

The future: EuroPCR and the European Association of Percutaneous Cardiovascular Interventions (EAPCI)

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In the past issues of EuroIntervention we have spoken about the history of the EuroPCR Course and the subsequent creation of EuroIntervention itself. The Course itself grew out of the rapid development of interventional medicine in the mid-eighties to achieve its present size and stature, while the increasing need for an appropriate outlet for the research and work we were involved in naturally led us to the creation of this journal two years ago. It is well known that over these last years an active collaboration has been undertaken by the Course, this journal and the European Society of Cardiology's Working Group 10 – the fruit of which can be seen by the endorsement of this journal by the Working Group along with their column which regularly appears in these pages. And this evolution continues. You have certainly heard by now that the EuroPCR will be leaving France, for the first time since its creation, and will be organised next year in Barcelona. But perhaps you are not fully aware that this change of location, as well as the above mentioned endorsement of the journal by a division of the European Society of Cardiology, is indicative of a whole series of transformations that will be taking place within the structure of interventional cardiology in Europe.

This intensive cross fertilisation has led to an announcement in the May 2006 EuroPCR in Paris, that deserves attention. It is quite simply the birth of a whole new dynamic in interventional medicine, the creation of the European Association of Percutaneous Cardiovascular Interventions, the EAPCI. How this development will effect us, how deeply it can and will become part of the increasing viability and vitality of our speciality depends, as Michael Tendera – the current president of the European Society of Cardiology (ESC) says later in this editorial – on what we as individuals and groups can give to this new association.

The EuroPCR may be moving to Barcelona next year, but the real and profound changes that are occurring is the institutionalisation of the relationships between the historic partners involved in this event. We have great hope that the solidification of these ties within the auspices of an officially recognised European association will create the means to further advance all our work.

Antoine Lafont, the current chairman of the European Society of Cardiology's Working Group on Interventional Cardiology reminds us (in a recent article on the ESC's website) that "Interventional Cardiology was born in 1977 in Europe, when... Andreas Gruentzig, completed the first coronary angioplasty". He goes on to say that "during the last thirty years, many technical improvements, such as stents were made – always spearheaded by Europeans – making coronary angioplasty the most frequent "operation" performed in Europe, with more than 600,000 procedures in 2005."

It was within the context of European innovation that the EuroPCR developed. Antoine Lafont emphasises that "Europe... has the largest training course" specifically "dedicated to interventional cardiology, historically created by Jean Marco...open to contributors from all major European centres, attended by more than 11,000 cardiologists from all over the world." And yet while this course, renowned for the excellence of its pedagogy and methodology gained in esteem, it remained different from courses existing in other regions or countries. Similar venues in the United States or South America and South-east Asia are organised with associations acting as umbrella groups, while here in Europe "there was no official organisation working on an homogeneous training process for interventionalists in all European countries, ensuring proper collection and independent auditing of PCI results for quality control purposes, while promoting research."

Today, however, through the combined efforts of the European Society of Cardiology, the EuroPCR and EuroIntervention, as well as the commitment by the leadership of each of these groups, an association is coming into existence that will have the long-term responsibilities and challenges that, until now, have been met country by country, and not European wide.

These past few years have been ones of "dynamic growth" in cardiology. This growth resulted in the development of different subspecialties, among them: Interventional Cardiology, Electrophysiology, Imaging, Epidemiology and Prevention and Heart Failure. From his perspective as President of the European Society of Cardiology this past year, Michael Tendera gave us a look at the history of these recent changes.

“As they developed,” he explained in his opening remarks during EuroPCR, “these subspecialties tended to have their own representation, their own interests. In the United States many of the subspecialties began by forming their own associations right off the bat. A good example of one such development is that of NASPE, which became the Heart Rhythm Society. We in Europe, however, decided to take a slightly different approach and allowed the development of these different subspecialties, but within the framework of the European Society of Cardiology.”

After their creation, some of these subspecialties groups that were “operating within the ESC” began to be seen as independent entities, even while they remained part of the parent organisation, participating in the overall approach that has characterised the European Society of Cardiology since its inception. These associations that now have their own independent boards, their own statutes and finances, include:

- The Heart Failure Association
- The European Association of Echocardiography
- The European Heart Rhythm Association
- The European Association for Cardiovascular Prevention and Rehabilitation

However interventional Cardiology has marched to a different beat, and experienced a slightly different development. Rather than growing within the sole framework of a national society or the ESC, it has had what Michael Tendera calls a “dual development”; first, as a working group within the ESC, the WG10, and also, and with equal force, as “an extremely successful course”, the EuroPCR.

Dr. Tendera, “In fact, today EuroPCR is the largest course in interventional cardiology in Europe, and I agree with Professor Marco when he says that it is one of the most important and most credible courses in interventional cardiology worldwide. It is supported by very good, web based teaching programmes, it has a very high credibility and it does involve top European experts, many of whom are also leaders of the ESC.”

So it comes as no real surprise that the ESC has developed very close links with the EuroPCR over the years, these include:

- Educational activities, such as joint sessions held during the EuroPCR course itself as well as the ESC annual meeting
- Accreditation and Subspecialty certification
- The EuroHeart Survey Programmes
- Training Grants
- Working Group 10
- The EuroIntervention Journal, endorsed by the ESC WG10 as its official journal

One example of the crucial and ground-breaking nature of these joint educational activities is the recent joint session organised during the EuroPCR, by the WG 25 of cardiovascular surgeons and the course. Entitled “*Surgeons meet the cardiologists*”, it was described by Jean Marco as a “session which opened a path for both the surgeon and the cardiologist to share a vision of the future.”

