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**EACTS** *News* talks to Paul van Schil about his career in thoracic surgery



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and future perspectives

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All the awards presented in Vienna





## Celebrating 2013 and looking forward to 2014

### Dear member.

It is hard to believe that the year is going by so quickly. We can look back to the EACTS Annual Meeting in Vienna and are even already working on the programme for the next Annual Meeting in Milan!

Looking back at the 27th Annual Meeting I can say that it was a tremendous opportunity to engage in the cutting-edge science, innovation and new technology that impacts our daily practices in cardio-thoracic surgery. More than 4,600 cardiothoracic surgeons and allied health professionals from around the globe gathered in Vienna to learn more about the latest technologies, techniques and research. For the first time ever we have viewed live surgery in 3D during Techno-College. Amazing!

Together with our industry partners it amounted to almost 6,500 attendees. The EACTS Annual Meeting remains the largest cardio-thoracic surgery meeting in the world and I would like to take to opportunity to thank you all for contributing to this!

In this issue of EACTS News we will show you some of the highlights of the



27th Annual Meeting in Vienna. You will also find an update on the EACTS Quality Improvement Programme (OUIP), one of EACTS's top priorities for the coming years. The domains have organised more than 20 courses in this past year and in this issue we give you a quick review of some the courses organised at EACTS House in Windsor.

This past year has demonstrated

that a team of well-organized cardiothoracic surgeons working together with our staff members in the Windsor. Freiburg and Rotterdam offices can effectively meet the many challenges of an increasingly complex health care environment. Everything we have achieved is due directly to the energetic and dedicated teamwork of both volunteer membership and EACTS EACTS Secretary General

staff. Thank you all so much for your dedication and contribution to make our organisation a great success.

Finally, I would like to wish you a Happy New Year and I hope to see you at EACTS House at one of our Academy Courses, or at our 28th Annual Meeting in Milan!

A. Pieter Kappetein

## Quality Improvement Programme

Domenico Pagano QUIP Chair Elka Humphrys QUIP Project Manager

n the Presidential Address at this year's Annual Meeting, Jose Luis Pomar highlighted the need to 'grow in quality'; growth that will provide the best training to future surgeons, and to offer the best treatment to patients. The EACTS Quality Improvement Programme



(QUIP) was established for this purpose and is already demonstrating what can be achieved through collaborations with colleagues. The QUIP

Education Group has been working with allowing the opportunity to evaluate National Society representatives to define the basic principles and structure for a common training programme across Europe. The training programmes in the UK and The Netherlands are considered to be two of the most comprehensive and structured programmes available,



and learn from working examples. The group recognises that there can't be a 'one size fits all' approach to training, as European countries each have their own requirements to adhere to. However, identifying key aspects of an effective training programme enables a structured

but flexible approach to be developed, which focuses on improving quality to provide the best training possible for our future surgeons. There has been a great level of support for this approach, and the Education Group are now preparing the final proposal for discussion with the Union Européenne des Médecins Spécialistes (UEMS) next year.

To ensure that we are offering the best treatment to patients, we need to identify where we can improve care. The QUIP groups are working across the cardio-thoracic care pathway to identify ways to improve pre-and post-operative care, define goals for improvements in perfusion care, and

Continued on page 4

Highlights from the 27th Annual Meeting Page 10-23



## **EACTS News** meets



## **Paul Van Schil**

In this issue, we are delighted to feature an interview with the Association's new President, Professor Paul Van Schil. Professor van Schil has had a long and distinguished career as a thoracic and vascular surgeon. In this unique interview, he discusses his early career and influences, the challenges facing the specialty and the importance of the Association...

### Why did you decide to pursue a career in medicine?

As a child, I grew up in the centre of Antwerp. Belgium, not far from the centrally located Zoo and the famous Antwerp central railway station. In this way I became fascinated by trains and different species of animals coming from all continents. As a young boy I wanted to become a veterinary doctor and later this changed into a medical doctor after being informed about medical studies at our university. In fact, human diseases sometimes closely resemble those of large animal species.

### Why did you enter thoracic surgery?

As a medical student I got very interested in surgical procedures because of the combination of skills, advanced technology and operative strategy which are required to perform complex procedures. During my internship in neurosurgery this became my first choice as I was able to assist many surgical procedures on the brain. At the time I finished my medical studies, however, there was no residency in neurosurgery available and I started a training programme in general surgery. During this training I got interested in the subspecialty vascular and cardiothoracic surgery. Profound knowledge of physiology of the cardiovascular and respiratory system is required to correctly perform a surgical procedure and provide adequate

postoperative care. As lung

cancer remains a major health problem, oncology and the interdisciplinary collaboration it requires, became a major focus during my fellowship training at the Antonius Hospital in the Netherlands.

### Who have been your greatest influences and why?

I was especially privileged to perform my residency training under the supervision of excellent professors of surgery at our university who not only taught me the necessary skills but also stimulated my interest in performing basic and clinical research. During my fellowship in the Netherlands I had extremely gifted teachers who taught me how to perform major thoracic surgical procedures and who convinced me to pursue a further career in thoracic and vascular surgery.

### What experience in your training, taught you the most valuable lesson?

I was profoundly influenced by Dr Freddy Vermeulen at the Antonius Hospital in Nieuwegein, the Netherlands. He was a very dedicated and skilled surgeon with a lot of selfcriticism, always analysing the different steps of a major intervention and thoroughly evaluating postoperative morbidity and mortality. He taught me how to cope with catastrophic intraoperative events during the long hours we spent together in the operating room.

### What current areas of research are you involved in?

My department's current main clinical focus areas in thoracic surgery are staging and restaging of lung cancer, combined modality therapy for lung cancer and mesothelioma,

and surgical treatment of lung metastases. In basic and clinical research our

interest is in isolated lung perfusion with high dose chemotherapy to obtain better longterm results in patients operated for lung metastases and ischaemia/reperfusion lung

Our department is also involved in clinical research in peripheral vascular surgery. and evaluating new devices, stents and endovascular prostheses.

### As President of the EACTS, what do you hope to achieve over the next 12 months?

EACTS has an outstanding organisational basis with an extremely well functioning central executive office. In the next 12 months I will try to keep the standards and overall level of functioning very high. By further strengthening the different domains and working groups within EACTS, high-quality meetings, publications, training and education are our final goals

Further collaboration with related specialties and also sister organisations is required to raise the profile of cardiothoracic and vascular surgery in Europe. This especially relates to quality improvement programmes, training

Younger researchers should be stimulated to send their experimental basic and clinical findings to our Annual Meeting and submit their papers to the three major scientific journals that are owned by our association. The next Annual Meeting in Milan, Italy, has to be outstanding with high-level presentations for cardiothoracic and vascular surgeons.

### What are the biggest challenges facing cardiothoracic surgery over the next decade?



subspecialties we have to establish a clear relation with interventional colleagues from related specialties, who are the cardiologists for the cardiac surgeons, the interventional radiologists for the vascular surgeons and the pulmonary physicians for the thoracic surgeons. There is a growing tendency that those specialties are coming more and more closely together and in some way will have to be incorporated. Dedicated team efforts to provide optimal diagnosis and management will become necessary in every domain of our

Ranking of hospitals, and even individual surgeons, has become a major issue in Europe, and for this reason, precise collection and interpretation of patient data has to be performed by the major scientific societies.

### Away from your professional life, how do vou relax?

For a long time there has been a theatre group at our hospital in which I'm actively participating, which represents quite a change from my usual professional life. Regarding sporting activities, my main interests are biking and skiing. With two colleagues who are family physicians, every year we go skiing in the region of the Matterhorn on the border of Switzerland and Italy which is an impressive area of wild nature and very nice slopes.

### Please feel free to mention anything else about your career, the EACTS or cardiothoracic surgery which you think will be of interest to readers.

A major intrinsic quality of EACTS is the integration of the cardiothoracic and vascular subspecialties within one association with a clear focus on the common interests between these different surgical areas. I'm very

proud of what has already been achieved within EACTS and its executive and editorial offices. I hope we can further establish a strong strategy for the future, not only to raise the profile of EACTS but also to maintain its high-level standards in order to stay an internationally respected major cardiothoracic and vascular association.

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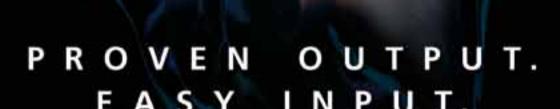
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## Quality **Improvement** Programme

Continued from page 1

focus on improving surgical outcomes through developing evidence based guidelines and encouraging a European wide culture of data collection for outcome analysis. Collecting

accurate data on cardiothoracic patients is a basic but essential requirement for the QUIP, and will be a priority of the programme in 2014

The QUIP is therefore establishing a Network of centres across Europe to collect and upload prospective data to a new

QUIP Adult Cardiac database, with the aim of developing and testing new risk assessment and benchmarking tools. The tools will enable

"To acheive this goal, the **QUIP** will need the assistance of hospitals across Europe to upload data to the QUIP database."

