

## EuroIntervention at ten years



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Over these last 10 years, EuroIntervention has been both an active player and a witness to the vast changes our specialty has undergone. Ten years ago, when the journal began, there was no EAPCI – what existed then was the Working Group of the ESC, out of which grew our association and the meeting, EuroPCR. The role of a publication focusing on interventional cardiology was still to be defined, especially in a subspecialty which had not yet reached the amplitude or maturity it has reached today. Beginning with only a few issues a year, EuroIntervention expanded gradually into the monthly journal we have at present, a monthly journal augmented with a wide range of special dedicated editions – like the one we have just completed on Bifurcations – as well as its increasingly important online presence and role during EuroPCR.

We have invited one of the last Chairs of the Working Group, Antoine Lafont, to offer us his recollections from the time of the birth of the journal, and, along with him, William Wijns who became the first President of the EAPCI as the working group transformed itself into our association. The subsequent presidents, Carlo Di Mario and Jean Fajadet, then offer their thoughts about their own tenures as President of the EAPCI.

These ten years have seen articles on all the major topics that have marked our speciality and caused it to evolve: the pioneering work of the Stent for Life Initiative, recognising the lifesaving aspects of primary percutaneous coronary interventions in the setting of acute myocardial infarction and leading to an increased reactivity throughout Europe for the effective treatment of STEMI; the refinement and widespread use of radial access, leading to fewer access site-related adverse events and improved clinical outcomes of PCI; the timely management of out-of-hospital arrest; technical advances in the complex setting of CTOs; bifurcations (mentioned earlier); the comparison of PCI and CABG among patients with

multivessel coronary disease, including the development of the SYNTAX score for risk stratification; other significant acronyms that have become prominent in these pages, such as VARC and BARC, which help define the contours of common endpoint definitions, being of paramount importance in the conduct of clinical trials; the emergence and now widespread use of TAVI which constitutes a paradigm shift in the management of patients with severe aortic stenosis; articles on the transcatheter treatment of mitral valve disease, including the MitraClip and other technologies, opening up a new era in mitral valve treatments; the mechanical prevention of thromboembolic complications of atrial fibrillation by means of percutaneous left atrial appendage closure; the introduction of the concept and now widespread acceptance of the Heart Team approach; advances in non-invasive and intracoronary imaging; the recent and growing interest in these pages on treatments for resistant hypertension; evolving issues of DAPT and anticoagulation.... This list is far from exhaustive, and always growing. EuroIntervention has also been integrally involved in the publication of the first joint ESC/EACTS guidelines, along with many of the other joint publications, consensus papers and guidelines that have found their publication here.

The transmission of ideas is of critical importance, and exchange has always been one of the central features of our work in the EAPCI. EuroIntervention and its parent publication, the European Heart Journal, which are part of the same ESC umbrella group of publications, complement the role of the association and our various meetings during the year, such as EuroPCR. First-in-man studies and concepts mentioned above published in these pages can be either hypothesis-generating or hypothesis-challenging, and work presented here today might become commonly accepted practice tomorrow.

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For the EAPCI, this journal represents more than our official publication – it has become a forum for our Association, assuming the role of a key avenue for the diffusion of the knowledge and learning which themselves have been essential for these developments in interventional cardiology. In broader terms, the role of the journal, like our association itself, is to identify unmet needs and trends within the specialty and provide a forum for their presentation and discussion – a meeting place for ideas.

In this epoch of evidence-based medicine, when we are turning again to an individualised approach brought about by the complexity of our clinical offers and the diversity of our patients, it is

of great importance that we have a place where the debate can be carried out to the strictest scientific standards and protocols...peer reviewed, widely read, increasingly respected, performing the function of transmission of ideas and clinical knowledge – these are the things that have marked the first 10 years of EuroIntervention. With a readership that now goes well beyond the confines of Europe, with an increasing impact factor and audience that includes established and young specialists, ready to rise to the challenges which new, digital media pose to print publications, EuroIntervention has much to look forward to in the coming years...and we are proud to be part of the process, and wish it well on this important milestone!

