

Ультразвуковое исследование коронарного кровотока в науке и практике

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Информация о потенциальном конфликте интересов

Автор заявляет об
отсутствии конфликта
интересов

Риск сердечно-сосудистой смерти



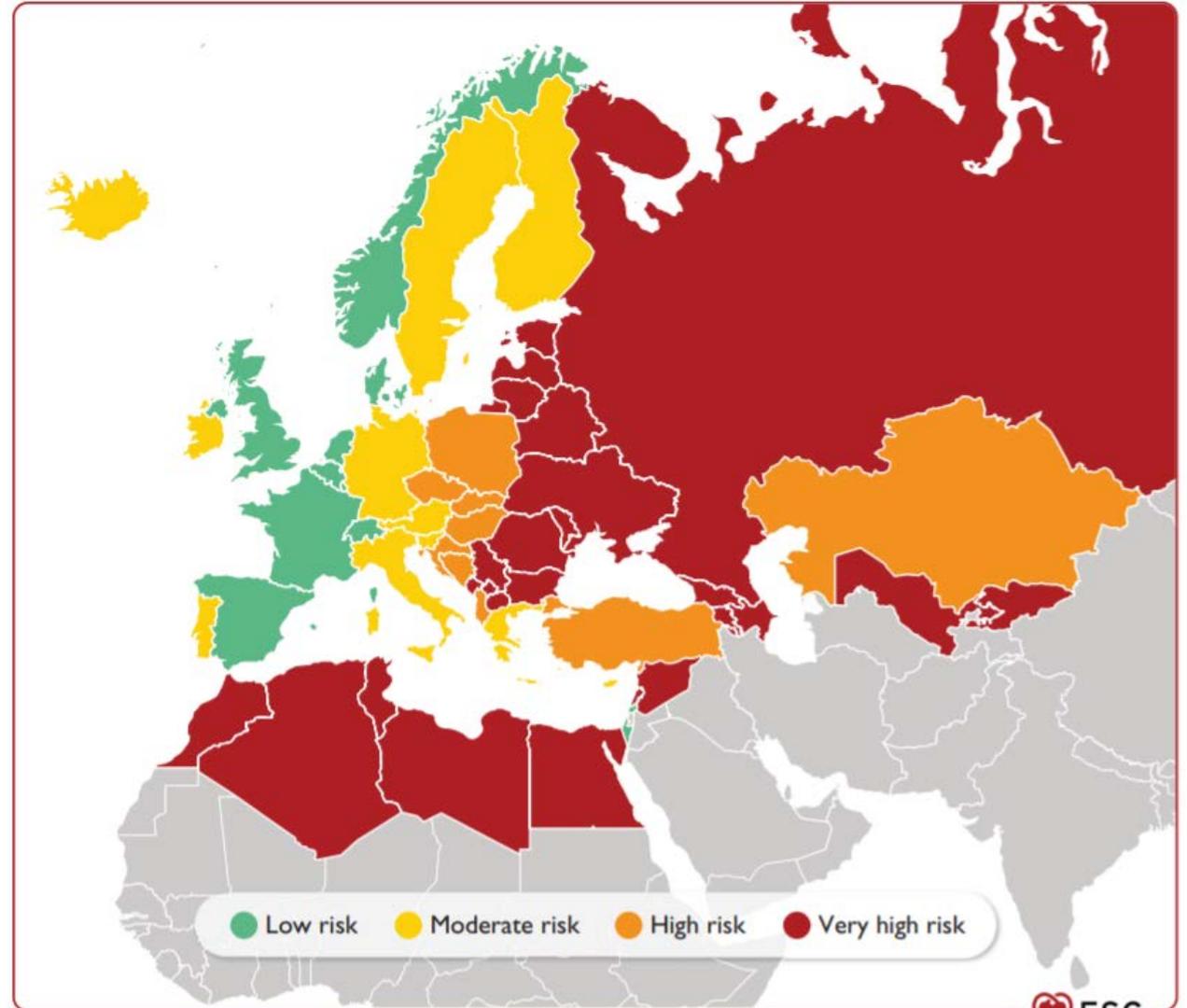
ESC

European Society
of Cardiology

European Heart Journal (2021) 42, 3227–3337
doi:10.1093/eurheartj/ehab484

ESC GUIDELINES

2021 ESC Guidelines on cardiovascular disease prevention in clinical practice

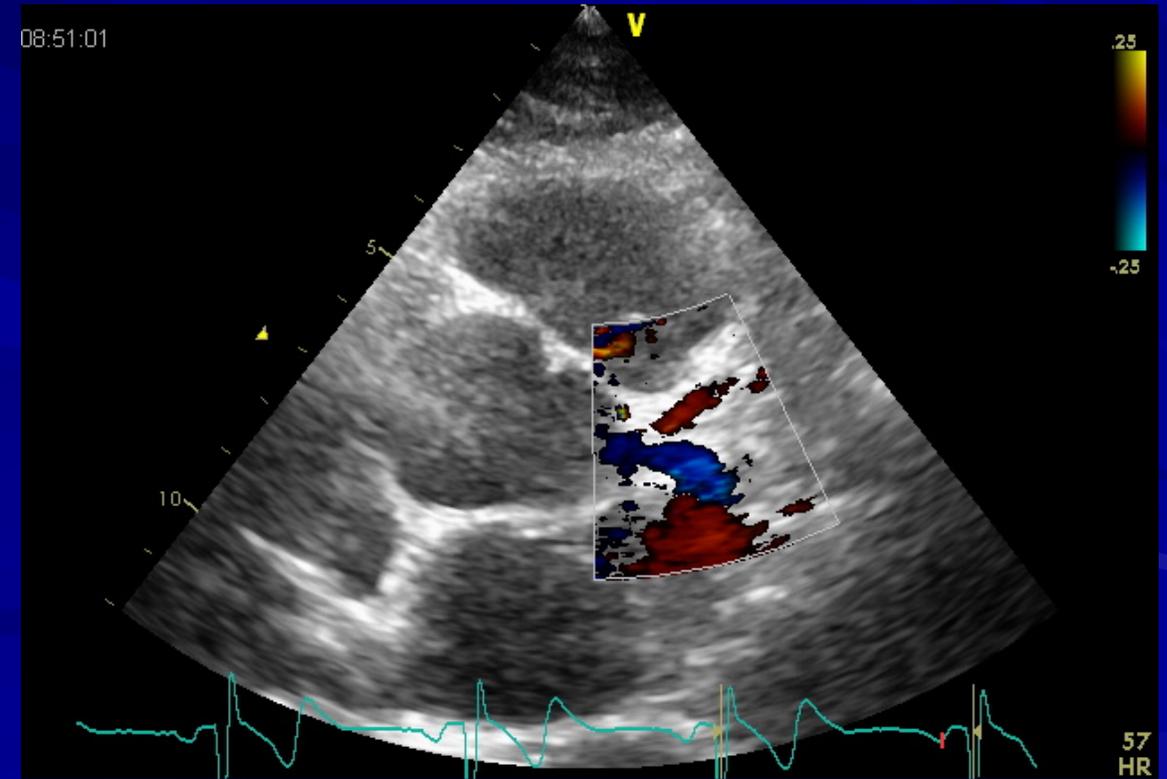
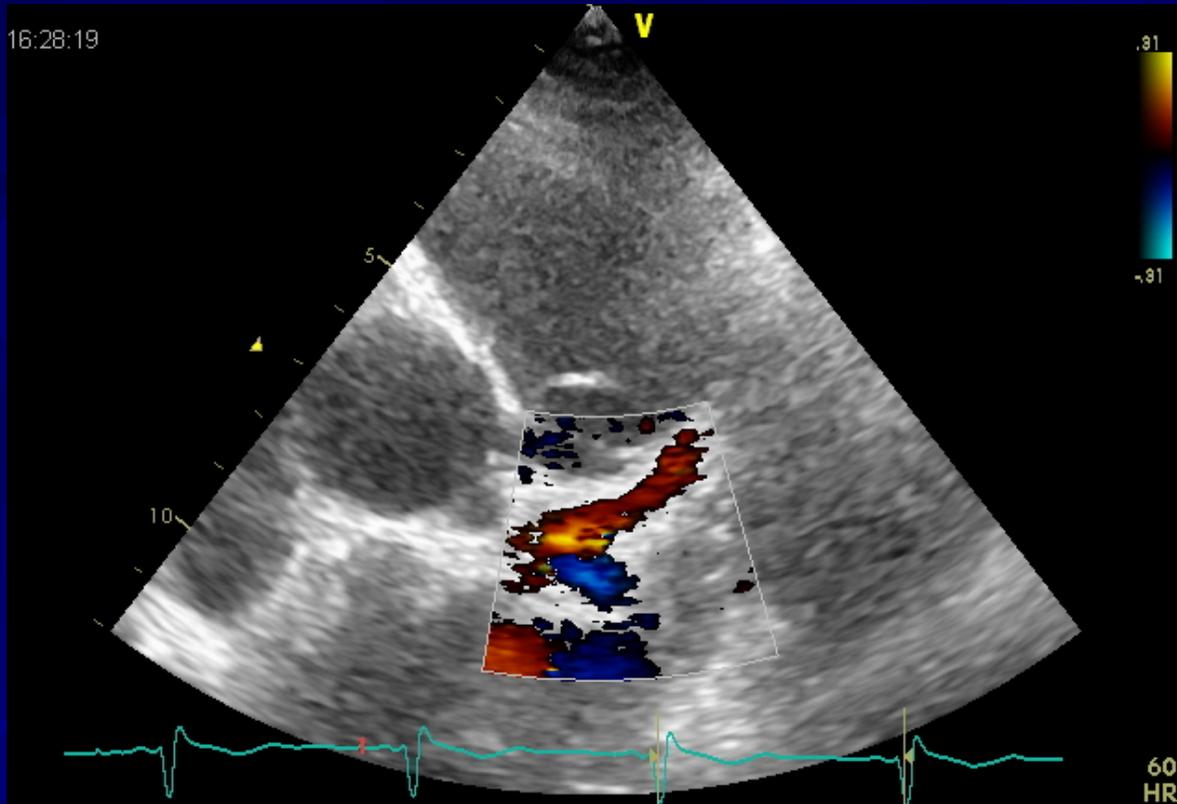


Этапы развития метода ультразвуковой визуализации коронарных артерий

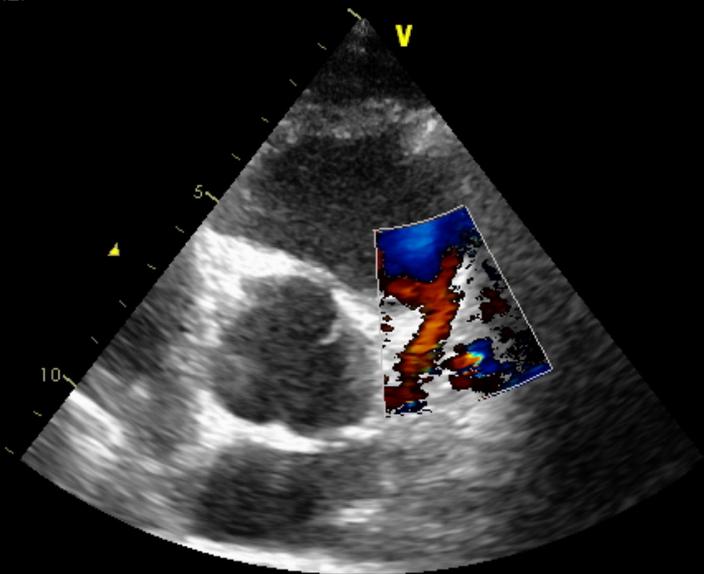
- До 90-х годов XX в. – первые попытки, визуализация возможна у малого процента пациентов, фрагментарно видны небольшие участки артерий
- 90-е годы XX в.– усовершенствование УЗИ аппаратов – появление «второй гармоники», высокочастотных датчиков – публикации в международной литературе данных о возможности визуализации 3 магистральных коронарных артерий, часто используется чреспищеводная визуализация
- 10-е годы XXI в. – внедрение в рутинную практику эхокардиографических центров Европы (Норвегия, Италия, Греция...), появление в рекомендациях для клинической практики Европейской Ассоциации по эхокардиографии



