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STRUCTURALPULSE

Florence cardiomyopathies

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The history of the Florence Cardiomyopathies Centre is, inevitably, a story that begins with hypertrophic cardiomyopathy (HCM). What exists today as an internationally recognized referral centre for genetic and rare cardiac diseases emerged from decades of intertwined personal stories, scientific curiosity, and clinical dedication. In the early 1970s, Professor Franco Cecchi described three cases of what was then termed 'idiopathic hypertrophic subaortic stenosis' for his medical thesis, at a time when cardiomyopathies were poorly understood and largely overlooked. In 1979, the Florence HCM database was established, anticipating by decades the structured registries that would later become central to cardiovascular research. Cecchi's meeting with Dr Barry Maron in 1984 marked the beginning of a transformative scientific partnership. By the early 1990s, more than 200 patients were being followed in Florence, and collaboration with I.O. formally began under Maron's mentorship, signalling a shift from local expertise to international visibility. The early 2000s represented a decisive turning point. Genetic testing was introduced in collaboration with Dr Francesca Girolami and the Medical Genetics Unit at Careggi, initiating systematic genotype-phenotype studies. In 2003, two landmark HCM papers published in the New England Journal of Medicine demonstrated the prognostic impact of left ventricular outflow tract obstruction and coronary microvascular dysfunction, substantially contributing to modern risk stratification. Since 2008, collaboration with Professor Corrado Poggesi and Elisabetta Cerbai's groups working on sarcomeric pathophysiology and myocardial electrophysiology has supported translational research bridging clinical evidence and mechanistic investigation, identifying—among other things—the late sodium current as a therapeutic target in HCM. During the same period, septal reduction therapies evolved. Alcohol septal ablation was implemented in the late '90s and a surgical myectomy programme was formally established in 2012 under the guidance of Professor Sir Magdi Yacoub and later carried forward by Professor Pierluigi Stefàno, within a bidirectional training collaboration that extended to Aswan, Egypt. Florence became a founding member of the Sarcomeric Human Cardiomyopathy Registry in 2013 and has since contributed to pivotal pharmacological trials, including design and leadership of the pioneering attempt in international multicentre trials on HCM with RESTYLE-HCM (testing ranolazine—a negative study but with potential clinical implications) and participation in the EXPLORER-HCM trial investigating mavacamten, the first-in-class cardiac myosin inhibitor, with I.O. as the lead author.

Over time, the Centre progressively expanded beyond HCM. From the 1980s onwards, patients with non-ischaemic dilated cardiomyopathy were incorporated into the clinical programme, followed in the early 2000s by the inclusion of arrhythmogenic cardiomyopathy. The amyloidosis programme, developed in 2015 in collaboration with the group led by F.C., and the cardio-immunology initiative launched in 2021, later expanded under the leadership of M.P., further broadened the Centre's scope. In 2022, the Florence Cardiomyopathies Centre formally evolved into an inter-hospital programme integrating Careggi University Hospital and Meyer Children's Hospital, ensuring continuity of care from childhood to adulthood.

Nowadays, the Centre actively follows more than 3000 patients with hypertrophic, dilated, restrictive, arrhythmogenic, infiltrative, and inflammatory cardiomyopathies, as well as rare inherited cardiac diseases. Clinical activity is structured into dedicated outpatient pathways, including an established trial unit that has operated for over a decade and currently involved in more than twenty clinical investigations. Specialized nurses coordinate clinical pathways and research activities, reinforcing a highly structured, patient-centred model of care.

As an academic centre within the University of Florence, research and education are integral to daily practice. Students, residents, PhD candidates, and (inter)national fellows are actively involved in clinical practice, research, registries, and randomized trials conducted within extensive international collaborations. Educational initiatives—including masterclasses, focused workshops, international symposia, and a postgraduate Master Course on Genetic Cardiomyopathies and Rare Cardiovascular Diseases—reflect the Centre's commitment to training the next generation of specialists.

Multidisciplinarity is a defining feature of Florence Cardiomyopathies. Adult and paediatric cardiologists work in close coordination with geneticists, electrophysiologists, imaging specialists, cardiac surgeons, interventional cardiologists, immunologists, psychologists, specialized nurses, and basic scientists. This allows comprehensive risk stratification, shared therapeutic decisions, and seamless integration of clinical care and mechanistic research (*Figure 1*). Close collaboration with the patient