> the QUIP will need the assistance of hospitals across Europe to upload data to the OUIP database

individual

hospitals to

analyse their

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their data to

European

dataset To

the combined

acheive this goal,

own outcomes

This is an important time for the Quality

Improvement Programme and we would like to thank all members who have expressed an interest in joining the QUIP, we will be in contact shortly to inform you of the next steps. It is encouraging to see that so many colleagues are dedicated to improving quality in cardio-thoracic surgery, and we believe that this is the start of a successful European wide initiative

If you would like to get involved in the QUIP, please nominate yourself for involvement via the Membership tab in your FACTS User Area:

www.eacts.org/user-area/

## **Nursing and Allied Health Professions Group**

Tara Bartley Nurse Practitioner

he Nursing and Allied Health Professions group was established at the 2012 EACTS meeting with the aim of creating a framework to ensure high quality care across Europe. In essence the group is working towards producing a set of quality guidelines that can account for variance across Europe in practice and culture, but also sets a recognised benchmark for cardiothoracic care. The work links with our surgical colleagues involved with the Quality Improvement Programme (OUIP), incorporating the research and educational aspects of cardiothoracic practice, and aspiring to create a clinical consensus relating to quality outcomes.

The patient journey incorporates preoperative preparation assessment, counselling and investigations: the pre-operative hospital stay and expectations of the intra operative

procedure, through to the post-operative recovery and follow up care.

The group has engaged the expert opinions of colleagues across Europe to establish what protocols and standards are in existence to deliver an assured standard of quality of care and to measure outcomes. In addition a literature search to benchmark previous and current research has been conducted across CINAHL, Medline and British Nursing Index. Common themes and domains were highlighted, which were used to inform a questionnaire that was sent to colleagues.

The results of the questionnaire revealed that 100% of respondents think there should be quality outcomes for patients and that theses should be applied to practice. There was a mixed response when questioned about the existence of a national authority to set outcomes, with 66% suggesting this would be a good way forward. Results would suggest that



outcomes should measure the incidence of patients returned to theatre for bleeding and for chest re-openings. Furthermore, there was unanimous support to focus on length of stay and to have accepted guidelines in place for clinical events such as removal of pacing wires, removal of chest drains and wound management. 97% of respondents felt the speciality should measure rates of infection and that guidelines for discharge medication should be created. While recognising the importance of these results they are predominantly representative of

Northern Europe so clearly there is work to be undertaken in engaging our colleagues throughout Europe.

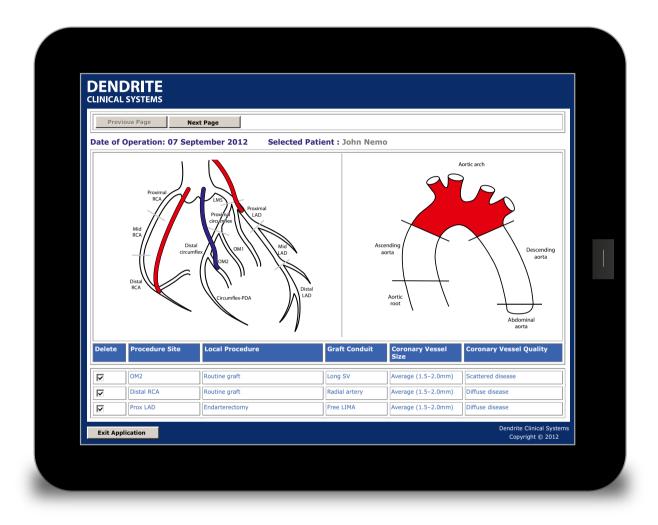
The group now plans to develop the relevant areas of work by engaging participants in developing guidelines in the areas identified and establishing a process to ratify these guidelines. Moreover, it aims to disseminate its recommendations for practice and create a resource for colleagues to access. There will be evaluation, ongoing update and development of the work produced to ensure its relevance to care and the impact for patients.

The group took the opportunity to present the project achievements and vision at this year's EACTS Annual Meeting in Vienna and to provide a video outlining the project and how colleagues may participate. Information, contact details, and the video can be accessed via the EACTS QUIP website:

www.eacts.org/quip



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## Heart Failure State of the Art and Future Perspectives

**®**EΔCTS

n November, the FACTS hosted its second Advanced Module: Heart Failure - State of the Art and Future Perspectives course at EACTS House in Windsor, UK. The course was organised by Professors Michael Morshuis (Bad Oevnhausen, Germany) and Gino Gerosa (Padua, Italy), and was delivered by a world-class faculty of heart failure experts including cardiac and congenital surgeons. cardiologists and scientists. EACTS News talked to the organisers about the aims, content and benefits of the course..

The course which is aimed at residents and experienced cardiac surgeons with an interest in the heart failure field, was held over five days and attended by more than 20 delegates from all over the world.

"We tried to incorporate all aspects of heart failure in the course from diagnosis and epidemiology, imaging, biomarkers and tissue engineering, to advanced therapies such as LVADs, heart transplantation and the total artificial heart,' explained Morshuis. "It was an intensive and comprehensive overview of the current status of the



### **BC** Ramesh

heard about the course through colleagues in Newcastle who previously attended the course and they recommended it to me.

It is important to keep pace with developments and the content of the course is very relevant to my everyday practice, as well as providing insights into future perspectives.

The course is suitable for residents and experienced surgeons as it covers treatments that they may not be familiar with. I would certainly recommend the course, the content is excellent and it is value for money.

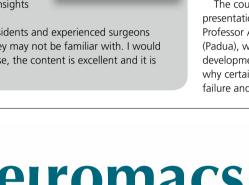


available treatments for heart failure

The course began with two presentations by pathologist Professor Annalisa Angelini (Padua), who explained the development of heart failure, why certain diseases lead to heart failure and the diagnosis of the

condition. Professor Giuseppe Feltrin (Padua) then examined the role of biomarkers and imaging modalities, such as magnetic resonance imagining, when diagnosing heart failure.

Various treatment options were discussed including optimal medical therapy, presented by Dr Schulze (New York), he provided a cardiologist's point of view describing the current medical therapies available for treating heart failure. Current alternatives to medical therapy such as implantable cardioverter-defibrillator resynchronisation therapy and biventricular pacemakers were





The Euromacs Registry has been designed to collect procedural and outcomes data for patients receiving mechanical circulatory support.

To register your interest, please visit:

euromacs.org

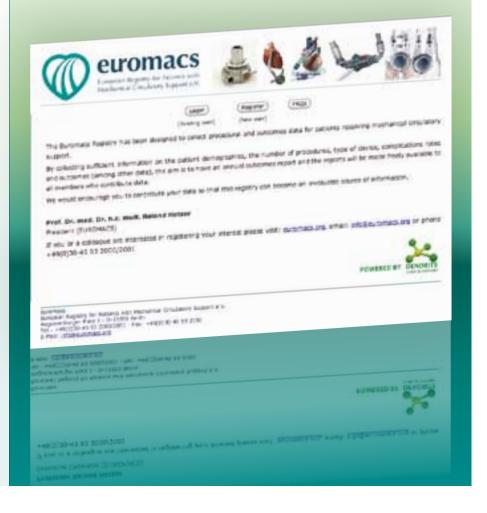
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outlined by Dr Osswald (Bad Oeynhausen, Germany).

The attendees also examined the standard cardiac surgery procedures for heart failure such as mitral valve repair and replacement, coronary artery bypass surgery and left ventricular reshaping.

"We also presented a few case reports to the group and asked for their opinion. This is particularly useful for the attendees as it keeps the sessions interactive and encourages participation from the entire group," said Morshuis. "We also discussed the options and the decision-making process between the faculty and I think this provided the attendees with a rare opportunity to see three or four heart failure experts debate treatments options."

After establishing the foundations of heart failure the course then moved on to discuss heart transplantation and specifically indications, patient selection, surgical technique for the donor and patient, the long term results and the issues surrounding donor shortage.

Professor Massimo Griselli, a congenital surgeon from Newcastle. outlined the surgical indication, techniques and results of heart transplantation in the paediatric population, and discussed the option for mechanical circulatory support in this patient group.

