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A message from the President

Dear EACTS members,

As president and as former editor I am proud to inform you that the *European Journal for Cardio-Thoracic Surgery* (EJCTS) has reached an impact factor of 2.550 and I want certainly to congratulate the current editor, Friedhelm Beyersdorf, and the staff of the editorial office with this achievement. As mentioned in the previous newsletter the EJCTS will celebrate its 25th anniversary this year. A quarter of a century is a milestone! And what is better way to celebrate this milestone than to do that with an increased impact factor. In the next edition of *EACTS News* you will learn more about 25 years of EJCTS.

In this issue of *EACTS News* you will find reports on the EACTS courses. All these courses were organized for the first time at our EACTS House in Windsor. Fully equipped with the latest audio-visual and videoconferencing facilities, wired and wireless network, as well as wet lab facilities EACTS House is a perfect venue for our courses.

Also in this issue we have an interview with cardiologist Patrick Serruys, best known from his work in in-

terventional cardiology and particularly in the restoration of vascular function. During the ESC Annual Meeting in Munich this August Prof Serruys was awarded with the ESC Gold Medal for his contribution to medicine. Reading this interview you will find his answer to the question, "Does the cardiologist still need the surgeon". Collaboration between our two specialties is necessary to find treatment and cure for cardiovascular diseases. One hand cannot do without the other. Therefore the ESC and the EACTS create joint task forces to work and produce joint guidelines on the treatment of cardiovascular diseases. The latest EACTS-ESC guidelines on the management of valvular heart disease will be presented during our Annual Meeting in October in Barcelona and are already available online (www.EJCTS.org).

This leads me to the following item of this issue of *EACTS News*: the scientific programme of the 26th EACTS Annual Meeting in Barcelona. The Annual Meeting is only a few weeks away and the four EACTS domains have worked very hard to produce a



Ludwig von Segesser

wide range of educational formats presenting the latest and the best information on new technologies and techniques in cardio-thoracic surgery. You will find more details on the scientific programme further in this issue.

Another important joint initiative is the development of a European Training Programme. Together with representatives of the national societies, the EACTS has identified the needs for the future training of cardio-thoracic surgeons in Europe and is developing a European Statement on Cardio-Thoracic Training and Education. A first draft will be presented during the EACTS Annual Meeting in Barcelona.

This is already issue six of *EACTS*

News. I hope you enjoy reading our newsletter as much as I do. Three times a year we try to offer you a variety of topics to keep you informed about the latest developments in our association and in cardio-thoracic surgery. Since *EACTS News* is made for our members, we would welcome any suggestions and ideas that you may have for our newsletter.

See you soon in Barcelona!

Ludwig von Segesser
MD, FECS, FACS, FESC
President EACTS

EACTS National Societies Meeting

On 8 June 2012 the representatives of the National Societies met at EACTS House in Windsor (UK). The core items of the national training programmes were presented by all attendees and Professor Jos Maessen (The Netherlands) gave an overview of the recently revised Dutch training programme that is based on competencies. During the meeting the content of the European Training Programme and the roles to prepare the documents were discussed. A first draft of a European Training Programme will be presented at the next National Societies Meeting dur-

ing the EACTS 26th Annual Meeting in Barcelona, Spain.

Also discussed was the participation of the national societies in the UEMS. All recognized the importance for the cardio-thoracic surgery specialty to have active representatives of their respective countries in the UEMS.

Philippe Kolh, Chair EACTS Clinical Guidelines Committee informed the National Societies that the EACTS and the European Society of Cardiology (ESC) create joint task forces to work and produce joint guidelines on the treatment of cardiovascular diseases. To promote

guidelines that are made by EACTS and ESC national societies are requested to appoint a national guidelines coordinator that can closely collaborate with the guidelines committee of EACTS.

The next meeting of the National Societies will be on 30 October 2012 during the 26th EACTS Annual Meeting.



Save the date

EACTS National Societies Meeting: 30 October 2012, Barcelona (Spain)

For further information please contact the Secretary General's office via email: Rianne.Kalkman@eacts.co.uk



(inset) Paul Sergeant (left) with Herbert De Praetere

Advanced Module Coronary Surgery Windsor 26–30 March

Herbert De Praetere

Twenty interested scholars, from as far away as Russia and Korea, convened in the new EACTS headquarters in Windsor on Monday morning March 26. A warm welcome and a cold refreshment disguised a non-expected technical assessment at the start. This was the first step of an unhabitual master class based on the principles of the science of learning. All scholars were challenged to perform an anastomosis on a low fidelity simulator. Two video cameras anonymously observed the technical handling during the 15 minute interval given for this assessment.

This unhabitual master class was embedded in a scientific project, to study induced tech-

nical and cognitive learning progress, focused on coronary surgery and data interpretation. It is therefore logical that the previous technical torture was followed by an even more cruel knowledge assessment. Multiple choice questions were chosen to sharpen the attention of the scholars on the coming subjects. All scholars were hit in the face by the difficult, nevertheless crucial questions, pertinent for the daily care of patients and the correct interpretation of scientific publications. An identical technical and knowledge assessment closed the master class at the end of the week. In a later step, as well the graft and the grafted vessel as the videotaping will become the evidence for the validation of this performance using the FANN OSATS. The analysis of the

data will allow the study of the technical and knowledge progress within that week, separately and in parallel.

The daily program was evenly balanced with four hours of intellectual interaction and four hours of low fidelity simulation. It usually ended with a splendid dinner in one of the fine restaurants of Windsor. Some closed the exhaustive days with a minor liquid imbalance. The knowledge and technical educational processes were deconstructed before the course and deposited in documents, power points and PDF files that guided the class. At several moments during the course the scholars were given the opportunity to direct the subjects for the following days according to their interests and needs. The interaction was

structurally embedded in the lectures; in addition at any given moment questions and answers were raised by the scholars. Sometimes the planned paths were left for some challenging explorations. The age and experience variability within the group of scholars added interesting perspectives and enriched the whole group.

The last day the induced knowledge was applied in the critical reading of a series of well known manuscripts, identifying hidden limitations and destabilising some scholars in their unspoiled belief of scientific publications. Tired but satisfied faces closed the week as a closed group of friends, having gone through a scientific process and study, usually reserved for the animal lab.

Vascular Course

Martin Czerny

Chair, EACTS Vascular Domain

This year's vascular course in Windsor again was a continuing story of success. We had 23 participants from 13 countries. The concept of this year's course was to take participants onto a journey through the entire aorta from the aortic root down to the aortic bifurcation.

It was the first time that the aorta was seen as an organ which substantially improved understanding of the

different functional patterns of various aortic segments and their physiological and pathophysiological behaviour which is directly related to choose the best treatment algorithm.

We had a special focus onto open surgical techniques as we feel that in an era where endovascular therapies are propagated as the way to go, classical surgery who has dramatically improved in the last decade especially with regard to conceptual ameliorations has regained increasing popular-



Martin Czerny

ity as the limitations of endovascular therapy as well as early and late treatment fail-

ures become more obvious.

Nevertheless, due to the importance of being involved in endovascular therapy, for the first time we were able to provide a training centre for thoracic as well as abdominal endovascular therapy which proved to be a success as simulation techniques currently are thus advanced that they are able to provide a reality like scenario which supports skills development of trainees in a fascinating way.

Finally, a training system for physicians was provided by which measurements of pre-case planning endovascular procedures can be

learned so that a more independent status can be reached.

Due to the particular success of these simulation opportunities, we are very happy to be able to provide simulation courses during our annual meeting in Barcelona in October where thoracic, abdominal as well as pre-case planning courses will be provided.

Summarizing, the response of this year's vascular course was an extremely positive one and we are happy to welcome people again to Windsor for next year's Vascular Course, 20-22 March, 2013.

Rectification

In "The Big Question" section in issue 5 (pages 14-15) of the EACTS News newsletter, we incorrectly reported that Professor Hans Sievers was not in favour of the Ross procedure and that Professor Ad Bogers was in favour of the procedure.

The publishers of EACTS News would like to apologise to both authors for this misrepresentation and for any embarrassment caused. This was an error on the part of the publishers and we acknowledge that Professor Hans Sievers is absolutely in favour of the Ross operation.

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Edwards

EACTS News meets Patrick Serruys



In this issue we interview Professor Patrick Serruys, in which he discusses the evolution of cardiology, the future of cardiovascular medicine and whether the cardiologist still needs the surgeon.

You have been involved in cardiology for some 30 years, what has the most significant change?

The first thing to say is that I am an ex-internal medicine doctor and then I trained in cardiology. At that time our primary function was to make a diagnosis and the surgeon was the one who would provide the solution to a coronary artery or valve problem, it was a very special relationship.

Our second function was to control the outcomes from surgery such as bypass, left ventricular function, angina, exercise testing and so on after surgery.