## Memories of ten years of EuroIntervention

The complete quotes can be found online at: [http://www.pcronline.com/eurointervention/84th\\_issue/4](http://www.pcronline.com/eurointervention/84th_issue/4)

“The long battles for indexing and for PubMed recognition might have been critical in the evolution of the journal, but what stands out for me after these 10 years of publication...is that it truly became the dynamic and essential link between EuroPCR and the ESC – capturing the goals and quality of these two communities – creating the conditions necessary for the EAPCI, while crystallising the autonomy and scientific value a great publication must always maintain.”

Antoine Lafont, *Former Chair of the Working Group 10 (interventional cardiology) of the ESC*

“...the true originality of EuroIntervention is that it incorporates all that is relevant for our practice in terms of knowledge, skills and experience capturing the very DNA of interventional medicine becoming, for me the first scientific publication that really endorses the entire scope of relevant content for a specific community...”

William Wijns,  
*First President of the EAPCI*

“... the destiny of interventional cardiology [ten years ago in Europe] looked more likely to be the sudden death of Lehman Brothers than the miraculous resurrection of Apple. The EAPCI and its journal EuroIntervention played a big role in reversing these negative trends.”

Carlo Di Mario,  
*Former president of the EAPCI*

“...a forum for exchange, open to all and capturing the very essence of sharing clinical experience, EuroIntervention has been at the cutting edge of technology and practice for interventional cardiologists and all those interested in interventional medicine since its inception... it quickly became the reference for all practitioners no matter what stage they are at in their career...”

Jean Fajadet,  
*Past-President, EAPCI*

# Ten years of interventional cardiology in Europe: from bear to bull market

Carlo Di Mario, MD, PhD, FRCP, FESC; President EAPCI 2009-11; Councillor ESC 2012-14; Associate Editor, EuroIntervention 2006-15

A financial analyst looking at interventional cardiology in Europe 10 years ago was due to have bleak forecasts on growth and long-term viability of a profession focused on a single product (stent-assisted PCI) with visible signs of big troubles ahead. The chief product sold was perceived as being on the brink of a bad recall following the 2006 late thrombosis saga of first-generation drug-eluting stents. Market surveys pointed to significant customer disaffection, with coronary artery disease in free fall in Western Europe. Well-orchestrated campaigns undermined credibility, claiming that most PCI treatments were delivered because of “commercial” reasons rather than sound patient benefit. At the time, the destiny of interventional cardiology looked more likely to be the sudden death of Lehman Brothers than the miraculous resurrection of Apple. The European Association of Percutaneous Cardiovascular Interventions (EAPCI) and its journal EuroIntervention played a big role in reversing these negative trends.

Yes, in mature countries such as the UK (look at the BCIS Audit 2013 at <http://www.bcis.org.uk>) PCI had reached a plateau at 92,589 interventions, 1,492 PCIs pmp. Absolute numbers remained stable because the reduction in stable angina patients was compensated by an increase in procedures in acute coronary syndromes, a very strong indication delivering undeniable mortality benefit. With initiatives like “Stent for Life” EAPCI and EuroIntervention relentlessly lobbied for the expansion of primary PCI and promoted the organisation of ACS networks, starting with the countries and areas in greatest need such as Eastern and Southern Europe. Epidemiological trends have been more complex than expected. The increase in diabetes and obesity and an ageing population have been largely compensated by the better control of other risk factors such as smoking. Cardiovascular disease is solidly expected to remain the prevalent cause of death even in developed countries. A very successful “marketing” campaign has downplayed the

objections raised by poorly conducted old studies and clarified that PCI with second-generation DES has very low adverse events and reduces mortality and infarction even in stable angina if performed in patients with (FFR-)proven ischaemia. Universally accepted ESC/(-EACTS) Guidelines have promoted shared decisions on revascularisation by the Heart Team, ending confrontational attitudes of the past.

Diversification has been the other big strength of these last 10 years. The results of TAVI, a new interventional procedure born in Europe, exceeded the rosier expectations, with cardiac surgeons enthusiastically joining the interventional team. Further growth is expected in other catheter-based structural treatments, with the MitraClip being the tip of the iceberg of an array of new techniques under development to repair and replace this valve. Innovations such as renal denervation saw too rapid growth and too drastic dismissal, but have the chance to come back with more balanced indications. Other peripheral interventions, such as transcatheter flow restoration in recent stroke, see the cardiologists in pole position thanks to the well-established networks created with the EMS. Open the Focus issues of EuroIntervention of the last 10 years. They anticipate and reflect all these trends.

