

Circulation

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European Perspectives in Cardiology



New Year's Resolutions for 2008

**Happy
New
Year**

European Cardiologists Share Their Goals and Aspirations, Professional, in Practice, and Personal, for 2008

Cardiologists from 4 European countries look forward to 2008 and tell Lindy van den Berghe, BMedSci, BM, BS, what they would like to aim for professionally and personally, what would improve their practice of cardiology, and which meetings they will attend and why.



From Stockholm, Sweden, Cecilia Lind, MD

Professor Cecilia Lind, head of cardiology at the Karolinska Institute in Solna near Stockholm, qualified from Karolinska Institute medical school in 1980 and has since worked at the Institute to develop and improve heart failure services. She has also spearheaded

a research agenda to encourage unification of data sources, collaboration, and new ideas, has been a frequent speaker at educational and scientific meetings, and has published widely on cardiac resynchronisation and devices.

Professor Lind took on her current position in 2007, and as a result, she says, "I take responsibility for the delivery of cardiac care in Stockholm and the work of 70 doctors and 140 nurses at 2 hospitals."

Professor Lind sees many opportunities in 2008 for improving cardiac care in Stockholm, including "increased use and availability of left ventricular assist devices and cardiac resynchronisation." She is also excited about the potential for remote monitoring using intracardiac sensor devices, and she wants to see the system expanded so that patients can receive treatment at home, sending data from

their devices and receiving subsequent advice over the telephone. The Karolinska Institute has planned a variety of organisational changes for 2008, and Professor Lind looks forward to these, and to "a unification of research data for the 2 million people who live in the greater Stockholm area, which will improve the quality and authority of our research."

When asked about other factors that would improve her delivery of cardiac care in 2008, Professor Lind says, "We need to expand our nurse-led clinics for pacemaker checks, secondary prevention, and heart failure treatment, and we're setting up a lifestyle clinic to focus on risk factors, and particularly obesity. We also need an integrated heart failure treatment plan and to centralise services for ST elevation infarction to 1 unit. Currently there are 2 units, which are too expensive to run and can be inefficient because the staff are split between 2 locations."

And finally, she comments, "We need to expand our provision for electrophysiological ablation of atrial fibrillation. At present, we are the second-largest centre for carrying out this procedure in Scandinavia."

Meetings that Professor Lind plans to attend in 2008 are the French Cardiac Society meeting in January; the American College of Cardiology meeting in Chicago, Ill, in March; the CardioStim meeting in Nice, France, in June;

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Frans Van de Werf, MD, PhD, had a talent for mathematics, but he decided on medicine and focused his academic career on the field of thrombolytic therapy, where he became a pioneering figure.

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the European Society of Cardiology Congress in Munich, Germany, in August; and the American Heart Association Scientific Sessions in New Orleans, La, in November.

In 2008 Professor Linde will be spending her free time with her husband and their teenage daughters, and they are considering buying an apartment in Berlin to provide a more central European base outside Stockholm.



**From Ludwigshafen, Germany,
Uwe Zeymer, MD**

Dr Uwe Zeymer is an attending physician and the head of the catheterisation laboratory at the Medizinische Klinik B of the Heart Centre, Ludwigshafen. He is also a member of the board of the Institute of MI Research Ludwigshafen at the University

of Heidelberg. After qualifying from medical school in Munich in 1986, Dr Zeymer worked for 13 years with the inspirational late Karl-Ludwig Neuhaus, MD, in Kassel, one of the world's leading cardiologists in pharmacological and interventional reperfusion therapy for acute myocardial infarction. During that period, he also spent a year at the Cedars Sinai Medical Center in Los Angeles, Calif.

After Neuhaus's death, Dr Zeymer went to Ludwigshafen to work with the Institute for MI Research, which is the largest registry and data collection centre in cardiology in Germany.

Dr Zeymer's research interests include investigating the best way to treat patients with acute coronary syndromes and to improve care in interventional cardiology. As a result he has initiated and led a number of randomised trials in patients with acute myocardial infarction, and he has authored or coauthored more than 100 peer-reviewed papers in high ranked journals.

Professionally, in 2008 Dr Zeymer plans improvements for the care of patients with acute coronary syndromes. In addition, he says, "I'd like to improve the efficiency of primary angioplasty services by creating a network that results in all potential myocardial infarction patients having ECGs done and reported on before reaching hospital, ideally by trained ambulance personnel." Action to facilitate prehospital electrocardiogram reporting is therefore one factor that would improve his practice in 2008. Another factor, he adds, "would be reducing the amount of paperwork in the hospital by improving information technology facilities."