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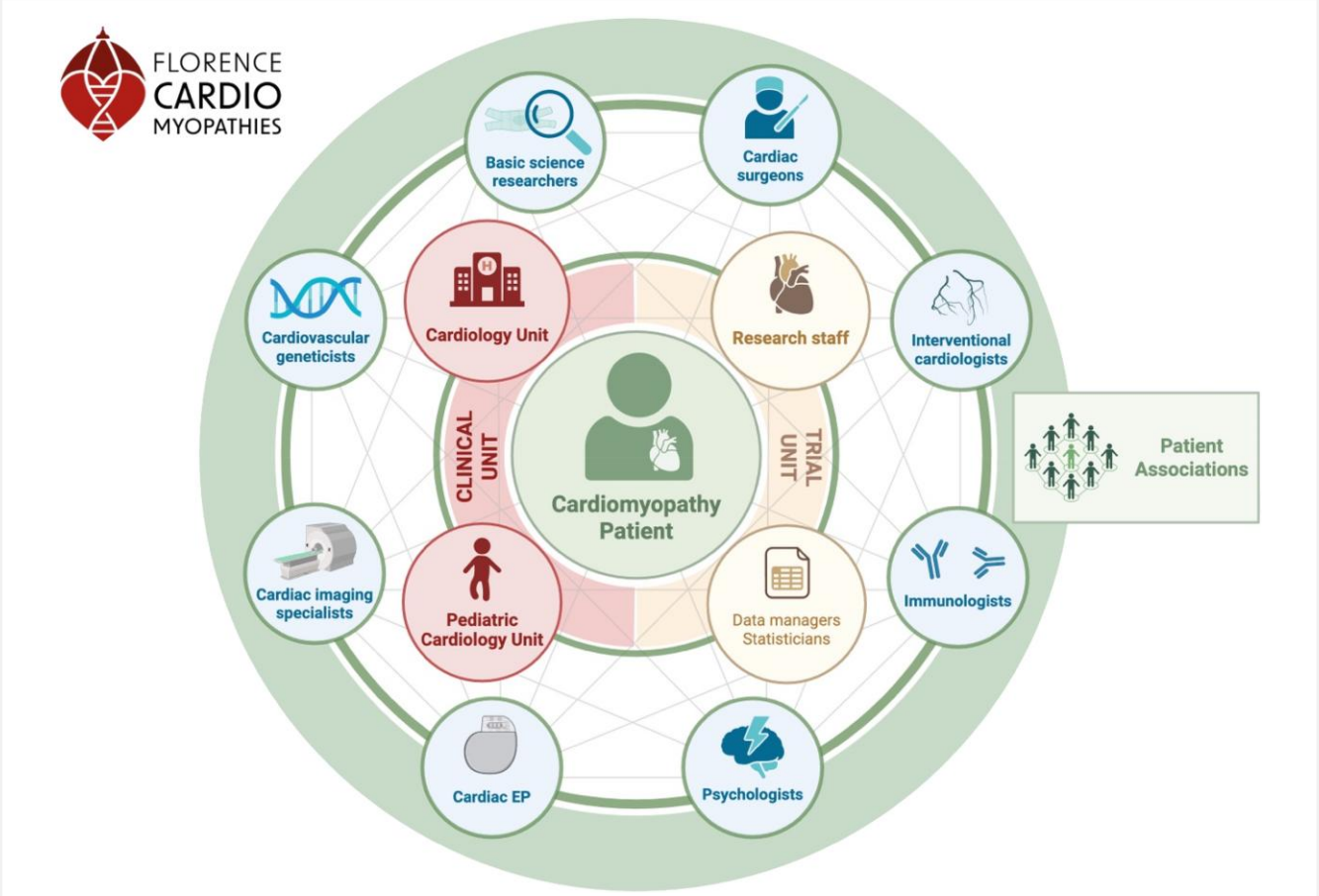

Figure 1 Multidisciplinary and patient-centred model of the Florence Cardiomyopathies Centre. The patient lies at the core of an integrated system structured around the Clinical Unit and Trial Unit, embedded within a broad collaborative network including adult and paediatric cardiology units, cardiac surgeons, interventional cardiologists, electrophysiologists, imaging specialists, cardiovascular geneticists, immunologists, psychologists, basic science researchers, and dedicated research staff and data managers. Partnership with patient associations further reinforces the Centre's comprehensive and patient-focused approach

association AICARM, founded in Florence in 2019, further strengthens this model. Through counselling services such as the 'Listening Hearts' hotline and nationwide educational initiatives for expert patients, the association has supported hundreds of individuals and families, promoting awareness and patient empowerment. This engagement extends at the European level through participation in the Cardiomyopathies Matter initiative, advocating for structured policy action and improved access to expert care.

