200) cardiology databases results.

3. The third step which Prof. Hu Dayi figured out for today and the years to come for China, for Chinese cardiologists and our collaboration, is concerned with the epidemiology of cardiovascular diseases, prevention of cardiovascular events as a consequence of education of patients and citizens to health care promotion. Moreover,

the planning of populations screenings (1, 37, 39, 41, 105, 184, 186, 185-200) and the implementation of new life styles adequate for the prevention of cardiovascular diseases, (18; 19; 36-44; 47-104, 112,117) should be more deeply done in the future. The integration with traditional Chinese medicine (TCM) should be persued (135-162, 186-189), knowing the context and perspectives of the Chinese health care system' s reform. (163-195)

In the meanwhile, both the Chinese and the Italian governments and ministries of health signed an important agreement on the collaboration between Italy and China in the health sector and advanced medical research fields. (9-11)

For these reasons, the SIHBF-2007 could represent, every year in China, one of the most important congress in Clinical Cardiology, in epidemiology research, update in Cardiac Diseases guidelines and prevention practices directed to both Chinese and Italian cardiologists and physicians . (23,24,104, 119-206)

B) Scientific activity and collaboration with Prof Hu Dayi in China and worldwide. (36-134, 176-213)

The SIHBF-2007 (23-24) really followed Prof. Hu Dayi's ideas of investing more energies, spending more money and enrolling more young physicians and other allied professionals in this work of education to health care promotion (1; 9-13; 20-24; 36-46) and prevention of cardiovascular diseases. (47; 104; 105-133; 135-162; 163-180)

Furthermore, our NASPE HRS fellowship in Bologna (12;13) which, at the beginning (1997) , was mainly dedicated to training in invasive Electrophysiology and devices therapy and follow up (14-19; 25-29) is now associating also the study of epidemiology of atrial fibrillation (AF) and chronic heart failure (CHF), using national (15; 20; 195-200) and international (21;22) cardiology database and the available scientific literature. (1-8; 25-35; 36-180)

In fact, the group of Prof Naccarella is working on many relevant issues in modern Cardiology (25-34; 36-46, 139) and epidemiology and related issues in health care services planning. (47-180; 182-200)

With Prof Hu Dayi and Chinese most relevant cardiologists, we also planned an overview of the scientific information and western medicine background in cardiology, available in China in 2007-2008. (1-8, 36-46,139) Many advanced books in cardiology science are available in China and many translations have been made available in China, by advanced Chinese cardiologists, in different fields from Acute Coronary Syndrome (ACS) (4,6) Interventional Cardiology (IC) (4,6,8), Epidemiology of Cardiovascular Diseases (EPCVDC) in China (1-8; 76-79; 86-88; 104; 112; 117; 180) to CHF (13; 36; 46; 81; 82; 105; 196; 197), AF (37; 39-44; 80; 110; 176-179; 199) and congenital heart disease management. (1-8; 95-98)

Prof Naccarella with his non profit cultural association "Quale Medicina 2000" dedicated to permanent medical education of foreign physicians, produced many books and advanced publication in the field of evidence based cardiology, (14-20; 27) cardiovascular drug therapy and other fields. (18-25; 195-200) Also of interest to him has been drug research and technology implementation in cardiology. Furthermore, education of physicians and non medical personnel in the field of Cardiology (26; 28; 29-34), cardiac arrhythmias-cardiac implantable devices (14-19;180) and cardiovascular epidemiology. (21-22; 30; 34; 36-46; 47- 104) and integration of conventional and no-conventional medicine with specific reference to the international literature. (135-162)

Furthermore, a recent publication, about non-conventional medicine in Italy and Europe, was edited by Paolo Roberti Di Sarsina, a well recognized TCM international expert and the Italian coordinator, for the Italian Minister of Health, of non-conventional medicine problems and perspectives in Italy and Europe. (160-161)

Our fellowship is mainly an educational fellowship, organized in collaboration with the North American Society of Pacing and Electrophysiology (NASPE) Heart Rhythm Society (HRS), the University of Bologna, the Azienda USL of Bologna and the economical support of the CARISBO Bank foundation in Bologna. So far, it has been organized in Bologna, Ferrara and Milan and it will be in Rome with Prof. Zecchi, of the Catholic University of which I am honored to be a teacher in his advanced master in invasive electrophysiology. (12; 13; 104).

