



*Season's Greetings*  
*from all the team at*  
**INOCA**  
**INTERNATIONAL**





# *A very warm welcome to the 2024 INOCA International Christmas Newsletter!*

As we wrap up another year, we want to take a moment to reflect on the incredible journey we've had together. 2024 has been a year filled with inspiring stories, transformative projects, and, above all, the shared commitment to our mission. In this special Christmas edition, we are excited to share some of the incredible highlights from the past 12 months and we very much hope that you will enjoy hearing about them too!

Together, we're making a meaningful difference  
and we can't wait to see what next year holds!

So without further ado, we invite you to sit back, relax and enjoy the  
**2024 INOCA International Christmas newsletter!**



## NEW ESC GUIDELINES ON CHRONIC CORONARY SYNDROMES



We are delighted to report that new European Society of Cardiology Guidelines on Chronic Coronary Syndromes were launched at the 2024 ESC Congress in London.

We are also thrilled to have welcomed Professor Felicità Andreotti, co-chair on the new 2024 ESC Guidelines, to The INOCA International Summit which was held just a few days after the guidelines were launched. Professor Andreotti gave a detailed presentation and also hosted an in depth panel discussion and Q&A session, providing a welcome opportunity for international experts and patients alike to discuss the guidelines in more detail and to have their questions answered.

In the newly launched guidelines the cardiovascular system is treated as a whole and recommendations include problems with the small vessels as well as problems with the larger vessels. Symptoms should now lead medical professionals to have INOCA on the list of considerations when thinking about testing and about possible diagnoses, so functional alterations must now be considered as well as structural alterations.

These new guidelines are a significant step forward in ensuring that INOCA patients get appropriate testing and a definitive diagnosis as well as a targeted treatment plan. Many INOCA patients report having waited months, years or even decades to get a diagnosis for their symptoms, so it is very much hoped that the new guidelines will help to address this. The new guidelines give a class 1 recommendation for INOCA which means that the message to doctors is now very clear - **INOCA exists and you must investigate it.**

The video of Professor Andreotti's presentation as well as the panel discussion and Q&A session can be viewed on the link -

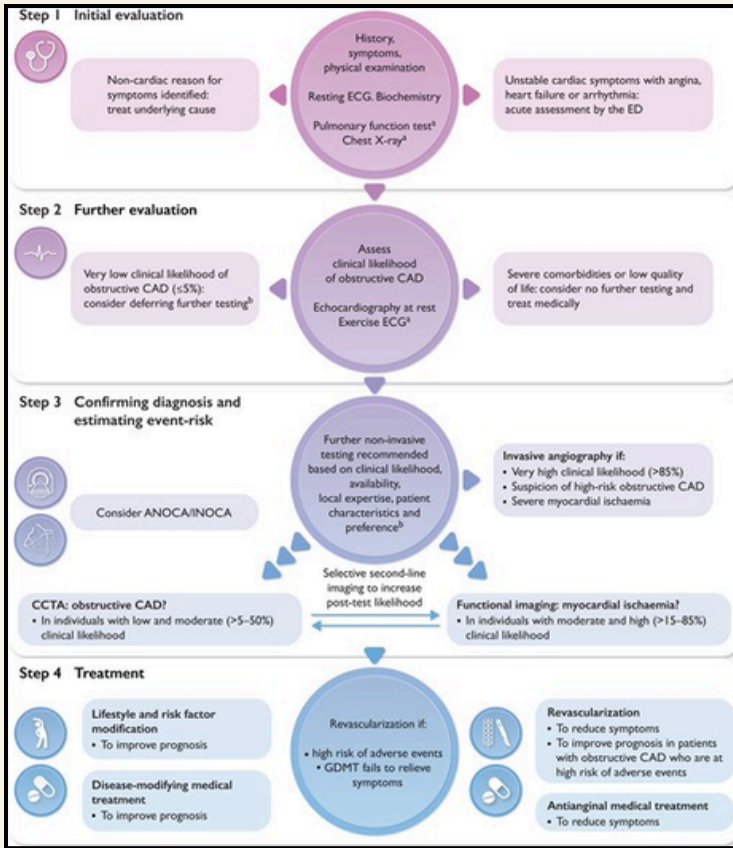
<https://inocainternational.com/2024-the-inoca-summit-videos/>