On a personal level, Dr Zeymer aims to find more time to spend with his family and to train for and take part in a marathon in a major European city in 2008. He has run marathons in the past in Berlin, Germany; Munich, Germany; Los Angeles, Calif; and New York, NY. And when asked about meetings he plans to attend, Dr Zeymer cites "the American Heart Association Scientific Sessions, the American College of Cardiology Scientific Sessions, and the European Society of Cardiology Congress."



**From Turin, Italy,
Giuseppe Biondi-Zoccai, MD**

Dr Giuseppe Biondi-Zoccai is assistant professor in cardiology at the University of Turin and an invasive cardiologist at the affiliated San Giovanni Battista (Molinette) Hospital. His qualification in medicine in 1999

at Milan University was followed by compulsory military service in Italy and Kosovo, and then an inspirational introduction to cardiology working with Attilio Maseri, MD, at the Catholic University in Rome between 2001 and 2003. After further cardiology training with Antonio Colombo, MD, at the San Raphael Hospital in Milan, Dr Biondi-Zoccai planned work experience in the United States, but he stayed in Italy for personal reasons. He says, "life was revolutionised in 2006 by marrying the love of my life, Marzia," a cardiologist at the Catholic University in Rome; and also in 2006 Dr Biondi-Zoccai took up his current position at the University of Turin. Dr Biondi-Zoccai's main research interest is in translational statistics, and this has led him to many collaborations with other researchers; as a result he has more than 150 citations on PubMed.

For 2008 Dr Biondi-Zoccai aims "to achieve a comprehensive and productive balance between his clinical activities (cardiovascular interventions), teaching, and research." He says, "This is challenging, if not impossible, especially if you want to excel in all those fields; but in the long term it is very gratifying." Clinically, he is excited about the development of percutaneous valve interventions and would love to get involved in this promising field in 2008. He would also like to increase the availability of percutaneous revascularisation for critical lower limb ischaemia because "too many people have unnecessary amputations."

Dr Biondi-Zoccai is enthusiastic about improving communications and collaborations between researchers worldwide and thus improving the quality of patient care. He says, "Much of my remaining energy is devoted to building up an international collaboration focusing on training in meta-analytic techniques and evidence-based cardiovascular medicine (a long-time passion for me), jointly with fellow cardiologists Antonio Abbate, MD, of the Division of Cardiology/VCU Pauley Heart Center, Virginia Commonwealth University, Richmond, Va; Pierfrancesco Agostoni, MD, of Antwerp Cardiovascular Institute Middelheim, Belgium; Luca Testa, MD, PhD, at the John Radcliffe Hospital, Oxford, UK; and Francesco Burzotta, MD, PhD, of the Catholic University, Rome, Italy. We call this sharing nonprofit collaboration METCARDIO, and it can be found on the Internet at www.metcardio.org."

Factors that would improve Dr Biondi-Zoccai's practice of cardiology in 2008 would "include more information technology in Italian hospitals to reduce the amount of paperwork and the risk of medical errors, and the creation of Europe-wide health data registers to improve the exchange of data on specific diseases or on specific patients."

When asked about the meetings he plans to attend, Dr Biondi-Zoccai says, "I would include the American College of Cardiology Scientific Sessions, EuroPCR, European Society of Cardiology Congress, and the American Heart Association Scientific Sessions. The American College of Cardiology and American Heart Association meetings are a must for all clinically-oriented and research-oriented cardiologists, respectively. On this side of the Atlantic, EuroPCR provides a major opportunity to meet, learn, discuss, and collaborate with European interventionists, and the European Society of Cardiology Congress has gained a reputation as one of the most authoritative congresses worldwide since the breakthroughs on drug-eluting stents at Barcelona 2006."



From Nottingham, United Kingdom, Robert Henderson, DM, FRCP, FESC

Dr Robert Henderson, consultant cardiologist at Trent Cardiac Centre, Nottingham City Hospital, Nottingham, England, has served as associate clinical director for cardiology at the City

Hospital for the past 7 years. In this role, and as a member of the project team for the recently opened, £21 million state-of-the-art Trent Cardiac Centre, he has helped with a major expansion of cardiac services in Nottingham. He will, however, start off 2008 by relinquishing his management responsibility. He says, "It is time for some new challenges,

and I hope to devote more time to research." The meetings he would like to attend are EuroPCR and Transcatheter Cardiovascular Therapeutics in Washington, DC.