A) The SIHBF 2007 (23; 24) obtained the patronage of the Italian Ministry of Health (MOH) and the Italian National Institute of Health (ISS) and many Chinese Institutions, including the Chinese Ministry of Health, technology and research, as it can be seen in the program and in the welcome letter (23, 24). A final photo of the participating members and organizers is reported in Figure 1. The 2nd picture, reported in Figure 2, includes the people who visited and exchanged experience at the Hospital of Traditional Chinese Medicine (TCM) in Shanghai.

Both Dr. Ranieri Guerra of the Italian ISS (162;163; 181;184) and Dr. Adriano Rai of the Italian MOH are in the picture. It was a nice and a productive visit to the Hospital of Traditional Chinese Medicine (TCM) in Shanghai, during which many suggestions were made by both sides, comparing them with the scientific evidence reported in the international literature. (135-162)

Let me just recall that the scientific exchanges, in this field, have been recently promoted by the agreement between the two governments, and Ministries, previously mentioned Dr. Turco Livia (Minister of Italian MOH) and Dr. Gao Qiang. (Minister of Chinese MOH) (9-11) and the relevant work which has been done by Prof.

Garaci Enrico, and Dr. Ranieri Guerra Raniero of the Italian ISS. (162; 163; 181-183)

The programme SIHBF 2007 was defined in collaboration and Italian organizers selected the Italian faculty (23;24; 106; 107; 109; 111; 114-117), why Chinese organizers selected the Chinese faculty. (23 ;24; 105; 108; 110; 112; 113; 117-119)

Considering the items selected for the SIHBF 2007, we should confirm that the problems of the risk stratification of cardiovascular diseases, the epidemiological evaluation of common cardiovascular diseases, in China, Italy, and worldwide, such as atrial fibrillation, (22; 37-44; 110; 125) chronic heart failure (18; 20; 21; 46; 105;111;116), Stroke (36; 45; 112); diabetes (184; 185; 190; 195), risk factors and general comparative cardiovascular epidemiology (47-94; 106-108;114;117) have been addressed in different sections of the congress.

B) On Saturday, 20th October 2007, a Satellite Symposium, by the title of "The role of scientific cooperation between China and Italy in developing strategies for patient care", has been organized.

This symposium has been chaired by F Naccarella (Bologna) (104) and Prof. D Hu (Beijing & Shanghai) (105; 110; 113). Different topics has been addressed, such as "The scientific cooperation between Italy and China by government opinion" presented by Ranieri Guerra, of the Italian National Institute of health (ISS), (181-184) "The prevalence and prognosis of CHF in China 2007 by Dayi Hu"; (105), the Epidemiology of stroke in China: how is changing by D Zhao, Beijing, responsible for China of the Monica Project (117); and the risk factors distribution, from west to east by G.F. Gensini and PA Modesti, Florence.(106)

C) The following days the SIHBF 2007 has been moved to the Tongji University Campus, where the opening ceremony was hold: (Chair: Zaninelli A., Florence). Hu DY., President of the Chinese College of Cardiovascular Physician & Dean Tongji University; Carolei A., Presidential Council of the Italian Stroke Forum; Zhang JF., Vice Ambassador, People's Republic of China Embassy in Italy; Roscigno M., Italian Consul in Shanghai; Rai A., Technical Office of Italian Ministry of Health; Ranieri Guerra (162;163;181;183;) Shen WF., President of Ruijin Hospital of Shanghai Jiaotong University; Naccarella F., President of "Quale Medicina 2000", no-profit organization; (12; 30-36; 104) Chen HZ., Academician of Chinese Academy of Engineering & Fudan University.

