EuroIntervention 2011;7:889-891

A tradition of learning and international exchange in interventional cardiology: a speciality with a "whole-world" embrace

Patrick W. Serruys, *Editor-in-Chief*

Dear Colleagues,

As this is our December edition, you might expect us to review what we have been doing here in Europe, however, instead, we are taking a broader view, with a series of articles that are decidedly international. This month's EAPCI column by Jean Fajadet discusses the increasing global presence of the EAPCI and how this impacts on its work. Then, further along in this edition you will notice that there are several papers of Asian origin. Why Asian? Because shortly and for the third time we will be present at AsiaPCR/SingLIVE 2012, taking place from the 12th to the 14th of January in Singapore.

While this collaboration between the PCR family and Asia is relatively young, for me, personally, it has a resonance going back several decades – spanning much of my professional career – one third of a century. My first visit to Asia was in 1978 to Japan, which I have since visited more than 35 times professionally to teach or discuss stenting. I must admit that from the start – even in those very early days of balloon angioplasty – I was confronted with the dilemma of not simply teaching, but rather how much I could be learning from my Asian colleagues. And now, today, I am sure I have nothing more to teach, but everything to learn from them.

Asia, in general

My first contact with Asia then was with Japan. From my friend Masakiyo Noboyoshi, I learned how to perform 26 procedures in a single day and, as early as 1986, how to intervene in multivessel disease. While it is true that at that time I did introduce the very first stent in their practice as well as laser therapy, already there was such a give-and-take between us that the actual contribution of each side could only be described as equal. We were fully impressed at that time, and still are today, when our Japanese colleagues decided to tackle the problem of CTOs – their pioneers in this field are numerous: Shigeru Saito, Etsuo Tsuchikane, Takahiko Suzuki, Hideo Tamai, and the many others for whom we unfortunately have neither the space nor time to name here.

But it is not just Japan that remains the focus. As a whole, this broad and varied region has never ceased to challenge and amaze us; and this is true individually as well for each of the countries of the Pacific Rim, with their novelty and sense of organisation. From Australia and New Zealand, we count our friends and innovators John Ormiston and Ian Meredith. Looking north, our Korean colleagues, under the leadership of S.J. Park, taught us how to handle main stem lesions. It would be unfair not to mention each of the participating countries, each with its own vibrant and dedicated medical culture. In Taiwan, I was impressed by the Veterans Affairs Commission and, recently, their experience in ECMO and PCI for acute myocardial infarction. Indonesia has important key opinion leaders such as Teguh Santoso, a former colleague and the famous Antonia Anna Lukito. Malaysia, Vietnam, The Philippines, Bangladesh and last but not least, our dear friend Tian Hai Koh, course director of AsiaPCR/SingLIVE, from Singapore… all contribute to the advancement of our speciality.

The "Giants"

We of course cannot speak about this region without reflecting on the immense contributions of India and China. India has been an innovator and producer of technology for years now, with many extraordinary operators and key opinion leaders. The world, in general, is in awe of China and the phenomenal growth that it has experienced over the last 15 years. When we look specifically at how that change affects Chinese cardiology, we are witness to the extraordinary increase in procedures underlined by a prowess that is undeniable. Take for instance one hospital in China that I know well where in early 2000 they performed 300 angioplasties a year, while today that same hospital is performing 12,000 a year, and continuing to grow.

DOI: 10.4244/EIJV7I8A139

Cultural differences, medical perspectives

When going to Asia I am always impressed by the dynamism of these different countries, but there is something else as well, certain basic cultural differences and perceptions that change the way medicine is practiced or experienced. Being aware of these differences allows us to understand our own practice from a different perspective.

We begin by looking at TAVI, which certainly has been the centre of much interest here in Europe and North America. Concerning what appears to be a lack of interest in Asia, we can see immediately that TAVI itself is typically a therapy that fulfils an unmet need for an elderly, to some degree middle class population, in Western countries. In Asia, where the population is much younger, the epidemiological conditions are not "ripe" for TAVI, and where there is an elderly population that might benefit, the country or region might be too poor to offer access to this top cutting-edge medical treatment. Japan is perhaps another case. While the Japanese live longer, the situation could see an explosion in the use of TAVI over the next few years. Still, an interesting cultural observation is that this technology, TAVI, is essentially European, with such pioneers as Alan Cribier and Jacques Seguin. However, like much innovation in Europe, the actual investments came from America, so TAVI, today, is very centred on those parts of the world. This could change in the next few years.

Another cultural difference we noted is a specific Asian perspective concerning their self-image, their view of the body, which has a profound effect on innovation and practice here. Due to this there appears to be a noticeably different relationship in certain Asian countries between the patient and surgery. From my perspective, I have observed that the Asian patient does not like to have their natural anatomy disrupted by human hands. Imposed changes to the physical body are avoided; they do not want to imagine the chest opened, or to see metal inserted into the chest or body. This leads to what I believe will be the great success of the bioabsorbable scaffolds, especially in those countries where surgery or metallic stents are little appreciated.

We can say that the world we live in is growing smaller each day, and that may be true in our ability to communicate, to travel, to exchange ideas and experience. But it is our differences, our unique and individual ways of looking and experiencing that world, that offer us the most tangible opportunities to improve ourselves and our practice. My years of experience dealing with my Asian colleagues have taught me that, and I owe them easily as much as I have offered to them. For these reasons I see meetings such as AsiaPCR/SingLIVE as essential to the evolution of our work, and I look forward, as I have for over thirty years, to this valuable exchange.