

EAPCI Presidential “criss-cross”

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Continuity and maturity

Michael Haude

It has become an EAPCI tradition to mark the passing of power from one President to another by an article we call the “Presidential criss-cross”. With this issue of EuroIntervention, it is my turn to take the lead and, before anything else, I want to express my deepest thanks to Stephan Windecker, who is leaving the presidency, for all the work he has accomplished these last two years and to Jean Fajadet as Past-President whose term and continued commitment have been invaluable. We would not be able to proceed effectively today if it were not for the work of Stephan and Jean and all the other Past-Presidents and members of the Executive Board of the EAPCI who have made our association the vibrant – and above all – valid professional organisation it is today. I can only thank them and assure all of you that I intend to follow in the path that we have all developed together.

My goals over the next two years are multiple. First, the EAPCI has been steadily increasing its scientific visibility, something I am committed to continuing. We do this through our interactive surveys and questionnaires, through our critical joint publications of guidelines and registries, and through the ongoing creation of a “White Book” for EAPCI members and for EAPCI countries. EuroIntervention, of course, is an essential element in all of this, as a key and respected player for communication and the exchange of information and knowledge both within our community and internationally. We only need to look at this current edition of the journal to see the vitality of this interaction. There is the publication of the LAA definitions paper, a consensus document of the EAPCI along with the EHRA, ECAS, AFNET and IHF Foundation (Tzikas et al). There are two EAPCI Surveys, one on “Motivations for and barriers to choosing an interventional cardiology career path: results from the EAPCI Women Committee worldwide survey” (Capranzano et al) and a second on “Appraising the safety and efficacy profile of left atrial appendage closure in 2016 and the future clinical perspectives: results of the EAPCI LAAC survey” (Santucci et al). There is an ESC-sponsored study, the 2011-2012 Pilot European Society of Cardiology Sentinel Registry of Transcatheter Aortic Valve Implantation: 12-month clinical outcomes (Gilard et al). Finally, there is our regular EAPCI Focus column, following one of the EAPCI fellowship grant winners’ experience.

Second, even before I became President-Elect, the Valve for Life Initiative was emerging as one of the most important projects of the EAPCI. Like Stent for Life before it, this project is of great benefit to patients and physicians alike and will be further expanded during my presidency, touching not only on aortic and mitral valve replacement, but on tricuspid as well. Today there appears to be a gap between reality and evidence-based medicine in the use of catheter-based treatment of valvular heart diseases, and, while countries like Germany have made tremendous efforts in bridging this gap, the wider European community needs to take advantage of the clinical experience and expertise available to adopt this technology in order to offer the highest and most acceptable levels of care for the individual and society. It is with this goal in mind that Valve for Life has begun its first two pilot programmes, in Poland where official reimbursement for an additional 200 valve cases has already been secured, and in France where the initial concentration will be focusing more on the mitral valve. We are just at the beginning of an essential project that will easily occupy us over the next decade.

Third, it is essential that today we establish clear educational standards to raise the levels of education throughout the EAPCI membership. We are doing this, and will continue, through the great variety of educational platforms and supports that we have developed over the years including the now well-established annual European Fellowship course. We will also move towards the establishment of a European Society of Cardiology level of fellowship, to be a recognised mark of achievement and competence, something we will begin to see increasingly among the speciality organisations under the umbrella of the ESC.

My fourth point concerns the ESC, of which we are an increasingly active member association. During my term of office we will see the creation of a new EAPCI constitution more in keeping with current ESC rules. In addition, we shall see changes in membership and membership levels that will open the potential for membership fees to reflect the different levels and benefits. This is a topic that we will begin discussing this summer, and certainly during the annual meeting of the EAPCI during EuroPCR 2016.

Fifth, the EAPCI has always had an active and transparent interaction with industry, today represented by Eucomed. We need to continue to address the issues of funding for our educational meetings and courses, an issue that Eucomed has recently brought to the fore and which has been commented on by others, notably in previous editions of EuroIntervention.

I would like to mention the work of the different committees of the EAPCI, which is an aspect of the association in constant evolution and which is essential to our success and the way we function. As my predecessors have done in the past, I will be calling on their expertise, further supporting such outstanding efforts as those, for example, made by the “New Initiatives For Young Interventionalists” who have often taken a leading role, and the rapidly emerging work of the “Women” Committee, helping us address the issue of gender differences within our speciality.

Concerning scientific and clinical topics, as President I am personally interested in examining in detail the topic of complications associated with interventional procedures to better understand how

to prevent them and how we react if they occur. To do this we will need to develop a practical programme that can be used for educating interventionalists in complication prevention as well as a readily available emergency tool to use once a complication occurs. Again, I will call on the assistance of the different committees of the EAPCI, whose wealth of experience and competence will help us to move forward in this project.

William Wijns, when he was President of the EAPCI soon after it was formed out of the ESC Working Group, used to say that “together we achieve more”. Our work today is based on exchange with our members, and my work as incoming President will depend on the quality of our interaction. Continuity is only meaningful if it takes into account what is important for us all and for the care we can offer our patients. The EAPCI, through the leadership of our Past-Presidents, our committees and our members, has grown because of its commitment to the values of our speciality and those who practise it. I am honoured to continue along this challenging path.



A time of transition

Stephan Windecker

For me, interventional cardiology has always been one of the most vibrant and innovative disciplines within cardiology itself and I believe it will continue to be so due to our commitment to fostering excellence in technical training, our ongoing interest in the implementation of new interventional therapies and our abiding curiosity in research to shape the future. These are at the very centre of our activities as an association and it is these aspects that allow us to continue to attract the highly committed and creative individuals which have characterised our discipline. The EAPCI remains deeply committed to this, and the future of our profession requires that we must constantly renew our goals, particularly in relation to all our young members, as well as making interventional cardiology more attractive for female cardiologists.

Today, interventional cardiology has become increasingly more diversified and therefore requires more structured training and quality controls. It is a field that has witnessed a vast and continued evolution in our techniques. We see that PCI is now a mature technique, the most frequently performed revascularisation technique with proven life-saving results in the setting of ACS, and there has been enormous progress in the field of CTOs and left main interventions. Transcatheter aortic valve implantation (TAVI) has rapidly progressed from a therapy restricted to inoperable patients and high-risk patients to a highly standardised intervention with clinical results which match, and may even surpass,

those of conventional surgical aortic valve replacement. Today, TAVI is thus recognised as a valid intervention across a wide spectrum of patients with the prospect of becoming the preferred therapy in the majority of patients who are at increased surgical risk. We constantly learn of new interventional treatment options for mitral valve disease and LAA closure for stroke prevention...all of this requires our dedication to advance research and education in these evolving therapies.

As I end my term, I look back with satisfaction at the joint publication of the ESC/EACTS MR guidelines and the publication in the European Heart Journal of the ESC-EAPCI Task Force recommendations on the evaluation of coronary stents in Europe. These papers were important and critical contributions of our Association to the entire cardiology community and demonstrate the importance of our research and our communication.

I would like to take this opportunity to thank all the Committee Chairs for their invaluable help, support and commitment. The work of our Association has always been characterised by our efforts to advance together, and my last two years as President have further underlined the importance of this teamwork and the dedication of all our members.

It is now the turn of Michael Haude to lead the EAPCI and I am sure he will find the next two years an exciting challenge. I wish him all my best as we continue together in the fine tradition our Association has developed.