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 leaders 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.

In this issue

All the highlights from the 29th Annual Meeting! Pages 2-12

Recognising outstanding achievement – our 2015 Award winners Page 6

Test your knowledge! The winners of the first Cardio-Thoracic Masters ‘Jeopardy’ share their experience Page 7

Preparing the surgeons of tomorrow – what it takes to win the prestigious Leonardo da Vinci Award Pages 8-9

An update on the EACTS digital Portfolio Management System Page 13

Guidelines: A roadmap to better patient outcome – an interview with Miguel Sousa-Uva Page 15

EACTS Academy Courses 2016 Pages 16-17

The latest on the QUIP and EUROMACS Pages 18-19
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 Heijnen (Nieuwegein, the Netherlands) and Leon 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 guidelines, 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.eactcs.cym.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 in Amsterdam. There 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.

On a Saturday, focused on malignant mesothelioma with live transmission from Milan of three simultaneous procedures (extrapleural pneumonectomy [W Klepetko], extended pleurectomy decortication [D Walter] and palliation pleurectomy decortication [L Spaggiari]). The live surgery transmission alternated with up-to-date lectures on mesotheliomas, 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 decrease the number of patients. Our ongoing work will enable general thoracic surgeons from across Europe to collaborate, meet, and further improve the education, science and research of our subdisciplines in the future.
Highlights from the Congenital programme

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

The Congenital Domain programme received 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 McNamara 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 its usual format. The morning 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 static 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 transplantation 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 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.

A glimpse back at this year’s Vascular programme

Ruggero De Paolis
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 aortic valve. 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.

Meeting was a great success!

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 unceasing efforts 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 approach with different techniques and prostheses were an important part of the discussion. As part of the collaboration with the Domain of Acquired Cardiac Diseases, 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 reconstruction, 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 fenestration 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 well-received this year, contributing to another successful Annual Meeting, and I 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, the need for education for 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 unipolar 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

<table>
<thead>
<tr>
<th>Title of Award</th>
<th>Award Winners</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Technology Innovation Award</td>
<td>B Ryśki, Freiburg, Germany</td>
</tr>
<tr>
<td>Leonardo Da Vinci Award for Training Excellence</td>
<td>U FW Franke, Stuttgart, Germany</td>
</tr>
<tr>
<td>Cardiac Young Investigator Award</td>
<td>H Kitahara, Tokyo, Japan</td>
</tr>
<tr>
<td>Thoracic Young Investigator Award</td>
<td>J Gielis, Edegem, Belgium &amp; K Kehoe, Winijk, Belgium</td>
</tr>
<tr>
<td>Vascular Young Investigator Award</td>
<td>A Ayasa Albaran, Madrid, Spain</td>
</tr>
<tr>
<td>Congenital Young Investigator Award</td>
<td>D Dorobantu, Bristol, UK</td>
</tr>
<tr>
<td>Hans G Borst Award for Aortic Surgery</td>
<td>S Numata, Kyoto &amp; K Von Aspern, Leipzig, Germany</td>
</tr>
<tr>
<td>AATS Graham Foundation at EACTS</td>
<td>C Pisano, Palermo, Italy</td>
</tr>
<tr>
<td>EACTS/Sorin Cardiac Surgery &amp; Perfusion Innovation Award</td>
<td>A Loforte &amp; G Murana, Bologna, Italy</td>
</tr>
<tr>
<td>EACTS/STS Award</td>
<td>B Ryśki, Freiburg, Germany</td>
</tr>
<tr>
<td>Best Candidate, EBCTS Examination</td>
<td>A Rousbalakis, Southampton, UK</td>
</tr>
<tr>
<td>Best Presentation, Nurse and Nurse Physician Programme</td>
<td>B Andrews, Southampton, UK</td>
</tr>
<tr>
<td>EACTS-Cardio-Thoracic Masters Jeopardy Competition Winners</td>
<td>A Durkó, Budapest &amp; K Szabó, Debrecen, Team Hungary</td>
</tr>
<tr>
<td>C Walton Lillehei Young Investigator’s Award, established by St. Jude Medical, Inc.</td>
<td>P Youssifi, London, UK</td>
</tr>
</tbody>
</table>
The Leonardo da Vinci Award for training excellence

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 the work that the trainer does that makes them unique. If the trainee 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 enthusiasm 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 trainers suitability to get the award. A pair of cardiothoracic training surgeons from the Surgical Training and Manpower (STAMP) 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.

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 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 Mursch (Leeds, UK) has consolidated this learning to identify seven habits of highly successful trainers (presentation at EACTS 2011 and SCS 2012):

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

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 specialties. The nomination process is outlined as follows.

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.

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 specialties. The nomination process is outlined as follows.

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 specialties. The nomination process is outlined as follows.

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 specialties. The nomination process is outlined as follows.

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 specialties. The nomination process is outlined as follows.
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 Cardiac-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 the 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.

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

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 clinical situation, an operative report, 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 in the evaluation of trainees 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 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.

“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 Guzman, Medical Student, Barcelona, Spain

New format for Fundamentals in Cardiac Surgery programme!

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

Rianne Kalikman
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 guaranties 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 (EUCTS). In addition, there have been several other publications of the committee this year: chaired by Dr Marco Scacchi, a consensus statement for the surgical management of pulmonary empyema was drafted and published in the EUCTS, and the Vascular Domain published two position papers, also in the EUCTS – 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 peri-cardial diseases in collaboration with the European Society of Cardiology (ESC), and also participated in the ongoing ESC arrhythmia task force. The endocarditis and peri-cardial 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 vascular heart disease guidelines are being jointly produced by ESC and EACTS to update the 2012 version, and further work with the ESC will be established. In 2016, the EESC 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 Paediatric and Congenital Heart Disease (EJCTS), 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 malgnant pleural effusions in collaboration with the ESTS and EPI.

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 Hazeck
Stuart Head
Neil Howell
Matthias Thielmann

“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
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

Fundamentals in Cardiac Surgery: Part I

Course Director: J Pepper, London

Thoracic Surgery: Part I

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/

Introduction to Thoracic Surgery

Course Director: M Dusmet, London

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

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

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

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

Raising Standards through Education and Training

www.eacts.org
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, underscores 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 EACTS QUIP database 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. We have 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

d. Professor Jean-Christian Roussel

EACTS Courses 2016

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

Raising Standards through Education and Training