

A look back at the 29th Annual Meeting in Amsterdam

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A warm welcome to all members and friends

Friedrich W. Mohr
EACTS President



This year's Presidential address 'The Power of Surgery', given by Martin Grabenwöger, was befitting for the 29th Annual Meeting of the European Association for Cardio-Thoracic Surgery (EACTS) held in Amsterdam this October. His address was a clear representation of what has occurred in the past and of what is happening in the present in the fields of cardiothoracic and vascular surgery around the world. This proved an insightful opening to an Annual Meeting full of highlights. One of my personal favourites was the fantastic lecture given by the Dutch astronaut André Kuipers, who avidly talked about the amount of dedication, hours of training and efforts one must go through to become an astronaut, and how different life and medical research is when working in a space lab for more than 250 days; this informative talk was thoroughly enjoyed by all who attended.

There were a great number of innovative sessions to catch our attention this year, many of which will be addressed in this issue of the *EACTS News*. One session I would particularly like to mention is that on 'nightmares and complications'. This was extremely successful last year, and once

again it didn't disappoint, proving to be a popular, interesting and very interactive session, generating much discussion in all fields of cardiothoracic surgery. Expert opinions were challenged with a series of critical questions posed by younger, and more experienced surgeons, from all over the world.

The 29th Annual Meeting was extremely well attended and has grown into the world's largest meeting in the field of cardiovascular and thoracic surgery. This is certainly due to the close collaborations with other international societies including the American Association for Thoracic Surgery (AATS), the Society of Thoracic Surgeons (STS) and the Asian Society for Cardiovascular Surgery (ASCVS), to name a few.

On the subject of collaboration, an important step for the EACTS this past year has been to join forces with our cardiology colleagues. Working together, the European Society of Cardiology (ESC) and the EACTS have been busy developing a number of joint guidelines, including the guidelines on coronary artery disease and heart valve disease that were completed this year. Further joint guidelines are in preparation and others will soon be revisited, as new treatment options and the latest results from ongoing randomised trials and large scale registries can be evaluated and taken into account. Of course this will require continued close collaboration between the future leaderships of both societies.



The many innovations presented at our Annual Meeting are evidence that our field is changing and we must increase our efforts to educate the younger generation, and also those more experienced among us, to adapt to these changes, which will directly impact the future of cardiac surgery. The development of both minimally invasive surgery and catheter-based interventions

to treat structural heart disease have to be an important focus of our educational efforts, otherwise these techniques will quickly and completely fall into the hands of the cardiologists. The ongoing training programmes run at the EACTS Academy in Windsor and other select clinical sites, need to be reinforced.

Continuing on the important theme of educational improvement, more than 30 candidates passed the board examination during this year's Annual Meeting, and I would like to congratulate each and every one of them. Going forwards it is imperative that we work with the European Regulatory Board and representatives from all national societies to harmonise European training programmes and accreditation.

We have much work to do in the upcoming year, but I am confident that we will be able to address all of the topics on the agenda with ease, with the support of all the EACTS staff members, close cooperation with the Council, and the focus and enthusiasm of so many young and very engaged members.

Finally I would like to wish you all a very Merry Christmas and a Happy New Year.

Best wishes, **Friedrich W. Mohr**.

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A look back at the EACTS 29th Annual Meeting

Highlights from the Adult Cardiac programme

Surgeons – Wire up!

Ruben Osnabrugge

Dept. of Cardio-Thoracic Surgery, Erasmus Medical Center Rotterdam, the Netherlands



In a world of rapidly evolving endovascular therapies, the cardiothoracic surgeon needs to acquire and fine-tune his/her wire skills. Therefore, a dedicated session entitled 'Wire skills for the surgeon' was held in the auditorium during the 29th EACTS Annual Meeting in Amsterdam. Chaired by cardiothoracic surgeons Vinayak Bapat (London, UK), Robin Heijmen

(Nieuwegein, the Netherlands) and Leen van Garssen (Nijmegen, the Netherlands), the objectives of the session were to learn about practical aspects of percutaneous access, transseptal approaches and thoracic stenting.

In his introductory presentation, Dr Rüdiger Lange (Munich, Germany) shared his experience of starting a transcatheter aortic valve implantation (TAVI) programme as a surgeon. He elaborated on why and how a surgeon should perform TAVIs and stressed that the surgeon is the only one who can offer a patient all treatment options. In another talk, the basics of fluoroscopy were discussed by Dr Hendrik Treede (Halle, Germany). He highlighted several safety issues in the cathlab, most importantly the need for constant attention to radiation protection.

During the live case from Leipzig, a transfemoral TAVI by Dr Holzhey and his team, the audience and panel had the opportunity to ask practical questions as the case was performed. Dedicated TAVI guidewires, such as the Safari pre-

shaped wire, were discussed. There was also an informative Mitraclip live-in-a-box case from Berlin and Dr Bartosz Rylski discussed how a thoracic endovascular aortic repair (TEVAR) can be performed effectively and safely. He emphasised the need for elaborate pre-operative planning, including the importance of being prepared for unexpected events. In order to facilitate this process, he presented his TEVAR app (App store keyword 'TEVAR App').

Other presentations were on vessel closure devices, transseptal puncture techniques and hybrid approaches. These are essential topics for surgeons who want to stay involved in the changing world of cardiovascular interventions. High quality recordings of the presentations are available for all delegates who attended the meeting and can be found at medialibrary.eacts.cyim.com; individual passwords have been provided by the EACTS Executive Secretariat in late October 2015. I highly recommend watching them online.

Highlights from the Thoracic programme

Peter Licht

Odense University Hospital, Odense, Denmark



Over the past 5 years, there has been increasing interest in the General Thoracic programme at the EACTS Annual Meeting. This year in Amsterdam was no exception. The number of attendees was the highest we have seen for many years and the quality of the sessions was outstanding. This year the programme content was expanded, with many parallel sessions and full lecture halls, providing plenty of opportunity for audience interaction with European and international speakers. The scientific programme covered a full-day Techno College and a postgraduate course; five focus sessions, 11 abstract sessions and a wetlab.

The Techno College held on the Saturday, focused on malignant mesothelioma with live transmission from Milan of three simultaneous procedures (extrapleural pneumonectomy [W Klepetko], extended pleurectomy decortication [D Waller] and palliation pleurectomy decortication [L Spaggiari]). The live surgery transmission alternated with up-to-date lectures on mesothelioma, including in-depth talks on imaging, diagnostics, biomarkers and perspectives on management as well as outcomes, by leading surgeons and oncologists.

