Déclaration de Relations Professionnelles - Disclosure Statement of Financial Interest

J'ai actuellement, ou j'ai eu au cours des deux dernières années, une affiliation ou des intérêts financiers ou intérêts de tout ordre avec une société commerciale ou je reçois une rémunération ou des redevances ou des octrois de recherche d'une société commerciale :

I currently have, or have had over the last two years, an affiliation or financial interests or interests of any order with a company or I receive compensation or fees or research grants with a commercial company:

**Affiliation/Financial Relationship**

- Grant/Research Support
- Consulting Fees/Honoraria
- Major Stock Shareholder/Equity
- Royalty Income
- Ownership/Founder
- Intellectual Property Rights
- Other Financial Benefit

**Company**

- Astra Zeneca, BMS, Sanofi Aventis
- Astra Zeneca, Bayer, Boehringer Ingelheim, BMS, Daiishi Sankyo, Menarini, MSD, Negma, Pfizer
- Sanofi Aventis, Servier

- none
- none
- none
- none
- none
Best of Vascular disease

2010

Groupe Vasculaire/Thrombose
Déclaration de Relations Professionnelles  
-Disclosure Statement of Financial Interest

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</table>
Vascular disease in 2010

- Vascular disease is multifocal
  - Risk factors are different according to the clinical presentation
  - Despite this fact multifocal disease is a factor of an increasing risk
  - Screening for subclinical disease could be helpful
- The CAS story
- The future?
- Working group contribution in 2010
Vascular disease is multifocal

- Risk factors are different according to the disease localization:
  - Interstroke study: 10 factors for 90% of stroke!

<table>
<thead>
<tr>
<th>Facteurs</th>
<th>Interstroke OR</th>
<th>Interheart OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>3.89</td>
<td>1.91</td>
</tr>
<tr>
<td>Cardiopathies</td>
<td>2.38</td>
<td>-</td>
</tr>
<tr>
<td>Tabacco</td>
<td>2.09</td>
<td>2.87</td>
</tr>
<tr>
<td>Abd. obesity</td>
<td>1.65</td>
<td>1.62</td>
</tr>
<tr>
<td>Alimentation</td>
<td>1.35</td>
<td>0.70</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.36</td>
<td>2.37</td>
</tr>
<tr>
<td>Alcool intake ++/++</td>
<td>0.90/1.51</td>
<td>0.91</td>
</tr>
<tr>
<td>Stress/Depress</td>
<td>1.30/1.35</td>
<td>2.67</td>
</tr>
<tr>
<td>ApoB/A</td>
<td>1.89</td>
<td>3.25</td>
</tr>
<tr>
<td>exercise</td>
<td>0.69</td>
<td>0.86</td>
</tr>
</tbody>
</table>

Adapted from: O’Donnell et al. Lancet 2010: 376; 112–23
Vascular disease is multifocal

- Prevalence of unknown coronary disease among patients with cerebral infarction:
  - 25.7 % ≥ 50 % Stenosis

Figure 1. Prevalence of asymptomatic coronary artery disease by number of diseased vessels among 315 patients with no history of coronary heart disease. *Regardless of stenosis severity. †Plaque with arterial lumen reduction ≥50% in diameter.
Prevalence of unknown coronary disease among patients with cerebral infarction:

Polyvascular disease is a factor of pronostic Alliance registry

9783 patients admitted for ACS (2000-2005)

Figure 1. Symptomatic polyvascular disease in acute myocardial infarction: The Alliance consortium (n = 9783). CAD: coronary artery disease; CVD: cerebrovascular disease; PAD: peripheral arterial disease.
Impact of subclinical disease

J Am Coll Cardiol 2010;55:1600–7

14/01/2011
CIMT or Plaques improve risk prediction

23% of the 13145 pts of the ARIC study are reclassified
Stenting for symptomatic carotid stenosis should be avoided in older patients (age ≥70 years), but might be as safe as endarterectomy in younger patients. But wide CI (0.68–1.47) for < 70 yrs.
The CAS story

Amarenco P et al Lancet september 2010
The future for hypertension!
SIMPLICITY HTN-2

Renal sympathetic denervation in patients with treatment-resistant hypertension (The Symplicity HTN-2 Trial): a randomised controlled trial

Symplicity HTN-2 Investigators*

Lancet 2010; 376: 1903–09
SIMPLICITY HTN-2

Lancet 2010; 376: 1903–09
The General Prognosis of Patients With Peripheral Arterial Disease Differs According to the Disease Localization

![Graph showing event-free survival rates over months for different disease localizations. The graph includes lines for isolated proximal PAD, isolated distal PAD, and both localizations. The P-value is <0.03.]
Ludovic Trinquart; Claire Mounier-Vehier; Marc Sapoval; Nathalie Gagnon; Pierre-François Plouin. Efficacy of Revascularization For Renal Artery Stenosis Caused by Fibromuscular Dysplasia. A Systematic Review and Meta-Analysis. Hypertension. 2010 Sep;56(3):525-32.

- 47 angioplasty studies (1616 patients) and 23 surgery studies (1014 patients)
- Combined rates of hypertension cure, defined according to the criteria in each study, after angioplasty or surgery were estimated to be 46% (95% CI: 40% to 52%) and 58% (95% CI: 53% to 62%)
- Angioplasty or surgical revascularization yielded moderate benefits in patients with fibromuscular dysplasia renal artery stenosis,
- The blood pressure outcome was strongly influenced by patient age.
# Association of influenza vaccination with reduced risk of venous thromboembolism

<table>
<thead>
<tr>
<th>Journal:</th>
<th>Thrombosis and Haemostasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISSN:</td>
<td>0340-6245</td>
</tr>
<tr>
<td>DOI:</td>
<td>10.1160/TH09-04-0222</td>
</tr>
<tr>
<td>Issue:</td>
<td>2009: 102/6 (Dec) pp. 1007–1291</td>
</tr>
<tr>
<td>Pages:</td>
<td>1259-1264</td>
</tr>
</tbody>
</table>
• 1,454 adults enrolled in 11 French centers between 2003 and 2007
• OR for VTE associated with vaccination were 0.74 (95% confidence interval [CI], 0.57–0.97) and 0.52 (95% CI, 0.32–0.85), respectively, for the whole population and for subjects aged 52 years or less
• Influenza vaccination is associated with a reduced risk of VTE.
Table 6  Occurrence of total events during follow-up after an acute coronary syndrome in patients with CAD and PVD, CAD and diabetes, CAD and both PVD and diabetes (reference group: CAD alone).

<table>
<thead>
<tr>
<th>Vascular disease beds</th>
<th>Hazard ratio (95% confidence interval)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAD(+), PVD(+), diabetes(−)</td>
<td>1.35 (0.71−2.56)</td>
<td>0.35</td>
</tr>
<tr>
<td>CAD(+), PVD(−), diabetes(+)</td>
<td>1.11 (0.68−1.81)</td>
<td>0.68</td>
</tr>
<tr>
<td>CAD(+), PVD(+), diabetes(+)</td>
<td>2.87 (1.52−5.43)</td>
<td>0.0012</td>
</tr>
</tbody>
</table>

CAD: coronary artery disease; PVD: peripheral vascular disease.

Arch Cardiovasc Dis. 2010 Feb;103(2):97-105
And....

At the end…


Etude du groupe Vasculaire/Thrombose de la SFC

E2T3A

Participez à cette étude en vous inscrivant dès maintenant sur E2T3A@sfcardio.fr