All this changed drastically in 1977 with the first angioplasty procedure. Suddenly, we were no longer internal medicine practitioners but interventional cardiologists, although the term did not exist at the time.

I remember when I was carrying out the first procedures in 1980, I had to go to the Royal Netherlands Academy of Arts and Sciences and explain to a panel of professionals including physicians, psychiatrists, poets, novelists, physicists and so on what interventional cardiology was.

Our role was both diagnostic and therapeutic. I say therapeutic because we were able to "cure the disease" and this changed the psychology of a whole generation of ex-internists and cardiologists.

How did the surgeons react to the emergence of angioplasty?

I can only speak for myself, but when we started in Rotterdam, there was a waiting list of almost one year for cardiac surgery. I think it took me four months to find my first angioplasty patient. At the time the only balloon that existed was 4.2, so I had to find patients with single artery disease who had an artery of 4.2mm.

Initially, there was a gap of around three months between patients, at the same time the cardiac surgeons were so busy and they thought that treating single vessel disease with angioplasty was just a small enterprise.

At first we could only start work late in the day, after 5pm, once the surgeons had finished their surgical programme as they remained on standby in case of complications. One day, when we decided to perform the procedure at 8am, it caused quite a stir.

But, step by step, our surgical colleagues began to recognise that in

some patients with very simple lesions angioplasty was a valid treatment.

Of course it was not perfect, at the time we had some 30% rate of restenosis. I remember some three out of ten patients would require surgery and the surgeon would always say: "What have you done.... again?"

But over time, the number of patients being referred to surgery declined. I remember we used to only perform one case per day. I was working alone for a few weeks and performed five cases the first week, five cases the second week cases and in the third week one case each on Monday and Tuesday, all without surgery. This was a remarkable achievement. So I found excuses not to perform angioplasty on Wednesday, Thursday and Friday. I am superstitious and did not want to perform number 13.

So what led to the adoption of angioplasty?

Angioplasty was still in its infancy and we were all still trying to master the technique. It was in 1982 that the first real advancement came with the first steerable guidewire.

The second significant change came with the introduction of bare metal coronary stents and I performed the first procedure in the Netherlands in 1986. Of course, there were high rates of stent thrombosis and so the patients required anticoagulants, despite this, it

I believe this approach has made the two specialties listen to each other and made them realise that the cardiologists needs the surgeon as much as the surgeon needs the cardiologist

was yet another step forward. Then along came drug-eluting stents, which reduced the incidence of thrombosis.

Has the Heart Team approach changed the relationship between cardiologists and surgeons?

Yes, in many institutions there were two systems of referral and very little communication between the surgeons and cardiologists.

The Heart Team approach means that they have to work together and co-sign an agreement on the course of treatment. They have to sit down and think carefully on the best course of actions for patient.



Patrick Serruys

The concept is not new. When I first came to Rotterdam in 1976, we had discussions across the entire team. At the time all the patients went to surgery but everyone was allowed to voice their opinion and concerns.

For the SYNTAX study, I met with Friedrich Mohr to discuss a trial comparing surgery and drug-eluting stents in selected patients. Immediately he raised his fists, said he disagreed and did not want to do this kind of trial with cherry picking patients and he insisted that it must be an all-comers trial.

As there were no exclusion or in-

cluded by the EACTS and European Society for Cardiology guidelines and guidelines from the United States. This is because it is Level 1 evidence-based medicine.

Following on from the success of the SYNTAX, PARTNER and the current SURTAVI and EXCEL trials, do you think the design of these trials is the future of trials design?

I believe so as I do not see another way to randomise patients. It is an interesting dynamic as when a patient is randomised, the surgeon and cardiologists are saying "I can do this procedure". However, there is also an element of doubt. We do not know if one procedure is better than the other.

Another important element is of course the SYNTAX Score, a tool to score complexity of coronary artery disease. For the EXCEL trial the FDA insisted that there should be exclusion criteria based on SYNTAX score 33. So, I believe this could now become a standard approach for all future trials.

Do you think the SYNTAX score will evolve over time like EURO-SCORE?

Yes, in a recent study published in the journal EuroIntervention (2012 Aug), we report the Score is feasible, reproducible and may have a long-term prognostic role in patients with complex coronary disease undergoing surgical revascularisation. However, a validation of this scoring methodology is required.

Another development, which

may allow SYNTAX Score to be reproduced in a much more feasible way, is the development of the multislice CT scan. This will allow the Score to be given based on quantitative measurements and could open up a whole new world or diagnosis.

For example, a patient who presents with angina pectoris is given a multislice CT and is given a SYNTAX Score and their fractional flow reserve. So at the time of a procedure, the operator has all the information they need. I am very interested to see where this technology will go in the next five years.

Over the last 20 years we have seen the PCTA, bar-metal stenting, drug-eluting stenting and now bioabsorbable stents, what do you believe will be developed in the next decade?

There will be improvements in the pharmacological treatment and I can see an acute or semi-acute treatment of coronary artery disease, where treatment will be pharmacological rather than surgical or interventional. That will be a good development. I think overtime, molecular biology will be at the forefront of coronary artery disease.

Of course, the big enemy is calcification of the necrotic core and at the moment there is no other option that performing bypass. But in the future could it be possible to the refurbish the calcified tube?

We have had some positive results from bioabsorbable stent studies and perhaps this is paving the way for some kind of template for tissue engineering. The calcium is still in the vessel, but you create a new layer of smooth muscle cell, fibrotic tissue etc.

The great value of bypass is that you go distally to the vessel and the vulnerable plaque is protected by the bypass concept. If you can pave a vessel and reconstruct a long segment, there could be great value in using this option as a method of revascularisation.

What are the biggest challenges facing interventional cardiologists and cardiac surgeons over the next decade?

Cardiac surgeons were not interested in angioplasty, they saw that as part of the domain of the interventionalist. However, this is not the case with TAVI, because it is an indication that requires the mastering of both surgical and interventional skills.

Over time, the type of procedure both surgeons and interventionalists perform will be something different, but something that requires both their unique skill sets.

I have been impressed how quickly surgeons have embraced TAVI, perhaps we have finally seduced the surgeon?

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Chest Wall Interest Fourth International Chest Wall Interest



Invited faculty and the participants of the workshop

Dr. Hasan Fevzi Batirel, the Dean of the Marmara University Medical Faculty, gave an opening speech



The Fourth International Chest Wall Interest Group Workshop on Chest Wall Diseases was held successfully on 22–23 June, 2012 at the Marmara University Pendik Hospital, Istanbul, Turkey.

Dr Mustafa Yuksel Marmara University Medical School, Istanbul.

The workshop was organized by the cooperation of the Departments of Thoracic Surgery of Marmara University and Dokuz Eylül University Medical Faculties together with the EACTS, Turkish Society of Thoracic Surgery and Sociedade Brasileira de Cirurgia Toracica.

Congenital and acquired chest wall diseases such as pectus deformities, chest wall tumors and sternal dehiscence were discussed and debated on the basis diagnosis and treatment, by the 31 invited faculty and 117 registered participants from the USA, Latin America, Africa, Middle East, Asia and various countries in Europe.

The workshop started on Friday morning on the 22 June 2012 with the registration of the participants. The first session was chaired by Dr Kalliopi Athanassiadi and Dr Bedrettin Yildizeli. Dr Mustafa Yuksel welcomed the participants and Dr Hasan Fevzi Batirel, the dean of the Marmara University Medical Faculty, gave an opening speech. Dr Andre Hebra followed him with his speech on the history of pectus surgery. Dr Jose Ribas Milanez de Campos, one of the founders of CWIG talked about the history of the CWIG.

The following session was Live Surgery from the OR, where four operations – 2 MIRPE and 2 MIRPC – were transmitted live to the conference hall. The session was moderated by Dr Campos in the conference hall and by Dr Marcelo Martinez-Ferro in the OR. Two patients with pectus excavatum deformity were operated on, one of them by Dr Hans Pilegaard and the other one by Dr Yuksel. Following the first operation, Dr Pilegaard gave a speech on the basic principals of MIRPE. Two patients with pectus carinatum deformity were operated on also by Dr Yuksel. The operations were completed successfully, and had been interactively contributed by the participants as well.

Following the lunch break six studies were presented (by Dr Sergio Sesia, Dr Akin Balci, Dr Marcelo Martinez-Ferro, Dr Murat Oncel, Dr Marko Kostic, and Dr Ivan

Schwartz) on the Mini Symposium session chaired by Dr Patricio Varela and Dr Frank-Martin Haecker.

The video presentation session was chaired by Dr Hyunk Park and Dr Sina Ercan, where Dr Vladimir Kuzmichev, Dr Schwartz, Dr Hebra, Dr Haecker, Dr Park and Dr P. Varela presented their videos on their own experiences on pectus surgery.