Sunday's postgraduate course included sessions on pneumonectomy controversies, management of oesophageal perforations and management of acquired tracheal disorders. The quality of lectures from many distinguished speakers was remarkably high and interaction with the attendees was well balanced throughout the day.

The scientific programme on Monday and Tuesday included plenary sessions alternating with parallel focus sessions and 11 abstract sessions on oncologic, non-oncologic, mediastinal, lung transplantation, chest wall and basic

science, as well as a rapid response session, which was well received. The focus sessions addressed the latest advances in minimally invasive surgery; controversies with sublobar resections for non-small-cell lung cancer (NSCLC); the new 8th edition of the TNM classification; and an opportunity to 'Meet the Experts' in robotic cardiothoracic surgery. The Annual Meeting concluded on Wednesday with a video session and a wetlab course on video-assisted thoracoscopic surgery (VATS) lobectomy – both were very popular.

The quality of the General Thoracic programme content at the EACTS Annual Meeting was of an exceptionally high standard this year, and it was clear that interest in our field has been revitalised, despite a tendency across Europe to separate general thoracic surgery from cardiac surgery, with two societies holding separate annual meetings. From the overwhelming positive feedback, it is also clear that the EACTS has a lot to offer the general thoracic community, and hopefully our ongoing work will enable general thoracic surgeons from across Europe to collaborate, meet, and further improve the education, science and research of our subspecialty in the future.

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Highlights from the Congenital programme

Viktor Hraska
*Congenital Domain Chair,
 German Pediatric Heart Center,
 Sankt Augustin, Germany*



This year's 29th Annual Meeting of the EACTS in Amsterdam was by far one of the best meetings we have ever had. The beautiful city of Amsterdam provided an excellent setting, not only for the meeting itself, but also for all the social activities that ran alongside it. Even the weather was better than expected!

In the run up to the meeting, the Congenital Domain worked extremely hard to prepare an attractive and inspiring programme. I'd like to take this opportunity to thank all the members of the domain who played a part in this success, namely Mark Hazekamp, Emre Belli, Felix Berger, Konrad Brockmeier, Ben Davies, Lorenzo Galletti, Christian Pizarro and Lucio Careddu, for their hard work and endless effort in fine tuning the whole programme. Speakers of the highest quality from across Europe and internationally came to share their expertise, delivering insightful and engaging presentations on a range of topics. All sessions were well attended, and for the most part rooms were full to capacity. We received very positive feedback from delegates with regards to the topics chosen and the quality of the presentations.

The Congenital Domain programme

covered a Techno College, the postgraduate course, two focus sessions, the professional challenge sessions, five abstract sessions and a wetlab.

The first session of the meeting began by holding a one minute silence to pay tribute to our colleague Juan Commas, who passed away unexpectedly earlier this year.

"The beautiful city of Amsterdam provided an excellent setting, not only for the meeting itself, but also for all the social activities that ran alongside it."

On the Saturday, the Techno College focused on 3D imaging modalities, covering all aspects of invasive and non-invasive 3D evaluations of congenital heart diseases. Of note, the existing industrial usage of rapid prototyping and 3D printing by the McLaren Technology Group was addressed. This was followed by a separate session in which the management aimed at minimising morbidity associated with mechanical circulation was comprehensively elaborated. The lectures were excellent and the knowledge gained was outstanding.

On the Sunday, the postgraduate education programme differed from the usual format. The morning's plenary sessions addressed current management strategies of hypoplastic left heart syndrome (HLHS), Tetralogy of Fallot (TOF) with pulmonary atresia (PA) and multiple aorta pulmonary collateral arteries (MAPCAs), while the afternoon focus session provided an opportunity

to 'Meet the Experts', where attendees were given the chance to discuss in-depth challenging cases with renowned experts. The day concluded with the popular surgical film session. All the presentations were outstanding, there was enough time for discussion, and the resonance from the audience was positive.

Monday morning's professional challenge sessions were dedicated to transposition of the great arteries (TGA). All aspects of simple and complex TGA, starting with the morphology, diagnostics, key points of surgical repair, and the long-term outcomes, were covered in depth. The guidelines on simple TGA, which were developed by the Congenital Domain of the EACTS in cooperation with the Association for European Paediatric and Congenital Cardiology (AEPC), were presented. In the afternoon, there were two abstract sessions dedicated to TGA and the Fontan procedure, and the very popular interactive rapid response session. This format combining professional challenge sessions with the rapid response session and abstract sessions, proved to be very successful.

On the Tuesday, the focus session covered the management of infection and chylothorax complications associated with surgery. The experts provided an excellent overview of the current management strategies, stimulating much discussion. The abstract sessions were dedicated to TOF, valve surgery and miscellaneous issues.

On the final day of the meeting, the Wednesday, different techniques of aortic valve reconstruction and Senning operation were practiced in the wetlab. The course was extremely interactive and collaborative, and we very much hope proved beneficial for all those who attended. All in all this year's Annual Meeting was a great success!

A glimpse back at this year's Vascular programme

Ruggero De Paulis
*Vascular Domain Chair,
 European Hospital, Cardiac Surgery
 Department, Rome, Italy*



As the number of participants coming to the Annual Meeting continues to steadily increase, the Vascular Domain programme was more popular than ever this year. All our sessions were very well received, the meeting rooms were packed with delegates and the interest in the various presentations was palpable.

The Sunday, usually devoted to the postgraduate course, was divided in four consecutive sessions with the aim of covering as much as possible, focusing on all major aspects of aortic surgery, from the aortic root down to the bifurcation. For the first time, along with the invited lectures, all pertinent abstracts were incorporated into the programme in an effort to mix state-of-the-art knowledge with the latest findings in clinical and basic research.

The first two sessions covered the most relevant aspects of the surgical treatment of the ascending aorta, with a particular focus on the guidelines-driven indication in the various anatomical subsets, from connective tissue diseases to bicuspid syndrome. An original and interesting new classification to guide bicuspid valve repair was introduced for the first time. When considering aortic dissection, problems on how to deal with the dissected root or the dissected arch were analysed. In this regard, an interesting theory on aortic elongation as an additional risk factor

for acute dissection was presented and discussed intensely. To the same extent, a possible role of endovascular therapy in some peculiar clinical and anatomical situations was also considered. The following afternoon's sessions were devoted to the analysis of the outcomes and the problems associated with follow-up after major thoracic operations. The lectures were excellent and the discussions lively. Finally, the various available options in the treatment of a thoraco-abdominal aneurysm were analysed, with a particular focus to tailor the best approach, whether surgical or endovascular, to each individual patient.