### **Industry** comment

### **Sunshine heart**

e attended the course last year and found it very enjoyable. We have received regulatory approval of our device in Europe, so we thought it was a good opportunity to showcase our C-Pulse Heart assist system,

ambulatory

failure

course

The

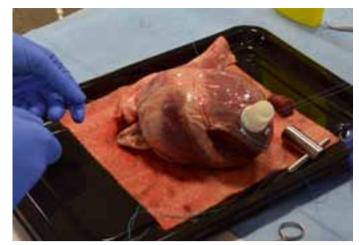


Patrick Miller

is a great opportunity to engage with a small group of cardiac surgeons and tell them about our device. Our presentation lasted about 90 minutes and so we were able to provide a complete overview of our product, discuss patient selection, the procedure, advantages of our device and answer any questions the surgeons asked. It is an excellent way for surgeons to further their knowledge

about current and future

technologies.





Gino Gerosa

The course then examined the role of regenerative medicine and tissue engineering in heart failure. Professor Lop from Padua described the latest advancements and results using stem cells as a therapeutic tool.

"For cardiac surgeons, tissue engineering is not something we are familiar with and it is a complex subject that is evolving rapidly," said Gerosa. "So it was really important to hear about all the latest developments and future perspectives in the field."

### Wetlab

The course also included the Thoratec wetlab, a practical session that gave attendees the opportunity to implant Throratec's HeartMate device, and was really popular with the attendees

"The wetlab is an excellent way to practice implanting an LVAD into a pig's heart and this is essential. It gives the surgeons confidence in their surgical technique and handling the different devices,"



Michael Morshuis

said Gerosa. "It is one thing to read, one thing to listen, and another thing to have the LVAD in your hands so you can compare size and your ability to implant the device into the pig's heart."

### Mechanical circulatory support

The Thursday sessions began with an overview by Geno Gerosa of all the short-term assist device options like ECMO and Impella, as well as his own thoughts on total artificial

Dr George Wieselthaler (San Francisco) examined which devices can be utilised when trying to manage the right ventricle, and he also discussed transplants and outlined transplants post-VAD, as well as destination therapy.

The course also included a presentation from the view of a VAD-coordinator and discussed post-operative care and patient management. Daniella Roefe (Bad Oeynhausen) explained; "Treating heart failure really is a team effort

### Delegate feedback

### David Quinn

heard about the course through a colleague and he recommended the course. I have developed an interest in the area as I am working at Birmingham at one of the five advanced heart failure centres in the UK.



It is an extremely comprehensive course and that is required when you are discussing the complex management of heart failure with lots of different modalities.

The faculty has been first class, not only in the presentations they have given but also the interactions during the lectures and the discussions outside the lectures. It has been very informative.

The faculty have taken a highly complex subject and simplified the key elements so that it will appeal to both residents and consultants. It provides practical knowledge with demonstrations.

Michael Morshuis has anchored the sessions very well, allowing time for discussions and asking his faculty pertinent questions.

The number of people attending the course is ideal because it allows interaction that you would not get in a lecture hall full of 200 people

The morning dedicated to industry was also very informative as it allowed us to know what devices are out there, which devices are coming through, what people are using and what is on the periphery.

I would not only recommend the course but make it compulsory for anyone who is involved in mechanical circulatory support to give them the foundation of knowledge and I would strongly recommend it to trainees. I think cardiologists should also attend the course because they need to know the current status of the various therapies available and they should see it from a surgical point of view.

and it is important that the team understand each other's roles and responsibilities within the team." The overarching message was to establish and respect the structure of a VAD team

The final day of the course was dedicated to industry presentations. This enabled the companies (HeartWare, Berlin Heart and Sunshine Heart) to showcase their device, and gave the attendees the opportunity to see the latest technological advances and ask questions regarding patient selection, implantation and modification techniques.

### Conclusion

"If you are thinking of starting a VAD programme this course provides you with the knowledge. I think anyone with an interest in heart failure should attend this course, whether they are a resident or an experienced surgeon," said Morshuis.

"The course is an incredible opportunity to spend five days talking directly to these specialists not only during the sessions but also over dinner in the evening," said Gerosa. "I would strongly advocate that cardiologists attend the meeting so surgeons and cardiologists are involved in the heart failure programme at their hospital and embrace the 'Heart Team' approach for treating patients."

"I would like to express my gratitude to the faculty for all their efforts. We must remember that they do not get paid to attend and give their time freely, so I must thank them for sharing their experiences

with us and passing on their knowledge," concluded Morshuis.

The FACTS Advanced Module Heart Failure Course will return in November 2014, please look out for further announcements.

### **Industry** comment

### **Berlin Heart**

n our session we presented the INCOR device, our implantable LVAD pump. This gave us the opportunity to give a brief introduction and overview of the features, functions and characteristics of the device. as well as the implant and modification techniques.

There are a lot of devices available for heart failure and this allowed us to share with attendees our knowledge

and experience of using the device. Courses such as this are important because it is not only about educating the user.



Dr Simon Ersel

but also allowing them to inform us what they think so we can develop new ideas and find solutions to their everyday practice.



## Anil Abeywickrama

attended the course as I wanted to broaden my knowledge of heart failure

The scope of the course has been first class and covers all aspect of heart failure from patient selection and managing patients to post-operative surgical and

medical treatments. The course encompasses the step-by-step management of the heart failure patient.

I would recommend the course to anyone who wishes to gain a broad knowledge of heart failure. It has also been of great benefit to listen to the experiences of other attendees form all over the world and to hear how practice varies from country to country.

## EACTS Academy Programme 2014



Course Title	EACTS Domain	Course Director(s)	Dates / Location
Fundamentals in Cardiac Surgery: Part I	Acquired Cardiac Disease & Congenital Heart Disease	W J Brawn, Birmingham & J Pepper, London	3-7 February Windsor, UK
Advanced Module: Open and Endovascular Aortic Therapy	Vascular Disease	M Czerny, Zurich & E Weigang, Berlin	19-21 March Windsor, UK
Thoracic Surgery: Part I	Thoracic Disease	M Dusmet, London	31 March - 4 April Windsor, UK
Advanced Module: Coronary Surgery with Special Focus on Off-Pump Coronary Artery Bypass Surgery	Acquired Cardiac Disease	P Sergeant, Leuven	14-17 April Windsor, UK
Fundamentals in Cardiac Surgery: Part II	Acquired Cardiac Disease & Congenital Heart Disease	W J Brawn, Birmingham & J Pepper, London	2-6 June Windsor, UK
Advanced Module: Congenital Surgery	Congenital Heart Disease	W J Brawn, Birmingham & T Ebels, Groningen	27-31 October Windsor, UK
Advanced Module: Heart Failure: State of the Art and Future Perspectives	Acquired Cardiac Disease	G Gerosa, Padua & M Morshuis, Bad Oeynhausen	10-14 November Windsor, UK
Thoracic Surgery: Part II	Thoracic Disease	P Rajesh, Birmingham	2-5 December Windsor, UK
Functional Mitral and Tricuspid Regurgitation	Acquired Cardiac Disease	J Pepper & K M J Chan, London	14-15 February Windsor, UK
2nd EACTS Certified Course in Cardio-Thoracic Robotic Surgery Part 2 of 3	Thoracic Domain	F Melfi, Pisa; R Schmid; Bern & R Casula, London	26-28 February Paris, France
2nd EACTS Certified Course in Cardio-Thoracic Robotic Surgery Part 3 of 3	Thoracic Domain	F Melfi, Pisa	May Pisa, Italy



## EACTS Academy Programme 2014



Course Title	EACTS Domain	Course Director(s)	Dates / Location
EACTS - ERS Joint Course: Pleuropulmonary Infections and Nonmalignant Disorders	Thoracic Domain	D Subotic, Belgrade; G Rohde, Bohum & R Schmid, Bern	May Belgrade, Serbia
Minimally Invasive Techniques in Adult Cardiac Surgery	Surgical Manpower & Training (SMTP) Committee	P Sardari Nia, Maastricht	23-25 June Maastricht, Netherlands
Advanced Aortic and Mitral Valve Reconstructive Surgery	Acquired Cardiac Disease	J Pepper & P Punjabi, London	4-5 July Windsor, UK
Univentricular Heart and Hypoplastic Left Heart Syndrome	Acquired Cardiac Disease	W J Brawn, Birmingham	8-9 July Windsor, UK
Hypertrophic Cardiomyopathy and Pulmonary Endarterectomy	Acquired Cardiac Surgery	J Pepper, London	5-6 September Windsor, UK
Extra Corporeal Membrane Oxygenation	Acquired Cardiac Domain	J Pepper, London	20-21 October
Chest Wall Diseases	Thoracic Disease	M Yuksel, Istanbul	19-21 November Windsor, UK
Valve Sparing Aortic Root Replacement & Aortic Valve Repair	Acquired Cardiac Disease	E Lansac, Paris & J R Sádaba, Pamplona	28-29 November Windsor, UK
IACTS-EACTS Joint Workshop	Acquired Cardiac Disease	P Sergeant, Leuven & K Sarkar, Calcutta	20 February Kerala, India



























This year's EACTS Annual Meeting was held in Vienna, Austria from 5-9 October 2013. The five days of the meeting included the Techno-College, the Postgraduate Programme, and the Scientific Sessions. Overall, the meeting was attended by over 4,623 physicians. The overall attendence, including nurses, allied health professionals, students and exhibitors, totalled almost 6,500. Here are some selected highlights from the meeting.