# A stepwise approach to the initial management of patients with suspected chronic coronary syndrome

# A snapshot of the 2024 guidelines compared to 2019 guidelines (please use zoom feature to enlarge images)



Recommendations in 2019 version	Class <sup>a</sup>	Level <sup>b</sup>	Recommendations in 2024 version	Class <sup>a</sup>	Level <sup>b</sup>
<b>Recommendations for antianginal drugs in patients with chronic coronary syndrome—Section 4</b>					
Nicorandil, ranolazine, ivabradine, or trimetazidine should be considered as a second-line treatment to reduce angina frequency and improve exercise tolerance in subjects who cannot tolerate, have contraindications to, or whose symptoms are not adequately controlled by beta-blockers, CCBs, and long-acting nitrates.	IIa	B	Long-acting nitrates or ranolazine should be considered as add-on therapy in patients with inadequate control of symptoms while on treatment with beta-blockers and/or CCBs, or as part of initial treatment in properly selected patients.	IIa	B
In selected patients, the combination of a beta-blocker or a CCB with second-line drugs (ranolazine, nicorandil, ivabradine, and trimetazidine) may be considered for first-line treatment according to heart rate, blood pressure, and tolerance.	IIb	B	Nicorandil or trimetazidine may be considered as add-on therapy in patients with inadequate control of symptoms while on treatment with beta-blockers and/or CCBs, or as part of initial treatment in properly selected patients.	IIb	B
<b>Antithrombotic therapy in patients with chronic coronary syndrome—Section 4</b>					
Aspirin 75–100 mg daily is recommended in patients with a previous MI or revascularization.	I	A	In CCS patients with a prior MI or remote PCI, aspirin 75–100 mg daily is recommended lifelong after an initial period of DAPT.	I	A
Clopidogrel 75 mg daily is recommended as an alternative to aspirin in patients with aspirin intolerance.	I	B	In CCS patients with a prior MI or remote PCI, clopidogrel 75 mg daily is recommended as a safe and effective alternative to aspirin monotherapy.	I	A
Clopidogrel 75 mg daily may be considered in preference to aspirin in symptomatic and asymptomatic patients with either PAD or a history of ischaemic stroke or transient ischaemic attack.	IIb	B			
Aspirin 75–100 mg daily may be considered in patients without a history of MI or revascularization, but with definitive evidence of CAD on imaging.	IIb	C	In patients without prior MI or revascularization but with evidence of significant obstructive CAD, aspirin 75–100 mg daily is recommended lifelong.	I	B
<b>Antithrombotic therapy post-percutaneous coronary intervention in patients with chronic coronary syndrome and no indication for oral anticoagulation—Section 4</b>					
Aspirin 75–100 mg daily is recommended following stenting.	I	A	In CCS patients with no indication for oral anticoagulation, DAPT consisting of aspirin 75–100 mg and clopidogrel 75 mg daily for up to 6 months is recommended as the default antithrombotic strategy after PCI-stenting.	I	A
Clopidogrel 75 mg daily following appropriate loading (e.g. 600 mg or >5 days of maintenance therapy) is recommended, in addition to aspirin, for 6 months following coronary stenting, irrespective of stent type, unless a shorter duration (1–3 months) is indicated due to risk of occurrence of life-threatening bleeding.	I	A			
Clopidogrel 75 mg daily following appropriate loading (e.g. 600 mg or >5 days of maintenance therapy) may be considered for 1 month in patients with very high risk of life-threatening bleeding.	IIb	C	In patients at high bleeding risk but not at high ischaemic risk, it is recommended to discontinue DAPT 1–3 months after PCI and continue single antiplatelet therapy.	I	A
Clopidogrel 75 mg daily following appropriate loading (e.g. 600 mg or >5 days of maintenance therapy) should be considered for 3 months in patients with a higher risk of life-threatening bleeding.	IIa	A	Stopping DAPT after 1–3 months from PCI-stenting may be considered in patients who are not at high bleeding risk nor at high risk of ischaemic events.	IIb	B
<b>Long-term antithrombotic therapy in patients with chronic coronary syndrome and an indication for oral anticoagulation—Section 4</b>					