"The quality of the abstract presented was outstanding and the interaction with the audience was barely kept within the allocated time."

The following day commenced with the now well-established collaborative session between the EACTS and the Society of Thoracic Surgeons (STS), where the prize for the best presented abstract was awarded. The focus of this session was on arch involvement in acute dissection and the uncertainties that remain in the treatment of chronic dissection. Consecutive pro and con debates kept interest high and discussion vibrant. The quality of the abstract presented was outstanding and the interaction with the audience was barely kept within the allocated time. The abstract sessions were also very well attended; a great number of presentations were received on various aspects of acute dissection, as well as on the proper surgical treatment of the pathology of the aortic root.

The Tuesday opened with a focus session on inflammatory and infectious aortic disease, mainly aimed at learning the process of diagnosis leading to the most correct surgical or medical

treatment. This was closely followed by the highly appreciated rapid response session; this relatively new form of presentation has been very well received by the audience because it gives the presenter just enough time to go straight to the point of their research, followed in rapid sequence by a series of questions and answers that keep the audience intrigued and attentive. A second focus session dealing with a novel, modern approach to arch disease completed the day; all the various approaches, from standard surgical treatment, to various hybrid combinations, to a complete endovascular solution, were flawlessly illustrated and actively discussed. Pros and cons of the frozen elephant trunk with different techniques and prostheses were an important part of the discussion. As part of the collaboration with the Domain of Acquired Cardiac Disease, a combined section on aortic valve repair was offered. All specific and burning questions, from the role and the need for an annuloplasty, to the various options in performing a valve sparing procedure, to the tips and tricks in difficult root presentation, were very well addressed by the speakers and contributed to fill the knowledge gap between valve repair and aortic surgery.

Finally, the last day of the meeting was devoted for the first time to a wetlab during which both a remodelling and a reimplantation procedure were performed. The world experts on both techniques were present to take participants through the various steps of each operation. This leads us nicely on to next year's Vascular Domain course, which will take place as always, in Windsor from the 17–19 March 2016, where the same wetlab alongside other surgical techniques will be offered to all delegates who would like to improve their skills in aortic surgery. I am delighted that the Vascular Domain programme was so well-received this year, contributing to another successful Annual Meeting, and am very much looking forward to continuing to build this momentum on into next year.



Highlights from the 2015 Postgraduate Course for Nurses & Allied Health Professionals

Richard van Valen, on behalf of the organising committee
Nurse Practitioner Cardiothoracic Surgery, Erasmus Medical Center, Rotterdam, the Netherlands



During the 29th Annual Meeting of the EACTS in Amsterdam, allied health professionals from all over the world gathered for the fifth postgraduate course for nurses, nurse practitioners and physician assistants. We are very happy to report that a record high number of delegates attended the course this year!

Our primary goal when planning this year's course was to create an educational platform. This year three major topics were chosen. The first was safety in the operating room. Several topics were elaborated pointing out the importance of standardising checklists to prevent errors, and around the quality and safety of patient handover during the different stages in the operating room. The second topic was innovations; this was divided into the use of extracorporeal life support outside the intensive care unit and the operating room, and uniportal thoracic surgery. The final topic was the quality of life of the elderly and surgery. An interesting topic discussed by a geriatrician, nurse practitioner and cardiac surgeon. An important message to come from this discussion was that age should be viewed in wider terms than simply the calendar age of an individual; following on from this, frailty and the options to assess it were considered. Our secondary goal was to create a platform for research and best practice by allied professionals. Great surgery needs to be accompanied by excellent care before and afterwards.

As the organising group, we encourage all nurses and allied professionals performing research and best practice to share it. Research aimed at improving care during the clinical and outpatient periods has been presented as far back as the first postgraduate course held in 2010. This year we rewarded the best presentation with a peer-selected grant (our thanks go to Maquet for their support). Brenda Andrews from Southampton, UK was our first winner! She delivered an excellent presentation. Her work to improve patient pathways and reduce the time needed to surgery is an example of how patient care can be improved by utilising allied health professionals. Next year we will once more organise this postgraduate course during the EACTS Annual Meeting in Barcelona, Spain. We would like to ask all surgeons to encourage their nurses and other allied professionals to send in their research. Furthermore, we would ask all of you to help make it possible for allied professionals to attend the Annual Meeting. Improving the knowledge and network of your nurses and other allied health professionals will ultimately help improve the outcome for your patients.

Congratulations to all our 2015 Award recipients



Title of Award	Award Winners
New Technology Innovation Award	B Rylski, Freiburg, Germany
Leonardo Da Vinci Award for Training Excellence	U FW Franke, Stuttgart, Germany
Cardiac Young Investigator Award	H Kitahara, Tokyo, Japan
Thoracic Young Investigator Award	J Gielis, Edegem, Belgium & K Kehoe, Wilrijk, Belgium
Vascular Young Investigator Award	A Ayaon Albarran, Madrid, Spain
Congenital Young Investigator Award	D Dorobantu, Bristol, UK
Hans G Borst Award for Aortic Surgery	S Numata, Kyoto & K Von Aspern, Leipzig, Germany
AATS Graham Foundation at EACTS	C Pisano, Palermo, Italy
EACTS/Sorin Cardiac Surgery & Perfusion Innovation Award	A Loforte & G Murana, Bologna, Italy
EACTS/STS Award	B Rylski, Freiburg, Germany
Best Candidate, EBCTS Examination	A Roubelakis, Southampton, UK
Best Presentation, Nurse and Nurse Physician Programme	B Andrews, Southampton, UK
EACTS Cardio-Thoracic Masters Jeopardy Competition Winners	A Durkó, Budapest & K Szabó, Debrecen, Team Hungary
C Walton Lillehei Young Investigator's Award, established by St. Jude Medical, Inc	P Youssefi, London, UK

Test your knowledge! EACTS Cardio-Thoracic Masters 'Jeopardy'



Based on the US TV show 'Jeopardy' this year the EACTS, in collaboration with the Society of Thoracic Surgeons (STS) and the Thoracic Surgery Residents Association (TRSA), organised a cognitive skills competition among European Residents during the 29th EACTS Annual Meeting in Amsterdam. Hosted by quizmasters Pieter Kappetein and Thoralf Sundt (AATS), teams from Finland, Italy, Hungary, Belgium and the UK competed to win a ticket to the STS Annual Meeting in Phoenix, Arizona, USA to compete in the final against the winning US team. Károly Gábor Szabó and András Durkó (team Hungary) were able to provide answers for such clues as: "This procedure creates a connection between the right subclavian artery and right pulmonary artery. (Answer: What is the Blalock–Thomas–Taussig Shunt?)", and "In patients with advanced heart failure, this treatment is thought to be competitive with heart transplantation with similar survival statistics at 2 years (Answer: What is Destination Therapy?)", and winning this EACTS quiz show debut in style! Here they tell us what it was like to take part in EACTS Cardio-Thoracic Masters 'Jeopardy'.