Визуализация ствола ЛКА, проксимальных отделов ПМЖВ и ОВ



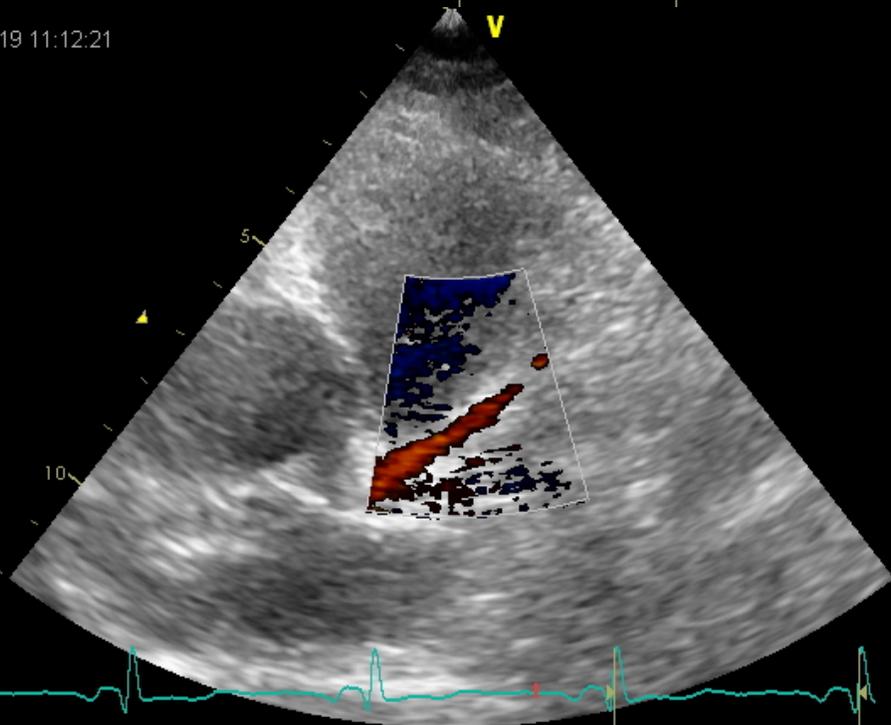
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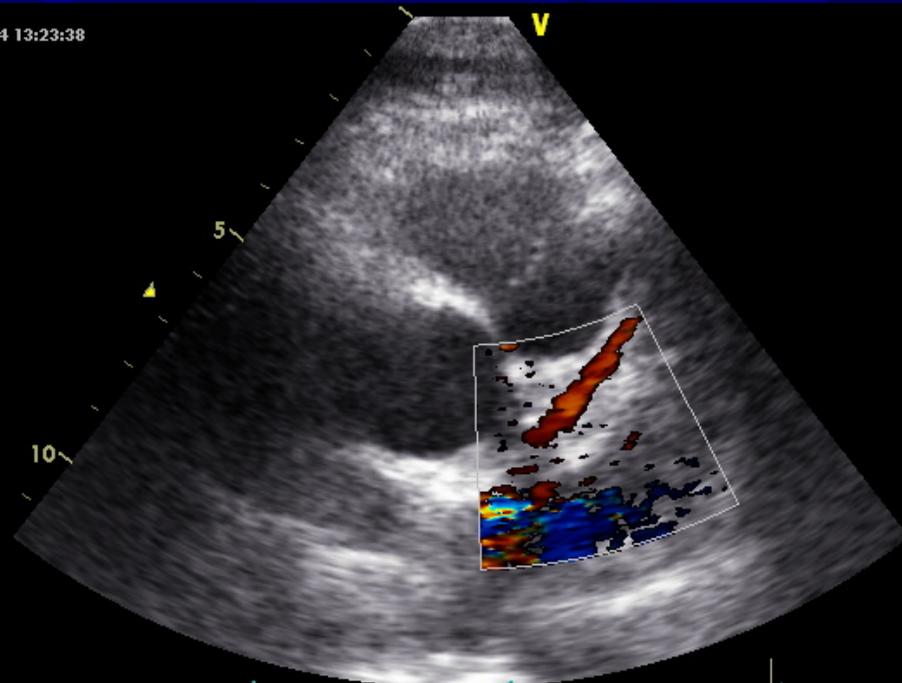


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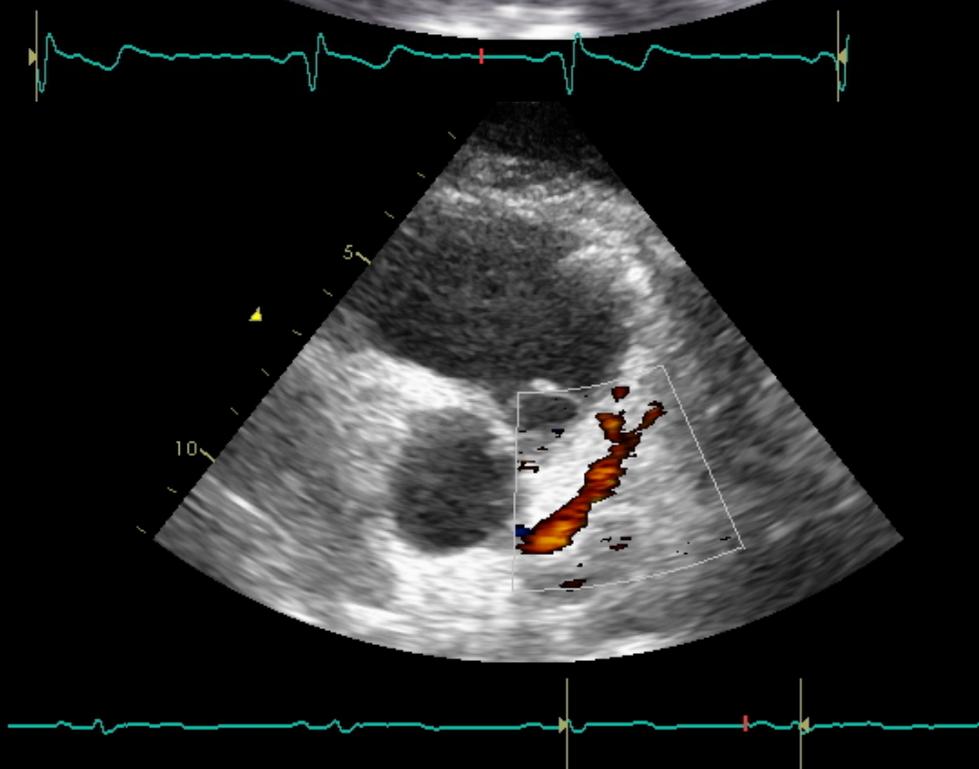
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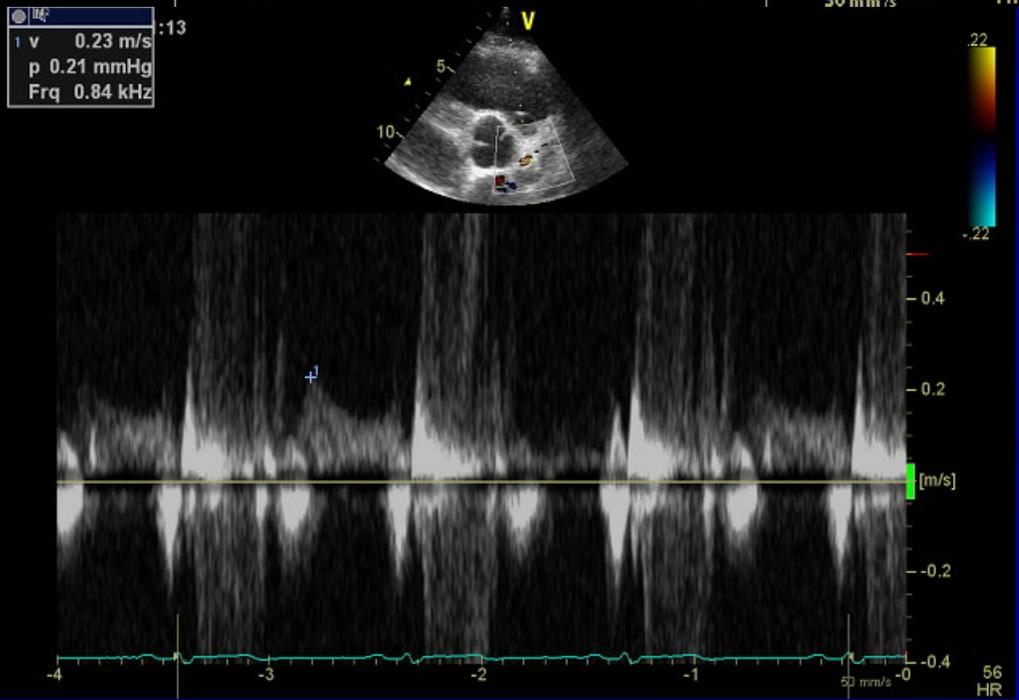
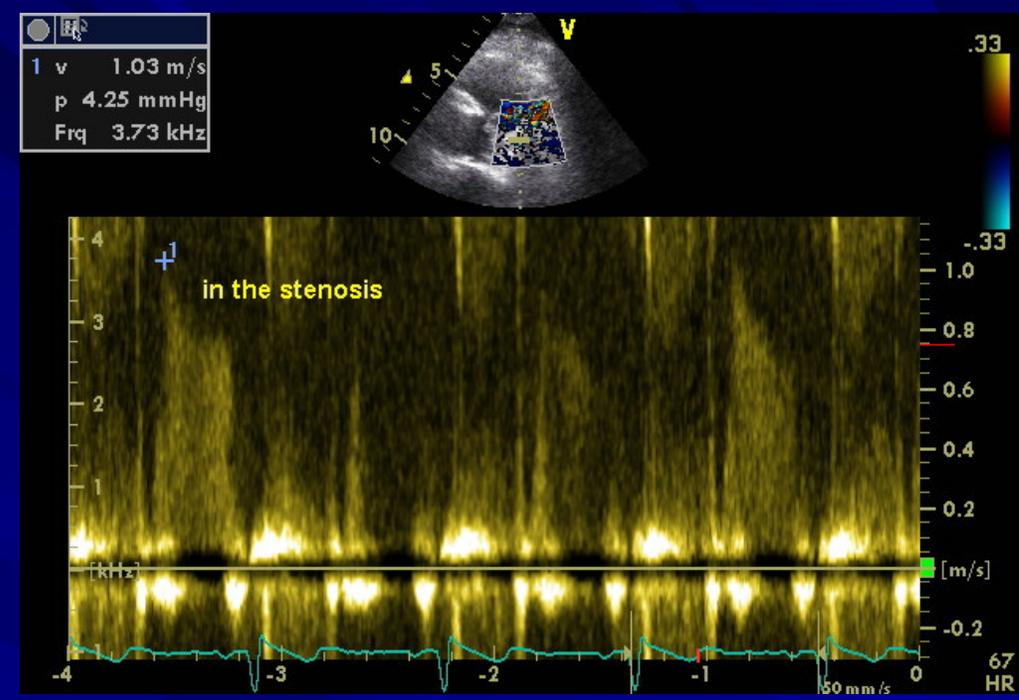
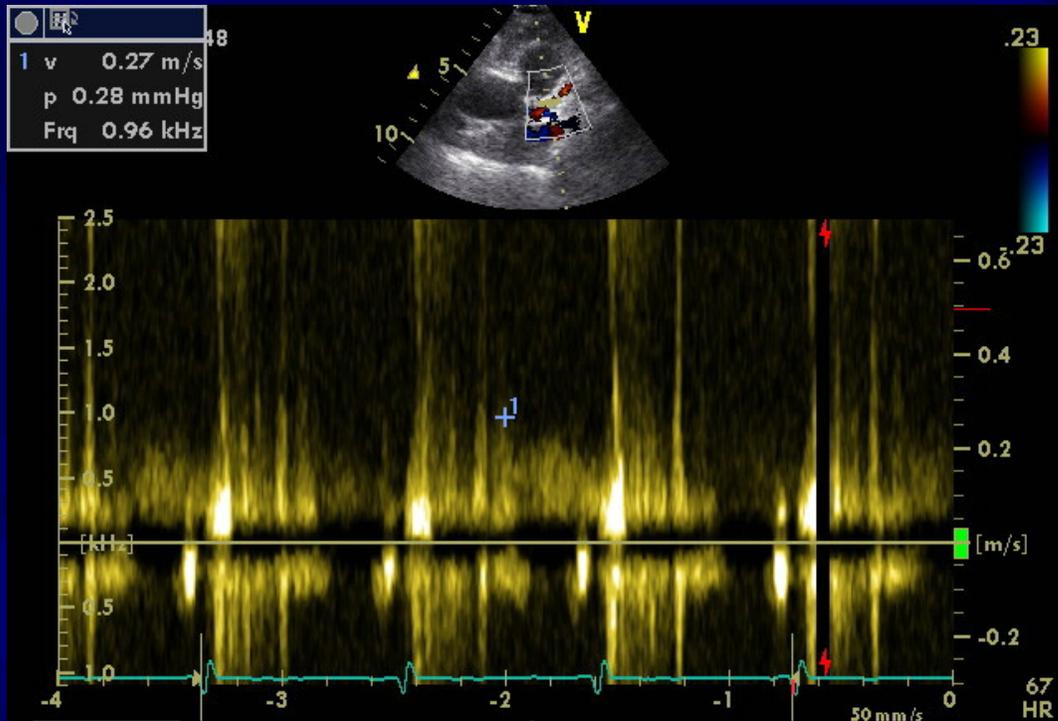
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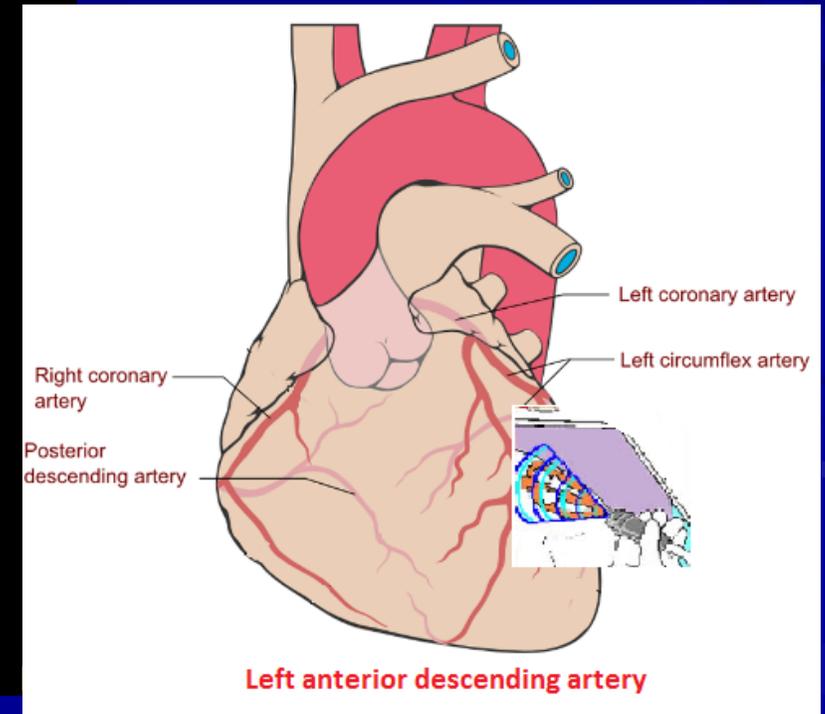
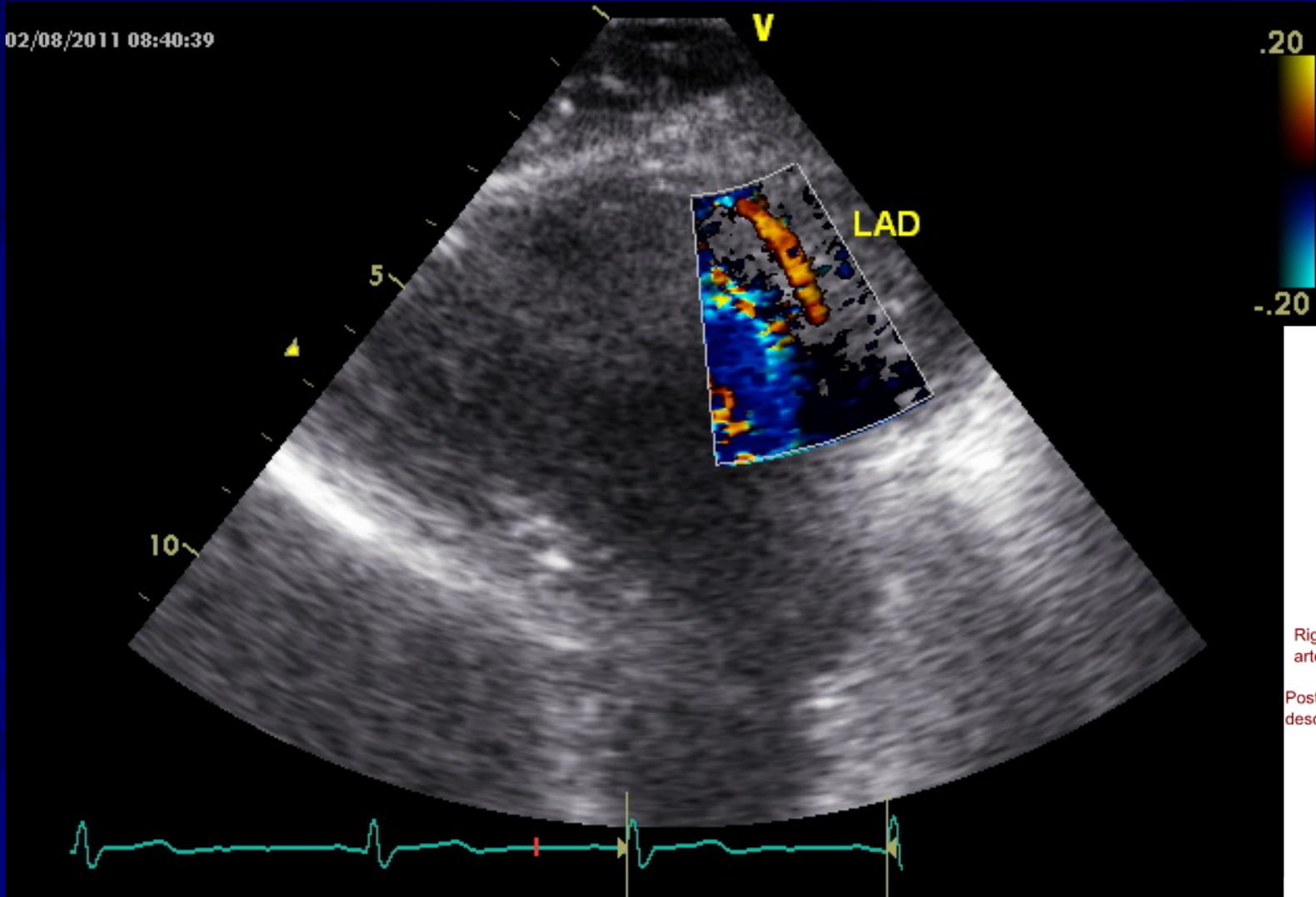
59
HR