## PRESIDENTIAL ADDRESS

# Talent or training?

rofessor José L Pomar said that the mission of the EACTS incorporates two important messages and one unique goal: education and research to ensure better treatment for our patients. In his Presidential Address, "Talent or training?", he shared with the audience how the Association is trying to achieve this goal.

"Those who know me well would be able to tell you that, if I am today addressing to you this Presidential Lecture, it is not because of my talent but certainly due to the chance to learn close to great surgeons and persons and also train daily, not only in the operating room, but also in many other areas of life," he began. "I made so many mistakes that helped me a lot to learn what to do.

He reminded the audience that the cardio-thoracic landscape has dramatically changed over the last 30 years, and today's leading surgeons are not stars like the surgeons of the past such as De Bakey, Cooley, Fontan, Borst, Ross, Yacoub, Carpentier, Senning and many others.

The EACTS is the largest cardio-thoracic association in the world with record attendances at the Annual Meeting, three hugely influential journals, and a highly successful Academy programme. Pomar said that the Association has deemed education as the priority. This will be achieved through two main projects: a Pan-European training curriculum similar in all EU countries and a Quality Improvement Programme (QUIP).

### Training

He outlined the differences between training programmes in Europe and said that the Association is concentrating its



Union Europeenne de Medecins Specialistes, European Union of Specialists (UEMS), who may start a dialogue with the EU authorities, to discuss

efforts through the

the future training of

specialties.

"Our mission is to help at the highest level during the reconstitution of the Section and to ascertain that competencies of trainees fulfil the EACTS standards," said Pomar. "We must go altogether, as a single and unique voice.

He added that a new training programme must be open and

"We cannot keep saying we are good, our surgery is better or my results are outstanding. We need to demonstrate it. Cardiologists learnt that before and will never believe our data if it is not accurate."

> flexible to accommodate different expectations and with special attention to innovation and to what cardio-thoracic medicine is going to be in the near future.

"The ultimate intention is to have a programme compatible at a much wider level, allowing residents from component of the programme is

Europe to exchange with American, Australian and Asian trainees," he added. "This is of paramount importance in a world in which healthcare is becoming

José Pomar

### **QUIP**

global.'

He explained that the Quality Improvement Programme, led

by Domenico Pagano from Birmingham, is designed to be an umbrella for many educational issues of the EACTS: outcomes, clinical consensus or statements, guidelines, education and publishing outcomes. A key

not only publishing outcomes data, but good and reliable data.

"We cannot keep saying we are good, our surgery is better or my results are outstanding," he warned. "We need to demonstrate it. Cardiologists learnt that before and will never believe our data if it is not accurate."

Pomar stressed that the future of the specialty is still in the hands of cardio-thoracic surgeons, but they need to evolve or face failure. Part of the evolution process is the 'Heart Team' concept and choosing the best treatment by consensus of the professionals dealing with cardiovascular diseases is always better, than deciding alone. This was demonstrated by the EACTS and European Society of Cardiology joint guidelines on myocardial revascularisation.

He said the EACTS has evolved from an academic club of 200 prominent members to an organisation with some 3,000 active members, an annual meeting attended by 6,000+ people with over 27 years experience. However, the Association needs to be more transparent in all decision-making processes and members need to become involved.

"In a global world, I believe we need to be hand in hand to increase our most relevant mission to get the best for our patients. No borders, no walls, no limits," he concluded. "Screening talent from the beginning, teaching the young with passion, training properly and more homogeneously our residents with adequate programmes and tools, implementing quality every day, having scientific associations where they may grow in the arms of giants as friends, is the best way, in my mind, to accomplish our goal – improve the outcomes for the benefit of patients."







## EACTS Techno College Award: Valve-in-Valve app for mobile devices



The 2013 EACTS Techno College Innovation Award was won by Dr Vinayak Nilkanth Bapat (Guys and St. Thomas' Hospital, London, UK), for the 'Valve-in-Valve' app that provides information specific for a clinical scenario quickly and simply, and helps in the planning and performing of a Valve-in-Valve case.

he success of a Valve-in-Valve procedure is based on correct identification of the surgical valve, choosing the correct size of the TAVI valve and its subsequent accurate placement," said Bapat. "Surgical valves vary in appearance under fluoroscopy, structure and also in their internal diameter Similarly, TAVI valves differ in their appearances and available sizes. Knowledge about all the surgical valves that have been implanted in the last two decades is minimal but relevant to the Valve-in-Valve therapy.

### **SHVs and TAVI valves**

Using the Valve-in-Valve App, users can now familiarise themselves with important design information about various stented and stentless SHVs and TAVI valves. They can select a specific valve and a labeled size and find out which size of TAVI valve could be used and how it is best placed during a Valve-in-



Vinayak Bapat

Valve procedure. If the valve type is unknown, the app also guides the user through a series of steps where they can identify the surgical valve type and then use the information available for it

"The Valve-in-Valve app reduces the need to trawl through vast amounts of literature to find



information specific to the clinical scenario," explained Bapat. "The application navigates the user through important aspects of surgical and TAVI valve design, which are vital for a successful Valve-in-Valve procedure and logically steps through the possible combinations to give the user specific information needed to perform the procedure.

### Valve-in-Valve Mitral

Bapat and colleagues have also released the second app in this series – Valve-in-Valve Mitral, specific to the valves and rings used in the mitral position. In addition to the information about mitral valves and rings, the app provides important differences between an aortic Valvein-Valve and a mitral Valve-in-Valve

"At the heart of the idea is education that is free to use and the information is also available without the need for an internet connection and will enhance the users understanding of various aspects of this procedure, Bapat told EACTS News. "We hope this will result in improved results and better

> Vinayak Bapat receives the award from José Pomar at





## Young Investigator's Award: Impact of bicuspid aortic valve on post-operative valve-related morbidity after conventional repair for interrupted aortic arch/coarctation of aorta with ventricular septal defect

Ai Sugimoto, Noritaka Ota, Masaya Murata, Yuiiro Ide. Maiko Tachi, Hiroki Ito, Hironaga Ogawa, and Kisaburo Sakamoto

Shizuoka City, Japan

e have been applying conventional repair for patients with an interrupted aortic arch (IAA) or coarctation of the aorta (CoA) combined with ventricular septal defect (VSD) including very small aortic valve (AV) at the bottom of the range z-score -7.0. Bicuspid aortic valve (BAV) is much more common in patients with IAA or CoA+VSD than in the general population. BAV is a common risk factor for valve-related problems. We retrospectively investigated the surgical outcomes after conventional repair with perspective of the valve morphology.

Between 2000 and 2012, 50 consecutive patients underwent conventional repair for CoA/IAA with VSD (one-stage repair, 44 [88%]; staged repair, six [12%]). The criteria for conventional repair were as follows: aortic valve annulus diameter (AVD) z score, >-7.0; mitral valve annulus diameter z-score, >-4.0, without retrograde flow in the proximal arch. Sixteen (32%) patients had BAV (group B), whereas the remaining 34 (68%) patients had a tricuspid aortic valve (group T). The surgical outcomes in groups B and T were investigated.

There was no mortality in this cohort.

Median follow-up times were 6.3 (0 to 11.7) years and 6.2 (0.1 to 11.4) years in groups B and T, respectively (P > 0.05). Preoperative data (median age at repair, median body weight, and median AVD) were comparable in the two groups (P > 0.05 for all) Two patients (4%) underwent re-interventions in the aortic arch: balloon angioplasty for re-coarctation in one; removal of the interposed graft because of somatic growth in the other. The AVD became significantly larger at one-year follow up, approximating the normal value, in both groups. Overall, aortic valve regurgitation was seen in 9/50 patients (18%), but was trivial in most. Three (6%) patients underwent a total of six valve-related re-interventions (balloon angioplasty four, Ross operation one, and valve replacement one) without any morbidity or mortality. All three had BAV, and the AVD was 3.8 to 5.6mm (z-score, -7.6 to -2.4). In retrospect, we could not have predicted these patient's postoperative valve-related problems. Five-year valve-related re-intervention-free survival was 76% and 100% in groups B and T. respectively (P < 0.01). Six patients (12%) had sub aortic z-score <-7.0 and 3/6 patients developed post operative sub-aortic stenosis, regardless of AV morphology or AV annulus size. In contrast, the rest of 3/6 patients did

We have been using conventional repair



Ai Sugimoto receives a Young Investiagtor's Award from José Pomar at EACTS 2013

for patients with small AV annulus who would be generally considered for applying other procedures (the Norwood procedure, the Yasui, and Ross operation). We found an acceptable surgical result under our treatment selection criteria, without mortality and with

a low reCoA rate while patients had sufficient AV growth to support systemic output via the native AV alone. We also found that BAV was a strong risk factor for valve-related morbidity in patients with IAA/CoA+VSD, regardless of the AV annulus size and the degree of sub AS.