András Durkó

When we received the email about the first EACTS 'Jeopardy' in August – as one cardiac and one thoracic surgery resident – we thought it would be a nice opportunity to test ourselves and our knowledge against a well-defined reference. This was the main reason we decided to participate. Although the prize was very attractive (the winner gets to attend the 52nd STS Annual Meeting), we never even considered winning or thought we would even make it to Amsterdam! The competition itself was a great experience and coming from our background standing on the stage as winners at the award ceremony was something that we will never forget. We are now preparing for the 'Jeopardy' competition against the US winners, hoping that we will be able to do our best. So if you are a young cardiac surgery resident, have a good friend in thoracic surgery, and take a chance, you never know how far you might get...

Károly Gábor Szabó

First of all, it was a great privilege to participate at the event. We never thought for a moment that we would win! The EACTS 'Jeopardy' gave me the opportunity to test myself, and also the chance to meet other trainees from different countries, so we could compare our training background and experience. It gave me an extra motivation to study more and as a result I've become more focused on the theoretical part of my training. The competition itself was fun and the organisers did an excellent job. Winning means a great deal to me; it is like a dream. The invitation for the STS Annual Meeting in Phoenix is a unique chapter in the book of my life so far, since I've never been to America. I will do the best I can to compete well against the US team. We know that it'll be a tough competition, but this is exactly what makes it so special. I would definitely recommend my fellow trainees to enter the competition next year. To stand on the stage at the award ceremony as winners, representing your country, is a feeling everybody should experience. It makes all the hard work worth it. Thanks again to EACTS for organising this competition.

EACTS wishes Károly Gábor and András every success to defend Europe in this competition in January in Phoenix!

Do you want to test your knowledge and be a contestant at EACTS Cardio-Thoracic Masters 'Jeopardy' at next year's Annual Meeting in Barcelona?

For everything you need to know about the competition and how to take part, check out the next issue of the EACTS News and keep a close eye on the EACTS website!

The Leonardo da Vinci Award for training excellence

David J O'Regan

*Leeds Teaching Hospitals
NHS Trust, Leeds, UK*

**"A teacher affects eternity
he can never tell, where his
influence stops"** Henry Adams

The Presidential address given by Professor Van Schil in Milan on 13 October 2014 was focused on the theme of 'hands'. The significance of this presentation was probably lost on many when he handed half of his presentation over to a trainee; symbolic of handing over and passing on knowledge. As individual surgeons we might be delivering an outstanding service with high quality outcomes, but this is not going to ensure that the surgeons of tomorrow are well prepared for the challenges of the specialty.

"The Leonardo da Vinci Award for training excellence was established 4 years ago to identify the best cardiothoracic trainer in Europe."

The Leonardo da Vinci Award for training excellence was established 4 years ago to identify the best cardiothoracic trainer in Europe. This is not a 'give away award' to a popular surgeon who might 'give away' cases. On the contrary, it is an award that has a rigorous nomination process based on the 15 years of experience gained running the Silver Scalpel Award to identify the best surgical trainer in the UK, across all surgical specialities. The nomination process is outlined as follows.

At first, it depends on the trainee submitting a nomination online, when advertised, to the European Association for Cardio-Thoracic Surgery (EACTS) office. The nomination requires the trainee to reflect on five domains:

1. **Leadership**
2. **Resourcefulness**
3. **Training and development**
4. **Professionalism**
5. **Communication**

It is important to point out at this stage, that the nomination is very dependent on the reflective written statement by the trainee. It is crucial that the trainee gives examples of excellence in these areas for us to be able to score the entry with any confidence. Indeed, if the submission is brief, the nominee is invited to submit more evidence with descriptions of what the trainer does that makes them unique. If the trainer is 'worth it' the trainee should have no problem waxing lyrical about the trainers attributes! It is acknowledged that reflective writing can be difficult especially if English is a second language. On the other hand, all abstracts and articles for publication have to be submitted in English and the content needs to be concise and clear, and include plenty of examples.

The nominations are then anonymised and scored by current day trainees on a validated scoring system that has been used for the Silver Scalpel Award in the UK for the past 15 years. Each domain is defined by seven characteristics. The espoused or implied characteristic gets a score. There is another score if that characteristic is enthused or expanded upon. The characteristics are not available for publication as this would mean the perfect entry could be submitted. Each domain is weighted. Scoring is assisted by using an Excel® template that enables the generation of an overall score out of seven, but also to two decimal places.

Those candidates that get a score of more than 3.50/7.00 are usually shortlisted. This initiates the beginning of a 360 degree assessment of the trainer's suitability to get the award. A pair of cardiothoracic training surgeons from the Surgical Training and Manpower (STMP) Committee of the EACTS, then arrange to go and interview the trainer, a nominated peer, a ward or theatre sister of the surgeons choice, and another trainee. The pair seeks to validate the nomination by asking open questions around the five domains already described. In addition to this, the head of the hospital or postgraduate Dean or CEO or Director is contacted by letter to ask if there is any reason why the nominated candidate cannot be considered for the award. This is to ensure that the trainer is of good standing and there are no outstanding governance issues.

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The results of this comprehensive 360 degree assessment are then collated in a standardised format and again anonymised. Two to four candidates are shortlisted each year and a report derived from the interviews is submitted to a committee made up of past-Presidents of the EACTS. Each member of that committee is asked to rank the nomination in order of 1-4 and

a formula 1 scoring system is applied to the entries. The candidate with the highest score at the end of this process is determined as the winner of the Leonardo da Vinci Award for training excellence.

