

Presidential Criss-Cross The transfer of office between EAPCI presidents

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On Monday, the 31st of August 2009, in a meeting (from 15:30 until 16:30) to be held during the European Society of Cardiology's (ESC) annual congress in Barcelona, the presidency of the European Association for Percutaneous Cardiovascular Interventions (EAPCI) will be handed over for the next two years to our newly elected Board under the leadership of Carlo Di Mario. It is thus, perhaps, the right moment for the future immediate past-president to reflect upon his term and for the future immediate past president-elect to share his plans with our members and readers.

EAPCI: vision and achievements of the last three years

An overview of what EAPCI has achieved during its first three years of existence has been written about already in an earlier editorial¹. Instead of claiming any merit, we would rather prefer to acknowledge that nothing would have happened without the vision of EuroPCR and ESC leadership, without the enthusiastic contributions of the many volunteers from the profession who are willing to donate their most precious gift, TIME, nor without the dedication and expertise of the staff at Heart House and Europa Organisation. We can proudly state that the leadership of both EAPCI and EuroPCR is constantly being broadened and rejuvenated, welcoming young colleagues from throughout greater Europe. The assets of EAPCI are well known: a great annual EuroPCR congress, a growing top quality EuroIntervention journal, two booming website portals... and yet all of these existed already.

What was the added value of joining forces, merging assets and linking our futures under the umbrella of the ESC and its Associations? In our mind, the added value stems from, at the very least, the following two aspects: First, within the interventional community, this coalition has initiated a new momentum, focusing and amplifying energy, fantasy, talent and enthusiasm for the sake

of reaching common objectives. Second, the interventional community no longer appears fragmented, opening up to mainstream cardiology, to other disciplines, to cardiac surgery in the first place – and perhaps to the public – in the future. The tendency of interventionalists to isolate themselves from the rest of the world, to live happily in a protected environment, to go on and on with the performance of self-referred procedures... no matter how fascinating and innovative these may be, this superb and arrogant isolationism was slowly but surely leading the field into a dead-end². We think that the added value of EAPCI has been to confer structure, visibility, coherence to our community, leading EAPCI to become a representative body that can communicate, engage and dialogue with all partners and stakeholders³.

A proper structure is now in place, the processes are streamlined, the constituencies are engaged through the involvement of national interventional working groups and societies, we have a mission that reads loud and clear:

"To reduce the burden of cardiovascular disease in Europe through percutaneous cardiovascular interventions."

Past new initiatives

New initiatives initiated during the last three years will be carried forward by the new Board.

The Stent for Life project was launched during EuroPCR 2009, the Call for Action will be officially endorsed during the ESC Congress and the project will then enter a critical phase of implementation⁴. The same holds true for SHARE, Sustain Health development in Africa through Responsible Education. This initiative is starting to deliver, contributing modest, but critical, building blocks to far reaching, locally-owned and locally-driven initiatives⁵.

At this stage, it is very appropriate for the soon-to-be EAPCI past-President to thank warmly his Board; it was an honour and a personal enrichment to have the privilege to work with all of you:

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EXECUTIVE EAPCI BOARD 2006-2009

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With the challenges ahead of all of us, it is obvious that the future will depend on the capacity of our community to focus on the essentials.

Of course, our main assets will be further nurtured. Stimulated by the difficult socio-economic environment, the Board and Programme Committee members of EuroPCR 2010 have begun preparing an ever innovative annual congress, capitalising on the return to Paris and the facilities of the Palais des Congrès, on May 25-28, 2010.

EAPCI is also looking forward to fresh initiatives and strategic changes to be spearheaded by our new leadership, in order to adapt to this changing environment.

New challenges

What does the near future hold? Economic downturn means greater scrutiny of all public expenditures, with strict approval criteria for treatment generated by the net balance between efficacy and safety from an individual perspective posed against a favourable cost-effective matrix from the societal perspective.

At this stage, it is worth sharing with our members and readers a number of the important decisions that were recently taken by the ESC Board that will impact on the activities of ESC Associations, including ours. The objectives of the new EAPCI Board will develop along three main areas of interest: clinical research, registries and accreditation.

