

EuroPCR 2011: the ongoing challenge of initiatives and innovations

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Dear colleagues,

This very special “cru” of EuroPCR demonstrated several trends which, though perhaps not dramatic, will mark the beginning of developments in the way we exchange, communicate and manage information over the next few years. There was an over-arching emphasis on innovation at this year's course, which I believe is echoed not just in the new concepts that were presented here, but in the organisation of our professional and private lives, the way we practice medicine and also in the way we diffuse and further our knowledge. The “communications” revolution, so apparent in our smart phones, increasing use of the Internet and devices such as the iPad are now firmly established in interventional cardiology, and our journal, which took advantage of these technologies, saw a dramatic increase in submission numbers, in part due to our presence, we believe, on these mediums.

Opening EuroPCR on innovation, renal denervation

We begin remembering this year's EuroPCR by complementing its governing board on the prescience of its choice of innovative technologies over the last three to four years, and the incredible wave of fast adoption of that these innovations experienced. In 2007 it was bioabsorbable and absorbable stents, 2008 intravascular OCT, 2009 saw the true beginning of the TAVI explosion, 2010 was renal sympathetic denervation and in 2011, a technology for focusing on methods to assess the severity and prognosis of coronary artery disease enabling computed tomography (CT) technology to provide a non-invasive method to determine FFR.

The 2010 innovation award was the subject of this year's opening session demonstrating further durability of renal denervation treatment for hypertension. Characterised as an “an emerging therapy with potentially significant impact on such a common condition”, this provocative session, with live cases from Germany, was intro-

duced by William Wijns with a key address by Thomas F. Lüscher, discussing whether this will prove to be “a new treatment option in hypertension and beyond”.

EuroIntervention / European Heart Journal

This opening session was not my last chance to share the stage with Thomas Lüscher, for, as regular readers of this journal know, Thomas is the Editor-in-Chief of the European Heart Journal, and one of his initiatives has been the intelligent integration of the speciality journals with his own. As I said in my introduction to the joint session with the European Heart journal, we are perhaps the son or daughter of Euro Heart, whatever we are, we are an active part of the family, and it was a pleasure to host an exciting and extremely well attended session on the six best TAVI papers from both journals. This was made all the more interesting due to the presence of some true pioneers in the field such as Alain Cribier, and marked by an extremely frank exchange of comments concerning the chosen articles. One of these discussions, of which I have a vivid recollection, was the crystal clear analysis of Jean-Pierre Bassand as reviewer of “Prevalence and prognostic implications of baseline anaemia in patients undergoing TAVI” by N. van Mieghem.

Joint session with JACC Interventions on how to write a medical paper

The most amazing thing that confronted me and Spencer P. King III at the beginning of our joint session was the audience –no seats available well before we began and barely even standing room– with an amazing diversity in those attending, including a large number from the Middle and Far East. The first presentation by Nico Bruning was essentially based on his article in the last issue of EuroIntervention. G. Biondi-Zoccai laid out the “10 commandments” of writing a good paper, with A. Kastrati offering the audience “tips and tricks for statistics”. All this punctuated by an

animated discussion, with some of those present from the Middle and Far East describing why they found it difficult to publish in Western journals. One message that was repeated often, and which I concur, is that you should definitely concentrate on publishing in your own national journals, but if you believe you have a truly new message or a report deemed of incremental value for the world community, than definitely aim for the more recognised international press. Attendees often expressed fear about duplicating information as well.

Spencer King's remarks were filled with his fine Southern humour... further evidenced when turning to an Egyptian attendee, he embarked on an amusing interchange about this “revolutionary” people and how he was sure they should challenge the world with the “revolutionary” quality of their work as well. The session ended with our publisher, Frédéric Doncieux, leading us towards the future, speaking about the state of publishing today and finishing up with a brief overview of the future use of such devices as the iPads, while outside in the corridor people continued to try to get in... Concerning that future, let's see what it holds for these future joint sessions!

While it is true that EuroIntervention and JACC Interventions have great pleasure in collaborating on an academic and intellectual level, it is clear that the number of citations show that our American “big brother” is growing far faster than his European counterparts. It remains clear that the attractions of publication in the USA have not diminished. Over the years I have often commented on the need for European cardiologists to intelligently choose between whether they want to be published in a European or American journal. As a general consideration, a guideline if you will, if you are presenting some pioneering device or technology not yet available in the United States, it may be true that in this particular case it is more relevant to report on it in the European literature. Conversely, when a technology or device is implemented or initiated in the United States, then it would seem clear that it would be optimal in this case to send this kind of publication across the Atlantic.

At the same time as the influence of the American publications remain strong, we also see a clear trend in favour of Europe from the United States with growing numbers of interest in publication submitted to European journals such as EuroIntervention, which

indicates that a readership of around 15,000 specialists is attractive for American interventional cardiologists who want to disseminate and report on the results of their research.

Editorial Board meeting

EuroPCR, EAPCI and EuroIntervention are inseparable and this year's board meeting saw the presence of such senior members as Carlo Di Mario, president of the EAPCI, along with Manel Sabaté, Yves Louvard, Javier Escaned, as well as younger researchers representing many of the different countries that compose our readership. Again attendees were interested in finding out more about the announced iPad version, what we expect from the Impact Factor, and what the plans are for the future. There was a very constructive discussion about how we can improve things, especially our online system Resumé for submissions and downloading PDFs.

Attendees were quite surprised to see 1.7 million hits, and almost a half a million downloads, with the younger members that were present thinking it is better to go more in the direction of this type of assessment, the so called “usage metrics”, rather than the traditional Impact Factor. My concern here is the lack of boundaries or clearly defined limits between peer review publications and the forums open to everyone, sometimes on the same medical questions. For instance, if you were to submit a paper on how to treat the main stem, and you have a peer review, you can be certain that it will be more critically assessed than if you put a case quickly on one of the dedicated online sites and then open the case discussion to essentially everyone who wants to participate. In the case of these open forums, you are not sure what to expect: you might have a silent majority with good arguments, but who do not intervene, or it might be populated with individuals who are either self-promoting or very opinionated and who make a lot of noise without ever applying the rules and needs of evidence based medicine. As an educator, and a practitioner, this is my immediate concern.

Still, we must approach all such changes with both an open mind and a critical regard, and the essence, in this respect and our work here at journals such as EuroIntervention and at meeting such as EuroPCR, is to focus the dialogue on the quality of our interchange, the development of our knowledge, and its ultimate usefulness for us and our patients, and as always, we welcome your participation.