The last session of the day was chaired by Dr Hebra and Dr Volkan Kara. Dr Ferro gave a speech on his Dynamic Compression System for pectus carinatum. Dr Marlos de Souza Coelho shared his experience on open surgical correction of pectus deformities.

Following him Dr Horacio Abramson gave a speech on his own technique of minimally invasive repair of pectus carinatum. Then, Dr Hebra gave a striking speech on mortality due to surgical repair of pectus deformities. Dr P. Varela followed him with his speech on his own technique of thoracoscopic cartilage resections for the correction of pectus deformities. At the end of the session Dr Sungsoo Lee presented his own study on bracing therapy for pectus carinatum.

After this last session the participants enjoyed a selection of local wine and various cheese at the opening cocktail of the workshop.

In the evening, a dinner for the invited faculty was held at Temenye Fish Restaurant in Pendik Marina.

Group and EACTS Group Workshop on chest wall diseases

On the second day, at the first session on chest wall resection and reconstruction, chaired by Dr Athanassiadi and Dr Levent Elbeyli, the first speaker was Dr Cosimo Lequaglie. He gave a speech on his experience on chest wall resection – reconstruction. Following him Dr Jean-Marie Wihlm gave a speech on the 2012 trends for chest wall resection – reconstruction. The last speaker of the session was Dr Gonzalo Varela sharing his own experience on the same subject. At the end of the session Dr Korkut Bostanci presented a Jeune's Syndrome case who was treated by bilateral thoracic expansion surgery and the case was discussed by the participants.

The next session was chaired by Dr Schewitz and Dr Sedat Gurkok. The first speaker was Dr Mehmet Bayramicli and he spoke about his experience on the surgical correction of Poland's Syndrome. Following him Dr Gurkok gave his speech on modified open surgery for pectus deformities. The last lecturer of the session was Dr Athanassiadi and she shared her experience on chest wall resection and reconstruction with the participants. Following her three studies from Italy were presented by Dr Stefano Sanna and Dr Andrea Dell'Amore.

In the afternoon the first session was chaired by Dr Campos and Dr Ilgaz Dogusoy. Dr Ludwig Lampl lectured on modern strategies in sternal dehiscence treatment. Following him four studies were presented by Dr Federico Tacconi, Dr Hamidreza Davari, Dr I.K. Levai and Dr A. Gozubuyuk.

The fourth session of the day was chaired by Dr G. Varela and Dr Ahmet Basoglu. Dr Pilegaard lectured on his technique of minimally invasive repair of pectus excavatum and Dr Yuksel lectured on his technique of minimally invasive repair of pectus carinatum. At the end of the session Dr Bostanci presented two challenging cases and the cases were discussed by the participants interactively. Then Dr Pilegaard also presented various cases to be debated by the participants.

The following video presentation session was chaired by Dr Lampl and Dr Akin Balci. Dr Abramson was the first speaker and he gave a speech on the technical aspects related to the Nuss Procedure. Afterwards Dr Campos presented various challenging cases. Following him Dr Wihlm lectured on his technique of correcting the costal flaring. The last speaker of the session was Dr Ferro and he gave a speech on the algorithm of the treatment of pectus carinatum.

The last session of the workshop was chaired by Dr Wihlm and Dr Bostanci. The first presenter was Dr Sadashige Uemura and he presented his study on advanced Nuss procedure for adults. Following him Dr Hakan Ozalper presented his study on the effects of the pectus bar on the mammarian arteries. Afterwards Dr Murat Bezer lectured on the relationship of pectus deformities and scoliosis. The last speaker of the workshop was Dr Park and he gave a speech on his own techniques for complex pectus deformities (press-molding and pecto-plasty).

Therefore, the two day workshop which had been held in high academic level and included complex academic debates had succeeded to an end. It was announced by Dr Yuksel at the closing speech of the workshop, that in 2013 there would be two CWIG Meetings, one in Seoul, South Korea on 14–15 June, and one in Buenos Aires, Argentina on 27–28 September, and all the participants were invited to these meetings.

At night a Gala Dinner at Cercle D'Orient was organised for the participants to enjoy the Turkish food by the Marmara Sea.

In addition, we sincerely thank to everyone who had taken part in any aspect of this workshop as well as the Topkon Company which undertook the responsibility of the organisation and to Tasarimmed, Seres – MedXPert, BioMet, Synthes, and KLS Martin companies for their financial and moral support.



Adult Cardiac Domain programme

John Pepper *Chair, EACTS Adult Cardiac Domain*

This year we are following the overarching theme of the meeting which is quality improvement programmes or QUIP for short. All health care systems are at bursting point from the economic viewpoint and in parts of Europe this is especially poignant right now.

Targeting the most appropriate operation towards the correct patient is a priority but needs careful analysis of the widening options available. We shall be exploring the data from established operations as well as teasing out the information from evolving minimal invasive and wire-based interventions. We have introduced some joint sessions across the domains, notably a session on infection of the cardiovascular system with the aortic domain and a session on myocardial rejuvenation with the congenital domain.

In coronary artery surgery we shall be looking at Syntax at five years, investigating how best we can optimise the delivery of coronary surgery and relating Syntax scores to graft patency. There are new developments in antiplatelet therapy which will be discussed in a special session.

Dealing with end-stage heart failure is an increasing occupation in many units so we have sessions on VADs and the total artificial heart, ECMO and the difficult problem of preventing and treating right ventricular failure. There is a state of the art review of heart transplantation.

Much of the new activity is taking place in



transcatheter valve implantation and so we have devoted four sessions to TAVI and a further four sessions to minimal invasive mitral repair including the mitra-clip. There is a session on hybrid approaches which will be controversial. Further sessions include in-depth analysis of aortic valve sparing operations, review of multiple valve procedures and the decision making, as well as a review of different approaches to the aortic root.

Long term studies are now emerging which indicate the dangers of inappropriate use of blood products and its effect on patients' outcome and so we have a session entitled "blood matters". Finally and most importantly, we will review the current valve guidelines and seek to refine risk assessment for all cardiac surgery both for mortality and morbidity.

We hope this programme will promote argument and discussion to enable us all to treat our patients to the very best of our ability.

MY SIMULATOR

Rafael Sadaba *Chairman of the Session*

Paul Sergeant *Chairman of the Jury*

The EACTS in collaboration with Ethicon has organized, last year in Lisboa, a contest to build a low fidelity tool for anastomotic simulation. Dr Arroyo from Valladolid was selected as the 2011 winner by an international jury. He received the 3,000 Euro award and his submission has been transformed into a product.

The 2012 simulation building contest involves the creation of a low fidelity simulator for mitral valve repair. Several brilliant submissions have already been submitted.

If you want to learn about this contest, find out what the future plans are with the Arroyo project, participate in the evaluation and criticism (only positive) of the



2012 submissions and finally learn more about future plans in simulation training, please come to the MY SIMULATOR session on Tuesday noon at the next EACTS meeting in Barcelona.

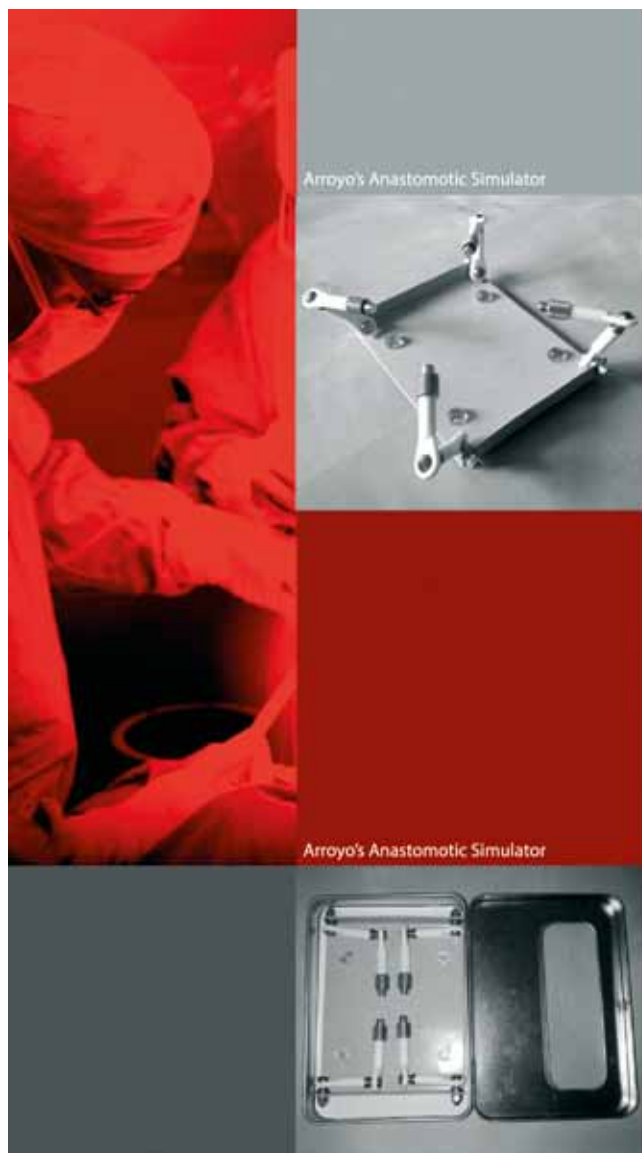
EACTS Programme Committee

The programme at this year's EACTS Annual Meeting is the result of months of hard work and dedication by the EACTS Programme Committee and reviewers.