## Leonardo Da Vinci Award for Training Excellence

he 2013 Leonardo Da Vinci Award for Training Excellence was awarded to Thierry Carrel, University of Berne, Switzerland. The Leonardo Da Vinci Award for Training Excellence is intended to recognise and reward excellence in training, establish a benchmark in the form of a trainer role model, and define the attributes that makes a good cardiothoracic surgical teacher. The principle behind the award is for the trainee to nominate the trainer, and all cardiothoracic trainees in every country in Europe were invited to nominate their trainer for the Leonardo Da Vinci Award





## Lillehei Award: Early anticoagulation therapy after bioprosthetic aortic valve implantation: comparing warfarin versus aspirin

Sulman Rafiq Rigshospitalet, Copenhagen University Hospital Denmark

espite low long time thromboembolic risk, it has been demonstrated that there is a moderate risk for thromboembolic events in the first three months after bioprosthetic aortic valve replacement (BAVR). Optimal medical therapy to prevent thromboembolic episodes are still debated. Large database studies have suggested that aspirin has equal efficacy to warfarin in preventing thromboembolism. Anticoagulation with warfarin has also demonstrated higher frequency of serious bleeding events. Current EACTS guidelines recommend aspirin for the first three months after BAVR.

In our randomized controlled trial, a total of 328 patients, were followed for the first three months after BAVR, with or without

concomitant coronary artery bypass grafting (CABG). Patients were randomized to anticoagulation with warfarin (target INR 2.0 to 3.0) or aspirin 150mg daily.

Thromboembolic events (stroke, myocardial infarction etc) were comparable between groups 11 vs. 12 (p=0.83) serious bleeding events (gastro-intestinal bleeding, intracerebral haemorrhage) occurred numerically more often in warfarin patients 9 vs .3 (p=0.14). 90-day mortality was comparable between groups 8 vs. 6 (p=0.79). Warfarin was in multivariate analysis significantly associated with serious bleeding OR 5.18 (CI 1.06-25.43, p=0.043). Interestingly only 36 patients (27.1%) were in therapeutic range of INR more than 75% of the time during the three months.

This is to date the largest randomized trial to test anticoagulation with warfarin against antithrombotic treatment with aspirin after BAVR.



Sulman Rafiq receives the Lillehei Award

Our result are not conclusive, but the trends observed, confirm what most observational studies have found, namely that aspirin seems to have equal efficacy to warfarin in preventing thromboembolic episodes, and more serious bleedings are observed with warfarin treatment

This, in combination with much easier management of aspirin treatment, leads us to encourage current guideline practice of aspirin therapy after BAVR.



## Hans Borst Award



r Bartosz Rylski from the Hospital of the University of Pennsylvania, Philadelphia, receives the Hans G Borst Award for his paper, "Gender-related changes in aortic geometry throughout life." This Award was instituted in honour of

Professor H G Borst, and is given to a young investigator who has carried out advanced clinical or experimental research in this field, coupled with an outstanding presentation during the Annual Meeting.

## Francis Fontan Prize



Sowmya Ramanan, Cardiothoracic and Vascular Surgeon of Frontier Lifeline Hospital, Chennai, India, became the first Indian doctor to be awarded the esteemed Francis Fontan Prize for her research work on pulmonary valve

replacement. The Prize was instituted in honour of Professor Francis Fontan, leading founding father of the European Association for Cardio-Thoracic Surgery and is awarded to a medical doctor in specialty training in cardiac or cardio-thoracic surgery.







## EACTS/STS Award: Aortic arch surgery in octogenarians: Is it justified?

Hiroshi Kurazumi Yamaguchi University treatment for aortic arch disease, Graduate School of Medicine, Ube. Japan

he progress and development of medical therapy led the increasing life span all over the world. which has resulted in a significant increase in the number of people aged more than 80 years. Elderly patients often present additional comorbid conditions, and past reports have indicated that cardiac surgery in elderly patients is associated with significant operative mortality and morbidity. Cardiovascular surgeons often hesitate to perform aortic arch surgery on elderly patients, assuming poor clinical outcomes, because thoracic aortic surgery is thought to be a more invasive procedure relative to other types of cardiac surgery. Consequently, elderly patients might be denied aortic arch surgery despite the risk of sudden death due to the rupture of aneurysm.

In this study, we evaluated early clinical outcomes of surgical

mid-term survival and QOL in octogenarian patients, 49 consecutive patients older than 80 years who were referred to our institutions enrolled this study. Of these patients, 20 underwent surgical intervention (surgical group) and 29 were treated medically (medical group). Kaplan-Meier survival analysis

was performed between two groups, was performed in 15 patients, and results were compared with agematched population data. The risk factors for mortality were determined by a Cox regression analysis.

The patient characteristics at baseline were not significantly different between the two groups. In the surgical cases, conventional total aortic arch replacement

Survival Freedom from aorta-related death 100 100 80 80 60 20 c erial survival vs. predictive survival 80 60 60 40 20

debranched TEVAR in two, and Chimney TEVAR in three. Emergency procedure was performed in three patients. No hospital deaths occurred in the surgical group. Reoperation for bleeding was observed in two patients and prolonged mechanical ventilation was observed in four patients. Five-year survival was 61.5% in the surgical group and 13.6% in the medical group (p=0.02). Freedom from aorta-related death at five-years was 92.3% in the surgical group and 32.4% in the medical group (p=0.01). There were no differences in the five-year survival between patients undergoing surgical intervention and those in the age-matched population (p=0.08), whereas the five-year survival was significantly lower in patients who received medical therapy relative to the age-matched population (P<0.001). Medical therapy was the sole risk factor for mortality (Odds ratio: 3.19, p=0.03).

The overall survival was higher in the surgical group, as was the



Hiroshi Kurazumi

freedom from aorta-related death. suggesting that the avoidance of aorta-related death due to the surgical intervention contributes to the superior long-term survival of the surgical group. Our data clearly indicate that surgical treatment for thoracic arch aneurysm reverses the prognosis, even in octogenarians.

In conclusion, surgical intervention for aortic arch disease in octogenarians can vield satisfactory early clinical outcomes and acceptable mid-term survival with adequate daily activity. Our study indicates that among octogenarians, age alone should not disqualify a patient from receiving an aortic arch intervention.



## **EACTS-Ethicon Cardiovascular Simulation award**

Paul Sergeant myvirtualCVsurgery Project and

Veronika Zahorska Ethicon EMEA

n Tuesday 8 October 2013, two innovative and brilliant applicants were identified as the winners of the 2013 EACTS-Ethicon innovation award: Mr Devotini and Mr Hossien. Those present in the auditorium witnessed an unbelievable session of innovation and competition where young fellows were challenged by their peers and by the world leaders in aortic root surgery and simulation technology. Tachycardia and emotion filled the rooms when they presented their projects for the third time during this EACTS meeting to Ed Verrier, Roberto Di Bartolomeo, Marko Turina, Walter Gomes, Patrick Perrier and the other members of the jury. Would their homemade aortic roots and valves withstand the questions and the surgical aggression of the inspection? Well, they did and many from the audience mentioned that this session was the most innovative of this large EACTS meeting. In fact this 2013 EACTS-Ethicon Award is part of a much larger project called "myvirtualCVsurgery". The project, endorsed by the EACTS President and by the Deutschen Gesellschaft für Thorax-, Herz- und Gefäßchirurgie (DGTHG, German Society for



Mr Hossien and Mr Devotini receive the Award from Felicia Longobardi



The entrants for the 2013 EACTS-Ethicon Award

Thoracic and Cardiovascular Surgery), has at this moment four arms and

award winner was Dr Jamie Arroyo. In a protected workshop in Czech Republic more than 3,200 simulators The EACTS-Ethicon 2011 simulation have already been made based on

the Arroyo concept, and have been delivered to surgeons worldwide. In addition more than 80 simulation courses were organized in close to 40 countries worldwide and attended by more than 1,100 scholars with different levels of experience: from the medical student to the professor. These courses are based on a strict curriculum of basic and superior skills guiding the surgeon towards an anastomosis in minimal airspace (1cm), depth (7cm) and on a moving or unstable surface; exactly the conditions of modern era OPCAB surgery. After the course a simulator is given with an access code to an even more innovative cloud-based system, wherein the scholar receives continued and personalized guidance from the course teachers. At this moment scholars from 48 countries are learning superior surgical skills at home with

The EACTS-Ethicon 2012 simulation award winner was Dr. Niels Verberkmoes. A production line of mitral valve simulators was set up in the same plant and for hundreds of simulators, thanks to Niels' support and collaboration in industrializing his concept. Patrick Perrier was our domain expert guide and the first two simulation sessions were organized in Vienna this year. Those present were delighted in sharing Patrick's emotions in the reconstruction of the mitral valve and each participant did at least two reconstructions during the

video and OSATS interfaces.

sessions. The project leaders are trying to find resources for a similar cloud course.

