Now entering my ninth month at the head of our Brazilian Society of Cardiology (SBC), it is with great enthusiasm that I am inaugurating this section in the Arquivos Brasileiros de Cardiologia. The moment could not have been more opportune as it coincides with the 63rd edition of the Brazilian Congress of Cardiology.

When I assumed the office of president, in my first message to my fellow members – at that time in the Journal SBC – I also assumed, together with all the other members of SBC’s current board, the responsibility of prioritizing our focus on top quality continuing education. It is my belief that ensuring the spread of knowledge at the same time as we encourage scientific production is one of the main tasks of societies of specialties in our time.

The initiatives featuring this purpose are various. Among them is renewal of the recycling courses that guaranteed the offer of homogeneous training to all of the SBC regional divisions. Naturally, the yearly congress is the most outstanding of these initiatives. Even before it takes place I am confident in stating that this year’s congress will be the greatest scientific forum our society has ever organized.

There will be 30 conferences – 17 international and 13 Brazilian – a close-to-equal division that pays homage to the scientific track record of Brazilian researchers. In addition we will have 49 round-tables, 29 colloquiaums, 37 “How I do it” sessions, two clinical cases, 41 controversies, 28 curricular up-dates, plus 13 special and 65 free topic oral sessions, all of which add up to 660 presentations and three days of free topic poster presentations, including four special sessions featuring the best of the poster presentations.

Dr. Venentin Fuster, specialized in atherosclerosis – the central topic of the 63rd Congress – will give the opening speech and the keynote speech. The subject was not a random choice: atherosclerosis is a chronic degenerative condition that registers what are considered to be epidemic levels of incidence in first and third world countries and thus exerts a major epidemiological impact.

The central topic will be the object of wide-ranging discussion but without the congress losing sight of the other cardiovascular related diseases, above all those that are more prevalent in Brazil, such as rheumatic fever and Chagas disease.

Rheumatic fever, for example, is the object of a special forum within the scientific activities supported by the Ministry of Health and backed by SBC, which gathers a task force that boasts support from the federal government and our sister societies of Rheumatology and Pediatrics for the prevention and treatment of this cardiovascular disease. Among the actions of the task force led by SBC is publication of the guidelines of this disease that constitutes a public health problem.

According to the World Health Organization (WHO), rheumatic fever registers 500,000 new cases and 350,000 deaths each year, almost exclusively in developing countries. On the domestic front, statistics for a 24-month period drawn up by the public Unified Health System (SUS) show 2207 hospital admissions in the Northern region; 7920 in the Northeast; 12,369 in the Southeast; 5260 in the South; and another 2075 in the Center-West. Care and treatment of these cases cost the public treasury a total of R$ 162 million. When clinical and surgical procedures are taken into account, the cost could amount to more than R$ 390 million.

Chagas disease will also be focused during the congress and, among other activities, this topic will feature the conference entitled “The Etiological Treatment of Chagas Disease”. The year of 2009 marks the centennial of the discovery of this disease and we are already preparing projects in remembrance of the date. Pre-congress activities will also include a forum entitled...
Evidence-Based Epidemiology and Cardiology – a partnership between the SBC study group for this field and the Ministry of Health.

In addition to overall coverage as far as the topics addressed are concerned, in 2008 the Executive and Scientific Commission of the Congress, headed by Scientific Director Luiz Antonio de Almeida Campos, paid special and extensive attention to ensure the effective co-participation of our various state and regional departments and study groups to produce a dense and wide-reaching program that reflects contemporaneous knowledge of cardiovascular diseases.

I would like to hark back again to my inauguration as president of SBC when I declared my proposal to persuade all cardiologists to get together and lend their strength to lead SBC to a new moment in its history. Since then, all the leaderships of this society have been encouraged to share with us the decisions that will indicate the pathways to be trodden. And further, specifically in regard to the state and regional branches, we have sought closer relations with our representatives, becoming acquainted with their needs and lending support for the development of cardiology throughout the country, for example, by offering continuing education to all cardiologists of the federation.

These partners – including departments and study groups – fully approve the scientific grid of the 63rd Brazilian Congress in terms of topics as well as speakers, characterizing it as an event of nationwide representation. In addition to the federative consistency of the programming, the forum also demonstrates the globalization of Brazilian cardiology.

Proof of this is the three-hour II Joint Symposium with the American College of Cardiology (ACC) featuring the presence of both the current and former ACC presidents as well as its scientific director, and the Luso-Brazilian Symposium of Cardiology. Both result from the successful holding of joint events in the congresses of the American and Portuguese entities. Also noteworthy is the symposium in partnership with the World Heart Federation (WHF) promoted during the World Congress of Cardiology.

I am very proud of SBC’s participation in the out-of-country events. Recognition is proof of how the international community places Brazilian cardiology on the same level as any other center of reference. And we will continue to invest in projects that even more clearly consolidate our position of leadership within the world cardiological scenario.

We at SBC are opening up new frontiers in cardiology with a view to the globalization of our society. Globalization of this specialty is a goal we aim for, so much so that plans are being laid for 2009 to allow SBC to lead South American cardiology and thus bring symposiums with the major societies located in this region of the continent to the Brazilian Congress of Cardiology.

This makes us very happy and also represents a great obligation: the more recognition we achieve, the greater is our duty to offer cardiologists effective and up-to-date continuing education programs and, if I may repeat myself, one of the points most focused during the current administration. It is my belief that in this way we will be offering members the up-dating they need to allow them to ensure the best possible treatment of patients, the prime and fundamental object of our profession.