-22

60
HR

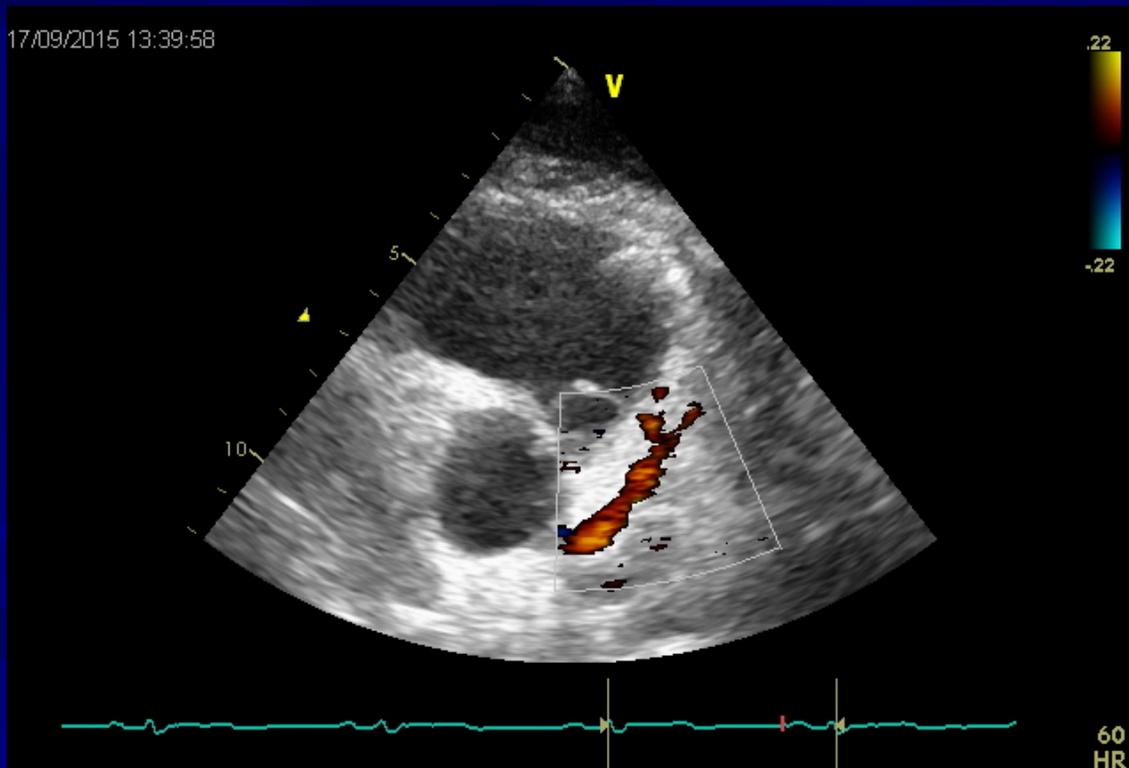


Визуализация срединного сегмента ПМЖВ

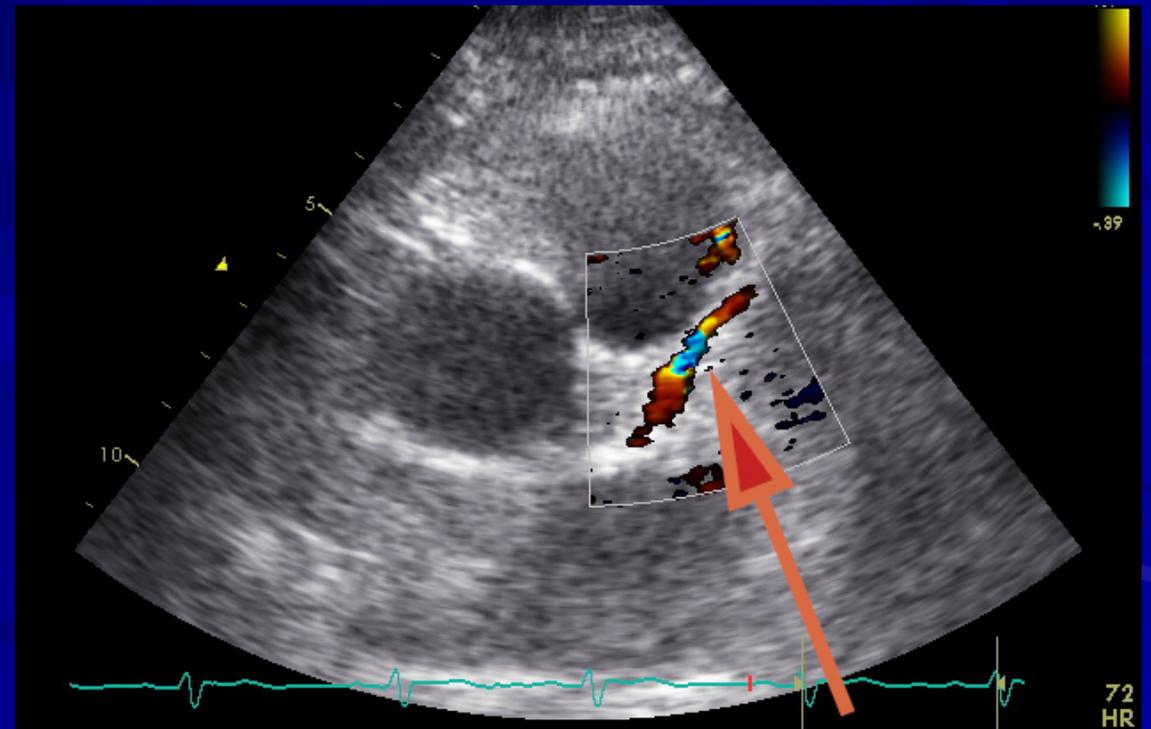


Сравнение нормы и стеноза

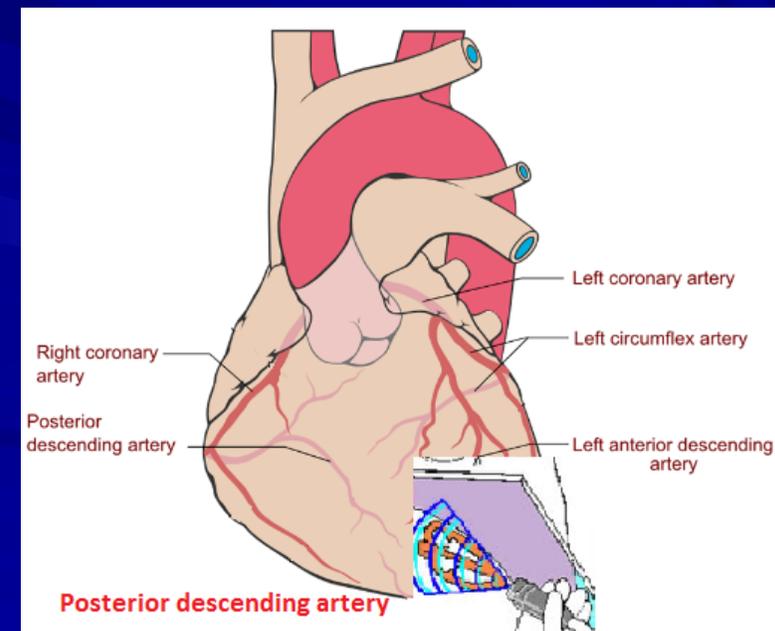
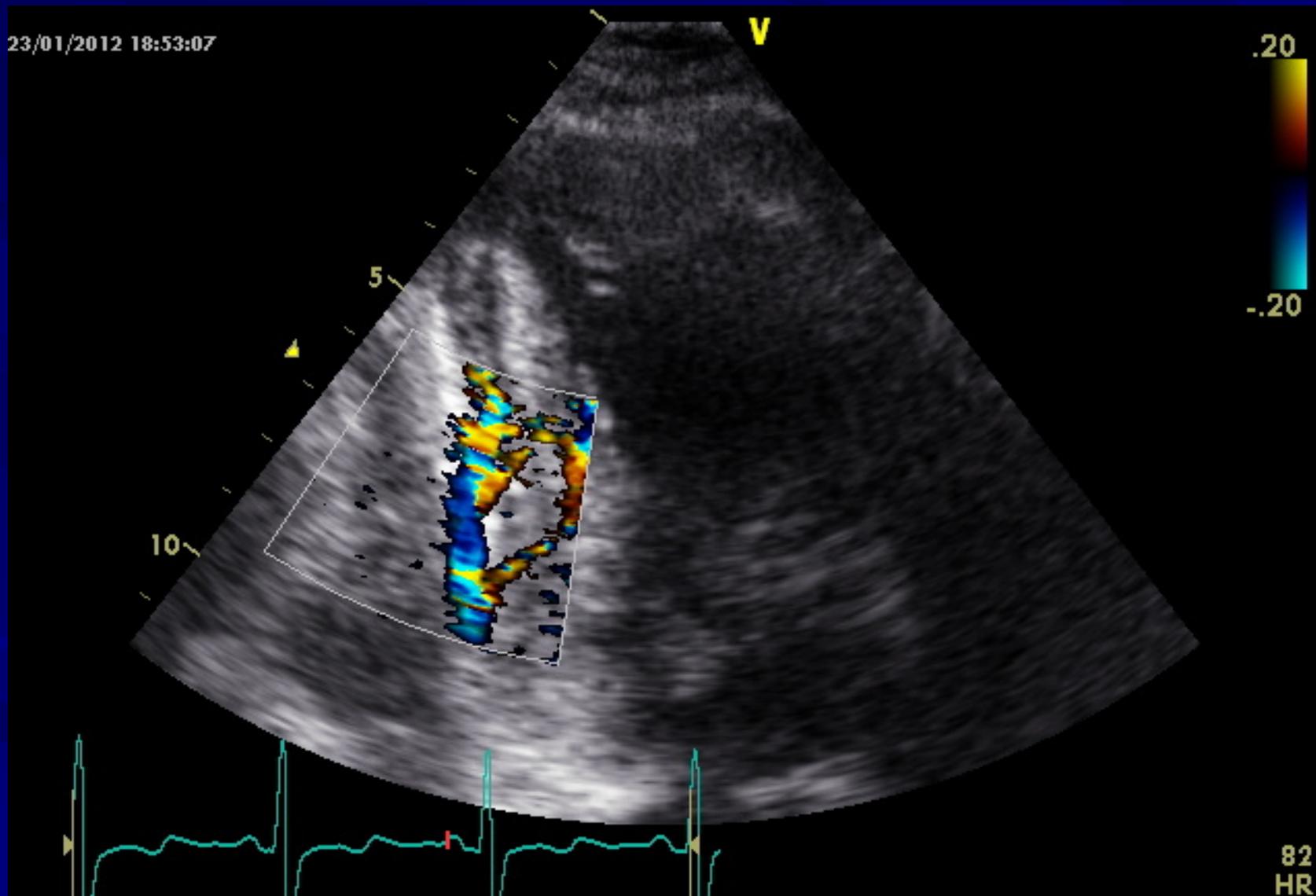
Норма