When oral anticoagulation is initiated in a patient with AF who is eligible for a NOAC, a NOAC is recommended in preference to a VKA.	I	A	In CCS patients with a long-term indication for OAC, an AF-therapeutic-dose of VKA alone or, preferably, of DOAC alone (unless contraindicated) is recommended lifelong.		
Long-term OAC therapy (NOAC or VKA with time in therapeutic range >70%) is recommended in patients with AF and a CHA <sub>2</sub> DS <sub>2</sub> -VASc score $\geq 2$ in males and $\geq 3$ in females.	I	A			
Long-term OAC therapy (NOAC or VKA with time in therapeutic range >70%) should be considered in patients with AF and a CHA <sub>2</sub> DS <sub>2</sub> -VASc score of 1 in males and 2 in females.	IIa	B			
Aspirin 75–100 mg daily (or clopidogrel 75 mg daily) may be considered in addition to long-term OAC therapy in patients with AF, history of MI, and at high risk of recurrent ischaemic events who do not have a high bleeding risk.	IIb	B			
<b>Antithrombotic therapy post-percutaneous coronary intervention in chronic coronary syndrome patients and an indication for oral anticoagulation—Section 4</b>					
After uncomplicated PCI, early cessation ( $\leq 1$ week) of aspirin and continuation of dual therapy with an OAC and clopidogrel should be considered if the risk of stent thrombosis is low, or if concerns about bleeding risk prevail over concerns about the risk of stent thrombosis, irrespective of the type of stent used.	IIa	B	After uncomplicated PCI in CCS patients with concomitant indication for OAC: <ul style="list-style-type: none"> <li>early cessation of aspirin (<math>\leq 1</math> week);</li> <li>followed by continuation of OAC and clopidogrel                     <ul style="list-style-type: none"> <li>o up to 6 months in patients not at high ischaemic risk or</li> <li>o up to 12 months in patients at high ischaemic risk;</li> </ul> </li> <li>followed by OAC alone, is recommended.</li> </ul>	I	A
Triple therapy with aspirin, clopidogrel, and an OAC for $\geq 1$ month should be considered when the risk of stent thrombosis outweighs the bleeding risk, with the total duration ( $\leq 6$ months) decided according to assessment of these risks and clearly specified at hospital discharge.	IIa	C	Continuation of aspirin up to 1 month after PCI in addition to OAC and clopidogrel, should be considered in patients at high thrombotic risk or with anatomical/procedural characteristics judged to outweigh the bleeding risk.	IIa	B
<b>Recommendations for lipid-lowering drugs in patients with chronic coronary syndrome—Section 4</b>					
Statins are recommended in all patients with CCS.	I	A	A high-intensity statin up to the highest tolerated dose to reach the LDL-C goals is recommended for all patients with CCS.	I	A
<b>Diagnosis and management of patients with angina/ischaemia with non-obstructive coronary arteries—Section 5</b>					
Guidewire-based CFR and/or microcirculatory resistance measurements should be considered in patients with persistent symptoms, but coronary arteries that are either angiographically normal or have moderate stenoses with preserved IwFR/FFR.	IIa	B	In persistently symptomatic patients despite medical treatment with suspected ANOCA/INOCA (i.e. anginal symptoms with normal coronary arteries or non-obstructive lesions at non-invasive imaging, or intermediate stenoses with normal FFR/IR at coronary arteriography) and poor quality of life, invasive coronary functional testing is recommended to identify potentially treatable endotypes and to improve symptoms and quality of life, considering patient choices and preferences.	I	B
Intracoronary acetylcholine with ECG monitoring may be considered during angiography, if coronary arteries are either angiographically normal or have moderate stenoses with preserved IwFR/FFR, to assess microvascular vasospasm.	IIb	B			
<b>Diagnostic tests for vasospastic angina—Section 5</b>					
Ambulatory ST-segment monitoring should be considered to identify ST-segment deviation in the absence of increased heart rate.	IIa	C	In individuals with suspected vasospastic angina and frequent symptoms, ambulatory ST-segment monitoring should be considered to identify ST-segment deviation during angina.	IIa	B