D) A third important joint session was then hold on Hypertension and heart disease management. The session was chaired by Naccarella F. (Bologna), and Chen HZ. (Shanghai). The following subjects were

presented and discussed: China heart survey (Hu DY, Beijing & Shanghai) (184). Prof. Hu DY. presented similar data to the Euro Heart Survey, showing that the diabetes is always under-diagnosed and under-treated in patients with post-AMI coronary artery disease (CAD) (57-61; 185-186), as reported also in the literature.

Traditional Chinese medicine and acute coronary symptoms management was approached by Fan WH, (Shanghai) (187). This outstanding TCM physician showed that it is nowadays possible to evaluate the therapeutic efficacy and safety of some TCM drugs, using the same scientific methodology of randomized clinical trials, including placebo and modern technologies, such as stress test, nuclear cardiology, NMR imaging and biochemical assays. Thus it is possible to evaluate, for this and any given TCM drug, its general effects and its anti-ischemic effects on the myocardium. (187)

The masked hypertension was addressed by Prof. Zaninelli (Florence), reporting the data of the MARTE study (107). This study done in collaboration between general practitioners and cardiologists in Italy, was designed to compare standard BP recording and 24 hours holter BP monitoring, both in patients, with and without resting BP controlled by anti-hypertensive medications. The utility of 24 hours holter BP monitoring was confirmed, as a mean to evaluate the efficacy of drugs in adequately controlling BP in selected patients.

Epidemiology and management of hypertension in Chinese rural area (YX Sun, Shenyang) was a very interesting experience conducted in China, in suburban and rural areas, in which BP was measured in a huge number of subjects, to screen the patients suffering from High BP.(108)

In these patients, serial controls were repeated overtime to assess the persistence of high BP values, and the efficacy of a given drug treatment. It should be really mentioned and appreciated this important and huge amount of work to make available also to rural areas inhabitants the timely identification and treatment of high BP in order to prevent consequences, such as stroke and/or myocardial infarction which, most of the time, are the first presenting patterns of unrecognized hypertension and coronary artery disease in the rural Chinese population. (108)

In the afternoon, Zhao SP presented a paper on a new TCM drug, similar to statins, which has been used, obtaining favorable results in the secondary prevention of coronary artery disease in China. (188)

E) The fourth important session has been dedicated to CHF and beyond. The session was chaired by A. Zaninelli (Florence), and WH Qi (Shanghai). A contribution on the use of new and old beta-blockers in CHF has been presented by Modesti PA (Florence).(111) A similar lecture has been presented by Prof. Hu DY (Beijing & Shanghai) on the management of beta blockers therapy in China, referring on the use of betablockers in Chinese patients. (113)

According to Prof. Hu's study on bisoprolol in Chinese patients, it is evident that Chinese patients do not require a lower dose of betablockers as suggested by some Japanese authors. (27, 62-65,83,105, 113) Prof. Wang J (Shanghai) considered that it is time to emphasize the control of blood hypertension also during night-time. (108) The cardioprotective effects of angiotensin receptor blockers in patients with heart failure was addressed by Prof. Desideri (L'Aquila) in his study. (111) The difference in vessel remodeling in patients with acute coronary syndrome, treated by paclitaxel and sirolimus eluting stents was presented by Prof. Chen SL (Nanjing). (32,33)

The importance of statins in prevention and treatment was also reemphasized in this congress. Professor Sacco showed that new and old data confirm that statins have a key role in both primary and secondary prevention of cardio and cerebrovascular diseases. (62; 65; 77; 79; 114; 117;) Professor Zhao Shuiping showed the data of a study which focused on the secondary prevention of coronary disease in China. (117) A review presentation about recent advances from trials with statins was also presented by professor Mezzetti. (114) He summarized some important clinical trials results, intended to evaluate the efficacy of statins in the management of the atherosclerotic patients. (62; 65; 77; 79; 114; 117;)