Many surgeons are troubled by the fact that surgeon specific data is now available to the public and the trainees now have to comply with a European Working Time Directive. What is interesting when interviewing the trainers that have been nominated for the Leonardo da Vinci Award, is that all of them believe that we can train suitable surgeons to a high standard within 48 hours. Each of the individuals interviewed demonstrate the ability to maximise and utilise every opportunity to train during a normal working day. It is perhaps not surprising that the trainers that have been shortlisted for the Leonardo da Vinci Award for training excellence over the past 4 years share very similar characteristics. These attributes, not surprisingly, are the same as those identified when the shortlisted candidates for the Silver Scalpel Award in the UK were interviewed and subjected to questionnaires and personality profiles. Mr Chris Munsch (Leeds, UK) has consolidated this learning to identify seven habits of highly successful trainers (presentation at EACTS 2011 and SCTS 2012):

1. **They give time generously**
2. **They are adaptable**
3. **They clarify expectations**
4. **Give constructive and timely feedback**
5. **Know when to direct, teach, coach or mentor**
6. **Confront problems**
7. **Seek continual improvement and professional development**

It has been a real privilege and learning experience to interview these great men and women. It is interesting to see

how effortlessly they have incorporated training into their everyday practice. What is striking that there is no conflict between service delivery and training. Indeed, the two go hand in hand. Good service supports good training and vice versa. We can learn a lot from these fantastic individuals. I have adopted many examples of good practice over the years, but most recently I learnt of another from a shortlisted candidate for the 2013 Leonardo da Vinci Award. This surgeon takes the mobile number of their patient's next of kin, ensures that the phone is working there and then at the bedside, and makes a promise to call that relative as soon as the operation is done. This simple gesture goes a long way to making the patient and their relative feel special and enhances the patient experience.



The trophy for the award has been specially designed and commissioned. It is made of hall marked silver and is mounted on an oak plinth. The winner deservedly gets the trophy – there are no other rewards for being the winner. The trophy encompasses the holistic nature of the specialty. The stethoscope emphasises the clinical competencies of the trainer, but more importantly their ability to listen. The book reinforces the academic nature of cardiothoracic surgery and represents the foundation of knowledge that needs to be imparted. The scalpel highlights the technical skills that are required by the trainer and the skills that need to be taught. This is all supported by the looped stethoscope representing the holistic approach to training and the need to nurture our trainees. To date, 15 surgical trainers have been shortlisted for this award and we have had four outstanding winners. All of them are superstars.

**"To date, 15 surgical trainers
have been shortlisted for this
award and we have had four
outstanding winners."**

They are delivering service and training at the highest level. These individuals are the positive deviants of the EACTS. We could do well to learn and adopt some of the habits and behaviours exhibited by the shortlisted candidates to ensure that the next generation are as equipped tomorrow as we have had the privilege of being taught today. It is striking and not surprising that the attributes and characteristics of all those shortlisted are similar and transcend national, language and cultural barriers.



The shortlisted (green) and award winning (red) trainers from across Europe

The President's address in 2014 was extremely poignant as he handed half of his speech over to his current trainee in a symbolic gesture that respects and nurtures the next generation of training surgeons. Although we as surgeons might live long in the memory of our patients, our legacy lies in the skills and the attributes that we pass on to our trainees.



The EACTS 29th Annual Meeting

A resident's perspective

Ilkka Ilonen, MD, PhD
Chief Resident in Cardiothoracic
Surgery, University of Helsinki, Finland



This year's Annual Meeting in Amsterdam introduced several new concepts for surgical trainees and faculty alike. Sessions

to enhance training programmes were introduced, such as 'CanBetter: optimising training programmes in cardiothoracic surgery'.

The Monday was the busiest day for a trainee, because several new resident sessions were introduced. The first EACTS Cardio-Thoracic Masters 'Jeopardy' competition was held in collaboration with the Society of Thoracic Surgeons (STS) and Thoracic Surgery Residents Association (TSRA). During the competition, national teams competed against each other in a Jeopardy-style quiz format. National teams were screened using sample questions from the American Board of Thoracic Surgery database. Four of the best national teams were then selected to go head to head in pre-finals. In the final, there was an additional bonus question that could make all the difference even in the closing moments of the competition. Team Hungary won this hard-fought competition, placing team Finland as the runner-up. The winning team has the chance to participate as 'Team Europe' in a resident's competition following the same Jeopardy-style format at the 2016 STS Annual Meeting, in Phoenix, Arizona, USA.

Also on the Monday, a session entitled 'Where do we come from and where

are we heading' was held to unite all cardiothoracic trainee organisations and present their national activity. During this session good discussion was initiated about the differences in training within the European Union (EU) and the role of the national young surgeons association. New insights were given into future initiatives to develop training in the EU. As in previous years, the Surgical Training and Manpower (STMP) Committee offered a range of diverse and interesting sessions that attracted audiences, from trainees to experienced consultants. New insights were given in the 'Live-heart team: complex pathologies' and 'Pre-operative planning, simulation, 3D printing and intra-operative navigation in cardiothoracic surgery' sessions.

On the Tuesday, the Resident's Luncheon was held to promote career planning and provide insights into how to manage time and resources during and after residency. Each table at the luncheon had two established surgeons with whom trainees could

interact. Subjects discussed included fellowship possibilities, implementing new technologies in practice, and European board certification.

Besides the official sessions organised as part of the wider meeting programme, not to be over-looked were the important coffee breaks between these sessions, which gave residents the chance to meet colleagues from around the world and exchange views and opinions in an informal forum. In a global community, a young trainee can easily find new ways to enhance his career during gatherings such as this, opening up fellowship possibilities and scientific and research collaboration.

I would like to remind all trainees and young surgeons that there will be opportunities in the near future to get involved with EACTS, as new members will be soon chosen for the STMP Committee. This is an outstanding opportunity to gain new insights and challenges towards furthering your career in an international organisation.



EACTS contact details

EACTS House
Madeira Walk, Windsor
Berkshire. SL4 1EU
United Kingdom

Phone: +44 1753 832 166

Fax: +44 1753 620 407

Email: info@eacts.org

Web: www.eacts.org

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The EACTS digital Portfolio Management System: keep track of your residency training programme

Simple to use and free for members!

Robert de Lind van Wijngaarden
Erasmus Medical Center, Leiden,
the Netherlands; and
Rianne Kalkman Administrative
Director EACTS, Erasmus Medical
Center, Rotterdam, the Netherlands

Wouldn't it be great to keep track of your proceedings during residency training without a big pile of paperwork? Wouldn't it be great if resident's supervisors could track their residents' developments with only a mouse click? Wouldn't it be great to have a portfolio where professional evaluation methods are incorporated and you can add anything yourself? Wouldn't it be great if you could travel around during your residency and continue to use your own digital portfolio, while attending different clinics? Wouldn't it be great if all this was for free?

