

## The history of EuroPCR... and why a new journal?

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In 1983, Professor Jean Marco organised the first course on angioplasty with live case transmissions broadcasted from Toulouse. A few years later in April 1989, the inaugural edition of the annual course entitled "Complex coronary angioplasty and new techniques in interventional cardiology" was held in Toulouse under the responsibility of four courses directors: Jean Marco, Jean Fajadet, Goeffroy Hartzler and Cassidy Pinkerton.

The demonstrations were broadcasted from Clinique Pasteur. The objective of this course was to promote education, in the fields of percutaneous coronary interventions with a critical insight, and to implement clinical new technologies, while paying attention to the needs but also the safety of the patient.

In 1990 a fruitful collaboration with Marc Doncieux, executive chief of Europa Organisation, was initiated which gave the course a new drive by introducing a large commercial forum to facilitate the educational aspects of the course.

However in May 1996, with the number of participants exceeding 3000, the existing organisation could no longer cope with the limited hotel accommodation in Toulouse, and the decision was taken to move to Paris and at the same time, the organising committee created a parallel peripheral programme for the course.

From May 1997 to May 1999, the course was named Endovascular Therapy Course, with a joint coronary and peripheral programme, and took place in a large congress tent in the Espace Branly, in the vicinity of the Eiffel tower.

In May 2000, the course, was renamed, Paris Course on Revascularization (PCR), held in Palais des Congrès, and attracted 6700 participants. During the opening ceremony, it was officially announced that the Rotterdam Course (EuroCVS), presided by P.W. Serruys and PCR would fuse with each other leading to the birth of what we now know as EuroPCR with the following credo: education, ethic and critical spirit, long term credibility.

Over the last four years the number of participants, originating from 89 different countries, increased gradually from 7214 to 9512.

The success of EuroPCR is the result of a continuous collaboration between the course directors who share a common objective, which is to enrich and to share knowledge and experiences, while aiming for LONG TERM CREDIBILITY which necessitates the expression of truth to gain trust.

Indeed, physicians and educators are ultimately judged on their long term credibility. Our international course, which attracts col-

leagues from all around the world, is an exceptional forum with a major educational impact.

What makes the whole exercise precarious, is the intense interaction with the so called "industry" which on the one hand, is the financial supporter of this huge forum and on the other hand is the indirect financial beneficiary - if what is advocated and advertised publicly is favourable to their business.

We are conscious of this "underlying" relationship. Nothing is wrong in this collaboration as long as the information voiced in that forum is credible and true and if the opinionated facts publicly presented pass the test of time.

The live demonstrations in the context of the course has a tremendous impact on the audience but is only a fleeting moment in time. The images portrayed on the screens, the words employed by the opinion leaders, the body language and the skill of the operator are by nature volatile and ephemeral. To some extent they all belong to the oral tradition and this mode of communication could be considered to be almost "tribal". This fleeting moment has to be passed on from generation to generation or it will disappear forever.

The written word has a more everlasting character but needs some extra gestational thought and criticism and may embody more effectively the words long term credibility.

We all felt on the board of the EuroPCR, that we had to move on from the oral to the written word and we needed a good vehicle to reach an even wider audience than solely the participants of the EuroPCR course. Although, we are not underestimating the readership of the American and non- American specialised journals in intervention, we wanted to create a journal which actually mirrored the attendance of the EuroPCR.

Creating a journal linked to the EuroPCR attendance immediately generates a large audience (10,000 subscribers)... you can be assured, as an author that your written experience is shared. It could be considered to be a form of European chauvinism that EuroPCR indulges itself with the naming of the journal, but we believe that there is a European style and content which deserves a specific journal in 2005.

However without any doubt, the journal will be placed at the junction of the European, North American, South American, Asian Pacific and African practises.

At the present stage a "continental journal" of intervention doesn't exist, which attracts and streamline papers, otherwise published in other

general journals of cardiology or even worse dispersed to oblivion. It is on purpose that we called the journal EuroIntervention thereby implying that any form of percutaneous and surgical treatment maybe reported in the journal. The editorial board is composed of cardiovascular surgeons, interventional radiologists and interventional adult / paediatric cardiologists without forgetting the expertise of the invasive and non invasive “imagers”. It will be a challenge to keep all the experts satisfied but we will be dependant on the supply of papers from each of the named fields of expertise.

In creating this journal, we wanted to be sure that we would not alienate ourselves from the European Society of Cardiology and its working group in Interventional cardiology (WG 10). Great care was taken to liaise with Michael Tendera, President of the Society and his board as well with the working group 10. Whilst not being, as yet, a true member of the family of European Society journals, we received on January 3rd this year, a personal and informal endorsement from Michael Tendera.

**“I am happy to inform you that the Board of the European Society of Cardiology fully supported the initiative to launch the EuroIntervention journal.”**

This endorsement represented for us, the expected green light from the society and has given us the final impetus towards the creation and development of the journal. The Working Group in Interventional Cardiology of the European Society of Cardiology will undoubtedly be one of the driving forces behind the journal.

Today it would be premature to reveal all the original and creative ideas which have been discussed within the editorial board office, but some of them have been and others will be implemented very soon. For instance, excerpts of the reviewer’s comments made public in the journal, publication of data as officially forwarded to the FDA, extensive animations on the website, the description of new devices as they appear from the blueprints, to bench testing, animal models and to the patient...

EuroPCR has a formidable, technical website plateau to offer to the journal and it’s email network of faculty members (900) and also current and former PCR attendees (in excess of 15,000) over the last few years is a unique source of research, expertise and is also a cast iron guarantee for a broad readership.

We are ultimately convinced that this endeavour will be a success story in the history of EuroPCR.