F) In the fifth session, which was chaired by Prof Desideri GB(L'Aquila) and Xu YW (Shanghai), some cardiologists discussed the connection of the heart and brain. Prof. Zhang YQ (Beijing) made some interesting comments on the recent European Society of Hypertention 2007 guidelines. In these guidelines, the protective effects of the calcium channel blockers and betablockers to prevent (111; 112; 113) complications caused by hypertension, was updated by the data from newly finished clinical trials. (108) Dr. Wei YD (Shanghai) presented some new advancement in the use of Multi-link and MiniVision stent registry in Asian patients, suffering from coronary artery disease. These data come from a new prospective multi-center study, chaired by the 10th People Hospital affiliated with the Tongji University in Shanghai. (118) Prof Naccarella F (Bologna) finally addressed the issue of non pharmacological therapy in heart failure patients including ICD alone, or CRT alone, or combination of both from the COMPANION to the CARE HF studies. (115) In the same session Prof. Li YG (Shanghai) gave a lecture focused on ablation of ventricular tachycardia in patients suffering from organic heart disease, including post AMI CAD and right ventricular dysplasia cardiomyopathy.(19, 119)

C) Scientific bases of the future clinical and epidemiological researches. Collaboration in Cardiology, between Chinese and European physicians, in China and worldwide.

Considering the items selected for the SIHBF 2007, we should confirm that our collaboration with Prof. Hu DY focused, in the past, and will be addressing, in the future, different items, both during national and international congresses. (36-39; 104; 120-134; 176-206)

Furthermore, also our training in Bologna and Milan, during the NASPE HRS fellowship, will be focusing mainly on the following issues:

1. *Comparative epidemiology* in Italy and China on prevalence and incidence of cardiovascular diseases (CVD), both in urban and rural areas. (1-8; 9-13; 18-22; 35-41; 47-104, 184-186, 187-206) Some original data have been already provided by the Chinese physicians (1; 7; 40; 105; 108; 117; 176; 184) and others are available from the international literature.(20-22) In some epidemiological studies, standard ECG and holter monitoring has been widely used and, in our opinion, it should be used together with the clinical visit of patients, as Prof. Hu Dayi suggested. Furthermore, prospective studies should be done in China too, using these simple technologies in CAD and hypertensive patients. (86-88; 112; 117)

2. *Identification of traditional risk factors* for prevention of Coronary Heart Diseases including hypertension, (50; 51; 52; 57; 112; 117) diabetes, (53; 58-60; 69;) hypercholesterolemia and dyslipidemia (27; 51; 62; 67; 77; 88-94,106; 114; 195; 198; 199), reduced physical activity as presented also by a relative of Prof. Naccarella Franco, Prof. Naccarella Lucio, from Australia (35-55), smoking. (35, 54-56;), alcohol consumption (73) and others including genetic markers. (88-94, 139)

Specific attention will be given to the problem of identification and treatment of CVD in women, which is always underestimated, as shown from the international and Italian scientific literatures. (62, 63-66, 67) and Euro, including the Brisighella Heart study (201-206) and Chinese heart surveys (184-186)

3. *Cardiovascular epidemiological evaluation*, including diagnosis and treatment of common cardiovascular diseases, such as atrial fibrillation, (39-44, 58-62, 80, 110-113, 125) chronic heart failure, (46, 68; 81, 82, 105, 115, 116) stroke, (36, 45) syncope (74), and diabetes as addressed in different sections of the SIHB-2007 congress (58-61, 184-186), nephrology (102,103) and in the international literature. (47-97) .

Furthermore, particular attention will be given to a problem which both Europe, China, and other countries are facing nowadays: the increasing prevalence of elder people in the patient population and the increasing mean age of cardiac patients. (57; 70-72)

4. Education of patients towards health promotion and maintenance, by following new diet and life styles. (1-7, 13, 35, 47-50,73, 88-94) Thus, retrospective and prospective epidemiological studies are supposed, today, to evaluate also the impact on quality of life and outcomes for subjects who accepted to adopt and follow new life styles. (39-45, 51-57,184-186, 201-206)

International and national randomized clinical trials, as suggested by the evidenced-based medicine approach, represent an other occasion to collect data on specific patients population and create new databases and national and international surveys. These data are nowadays supported with bench marking software facilities which will enable both Chinese and other countries cardiologists to compare their epidemiological data. (20-22, 26, 27, 34, 62, 63, 67-69, 72,76,79)