"This year's programme is one of the most comprehensive to be held at our Annual Meeting," said Professor Pieter Kappetein, EACTS Secretary General. "The programme continues to improve each year and this is due to the expertise and commitment of the Committee and reviewers. I would like to thank all members and reviewers for all their hard work."



Members of the EACTS Programme Committee in Paris, May 2012



MY SIMULATOR

The EACTS in collaboration with ETHICON has organized, last year in Lisboa, a contest to build a low fidelity tool for anastomotic simulation. Dr Arroyo from Valladolid was selected as the 2011 winner by an international jury. He received the 3000 euro award and his submission has been transformed into a product. The 2012 simulation building contest involves the creation of a low fidelity simulator for MITRAL VALVE REPAIR. Several brilliant submissions have already been submitted.

If you want to learn about this contest, find out what the future plans are with the Arroyo project, participate in the evaluation and criticism (only positive) of the 2012 submissions and finally learn more about future plans in simulation training, please come to the **My Simulator** session on Tuesday noon at the next EACTS meeting in Barcelona.

Rafael Sadaba, Chairman of the Session
Paul Sergeant, Chairman of the Jury

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to take up
the challenge...

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Vascular Simulation Courses

TEVAR Simulation Workshop

08:30–16:30 Monday 29 and Tuesday 30 October

Room Vallvidrera, 14th Floor
Hotel AC Barcelona Forum

Objectives:

After the course, participants will be able to describe the rationale for doing TEVAR and list the procedural steps of the implantation of a Valiant Captivia stent-graft for a thoracic aortic aneurysm and/or rupture.

Participant Profile:

Surgeons interested in understanding the endovascular treatment of the thoracic aorta with the Medtronic Valiant Captivia stent-graft with no/limited experience in this field.

Logistics

Slots of 1 hour for 2 registered Annual Meeting delegates at a time. Registration on a first-come, first-served basis via the Information Desk in the main registration foyer area.

Mentice Simulation Course

09:00–17:00 Monday 29 and Tuesday 30 October

Room Tres Torres, 14th Floor
Hotel AC Barcelona Forum

Objectives:

Utilising the endovascular Mentice VIST-Lab simulator for an introduction to EVAR. You will perform a variety of different EVAR focused anatomies utilising the real devices in a safe and controlled environment.

Participant Profile:

Ideally the participants will have at least a basic knowledge of wire and catheterisation skills. The participants will be able to perform an EVAR on a variety of different anatomies with 2 or 3 part graft systems.

Logistics:

Slots of 1 hour for 3 registered Annual Meeting delegates at a time. Registration on a first-come, first-served basis via the Information Desk in the main registration foyer area.

TEVAR Pre-Case Planning Course with Osirix

08:30–17:00 Monday 29 October

Room Montjuic, 3rd Floor
Hotel AC Barcelona Forum

In TEVAR, pre-case planning is key for achieving clinical success – failing to plan is planning to fail. Before entering the Operating Room, an analysis of the case is mandatory to properly understand the pathology and choose the optimal treatment. This course aims to provide an understanding of the use of Osirix for the analysis of the pathologies of the Thoracic Aorta and the planning of potential treatments. Osirix is becoming a reference in the endovascular market because it is easy to use, it includes all the tools needed for analysis and pre-case planning such as multiplanar reconstruction, 3D reconstruction, centerline and sizing tools; more, a free version is available.

The course aims to be predominantly practical. After a brief introduction, the participants will be using individual Mac computers to go through the course and practice all the concepts explained.

Objectives:

The objective of the course is to teach the participants how to:

- Import images from a CT scan
 - View one or multiple series of images from a study
 - Navigate through the most important commands and toolbars
 - Customize toolbars
 - Use the main analysis and measurement tools
- Precisely perform the measurements with the MultiPlanar Reconstruction Display [MPR] and 3D Volume Rendering
- Export images, videos or DICOM files

Logistics:

The course is restricted to 25 registered Annual Meeting delegates.

Registration:

Fee €80.00 including VAT. Registration on a first-come, first-served basis via the EACTS User area – www.webges.com/creg/eacts/mainmenu/person_index.php

Advanced Techniques Wetlabs

Acquired Cardiac Disease

Valve Sparing Root Replacement

Room 120/121; Senior Stream

Learning objectives

At the end of this wetlab, the candidate will be able to:

1. Describe the methods used to perform valve sparing root replacement
2. Explain the reasons that one technique might be used in place of another
3. Perform the techniques in a wetlab environment

Mitral Valve Repair using GoreTex chords

Room 122/123; Junior Stream

Learning objectives

At the end of this wetlab, the candidate will be able to:

1. Describe the methods used to repair the mitral valve using GoreTex neochoords and a mitral ring
2. Explain the reasons that one technique might be used in place of another
3. Perform the techniques in a wetlab environment

Congenital Heart Disease

Operating Techniques

Room 129/130

1. MAZE procedure
2. Aortic Valve Repair

Thoracic Disease

Chest Wall

Room 127/128

Chest wall resection and reconstruction – demonstration of various techniques including an introduction to the various devices/materials that are currently available

Delegates will have an opportunity to observe various airway stitching techniques on sheep trachea

Staplers/sealants/stents and energy devices. Delegates will have an opportunity to fire staplers and insert stents etc.

Registration on a first-come, first-served basis via the Information Desk in the main registration foyer area.

MediaFIT – The new Dismountable Generation of Forceps for Mediastinoscopy

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			08:00				09:00				10:00				11:00				12:00				
			00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30		
Techno College	Saturday 27 Oct	111																					
		113																					
		115: 117	Aortic valve repair										Imaging/robotics/coronary artery bypass surge										
Post-graduate Courses	Sunday 28 October	111											Truncus arteriosus										
		112											Extracorporeal life support				Extracorporeal circulation						
		113										Thoracic Trauma											
		114										Infections of the cardiovascular system											
		115: 116: 117		Quality Improvement Programmes								Coronary surgery											
		118: 119								Session 1													
		120 : 121		Optimizing preoperative care						Theatre: making for a better tomorrow						Postoperative quality improvement							
		EXHIBITION																					
Scientific Programme	Monday 29 October	111	Is there a place for palliation in the management of Fallot's tetralogy?										The Presidential Address The contraindications of today are the indications of tomorrow L. Von Segesser, Lausanne										
		112	Mitral Medley						Break	Aortic Valve Repair at the crossroads													
		113	Aortic Arch Disease: Part I							Aortic Arch Disease: Part II													
		114	Search for sinus rhythm						The Future of Transcatheter Mitral Valve Repair														
		115	Surgical re-modelling of the left ventricle						Mechanical support of the circulation														
		116:117	How to optimise coronary revascularization: planning and execution																				
		119: 118	New Ideas in TAVR						Visit Exhibits	Aortic Arch Disease: Part II													
		121:120								Heart transplants: the most effective treatment for end-stage heart failure													
		122: 123								How to optimise transcatheter aortic valve implantation outcomes													
		133:134	Thoracic Oncology I							Thoracic Oncology II													
	BANQUETING SUITE																						
	TRES TORRES					Mentio																	
	VALLVIDRERA		TEVAR simulation																				
	MONTJUIC		TEVAR pre-case plan																				
	EXHIBITION																						
	Tuesday 30 October	111	Complex transposition of the great arteries								Congenital initiatives						Da Vinci Prize winner Presentation The Honoured Guest Lecture: Can Medicine save Pharma? M. Fishman, Cambridge MA						
		112	Complex aortic valve surgery								Quality Improvement Outcome												
		113	Is there an effective substitute for the aortic root?																				
		114	Improving atrial transport								Blood Matters												
		115	Training, risk factors and outcomes																				
116:117		The new EACTS/ESC valve guidelines								Expertise in Mitral Valve Repair													
119: 118		Cardiopulmonary bypass								Extra-Corporeal Life Support													
121:120		The hybrid approach																					
122: 123																							
124										Thoracic Experimental													
127: 128																Cardio							
133:134	Oesophagus and Mediastinum								Thoracic Transplantation														
EXHIBITION																							
TRES TORRES					Mentio																		
VALLVIDRERA		TEVAR simulation w																					
Advanced Techniques	Wednesday 31 Octobe	111																					
		113								Lateral thinking													
		114								The mitral and tricuspid valves: repair techniques													
		115								Live-in-a-box minimally invasive cardiac symposium: How to do it?													
		119: 118	Controversies and catastrophies in adult cardiac surgery																				
		121:120	Interesting cases and small series on orphan aortic diseases and pathological mechanisms								Clinical tips and tricks in vascular access for open and endovascular therapy (ends												
		122: 123									Wetlab: Valve-sparing aortic root replacen												
		124					Wetlab: Strategies to deal with mitral repair using Gore-tex chords																
		127: 128					Learning from Experience																
		129 : 130					Wet Lab: Thoracic: Chest Wall Resection and or resection sleeve (ends 10:30)																
		131 :132					Wet Lab: Operative techniques Aortic Valve Repair and Maze procedureand or resection sleeve																
		133:134					New surgical treatment concepts for heart failure																
							Aortic valve repair for the non-expert: a stepwise approach (ends 10:30)																