It took 2 years and 28 people to bring these guidelines together and INOCA International are especially pleased that the guidelines committee also included 2 patients as well as a nurse and, of course, many medical professionals too.

While these guidelines have been presented & discussed at the ESC Congress and also at The INOCA Summit, it is important they reach the wider cardiology & medical community too to ensure the new guidelines are put into practice throughout the healthcare system.

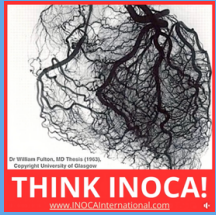
Above and right you can see examples of the detail included in the guidelines. This is only a snapshot, however, it is clear to see that the new guidelines could make a significant difference, not only in terms of what is being recommended, but also in terms of the class and level being allocated to each recommendation.

You can see the full 2024 guidelines on the link below -

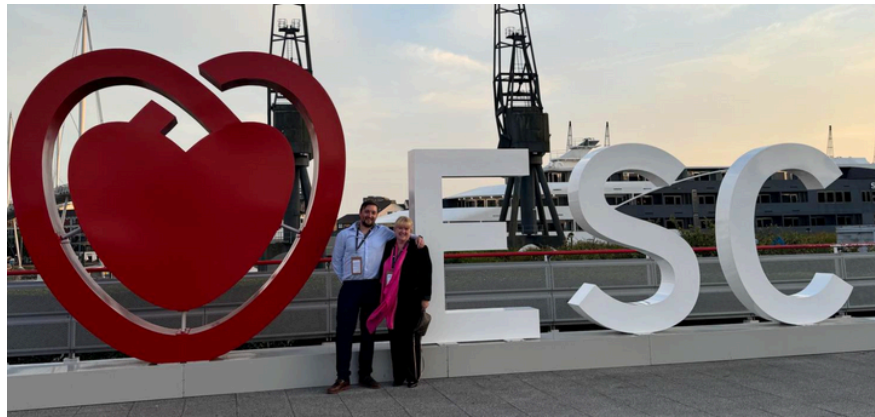
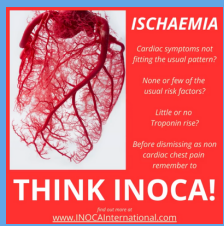
<https://academic.oup.com/eurheartj/article/45/36/3415/7743115?login=false>

Please remember that nothing in any part of this newsletter should be considered in any way as advice or recommendation. All information contained in this newsletter is an opinion only and is shared here only in the hope that it perhaps of interest to other patients and medical professionals. Always consult your own medical practitioner before trying any new medications or therapies and before changing any of your current routines or usual practices.





# INOCA International at the 2024 ESC Congress *What an absolute honour!*



We were very honoured to be invited to attend the 2024 European Society of Cardiology Congress in London and to be able to represent patients around the globe with INOCA conditions. We were honoured to take part in workshops and interviews as well as being an invited participant to a couple of very high level meetings too! The networking opportunities were astounding and we feel very humbled and very grateful to have attended such a phenomenal conference for the 2nd year running. It was an unmissable opportunity to speak with Cardiologists from around the world about INOCA and to discuss the very significant impact INOCA conditions can have on quality of life.



The World Heart Federation's **HEART CAFE** was a hotspot for many attendees with discussion and debate hosted on many current topics. The Heart Cafe consistently attracted interested crowds and INOCA International were delighted to be amongst the invited participants!

Attendance at such prestigious meetings provides INOCA International with a truly unique opportunity to bring INOCA conditions to the forefront of discussions and to create a better, clearer, deeper understanding of the patient perspective in the minds of Cardiologists and medical professionals around the world.

One of the core missions of INOCA International is to help raise global awareness of INOCA conditions, so it could not have been more relevant to attend ESC Congress this year with the launch of the new ESC Guidelines!

**A huge thank you to ESC and to The World Heart Federation**  
for allowing INOCA International to join you all at the amazing European Society of Cardiology congress!

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# Attending The World Heart Summit and The Cardiometabolic and Venous Diseases Forum



Having a voice at the table in meetings like these are cornerstones for INOCA International, because these are the spaces in which a true understanding of INOCA conditions and the impact and cost for patients and for healthcare providers can be clearly expressed and clearly understood.

We are always completely shattered at the end of these meetings but we are also always so very grateful to have been given the opportunity to attend and to be part of such groundbreaking events!



**The World Heart Federation is currently running a global campaign to prioritise heart health. They are looking to raise 1 million signatures - have you signed the petition yet?**

[https://world-heart-federation.org/world-heart-day/petition/?gad\\_source=1&gclid=CjwKCAiApY-7BhBjEiwAQMrrEYyoEAgmfWg3usmBZxYzKO3Q7Dd6IEYAX\\_gNRy2kdPdPSvviGUmmzRoCvMIOAvD\\_BwE](https://world-heart-federation.org/world-heart-day/petition/?gad_source=1&gclid=CjwKCAiApY-7BhBjEiwAQMrrEYyoEAgmfWg3usmBZxYzKO3Q7Dd6IEYAX_gNRy2kdPdPSvviGUmmzRoCvMIOAvD_BwE)

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## Two Brand New INOCA Surveys in One!