Стеноз проксимальной ПМЖВ



Визуализация ЗМЖВ



Technical notes

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Imaging of all three coronary arteries by transthoracic echocardiography. an illustrated guide

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Cardiovascular Ultrasound

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Cardiovascular Ultrasound

Research

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Transthoracic echocardiography for imaging of the different coronary artery segments: a feasibility study

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Трансторакальное ультразвуковое исследование магистральных коронарных артерий: методические аспекты, возможности, ограничения

А.А. Боценко, А.В. Врублевский, Р.С. Карпов

ГУ «НИИ кардиологии Томского научного центра СО РАМН»

На основании обследования 81 больного

диагностики стенозов магистральных коро-

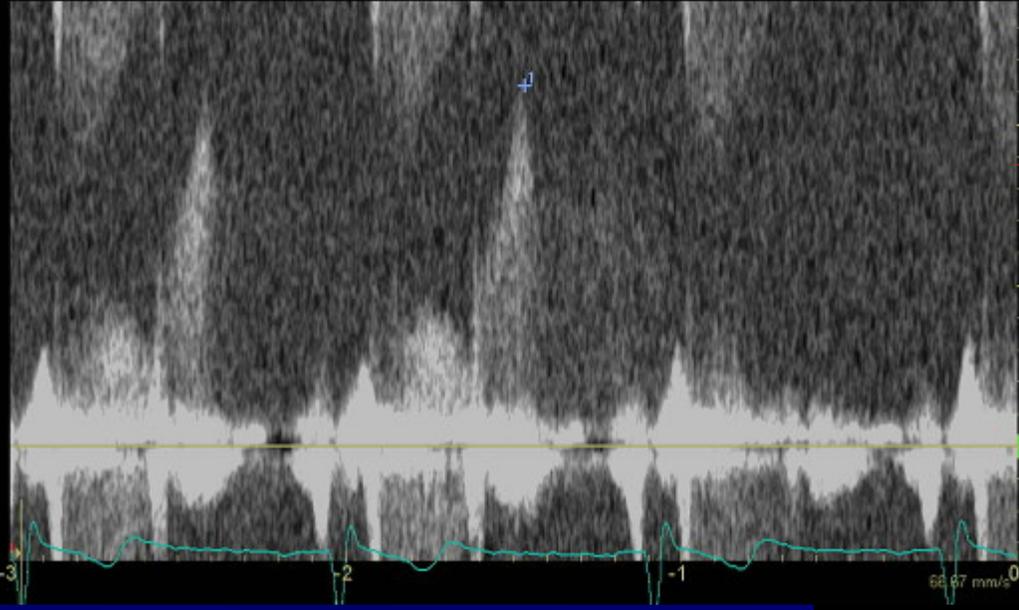
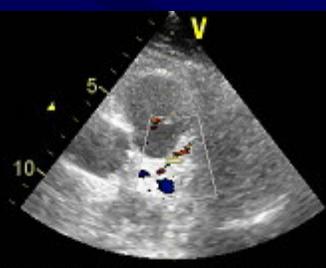
н быть реко-
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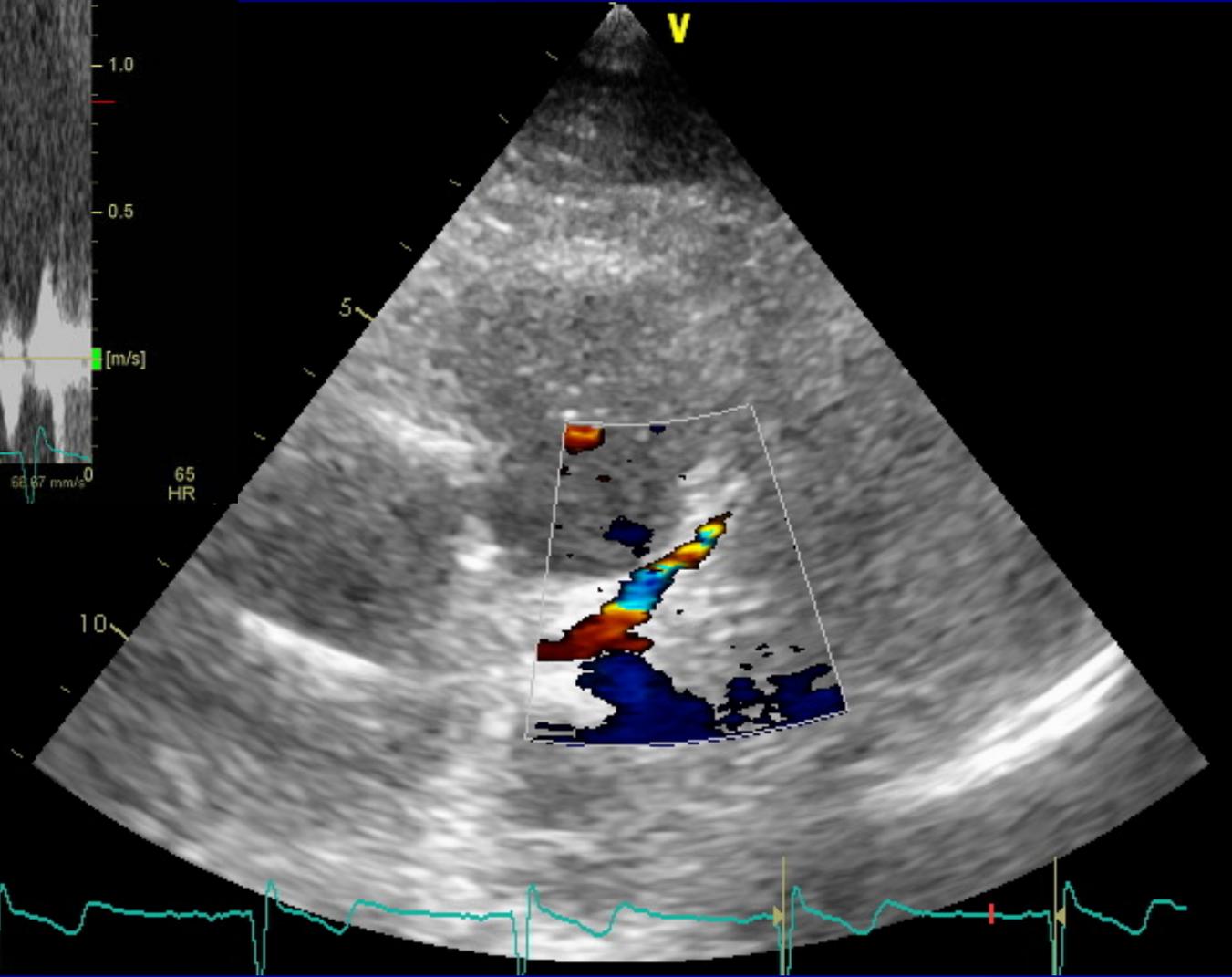
Клинический пример

- Пациент, 37 лет, без одышки, болей в грудной клетке. Занимается спортом 4 раза в неделю. Появилась начальная артериальная гипертензия обратился к кардиологу
- Курящий, холестерин крови – 5,7, глюкоза – 5,3
- Стандарт обследования – ЭКГ, эхокардиография, УЗИ сосудов шеи
- ЭКГ – вариант нормы, ЭхоКГ – легкая начальная гипертрофия левого желудочка, УЗИ сосудов шеи – начальное утолщение стенки сонной артерии

1 v 1.12 m/s
p 5.01 mmHg
Frq 4.07 kHz



1.0
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[m/s]
0
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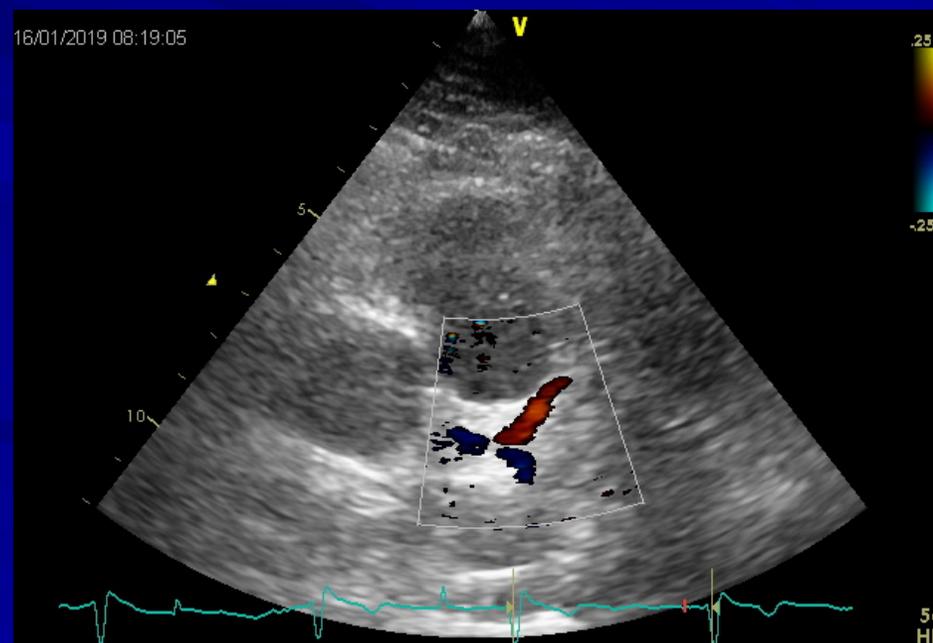


65 HR

67 HR

Около половины инфарктов и внезапных смертей происходят при отсутствии предшествующих болей и/или одышки, то есть у бессимптомных пациентов

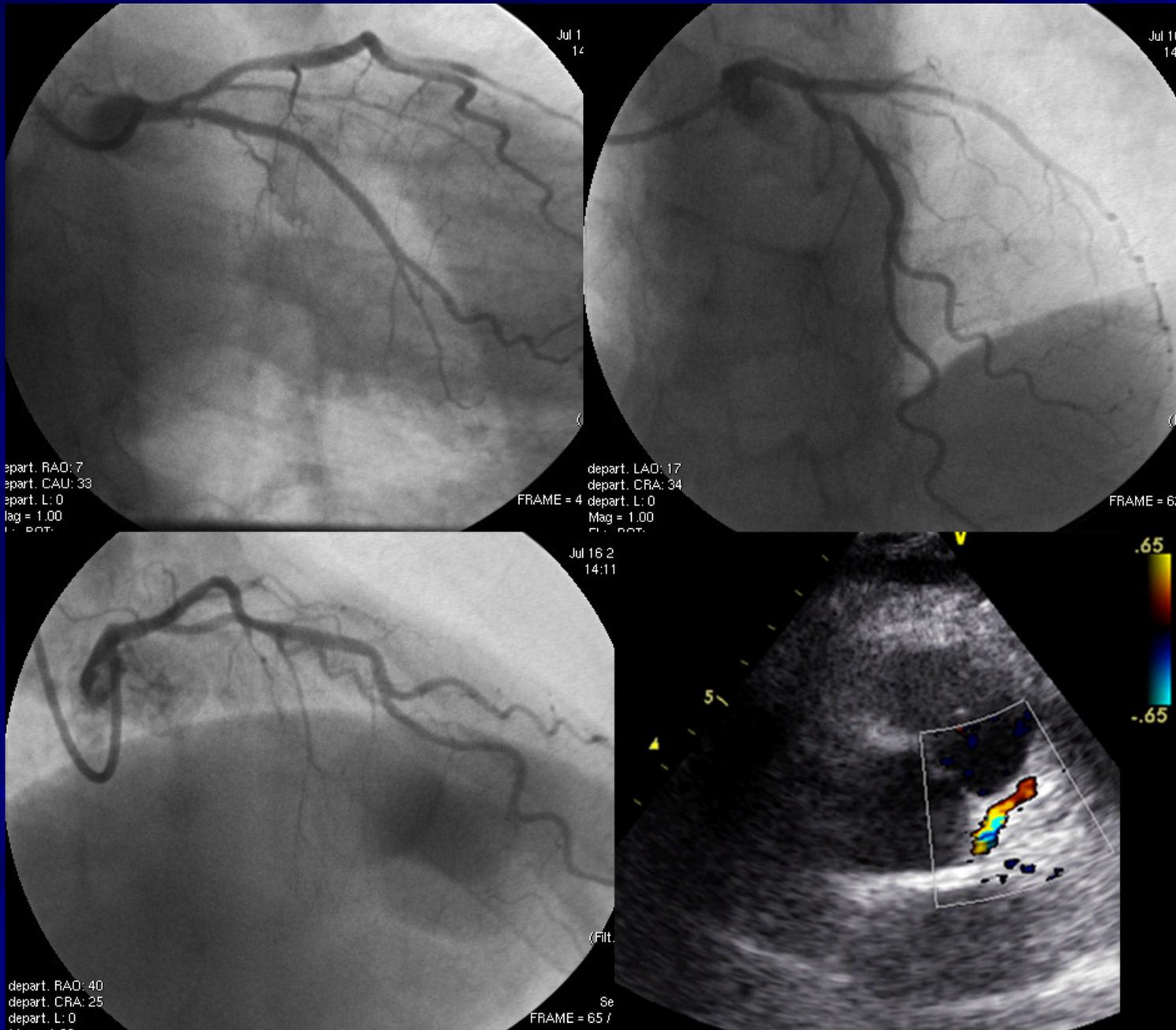
- Проведен нагрузочный тест
- Выполнена коронарография – тандемные сужения 90% передней межжелудочковой артерии
- Проведено стентирование коронарной артерии