etable

13:00					14:00					15:00					16:00					17:00					18:00										
45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45	00	15	30	45											
			Medical and surgical intervention and management of cardiac arrhythmias in congenital heart disease																																
Thoracic Surgery																																			
ery						Heart Failure								Mitral valve surgery																					
			Aortic valve repair in childhood							Minimally invasive repairs																									
				Cardiac assist						Case reports - worst case scenarios																									
			Oncology - Complex Cases						Empyema - difficult cases																										
			Controversies of open and endovascular approaches						Thoracic Vascular Trauma																										
			Update on valves							Left heart failure																									
Session 2								Session 3																											
	Innovations in patient care								Hands-on sessions with industry and surgeons																										
																	Exhibition Open																		
						Aspects of valve repair								Heart rejuvenation																					
						The front door approach: the role of the surgeon in selecting the best patient-specific access route (ends 15:45)																													
						Elephant Trunk: Conventional and frozen						Break		Contemporary approaches in acute and chronic type B aortic dissection (ends 17:30)																					
														Minimally Invasive Aortic Valve Repair																					
						Refining techniques in minimal invasive mitral valve surgery (14:15–15:45)												Multiple Valves																	
						Euroscore II: refining risk assessment						Visit Exhibits	Late Breaking I																						
						Research in cardiothoracic surgery: Work in progress abstract session																													
						Thoracic oncology III								Thoracic non-oncology I																					
						ce simulation course																													
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ing course with OsiriX																																			
Exhibition Open																																			
						Congenital miscellaneous							Understanding the univentricular circulation (ends 17:30)																						
						Off-Pump coronary surgery						Outcomes of arterial revascularisation																							
						TEVAR and combined approaches						Aortic diagnostics from a different point of view (ends 17:30)																							
						Sternal Wounds: The problem we like to ignore						Novel techniques in Mitral Valve repair																							
						Extreme procedures: You can do it but should you do it? (15:45)						Decision making																							
						How durable is TAVI						Late breaking II																							
						Unanswered questions in right ventricular failure						LVAD management																							
						PASCat						Endocarditis																							
						Teach the teacher																													
						The patients getting sicker, what do I do next?																													
Pulmonary Embolism																							Thoracic non-oncology II												
Exhibition Open																																			
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Raising standards in training

In this issue *EACTS News* speaks to Professor Alfred Kocher, Department of Cardiac Surgery, General Hospital Vienna, Austria, who was the first recipient of the EACTS Leonardo da Vinci Award for Training Excellence.

The Training and Manpower Committee of EACTS established the Leonardo Da Vinci Award for Training Excellence to identify the best cardiothoracic trainer in Europe, as nominated by the trainees. The Association believes that by recognising and rewarding excellence in training, a trainer model can be established and the attributes that make a good cardiothoracic surgical teacher will be defined.

All cardiothoracic trainees in every European country were invited to nominate their trainer for the Leonardo Da Vinci Award and asked to submit a piece of reflective writing indicating why the trainer deserves to win.

"I saw emails referring to the EACTS Leonardo Da Vinci Award for Training Excellence, but I did not really know what it represented. Then I received a couple of emails from residents who suggested that they would like to nominate me for the award," said Kocher. "At first I did not take much notice, however after four or five emails I began to give this serious consideration and said to my residents that if they felt that I am a good trainer, please feel free to nominate me."

As the nomination progressed, it was not just the residents who endorsed the nomination but also his peers (an anaesthesiologist, a nurse and a resident who had nominated him). The nomination was also endorsed by the Director of the Department of Cardiac Surgery and the Director of the Department of Surgery at the General Hospital in Vienna. Kocher added that it was "very humbling" to receive such support from different colleagues.

"I was overwhelmed that I received this prestigious prize, I think it is an excellent idea and I hope it can be used as a first step to build an integrated common curriculum in Europe for cardiac surgery," he said. "The award was presented like an Oscar night celebration. I could not believe I would win the award given the quality of the competition. Mattia Glauber from Italy and Sam Nashef from the UK are both very esteemed cardiac surgeons in Europe. I was deeply honoured to win the award."

Providing opportunities

He explained that the Leonardo Da Vinci Award is one way it which cardiac surgeons can underline the importance of training, particularly in Europe.

Having spent time in Stanford and Columbia University/New York in the US, Vienna, Innsbruck and Poland he acknowledged there are significant differences in how surgical departments structure their training. While he was quick to emphasise that there is no overarching concept of how residents should be trained, he stressed that the curriculums should be integrated.

"In the UK and the US they have established similar awards for a number of years. I believe that it is vital that we have a similar award in Europe because the problem is we have no master plan for training cardiothoracic surgeons across Europe," he said. "I think it is important that we try and develop



Alfred Kocher

an integrated training fellowship across Europe, similar to fellowships offered in the US."

Experience

"To be a cardiac surgeon you must have certain skills and attributes such as dexterity, patient care, a sound knowledge base and so on. But the most important aspect is gaining experience and having the opportunities to perform surgery, he said. "A surgical col-

"We need to give residents the opportunity, otherwise they will never learn. Practice does not make perfect, practice only makes permanent."

league of mine spent 12 years in the cardiac surgery department without performing one single open heart case on his own. Now he is re-training as a gynaecologist. So we need to give residents the opportunity, otherwise they will never learn. Practice does not make perfect, practice only makes permanent."

He explained that a crucial aspect of teaching is teacher guidance and added that if trainees do not have guidance then they will practice incorrectly for a very long time. The key, said Kocher, is supervision.

"However, before you can gain the experience, you need the knowledge. It is not learning by doing, but learning by learning. I recommend to all my trainees to read cardiac surgical text books first so they have a sound knowledge base."

He believes that it is important that every person in the operating room learns from the procedure. A pre-operation briefing takes place the day before the operation and he and his trainees talk about the patient, the condition and the planned procedure. They then have a de-briefing session after the procedure and they answer any questions the resident may have. He explained that not all operations proceed as intended and this session is an opportunity for the trainees to ask why the surgeons did not carry out the procedure as planned.

"In the operating theatre is where residents learn the process of decision-making. A text book can inform you of many things, but it cannot help to make decision in theatre. So in the de-brief we explain why we made certain decisions and why we chose a certain course of action."

Another important skill that trainees must develop is patient care and Kocher stresses to the residents the importance of keeping the patient informed about the operation, both pre- and post-operation, and allows the patient to ask any questions.

"I also ask patients for their phone numbers and dial it immediately so I can call them after the operation and tell them how well the operation went, when they can leave hospital and so on. The simple things can sometimes be the most important to the patient."

Influences

Kocher said he has developed many of his teaching attributes from two of the great influences on his career, Professor Laufer, who is Head of the Department of Cardiac Surgery and Professor Wolner, former Head of the Department of Surgery in Vienna.

"I was fortunate to make good friends with both Professor Laufer and Wolner. Not only are they both great surgeons, although Wolner has now retired, but they are both extremely generous," he said. "In 1988 when I first announced that I intended to go to Columbia University in New York, some people in the hospital said it was impossible due to rotation schedule of the residents. Professor Wolner said that it was important that I went to New York, broadened my research and experience, and gave his agreement. Now I tell my residents to broaden their research and experience at every opportunity."

Teach the Teacher Course

A "Teach the Teacher" session will be presented during the Annual Meeting in Barcelona on Tuesday 30 October. The course will examine the supervision of training and look at the evidence for training assessments, as well as hear from a trainees who will discuss their experiences.