Like the other authors of these brief columns, I dedicated long evenings to the organisation of EAPCI activities and flew to countless numbers of congresses and meetings to be the ambassador of European interventional cardiology and its Association. This August, at the ESC Congress in London, I will complete my last assignment for the ESC and EAPCI, passing on the chairmanship of the Transcatheter Valve Therapy Registry. I do not regret this change. Democracy means renovation, and EAPCI needs new ideas and new energies. I am proud of the small role I have played and pleased to leave a bigger and stronger EAPCI with able, visionary leaders at its helm.

# Creating a journal...and an association: EuroIntervention towards the birth of the EAPCI

Antoine Lafont, MD, PhD, FESC; Past President of the Working Group (10) of Interventional Cardiology of the ESC

*INSERM U970, Paris, France*

Ten years ago, before EuroIntervention began, there was the European Society of Cardiology (ESC), EuroPCR, and between them the Working Group 10 of the ESC for interventional cardiology. In 2005 I was the Chairman of Working Group 10 and, from the beginning of my tenure as Chairman, I had made it clear that my goal was to create an association – which is now the EAPCI – within the umbrella of the ESC. To create such an association we needed two elements – an educational meeting and a dedicated journal. The meeting was EuroPCR, and the journal, whose 10<sup>th</sup> anniversary we are now celebrating with this edition, was EuroIntervention.

Today, with more than 15,000 subscribers and an important impact factor, it is difficult to capture the challenges of those first years – the challenge of two different groups, EuroPCR and the ESC coming together to create this publication and this association – and it is a tribute to both organisations and the many players who made it possible that we have this vibrant publication today.

In the first working group column published in the second edition of EuroIntervention back in 2005 I said that:

“EuroIntervention is the culmination of a major decision to promote for the first time in Europe the fantastic potential in the field of interventional cardiology. Europe has been and remains the most creative frontline community in interventional cardiology. This deserves a dedicated specific journal in order to voice the unique spirit of our European leaders. Therefore, EuroPCR and the ESC via the Working Group of Interventional Cardiology have taken the decision to harness their energy and talents to deliver a strong, homogeneous message. The aim is to strengthen this collaboration with the creation of EuroIntervention and this is the first statement of a common strategy to improve education and science in the field of interventional cardiology.”

Michal Tendera (president of the ESC in 2005), Jean Marco of EuroPCR and I were committed to this pioneering publication long before our American colleagues had created their own specialised journals, and we accomplished this with a level of integration between the ESC and EuroPCR that has not been matched outside Europe. Neither the AHA, ACC, SCAI nor TCT has matched this integration of our goals to this day.

So EuroIntervention was the critical and missing link in order to create the EAPCI, but its 10 years of success are not simply because of its harmonious relationship with EuroPCR and the ESC. It is also due in large part to the visionary leadership of its founding and still current Editor-in-Chief, Patrick W. Serruys. In Patrick we have had the honour of working with someone of international stature whose energy, initiatives and intelligence have long informed the quality of EuroIntervention, allowing it to remain vibrant and competitive, ensuring its creativity and longevity in the face of all who oppose and compete with it. From the beginning, the personality of Patrick W. Serruys has been a critical element, and I am not sure that this journal could have existed without his energy, pushing an agenda that guarded the independence and quality of research that EuroIntervention has today.

The long battles for indexing and for PubMed recognition might have been critical in the evolution of the journal, but what stands out for me after these 10 years of publication, as former chair of the Working Group and part of that nucleus that imagined the journal a decade ago, is that it truly became the dynamic and essential link between EuroPCR and the ESC – capturing the goals and quality of these two communities – creating the conditions necessary for the EAPCI, while crystallising the autonomy and scientific value a great publication must always maintain.

# 10 years of sharing

Jean Fajadet, MD, Past President, EAPCI

*Institut Pasteur, Toulouse, France*

Looking back at these first 10 years of EuroIntervention, we can be proud of what has come into being. EuroIntervention is an effective forum for exchange, open to all and capturing the very essence of sharing in the way it openly and freely promotes the exchange of knowledge and clinical experience, aiding us in our ability to educate ourselves and others. EuroIntervention has been at the cutting edge of technology and practice for interventional cardiologists and all those interested in interventional medicine since its inception, quickly becoming the reference for all practitioners no matter what stage they are at in their careers. This journal is a constant gift which has helped bring our community together.