Клинический пример

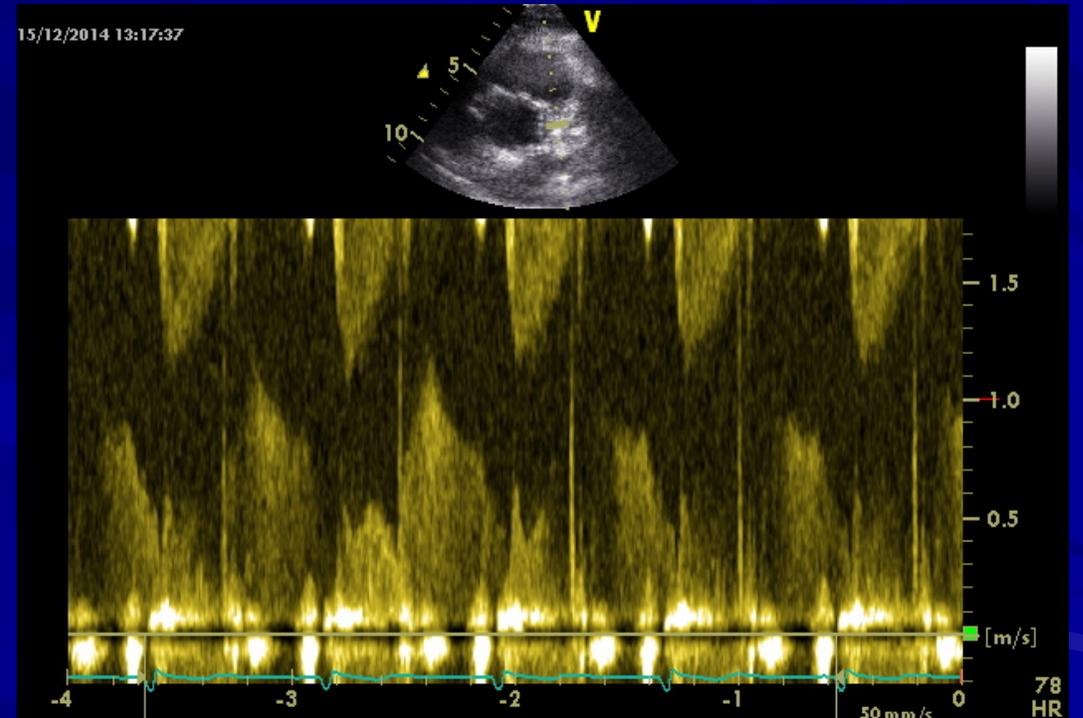
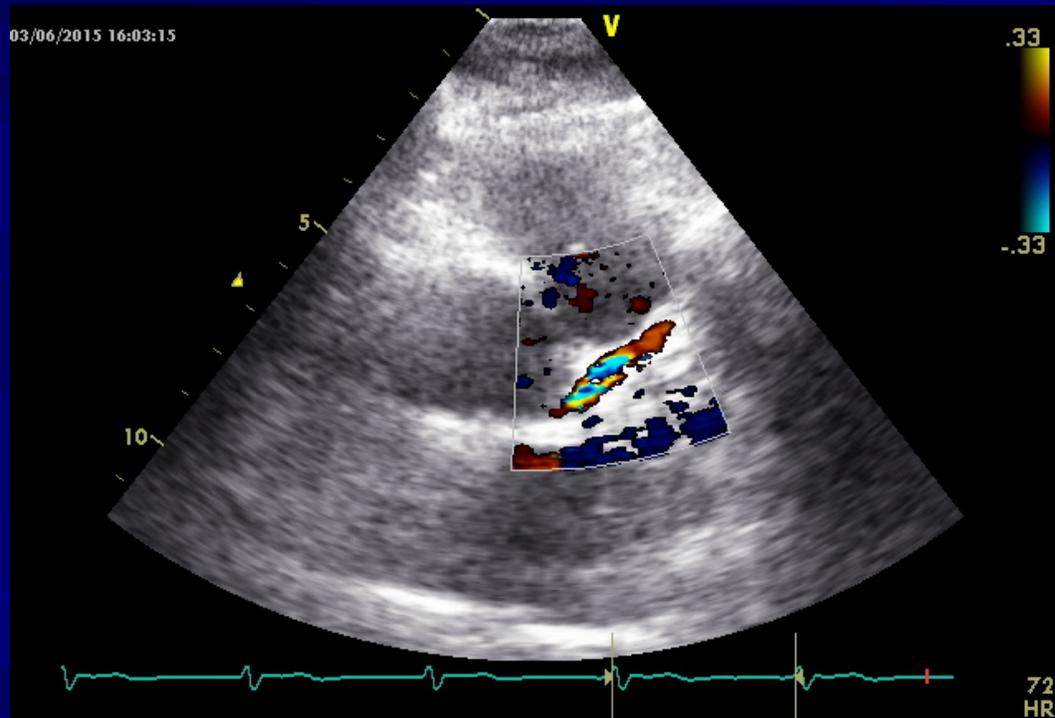
- Мужчина, 47 лет, некурящий, артериальная гипертензия, сахарный диабет
- Классическая стенокардия напряжения 2 функционального класса
- Эхокардиография
- Нагрузочный тест дважды – ишемический тест

Клинический пример



3 специалиста
интервенционной
кардиологии разных
центров – небольшое
сужение устья ПМЖВ
10-30%

Стеноз устья ПМЖВ



Выявлено критическое
сужение главной артерии
сердца, проведено аорто-
коронарное шунтирование

Главные научные направления

- Исследование коронарного кровотока в покое при обычной эхокардиографии
- Исследование коронарного кровотока при нагрузочных тестах

Главные научные направления

- Исследование коронарного кровотока в покое при обычной эхокардиографии
- Исследование коронарного кровотока при нагрузочных тестах

Научные исследования коронарного кровотока в КВМТ 2017-2021 год

- Прогностическое значение изменений коронарного кровотока при рутинной эхокардиографии более 1000 пациентов (работа закончена)
- Роль реваскуляризации миокарда для прогноза данных пациентов 546 пациентов (работа закончена) – планируется защита кандидатской диссертации
- Исследование коронарного кровотока и раннее выявление атеросклероза коронарных артерий у пациентов молодого возраста (группа мужчин 30-39 лет – 200 человек) (набор в завершающей стадии)
- Исследование коронарного кровотока у группы пожилых лиц для предсказания и предотвращения ближайших неблагоприятных событий (пациенты старше 75 лет, 146 человек). Набор завершен. Начало публикаций.

Научные исследования коронарного кровотока в КВМТ 2017-2021 год

- Контроль коронарного кровотока, изменение скоростных показателей во время операций аорто-коронарного шунтирования, связь с послеоперационным прогнозом. Основной этап закончен. Группа 155 человек
- Сравнение прогностической значимости скоростных показателей коронарного кровотока и других известных эхокардиографических и клинических факторов – набор закончен. 581 человек. Обработка данных.
- Прогностическое значение изменений коронарного кровотока при рутинной эхокардиографии у пациентов хронической почечной недостаточности 5 степени, получающих лечение гемодиализом. Работа начата в сентябре 2021 года. Уже проведен набор группы 30 человек. Вероятна остановка работы.

Список основных докладов и презентаций на Российских и международных конгрессах и конференциях

- Декабрь 2021 года – запланированы 2 презентации на конгрессе ЕвроЭхо2021, Берлин, Германия. Он-лайн формат
- Сентябрь 2021 года – доклад на Российской конференции конференции «Инновации в диагностике и лечении сердечно-сосудистых заболеваний», Санкт-Петербург, Россия
- Август 2021 – 3 презентации на Европейском конгрессе кардиологов, он-лайн международный формат
- Декабрь 2020 – 3 презентации ЕвроЭхо-2020, он-лайн международный формат
- Сентябрь 2020- 3 презентации, Европейский конгресс кардиологов, 2020, Амстердам, Нидерланды, (цифровой формат)
- Сентябрь 2020, - доклад, Российский национальный конгресс кардиологов, Казань, Россия.
- Февраль 2020, - 2 доклада на Российском конгрессе «Кардиостим»
- Декабрь 2019 – доклад + 5 презентаций на EuroEcho-Imaging 2019, Вена, Австрия.
- Октябрь 2019 – доклад на 22-м Конгрессе кардиологов Сербии, Златибор, Сербия.
- Сентябрь 2019 - доклад на 4-й российской конференции «Инновации в диагностике и лечении сердечно-сосудистых заболеваний», Санкт-Петербург, Россия
- Август 2019 – 5 постерных презентаций, доклад на конгрессе кардиологов ESC-2019, Париж, Франция.
- Апрель 2019 – доклад Международная конференция «Дни эхокардиографии в Софии», София, Болгария.
- Декабрь 2018 – 3 презентации на EuroEcho-Imaging 2018, Милан, Италия.
- Сентябрь 2018 – доклад на 3-й российской конференции «Инновации в диагностике и лечении сердечно-сосудистых заболеваний», Санкт-Петербург, Россия.
- Август 2018 – участие в 6 презентациях на конгрессе кардиологов ESC-2018, Мюнхен, Германия.
- Май 2018 – доклад в программе Семнадцатой Санкт-петербургской школы кардиологов, Санкт-Петербург, Россия.
- Декабрь 2017 – 3 презентации на EuroEcho-Imaging 2017, Лиссабон, Португалия.

Основные абстракты

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2. E Kalinina, A Zagatina, N Zhuravskaya, D Shmatov, Prognostic value of non-invasive coronary artery flow velocity assessment in elderly patients, European Heart Journal - Cardiovascular Imaging, Volume 22, Issue Supplement_1, January 2021, jeaa356.097, <https://doi.org/10.1093/ehjci/jeaa356.097>
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Ultrasound in Medicine & Biology

Available online 26 April 2018

In Press, Corrected Proof 



Original Contribution

Role of Coronary Flow Velocity in Predicting Adverse Outcome in Clinical Practice

Angela Zagatina*  , Nadezhda Zhuravskaya*, Maxim Kamenskikh [†], Dmitry Shmatov [†], Sergey Sayganov [‡], Fausto Rigo [§]

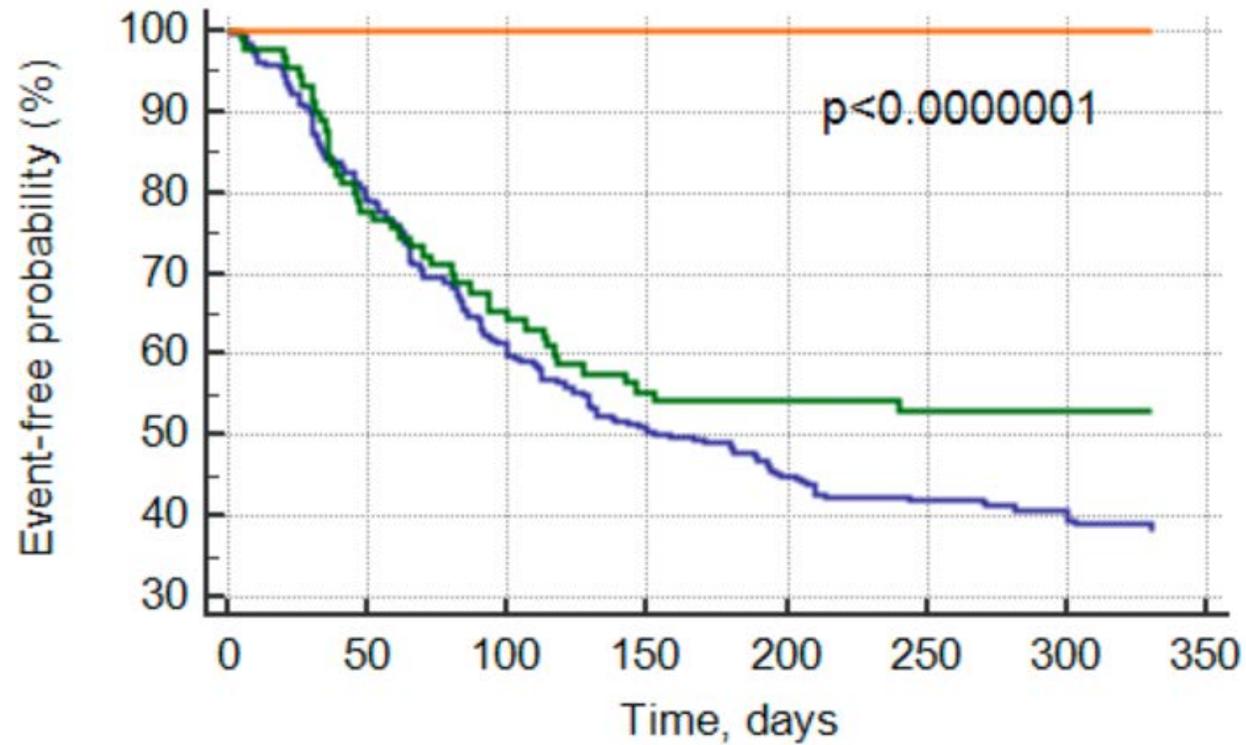
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В проспективное исследование включено 412 пациентов.
Наблюдение – 10 месяцев

- 361 человек, у которых при эхокардиографии определялись высокие скорости (более 70 см/с) в коронарных артериях. Подразделены на группу с высокими скоростями в проксимальных и непроксим. сегментах
- 51 – контрольная группа, у которых не было повышения скоростей кровотока



Number at risk

Group: 1

267 211 160 135 120 112 105

Group: 2

90 70 57 49 48 47 47

Controls

51 51 51 51 51 51 51

Основные результаты

- Смерть наблюдалась только в группе с высокими скоростями (6.4% vs. 0%, $p < 0.009$)
- Смерть/ИМ/ОКС возникали в 10% vs. 0%, $p < 0.003$
- Только максимальная скорость в проксимальных отделах была предиктором смерти (OR 1.02, 95% CI 1.01–1.03, $P < 0.02$) или всех неблагоприятных исходов (OR 1.04, 95% CI 1.02–1.05, $P < 0.0001$)



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Review Article

Should we routinely assess coronary artery Doppler in daily echocardiography practice?