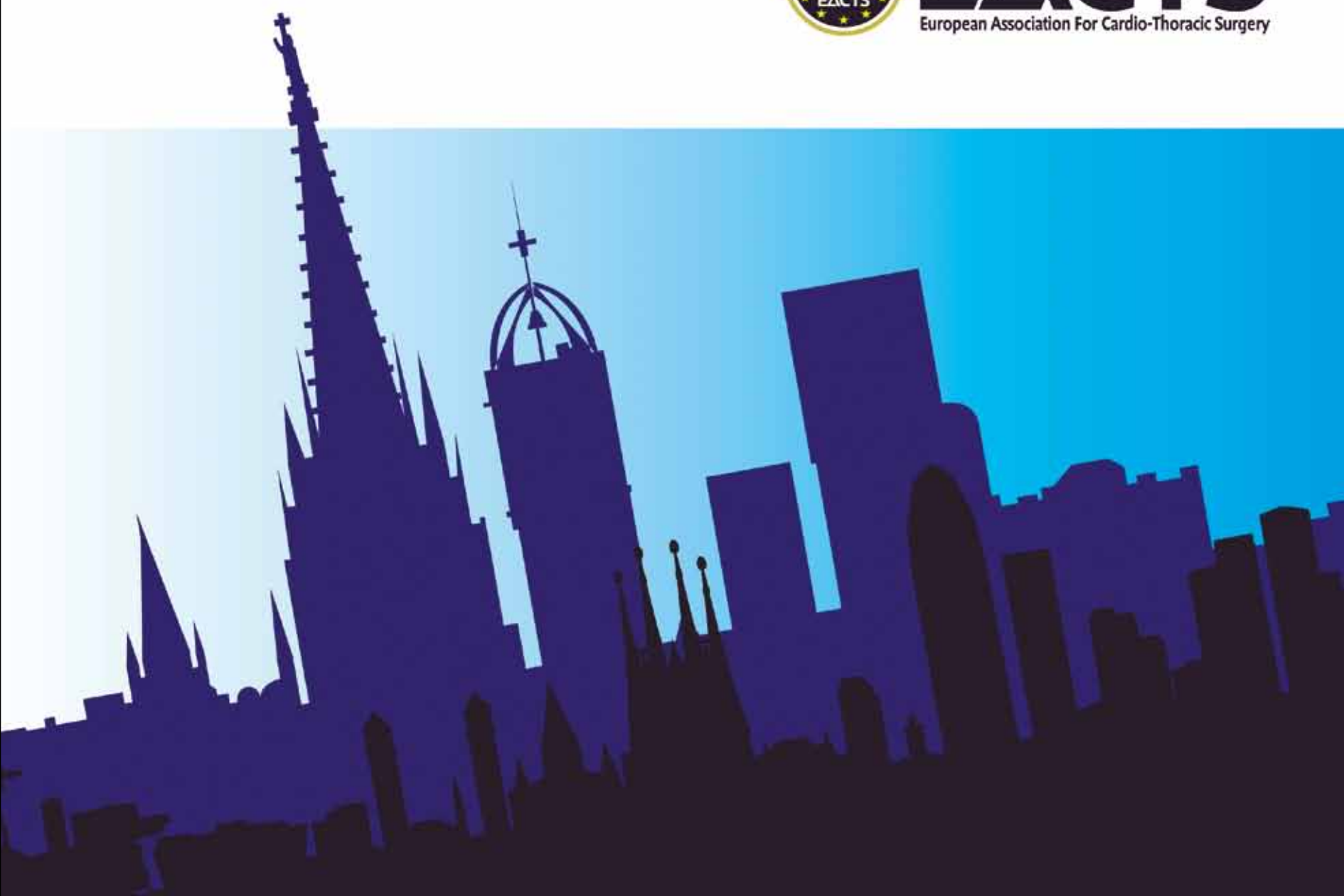
The session will be moderated by John Pepper and Jos Maessen from Maastricht. Dr Maessen will inform participants of how training is organised and supervised in The Netherlands. Among the various interesting topics, there will be a lively debate on the motion "This house believes that we can train cardiac surgeons within the rules of EWTD" Paul Sergeant will support the motion with Andre Simon opposing it.

"It is important that we as teachers learn how to teach and that trainees also see how we teach. In years to come they will be next teachers," said Kocher. "This is why I am fully supportive of such initiatives."





EACTS
European Association For Cardio-Thoracic Surgery



26th EACTS

Annual Meeting

Barcelona, Spain

27th - 31st October 2012

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

www.eacts.org

Raising Standards through Education and Training

THE RESIDENTS' PAGES

Training Track of 26th annual meeting

Peyman Sardari Nia MD, PhD

On behalf of Surgical Training and Manpower Committee

I am honored and pleased to announce the training track programme for the annual meeting in Barcelona. In 2008 the STMP committee was in charge of organizing a single session called "the resident's meeting" outside the main program of the annual meeting. Today the STMP committee has a full program dedicated to training and novel techniques.

The STMP represents young surgeons and residents, the future of our specialty and we embrace the future with all its fullness. We believe that training, research and innovation are the fundamentals of our practice and future of our specialty.

We believe that excellence in training, research and innovation should be recognised, pursued and applauded. And we do this by awarding each year different prizes for research (young investigators awards), for training (Leonardo da Vinci award for excellence in surgical training) and for innovation (simulation award). We organise courses on new procedures, and have set out new initiatives for the coming years, such as a minimal invasive course in adult cardiac surgery and wetlab training.

During the forthcoming annual meeting in Barcelona you will have the opportunity of joining us for a number of activities. On Monday we will organize the "resident's luncheon" for the second time. The subject and title of this year's luncheon is "minimal invasive cardiothoracic surgery". The luncheon consists of seven tables with each having been designated a specific subject within the minimal invasive techniques. Prominent surgeons with expertise in related techniques are invited for moderating at each table. Residents can register at the annual meeting on-site for attending the luncheon. Questions can be sent in advance and will be compiled in envelopes to be opened at tables to facilitate discussions and interactions.

Also on Monday we will have a new session titled "Research in cardiothoracic surgery: Work in progress abstract session". Although there is enough room during our annual meetings to present data regarding the individual studies, less opportunity exists to discuss ongoing research projects. Therefore, we have introduced a new session for our young colleagues to present their preliminary results. We would like to create a forum during which the researchers could present projects that they are working on. The idea is to give an opportunity to innovative work and thinking,

and create a medium whereby new ideas could be exchanged and new cooperation's created. The focus is the project as whole, possible implications for our specialty and its future perspectives.

On Tuesday we have another new session with the title "The patients getting sicker, what do I do next?" In this interactive session, expert surgeons will present cardiac and thoracic cases with progressive complexity and complications. Together with the audience the subsequent decision-making process and evolution of complications will be explored and discussed. The aim of this session is simply and bluntly an excursion through cardiothoracic disasters.

At noon on Tuesday you will have the opportunity to join us in the "My simulator" session. This is dedicated to low fidelity simulation. The "Valladolid simulator", last year's winner of the Ethicon simulation award, will be formally presented in its manufactured version, and this year's candidates will present their low fidelity simulators for mitral valve surgery. An evaluating panel will announce this year's winner at the end of the session.

On Wednesday we will have yet another new session titled "Live in-box minimal invasive cardiac symposium: How to do it?" This session is fully dedicated to minimal invasive techniques in adult cardiac sur-



Peyman Sardari Nia

gery. Live-in-box videos of different techniques are presented. The emphasis is on the technical aspects of each procedure and pitfalls related to these techniques. The aim of this session is to stimulate discussions, exchange ideas and give the young surgeons a stimulating introduction to these new developments.

We as the representatives of the

STMP committee hope that the proposed Training Track activities serve the young surgeons in training. Much energy was put into these innovative sessions and prominent faculty is involved in it. The format of the sessions and quality of the faculty might create a highly instructive atmosphere. We look forward to seeing you in Barcelona.

Training Track EACTS meeting 2012

Session 1

Resident Luncheon: Minimal invasive cardiothoracic surgery

Monday 29 October, 12:45 -14:00
Conference center, banquetting suite on the 2nd floor

Moderators: Peyman Sardari Nia, Breda
Mathias Siepe, Freiburg

Table 1: **Minimal invasive mitral valve surgery**
Fredrich Mohr, Leipzig
Thom De Kroon, Nieuwegein

Table 2: **Minimal invasive aortic valve surgery**
Mattia Glauber, Massa
Marjan Jahangiri, London

Table 3: **Minimal invasive maze procedures**
Wim-Jan Van Boven, Amsterdam

Table 4: **Minimal invasive thoracic procedures**
William Walker, Edinburgh
Paul Van Schil, Antwerp

Table 5: **Minimal invasive aortic surgery**
Martin Czerny, Bern

Table 6: **Minimal invasive revascularization procedures**
Jean-Luc Jansens, Brussels
Anthony De Souza, London

Table 7: **Hybrid congenital procedures**
David Anderson, London
Christian Schreiber, Munich

Session 2

Research in cardiothoracic surgery: Work in progress abstract session

Monday 29 October

Moderators: Peyman Sardari Nia, Breda
Mathias Siepe, Freiburg

Abstract session: the selected abstracts to be announced in final congress program

Session 3

The patient's getting sicker, what do I do next?