Asked about the Centre's vision, I.O. summarizes: 'Our major goal is to provide the highest level of expertise and care to every patient with a genetic or rare cardiac disorder. Our greatest satisfaction has been contributing to the transition of cardiomyopathies from a neglected corner of cardiovascular medicine to the forefront of therapeutic innovation'. Looking ahead, he points to precision medicine, gene-targeted therapies, and ever-closer integration between clinical and basic science. As a final note,

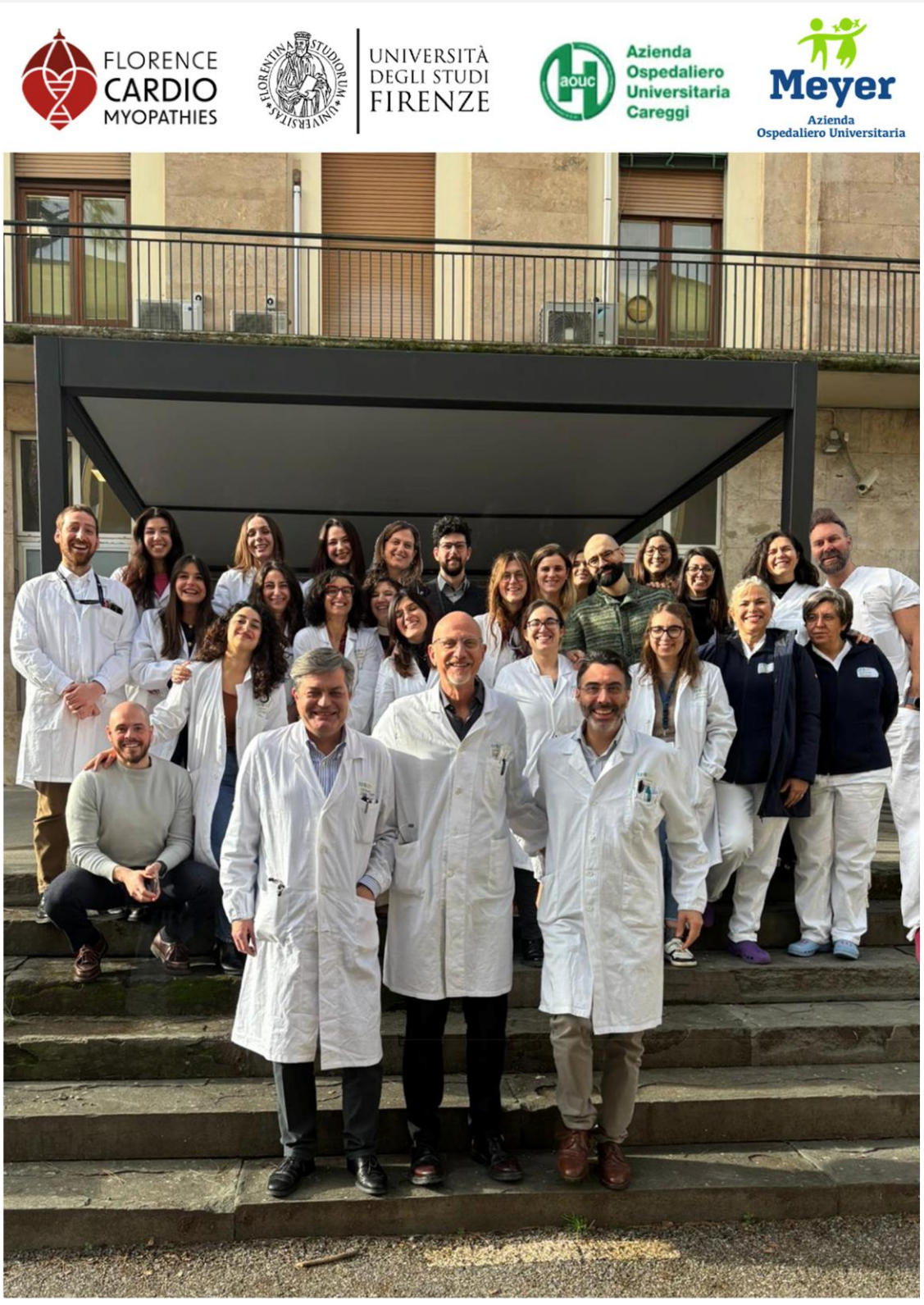

Figure 2 (Part of) the Florence Cardiomyopathies Team

he adds: 'We chose cardiomyopathies before they were cool' (*Figure 2*).

Author contributions

Giorgia Panichella (Conceptualization, Writing—original draft [lead]), Francesco Cappelli (Supervision, Validation, Writing—review & editing [equal]), Maurizio Pieroni (Supervision, Validation, Writing—review & editing [equal]), and Iacopo Olivotto (Conceptualization [supporting], Supervision, Validation, Writing—review & editing [equal])

Declarations

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