5. National and international guidelines implementation, and flow charts and critical pathways use in cardiology. (76-79) Moreover, the implementation of best medical practices used in drug research and randomized clinical trials should be applied to every day clinical practice, in the so called policy from randomized clinical trials on drugs to evidence based controlled trials of medical practices. (20-22, 26, 27, 34,62,63, 67-69, 72,76,79, 194-199)

6. Technology implementation and correct utilization in Italy and China, both in urban and rural areas. Costs benefit evaluation of the different advanced medical technologies, as both Prof. Hu DY (4-8, 13, 83) and Prof. Naccarella did for invasive and interventional cardiology (32-34), devices therapy (180)and coronary care units (CCU). (200)

Conversely, in out-of-hospital medical care, we reconfirm the utility of standard ECG, for the first diagnosis, the use of stress ECG and continuous 24 monitoring or remote monitoring for following-up patients in the countryside and rural areas, both in Italy and China. (13, 37-46, 86-88, 201-206)

7. Furthermore, we recognized the value of training and education for example in the use of echo cardiography, for the early identification of congenital heart disease to be corrected. (95-98, 201-206)

The role of portable echo has been stressed for its use in some suburban and rural areas of China or other countries, for both congenital heart disease and chronic heart failure patients identification and follow-up. Thus, the training in echocardiography will be very appreciated by the Chinese health Minister, the government of different Chinese provinces, the cardiology teams and at last but not least by Chinese as other countries patients. (1-3, 13, 20-22, 38, 95-98) Echo will be useful also to select the most appropriate drug dose in any given patient and to verify the benefit of the therapy and mainly improvement in regional and global contractility due to the pharmacological intervention, using the same echo parameters in control condition and after drug intervention.

8. In the collaboration between Italy and China, special attention will be given to the *evaluation of cardiovascular fitness of athletes* and young subjects according to the Italian experience, mainly conducted by Prof. Francesco Furlanello. (17, 19, 74, 75, 119, 123, 125-130, 131-134,) Prof. Furlanello has collected data, for many years, in the Italian registry on sudden cardiac death in athletes and compared his own experience with the most relevant international experts in the field.

This evaluation was presented in the recent Levico meeting on sudden death and arrhythmias in athletes. Prof. Hu DY, one of the foremost experts in cardiology in China, together with other internationally recognized experts, including Barry Maron from the US, participated in the conference. (125-130)

Chinese cardiologists and sport cardiology experts have been addressing the problem of the evaluation of cardiovascular fitness of athletes and young subjects for many years. They will be further motivated and encouraged to continue their research and present the results at a new conference. This conference will be especially timely because the 2008 Olympic Games will take place in Beijing. (121-124, 131-134, 207-213)

Today in China already exists an emergency telephone hotline (120) for emergency assistance, similar to 911 in the US and 118 in Italy and other parts of Europe. (122-134)

Furthermore, the Chinese Olympic committee programmed the further improvement and implementation of medical services and emergency medical systems (including the widespread use of AEDs) for the safety of attendees, for use during the 2008 Olympic Games. (122-124; 131-134)

The use of AEDs presents the problem of training for correct use by both emergency medical technicians and volunteers. This problem will be addressed in a medical congress organized by Prof. Hu DY before the Olympic Games in Beijing. (207-212)

9. *Training of non-medical personnel* is a key issue for the improvement of healthcare systems all over the world. In China, we agree with Prof. Hu DY that a primary role in the education of local communities and in providing social and sanitary services should be played by allied professionals, non-medical personnel and nurses (and not necessarily by medical doctors, but always with their close oversight). (28, 29, 30, 34, 85, 99-101) Thus, the training for these professionals should be part of our projects both in China and in Italy.