You will be delighted to know that the EACTS has developed such a system. After much time and energy involved in its construction, the digital Portfolio Management System (PMS) is in the final stages of development and will be available in mid-2016. And it's free for our members! Watch the EACTS website for updates and further news.

How does it work?

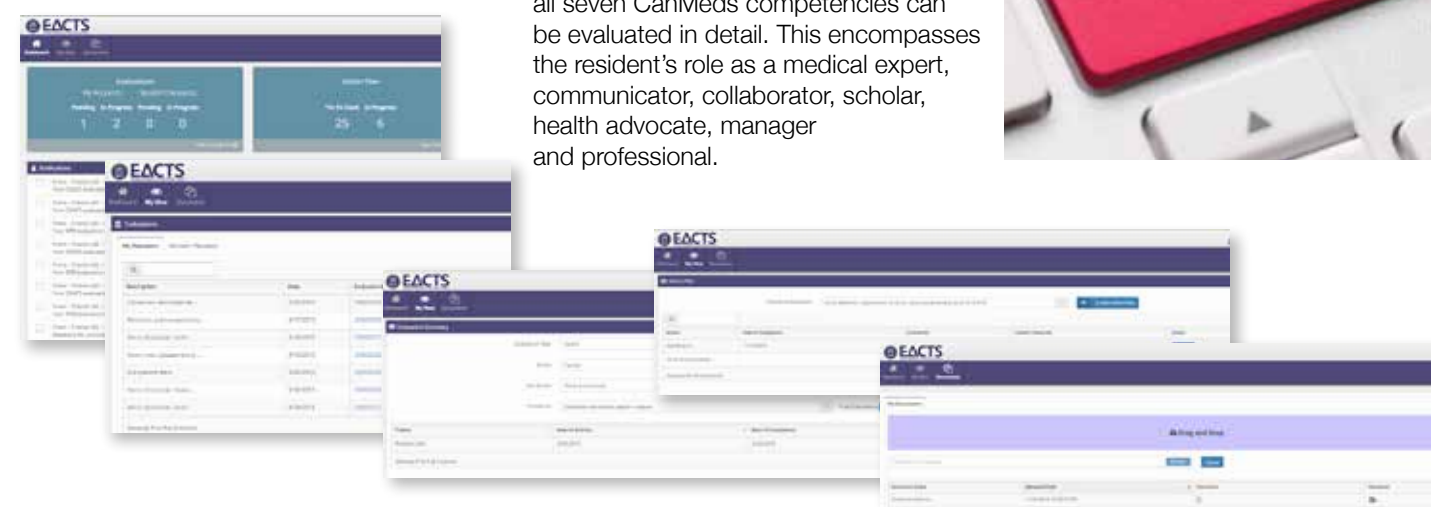
There are several types of evaluations that are embedded in the digital PMS. Log in to the system anywhere (also possible through smart phones), sit down with the supervisor who is training you and evaluate an operation, a presentation, a scientific manuscript, or anything else you would like to evaluate. Evaluations are only incorporated in the digital PMS when they are signed off by both the resident and the trainer. Surgical skills can be tracked by evaluations through the standardised method of **Objective Structural Assessment of Technical Skills (OSATS)**. During an OSATS evaluation, different surgical skills demonstrated during an operation (or part of it) can be evaluated. Among the evaluated skills are tissue handling, timing and movement, handling and knowledge of surgical instruments, use of assistance, and knowledge and planning of the procedure.

Another instrument that is very useful and aims to evaluate non-surgical skills, such as running the in- or out-patient clinic, writing an operative report, or giving a presentation, is the **Concise Clinical Assessment (C2A)**. With a C2A all seven CanMeds competencies can be evaluated in detail. This encompasses the resident's role as a medical expert, communicator, collaborator, scholar, health advocate, manager and professional.



How do you get it?

The system will be available from mid-2016. Simply go to the EACTS website, click on the 'Residents' section and select the digital PMS. Registration is easy and free. Within 30 seconds, the digital PMS is ready to use. You can add any trainer who is registered at the EACTS. The trainer will get an invitation to join this community and he or she can start filling out your evaluations. Keep an eye on the EACTS website and the spring issue of the *EACTS News* for the exact launch date!



Looking back at a very successful Mitral Valve Surgery course in Barcelona

Over 120 delegates attended the EACTS Academy Mitral Valve Surgery course in Barcelona, Spain from 9–11 November 2015. Delegates were able to share their experiences with some of the most prominent surgeons and cardiologists in this most exciting area of cardiovascular medicine.

The international faculty addressed state-of-the-art indications, decision-making, image tools and techniques, and outcomes in a large variety of mitral pathologies. The programme included keynote presentations, round table discussions, live surgical operations and live-in-a-box cases, and was complemented by three skills labs.



"Thanks for an excellent course. It is always inspiring to come to these meetings. The dinner was a great opportunity to meet colleagues and connect with them on a social level, in addition to the education value of the course. Dr Sitges is an excellent teacher, has great command of her subject and is able to transmit it to her pupils with great skill. The workshops were all excellent." Rashmi Yadav, London, UK

"The order of the presentations was perfect, from the simple to the surgical approach. Very interesting guest lectures. I found the workshops so enjoyable, everybody was able to practice different techniques and it was so interesting."

Isabel Gazquez, Medical Student, Barcelona, Spain



New format for Fundamentals in Cardiac Surgery programme!

John Pepper
EACTS Academy Director

The EACTS Academy is changing the format of the Fundamentals in Cardiac Surgery courses to be held in Windsor. In 2016, we will offer three 5-day courses in February, June and November. As in previous years, the target audience is cardiac surgical trainees who have completed at least 1 year as a cardiac surgical registrar. They can choose between the whole 5-day course, or one of two 2.5 day modules, since we recognise that it may be difficult to get permission to be absent from your unit for an entire week.

We have established a syllabus and are developing a curriculum for cardiac surgery, which will form the basis of knowledge to be tested in the European Examination. Thus, attendance at these courses will be an excellent preparation for the examination. Each of the three courses will contain one whole day of wetlab experience. The lectures will be brief at 20–25 minutes and every effort will be made to make them as interactive as possible. In addition there will be videos, case discussions and, in at least one of the courses, live surgery. The delegates and faculty are warmly invited to dinner on three of the five nights and we hope this will provide an opportunity

to have one to one contact with the teachers and the chance to develop professional friendships.

