

EAPCI and TAVI: acronyms that bring us together

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It may seem presumptuous to say that an abbreviation for an organisation or a type of intervention would have the power to change the way we view our clinical practice, but that is just what appears to be happening today. This changing vision in the way we approach our patients and our speciality – which is increasingly becoming reality – is further evidenced in this current edition of EuroIntervention.

In this issue, as you might have noticed, there are several papers of specific interest to valvular specialists or directly related to TAVI. The flagship of these articles is a unique and fascinating dialogue by Christoph Naber et al that was initiated by the European Society of Cardiology's Working Group on Valvular Heart Disease. In this article three distinct groups of specialists – interventionalists, surgeons and valve specialists – all responding to five specially chosen questions, each group commenting, as well, on the responses of the other participants. While this debate is interesting in itself, from the viewpoint of the EAPCI I see it as underlining the true spirit of cooperation that is emerging today within our field, and in clinical care in general. For me, beyond its obvious merits as a profound discussion on this complex topic from the critical vantage points of the three different groups of specialists – there interaction itself points to ways that our organisation, the EAPCI, can expand and improve our speciality, while at the same time comforting me in the decisions and path we have already taken.

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Let me explain, by examining several reflections emerging from these articles, as well as from TAVI and valvular heart disease.

Centre stage for the “confederation of competence”, the Heart Team

The idea of the Heart Team has been a topic of discussion for several years now, and while it has always been accorded a certain importance, its existence, up until recently, has been essentially that

of a “virtual concept”. Here, the focus article by Christoph Naber et al makes it clear that it has become a reality. This multidisciplinary approach is the future, with the best decision-making based on a model of consensus across a range of practitioners.

Composed, not only of interventionalists, surgeons and valvular specialists, but specialists in geriatrics and imaging as well, the Heart Team approach offers the best possible solution for the patient, insuring that no particular approach is favoured, except that which is good for the individual receiving treatment. The decisions are looked at from the point-of-view of both mid- and long-term results and, because of the confederated competence of each of the participants in the Heart Team, every approach can be profoundly considered whether it is surgical, interventional, medical or some emerging hybrid approach to the complex disease states that some patients, especially the very aged and frail facing TAVI, present today.

EAPCI and TAVI: informing and communicating

From the viewpoint of the EAPCI, we find all this to be rather ironic. That TAVI, so much an outsider a few years ago – considered to be a subspecialty within what was already seen as a subspecialty – should be at the forefront of a new multidisciplinary movement, the Heart Team. This is a movement whose roots go back to the great and ancient medical tradition of treating each patient as an individual, and yet still clearly retain their 21st century cutting-edge credentials, it is here that the EAPCI can be of use.

Similar to our role in the understanding and treatment of bifurcations that we outlined in our last column, TAVI and its inherent multidisciplinary approach can be furthered by our organisation's sponsorship and design of essential trials and we can encourage the publication of papers – all aimed at improving the flow of informa-

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tion and education. These are essential tools, like our website and soon to be published textbook, all acting together to provide an unbiased approach to the clinical condition and treatment of valvular disease in general, and a necessary depth to support a new percutaneous or hybrid treatment.

EAPCI and TAVI: collaborations

As an organisation we are in an excellent position to help support the kinds of relationships that were exemplified by the Focus Article, especially with the Working Group on Valvular Heart Disease itself. Our collaborations with surgeons date back to our days as a working group, and we hope to increase our work with other European organisations such as the European Association of Cardio-Thoracic Surgery (EACTS). In this role we can share, digest and formulate opinions, leading to a consensus; keeping up, what is an essential dialogue, not just for TAVI, but for all that this implies in our clinical practice as well.

EAPCI and TAVI: EuroIntervention

Promoting and stimulating the latest currents in interventional cardiology –as exemplified by the TAVI articles in this issue– EuroIntervention, the journal of our association, has always been in the forefront of articles on innovative valve treatments. The Journal's very first supplement –Volume 1, Supplement A– was on percutaneous valve interventions, and the next supplement, coming out in May, will take as its basis the increasingly renowned, recent PCRLondon Valve meeting. It is only fitting that our reflections should be transmitted through the medium of this publication, and it is thus not a surprise that this Focus Article appears here.

EAPCI and TAVI: meetings

An essential and privileged arena for the transmission of knowledge and ideas are our scientific meetings, and EAPCI's meeting, EuroPCR 2012 will have a large and dedicated programme on TAVI and questions in structural heart. There will be new sessions in collaboration with the ESC Working Group on Valvular Heart Disease and others, already existing ones, such as the "Learn The Technique (LTT)" session, with "live in the box" presentations. There will be,

as well, a specially conceived "How should I treat?" LTT on valve related topics. The successful "Call for Abstracts" and clinical cases will also be well represented in Paris.

Besides EuroPCR itself, EAPCI had endorsed the meeting that focusses exclusively on valves, PCRLondon Valves. The notable success of this endeavour is more than encouraging, and EAPCI is working even more closely with the PCRLondon Valves course director Martyn Thomas. The fruits of this labour, amongst others, will be that PCRLondon Valves will now become an official meeting of our association. As an EAPCI official meeting, we will have a prominent position within the programme committee and will also take the lead role in the call for abstracts and clinical cases in valve therapies for this year's PCRLondon Valves, ensuring a far ranging and broad representation for this increasingly respected venue.

EAPCI and TAVI: the future

The fifth question that was asked to the three groups of experts concerned the future. They were queried about "How will the world of percutaneous valve intervention look in 2022?"... and though we weren't asked directly, I believe that the EAPCI has an important role to play in just how that future will present itself. This is a role that we voluntarily take on.

Over the next 10 years our association will grow by its ability to inform the debate on emerging technologies and clinical treatments such as TAVI. The EAPCI can help the integration and coordination of our various competences in these fields, supporting multidisciplinary approaches such as the Heart Team and, in general, playing a major role in valve therapy. The EAPCI can do this through a variety of ways, through coordinated programmes in information and education, promoting cutting-edge techniques, developing major European registries in valve therapies and TAVI and continuing the close relationships that are forming –and essential – in our field.

From a very small presence on the clinical landscape, TAVI has become an increasing and positive presence in our medical and healthcare environment. There are lessons to be learned, and lessons to be taught, and our Association can be the conduit to ensure that this is done in just the right fashion so that it will provide the best to all.