Angela Zagatina, Nadezhda Zhuravskaya, Martin Caprnda, Haaris A. Shiwani, Katarina Gazdikova, Luis Rodrigo

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Received 21 Apr 2021, Accepted 22 Aug 2021, Published online: 19 Sep 2021

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References

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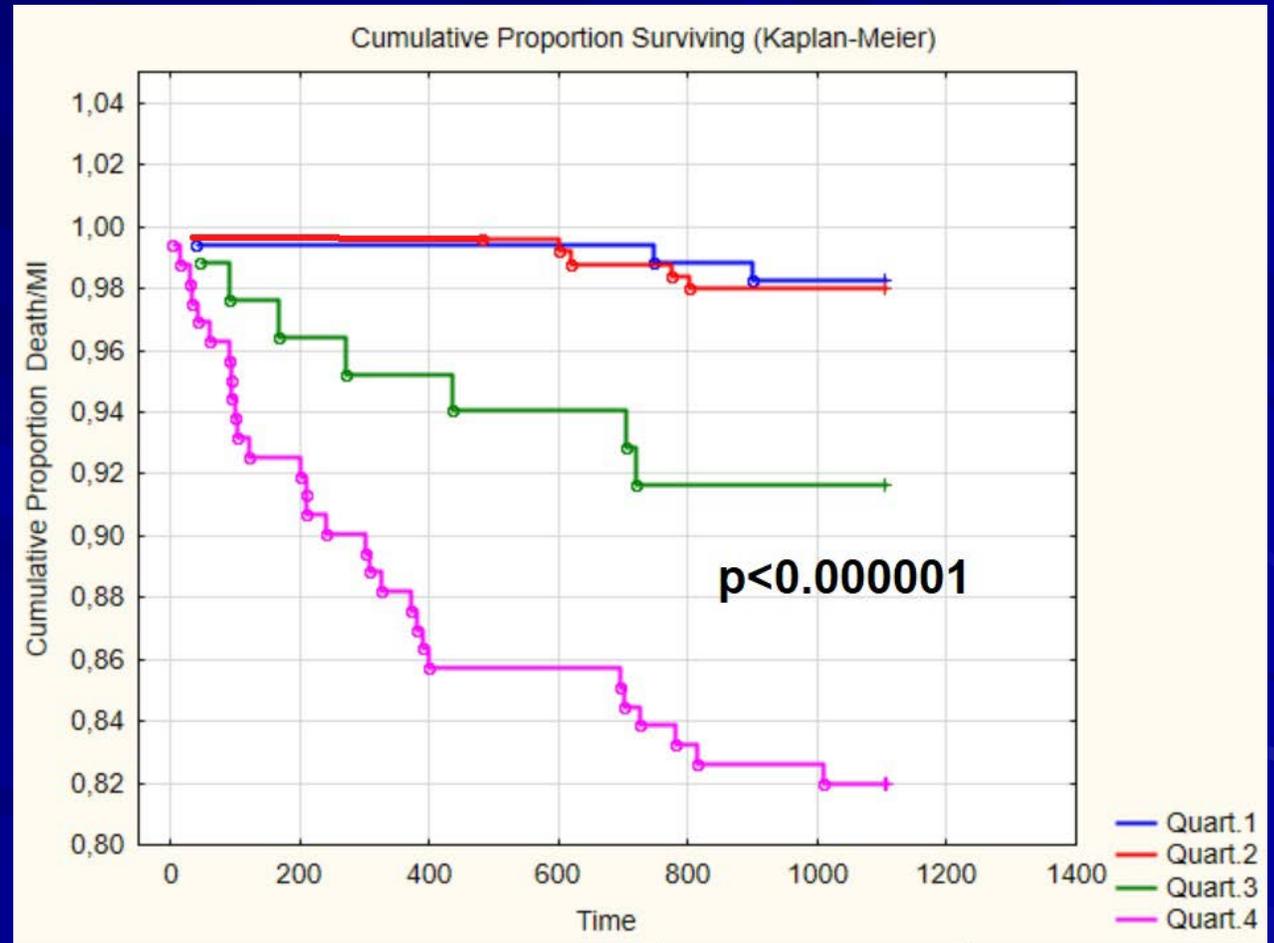
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Основные результаты 3-х летнего наблюдения

Статья с результатами 3-летнего прогноза пациентов в зависимости от изменений коронарного кровотока в покое, выявленного во время рутинной эхокардиографии принят в журнал Acta Cardiologica



Главные научные направления

- Исследование коронарного кровотока в покое при обычной эхокардиографии
- Исследование коронарного кровотока при нагрузочных тестах

Дополнительное прогностическое значение оценки кровотока в ПМЖВ при СЭ с физической нагрузкой

European Heart Journal - Cardiovascular Imaging Advance Access published August 7, 2016



European Heart Journal – Cardiovascular Imaging
doi:10.1093/ehjci/jew164

The additive prognostic value of coronary flow velocity reserve during exercise echocardiography

Angela Zagatina* and Nadezhda Zhuravskaya

Medika Cardiology Clinic, 8-2, Dundicha St., Saint Petersburg 192283, Russia

Received 8 June 2016; accepted after revision 13 July 2016

Aims

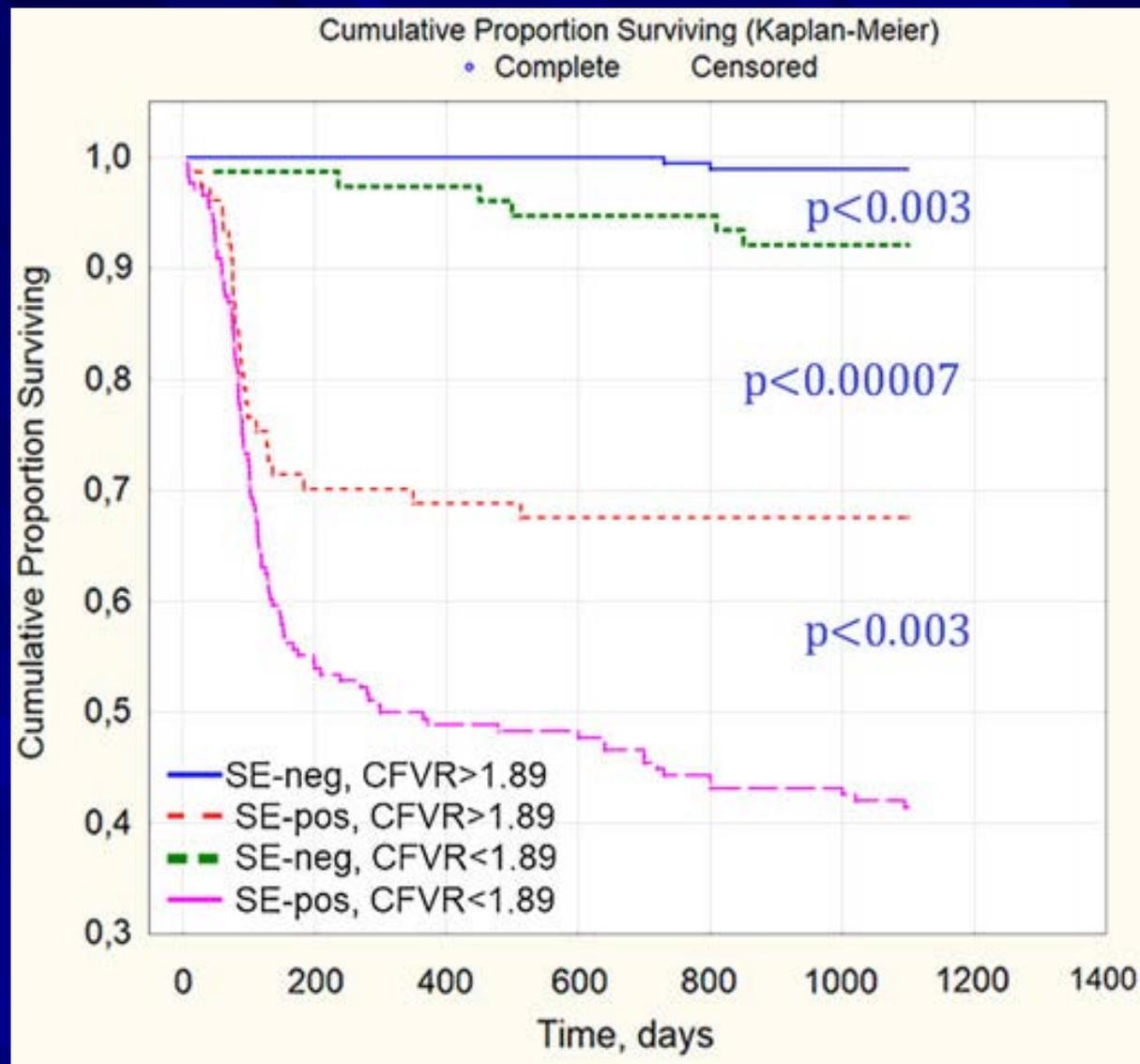
The aim of the study was to assess the additive prognostic value of coronary flow velocity reserve (CFVR) alongside wall motion analysis during exercise echocardiography in patients with known or suspected coronary artery disease (CAD).

Methods and results

In a prospective, single-centre, observational study, we evaluated 689 patients (449 males; 56 ± 9 years) who underwent supine bicycle stress echo (ESE) with CFVR evaluation of the left anterior descending artery (LAD) by Doppler. ESE was positive for regional wall motion abnormalities in 359 (52%) patients. Mean CFVR was 1.9 ± 0.8. During a median follow-up of 36.6 months, there were 200 patients with major adverse cardiac events (MACE): 15 deaths, 17 non-fatal myocardial infarctions [11 of them also had percutaneous coronary intervention with stenting (PCI) or/and coronary artery bypass graft surgery (CABG)] and 179 patients underwent revascularization. The 37 months' event-free survival showed the best outcome for those patients with negative ESE by wall motion criteria and normal CFVR, and the worst outcome for patients with positive ESE by wall motion and abnormal CFVR (99 vs. 42%, $P < 0.0001$). At multivariable analysis, CFVR in LAD (OR 0.53, 95% CI 0.35–0.79, $P < 0.0001$), positivity for regional wall motion abnormalities during testing (OR 0.10, 95% CI 0.04–0.25, $P < 0.000$), previous PCI (OR 0.38, 95% CI 0.16–0.90, $P < 0.003$), male sex (OR 0.44, 95% CI 0.27–0.71, $P < 0.0009$), and heart rate reached during exercise (OR 0.98, 95% CI 0.96–0.99, $P < 0.02$) were independent prognostic predictors of MACE.

Дополнительное
прогностическое
значение оценки
кровотока в ПМЖВ
при СЭ с физической
нагрузкой

Граница –
КРПМЖВ=1.89



Zagatina A, Zhuravskaya N. The additive prognostic value of coronary flow velocity reserve during exercise echocardiography. Eur Heart J Cardiovasc Imaging Aug 2016, jew164; DOI: 10.1093/ehjci/jew164. First published online: 7 August 2016.

RESEARCH

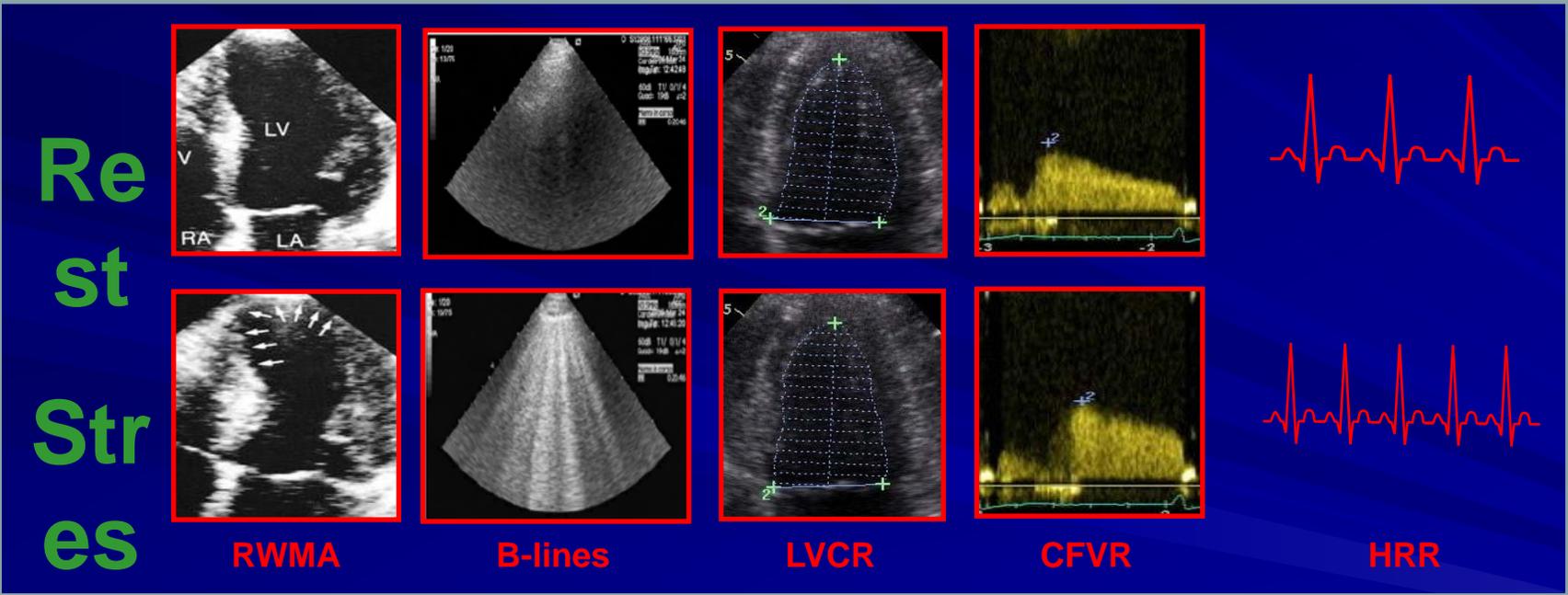
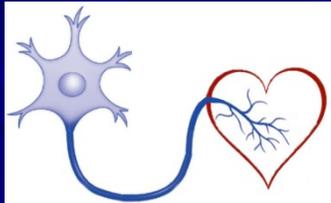
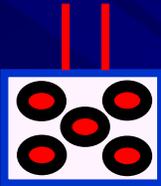
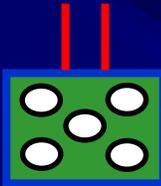
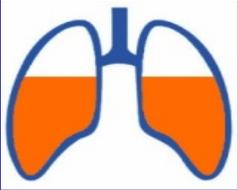
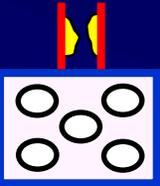
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Stress echo 2020: the international stress echo study in ischemic and non-ischemic heart disease