10. The *integration of both traditional Chinese* and western medicine in cardiovascular diseases as presented in the following section is another goal of our project. (135-162)

D) Integrating with the Traditional Chinese Medicine (135-162, 188, 189, 190)

On the last day of the SIHB-2007 congress, the Italian cardiologists visited the Jiading campus of Tongji University and the Shanghai Clinical Center for Traditional Chinese Medicine (TCM), where they had the opportunity to evaluate applications in cardiovascular diseases accompanied by their Chinese colleagues. After wards they held a meeting and discussed case reports with experts. The experts exchanged opinions and showed great interest in Chinese traditional medicine. (117, 187)

The SIHBF 2007 (23; 24) obtained the patronage of many well known organizations. From Italy, the Italian Ministry of Health (MOH) and the Italian National Institute of Health (ISS) were both involved. From China, many Chinese institutions, including the Chinese Ministry of Health, Technology and Research. (23; 24). All of these institutions are interested in exchange programs between China and Italy in order to compare applied therapies to different diseases and to different social contexts.

The 2nd picture, reported in Figure 2, depicts the people visiting the Hospital of Traditional Chinese Medicine (TCM) in Shanghai. Both Dr. Ranieri Guerra of the Italian ISS and Dr. Adriano Rai of the Italian MOH are depicted. It was an informative and productive visit, during which many suggestions were made by both sides according to the international literature. (135-162, 181-183,)

It is important to emphasize that the scientific exchanges in this field have been promoted by the two governments and their respective Ministers of Health: Dr. Turco Livia of Italy and Dr. Gao Qiang. Of China. (9-11) The relevant work of Prof. Garaci Enrico and Dr. Ranieri Guerra Raniero of the Italian ISS also deserves to be recognized. (162; 163,181-183)

To day, there are only a few controlled randomized clinical trials to assess the efficacy and safety of drugs based on traditional Chinese medicine. According to the evidence-based medicine approach, further evaluations are necessary as required by the guidelines of both the American Food and Drug Administration (FDA) and the European Agency for Drug Evaluation (EMA).

Only this policy would permit the introduction of non-conventional medicine and mainly traditional Chinese medicine in western countries. This policy was advocated by the World Health Organization in a well-known document. (135-163, 213) Moreover, the most important issue raised by both regulatory agencies was concerns about definition of components and their concentrations in a given drug preparation according to rules governing "good" manufacturing practices.

Furthermore, it is evident that a tablet of traditional Chinese medicine drug is often composed of many elements associated together in a unique combination of different strengths. Chinese

manufacturers are often not willing to disclose this composition to regulatory agencies. Thus the beneficial effect of a TCM drug is not due to the effect of a single element as in Western pharmacology, but to the composite effect of different principal elements acting through various mechanisms.

Paolo Roberti di Sarsina, a national expert from Bologna, Italy, was nominated by the Italian Health Minister Dr. Livia Turco, coordinator of the Italian committee for NCN, to address these problems. (135-190)

Four major issues should be further evaluated by Italian and Chinese experts:

1. Education of western physicians about TCM, including acupuncture (135, 142, 145, 146-148, 155, 159-163), phytotherapy (137, 138, 144, 157), and herbal medicine. The new edition of PDR for herbal medicines has been recently published in the United States.

2. Introduction of TCM drugs in the European and Western markets as suggested by the agreement between the Italian and Chinese governments. (9-11) Further controlled clinical trials should be implemented to verify the efficacy and ensure the safety of the TCM drugs in cardiovascular disease in Europe according to the EMEA and FDA regulations for new drug use.

3. The most interesting perspective is probably the integration of TCM in western medicine clinical practice. (136, 139, 140, 141, 143, 145)

4. Differentiation and comparison of TCM with other NCM medicine and therapies remains a problem. (149, 154, 158, 159-163)

After these major conclusions, the congress closed in a friendly and amicable atmosphere.

E) Programs and perspectives of Chinese Health Care system Reform. (163-176, 177, 180, 196-214)

First of all, we'd like to say that the health care reform in China is under the supervision of the central government and decisions are supposed to be made by the central and provincial governments. The only role of physicians and other health care professionals is to participate in this process with their suggestions, their competencies, and their continuing support in the process of health care reform.

