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Events and Meetings

From Shanghai to the world: the Oriental Congress of Cardiology 20 years in

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Twenty years on, the Oriental Congress of Cardiology (OCC) has grown from a single Shanghai meeting into an increasingly international stage. Its defining challenge can be summarized as balancing national scale with international standards. After 20 years, the first half is well established; the second remains the task of the next decade, and the reason the congress increasingly attracts attention beyond China.

The scale and where it came from

The 20th OCC (28–31 May 2026, Shanghai World Expo Center) was held jointly with the 4th Scientific Sessions of the Chinese Society of Echocardiography and reported around 30 forums and Oriental-series units, 368 sessions, 2741 speakers and chairs from 22 countries and regions, and nearly 20 000 physicians (*Figure 1*). None of this was inevitable. The congress began in 2007 as an act of consolidation: Junbo Ge and colleagues merged more than a dozen overlapping Shanghai meetings into one of about 1400 participants across nine forums, growing on a Forum Master model that handed academic responsibility to specialty leaders.[1–3] Scale reflects something real: a country whose cardiovascular burden and clinical volume are among the largest worldwide.

What the two decades built

The congress widened in deliberate stages. Around 2015, device innovation moved to the centre: the Centre for Cardiovascular Innovation was established to turn practising clinicians into inventors, and the meeting became a stage for home-grown coronary and structural-heart devices, among them China's first transcatheter aortic valve replacement (TAVR) and the first-in-human use of a domestic bioresorbable scaffold, milestones that must still clear the bar of long-term evidence. Prevention and population health gained their own platform under the China Cardiovascular Association, and by 2021, a panvascular-medicine forum was knitting together specialties that had long worked apart.[4] In 2024, OCC was convened jointly with the World Congress of Cardiology of the World Heart Federation, the first such joint meeting, drawing 13 524 participants in person and 107 806 online from 37 countries.[1] Each stage added scale, and each sharpened the question expansion always brings: whether standards can keep pace with size.

Why scale alone is insufficient

Size is not significance. A congress can fill a convention centre and still change nothing. The harder mandate asks for transparent data, reproducible methods, external peer review, and findings that hold up when strangers check them. This is where national meetings can stall, mistaking a full hall for a settled question. Meeting the test is less about any single result than about the habits a research culture builds: prospective registration, independent statistical oversight, open data, and a willingness to report disappointments alongside breakthroughs. China's volume makes large trials feasible at a scale few countries can match; what the international standard adds is the discipline to pre-commit to a hypothesis, publish the protocol, and let the answer stand or fall on its own terms.

Evidence of this transition is emerging

At OCC 2026, the second half of the sentence was visibly under construction. Complex coronary intervention has advanced in step, with

