13:50 – 14:10 The LEVO-CTS and LICORN studies: evidence, recommendations, and limitations for levosimendan

Matthias Heringlake, Lübeck, Germany

Following medical education at the Free University of Berlin and two years of residency at the Department of Cardiac Surgery, Schüchtermann – Clinic, Bad Rothenfelde, Matthias Heringlake received his training in Anesthesiology at the Department of Anesthesiology and Intensive Care Medicine, University of Lübeck, where he is now Professor of Anesthesiology and Deputy Director of Cardiothoracic Anesthesia. He is German Representative of EACTA since 2014. He has published over 100 PubMed listed papers in the field of anesthesia and intensive care therapy with a focus on vasoactive drugs and monitoring, and has participated as co-investigator in the recent LEVO-CTS trial.

LECTURE SUMMARY: Levosimendan is a calcium sensitiser developed for treatment of acute heart failure, and when inotropic therapy is needed. Several studies in cardiac surgery have shown that levosimendan achieves sustained haemodynamic improvement, diminishes myocardial injury, and improves outcome. Patients with preexisting low ejection fraction (LVEF) as well as patients undergoing isolated CABG surgery appear to benefit most from a levosimendan infusion. Earlier start of the infusion might be more beneficial, allowing levosimendan to achieve the full postoperative antistunning and cardioprotective effects. Pre-treatment with cathecolamines appears to be an influencial factor.

14:10 – 14:30 The LEVO-CTS and LICORN studies in the light of the clinical practice

Dominique Bettex, Zürich, Switzerland

LECTURE SUMMARY: Levosimendan has been in clinical use for 15 years. In addition to its original indication for acutely decompensated heart failure, it has been used perioperatively to stabilize patients undergoing cardiac surgery. Over 40 clinical trials have been run on the use of levosimendan in cardiac surgery and meta-analyses suggested a significant reduction of mortality in case of severe perioperative cardiovascular dysfunction (LVEF ≤ 30%). Indications of favorable renal effects in this setting have also been reported. In clinical practice levosimendan is used in different settings (pre-, intra-, and post-operatively) frequently in combination with other cardio- and vaso-active agents.

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You are most welcome to attend our SATELLITE SYMPOSIUM

Pre-operative use of levosimendan in CABG patients with low LVEF: EVIDENCE AND CLINICAL PRACTICE

At the EACTA Annual Congress 2018, Manchester, UK
on Wednesday, September 19 at 13:30 – 14:30
in room Exchange 11

CHAIRS
Fabio Guarracino, Italy
Dominique Bettex, Switzerland

LECTURES & SPEAKERS

13:30 – 13:50
The LEVO-CTS and LICORN studies: co-analysis of the mortality results in the isolated CABG patients
Bernard Cholley, France

13:50 – 14:10
The LEVO-CTS and LICORN studies: evidence, recommendations, and limitations for levosimendan
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The LEVO-CTS and LICORN studies in the light of the clinical practice
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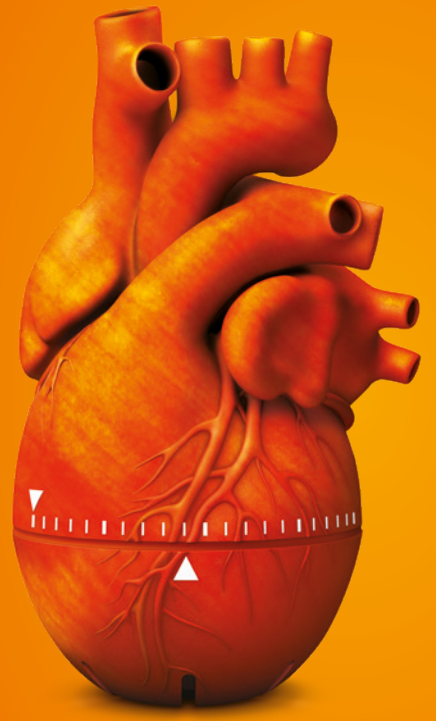
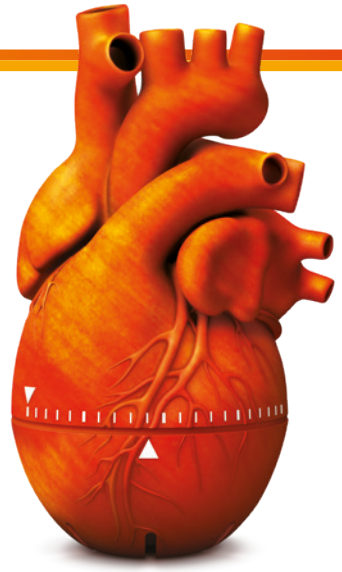