Tuesday 30 October

Moderators: Leslie Hamilton, Newcastle Upon Tyne
Rafa Sádaba, Pamplona

Speakers: Samer Nashef, Cambridge
Pala Rajesh, Birmingham
Roberto Lorusso, Brescia

Session 4

"My simulator"

Tuesday 30 October

Moderators: Paul Cartwright, Leeds
Rafa Sádaba, Pamplona

Welcome & CV SIM AWARD initiative overview
Rafael Sadaba, Pamplona

Simulation in surgical training To be announced

Valladolid simulator & DTL platform
Michaela Palata

2012 CV SIM AWARD – introduction

Paul Sergeant, Leuven

2012 submission presentations

Scholars, 5 min. each 30 min

Jury deliberations

Jury/all

Winner announcement & close

Rafael Sadaba, Pamplona

Session 5

Live in-box minimal invasive cardiac symposium: How to do it?

Wednesday 31 October Morning 9-13

Moderators: Peyman Sardari Nia, Breda
Mathias Siepe, Freiburg

1: **How to do a TAVI** Marjan Jahangiri, London

2: **How to do an off-pump aortic valve bypass**
Oliver Reuthebuch, Basel

3: **How to do a minimal invasive mitral valve repair**
Joerg Seeburger, Leipzig

4: **How to do a mini-AVR.** Peyman Sardari Nia, Breda

5: **How to do a mini-Maze**
Wim-Jan Van Boven, Amsterdam

6: **How to do a TEVAR** Martin Czerny, Bern

7: **How to do an endo-cab**
Nikolaos Bonaros, Innsbruck

8: **How to do VATS epicardial lead placement**
Bart van Putte, Breda



EACTS
European Association For Cardio-Thoracic Surgery

Resident's Luncheon 2012

Minimal invasive cardiothoracic surgery

26th EACTS Annual Meeting

Conference center, Barcelona

Monday 29th October 12:45-14:00

Moderators

Peyman Sardari Nia, Breda, Netherlands.

Mathias Siepe, Freiburg, Germany.

Program

Table 1: Minimal invasive mitral valve surgery

Fredrich Mohr, Leipzig

Thom De Kroon, Nieuwegein

Table 2: Minimal invasive aortic valve surgery

Mattia Glauber, Massa

Marjan Jahangiri, London

Table 3: Minimal invasive maze procedures

Wim-Jan Van Boven, Amsterdam

Table 4: Minimal invasive thoracic procedures

William Walker, Edinburgh

Paul Van Schil, Antwerp

Table 5: Minimal invasive aortic surgery

Martin Czerny, Bern

Table 6: Minimal invasive revascularization procedures

Jean-Luc Jansens, Brussels

Anthony De Souza, London

Table 7: Hybrid congenital procedures

David Anderson, London

Christian Schreiber, Munich

The Luncheon is sponsored by an unrestricted educational grant from AtriCure.
Registration for the luncheon is only possible on site in the conference center

EACTS Session on Lateral Thinking

This year EACTS is introducing a new and special session on Lateral Thinking. The goal of this session is to get insights from all stakeholders from the cardiovascular arena, especially from experts involved in different fields of cardiac surgery, to put current practise in perspective. This session is meant to stimulate discussion, to initiate re-thinking and maybe to challenge the status quo.

During last year's presidential address by Professor Alfieri, he highlighted the value of the Beauty of the Differences: "It means appreciation, respect, acceptance, and tolerance for different opinions, attitudes, and cultures. It means Open Mindness and therefore Potential of Growth". He emphasised the fact that only with an open mind there is a potential for growth – which in his opinion also and especially counts for EACTS. Thus, in his presidential address the idea for this special session on Lateral Thinking was created.

This session is created to provide a platform for Open Mindness and thus to stimu-



Joerg Seeburger (left) and Volkmar Falk

late the Potential of Growth. In other words, the idea is to line up the biggest challenges in cardiac surgery as seen from all perspectives and all fields of interest. Valuable speakers will represent traditional and modern cardiac surgery, interventional cardiac medicine, cardiology, the younger generation, industry, entrepreneurship, venture capital, economics, alternative approaches and patients.

Each lecturer is asked to give insights into her/his special field of interest, motivations, goals, doubts, aims,

biggest challenges and whatever is considered to be most important in order to stimulate further growth. Due to the special background of invited speakers, this diversity is meant to be the major advantage of this session. Each speaker is encouraged to make a strong and if necessary a provocative statement. The far goals could be to streamline ideas, establish efficient cooperation, define the added value, create benefits for stakeholders, initiate discussion and re-thinking, define new criteria, create a

platform for ideas and, most important, identify the top priorities in the field of cardiac medicine. It is our hope that at the end of the session, a clear picture will be depicted enabling a deeper understanding of this complex cardiovascular arena.

The session will not be conducted according to the usual presentation format. Each speaker is free in choosing standard slides, videos, flipchart or free speech. Any interaction between speakers and audience is possible and the last part of the session will be an open discussion.

Finally, a vote will be conducted that will represent the opinions of all attendees reflecting the biggest challenges in contemporary cardiac surgery. The content and results of this session will then be documented and published.

We very much look forward to welcoming you to this new and special of session.

Volkmar Falk & Joerg Seeburger University of Zürich, Switzerland and the Heart Center Leipzig, Germany

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- Handbook of Surgical Consent <http://www.oxfordjournals.org/page/4799/4>

Please note, this offer is valid until 31st December 2012.

This year, OUP became the proud publisher of the journals of the EACTS: European Journal of Cardio-Thoracic Surgery, Interactive CardioVascular and Thoracic Surgery, and the Multi-Media Manual of Cardio-Thoracic Surgery. Find out more at <http://www.oxfordjournals.org/page/4799/6>



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techniques

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Chairman of the ICC committee – what an exciting life

Paul Sergeant

Chairman International Cooperation Committee,

Tuesday morning, 7 February 2012. What can go wrong? Hundreds of e-mails have preceded this trip to Kolkata in India. Indeed the EACTS organises a meeting in collaboration with, and at the invitation of, the Indian Association of Cardiothoracic Surgery (IACS). Kunal Sarkar was the interface and one cannot imagine a better organised and charming personality.

What can go wrong? Nothing, except maybe a visa. I had an unused single entry but valid India tourist visa for a cancelled September meeting. The Consular services mailed me that I needed a new one. I presented myself at the consulate and there they told me that the previous one was still valid and that I did not need a new one. Interesting! In fact they told me that I should not lie on a visa application. Lie? Indeed it stated tourist visa and in reality India has a possibility of a Congress visa. So a new Congress one? No finally it was decided to try with this one. I would see at Delhi International airport. The last days before departure, I hear that two EACTS seniors had their visa refused for all kind of issues and could not make it to Kolkata.

What can go wrong on this beautiful Jet Airways plane that will bring me directly to Delhi? The plane leaves the gate and taxis to the runway. Is there an MD in the plane? I go and inspect a person, squeezed between his wife and another passenger and already in that plane since its departure in Toronto ten hours earlier. He was hypertensive at the stop-



over in Brussels and decided to take a pressure-lowering pill. The medication worked well – in fact, so well that all perfusion pressure disappeared. The patient is carried to the service area of the plane and the plane returns to the gate. Pressure returns with the legs elevated, emergency services take charge of the patient and his luggage is removed from the stowage bay. Two hours later we taxi again to the runway and have a safe and comfortable ride to Delhi International Airport. Immigration looks at my visa, looks at me, places two stamps and here we enter India. Not a single word, luckily maybe.

It is now over midnight local time and my Kolkata connection is at 05:30. So let us find

a lounge, pay if needed and get some rest. Minor issue: the connection is in another terminal. A bus ride and one hour travel covers the five kilometres. So let us find a lounge. Minor issue: Indian law prevents you from entering the terminal building until two hours before departure. There goes the lounge! A metal chair helps me to sit down and relax until the gates open at 03:00. Inside I find two more softer chairs, bring them together and create a makeshift bed. Flight arrives finally at around 08:30 in Kolkata. A friendly driver weathers the storms of Indian traffic and brings me safely to the venue, where my first lecture is planned at around 11:00. The meeting is highly-attended, well-organised, following a strict timetable and the obligations follow nicely. In the evening a car weathers the same storm and brings Professor Turina and myself to an open-air party. We search for a calm table and wait for what is to come. The white tablecloth attracts a mosquito, I terminate its fatal attraction. There comes another one and, again, my ruthless behaviour ends that life. In no time there is carnage. Prof Turina asks me if the mosquito looks familiar? Well I never looked one right in the eyes but I focus my attention on the carnage. Could it be, yes, but which member of the family? The anopheles mosquito has 400 related families and I am most certainly no expert. In addition, as usual, only the females are dangerous. I lack some basic anatomy knowledge to identify a possible offender. I ask my Indian neighbour about malaria but he states that the cold season kills the bugs. Cold season, fine, yes it is winter,

fine, but it is exceptionally 20°C outside, we are sitting next to a lake filled with non-flowing water and the animals looked in full battle condition. One look at Marko and we prefer to leave the most certainly splendid party to avoid some temperature problems in the coming days.

