

## A sure vision for the future

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I have the great honour of taking over the EAPCI at a crucial moment in its evolution, a time when we leave behind the “birthing pains” of our early years, the exciting time of our adolescence as an association, and begin the path towards maturity. A mature association is not one that stops evolving or dreaming, but one that has increasing confidence in its place in our professional lives. Our association has the great advantage of having excellent and strong foundations created by my predecessors William Wijns and Carlo Di Mario, who brought us to the point we are at today, and for this we can all thank them. Our early lineage is clear, created in 2006 out of one of the working groups of the European Society of Cardiology, and our mission is a simple, but noble one, “To reduce the burden of cardiovascular disease in Europe through percutaneous cardiovascular interventions”. Surely all is in place to continue in the best and most productive way towards a future where we can be of increasing use to our members.

As Carlo Di Mario, Stephan Windecker and I said in Carlo’s last editorial, we have created a sustained and long-term vision about our association... a vision that is not limited to one year or two, but to the four or five years before us. It is essential during this period that –building on the past and the ongoing success of our partners in the ESC, EuroPCR and EuroIntervention– we expand the influence of our Association within Europe as well as internationally, increasing our membership, encouraging a more active participation by our members and becoming not the second largest of the subspecialty groups within the ESC, but the first.

Our intention, myself in concurrence with the board of the EAPCI, is to go about this by addressing three major axes in our work which we shall present to you in detail over the next few months in this column. In summary, they are as follows:

- First, we must concentrate on increasing the visibility of our association and increasing its membership.
- Second, we must strengthen the relationship between all the actors in our work: the ESC, EuroPCR, The PCR family. It is my belief that the EAPCI can accomplish this by becoming the “common link” between these other entities. We can do this by more actively participating in our official meeting, which is EuroPCR, as well as other meetings of the PCR family. Similarly we should seek a more active participation of EAPCI in the interventional

cardiology programme of the ESC congress, all of which would allow the Association to take its place as the natural link between EuroPCR and ESC.

- Third, our association must continue in an ever increasing way to spearhead projects in education and information, working closely with the different national chapters and working groups, supporting our journal, EuroIntervention, and helping develop a range of educational tools from textbooks and online learning tools, to guidelines, seminars, meetings and websites. A Clinical Trial Unit, a project close to Stephan Windecker, will be developed, acting as a base for European clinical scientists in the field of interventional cardiology.

To do all of this goes back to an old adage of EuroPCR, the idea of “trust”. All this will come about if we accomplish our work with a true spirit of collaboration and confidence in ourselves and our ability to create a “win-win” situation for all the various participants in this glorious enterprise.

An effective example of how this collaboration will work is our increasing participation with EuroIntervention itself. We are extremely fortunate to have such a journal as the platform for our EAPCI monthly columns, and all of us can benefit by the increasing reputation and impact that this journal has within Europe and internationally for our speciality. It is for these obvious reasons that I am proud to announce here that I have personally urged our senior members to seriously consider submitting at least one major /main paper from their respective groups to EuroIntervention instead of taking the all too familiar American route. This is a perfect example of the “win-win” aspect of our collaboration, where we can take advantage of the system Patrick Serruys announced in his editorial of “fast tracking” articles of merit (what he has baptised the “EEP”). This will assure that our most important and timely work is published quickly in a journal of increasing reputation, and at the same time, help the journal, EuroIntervention, in augmenting its impact factor. Everyone gains, including our community, which has quick and efficient access to important ideas.

The EAPCI is well established. Now we must remain true to our foundations and show we are THE association for all interventional cardiologists committed to improving healthcare. Together we can truly accomplish more.

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