SYMPOSIUM

Pre-operative use of levosimendan in CABG patients with low LVEF: EVIDENCE AND CLINICAL PRACTICE



CHAIRS

Fabio Guarracino, Pisa, Italy

Head of the Department of Anesthesia and Critical Care Medicine and Director of Cardiothoracic Anesthesia and Intensive Care at Azienda Ospedaliero Universitaria in Pisa, Italy. Active member of ESICM, ESA, EACTA, EACVI, SCA, SIAARTI. Board member of the Journal of Cardiothoracic and Vascular Anesthesia, and other journals. Reviewer for several international peer-review journals in the field of intensive care, cardiothoracic anaesthesia, heart failure, echocardiography. Main research interests are in echocardiography, acute heart failure and the design of intensive care pathways to improve the effectiveness of the patient journey. Invited speaker at international meetings, congresses and echocardiography courses. Author of over 150 articles published in peer-review journals in the field of cardiothoracic anaesthesia, echocardiography, intensive care medicine.

Dominique Bettex, Zürich, Switzerland

Associate Professor, Head of Cardiovascular Anesthesia and Intensive Care at the University Hospital Zürich, Zürich, Switzerland. She is also Consultant in Congenital Cardiac Anesthesia at the Children Hospital in Zürich. After the MD degree at the University of Lausanne, she received the Diploma of the European Academy of Anesthesiology and Intensive Care Medicine, the habilitation in Anesthesiology at the Zürich University, and the European diploma in adult trans-esophageal echocardiography. Since 2006, she is attending then head of cardio¬vascular anesthesiology and Intensive Care, USZ, in Zürich.

Among her research interests are 3D and 2D trans-esophageal echo¬cardiography and hemodynamics, minimal invasive cardiac surgery (TAVI and mitraClip), ECMO and weaning procedure, and heart failure during anesthesia.

LECTURES

13:30 – 13:50 The LEVO-CTS and LICORN studies: co-analysis of the mortality results in the isolated CABG patients

Bernard Cholley, Paris, France

Professor of Anesthesia & Intensive Care since Sept 2009, Hôpital Européen Georges-Pompidou, Paris, with certification of Research Director (University Paris VII) and Medical Pedagogy (University Paris VI). Since Oct 2007 he has been Coordinator for Anesthesia and ICU for cardiovascular, thoracic, ENT, and gynecologic surgeries, Cardiovascular Intensive Care Unit, and Interventional Radiology and Cardiology facilities. He has several teaching responsibilities. He lead as P.I. the randomized, doubleblind, multicenter trials FRACTALE and LICORN, and participated in various other international and national multicenter trials. Author of several articles published in peer-review journals in the field of cardiothoracic anaesthesia, reviews, book chapters, etc. Active member of the Société Francaise d'Anesthésie-Réanimation, the European Society of Intensive Care Medicine, and the European Society of Anaesthesiology.

LECTURE SUMMARY: We co-analysed the data of the LEVO-CTS and LICORN trials related to the isolated CABG patients to prove the hypothesis that levosimendan, when started at the induction of anesthesia, does bring long term benefits in such setting. In the placebo groups, the mortality was similar; 7.9% (22/279) in LEVO-CTS and 7.3% (9/123) in LICORN. In both studies, mortality was lower in levosimendan treated patients, both at 1 and 3 months. In the combined analysis, 90-day mortality was 7.7% (31/402) in the placebo group and 2.9% (12/407) in the levosimendan group. Odds ratio was significantly in favor of levosimendan (0.36; 95% confidence interval 0.18-0.72; p=0.0026).