In this perspective, we would like to hold together with Chinese physicians, scientific meetings in major urban, suburban, and rural areas, and in different medical specialties to promote the education of both patients and young physicians in the fields of prevention, treatment, and rehabilitation of cardiovascular diseases.

Newly published papers by both Chinese and international authors stress that the most urgent need for health care improvement

is in suburban and rural areas. Some US authors and Internet data available from Wikipedia present information and comments on healthcare system reform in the People's Republic of China. 2007. (166 170 174)

On the contrary, some Chinese authors recently published important data on factors contributing to high costs (167) and inequalities in China's healthcare system. Furthermore, some other Chinese authors complain about the effects of excessive privatization—in the evolving Chinese Health Care System(166)

More data have been made available through an interview with Vice Minister Huang in a Harvard College magazine, in which he discusses advances, problems, reforms health care reform in China. (164 165 168 169 171 175 176)

The participation of Chinese physicians in international cardiology meetings, such as HRS, ACC, AHS, ECAS and ESC meetings (36-46) are very important as is the participation of US and foreign physicians in Chinese meetings, as Prof. Hu DY did for many years for the GW-ICC-ACC update. (1)

Furthermore, the education of young Chinese physicians in both urban advanced medical institutions and rural areas of China and abroad in Europe and the United States is crucial.(12,180-207) The most relevant issues are clinical cardiology, epidemiology and prevention of cardiovascular disease.

These issues, to our understanding, are relevant to the progress of the Chinese Health Care reform which has been addressed by both political authorities in China (2 3, 193-214) and Chinese physicians working and publishing in the international literature. (5-8) Of note, a recent book by Prof. Hu DY, was written in collaboration with Nguyen T. (83). Many other original Chinese data bases on cardiovascular diseases have been set up, and the results subsequently published. (176-180, 184-186)

International congresses, such as the SIHBF, could represent an other occasion for the improvement of scientific relationships between Italy and China and the improvement of cardiology culture in both countries to obtain further progress in the care of patients both in China, Italy, and elsewhere in Europe. (1-214)

We strongly believe that across the world today there are limited economic resources to extend health care accessibility to all citizens. This is mainly a problem in populous countries like China, which has almost 1.3 00.000.000 citizens. Furthermore, after the diffusion of invasive electrophysiology and interventional cardiology, a large percentage of economic resources are devoted to taking care of very

sick and elderly patients who are often in the terminal phase of their disease. (196-214)

Conversely, we should educate physicians, allied professionals, and especially patients to adopt new lifestyle and better dietary habits for the prevention of cardiovascular disease in all countries. (47-134)

The education also of non-medical personnel is of vital importance in national health care systems where non-medical personnel can play a direct and independent role from medical personnel.

They can organise and direct health care services and evaluate their efficacy and cost-benefit relationship. These out-of-hospital services should integrate the management of patients after hospital discharge. Certain patients should be selected to be admitted to hospitals for invasive procedures to avoid unnecessary and costly hospitalisations. (28; 29; 32; 33, 196-214)

Just recently Prof. Hu Dayi suggested that the education of young Chinese physicians should be primarily on clinical cardiology, which means to educate them to be used with simple methodologies like visiting patients, listening to their complaints and symptoms, performing and reading standard electrocardiogram, and sometimes adding a stress test and an echocardiogram. (196-214) This simple approach will make healthcare available to many more people, and will more easily identify those affected by cardiovascular problems.

In conclusion, we believe that only a continuing exchange experience in the cardiology field, along with basic and advanced education of young physicians will offer to our countries the possibility of increasing the level of care. (1-35, 36-136)

Furthermore, the above proposed clinical approach will enable us to take care of patients affected by cardiovascular disease while maintaining the health status of other subjects before they develop a new cardiac problem or cardiovascular event. (47-134)

A cost-benefit use of our limited resources will allow many more patients to benefit from the progress and discoveries of modern medicine, including the use of expensive technologies and costly cardiovascular procedures. (1-214)

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▲ **Figure 1: The entire pannel of local people who worked for the Congress**