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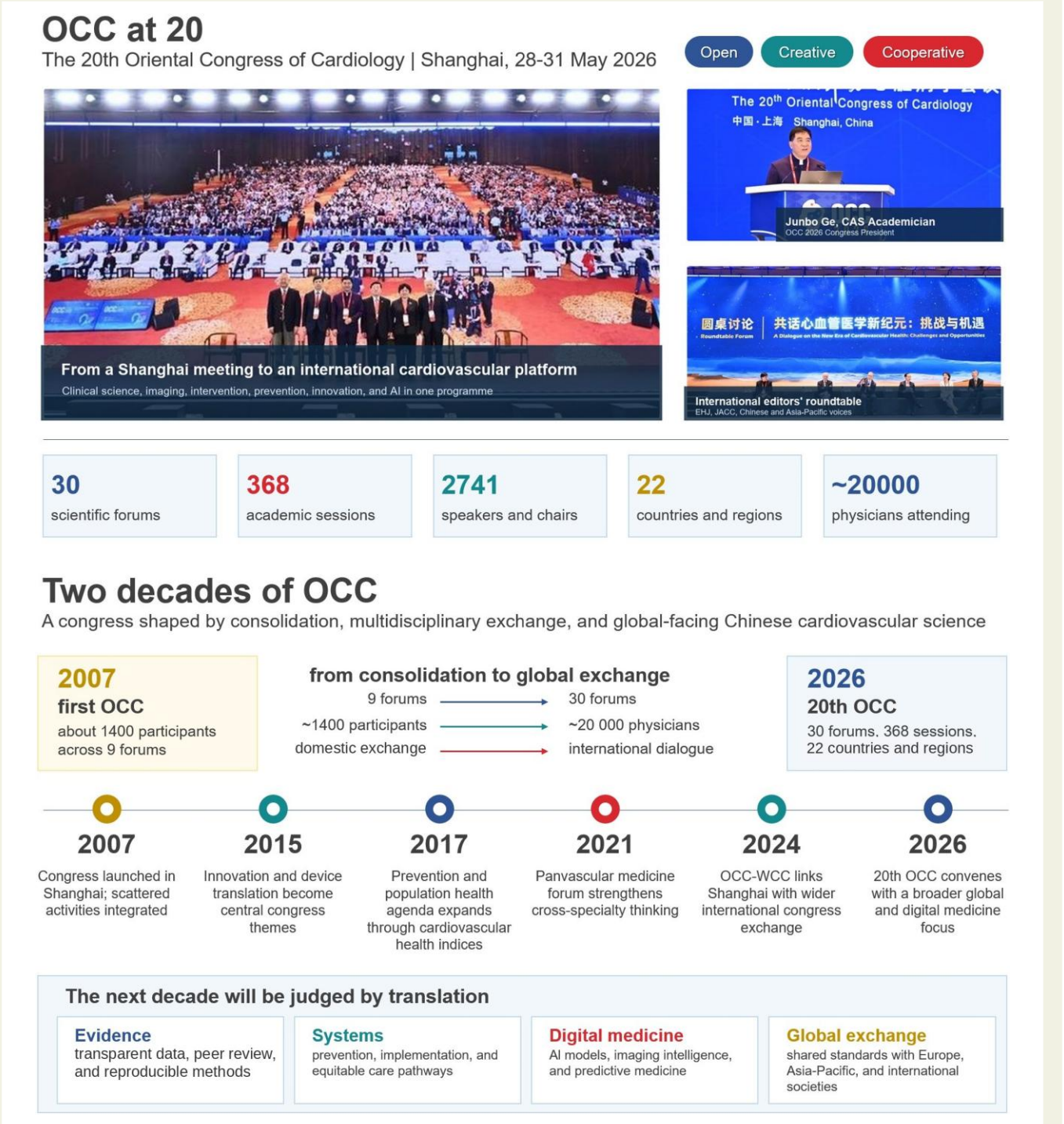


Figure 1 The Oriental Congress of Cardiology at 20. (Top) The 20th Oriental Congress of Cardiology (OCC 2026) was held on 28–31 May 2026 at the Shanghai World Expo Center under the motto 'Open, Creative, Cooperative,' shown with selected reported metrics for the meeting: around 30 forums, 368 sessions, 2741 speakers and chairs from 22 countries and regions, and nearly 20 000 attending physicians. The right-hand images show Congress President Professor Junbo Ge (Academician of the Chinese Academy of Sciences) and the international editors' roundtable, attended by the Editors-in-Chief of the European Heart Journal and the Journal of the American College of Cardiology together with Chinese and Asia-Pacific colleagues. (Bottom) Two decades of OCC, from its 2007 founding as a consolidation of scattered Shanghai meetings (around 1400 participants across nine forums) through successive milestones, device innovation (2015), prevention and population health (2017), panvascular medicine (2021), and the first joint meeting with the World Congress of Cardiology (2024), to the priorities set for the congress's third decade: evidence, systems, digital medicine, and global exchange