The EACTS-Ethicon 2013 simulation award challenged the young submitters even more. How to create at extremely low cost aortic valve and aortic root that can be used for lowcost simulation. Devotini and Hossien came up with similar designs based on 'dripping' technology. Three days of discussions and testing by the jury concluded in a shared prize. At this moment Marko Turina, the domain expert guide, is industrializing this concept into a usable and affordable simulator. It is just as with the two previous models, the intention to give such a simulator to each scholar in training. We hope to organize in 2014 the first aortic root simulation sessions with the Dev&Hos simulator and, who knows, a similar 'cloud' course.

So the jury of the EACTS-Ethicon 2014 simulation award is thinking about a subject of interest and challenge, probably in the Congenital Domain. The decision is not final but Pascal Vouhé has agreed to be our domain guide in this project. The three dimensional problem of the mitral valve and the aortic root are even more an issue in this surgical approach. The thirty-three submissions of the three previous contests has convinced the iury that no challenge can match the ingeniosity of the future geniuses of cardiothoracic surgery.









## Young Investigator's Award: Performance of the EuroSCORE II in a large US database and implications for patient selection in clinical trials

Ruben L. Osnabrugge Dept. Cardio-Thoracic Surgery, Rotterdam, The Netherlands

isk models are essential for clinical decisionmaking, benchmarking of clinical practices, and patient-selection in clinical trials. Several scores are currently used in cardiac surgery, such as the original EuroSCORE which predicts 30-day mortality after cardiac surgery. At the EACTS Annual Meeting in Lisbon 2011, the EuroSCORE II was launched, which was derived from 23,000 patients who underwent cardiac surgery in 43 countries in the year 2010. The goal of the EuroSCORE II was to enhance performance and increase applicability to contemporary cardiac

The new score performs better than the original score, but validation

studies have been limited to European datasets. With increasing transatlantic research collaboration, and the potential to use the EuroSCORE II also in the US, knowledge on the performance and comparability of the score in North-American patients is essential.

In a collaborative effort, researchers from the Erasmus University Medical Center in Rotterdam and the leadership of the Virginia Cardiac Surgery Quality Initiative (VCSQI) compared the performance of the FuroSCORF II with the Surgeons Predicted Risk of Mortality (STS-PROM) model in a statewide multi-centre U.S. database (>50,000 patients), and also explored implications for patient selection for transcatheter aortic valve implantation (TAVI).

Results show that overall the STS-PROM model, which contains over 40 variables, was better



Ruben Osnabrugge receives a Young Investigator's Award

mortality,O:E=0.77 versus O:E=0.66 that were likely to survive from for the EuroSCORE II) and was calibrated (observed versus expected superior in discriminating patients

those who were more likely not to survive during the first 30 days

(AUC=0.80 versus AUC=0.66 in the EuroSCORE II;p<0.001). Nevertheless, the performance of the EuroSCORE II. comprising 18 variables, was satisfactory compared to the STS-PROM in non-CABG procedures. In patients undergoing aortic valve replacement, both scores performed similarly.

Ongoing transcatheter versus surgical aortic valve replacement trials (PARTNER II and SURTAVI) are enrolling patients with an estimated 4-10% risk of mortality. The results of the current study imply that these trials are actually enrolling patients with an estimated 30-day mortality risk of 3.0-7.5% (EuroSCORE II) or 2.8-7.0% (STS-PROM), potentially leading to overtreatment with an investigational device. Therefore, risk decision-making should not solely be based on risk scores, but should comprise multidisciplinary heart team



## Young Investigator's Award: Human isolated perfused lung models demonstrate compensation of pulmonary vasoconstriction in response to re-oxygenation

Priyadharshanan Ariyaratnam Hull and East Yorkshire Hospitals NHS Trust, UK

cute rises in pulmonary artery pressures following cardiopulmonary bypass remain a thorn in the side of cardiac surgeons and intensivists alike, as it is a very difficult entity to manage and carries a significant morbidity and mortality burden. Surprisingly, little is known about the mechanisms by which this phenomenon occurs.

Ischaemia-reperfusion injury has become the trendy area of investigation to explain much of the pathophysiology surrounding cardiac surgery. Despite this, the contribution of ischaemia-reperfusion to pulmonary abnormalities has received limited attention. As well as a reperfusion element from the reestablishment of the pulmonary circulation after cardiopulmonary bypass, there is the added element of re-oxygenation as ventilation is returned to the hitherto quiescent lung. In addition, temperature is known to affect the tone of systemic arteries in animal models but has not been studied in human models nor its effects discerned in the pulmonary circulation. However, there have been clinical reports that deep hypothermia causes pulmonary hypertension upon rewarming.

We looked at the contribution of hypoxiareoxygenation and hyperoxic reperfusion not only in isolated human pulmonary arteries but also isolated perfused human lung models. Further to this, we investigated the role that deep hypothermia and rewarming have on pulmonary artery pressures.

The set-up for the isolated human perfused

lung model is shown in Figure 1 (n=6). The set-up for the isolated human pulmonary rings utilised pulmonary artery tissue harvested from healthy portions of high order pulmonary arteries from patients with lung cancer, placed in organ baths (n=18).

From the isolated pulmonary rings, we show that hyperoxic vasoconstriction appeared to be dependent on both extracellular calcium influx and intracellular calcium release from the sarcoplasmic reticulum (Figure 2). Deep hypothermia (17°C) reduced the responsiveness of pulmonary arteries to stimulants compared to arteries maintained at 37°C. However, rewarming from deep hypothermia did not precondition arteries to a greater degree of responsiveness.

From the isolated perfused lung models, neither hypoxia nor hyperoxia in the ventilator or perfusate translated into any significant changes in pulmonary artery pressures. At deep hypothermia, pulmonary artery pressures and the department of Academic Medicine were unresponsive with stimulation whereas

rewarming caused a reactivation of the stimulatory pathways.

Our results, whilst showing that hypoxiareoxygenation affects the tone of pulmonary arteries in isolation, demonstrate that there appears to be compensatory mechanisms at the whole lung level to cushion these changes. Hence, pulmonary artery pressures following cardiopulmonary bypass are unlikely to be affected by hypoxiareoxygenation or deep hypothermia.

Our models may also be of considerable value for those involved in ex-vivo lung perfusion in transplantation as it demonstrates that varying the conditions of human lungs in an ex-vivo environment has varying physiological effects at both the tissue and organ level which may influence donor lung optimisation prior to transplantation.

The project is a collaboration between the cardiothoracic department (under Mr Loubani) (under Professor Alyn Morice).