Dr Henderson's association with Nottingham began in 1975 when he started medical training in the newly built Nottingham University Medical School. On his appointment as consultant cardiologist in the city in 1994, he comments, "Eighty angioplasties were carried out each year for a population of 650 000; now, 13 years later the rate is 1200 angioplasties per year." In 2008, Dr Henderson hopes to develop services further and to offer patients percutaneous valve replacement. In addition, he says, "We're working towards an efficient primary angioplasty service for ST elevation infarcts, which has been impeded because the emergency department is 5 miles and 15 minutes in an ambulance away from the Trent Cardiac Centre." Making a decision about how to solve this problem (either by taking all suspected myocardial infarctions straight to the Trent Cardiac Centre or by building a new catheterisation laboratory close to the emergency department) would improve his practice in 2008. Another objective for 2008 is "full integration of cardiology information technology systems across the Nottingham University Hospitals."

Personally in 2008, Dr Henderson would love "5 days of sunny weather in the Island of Skye [off the west coast of mainland Scotland] to walk the Cuillin Ridge," because rain thwarted his attempt last year.

Dr Lindy van den Berghe is managing editor of Circulation: European Perspectives in Cardiology.

The Making of a Major Cardiology Meeting



How Does the European Society of Cardiology Organise Its Annual Meeting?

Jeroen Bax, MD, PhD, professor of cardiology at Leiden University Medical Centre, the Netherlands, talks to Emma Wilkinson, BSc, MA, about what it takes to put together the European Society of Cardiology's huge annual congress.

Organisation of a meeting such as the European Society of Cardiology Congress is a daunting prospect, and the successful meeting in September 2007 in Vienna, Austria, marked the first under the chairmanship of Professor Jeroen Bax. It involved 30 000 delegates; more than 350 sessions; 9700 submitted abstracts, which the organisers whittled down to 3500 presentations; 1000 reviewers; 41 special and joint sessions with organisations such as the American Heart Association and the American College of Cardiology; the announcement of new trial data; ongoing trial updates and guideline updates; and live broadcast practice sessions of interventional procedures and imaging techniques.

The organisation process started in November 2006 and took time out of every day for 41-year-old Dr Bax, who is one of the youngest meeting chairs to date. But he brought with him a fair bit of experience. In 2000, he became programme chair of the International Conference of Nuclear Cardiology, which is a meeting jointly organised by the American Society of Nuclear Cardiology, the working group on nuclear cardiology of the European Society of Cardiology, and the European Association of Nuclear Medicine. He remained in this position for the 2002 meeting, and in 2004 and 2006 he served as meeting chair for the International Conference of Nuclear Cardiology. In



Figure. *The European Society of Cardiology Congress 2007.*

addition, he had 4 years of experience as a member of the European Society of Cardiology Congress Programme Committee, providing expertise in cardiovascular imaging.

Together with the current European Society of Cardiology president, Kim Fox, MD, FRCP, FESC, one of the first steps Professor Bax took when starting to organise the Vienna Congress was to carefully select the coordinators for each of the 9 programme tracks. These coordinators form the basis of the congress programme committee. "Appointing coordinators and working closely with them worked very well," he says, "along with the excellent support of the European Society of Cardiology staff."

As one of the strengths of the congress programme committee and the annual European Society of Cardiology meeting, the meeting planners field input from representatives of 50 different national societies and 21 subspecialties that come from the European Society of Cardiology associations, councils, and working groups. To make it easier for delegates to find their way around the congress centre, Professor Bax used a "village" system, with topics

grouped in colour-coded communities. "This idea has been used before and worked very smoothly in practice, and I am planning a similar strategy for the European Society of Cardiology meeting that will be held in Munich next year," Professor Bax says. "It was difficult to make sure you had the same topic in the same area. But in some conferences, you always have people leaping about from one area to another, and we didn't want to do this."

The meeting organisers also set up a more structured electronic programme, where delegates could access all the abstracts and slides of presentations from computer terminals within the conference centre. This system ended up with 5000 hits.

All these changes proved successful, at least if one goes by delegate feedback. "We have had minimal complaints, so I think we met the audience needs well. The highlight for this meeting was heart failure. We picked heart failure because it's one of the most, if not the most, important clinical problem in the clinical community; there's a lot going on in this area, and we wanted a very clinical meeting." He continues, "There is an important trade-off between clinical therapy and new applications of basic science. If you look at the attendance figures, 85% to 90% are practising clinical physicians, and you have to target the programme to that audience. On the other hand," he explains, "basic science is a very important component of the meeting."