This vision of the future, based on a thorough understanding of the past and present, has long played an active role in the standards of the different partners in the new association. For instance, understanding how the specialty works today is very much at the core of the EuroHeart Survey on PCI enrolment. An announcement during the May EuroPCR meeting showed that it was “far outrunning its target”

with almost 15,000 enrolled and about 150 centres active. Michael Tendera called this excellent participation an example of “the Europe of the future...” while Jean Marco, in his own opening remarks added that, “One of the objectives of the Course has been to actively contribute to the creation and implementation of a plan for a solid and concrete European project. A project that will provide us all with answers to our many questions, in our practice, in general, and in percutaneous cardiovascular intervention, in particular.”

Jean Marco went on to say that “it has been shown that in the next five years, by 2011, about one million patients will be treated by PCI in Europe. There is a place, and there is a need, that is more and more omnipresent. Continuous evaluation of our practice is crucial – which is the very goal of the EuroHeart Survey – and constant attention to improving the quality of our communication between patients, between all those working today in healthcare, and within and between the different countries involved is essential.”

EuroPCR has long been at the heart of this dialogue. The EuroIntervention Journal was created to further the influence of our information, our debates, our practical and experimental knowledge. As interventional cardiology matures, as our influence increase, so must our transparency, our ability to provide information to other specialists, the public sector and patients as well. The creation of the EAPCI is uniquely positioned to do this, and based on the experience of all the participating groups, it has the maturity, knowledge and credibility to proceed effectively.

One example of how the association can aid in the further development of our speciality was brought up by Jean Marco when he discussed at length the idea that “for the near future virtual reality should be considered, not as a toy, but as a good educative tool.” It is clear, that to be an effective pedagogic tool, it is essential that we be able to, “first define objectives and quantitative evaluations.” It is clearly the role of the EuroPCR, and of this journal – in short, of the new association – to act as a kind of “clearing house” for this type of information, while it is being tested, and after when the results are evaluated, interpreted.

Similarly, Jean Marco has said that it “...is impossible for practitioners to retrieve, review and understand all the data reported. It is one of our objectives at EuroPCR to synthesize trials.” An example of working towards this objective, which far outlasts the few days of the Course, and becomes a tool that enters perfectly into the work of the EAPCI, is the Trials Book which is distributed during the course, and is edited in Rotterdam. We thank Jean Marco for calling it a “remarkable work”, but it too is just another example of the close collaboration between all the different elements that are being federated into this new association.

The emphasis in our mutual endeavour has always been one of ethics and trust, openness and commitment. It is good to remember what Jean Marco said in his opening remarks because they are echoed by this journal and by the nascent association itself:

“Interpretation and presentation of statistics...is, and has always been, a difficult task. It is something that requires what we call an *ethics of statistics presentation*. The misinterpretation of statistics, the possible distortion of the interpretation or non-scientific comparisons of trial data, influence our understanding of results in a biased manner and impact on the long-term credibility of all our work.”

“Clinical trials address average patients and combined clinical outcomes. The concept of evidence based on large clinical trials leads us to *the concept of collective ethics*, which can be summarised by the question, What is best for a group of patients, or a society? We, who are responsible for each individual patient, are confronted daily with the concept of individual ethics... an ethical approach that may put us in conflict with trial results. We must take into consideration possible catastrophic adverse events for each individual patient. All in all, these ethics are part of, and derived from, the concept of the *precautionary attitude* and should be completely integrated into our daily practice.” The organisations that represent and support our work must also address these questions. The need to work together, both for the advancement of the science and practice of medicine, as well as the goals of society and public health are at the very foundation of our association, and these goals are strikingly similar for this journal, for the EuroPCR and for the European Society of Cardiology and its Working Groups. They include:

- A common European educational programme
- Research tailored to European needs
- A “long term credibility” based on quality of our work, transparency in our methods and innovation in the way we communicate and educate.

To quote again Michael Tendera, all of this “...shows our potential for acting together.”

He went on to say that: “In 2005, when speaking at the EuroPCR, I said that we were in serious discussions as to our common strategy. I underlined the fact that there was a strong political will to act together, and strong mutual support. We were extremely successful,

and it is with great pride that I can announce that we have all joined our forces to form the EAPCI. I believe that the creation of this association is an historical moment. Why? Because, this joint venture of the European Society of Cardiology, the working group on Interventional Cardiology of the ESC, the EuroPCR and Europa Organisation will create a common platform for interventional cardiology in Europe.”

The European Association of Percutaneous Cardiovascular Interventions will be an independent registered branch of the ESC. As such it fulfils all the necessary prerequisites to being a full-fledged association. What are these?

- EuroPCR will be its sole official meeting
- Working Group 10 members will have automatic membership
- There will be no additional membership fees for joining the association.

And of course, what is most important for us here at EuroIntervention – and for which we take great pride – EuroIntervention will be the official journal of the new EAPCI.

Michael Tendera concludes:

“This is has been the effort of people whose goal is to tear down divisions and bridge gaps and I think that it has been the success of many...with special thanks to the board, the leadership of the ESC and EuroPCR, their boards and the nucleus of the WG10.”

“I think this is the first opportunity for all of us interventional cardiologists in Europe to work together. I would like only to emphasize that the success of this association will depend on the enthusiasm and hard work of all its components, including the members.”

Let's begin then, together!