

# Curriculum Vitae

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Filippo Crea, MD, FESC

Application for the position of President Elect

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## Personal Information

**Place and Date of Birth:** Cosenza 19-09-1953

**Nationality:** Italian

## Current Position and Professional Address

Director, Centre of Excellence of Cardiovascular Sciences, Gemelli-Isola Hospital, Catholic University of Rome, Via di Ponte Quattro Capi 39, Rome, Italy

## Education and Postgraduate Training

**Pisa Medical School:** Graduated with full honours (1977)

**Pisa Medical School:** Specialty in Pulmonary Diseases with full honours (1980)

Specialty in Cardiology with full honours (1983)

## European Society of Cardiology Activities

**Working groups** Founder and Chairman of the Working Group on Microcirculation (2002-2004) which then became Working Group on Coronary Pathophysiology and Microcirculation

**Councils** Member of the Science Council (2004-2006)

**Committees** Member of the Congress Programme Committee (2007-2011)

Member of the Educational Committee (2011-2013)

Chairman of the Publications Committee (2022-present)

**ESC Board** Councillor (2024-present)

## Editorial Boards

**Cardiology:** Deputy Editor (1998 – 1999)

**Heart:** Associate Editor (1999-2006)

**European Heart Journal:** Associate Editor (2010-2020)

Editor-in-Chief (2020-present)

## Leadership and Management Experience

<b>2002-2023</b>	Director, Department of Cardiovascular Medicine Director, Cardiology Specialty School Director, PhD Program in Cellular and Molecular Cardiology Policlinico Gemelli, Catholic University of Rome, Rome, Italy
<b>2020-Present</b>	Editor-in-Chief of the European Heart Journal
<b>2022-Present</b>	Chairman of the Publications Committee
<b>2022-Present</b>	Councillor of the Italian Minister of Public Health
<b>2023- Present</b>	Director, Centre of Excellence of Cardiovascular Sciences, Gemelli-Isola Hospital, Catholic University of Rome, Rome, Italy

## Fellowships and Honours

**Fellow of the European Society of Cardiology** (1990-present)

**Fellow of the American College of Cardiology** (1985-present)

**Newburg Prize** for “The outstanding contribution to the study of ischaemic heart disease”, given by the Nobel Prize Prof. Rita Levi-Montalcini

**Arrigo Recordati International Prize** for “Lifetime achievement in researching the pivotal role of microcirculation in systemic and organ diseases”

**Kruckoff lecture** on “Pathogenesis of acute coronary syndromes”, Harvard Medical School

**Vanhoutte lecture** on “Mechanisms of acute coronary syndromes”, Zurich University

## Top 10 Most Relevant Publications

1. Libby P, **Crea F**. Clinical implications of inflammation for cardiovascular primary prevention. *Eur Heart J* 2010;31:777-783.
2. **Crea F**, Bairey Merz CN, Beltrame JF, Kaski JC, Ogawa H, Ong P, Sechtem U, Shimokawa H, Camici PG; Coronary Vasomotion Disorders International Study Group (COVADIS). The parallel tales of microvascular angina and heart failure with preserved ejection fraction: a paradigm shift. *Eur Heart J* 2017;38:473-477.
3. Boden WE, De Caterina R, Kaski JC, Bairey Merz N, Berry C, Marzilli M, Pepine CJ, Barbato E, Stefanini G, Prescott E, Steg PG, Bhatt DL, Hill JA, **Crea F**. Myocardial ischaemic syndromes: a new nomenclature to harmonize evolving international clinical practice guidelines. *Eur Heart J* 2024;45:3701-3706.
4. Montone RA, Cosentino N, Gorla R, Biscaglia S, La Vecchia G, Rinaldi R, Caffè A, Resta M, Erriquez A, Bedogni F, Niccoli G, Trani C, Burzotta F, Testa L, De Marco F, **Crea F**; PROMISE Trial Investigators. Stratified treatment of myocardial infarction with non-obstructive coronary arteries: the PROMISE trial. *Eur Heart J* 2025 Oct 28:ehaf917. doi: 10.1093/eurheartj/ehaf917. Epub ahead of print. PMID: 41150941.
5. **Crea F**, Pupita GS, Galassi A, El Tamimi H, Kaski JC, Davies GJ, Maseri A. Effect of theophylline on exercise-induced myocardial ischaemia. *The Lancet i*: 1989;683-680.
6. Pupita GS, Maseri A, Kaski JC, Galassi A, Gavrielides S, Davies GJ, **Crea F**. Myocardial ischemia caused by distal coronary artery constriction in stable angina pectoris. *N Engl J Med* 1990;323:514-520.
7. Abbate A, Bonanno E, Mauriello A, Bussani R, Biondi-Zoccai GG, Liuzzo G, Leone AM, Silvestri F, Dobrina A, Baldi F, Pandolfi F, Biasucci LM, Baldi A, Spagnoli LG, **Crea F**. Widespread myocardial inflammation and infarct-related artery patency. *Circulation* 2004;110:46-50.

8. Camici PG, **Crea F**. Coronary microvascular dysfunction. *N Engl J Med* 2007;356:830-840.
9. **Crea F**, Libby P. Acute coronary syndromes: the way forward from mechanisms to precision treatment. *Circulation* 2017;136:1155-1166.
10. Vergallo R, **Crea F**. Atherosclerotic Plaque Healing. *N Engl J Med* 2020;383:846-857.

## Major Research Interest

Research activity is mainly focused on the mechanisms of myocardial ischaemia in chronic and acute coronary syndromes.

The studies carried out in chronic coronary syndromes have convincingly shown that functional alterations in coronary circulation, affecting epicardial coronary arteries and coronary microcirculation, initially considered an “academic” curiosity, play a key role in determining the stable clinical presentation of ischaemic heart disease. This paradigm shift I strongly promoted is progressively impacting on guidelines and patient management mainly because of the high prevalence of angina with non-obstructive coronary arteries (ANOCA), its guarded prognosis and the frequent presence of invalidating anginal symptoms which can only be improved by a stratified treatment targeting the several mechanisms of myocardial ischaemia.

The studies carried out in acute coronary syndromes have documented the role of inflammation in determining plaque disruption, thus opening the way to the notion that anti-inflammatory treatments can improve the prognosis. More recent studies have shown that the molecular mechanisms of plaque rupture and plaque erosion are substantially different thus opening the way to a stratified treatment of acute coronary syndromes. Another series of studies have given a substantial contribution to the notion that, similarly to what observed in chronic coronary syndromes, also in the setting of acute coronary syndromes myocardial infarction with non-obstructive coronary arteries (MINOCA) is clinically relevant. Again, this paradigm shift is progressively impacting on guidelines and patient management mainly because of the high prevalence of MINOCA, its guarded prognosis and the need for a stratified treatment to improve the prognosis.

Other lines of research include studies on mechanisms of heart failure, cardiomyopathies and arrhythmias as well as studies on cardiovascular prevention.

**H-Index 138**

**More than 1,600 publications**

**More than 145,000 citations**