



EHRA
European Heart
Rhythm Association



Application for the following position in the EHRA Board: Nominating committee member

1. Your Identity

Title: Doctor

Family Name(s): Savastano

First Name(s): Simone



Institute/Organisation: Fondazione IRCCS Policlinico Sam Matteo, Pavia, Italy. University of Pavia, Italy

Department: Cardio-thorax-vascular department

Address: viale Golgi 19, Pavia, Italy

Post Code/Zip: 27100



2. General Curriculum Vitae (300 words max)- Please add your H index and top 10 publications in the last 5 years

I graduated in Medicine in 2004 and specialized in Cardiology in 2008 at the University of Pavia. I have always been interested in the study and in the treatment of cardiac arrhythmias. At the time being, I am a senior consultant in cardiac electrophysiology, adjunct professor of Cardiology and deputy head of Cardiology at the Fondazione IRCCS Policlinico San Matteo in Pavia, Italy.

As far as my research activity is concerned, I am the chair of the Cardiac arrest and resuscitation research team (RESTART <https://www.sanmatteo.org/site/home/ricerca-al-san-matteo/gruppi-di-ricerca/scheda10340.html>) and my principal research areas are cardiac arrest, sudden death and ventricular arrhythmias. Concerning cardiac arrest, I am the principal investigator of the out-of-hospital cardiac arrest registry of the Lombardy region which is the biggest cardiac arrest registry in Italy, and one of the biggest in Europe accounting for more than 30,000 patients enrolled so far. About ventricular arrhythmias I am actively studying and disseminating the role of sympathetic modulation for both the acute and chronic treatment of ventricular arrhythmias with a particular regard for stellate ganglion block and cardiac sympathetic denervation. We published data from the biggest cohort of patients treated with stellate ganglion block and a manual to disseminate this technique. We trained in our center more than 500 colleagues from Italy and abroad.

I have specific experience in planning and coordinating multicenter clinical trial and registries.

I am an Editorial consultant for Europace, academic editor for Nature Scientific report, and a reviewer for European Heart journal, Europace, EHJ acute cardiovascular care, JACC EP and Resuscitation.

Following are my metrics:

Orcid ID <https://orcid.org/0000-0002-9789-6661>, Scopus ID: 36961307900, current H-index in 21

Following my best 10 publications in the last 5 years:

1: Savastano S, Baldi E, Compagnoni S, et al. Electrical storm treatment by percutaneous stellate ganglion block: the STAR study. *EurHeart J*. 2024 Mar 7;45(10):823-833. doi: 10.1093/eurheartj/ehae021. Erratum in: *Eur Heart J*. 2024 Oct 14;45(39):4235.

2: Savastano S, Dusi V, Baldi E, et al Anatomical-based percutaneous left stellate ganglion block in patients with drug-refractory electrical storm and structural heart disease: a single-centre case series. *Europace*. 2021 Apr 6;23(4):581-586. doi: 10.1093/europace/euaa319. PMID: 33190159.

3: Baldi E, Rordorf R, Compagnoni S, et al. Efficacy of percutaneous stellate ganglion block according to ventricular arrhythmia cycle length: A post hoc subanalysis of the STAR study. *Heart Rhythm*. 2025 Oct;22(10):2477-2485.

4: Dusi V, Angelini F, Baldi E, et al Continuous stellate ganglion block for ventricular arrhythmias: case series, systematic review, and differences from thoracic epidural anaesthesia. *Europace*. 2024 Mar 30;26(4):euae074. doi: 10.1093/europace/euae074. PMID: 38531027; PMCID: PMC11020261.

5: Baldi E, Dusi V, Rordorf R, et al Efficacy of early use of percutaneous stellate ganglion block for electrical storms. *Eur Heart J Acute Cardiovasc Care*. 2024 Dec 3;13(11):757-765. doi: 10.1093/ehjacc/zuae109. PMID: 39317656.

6: Baldi E, Sechi GM, Mare C, et al Out-of-Hospital Cardiac Arrest during the Covid-19 Outbreak in Italy. *N Engl J Med*. 2020 Jul 30;383(5):496-498. doi: 10.1056/NEJMc2010418. Epub 2020 Apr 29. PMID: 32348640;



7: Baldi E, Sechi GM, Mare C, et al COVID-19 kills at home: the close relationship between the epidemic and the increase of out-of-hospital cardiac arrests. *Eur Heart J*. 2020 Jun 1;41(32):3045-3054.

8: Baldi E, Schnaubelt S, Caputo ML et al Association of Timing of Electrocardiogram Acquisition After Return of Spontaneous Circulation With Coronary Angiography Findings in Patients With Out-of-Hospital Cardiac Arrest. *JAMA Netw Open*. 2021 Jan 4;4(1):e2032875.