Clinical trials

Interventional cardiology has produced massive amounts of data through large, well conducted randomised studies. In part, because the device and pharmaceutical industry has been the main and often sole sponsor for such trials, they have focused primarily on the evaluation of the technical performance of new devices or therapies, with less emphasis on comparisons with existing treatment. Non-clinical endpoints have often been used as surrogates for true clinically relevant adverse events. Facing reduced industry investment for research in Europe, we can no longer afford redundant efforts, underpowered designs, poorly funded studies due to duplicate initiatives, poor quality or biased analyses and inappropriate endpoint selection, thus providing conclusions unable to modify current guidelines and practice.

EAPCI and EuroPCR have implemented full disclosure of conflict of interests for all investigators submitting their results as abstracts or manuscripts, for abstract graders and manuscript reviewers, as well as for all speakers at our annual meeting. We are also actively involved in applying the conclusions of recent research trials to update the new joint ESC and EACTS Revascularisation Guidelines, due to be presented in September 2010. Still, we feel that we must go one step further, identifying critical questions regarding the progress and more widespread appraisal of interventional procedures. Proposals include the creation of a 'Think Tank' in the form of a dedicated EAPCI committee, in close cooperation with the brightest researchers Europe can offer. Its aim will be to ensure scientifically sound and clinically relevant choices for trial design, helping to secure funds from the European Community as well as individual governments, charities and industry partners. The potential of Europe for patient enrolment and acquisition of high quality data is curtailed by the increasing complexity of rules and regulations, differences from country to country, excessive overheads and failure to expand the pool of investigator sites to emerging areas. The potential of Europe for patient enrolment and acquisition of high quality data is curtailed by the increasing complexity of rules and regulations, differences from country to country, excessive overheads and failure to expand the pool of investigator sites to emerging areas. Here again, stay tuned, and you will hear more about this initiative from the 2009-2011 EAPCI Board.

Registries

First, major changes are envisioned based on recent decisions of the ESC Board. The current structure of the Euro Heart Survey program, which presently includes a PCI Permanent Registry, will be substituted by a different structure whereby three ESC surveys will be conducted on a yearly basis, aimed at collecting representative data across Europe, with the support of national societies, working groups and associations. Proposed topics for 2010 are currently being evaluated by the ESC Board and the Euro Heart Survey Committee. EAPCI will strongly support the creation of a survey on Transcatheter Aortic Valve Implantations (TAVI) and proposes to take the lead in this effort, in collaboration with our surgical colleagues from the ESC Working Group in Cardiac Surgery and the European Association for Cardiothoracic Surgery (EACTS). Another important initiative to understand current utilisation as well as the results of resources for the treatment of acute coronary syndromes is being conducted by the Working Group on Acute Cardiac care, led by Nicholas Danchin, in cooperation with our Association. All our members will be invited to actively contribute to a snapshot survey on acute coronary syndromes that will take place during one week, starting on December 7, 2009. The objective is to acquire data on all patients admitted with acute coronary syndromes across Europe, collecting data from emergency wards, coronary care units, general hospitalisation wards and of course, diagnostic and interventional catheterisation laboratories. You will hear more about this effort soon, and again, we would like to strongly encourage you to participate.

Accreditation

Another important decision that was taken last January by the ESC Board pertains to the subject of accreditation and revalidation for general cardiology. ESC decided not to actively pursue a program of European accreditation and revalidation, fearing that this would inevitably create conflicts with National Healthcare Authorities and universities. The situation may be different for subspecialty training, since no nationally binding diplomas or certificates are available^{6,7}. EAPCI has already contributed significantly to the preparation of an accreditation process for trainees in interventional cardiology by developing a specific curriculum and syllabus⁸. Thanks to the stimulus provided by EAPCI, didactic fellows courses are now organised on a yearly basis, and a wide spectrum of educational events is offered to Fellows-in-Training during the EuroPCR congress and on our web-sites. In this way, EAPCI and EuroPCR aim to provide ample opportunities for acquiring the knowledge, skills and professionalism that are required from a properly trained European interventional cardiologist.

Final remarks

It is appropriate for the incoming EAPCI President to welcome the team who will help him to face these challenges. We have decided to increase the involvement of national interventional working groups and societies. They have been formally requested to provide names and proposals for the future Committees which form the backbone of our Association. The committee structures will be announced during the EAPCI General Assembly on August 31, 2009 (from 15:30 till 16:30). Make sure to mark your calendar and to join the family. We are looking forward to meeting all of you once again at the ESC Annual Congress 2009 in Barcelona.

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* non-voting, ex officio members

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