We are very keen to welcome new teachers, provided they have some experience of training and teaching, and are prepared to spend a minimum of two days at the courses. The wetlabs only work if there are sufficient teachers available and the minimum number required is four. If you are interested in a teaching role, please contact the EACTS, preferably by email: info@eacts.co.uk



Guidelines: A road map to better patient outcome

Interview with Miguel Sousa-Uva, Chair EACTS Clinical Guidelines Committee

Rianne Kalkman
Administrative Director EACTS
Erasmus Medical Center,
Rotterdam, The Netherlands

Looking back on his first year as Chair of the European Association for Cardio-Thoracic Surgery (EACTS) Clinical Guidelines Committee, Miguel Sousa-Uva concluded that 2015 was characterised by building a solid committee and task force structure, and process organisation.

Dr Sousa-Uva explained that the term of most of the committee members came to an end last year and a new team was appointed. Members demonstrated their interest in the Guidelines Committee through the self-nomination process and were chosen based on their experience with clinical guidelines. All four EACTS Domains are represented on the committee. For every guideline developed, a special task force, made up of experts in field of that specific topic, is appointed. This framework guarantees a well-balanced approach to guideline development.

Not only has this new structure been put in place in the past year, but the Guidelines Committee has developed a Methodology Manual for EACTS Clinical Guidelines, which was published in the *European Journal of Cardio-Thoracic Surgery (EJCTS)*. In addition, there have been several other publications of note from the committee this year: chaired by Dr Marco Scarci, a consensus statement for the surgical management of pleural empyema was drafted and published in the *EJCTS*, and the Vascular Domain published two position papers, also in the *EJCTS* – one on the frozen elephant trunk technique and the other on contemporary spinal cord protection during thoracic and thoracoabdominal aortic surgery and endovascular aortic repair. Furthermore, the EACTS was involved in the development of the

guidelines on infective endocarditis and pericardial diseases in collaboration with the European Society of Cardiology (ESC), and also participated in the ongoing ESC arrhythmia task force. The endocarditis and pericardial disease guidelines were published in the *European Heart Journal*.

The importance of guidelines, says Dr Sousa-Uva, is that they summarise the best available evidence regarding diagnosis and treatment of cardiothoracic and vascular conditions in a systematic and independent fashion. They are helpful because nowadays physicians have difficulty in staying abreast of the vast literature published each year in the various domains. Although the ultimate judgement should be made by the physician (or group of physicians), considering the specific condition and particular patient, guidelines can achieve better treatment outcomes and care for patients.

For the coming years a road map for the development of new guidelines has been drafted, and priorities and feasible timelines have been set. The new valvular heart disease guidelines are being jointly produced by ESC and EACTS to update the 2012 version, and further projects with the ESC will be established. In 2016, the ESC is expected to have an update on the guidelines for atrial fibrillation. Together with the European Respiratory Society (ERS), the European Society of Thoracic Surgeons (ESTS) and the European Society for Radiotherapy and Oncology (ESTRO), a guideline for the management of pleural mesothelioma is being developed. The joint collaboration between the EACTS Congenital Domain and the Association of European Paediatric and Congenital Cardiology (AEPC) are finalising the guidelines on the transposition of the great arteries (TGA). Another project in the pipeline is the management of malignant pleural effusions in collaboration with the ESTS and ERS.

Dr Sousa-Uva emphasised that it is very important to collaborate on guidelines with other societies because working together in this way increases credibility. Indeed, by bringing together the views of different stakeholders and different disciplines, the quality, independence and impact of guidelines is significantly improved. Recently a collaboration with the European Association of Cardiothoracic Anaesthesiologists (EACTA) was established, in a joint effort to create a set of guidelines for patient blood management.

As well as the continued development of joint guidelines in collaboration with other societies foreseen in 2016 and 2017, the Guidelines Committee has scheduled two more guidelines that will be developed solely by the EACTS. Supported by the EACTS Office the Guidelines Committee is moving forward and on a positive course for a better patient outcome, says Dr Sousa-Uva. Due to the development of each of these important guidelines, the treatment of patients with cardiothoracic and vascular diseases can be further improved.

EACTS Clinical Guidelines Committee

Miguel Sousa-Uva (Chair)

Umberto Benedetto

Giuseppe Cardillo

Manuel Castella

Martin Czerny

Joel Dunning

Tomas Gudbjartsson

Mark Hazekamp

Stuart Head

Neil Howell

Matthias Thielmann

Fundamentals in Cardiac Surgery: Part I

 1-5 February

 Windsor, UK



Course Director:
J Pepper, London

Our enormously popular Fundamentals in Cardiac Surgery programme returns in 2016 in a new format.

The first of three separate courses, Part I, will be held at EACTS House from 1-5 February, and will be split into two 2.5 day modules. The optimal experience will come from the 5 day course, but it is appreciated that for some people this may be impossible to arrange and therefore we are offering the alternative of 2 modules.

Module 1 - Essentials in Coronary Surgery - will provide an introduction to coronary surgery, focusing on coronary anatomy and physiology, cardiopulmonary bypass, myocardial management and also covering critical care, evaluation of bleeding and quality assurance.

Module 2 - Essentials of Aortic Valve Intervention will explore the anatomy of the aortic valve, indications, TAVI, aortic root replacement as well as the basic principles and practice of ECMO and ECHO.

Participants will have plenty of ‘hands-on’ tutoring as the middle day of the Course (Wednesday 3 February) will be dedicated to wetlabs offering expert tuition covering both modules.

Target audience: cardiac surgical trainees who have completed at least one year as a cardiac surgical registrar.

Early registration is essential for this sell-out course!

Refer to the Academy website for further details regarding programme and faculty and to register: www.eacts.org/academy/2016-programme

Introduction to Aortic Surgery

 17-19 March

 Windsor UK



Course Director:
R De Paulis, Rome

The following sessions are planned:

- Proximal Thoracic Aortic Surgery
- Aortic Arch Surgery
- Aortic Dissection
- Peculiar Aspects of Aortic Surgery
- A Glimpse into a Thoracic Endovascular Aortic Repair Experience

The programme will include keynote lectures, live-in-a-box surgical cases, interactive discussions and two hands-on wetlabs.