# INOCA

Cedars Sinai and INOCA International  
are delighted to collaborate on investigations into

**The real world impact of INOCA and  
The risks of developing heart failure**

Have you heard about the brand new INOCA survey yet?

We are delighted to announce the latest Cedars Sinai and INOCA International collaboration which brings together two brand new INOCA surveys and looks at the real world impact of living with INOCA and at the risks of developing heart failure.

What an absolute privilege to have the opportunity to once again collaborate with two such world renowned experts in womens heart health - and what truly meaningful patient involvement to gain more insight into the patient perspective by asking INOCA patients themselves!

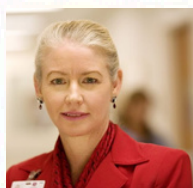
The voice of INOCA patients can help to shape the future in such a substantial way and this is an opportunity for INOCA patients all around the world to have their voice heard and to make that voice loud and strong. This is yet another excellent example of how patients and medical professionals can work together to further understanding of the daily challenges that are being faced by men and women living with INOCA.

Many months of work have gone into the preparation of this survey and it is important that as many people as possible complete the survey as the information it will provide to medical professionals, care givers and stakeholders will be invaluable in better understanding how they might help to improve patient care.

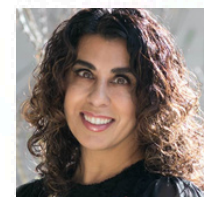
The survey only takes about 10-15 minutes to complete so please do take the time to complete it. The survey is hosted by SurveyMonkey and has full IRB Approval. All answers are also completely anonymous so participants can answer openly and freely .

All patients with INOCA symptoms are invited to take part in the survey. To do this, simply click on the link below to make a request to join the group where the survey is being hosted. There is no obligation to remain in the group and you are free to leave the group again after completing the survey if you would like to do this.

**<https://www.facebook.com/groups/287960691855039>**



**Cedars  
Sinai**





# The INOCA Summit 2024!

INOCA International are proud to announce that the very first INOCA Summit was a HUGE success. This year's INOCA International Meeting, which was hosted at The Dorchester in London, took place just after the European Society of Cardiology Congress, so within days of the release of the brand new Guidelines on Chronic Coronary Syndromes. The turn out for the meeting was again tremendous representing many countries from around the world and reflected the growing global interest in INOCA. This year's meeting focused on diagnosis and had a brand new and very popular format of panel discussions and open question & answer sessions throughout the day! Information and experience were freely and openly shared and all to help towards better understanding, diagnosis and treatment of INOCA.

Maria opened the Summit with a warm welcome and introduction. This kicked off a day which was filled with so many amazing sessions delving into so many relevant topics such as The 2024 ESC Guidelines, INOCA Testing, Diagnosing INOCA, A Patient View on Adherence and Multi-morbidity to name but a few. There were 8 dedicated sessions on INOCA including case presentations, on stage panel discussions and open Q&A for every session - As I'm sure you can imagine, the conversations flowed!



Presentations, panel discussions and Q&A sessions from the meeting were recorded and should be available on the INOCA International website soon. Many have already been uploaded! If you would like to see the videos please click on the link below. We will continue to add more in 2025 so keep checking for updates!

<https://inocainternational.com/2024-the-inoca-summit-videos>



INOCA International  
www.INOCAInternational.com  
@INOCAInternati

We were not sure we would be able to host another conference so soon after the 2023 INOCA International Meeting of minds, but with so many Cardiologists in London for ESC Congress we simply could not let the opportunity pass by! So a huge shout out goes to our wonderful meeting sponsors, without whom The INOCA Summit simply could not have happened!



To our wonderful photographers, our fantastic registration duo and our super duper setter-upper and timekeeper!

**THANK YOU!**

for helping make this day so very special for all those attending and for everyone enjoying the videos and photographs hereafter!

