

Encouraging exchange: launching of the Surgeons' Corner in EuroIntervention

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Dear colleagues,

Often in these pages we have discussed the level of interaction and collaboration that characterises our field and personal practice. While enormous advances have been possible due to individual achievement and convictions, the level of teamwork bringing to bear each individual's experience and medical knowledge is paramount. This is an aspect of our profession that remains both exciting and as well as necessary.

One group with an immense and invaluable experience for us are clearly surgeons. When our journal was created, we were in that early period where dialogue had been re-instated between us and our surgical colleagues... and like EuroPCR itself, we committed ourselves to creating a journal of interventional medicine that would feature articles by cardiologists and peripheral specialists as well as cardiovascular surgeons. Today, while the interventional cardiologists and peripheral specialists have responded enthusiastically making EuroIntervention a lively centre for their research and ideas, surgeons have not responded as we had hoped.

Perhaps the dream was ahead of its time? Our original editorial board included (and still does) a surgeon as Deputy Editor, Pieter Kappetein who searched for surgical papers and continually worked towards encouraging submissions, but still, with all our good intentions, participation by cardiovascular surgeons has not panned out as we had hoped and we began to believe it was unrealistic to have papers of a purely surgical nature in EuroIntervention.

But then something happened which showed us there was an interest on the part of our surgical colleagues to participate with us on these pages. When we started our section "How should I treat", a door seemed suddenly to open, a way that surgeons were able to comment on interventional procedures that both interested them, and engaged our readers. This made us realise that there was still something to be done, and, supported by our continued

commitment to encourage quality exchange among all the players in interventional cardiology, the Editorial Board has chosen to launch a new feature of EuroIntervention – The Surgeons' Corner.

The Surgeons' Corner, "The surgical conscience of EuroIntervention"

The corner will be an open forum for surgeons, an opportunity for them to comment on papers within the journal, or expose their ideas on particular topics or issues.

To encourage participation, the invited surgeon might receive a specific paper. They will not need to review this paper – reviewer comments may be included as well – but rather they will be asked to comment... still, they are completely free on how they choose to respond. The Surgeons' Corner will be considered as an editorial and thus allows for a wide range of opinion. Varying in length from a single page to as many as the author wishes, there will be no veto on how or what they choose to say, no ulterior review of what they desire to present. We are seeking free and far-ranging opinions and viewpoints for our journal, a place where cardiovascular surgeons can add to the quality of our content by bringing to bear their own special experience of the issues facing us in interventional and peripheral work.

Another aspect of an ongoing collaboration

Today our practice and our meetings consistently involve cardiovascular surgeons. More and more EuroPCR has seen their active presence, with dedicated programming that is constantly evolving. Surgeons participate in a range of multidisciplinary trials such as SYNTAX, EXCEL, SURTAVI and CREST. Their work in VARC and participation in symposiums on multivessel disease as well in the upcoming PCR London Valve symposium are other great examples of their increasing presence among us – and yet their input in our journal remains weak. We need to help surgeons find their way into EuroIntervention and believe that the Surgeons' Corner will do just that, offering them an opportunity – a podium – from which to reach out to us. An open dialogue, a true "surgical conscience" for our work in interventional medicine, for us and for our patients.