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technical success in chronic total occlusion approaching 90% in the European Registry of Chronic Total Occlusion,[5] and China beginning to move from adopting techniques to developing its own dedicated devices. That ambition invites an international measure: Patrick W. Serruys, whose randomized trials helped define the modern evidentiary standard for coronary stents and bioresorbable scaffolds, was among the congress faculty, a reminder that home-grown devices earn their place through long-term trial data, not novelty alone. A nationwide study has established population-specific Doppler echocardiographic reference values for healthy Han Chinese adults,[6] and an anticoagulation strategy evaluated in a Chinese randomized trial has earned a place in international guidelines as an alternative approach to anticoagulation in primary percutaneous coronary intervention (PCI).[7,8] The meeting also advanced a maturing field's infrastructure: a national white paper on heart-failure prevention and care, interim data from the ORIENT study, and consensus statements on redo-TAVR and immune-checkpoint-inhibitor myocarditis. The internationalism was not decorative: a featured editors' roundtable brought European Heart Journal Editor-in-Chief Filippo Crea and JACC Editor-in-Chief Harlan Krumholz together with Chinese and Asia-Pacific colleagues, and a keynote from JAMA Editor-in-Chief Kirsten Bibbins-Domingo placed the meeting inside the global conversation about turning evidence into practice. Such exchange runs in two directions: it is one thing to host the editors of the journals a field reads, and another to submit one's data to the reviewers those journals appoint. The congress has achieved the first; the second, inviting outside scrutiny rather than merely outside attendance, is the harder one the international standard finally demands.

The digital test of the same mandate

Artificial intelligence (AI) put the dual mandate under its sharpest light. In a live demonstration, a domestic cardiac model analysed the case of a 91-year-old with atrial fibrillation, chronic kidney disease, and diabetes, reconciling three specialties' guidance into a single anticoagulation recommendation, with each step traced to a cited source. Professor Ge's vision of virtual cells and digital twins[9] moves from retrospective analysis toward predictive modelling: computational models that simulate how a cell behaves and fails; patient-specific twins on which interventional strategies could be rehearsed and optimized;[10] and, further still, models that could help design the next generation of interventional devices. Across every rung, the dual mandate holds: a cell, a procedure, or a scaffold that is only plausible in silico is a hypothesis, not a product, and the bench, the animal, and the prospective trial remain the toll every model must pay. The editors named the limits plainly: fabricating data with AI is a red line, polishing language is acceptable only if declared, and responsibility for a paper always rests with its authors, not the algorithm. A live demonstration is a proof of capability, not of safety; the distance between the two is measured in prospective validation, declared failure modes, and clear accountability when a model is confidently wrong.

After 20

For European and global readers, the dual mandate is what makes OCC worth watching. China's scale is an asset much of the world lacks, for prevention science, registries, pragmatic trials, and device evaluation, but it converts into shared knowledge only when it meets the international standard the same stage now invokes. The task for OCC's third decade is to keep the two halves of its sentence in balance: to match scale with rigour, display with proof, and national confidence with international accountability. Whether that balance holds will be visible in small things: how openly negative trials are reported, how independently headline numbers are audited, and how readily Chinese data are shared with those who might contest them. At 20, OCC is no longer simply a Shanghai meeting that went national; it is a national platform reaching for a global standard.

Declarations

Disclosure of Interest

L.Y. is a physician and fellow in the cardiology team of Academician Junbo Ge at Zhongshan Hospital, Fudan University, and serves as the secretary of the National Basic Science Center for panvascular interventional complex systems (NBSC) and as an executive committee member of the Center for Cardiovascular Innovation (CCI). L.S. is a physician and fellow in the cardiology team of Academician Junbo Ge at Zhongshan Hospital, Fudan University, and serves as the Secretary-General of the CCI. J.G. is the President of the Oriental Congress of Cardiology, the Chairman of the CCI, the Director of the NBSC, and a corresponding author of this article. The authors declare no other competing interests.

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Use of artificial intelligence

AI-based language tools were used to polish the language of this article. No generative artificial intelligence was used to generate data, figures, or scientific content, and the authors take full responsibility for the content of the work.

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