

## PCR London Valves: a very special year

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PCR London Valves, which took place at the end of September, underlined, as never before, the active interest in such highly specialised courses focusing on specific areas within invasive cardiology. There is no greater proof of this than the popularity of the Course's fifth edition which saw the number of participants increase by over 20% from the previous year: 2,018 in all. More importantly, we were able to witness the excitement and interest in each of the different halls – filled to capacity – as the exchange of information and clinical knowledge took place, and we would like to bring to your attention several key points from this year's meeting including imaging, mitral valves and the Great Valve Debate.

### Imaging

The subject of imaging technologies is highly complex and increasingly critical for the practice of interventional cardiology. In interventional valve therapies it plays a constantly expanding role in our understanding of the underlying pathology as well as helping to pinpoint correct indications for the various procedures we perform. Moreover, it takes on a critical role in procedural planning, device selection, correct sizing of the device and evaluation of procedural success.

We are also faced with the fact that, traditionally, interventional cardiologists are habituated to angiographically guided interventions. However, the advent of transcatheter valve therapies requires the integration of all imaging modalities including advanced echocardiography, CT angiography, MR imaging as well as fusion imaging, necessitating a close interaction with cardiac imaging specialists. In addition, interventional cardiologists need to increasingly adapt to working in a three-dimensional space, particularly as it relates to mitral interventions, and can thus benefit from the experience already

gained by electrophysiologists during ablation procedures. Specific tools, such as the FluoroCT application developed by Nicolo Piazza and Pascal Theriault-Lauzier (MacApp Store for OS X 10.9 or later), as well as the iPad app, the PCR Clinical Atlas of Transcatheter Aortic Valve Therapies, which were presented at the Course and made available to the Valve Team.

Against this background, and with imaging technologies in constant and rapid evolution, the need for dedicated sessions exploring and explaining current trends became obvious. It is for all these reasons that we chose to create this year "THE Imaging Sunday" sessions, which took place even before the course had actually begun. Well received, animated by imaging experts from throughout the world who join us in the cathlab and engage in the procedures, THE Imaging Sunday sessions focused on all the aspects involved in the use of these emerging imaging technologies, as well as underlining the role of imaging specialists within the Valve Team.

### Mitral valves

With several promising mitral valve interventional technologies breaking new ground earlier this year, the keynote lecture at PCR London Valves was given on the state of the art in mitral valve replacement and repair. Though Francesco Maisano, in his keynote address, described the current evolution in techniques as "faster" than he had expected, there is still much yet to be understood and mastered. The mitral valve is "not really a stationary valve in the sense of the aortic valve apparatus, but more an extension of the left ventricular structure itself". As such, it is an important contributor to the optimal flow of blood in and out of the ventricle, minimising energy loss. The mitral valve is a far

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more complex anatomical structure than the aortic valve, posing important challenges for prosthetic valve fixation. This requires that we find effective answers to these specific structural challenges before we can have effective and widespread interventional treatment, similar to TAVI. With still conflicting data at these early stages, this keynote address noted that the jury is still out on whether mitral valve repair or replacement are the best treatment options, observing that both techniques are likely to be complementary depending on the clinical indications and valve anatomy, as we have learned from surgical experience.

### The Great Debate

The Great Valve Debate, which took place for the first time this year at PCR London Valves, can trace its roots to similar discussions held annually during EuroPCR. Facilitated by Neil Moat and Martyn Thomas, the topic was chosen by the interventional community in an online poll taken earlier this year and was on “Does the improvement of TAVI outcomes justify treatment of lower risk patients?”. Before a standing room only audience, the evolution, current wide acceptance and clinical use of TAVI were debated. The expert panel, including Nicolo Piazza, Bernard Prendergast, Alec Vahanian and Olaf Wendler – surgeons and interventional cardiologists – debated the current state of knowledge and then turned their attention towards future indications and their implications, as well as touching on the cost-effectiveness of procedural

options in TAVI. Through the React@PCR tool, Course participants were able to steer the Debate as well as asking their most pertinent questions to the panellists.

### PCR London Valves 2015 in Berlin

Before looking towards the future of this course, we would like to speak about the tremendous contribution of Martyn Thomas, its founding Course Director. His vision and boundless energy have placed PCR London Valves where it is today as the leading course in transcatheter valve therapies. He has left behind giant footprints for his successors to follow in. His work in the creation of this course is widely known, and his continued commitment to TAVI and the treatment of structural heart disease has been an essential element in the success of PCR London Valves. This year he will be leaving the Course as Director, following a new direction in his career, and we would like to thank him and wish him well in his future role.

Next year, PCR London Valves will take place in Berlin from September 13 to 15, 2015. Moving to Berlin also offers us the added opportunity of acknowledging the contribution of the German interventional community to structural intervention, as well as interventional medicine in general. Once again, this course, an official meeting of the EAPCI, will keep us abreast of the wide-ranging changes in the treatment of structural heart disease, and we will continue to ensure the highest level of clinical information in order to have a direct impact on your day-to-day practice.