

Welcome to PCR London Valves 2012

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Welcome to this dedicated EuroIntervention Supplement which accompanies PCR London Valves 2012. It has been an exciting year for London because of the Olympic Games, and in this third year of PCR London Valves we have moved to a new venue, The Queen Elizabeth Conference Centre, just opposite Westminster Abbey near the Houses of Parliament and "Big Ben". This was a very positive move prompted by the need for more capacity due to the growing number of participants participating in the course.

PCR London Valves has now become an official meeting of EAPCI and the PCR family, which anchors the meeting within the well established European culture of invasive cardiology with a major focus on education. Contributions to the course, and to this journal as well, have come from all over the world, and we believe the course is now the global leader in interventional therapies for valvular heart disease.

We are confident that this EuroIntervention Supplement reflects this position and provides a collage of the meeting. In order to introduce complex technologies into daily practice it is essential that high quality and consistent data is collected as any new procedure is introduced into clinical practice. There is no doubt that the interventional community has "stepped up to the plate" in terms of robust data collection over the last three to four years. Pivotal in this process has been the establishment of the VARC clinical endpoint initiative which is now universally used in the development and reporting of valvular heart disease trials. Other examples are the recent publication of the collective TAVI experience in France in the New England Journal of Medicine as well as the launch of the TCVT initiative of the ESC under the leadership of Carlo Di Mario. These initiatives are reflected in the important accompanying editorials by Jean Fajadet and Patrick Serruys.

This year will be the 10th anniversary of the first transcatheter aortic valve implantation (TAVI) performed by Alain Cribier in 2002. We are delighted that Alain has contributed a manuscript to this Supplement to commemorate this milestone. We do also recognise

that the first ever transcatheter valve intervention was done by Phillip Bonhoeffer in the year 2000 with an intervention to the pulmonary valve.

The spirit of PCR London Valves 2012 will be a practical interactive meeting of "Heart Teams" who are dedicated to sharing experiences which will lead to ever improved outcomes for patients with valvular heart disease. A large section of the meeting will be dedicated to live case and taped demonstrations. There will, however, be a number of important didactic sessions within which the most important topics of transcatheter valvular interventions will be discussed. A representation of these sessions in manuscript form is contained in this Supplement. We are extremely grateful to the authors who have helped to put together this Supplement, which reflects "state of the art" thinking in valvular heart intervention.

The important topics covered in this Supplement include TAVI and residual aortic regurgitation, TAVI complicated by stroke, the incidence and treatment of paravalvular leaks, transcatheter mitral interventions, new transcatheter valvular technologies and emerging innovations.

In addition, abstract submissions were a feature of this year's meeting for the first time. We are delighted to publish the accepted abstracts in this Supplement. The top scoring abstract for the meeting was entitled "Transcatheter mitral valve-in-valve/valve in ring implantations for degenerative post-surgical valves: results from the global valve-in-valve registry" by Dvir and colleagues and this abstract is featured on page Q119 of the Supplement.

We hope you enjoy reading this Supplement. For those of you lucky enough to be in London in October, welcome, and enjoy one of the greatest cities in the world and the largest, most practical and interactive transcatheter valve meeting. Please feel free to share your experience both during the meeting, after reading the Supplement and in the future, to ensure we can all deliver optimal care to our patients.