Eugenio Picano^{1*}, Quirino Ciampi², Rodolfo Citro³, Antonello D'Andrea⁴, Maria Chiara Scali⁵, Lauro Cortigiani⁶, Iacopo Olivotto⁷, Fabio Mori⁷, Maurizio Galderisi⁸, Marco Fabio Costantino⁹, Lorenza Pratali¹, Giovanni Di Salvo¹⁰, Eduardo Bossone³, Francesco Ferrara³, Luna Gargani¹, Fausto Rigo¹¹, Nicola Gaibazzi¹², Giuseppe Limongelli¹³, Giuseppe Pacileo⁴, Maria Grazia Andreassi¹, Bruno Pinamonti¹⁴, Laura Massa¹⁴, Marco A. R. Torres¹⁵, Marcelo H. Miglioranza¹⁶, Clarissa Borguezan Daros¹⁷, José Luis de Castro e Silva Preto¹⁸, Branko Beleslin¹⁹, Ana Djordjevic-Dikic¹⁹, Albert Varga²⁰, Attila Palinkas²¹, Gergely Agoston²⁰, Dario Gregori²², Paolo Trambaiolo²³, Sergio Severino²⁴, Ayana Arystan²⁵, Marco Paterni¹, Clara Carpeggiani¹ and Paolo Colonna²⁶

ABCDE протокол



A = Асинергия

B = В-линии

C =
Контрактивный
резерв

D = Допплер КА

E = ЭКГ-Резерв
ЧСС

(Updated from Picano E : Stress echo versatility for our imaging times, JACC img 2018; Ciampi Q, Zagatina A, Cortigiani L. et al, JACC 2020)

Стресс-эхо2020



10 – GENES
(phenotype-negative carriers of HCM, DCM, PAH)

1- CHEF
(pre-CRT)

9 – DITSE
(triple imaging in CAD)

2- BHEF
(HFdEF)

8- DOPSAH
(at risk, borderline, early PAH)

3- SEHCA
(HCM)

7 – SETOF
(repaired Fallot)

4 – SEDIA
(HFpEF)

6-SEO
(outdoor at high altitude, extreme physiology)

5 – SETA
(post-TAVI or AVR)

Why Italy works

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<http://dx.doi.org/10.1016/j.ultrasmedbio.2017.07.007>

● *Original Contribution*

**B-LINES WITH LUNG ULTRASOUND: THE OPTIMAL SCAN TECHNIQUE
AT REST AND DURING STRESS**

MARIA CHIARA SCALI,^{*†} ANGELA ZAGATINA,[‡] IANA SIMOVA,[§] NADEZHDA ZHURAVSKAYA,[‡]
QUIRINO CIAMPI,[¶] MARCO PATERNI,^{||} MARIO MARZILLI,[†] CLARA CARPEGGIANI,^{||} and EUGENIO PICANO^{||}
ON BEHALF OF THE STRESS ECHO 2020 STUDY GROUP OF THE ITALIAN SOCIETY OF CARDIOVASCULAR
ECHOGRAPHY (SIEC)



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Journal of the American College of Cardiology

Volume 74, Issue 18, November 2019

DOI: 10.1016/j.jacc.2019.08.1046

 [PDF Article](#)

ORIGINAL INVESTIGATION

Functional, Anatomical, and Prognostic Correlates of Coronary Flow Velocity Reserve During Stress Echocardiography

Quirino Ciampi, Angela Zagatina, Lauro Cortigiani, Nicola Gaibazzi, Clarissa Borguezan Daros, Nadezhda Zhuravskaya, Karina Wierzbowska-Drabik, Jaroslaw D. Kasprzak, José Luis de Castro e Silva Preto, Antonello D'Andrea, Ana

Risk Stratification Beyond Regional Wall Motion Abnormalities



0



1-2 segments

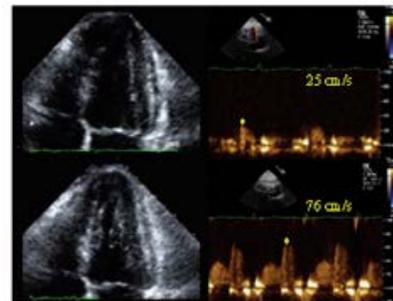
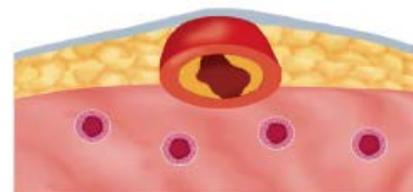
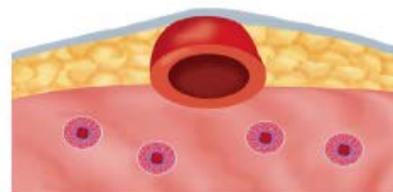
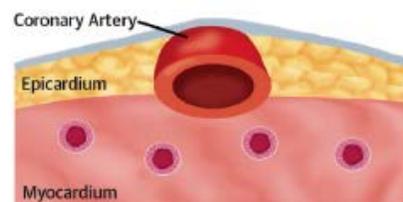


≥3 segments

Cardiac
Mortality
Rate/Year

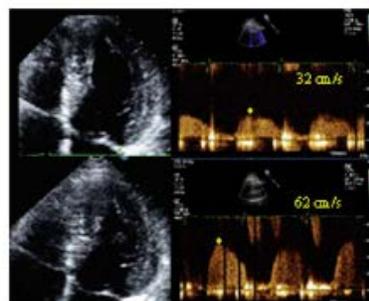


<1% 2019 ESC Guidelines for the
Diagnosis and Management
of Chronic Coronary Syndromes >3%



No RWMA CFVR >2.0

Nonischemic Warm Heart



No RWMA CFVR ≤2.0

Nonischemic Cold Heart



RWMA CFVR ≤2.0

Ischemic Cold Heart

Functional, Anatomical, and Prognostic Correlates of Coronary Flow Velocity Reserve During Stress Echocardiography

- Включено 3410 пациентов (63 ± 11 лет; ФВ - $61 \pm 9\%$) с известной или предполагаемой ИБС и/или ХСН
- Всем пациентам проводилась стресс-эхокардиография (с ФН - 1288; вазодилататорами - 1860; добутамином - 262)
- Исследование проводилось в 20 аккредитованных лабораториях 8 стран
- Возможность сканирования ПМЖВ во время стресс-теста было 3002 из 3410 (88%)
- Сниженный коронарный резерв (менее 2.0) был зарегистрирован у 896 из 3002 пациентов (30%).
- Многофакторный анализ показал, что нарушения сократимости во время СЭ и сниженный коронарный резерв являются независимыми предикторами неблагоприятных исходов (HR: 3.8; 95% CI: 2.3 - 6.3; $p < 0.001$) и (HR: 1.5; 95% CI: 1.1 - 2.2; $p < 0.009$), соответственно.
- Появление ишемических нарушений сократимости (odds ratio [OR]: 6.5; 95% confidence interval [CI]: 4.9 to 8.5; $p < 0.01$), сниженный контрактильный резерв (OR: 3.4; 95% CI: 2.7 to 4.2; $p < 0.01$), и В-линии (OR: 1.5; 95% CI: 1.1 to 1.9; $p \leq 0.01$) были ассоциированы с низким коронарным резервом в ПМЖВ.

Valentin Fuster's commentary



- “We could call this paper **“Going back to the future”**, because the concept of CFVR (although not new) is coming back **with fullest speed in Europe and United States”**
- **“Knowing that the technology used is quite feasible, I can see a future by which the use of the quadruple protocol may provide a lot of information”**

(Valentin Fuster, Editor-in-chief, JACC November 5, 2019 comment to stress echo2020 JACC paper by Ciampi Q et al)



This provisional PDF corresponds to the article as it appeared upon acceptance.

A copyedited and fully formatted version will be made available soon.

The final version may contain major or minor changes.

Feasibility and Value of Two-dimensional Volumetric Stress Echocardiography

- Включено 4 735 пациентов (63.6 ± 11.3 лет)
- Возможность измерения КР была 100% без существенных временных затрат во время теста и + несколько минут после теста

CLINICAL RESEARCH

Lung Ultrasound and Pulmonary
Congestion During Stress
Echocardiography

- Всего 2,145 пациентов:
- Тест с физической нагрузкой - $n = 1,012$
- Тест с вазодилататорами - $n = 1,054$
- Тест добутамином - $n = 79$
- Согласно количеству В-линий на пике нагрузки пациенты были разделены на 4 группы: 1) В-линии 0-1; $n = 1,389$; 64.7%; 2) В-линии 2 -4; $n = 428$; 20%); 3) В-линии 5-9; $n = 209$; 9.7%); 4) В-линии ≥ 10 ; $n = 119$; 5.4%

MC Scali, A Zagatina, Q Ciampi,...E Picano et al., 2020



European Society
of Cardiology

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doi:10.1093/eurheartj/ehab493

CLINICAL RESEARCH

Ischaemic Heart Disease

Prognostic value of stress echocardiography assessed by the ABCDE protocol

Quirino Ciampi^{1†}, Angela Zagatina ², Lauro Cortigiani ³, Karina Wierzbowska-Drabik ⁴, Jaroslaw D. Kasprzak ⁴, Maciej Haberka⁵, Ana Djordjevic-Dikic⁶, Branko Beleslin⁶, Alla Boshchenko⁷, Tamara Ryabova ⁷, Nicola Gaibazzi ⁸, Fausto Rigo⁹, Claudio Dodi¹⁰, Iana Simova¹¹, Martina Samardjieva¹¹, Andrea Barbieri ¹², Doralisa Morrone¹³, Valentina Lorenzoni ¹⁴, Costantina Prota ¹⁵, Bruno Villari¹, Francesco Antonini-Canterin^{16,17}, Mauro Pepi ^{17,18}, Clara Carpeggiani ¹⁹, Patricia A. Pellikka ²⁰, and Eugenio Picano ^{19*†}; on behalf of the Stress Echo 2020 Study Group of the Italian Society of Echocardiography and Cardiovascular Imaging (SIECVI)

3,574 patients
with known or
suspected
chronic coronary
syndromes

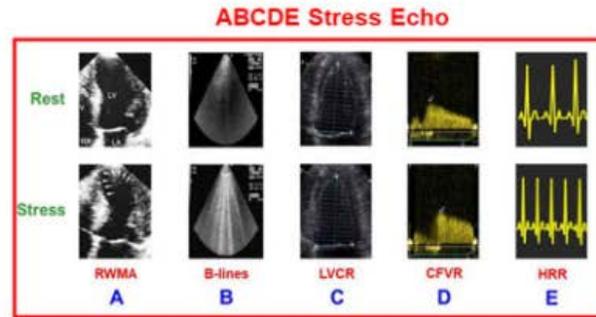


13 centers from 5 countries
enrolling after web-based quality control of each of
the 5 steps (A B C D and E) of stress echo reading

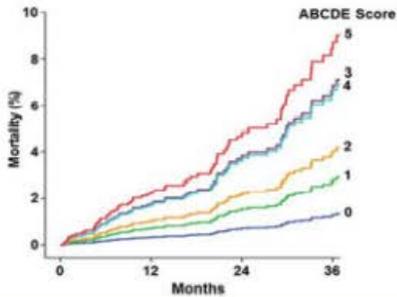


Median follow-up time
21 months

Outcome measure
73 all-cause deaths

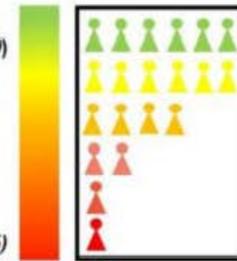


All 5 parameters were
normal (score 0) in 31%;
score 1 to 4 in 44%;
all abnormal (score 5) in 5%
of patients



Low Risk
Nonischemic-dry-strong-warm-fast heart (ABCDE score = 0)