For all those who have never participated in the behind-the-scenes working of a meeting like the European Society of Cardiology Congress, it might seem interesting to see a breakdown of what happens. At a 2-day meeting in the November before the congress, a meeting took place in the European Heart House near Nice, France, where the congress programme committee put together the prearranged sessions. Professor Bax then spent the rest of November and December working out how to allocate all the agreed sessions to meeting rooms. There are around 30 rooms, with capacities varying from 100 to 3000 people.

This presents one of the most complex and lonely tasks. "I'm there in my office allocating the sessions to the rooms, trying to avoid overlap and trying to keep sessions on the same topic in the same rooms. I get the overview of the rooms on my wall and then get a pencil and eraser—it takes about 3 to 4 days in total," he explains.

The deadline for abstract submissions was in February, and at the second 2-day meeting in the European Heart House, the congress programme committee put together the abstract sessions. Thereafter, Professor Bax had to include those abstract sessions in the programme.

In May, Professor Bax worked out the hotlines, which are 3 sessions presenting the late breaking trials, and these can present a challenge to pin down. "At some stage, you have over 100 proposals, and you have to get that down to a handful of sessions; you have to know everything about everything, which is basically impossible! Therefore, I had a small committee of experts who helped me put together these sessions. Then, as soon as you think you have it sorted out, someone drops out," he says.

Much of Professor Bax's work spreads across the Atlantic, and he believes such collaborations are becoming more common and more vital in modern cardiology. The European Society of Cardiology works intensively with the American Heart Association and American College of Cardiology. An example of this collaboration was the announcement at the congress of the new definition of myocardial infarction, which was the result of a few years' collaboration between the American College of Cardiology, the American Heart Association, and the European Society of Cardiology.

"With new technologies, we can identify the death of just a few cells, but that raises the question of what should be classed clinically as a myocardial infarction. It's a really good example of the collaboration between the societies. I believe in integration, and it's going to be very important in the future."

In total, Professor Bax probably spent about 2 months attending meetings, dealing with e-mails, and putting together the final programme of the meeting. But the end justified the means, and he already looks forward to Munich next year, where the meeting will have a cardiovascular imaging theme.

"I was reluctant to accept this important position of the European Society of Cardiology programme chair because I had to compete with something that had always been very successful in the past," he says. But he adds, "With the support of the European Society of Cardiology staff, Kim Fox, MD, FRCP, and ex-chairs Michel Komajda, MD, and William Wijns, MD, we have ensured the continuing success of the ESC meetings."

Emma Wilkinson is a freelance medical writer.

Spotlight: Frans Van de Werf, MD, PhD



A Pioneer of Thrombolytic Therapy Who Almost Became an Engineer

Frans Van de Werf, MD, PhD, had a talent for mathematics, but he decided on medicine and focused his academic career on the field of thrombolytic therapy, where he became a pioneering figure. He talks to Richard Hoey, BSc, MSc, about combining his clinical, academic, and editorial roles.

As a teenager, Frans Van de Werf, MD, PhD, had a talent for mathematics and could easily have become an engineer rather than a doctor. That he did not owe something to his uncle, who practised as a surgeon, and something to a quirk of the Belgian education system, which would have required him to study for an extra year before entering the Faculty of Engineering. He says, "A year to me at that age, eager for an academic challenge, would have felt a lifetime, so I decided on medicine, and I have never looked back."

Professor Van de Werf now serves as chair of the department of cardiology at the University of Leuven, Belgium, where he has worked for almost his entire career, and he has become one of the world's preeminent experts in thrombolytic therapy. Indeed, as a former president of the European Society of Cardiology and current editor-in-chief of the society's *European Heart Journal*, he can consider himself one of the continent's leading cardiologists.

Born in 1947 in the ancient town of Mechelen, seat of the Archbishop of Belgium, Professor Van de Werf gained his medical degree at Leuven in 1972. He quickly decided to specialise in cardiology, attracted by the broad view it took on medicine and the opportunities it offered to perform discrete and life-saving interventions. The mathematician in him appreciated cardiology, too. "In contrast to specialities such as gastroenterology, most diagnostic procedures are

very much quantitative, and one can measure pressures, diameters of cavities, and so on," he explains.

