



Editorial

Asian Pacific Society of Cardiology: A focus on the Asian Pacific region

Welcome to the 17th Asian Pacific Congress of Cardiology. We're pleased to host in Kyoto this important congress of the Asian Pacific Society of Cardiology, and to share through this special issue of *CVD Prevention and Control* a look at some of the pressing needs in cardiovascular medicine in the Asian Pacific region.

This is the second APCC to be held in Japan, and I'm proud to follow in the footsteps of Dr. Maekawa, the chairperson of the 3rd APCC held in 1964, and a founder of the APSC.

The Organizing Committee of the 17th APCC, including the leadership and the 11 scientific councils of the APSC, has designed a program to provide state-of-the-art knowledge of diagnostic, therapeutic, and preventive methods, to empower the physicians in our region to fight against cardiovascular diseases. The program includes special sessions, special invited lectures from expert leaders, joint sessions, symposia, and poster sessions.

Echo Live, a one-day course in echocardiography, is free to all congress delegates and designed to update physicians, echocardiography technicians, and other co-medical staff. A comprehensive overview of the uses of echocardiography today is provided through 10 live echocardiography sessions and 17 speakers in Echo Live.

A global perspective on cardiovascular disease will be provided through the 191 invited speakers from 30 different countries, including 14 countries from outside the Asia Pacific region. Posters will be presented by 438 physicians from 34 different countries, 18 countries outside the region, including the Middle East, Europe, China, and the United States. Joint symposia with the World Heart Federation, the International Society of Cardiomyopa-

thies and Heart Failure, the Japanese Circulation Society, and two WHF Presidents Special Sessions are planned.

The rapidly rising incidence of cardiovascular diseases in the Asia Pacific region is increasingly known, yet often continues to be discussed in broad strokes and anecdotally. We seek to characterize some of the many facets of cardiovascular diseases (CVD) and its impact in this region through the articles in this special section of *CVD Prevention and Control*; the first of many we plan.

The diversity in the Asian Pacific region, the most populous region in the world, parallels the diversity in epidemiology, disease presentation, prevention programs, treatment, and research related to CVD. Yet, there is a common need to understand these and other issues related to CVD, and to share knowledge to build a more accurate understanding of CVD to address these issues. We must work together diligently to address the burden to individuals and their families, as well as on health care systems and resources.

The articles in this special section address the theme of the 17th Asian Pacific Congress of Cardiology: Promotion of Cardiovascular Health and Connecting Health Care Communities in the Asian Pacific region. The topics are an epidemiologic study of CVD in four Southeast Asian countries, hepatitis C-derived heart diseases, and sudden cardiac death.

Tai and colleagues present a comprehensive review of the background and design of the LIFECARE epidemiologic study to be conducted in four Southeast Asian countries.

The Life Course Study in CARDiovascular disease Epidemiology (LIFECARE) will use a standardized protocol to (1) identify the factors that contribute

to changes in CVD risk factors over time, (2) identify the impact of psychosocial factors and lifestyle, and (3) determine the impact of CVD risk factors on health-related quality of life and health care utilization.

The secondary objectives of LIFECARE serve a significant need in the Asian Pacific region, and include establishing baseline epidemiologic data on the prevalence of CVD risk factors in a selected cohort and comparison to similar data from other countries in the region, and to establish a bio-bank of specimens for future epidemiologic studies of CVD.

The scale of the LIFECARE study, 12,000 persons from Indonesia, Malaysia, Philippines, and Thailand, and its scope will provide valuable insights into the growing burden of CVD and thereby provide reliable information about the disease and its risk factors for the development of evidence-based primary prevention. We congratulate Tai and colleagues for their leadership in designing this much-needed study and support their objectives.

Lokhandwala and colleagues detail the need for establishing effective measures to prevent cardiovascular disease to meaningfully reduce the incidence of sudden cardiac death (SCD). The epidemic of coronary artery disease in India is resulting in a concerning increase in the incidence of SCD, particularly in urban areas. Epidemiologic studies have shown a parallel between the prevalence of CAD and the incidence of SCD. Further, an increase in the prevalence of diabetes and hypertension, two strong contributors to CAD, is seen in India. They detail the heterogeneity of the epidemiology and the management of SCD in India and call for evidence-based guidelines that include cost-effective treatments and consideration of the resource constraints in India.

Matsumori presents a Call to Action in his paper defining the need for a Global Alert and Response Network for Hepatitis C Virus-Derived Heart Diseases. This global network is required, he states, to establish methods to detect heart disease caused by infectious agents. Thereafter, goals in-

clude the development of preventive and therapeutic programs as well as training programs for the detection and treatment of patients, especially in underprivileged countries. Registries to monitor cardiomyopathies and myocarditis due to infectious agents also are needed. Inexpensive, simple, reliable measurements to identify the presence of HCV-derived cardiovascular diseases are available.

Building awareness of hepatitis C virus (HCV) as an etiology of many different forms of heart disease worldwide is a key step and Matsumori provides an extensive overview of the current data on its prevalence. He informs us that the burden of HCV-derived heart diseases is global, with a higher prevalence in Asia, Africa, and low- and middle-income countries. Although HCV-derived heart diseases are chronic and devastating diseases, they are treatable with low-cost interventions. An important goal of the Global Alert and Response Network is to reduce this burden to individuals and health care systems.

The global prevalence of HCV carriers is estimated to average 3%, ranging from 0.1 to $\geq 10\%$ among different countries. Data reviewed in this paper estimate that some 34–73 million persons worldwide have HCV-derived heart disease. Notably, HCV infection is associated with enhanced atherosclerosis, and more than 20% of people with HCV infection have diabetes mellitus, an important risk factor of cardiovascular disease.

We urge you to read these articles and share them with your colleagues. We invite you to share your knowledge with us and to work with us to reduce the burden of cardiovascular diseases.

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