9: Pontremoli SM, Fumagalli F, Aramendi E, et al The physiology and potential of spectral amplitude area (AMSA) as a guide for resuscitation. *Resuscitation*. 2025 May;210:110557.

10: Percutaneous Stellate Ganglion Block for Electrical Storm Editor Simone Savastano by Springer ed 2024



3. Describe previous experience(s) within EHRA, ESC or your National Cardiac Society

I am a Fellow of the European Society of Cardiology and I am ready and proud to serve this Society with passion. I am a member of the EHRA and a fellow of the Italian Association of Arrhythmology and Cardiac stimulation (AIAC). I have been the national chair of the AIAC young electrophysiologists group for four years and then the national chair of the cardiac arrest and sudden death AIAC working group for four years. During these terms of office, I have contributed to support young electrophysiologists in learning and acquiring skills and the to spread the culture of cardiac arrest registries across Italy.



4. Why are you motivated to join the EHRA Executive Board (250 words max)?

My motivation to join the EHRA Executive Board stems from a profound and career-long commitment to advancing clinical electrophysiology and arrhythmia management. I view this role as a critical opportunity to transition from contribution to strategic leadership, directly helping to shape the future direction and impact of heart rhythm science.

I am eager to leverage my experience in multicenter clinical trial governance and my specialized focus on the advanced and acute treatment of ventricular arrhythmias. This expertise directly supports EHRA's core mission to drive scientific innovation and translate cutting-edge research into tangible patient benefits. As a Board member, I would champion initiatives that streamline the adoption of these validated results, ensuring widespread access to the highest standards of care. Moreover, I believe that my focus on the acute phase and treatment of arrhythmias could make me a link between EHRA and ESC-Acute cardiovascular care. The treatment of electrical storm lies in the boundary between arrhythmologists and intensive care specialists. Furthermore, my expertise in cardiac neuromodulation could serve a support to improve this specific topic into the guidelines both about VT and electrical storm management.

Finally, I am deeply passionate about fostering a sustainable future for our specialty. I plan to actively contribute to the enhancement of mentorship and educational programs, ensuring the next generation of electrophysiologists is equipped with the skills and strategic vision necessary for collaborative excellence. Joining the Board is a commitment to service, allowing me to advocate for unified policy, superior clinical standards, and the continued strength of the European electrophysiology community.



5. How will you combine your EHRA position with your daily clinical/research workload?

Please note that we expect you to:

- Have an active career at the time of taking office
- Be on clinical practice (for at least 30%) at the time of application

I fully understand that the EHRA Executive Board role is a significant commitment. My strategy for combining it with my clinical and research workload is centered on strategic prioritization, proactive delegation, and maximizing efficiency to ensure both spheres thrive without compromise.

I can count on a research team made of senior researchers that can follow our projects without my constant presence.

Secondly, I see the EHRA role as synergistic, not simply additive, to my current work. Clinical activity will improve my role in the board, which in turns will improve and support my daily practice. This experience will enhance my overall efficiency and relevance of my daily professional output.

My commitment is to dedicate the necessary time and focus to the Executive Board to drive its mission forward, utilizing disciplined time management and my established support network to maintain excellence in all areas.



6. Please list your conflicts of interest

- Direct personal payments (speaker fees, honoraria, advisory board fees, consultancy, investigator...)
 - Industry Employee: %
 - Company (one company):
 - Product or therapeutic area:
 - <10 K€/year 10-50 K€/year 50-100 K€/year >100 >K€/year

- Payments to your institution (speaker fees, honoraria, advisory board fees, consultancy, activities executed by your department for the sponsor or investigator initiated and funded by an unconditional grant from the sponsor...)
 - Company (one company):
 - Product or therapeutic area:
 - <10 K€/ year 10-50 K€/year 50-100 K€/year >100 >K€/year

- Receipts of royalties for intellectual property
 - Company (one company):
 - Product or therapeutic area:
 - <10 K€/ year 10-50 K€/year 50-100 K€/year >100 >K€/year

Add as many as necessary

Modest speaking fee by ZOLL

Position of influence declaration:

- Direct substantial shareholding or direct financial interest in healthcare, media, education companies or companies in relationship (suppliers or in competition with ESC or in contradiction with ESC mission)
- Employment in healthcare institution (part time or full time)
- Membership or affiliation to political/pressure group associations related to the field of cardiology
- Any potential interest related to the position applied for
- Nothing to declare
- More info at <https://www.escardio.org/The-ESC/About/Policies/esc-declaration-and-management-of-conflict-of-interest-policy>