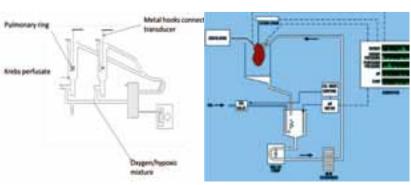


Figure 1: Left; Isolated vessel system and, right; Isolated perfused lung system



Priyadharshanan Ariyaratnam receives a Young Investigators Award

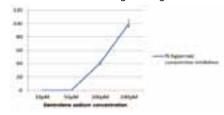
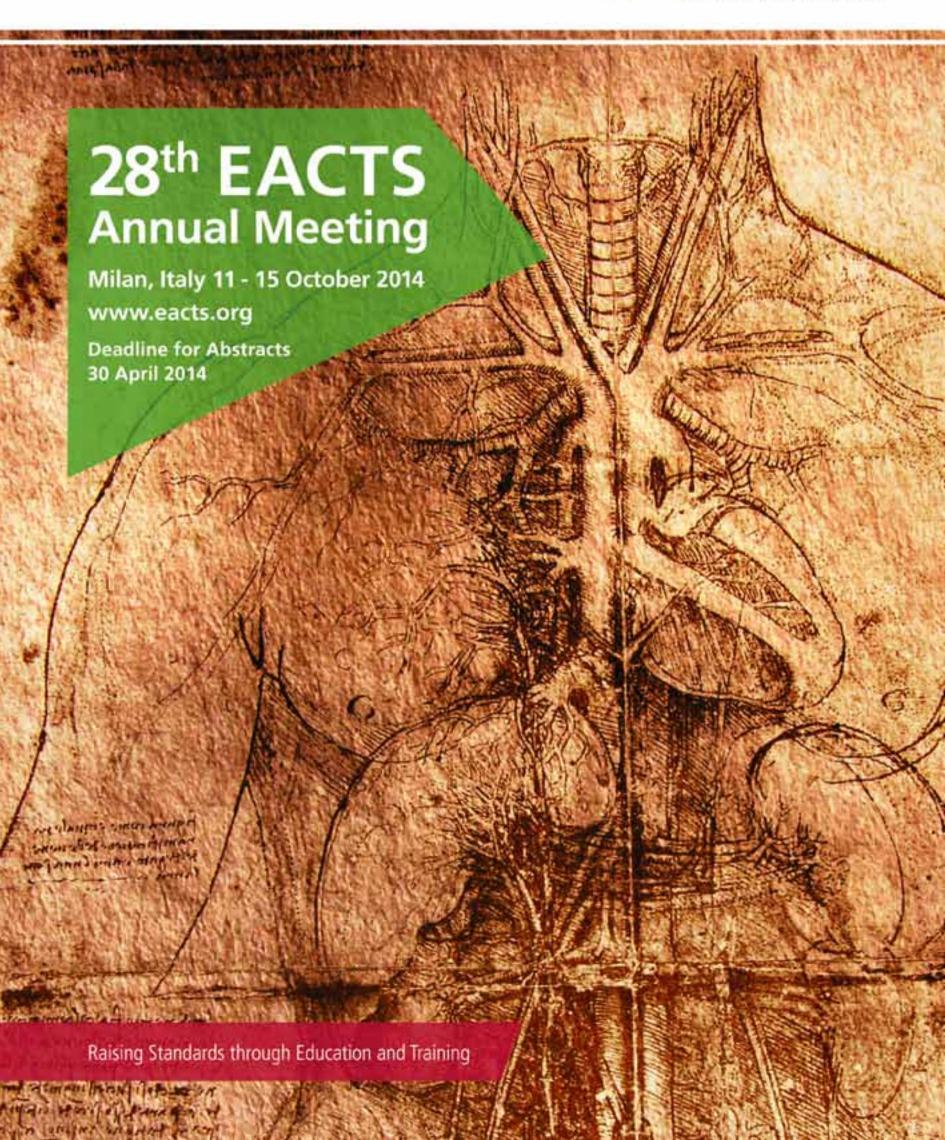


Figure 2: Dantrolene inhibition of hyperoxic constriction







## RESIDENTS' LUNCHEON: CLASH OF THE TITANS

Peyman Sardari Nia Chairman of the Surgical Training and Manpower Committee

uring the 27th Annual Meeting in Vienna, we organized the Residents' Luncheon for the third consecutive year. The concept of the luncheon is an informal session whereby prominent cardiothoracic surgeons interact with the residents. This is a new initiative that we started three years ago, which has been very successful.

The concept was eight tables with each having a specific subject within cardiothoracic surgery. Normally two or three surgeons are invited per table for the lunch with approximately 10 residents. This is to stimulate networking, informal discussions or touch on subjects that are generally not discussed during the scientific

Each year we choose a different theme. The theme of this year's luncheon was 'Clash of Titans'. We had chosen to invite prominent surgeons with conflicting view on certain surgical approaches. On each table there were envelopes that contained questions and subjects for discussion.

The luncheon was fully booked and well appreciated by the residents. In the corridors of the conference centre we even encountered many established surgeons who liked the programme and wished that similar initiatives would be open for nonresidents too.

On behalf of all my colleagues from STMP committee I would like to thank all the people involved in organizing this luncheon specially Raili Ermel (STMP committee member), Sharon Pidgeon (EACTS office), St Jude Medical (for sponsoring the event), invited cardiothoracic surgeons and residents who attended the luncheon.







## **EACTS 2013: Residents' Luncheon**

Giuseppe Maria Raffa, Mediterranean Institute for Transplantation and Advanced Specialized Therapies (ISMETT). University of Pittsburgh Medical Center, Palermo, Italy

t's not often that a young researcher has the opportunity to sit down for lunch with the editors of two of the top journals in the field, and pick their brains. The 27th Annual Meeting of the European Association for Cardio-Thoracic Surgery offered just such an opportunity with its brilliant "Clash of the Titans" Luncheon. Ours pitted Friedhelm Beyersdorf, the editor-in-chief of EJCTS against his American counterpart Henry Edmunds Jr., the editor-inchief of ATS. Edmunds can't attend, it turns out, which is a bit like discovering that only half the menu will served. But, menu or half menu, lunch is always lunch.

There are six of us, all young researchers, and eager to soak up more ideas than wine. "Why should we choose EJCTS over Annals?" someone asks. Dr. Beyersdorf diverts the question and encourages us to follow our interest in

research, stressing the need to learn the scientific method. He also tells us not to be afraid of rejection. "Whom do you want to read your paper?" he continued, "your university, country, Europe, the world? If you feel your research is important for the European community, send it to EJCTS. Bear in mind that the impact factor might not be an indicator of the quality of a paper or the ability of an

The guestion of whether European journals are imprisoned by impact factors comes up. "Journals, of course, cannot neglect the impact factor; however, they do not focus too much on it." Appetizers arrive.

"I want to get my paper published. What should I do?" "Well, first, do the best research you can. You have to learn the basics, and how to work as a team, not just institutionally. Writing a scientific paper is hard work, and must be done in clear and precise English. Editing services are advisable for authors whose native language is not English. Keep it simple, or risk boring your reader. You

should also present your data in tables, and add detailed information using the supplemental data section. Statistical analyses can increase the scientific weight of a paper. and some journals employ a statistical revision process to validate your analyses." Risotto and chicken breast arrive.

The climate quickly grows serious. "Fraud and falsification are strictly forbidden," Dr. Beyersdorf says firmly. "Do not falsify data, and do not plagiarize."

'What about payment for access to peer review." I ask, "Well, some journals don't require payment. The major advantage of open access journals is that you may have your paper published the next day and anyone can access it. Remember that some journals require payment for publishing color figures. While this is generally a good option, researchers in developing countries may not have the funding."

The dessert and coffee arrived, topping off a most informative and enjoyable lunch.

Acknowledgements: The author would like to thank Peyman Sardari Nia for the concept of the "Residents' Luncheon," and Raili Ermel for supporting him in this exciting project.

## **EACTS** at your own convenience: the TV recordings

Ruben Osnabrugge Rotterdam, The Netherlands

uring the Annual Meeting in Vienna, the second edition of the EACTS TV studio took place. Organized by A. Pieter Kappetein, EACTS Secretary General and Ruben Osnabrugge, a PhD fellow from Rotterdam, The Netherlands, the studio set out with three goals:

- 1 Sharing the highlights of the Annual Meeting on the EACTS website for those surgeons who could not attend in Vienna;
- 2 Provide informative and educative expert discussions putting science into perspective across all the EACTS Domains;
- 3 Review techniques that were published in the Multimedia Manual of Cardio-Thoracic Surgery (MMCTS).

During the course of four days from Saturday 5 till Tuesday 8 October, there were 30 sessions



Ruben Osnabrugge

involving more than 70 experts. A variety of sessions were recorded, ranging from roundtable discussions with five discussants to a session in which the submissions for the EACTS-Ethicon Cardiovascular Simulation Award were reviewed. One of the roundtable discussions was a revascularization debate between surgeons and interventional cardiologists. Leaders in the field, such as Michael Mack, Friedrich Mohr, Patrick Serruvs and Nicolas van Mieghem discussed the latest evidence and implications for everyday practice. Also, Jose Pomar interviewed Valentin Fuster on his honorary lecture "Evolving trends in the cardiovascular field: technological and nontechnological aspects". New this year were the interviews by the editor of the Multimedia Manual, Prof. Marko Turina. He interviewed authors of recently published articles on specific surgical methods and techniques.

Secretary General of the EACTS A. Pieter Kappetein said: "The TV recordings are a valuable supplement to the Annual Meeting, allowing surgeons to review latest science and its clinical implications at their own convenience. The discussions are very educational and really bring something new to the table. After last year's success, we have tried to further improve the TV experience and we succeeded. We are constantly looking to further enrich the EACTS TV studio and invite you to send suggestions, questions or comments to r.osnabrugge@erasmusmc.nl "

Go to www.eacts.org to see some of the highlights of the Annual Meeting in Vienna or if you want to know how key opinion leaders feel about the current state-of-the-art interventions for your patients. The videos will be uploaded and highlighted in e-newsletters over the coming months.

