

Innovation in education: what's new in 2013?

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This is our first journal for 2013, and as we begin this New Year faced with an array of new and promising technological and clinical innovations we find ourselves thinking about the word “new”, and the challenge of how we can create the most value from the truly innovative possibilities before us.

In the real world of clinical research, the move from creativity, concept and innovation to clinical application is an arduous and highly structured one. The translation of our ideas and research into clinical practice, the idea of the “new” – and its eventual adoption – is more complex and requires “information”, “evidence-based results”, and the kind of “consensus” that can only come through an open and legitimate dialogue. The exchange of ideas and facts, of experience and practice, must take place under the most rigorous conditions, guaranteeing objectivity and truth. As an Association we must respond to innovation and creativity with an educational system that is equally creative and innovative!

Continuous and meaningful innovation in education, EuroPCR

Interventional medicine is rapidly changing, redefining itself constantly with every new tool and technique at our disposal. By nature we interventionalists have always been fiercely innovative, quick adopters and pioneers in clinical pathways to better patient care.

The EAPCI and EuroPCR answer the continuous challenge of innovation by the constant evolution of our educational formats. In this sense, EuroPCR is renewed each year, and 2013 will be no exception.

EuroPCR 2013 will have four major themes: “coronary interventions”, “interventions for structural heart disease”, “endovascular interventions” and “interventions for refractory hypertension and heart failure”.

For “coronary interventions” we will approach such major areas as dual antiplatelet therapies or the ongoing subject of bioresorbable vascular scaffolds (BVS). With BVS, we have a classic example of how important education and data work and advance together. Today we have a certain amount of data concerning bioresorbable vascular scaffolds, but it is not yet extensive – there are few patients; there is still no registry data available and the ongoing randomised trial comparing BVS to DES has not yet been completed. Still BVS is “on the market” for use in simple lesions and, while we have little or no data for complex lesions, some cardiologists are using it this way. It is our role as an association to stimulate the creation of all-comer registries, documenting what is happening in real practice and reporting not only the immediate procedural results but the long-term clinical outcomes as well. Furthermore, it is the role of EuroPCR to provide the forum to discuss openly this practice, responding effectively by organising education around – and responding to – the challenge of innovation.

“Interventions for structural heart disease”, TAVI, is now firmly established, but even in this area there are challenges for 2013. A new generation of percutaneous valves is coming out, the valve-in-valve treatment is becoming an alternative strategy for the treatment of degenerative valvular bioprosthesis, and once more it is for us to respond to the challenge innovation presents, something we will do at EuroPCR 2013, and again at the dedicated PCR London Valves later in the year.

Our “endovascular interventions” programme will not only be confronting new technologies, but the entire programme itself has been overhauled and renewed with equal participation by interventional radiologists, vascular surgeons as well as cardiologists...a true educational innovation in the PCR tradition. Concerning technologies: drug-eluting balloons, DES and again bioresorbable vascular scaffolds will be considered, among other

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topics as we come together to understand the state-of-the-art in our current and future practice. We are sure that this will be a more complete, efficient and encompassing programme than our old peripheral programmes, and will be of great interest to all participants.

“Interventions for refractory hypertension and heart failure” is the fourth major theme we will be treating at this new edition of EuroPCR. Advancement in the successful treatment of resistant hypertension, one of the most complex and challenging conditions we face today, can clearly benefit from the combined experience of different specialists brought together in a supportive and open environment. Current data are limited, but the potential is enormous, with an impressive convergence of preliminary results showing a positive effect to reduce hypertension. Still the question remains: how does this fit into the “real world” of current treatment of hypertension? It is here that we will try answering this question.

A new Course

Today, the complex and widespread challenges of resistant hypertension, along with the emergence of several CE-mark devices for its treatment, challenges us to seek a rapid and objective analysis of where we stand. This is the driving force behind the upcoming and newly created Resistant Hypertension Course, taking place in Berlin on February 15th and 16th. It is important to note that this Course is “new” in many more ways than one: it represents the first collaboration between the EAPCI, the European Society of Hypertension

(ESH), the ESC Working Group on “Hypertension and the Heart” and PCR. The Resistant Hypertension Course will approach this complex clinical problem in a patient-centred way, bringing together for the first time the different and highly experienced specialists in the field of hypertension and heart disease.

The coming months...

In this New Year it is good to remember that what was new five, ten or even 20 years ago is today commonplace. The innovations of yesterday are today our accepted tools, and it is our commitment to encouraging progress in the treatment of our patients that has led us to create these educational and communication systems – these Courses – to aid in the essential transition from idea to experiment to clinical practice.

In this first EuroIntervention of the year we see several first-in-human clinical papers whose innovations might lead to the treatments of tomorrow...new and creative visionaries, as well as courageous scientists and experienced clinicians are essential to our role as interventionalists. It is through our ability and openness to communicate, through our desire to share the knowledge we have gained from our practice and experience that we can advance, today and in the future. So as this year begins, let me take this opportunity to wish – us all – an excellent and productive year; a year in which, by working together and responding creatively to innovation and the challenges innovation presents to us, we can create an educational environment where we all evolve and make a difference.