In great part, this is due to the work of Patrick Serruys, as Editor-in-Chief, along with his able team led by Paul Cummins. For a decade, EuroIntervention has consistently brought articles of importance to the community, sharing with us the latest innovations and excellent updates, whether dealing with coronary or structural heart interventions or newer sections focusing on the endovascular or hypertensive systems and their treatment.

Sharing is an act we perform every day – with our friends and loved ones, with our peers and with our society. This ability to share and exchange is one of the central features of community – one of our goals and a goal of EuroIntervention as well. Sections offering content of the highest educational quality such as “How Should I Treat” or “Tools and Techniques” are evidence of this, as are editorials offering sometimes controversial, but always challenging opinions. There are also important columns such as this one for

the EAPCI, dedicated to our association and to sharing the experiences of the different working groups and national societies that are part of our growing community. However, perhaps one of the most important ways the journal exemplifies this idea of exchange, where it truly captures the very core of what it means to share current knowledge and practice, is the joint publication of critical Guidelines or the carefully developed Consensus documents.

The goal of EuroIntervention has always been to continually improve the knowledge of our fellow cardiologists and, thus, ultimately improve the care that patients receive. To do this, there can be no barriers between what we have learned, our experience, and what we offer others; it is not by accident that one of the key words behind the journal, the EAPCI and EuroPCR is “exchange”. Over the last 10 years, this journal has shown how people working together can accomplish so much more: we have discovered that, by coming together and sharing what we know, we can form the basis for a far more vibrant community. At the same time, we have become increasingly convinced of the power of the group.

A decade has passed, but the challenges remain the same. It is now for the next generation to maintain the ideals developed here, which are part of the core reasons for the success of this journal. Together, we must continue to share our knowledge and use EuroIntervention as what it was intended to be – an essential part of the foundation created to improve ourselves and, together, improve the quality of care for all our patients.

# EuroIntervention, unique in capturing the essence of our community

William Wijns, MD, PhD; first President of the EAPCI; Chairman, PCR

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Much has and will be said about the 10<sup>th</sup> anniversary of EuroIntervention, but what strikes me as essential, and which has played such an important role in the development and continued popularity of this journal, is its uniqueness – its ability to stand out from other journals and truly define itself as the publication of our specialty.

When we speak of a journal, we speak of its core roles. The way we think of a journal is about the way it approaches its science, the trials it publishes, the quality of its statistics, the profoundness of its “intellectual” work. However, interventional medicine is a little different: our job is a very special one because it is a complex blend of science – the traditional object and purpose of a scientific publication – but also of technology and practical skills. And on top of this, the veritable “icing on the cake”, is this exquisite sensitivity we have developed for innovation, something that is critical for our practice and has been a part of the DNA of our community from the very inception of interventional cardiology.

For a journal to incorporate all these aspects is truly unique, and to do so with both flair and impeccable ethics remains rare. The originality of EuroIntervention lies in the fact that it has managed to federate all of what is relevant for our practice – knowledge, skills and experience – into a single voice, which is that of this journal. Single,

in the sense of purpose, but multiple in its interests: a simple glance at the table of contents and you will see specific sections dealing with the vast range of topics that interest us: “How Should I Treat”, “Tools and Techniques”, the focus on national societies and, of course, clinical research. Each month for 10 years now, EuroIntervention has been providing us with the information we need.

EuroIntervention is an essential part of an overall dynamic dedicated to the exchange of knowledge that marks the EAPCI, EuroPCR and the PCR family. Here you find a strong imperative concerning the importance of promoting the diffusion of knowledge, critical in an era of evidenced-based and personalised medicine. With its commitment to different aspects of education, EuroIntervention is part of this programme, offering forums where information is both accessible, encouraging access and exchange, and impeccable, being peer reviewed and of the highest scientific standard.

To me, EuroIntervention is the first scientific publication that truly endorses and supports the entire scope of relevant and necessary content for our vibrant and constantly evolving community. The fact that it has accomplished this is a superb achievement for any publication, and a true reason to be proud of our journal and to celebrate its first 10 years.