A couple more lectures, one more night and our return has started. Beautiful afternoon flight from Kolkata to Delhi. An arrival at 17:00 hours in Delhi. Next flight to Brussels at 03:00 in the morning. Yes, you guessed it, other terminal. From 18:00 hours till midnight a nice metal chair welcomes me outside of the international terminal. What can go wrong? Absolutely nothing, since the flight is a direct one to Brussels.

One hour into the flight, oh no! not again. Yes, a passenger, exhausted from extensive travel to Nepal, lost all pressure. A flat position with the legs elevated and some fluids bring him back to this world. Should we suggest landing the plane? Looking outside the window we are then flying over Pakistan, maybe no landing, next is Afghanistan, maybe no landing, next is Uzbekistan, next Kazakhstan. We find a business-class seat, recline the seat and allow the patient a normal night rest. Eight hours later we all land in Brussels, safe and sound with the same head count as at the start.

Yes, the car was still there in the parking lot and a short ride ended this uneventful trip of a chairman of the EACTS ICC committee.

By the way, the IACS organised a perfect meeting, elegant and efficient. We thank them for the spiritual and intellectual privilege.



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The screenshot shows the Euromacs website with the following content:

- euromacs** logo and name.
- Navigation links: Login (Existing user), Register (New user), FAQs.
- Text: "The Euromacs Registry has been designed to collect procedural and outcomes data for patients receiving mechanical circulatory support."
 - "By collecting sufficient information on the patient demographics, the number of procedures, type of device, complications rates and outcomes (among other data), the aim is to have an annual outcomes report and the reports will be made freely available to all members who contribute data."
 - "We would encourage you to contribute your data so that this registry can become an invaluable source of information."
- President: Prof. Dr. med. Dr. h.c. mult. Roland Hetzer (EUROMACS).
- Contact information: "If you or a colleague are interested in registering your interest please visit: euromacs.org, email: info@euromacs.org or phone +49(0)30-45 93 2000/2001"
- Logo: POWERED BY DENDRITE.
- Footer: "Euromacs European Registry for Patients with Mechanical Circulatory Support e.V. Augustenburger Platz 1 · D-13353 Berlin Tel.: +49(0)30-45 93 2000/2001 · Fax: +49(0)30-45 93 2100 E-Mail: info@euromacs.org"



CTSNet has commenced a major programme of improvements in 2012. You may already know www.ctsnet.org but you may be surprised to know how much interest we attract. We get one million visitors per year and over five million page views.

We already know that the most popular parts of our website include the ability to look up and search for colleagues all over the world including finding of their E-mail addresses, our ability to give

you direct access to all the cardiothoracic journals via a single login to our website, the JANS (Journal and News Scan) and videos including regular interviews with the Giants of Cardiothoracic Surgery.

As we undergo a major programme of improvements, we are looking to improve the look and feel of the website. One major part of the upgrading will be the personal page. This is already a very popular part of the website but we want your homepage

to be even better and potentially fit to be your own unique website. If you come to our stand in the exhibition area we will help you update your current homepage so that you can take advantage of the new upgrades as soon as they happen.

We also intend to help navigation round the website to videos, cases, and articles and also continue the very popular residents section. More and more we are also getting very high-quality submissions from our members. As the number of minimally invasive operations, conferences and events with live surgery or live presentations increases, we are encouraging people to get these together and instead of letting them go to waste, or appear on local websites, we are



Mark Ferguson

happy to serve our community and to post this on CTSNet for the benefit of everyone.

CTSNet is an organisation run by full time surgeons

and owned and managed by EACTS, the STS and the AATS. Our aim is to provide and disseminate the most up to date information possible for our members for their own education.

So if you have not seen the website for a while, either have a look at

www.ctsnet.org or come along to our booth and see what changes we are making, or come and update your own webpage. In addition we would love to hear about any interesting videos you might have that you think people might learn from, so come along and we will put your operations on the world wide web !

Joel Dunning and

Mark Ferguson

Interim Co-Editors in Chief

Rectification

In issue 5 of the EACTS News newsletter, we incorrectly quoted Jiri Nicovsky from Brno, Czech Republic, instead of Sonja Vanekova, Hradec Kralove, Czech Republic.

The publishers of EACTS News would like to apologise to both Jiri Nicovsky and Sonja Vanekova for any embarrassment caused.



EACTS
European Association For Cardio-Thoracic Surgery

EACTS Events 2012

Dates	Title	EACTS Domain	Course	Location
25 Oct	Deadline pre-registration 26 th Annual Meeting			
27-31 Oct	26 th Annual Meeting	General		Barcelona, Spain
12-16 Nov	Advanced Module: Heart failure: state of the art and future perspectives	Acquired Cardiac Disease		Windsor, UK
28-30 Nov	Chest wall diseases	Thoracic Disease		Windsor, UK
3-7 Dec	Thoracic Course II	Thoracic Disease		Windsor, UK
14-15 Dec	3 rd EACTS Meeting on Cardiac and pulmonary regeneration	Acquired Cardiac and Thoracic Disease		Berlin-Brandenburgische Akademie Berlin, Germany
tbc	Second postgraduate workshop on leadership for cardiovascular and thoracic surgeons	General		Windsor, UK
tbc	Course for industry partners: Basic knowledge in cardiothoracic surgery, statistics, etc	General		Windsor, UK

Course codes:



Foundation Course



Specialist Course



Professional Development Course



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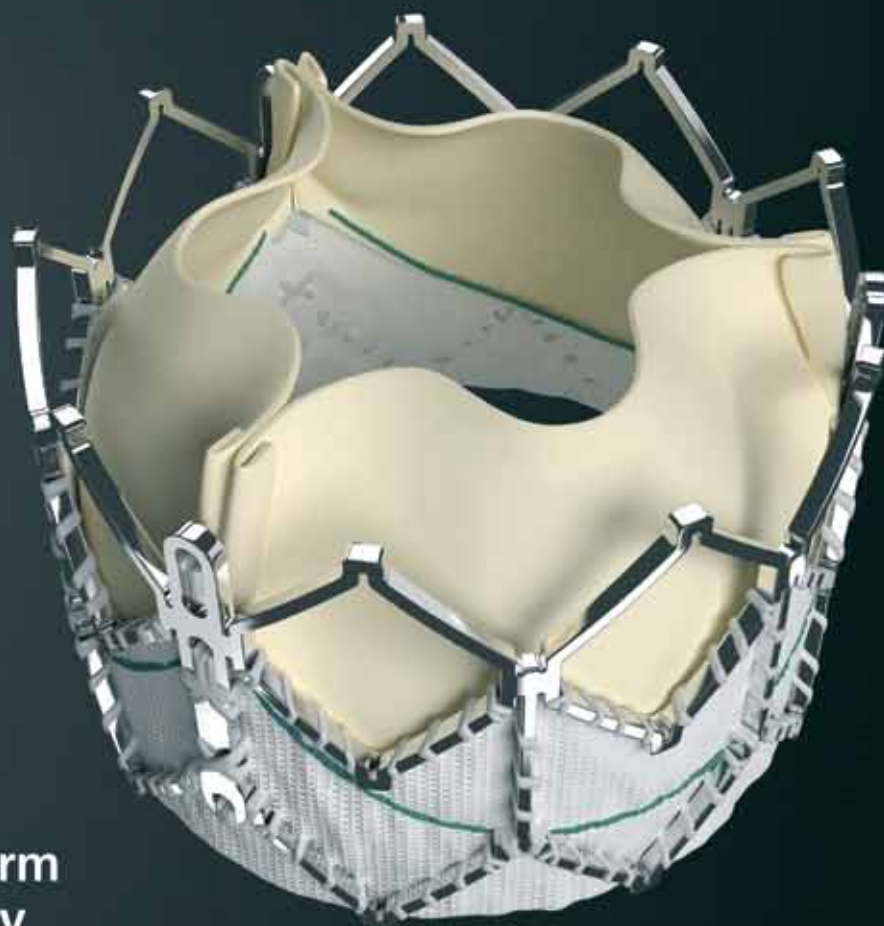
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