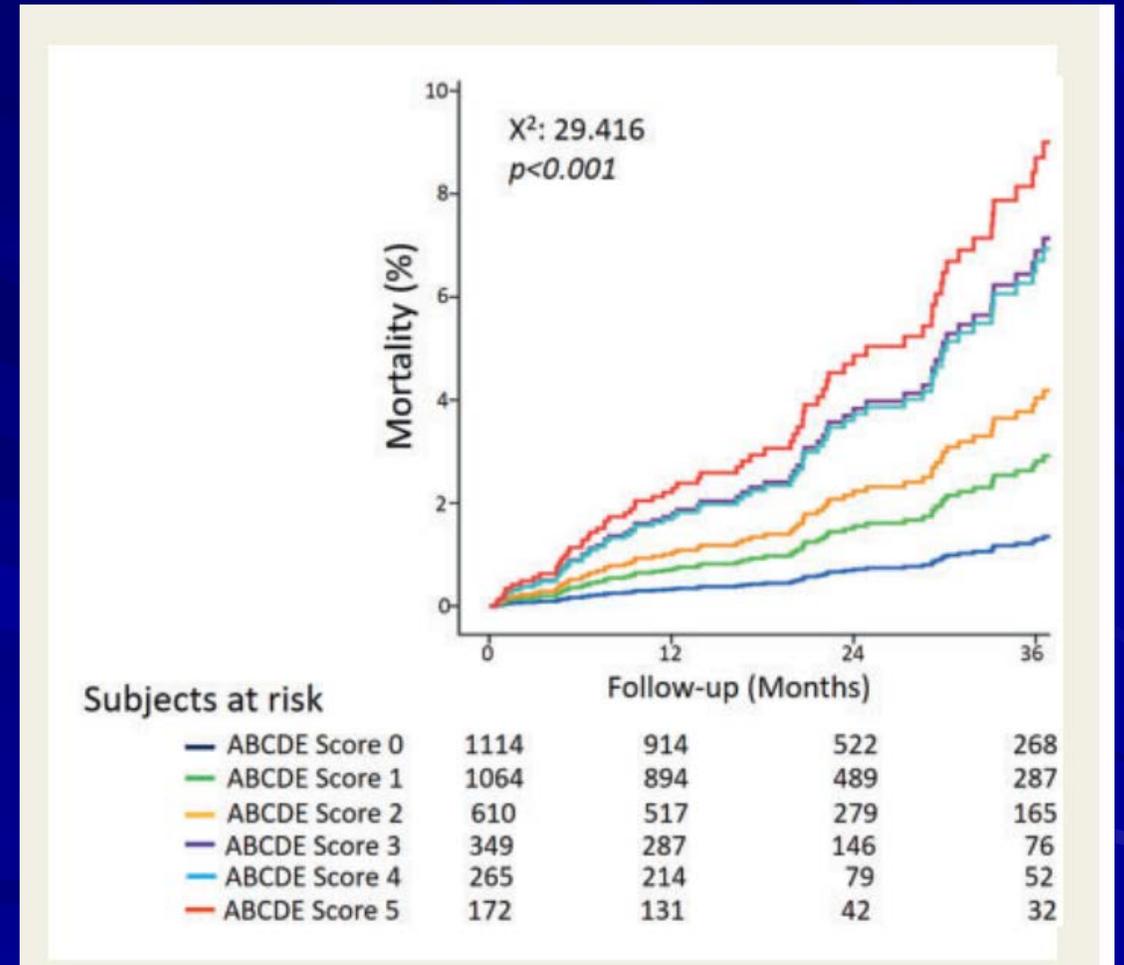
High Risk
Ischemic-wet-weak-cold-slow heart (ABCDE score = 5)



- Июль 2016 – ноябрь 2020, 3574 пациентов (65 ± 11 , 2070 муж, 58%; $60 \pm 10\%$ ФВ) с известной или предполагаемой ИБС из 13 сертифицированных центров.
- ABCDE протокол стресс-эхокг.
- СЭ с ФН (n= 952) фармакологический тип СЭ (вазодилататоры n= 2151; добутамин n= 471).

Результаты

- Наблюдение 21 мес, 73 смерти.
- Предикторами летальности были шаг В [(HR) 2.621, $P < 0.001$], шаг D (HR 2.578, $P < 0.001$), и шаг E (HR 2.955, $P < 0.001$), но не А (HR 1.333, $P = 0.349$) and шаг С (HR 1.581, $P = 0.051$)

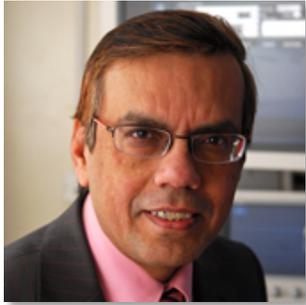




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EDITORIAL



Stress echocardiography: the quest for risk stratification beyond myocardial ischaemia

Roxy Senior * and Rajdeep Khattar 

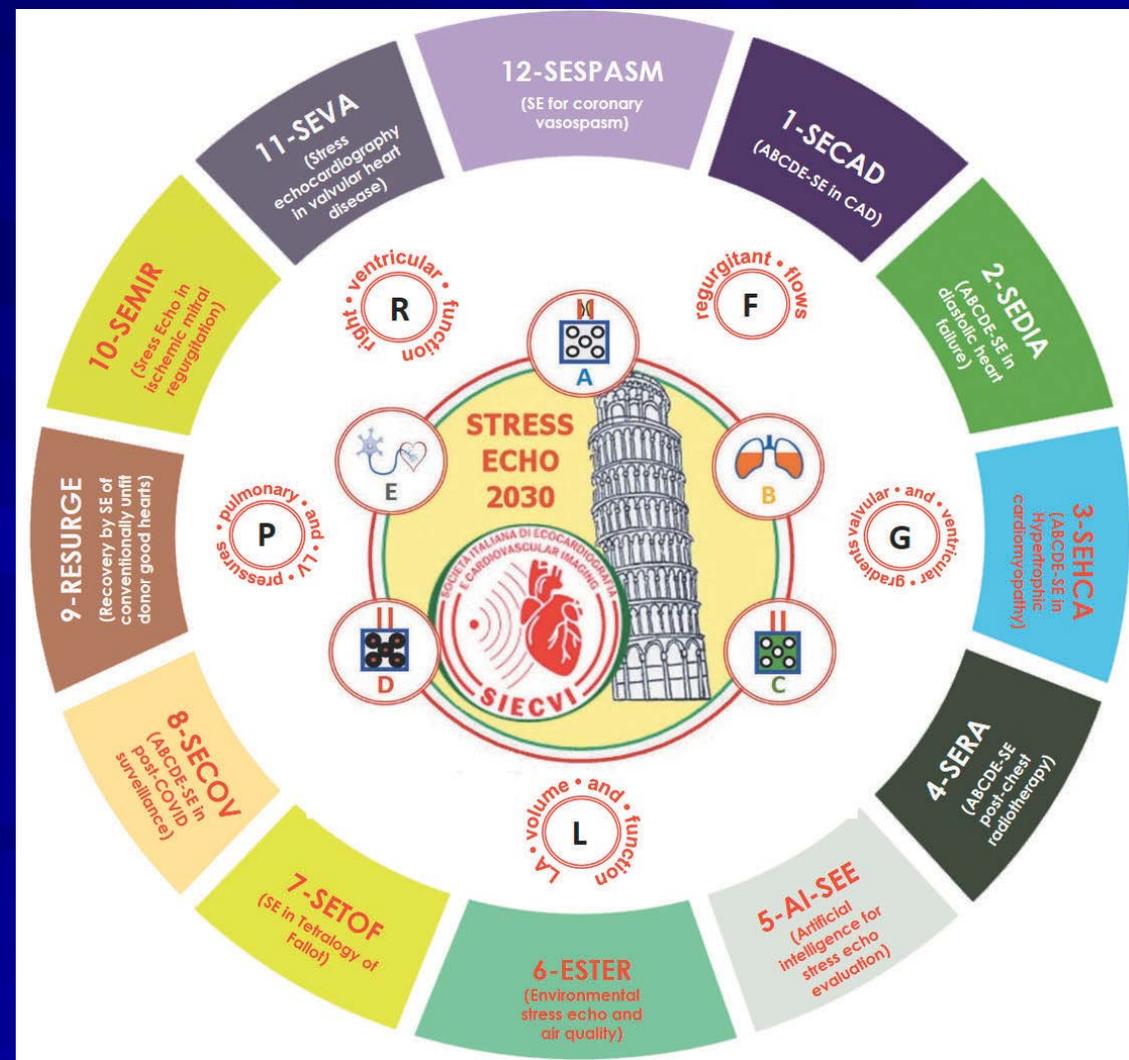
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This editorial refers to 'Prognostic value of stress echocardiography assessed by the ABCDE protocol', by Q. Ciampi et al., doi: 10.1093/eurheartj/ehab493.

“the ABCDE protocol in known CAD and absence of myocardial ischaemia may be very useful for risk stratification, providing reassurance for low risk patients and for taking an informed decision regarding the need for invasive investigation in high risk patients.”

«СТРЕСС-ЭХОКАРДИОГРАФИЯ 2030 (SE2030)»

- В исследовании примут участие более 40 центров мира (Аргентина, Бельгия, Бразилия, Великобритания, Венгрия, Италия, Испания, Литва, Мексика, Польша, Португалия, Россия, Сербия, США, и т.д.)





Article

Stress Echo 2030: The Novel ABCDE-(FGLPR) Protocol to Define the Future of Imaging

Eugenio Picano ^{1,*}, Quirino Ciampi ² , Lauro Cortigiani ³, Adelaide M. Arruda-Olson ⁴, Clarissa Borguezan-Daros ⁵ , José Luis de Castro e Silva Pretto ^{6,7} , Rosangela Cocchia ⁸, Eduardo Bossone ⁸ , Elisa Merli ⁹, Garvan C. Kane ⁴, Albert Varga ¹⁰, Gergely Agoston ¹⁰, Maria Chiara Scali ¹¹, Doralisa Morrone ¹² , Iana Simova ¹³, Martina Samardjieva ¹³, Alla Boshchenko ¹⁴, Tamara Ryabova ¹⁴, Alexander Vrublevsky ¹⁴, Attila Palinkas ¹⁵, Eszter D. Palinkas ¹⁶ , Robert Sepp ¹⁶, Marco A. R. Torres ¹⁷, Hector R. Villarraga ⁴, Tamara Kovačević Preradović ¹⁸ , Rodolfo Citro ¹⁹, Miguel Amor ²⁰, Hugo Mosto ²⁰, Michael Salamè ²⁰, Paul Leeson ²¹, Cristina Mangia ²², Nicola Gaibazzi ²³, Domenico Tuttolomondo ²³ , Costantina Prota ²⁴, Jesus Peteiro ²⁵ , Caroline M. Van De Heyning ²⁶ , Antonello D'Andrea ²⁷ , Fausto Rigo ²⁸, Aleksandra Nikolic ²⁹, Miodrag Ostojic ²⁹, Jorge Lowenstein ³⁰, Rosina Arbucci ³⁰ , Diego M. Lowenstein Haber ³⁰, Pablo M. Merlo ³⁰, Karina Wierzbowska-Drabik ³¹ , Jaroslaw D. Kasprzak ³¹, Maciej Haberka ³², Ana Cristina Camarozano ³³, Nithima Ratanasit ³⁴, Fabio Mori ³⁵, Maria Grazia D'Alfonso ³⁵, Luigi Tasseti ³⁵ , Alessandra Milazzo ³⁵, Iacopo Olivotto ³⁵ , Alberto Marchi ³⁵, Hugo Rodriguez-Zanella ³⁶ , Angela Zagatina ³⁷, Ratnasari Padang ⁴, Milica Dekleva ³⁸, Ana Djordjevic-Dikic ³⁹, Nikola Boskovic ³⁹, Milorad Tesic ³⁹ , Vojislav Giga ³⁹, Branko Beleslin ³⁹, Giovanni Di Salvo ⁴⁰ , Valentina Lorenzoni ⁴¹, Matteo Cameli ⁴² , Giulia Elena Mandoli ⁴² , Tonino Bombardini ¹⁸, Pio Caso ²⁷, Jelena Celutkiene ⁴³, Andrea Barbieri ⁴⁴ , Giovanni Benfari ⁴⁵ , Ylenia Bartolacelli ⁴⁶ , Alessandro Malagoli ⁴⁷ , Francesca Bursi ⁴⁸, Francesca Mantovani ⁴⁹ , Bruno Villari ², Antonello Russo ⁵⁰, Michele De Nes ¹, Clara Carpeggiani ¹, Ines Monte ⁵¹ , Federica Re ⁵², Carlos Cotrim ⁵³ , Giuseppe Bilardo ⁵⁴, Ariel K. Saad ⁵⁵, Arnas Karuzas ⁵⁶ , Dovydas Matuliauskas ⁵⁶, Paolo Colonna ^{57,58} , Francesco Antonini-Canterin ^{58,59}, Mauro Pepi ^{58,60} , Patricia A. Pellikka ⁴ and The Stress Echo 2030 Study Group of the Italian Society of Echocardiography and



Article

Imaging Quality Control, Methodology Harmonization and Clinical Data Management in Stress Echo 2030

Ylenia Bartolacelli ^{1,*},[†] , Andrea Barbieri ², Francesco Antonini-Canterin ³, Mauro Pepi ⁴, Ines Paola Monte ⁵ , Giuseppe Trocino ⁶, Agata Barchitta ⁷, Alberto Cresti ⁸ , Sofia Miceli ⁹, Licia Petrella ¹⁰, Frank Benedetto ¹¹, Concetta Zito ¹², Giovanni Benfari ¹³, Francesca Bursi ¹⁴, Alessandro Malagoli ¹⁵ , Francesca Mantovani ¹⁶ , Quirino Ciampi ¹⁷ , Angela Zagatina ¹⁸ , Eszter Dalma Palinkas ¹⁹ , Attila Palinkas ²⁰, Szilvia Rostasne Toth ²⁰, Karina Wierzbowska-Drabik ²¹, Ana Djordjevic-Dikic ²², Patricia A. Pellikka ²³, Eugenio Picano ²⁴ and on behalf of the Stress Echo 2030 Study Group of the Italian Society of Echocardiography and Cardiovascular Imaging [‡]



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