Full details regarding the programme and registration can be found via the EACTS Academy website: www.eacts.org/academy/2016-programme

Thoracic Surgery: Part I

 11-15 April

 Windsor, UK



Course Director:
M Dusmet, London

This is a 5 day course with interactive discussion and lectures delivering theoretical knowledge, aimed at those with the intention of becoming a cardiac and/or thoracic surgeon and working as a surgeon in training. Participants will gain more insight and up-to-date knowledge on different aspects of thoracic surgery related to lung diseases with emphasis on lung cancer, infectious diseases, lung resection and transplantation.

Please refer to the EACTS Academy website for further information and registration: www.eacts.org/academy/courses/thoracic-surgery-part-i/

SAVE THE DATES! Do not miss out on these exciting opportunities!

Courses will be held at EACTS House in Windsor, UK, unless indicated.

Fundamentals in Cardiac Surgery: Part I	1-5 February
Introduction to Aortic Surgery	17-19 March
Thoracic Surgery: Part I	11-15 April
Fundamentals in Cardiac Surgery: Part II	6-10 June
Ventricular Assist Device Co-ordinators Training Course	16-18 June, Berlin, Germany
Congenital Heart Disease	25-28 October
Mitral Valve Surgery	November, Leiden, The Netherlands
Fundamentals in Cardiac Surgery: Part III	14-18 November
Thoracic Surgery: Part II	6-9 December

Registration: www.eacts.org/academy/2016-programme

Raising Standards through Education and Training

www.eacts.org

QUIP Newsletter



QUIP increasingly connects with national databases

Theo de By
QUIP Project Manager,
EACTS, Windsor, UK

Thirty-eight hospitals from 20 countries have now agreed and signed the charter for participation in the European Association for Cardio-Thoracic Surgery (EACTS) Quality Improvement Programme (QUIP) Adult Cardiac Database (ACD). Presently, data from 15 hospitals have been uploaded into the benchmarking tool. The Quality of Outcomes and Research Unit (QuORU) at the University Hospital of Birmingham in the UK, is mapping data from another 21 hospitals to match them with data in the QUIP ACD. In total, the tool now contains the details of 27,000 surgical procedures, from 2013 onwards.

It is extremely positive that the number of countries taking part in the QUIP Project is steadily growing. Earlier this year, the national database committees for hospitals in Belgium and the Netherlands came on board and agreed to provide data from their national databases to the QUIP ACD. The Dutch will contribute directly from their consolidated national database. However, given the fact that the individual hospitals are not identified in the data transfer to the EACTS, these hospitals will be able to benchmark themselves against the entire dataset in the benchmarking tool anonymously.

The Spanish Society of Cardiothoracic and Vascular Surgery (ESTCV) encourages its members to contribute

to the QUIP ACD. Since a large number of Spanish hospitals use the same software, the mapping by QuORU has already been done for this entire group. As a result, inclusion of data from Spanish hospitals is expected to progress rapidly in the forthcoming months.

In France, the EPICARD database of the French Society for Cardio-Thoracic and Vascular Surgery (SFCTCV) is used by all 65 hospitals in the country providing adult cardiac surgery and has been collecting data for more than 10 years. The EPICARD database will soon be accessible via a web application. The upgrade of EPICARD leads to an increased compatibility with the data in the QUIP ACD. While some individual hospitals in France have already joined the QUIP ACD, the EACTS has contacted the SFCTCV to discuss the possibility of a collective engagement similar to that of the Netherlands and Spain.

Most recently, cardiothoracic surgery units across Austria have been approached to join the QUIP Project. At the time of this newsletter going to press, a joint endeavour had been initiated to create the legal and technical environment to make it possible to upload data from participating Austrian hospitals into the benchmarking tool.

The QUIP team expects that a critical mass of more than 100,000 procedures from a total of 50 contributing hospitals will be reached in 2016.

The aim, structure and functioning of the QUIP Project is explained in a short video, which is accessible at www.eacts.org/quip



Further information

Further information can be downloaded from www.eacts.org/quip/

To contact the QUIP Project manager:
Theo.Deby@Eacts.co.uk

French hospitals and the European Registry for Patients with Mechanical Circulatory Support e.V. (EUROMACS)

Pierre-Yves Litzler¹, Theo de By², and Jean-Christian Roussel³

¹Hospital Charles Nicolle, Rouen, France; ²EACTS, Windsor, UK; ³University of Nantes, France



In France, data collection from patients who receive mechanical circulatory support (MCS) is overseen by a study group of the French Society for Cardio-Thoracic and Vascular Surgery (SFCTCV) by the name of GRAM (Groupe de Réflexion sur l'Assistance Mécanique). The objective of the French registry is twofold:

1. To provide the French health authority (HAS) with information concerning the assist devices permitted on the market.
2. To generate output for scientific evaluation of the clinical use of assist devices in France.

Presently, 24 French hospitals implant MCS devices. Unfortunately, due to multiple factors, compliance to enter data is sub-optimal. GRAM Chairman, Pierre-Yves Litzler, underlines the necessity to provide data with respect to the use of MCS to the authorities; for this purpose a reliable Annual Report is of great importance, to enable the authorities to connect the data to the reimbursement of the devices. "We need complete and unbiased data to evaluate different aspects of the MCS therapy", says Professor Litzler.

Since it is considered one of the factors that may hinder hospitals to submit their data, the surgeons responsible for GRAM have decided to make the Euromacs Registry available to French hospitals as well.

A memorandum of understanding between GRAM and Euromacs has been signed. The understanding includes a plan for implementation and provision of information, and includes the installation of a copy of the Euromacs database on the servers of MEDPASS, which is the database company that hosts the French registry. The plan foresees consolidation

of French data every 6 months, after which this consolidated data will be uploaded into the Euromacs Registry. "The advantages of Euromacs", says



Jean-Christian Roussel, who is responsible for the database at GRAM, "is that it connects our data with those of our colleagues

across Europe. Further, Euromacs is a registry of the European Association for Cardio-Thoracic Surgery (EACTS), the support of which enables further development of the statistical possibilities to produce outcomes by means of software. Having seen the tools of the EACTS QUIP Adult Cardiac database, I expect that such software, applied to the Euromacs Registry, will enable each hospital to anonymously benchmark its data against all other centres across Europe."

a. Professor Pierre-Yves Litzler, GRAM Chairman
b. Professor Jean-Christian Roussel

EACTS Courses 2016

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EACTS
European Association For Cardio-Thoracic Surgery

30th EACTS

Annual Meeting

Barcelona, Spain
1–5 October 2016

Abstract deadline 30 April 2016

To find out more or to register for the event visit:

www.eacts.org

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