Professor Van de Werf gained board certification in cardiology at Leuven in 1977 and began working at the Belgian National Fund for Scientific Research, where he first felt the pull of academia, beginning his PhD dissertation, called *Genesis of the Third Heart Sound*.¹ He soon found himself gripped as he made a key discovery for the understanding of diastolic heart function, becoming the first to show that the transmitral pressure gradient reverses in early diastole and slows the flow into the ventricle. He recalls the early excitement of building his research career. "It's not just to do with ambition. I was interested from the beginning in an academic career. I enjoyed discussing these things with interesting people, and I guess it went from there," he says.

Professor Van de Werf became associate professor of medicine in 1984, and around this time his career took an important turn when he shifted his research interests to thrombolysis. He teamed up with renowned vascular biologist Désiré Collen, MD, PhD, to describe the tissue plasminogen activator protein, the subject of much of Professor Van de Werf's subsequent work. "This was a huge opportunity for me because there was a massive interest in developing new kinds of thrombolytic therapy at this time," he says. Professor Van de Werf worked on the first small-scale

trial of tissue plasminogen activator in the mid-1980s, and he has since conducted a series of further clinical studies on the agent and on its recombinant formulation, TNK-tissue plasminogen activator. This body of work, including the influential Global Utilization of Streptokinase and Tissue Plasminogen Activator for Occluded Coronary Arteries trial, the Gruppo Italiano per lo Studio della Streptochinasi nell'Infarto Miocardico-2 trial, and the Assessment of the Safety and Efficacy of a New Thrombolytic trial, has helped cement the role of thrombolysis as a key treatment in the first few hours after a heart attack or an ischaemic stroke. He has always cherished the opportunity to collaborate on research internationally, and he regards his work on this series of trials as among the proudest achievements of his career.

In 1994, with his reputation building, Professor Van de Werf joined the board of the European Society of Cardiology. Two years later, he became chair of the society's congress programme, with responsibility for some of the most prestigious cardiology meetings on the calendar. For a while, the European Society of Cardiology took a back seat as Professor Van de Werf became chair of the department of cardiology at the University of Leuven in 1998 and then president of the Belgian Society of Cardiology from 2001 to 2003. But, in 2003 when his stint as president ended, the European Society of Cardiology board presented him with the opportunity to open a new chapter in his career, as editor of the society's *European Heart Journal*. This brought huge changes for Professor Van de Werf; he learnt to juggle

his new career with his academic and administrative duties while squeezing in time for a few patients. He speaks honestly about the challenge: "I'm a very busy man. It's been a big burden, and, of course, it has had an impact on my clinical and administrative work." In his own research, Professor Van de Werf remains motivated by the potential for practical benefit, pointing out that in-hospital mortality after myocardial infarction has dropped from 15% to 4% during the course of his career. He now focuses on acute coronary syndrome and, in particular, trials of a new thrombin receptor antagonist, which he describes as "very promising."

Professor Van de Werf makes space for a life away from work, spending time with his family—his wife, Louck, works as an ophthalmologist, and they have identical twin daughters—and indulging an interest in Asian art. He also likes to keep active, by swimming, cycling, and playing tennis. But he remains committed to his work and particularly to the considerable challenge of encouraging European researchers to collaborate more effectively. He feels proud of the achievements of European cardiology during the last 20 years and wants to remain a part of it.

Richard Hoey is a freelance medical writer.

Reference

1. Van de Werf F. The genesis of the third heart sound [dissertation]. Leuven, Belgium: University of Leuven; 1982.

European Meetings Update

January–March 2008

16–19 January

Annual Meeting of the French Society of Cardiology
Paris, France
For further details, contact
barbarabuffa@cardio-sfc.org

23–26 January

Rome Cardiology Forum 2008: An Update Meeting of the European Society of Cardiology
Rome, Italy
For further details, contact
cristiana.tugnoli@devitalservice.com

31 January–2 February

27th Annual Scientific Meeting of the Belgian Society of Cardiology
Brussels, Belgium
For further details, contact
secretariat@bvc-sbc.be

2–3 February

21st International Meeting "Cardiology Today" of the Cyprus Society of Cardiology
Nicosia, Cyprus
For further details, contact
synedrio@topkinisis.com

21–23 March

The 4th International Annual Meeting of the Libyan Cardiac Society
Benghazi, Libyan Arab Jamahiriya
For further details, contact
cardiolibya@yahoo.com

27–29 March

74th Annual Meeting of the German Cardiac Society
Mannheim, Germany
For further details, contact
kongress@dgk.org

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