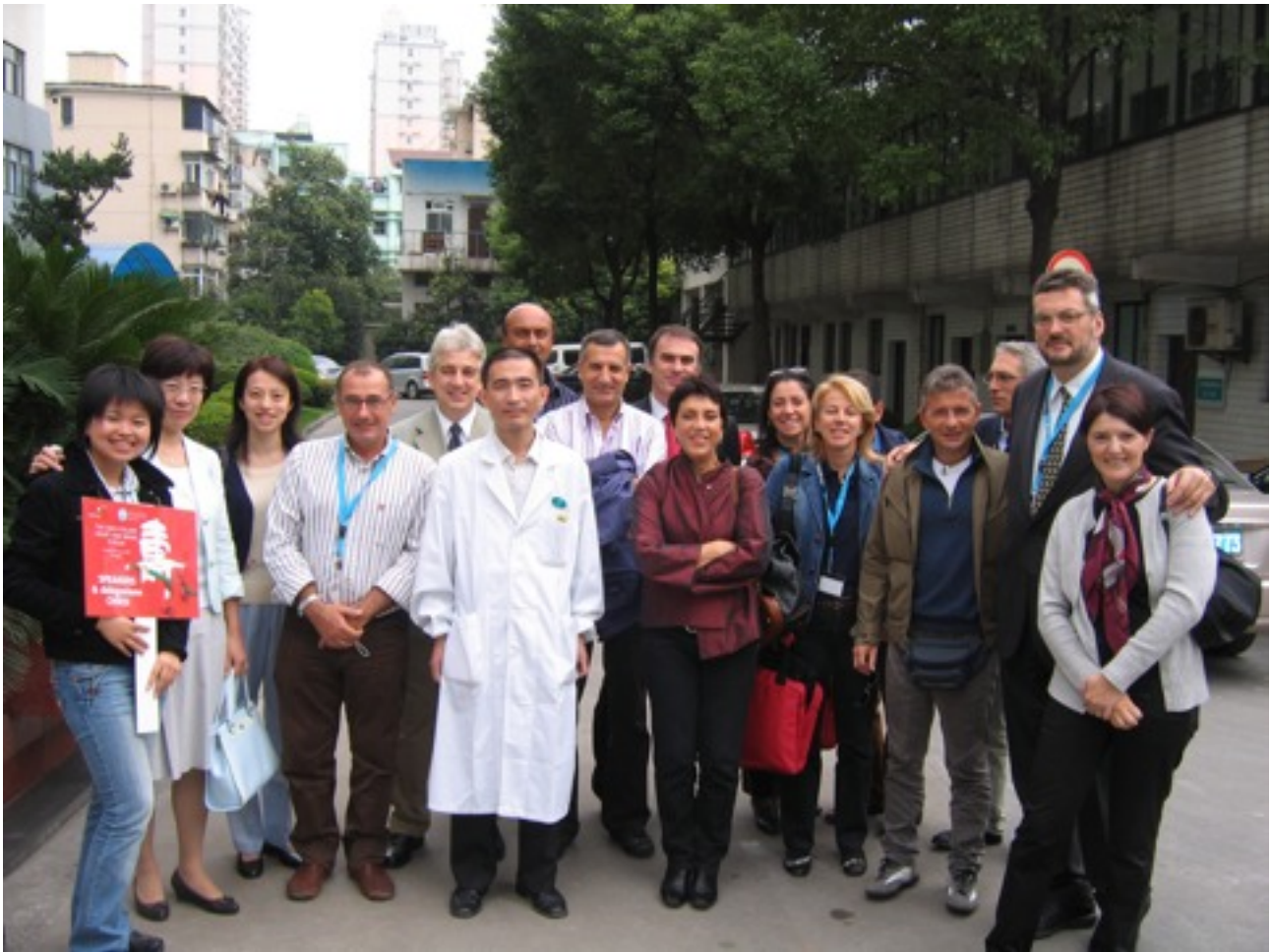


Figure 2: A group of Italian physicians received at the Traditional Chinese Medicine Hospital in Shanghai, by the Medical Staff of the Hospital .