**OUR VERY SINCERE THANKS GO TO OUR VERY GENEROUS MEETING SPONSORS**

**The World Heart Federation, Translational Medicine Academy, MedEd Global Solutions**

**and to all our patient fundraisers, volunteers, management team and to our esteemed Medical Advisory Board**

**" THANK YOU SO MUCH FOR EVERYTHING YOU DO! "**





# Fantastic Patient Interaction At The INOCA Summit 2024!



Patients had their voices heard throughout the day at The INOCA Summit with patient involvement in both the panel discussions and also in the question and answer sessions. A huge thank you to Lisa for being such a wonderful ambassador and for answering questions with such openness, honesty and grace. Also a special thank you to all the patients from around the world who attended The INOCA Summit and who contributed so openly to the sessions asking many important questions which were very relevant to increasing understanding of INOCA and to appreciating the ongoing difficulties being faced by patients.



Patient involvement really contributed to the superb audience interaction throughout the day and played such an important role in getting to the core of the issues. Doctors spoke openly and with genuine concern for patients and a genuine wish to do things better in the future wherever possible.

The INOCA Summit was filled to the brim with world class presentations and discussions but it was also filled to the brim with smiles, laughter, friendliness and warmth too - something that has become a hallmark of the INOCA International meetings. With a mutual willingness to share knowledge and understanding, truly important conversations flowed and so did the fun, the smiles and the laughter.



What and absolutely  
PHENOMENAL day!



Thank you to everyone involved.  
You made the 2024 INOCA  
Summit the overwhelming  
success that it was!

**To see more amazing photos from The INOCA Summit 2024 please click on the link below!**

<https://inocainternational.com/mom23-gallery/>



# Looking to the future!

## What does 2025 have in store?

### Just a couple of the things to look forward to!

#### Gauging of interest in a Patient Meeting in 2025

In a brand new IINOCA International initiative we are currently gauging the level of interest in a UK INOCA patient meeting in 2025 (if funds and numbers allow).

In this new initiative, patients will have the opportunity to request a place at the meeting even if they have attended previous INOCA meetings so the opportunity to be a part of the day would be greater than ever.

We are delighted to report that we have already had over 100 patients who have shown an interest in attending a patient meeting so a really good response to date!

While nothing is confirmed at this point and as always is subject to sufficient funding and capacity, with such an encouraging interest we really hope that we can make progress with bringing this proposal forward!

If you would like to register your interest, please get in touch via the contact us page on our website.



As we come to the end of the 2024 Christmas Newsletter we take a moment to thank all those who have supported us throughout the year. As many of you already know INOCA International is a not for profit group and this means that no one at INOCA International is paid for what they do - not the management team, not the volunteers and not even our extremely knowledgeable and very well respected Medical Advisory Board members either!

Every meeting attended, every project worked on, every hour spent editing videos, designing social media posts, drafting newsletters and information sheets, recording interviews and so much more, is all carried out completely free of charge for the sole purpose of helping INOCA patients and doctors around the world.

If you can help to support the work of INOCA International by making a donation to the patient fundraising platform and/or by liking and sharing our posts on social media and being involved in our projects, that would be fantastic!

<https://www.gofundme.com/f/supporting-the-inoca-summit-2024>

#### The first ever World Adherence Day

On March 27th, 2025, The World Heart Federation will launch another groundbreaking global initiative with the **2025 World Adherence Day**

This is a day dedicated to raising awareness about the importance and the difficulties of adherence

This powerful initiative aims to bring together individuals, healthcare professionals and organisations worldwide to promote adherence to heart-healthy treatments and lifestyle changes that could potentially help to save lives.


With over 21 million people affected by cardiovascular disease, this day will shine a spotlight on the essential steps we can all take to protect our hearts and improve outcomes for millions of people around the globe.

Millions struggle worldwide to follow their healthcare regimens, often with life-altering consequences. On World Adherence Day, we can all take collective action to inspire change and to support others on their heart-health journey.

Whether doctor or patient, individual or organisation and wherever you are in the world, you too can be a part of World Adherence Day by helping to raise awareness, by sharing your story, and by encouraging adherence to heart-healthy practices.

Stay tuned for more details on how you can get involved and how you can help make World Adherence Day 2025 a turning point in the fight against heart disease!

*There is so much to look forward to in 2025!  
Come along, join us for the ride and let's see what The New Year brings together!*



*The gift of Love  
The gift of peace  
The gift of happiness  
The gift of health*



*May all these be yours  
this festive season  
and throughout  
the coming year*

*from everyone at  
TNOCA  
International!*