EACTS 2013: Postgraduate Nurses and Allied Health Professionals day

## Cardio-thoracic surgery, a team effort

Richard van Valen, Nurse Practitioner Dept. of Cardio-Thoracic Surgery, Erasmus Medical Center Rotterdam (The Netherlands)

his year's the fourth postgraduate (PG) course for allied professionals was held at the Annual Meeting of the EACTS in Vienna. This article reflects on that meeting and the aim of this part of the postgraduate courses.

Nurses, nurse practitioners, physician assistants and health care scientists gathered in Vienna to learn, discuss and grow as a group. As organisers we are still thankfull for the opportunity the EACTS has given us and the recognition that successful surgery not only depends on the training and talent of the surgeon but that the allied roles are also necessary to give patients the best possible outcome after

This year had several themes, one of the most important being non technical skills in theatre. During a three hour session important aspects of communication in highly demanding circumstances were discussed. The group of Simon Patterson Brown gave a well-appreciated interactive course that was relevant to all health professions and in

all aspects of our care both in the operating room and throughout the patient journey. It highlighted the importance of working as a team, being willing to learn from each other and considering the impact of human factors upon our

One of the more important goals of this PG course is to promote and support scientific research by allied professionals. Each year researchers from across Europe are invited to present and discuss their findings with peers. This year presentations covered subjects as "physical therapy after lung surgery" and "Interaction between general practitioners and hospital staff after cardiac surgery". All presentations were evaluated as being very positive which is a credit to our colleagues who shared their work. We were fortunate to have an interactive TAVI session which was lead by a cardiac surgeon and a cardiologist. Their worked provoked a number of issues for discussion around the difference in patient pathway and the implication for pre- and postoperative management as compared to conventional surgery Which is the best environment to care for patients, within the cardiology or surgical unit? A lively discussion followed that

has developed ideas for us all to take back to our units.

The president of the cardio-vascular physician assistant association in the US gave an informative lecture on the role and development within the US and this gave us the opportunity to reflect on our clinical roles.

The goals for 2014 are to once again grow in attendance and be able to cater to the needs of the different participants. Making a programme challenging for both theatre nurses and. for example, intensive care nurses is one that takes careful consideration. We aim to include subjects beyond the scope of surgical techniques. That is what techno college provides. We also get the opportunity to network with colleagues, educate each other, promote discussion and inspire.

The meeting in 2014 will be held in Milan, Italy, October 11–15. Should you have ambitious nurses in your department and/or scientific work of interest to our group please register for the 2014 meeting and join us to share your work. The postgraduate day is a supportive forum to start presenting. The meeting should once again be a meeting by the allied professionals for the allied professionals but as always in close cooperation with our surgeon and perfusionist colleagues.





## Vascular Domain - a report from Vienna 2013

his year's programme was unique with regard to innovation. attendance and interaction. The aortic session during Techno College was packed and interest in the various procedures presented vibrant. For the first time we had a common session between two of the major societies EACTS and STS. The focus was on circulation management, temperature and neuroprotection during aortic arch surgery; the lectures were brilliant and the gain of knowledge outstanding. Furthermore, we had a newly created prize, which was awarded to the best abstract in this session.

The following day started with a common session together with the Congenital Domain focusing on aortic disease in infancy and childhood. Presentations were excellent and the information gain fantastic. The day continued with a session on connective tissue disease and bicuspid aortic valves leading to a better understanding of genotypes, phenotypes and the resulting clinical consequence. The abstract sessions were very well attended as the topics were highly factual and the quality outstanding. Frozen and conventional elephant trunk techniques were discussed and contemporary approaches in acute and chronic type B aortic dissection were illustrated.

Monday closed with a high quality experimental session to get a better



Martin Czerny

understanding how basic science translates into clinical practice. On Tuesday, we devoted the entire morning to late outcome after TEVAR discussing if these outcomes justify or prevent a more liberal approach to endovascular techniques and as could be expected the discussion is still ongoing Another focus this year was laid on infectious

aortic complications and their management. After an important session on current strategies in thoracoabdominal surgery. another highlight session should be mentioned, the "My best case and worst case and how this influenced my future practice"

intriguing cases and very personal insights and

World leaders of aortic surgery presented

the resonance was enormous. On Wednesday, we had an advanced techniques session illustrating invasive and non-invasive milestones in optimizing outcome with the intent to realize new promising strategies at a very early time point in order to implement them into the clinical armentarium. Finally, the hands on Vascular Closure device session raised particular interest for anyone who wanted to develop his skills in this particular field.

One of the most attractive assets we had to offer, was a pre-case planning course followed by simulation training in EVAR and TEVAR. This unique combination enabled participants to perform their own precase planning to get more independency from others and then practice their newly acquainted skills immediately. Due to the continuing success of this course, we will have this module again during the Vascular Domain's yearly course in Windsor as well as during the next EACTS Annual Meetings.

This leads us to next year's Vascular Domain yearly course which will take place in Windsor from the 19th to 21st March 2014. The concept which will be followed is a journey through the entire aorta from the root to the bifurcation addressing natural history, diagnostics, all treatment options available and long-term outcome. Pre-case planning as well as simulation training will be available. We see this as a mission to further expand our practical training opportunities in

## Congenital Domain - a report from Vienna 2013

William Brawn

Chairman Congenital Domain

ienna as usual provided a fantastic setting for the European Association's Annual Meeting. An immense amount of work had gone into helping create a varied and interesting congenital programme. The congenital programme covered a techno college, the postgraduate course, two focus sessions, one being combined with our vascular colleagues, and then the professional challenge sessions. There were five abstract sessions, and we finished with a wet lab on the Wednesday morning.

Of note all of the sessions seemed to be much better attended than they were one year ago in Barcelona and of note in several sessions the rooms proved too small for the numbers attending. We had many international as well as European high quality lecturers, and this was favourably commented upon by the registrants attending our

The techno college covered transplantation techniques and patient selection and then in a separate session mechanical support and outcome destination therapy. The presentations were

excellent and the interactive discussion extremely stimulating. This session was particularly pertinent considering the numbers of our congenital patients who are reaching adult life and requiring further care because of the onset of

The postgraduate education programme on Sunday followed the usual format with the plenary session first, followed by addressing the topics of double outlet right ventricle and then mitral valve disease, both congenital and acquired. We finished with six five-minute films of operative procedures which proved very

In the first focus session we combined with our vascular colleagues to discuss aortic disease from childhood into adult life. The second focus session covered issues of different methods of cardiopulmonary bypass and myocardial protection. In particular we invited specialists in the physiology of the myocardium and the development of the brain and its maturation to provide added breadth to the discussion.

The professional challenge covered the problem of the tricuspid valve both in univentricular and biventricular heart. As always an expert morphologist provided an



William Brawn

excellent overview and specialists from all over the world came to present their findings and to stimulate discussions.

The winner of the Young Investigators Award was Dr A Sugimoto from Shizuoka City, Japan. There were several

presentations by young presenters, which I am sure could also have been considered for this award had they applied. We need to advertise this award more widely.

As Chair of the Congenital Domain, I took part in the residents' forum at lunch time, which was

very stimulating and interesting. There was excellent attendance at the presidential address given by Professor J L Pomar.

All in all we had excellent feedback from our attendees at our sessions, and usually the rooms were full to capacity.





## Thank you for your interest in the trade exhibition in conjunction with the EACTS Annual Meeting 2013!

n conjunction with the Scientific Meeting EACTS hosted an exhibition for industry partners. Companies presented the latest in cardiac, thoracic and vascular therapies, technologies and related services in an educational exhibition area. A 2.5 day high level international event with over 100 leading companies offering insight on critical issues and focusing on the vital role technology can play in linking all parties in the most effective manner. Participants had the opportunity to see and learn more about the latest solutions that have been designed specifically for patient care.

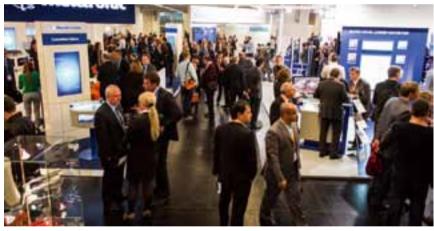
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The EACTS acknowledges the valuable contribution of the following companies in the 27th Annual Meeting through their pre

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## The 27th EACTS Annual Meeting **Presentations**

Are now available to view online

Highlights from this year's meeting include:

Techno-College | Postgraduate Programme | Professional Challenges | Focus Sessions and more...

















