

Profile of CULPRIT-SHOCK Experts



Today with Steffen Desch, Universitätsklinikum Schleswig-Holstein, Lübeck



What is your teams' involvement in the project?

My team has been involved in CULPRIT-SHOCK from the very start of shaping the project's main ideas and concepts to drafting the necessary documents, obtaining financial support, organizing practical execution and finally presenting the game-changing results.

What in your opinion is the innovative capacity of the CULPRIT-SHOCK trial and its results?

CULPRIT-SHOCK gave a very clear answer to a specific clinical question. This will without doubt change the way patients in infarct-related cardiogenic shock are being treated. Apart from the stunning results, the innovation of CULPRIT-SHOCK is in the proof that such studies in extremely sick and complex patients can be done. It is an open invitation to researchers to address other unresolved questions in such populations.

Which parameters help to identify particular patients at risk in cardiogenic shock? Do these patients have a benefit from a more aggressive treatment such as mechanical circulatory support?

Prior evidence has already shed some light on which patients are at the highest risk of death. Old age, deranged glucose metabolism, altered renal function, unsuccessful coronary intervention or poor overall tissue perfusion all seem to predict adverse outcome. It is one of the key questions if these extreme-risk patients might benefit from advanced therapies like mechanical circulatory support, something that needs to be addressed in future studies.

What needs to happen in your view in cardiogenic shock to say, "a dream has come true"?

Although treatment of cardiogenic shock has made major improvements in recent years, there is still a long way ahead of us. Roughly 1 out of 2 patients die in the acute phase. If we can arrive at a further significant mortality reduction within the next 10 or 15 years, a dream would have come true.

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