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**W**elcome to the 18th issue of the *EACTS News*.

I trust that you are enjoying summer and the football World Cup while the EACTS team are busy putting together the 32nd EACTS Annual Meeting. This year our meeting will be in the fashion capital of Milan, from 18th to 20th October.

Like fashion, EACTS will change this year, and we will present our new three-day meeting format for the first time.

The Chairs of the Domains and Task Forces met in February to start shaping the Annual Meeting into our new format. They met again in June to select the abstracts from the 1,449 which were submitted, and were finally able to include some 470 abstracts (32%) for presentation.

We think that our new three-day format for the annual meeting offers delegates many benefits both scientifically and logistically. The new format provides the opportunity of including the Techno-College across all three days, and to offer participants an "all included" single fee. Professor Hendrik Treede, Chair of the EACTS New Technology Task Force, outlines in this issue what topics will be covered this year. The full programme is now available on our website, [www.eacts.org](http://www.eacts.org), so I invite you to view the programme and plan your session schedule.

In addition to the Annual Meeting, members have been working hard in other areas of the Association's activities.

The Adult Cardiac Database (ACD) reached an important milestone and the benchmarking tool now has over 100,000 procedures. This is a remarkable



*Domenico Pagano*

achievement and we thank all the centres who have been submitting data from 2010 onwards. The benchmarking tool is accessible for surgeons to compare data and outcomes from their hospital, and to draw comparable data analysis with other hospitals anonymously. News of recent updates which include bespoke mapping for the database and data validation guidelines are included in this issue.

Miguel Sousa Uva and Anders Jeppson are to be congratulated on the conclusion of the 2018 ESC-EACTS Myocardial Revascularisation Guidelines which will be published in both EJCTS and EHJ around the time of our meeting. The Guidelines will be discussed in a session on Friday, 19th October.

Members have also been busy in the EACTS Academy. We have had very successful Fundamentals courses in all domains. The

specialist courses have also proved successful and you will find reports on the Aortic Valve Repair Summit, Video-Assisted Thoracoscopic Surgery (VATS) and Introduction to Aortic Surgery in this issue.

Dr Potapov together with members of the Heart Failure Task Force are preparing the 13th European Mechanical Circulatory Support Summit which will be held from 1st to 3rd November in Berlin. This meeting is one of the ways in which EACTS continues to support members in the treatment of patients with Heart Failure. EUROMACS continues to grow with 54 centres contributing data and we now have some 4,250 patients in the registry. EACTS understands the importance of the role of VAD co-ordinators in patient care and therefore happy to support the continuing education in this area and with a half day symposium in Milan.

We also report on the progress to create and award several Francis Fontan Fund fellowships. The Francis Fontan Fund for Education was established in 2017 with the aim of making high-quality education accessible to EACTS members. Dr Rafael Sádaba outlines the recent developments.

These are just a few of the highlights included in this edition, so pack this issue of *EACTS News* in your carry-on and take us with you on your summer holidays.

We hope you are proud of the work we are doing collectively at the EACTS and value your contributions and continued support.

We look forward to seeing you in Milan!

**Professor Domenico Pagano**  
Secretary General, European Association for Cardio-Thoracic Surgery

### The 32nd Annual Meeting, Milan, Italy: Programme at a glance

Thursday 18 October	Friday 19 October	Saturday 20 October
Techno-College	Techno-College	Techno-College
Professional Challenge Sessions	Professional Challenge Sessions	Professional Challenge Sessions
Focus Sessions	Focus Sessions	Focus Sessions
Abstract Sessions	Abstract Sessions	Abstract Sessions
Hands-on Training	Hands-on Training	Hands-on Training
<b>Exhibition</b>	<b>Exhibition</b>	<b>Exhibition</b>

# Interview: Kathy McGree

We joined Executive Director Kathy McGree at EACTS House in Windsor, UK, to discuss upcoming events and the continuing growth of the association. Drawing on her 20 years of experience with EACTS, Mrs McGree described the role of her team amid evolving educational needs throughout Europe and the wider world.

The 32nd Annual Meeting will be held later this year in Milan and, in contrast to previous years, scientific sessions will take place over three full days. "The three-day meeting represents an adaptation to the changing environment," said Mrs McGree. "Meetings used to be where one first learned about new ideas. Today, with 24/7/365 access to the scientific literature, the likelihood is that we probably hear about an important paper over Twitter within hours of its publication. With so much literature available, an annual meeting allows leaders in the field to use their expertise to guide participants through the maze.

"So we now have many more focus and professional challenge sessions in addition to the science. It is possible to achieve a really meaningful presentation of current practice in three days."

One of the biggest drivers of the shift to three days is the pressure that a longer meeting might place on hospital schedules. Longer meetings also raise incidental costs for those attending, such as accommodation and travel.

Asked what academic threads run through this year's Annual Meeting, Mrs McGree replied: "Each domain has a special focus; one of the many themes will be on training the hybrid surgeon. This is something we are trying to get all our residents to take very seriously – because it will be important in the future."

Keen to underscore that the Techno-College and new technology will continue to be a significant feature of the Annual Meeting, she added: "Surgeons, like all professionals in any walk of life, are immensely interested in knowing what the future of the profession will look like, and how patient care can be improved by new technologies.

"Our Annual Meeting aims to provide participants with all they need for professional development in a year. We also offer hands-on training. We have an

emphasis on basic science and how this can be relevant to developing new technology, as well as sessions for nurses, perfusionists, young scientists, and residents. In fact, if you cannot find what you want at the EACTS Annual Meeting it is not found anywhere."

The organisation of this year's Annual Meeting is in full swing – a process that is made easier by its repeated appearance in only a small handful of well-connected European cities, explained Mrs McGree: "A lot of meetings move around much more than we do, but we concentrate on cities that fulfil the criteria for the meeting. We go to cities that are easily accessible and have venues which meet our specified criteria.

"As a charity, our team must remain focused on delivering our objective – 'To advance education in the field of cardiac, thoracic and vascular interventions' – within our limited resources. Therefore, it is important that we concentrate our resources on education, and assisting the highly specialised, time-poor faculty to create the best possible scientific meeting each year. Simplifying the logistics of the Annual Meeting allow that the attention and resources remains on the science."

Turning to the particularities of arranging such a vast event, she continued: "Funnily enough, organising a big event is not as complicated as you might think when you do it every year. This is the 32nd meeting of the association, and probably the 23rd for our team. We have a formula, and a very experienced team lead by our Event Director, Sharon Pidgeon, who has been with the event for as long as I have.

Organising the logistics is only one aspect though. We are indebted to the immense work of our members in creating the content."

As Mrs McGree explained, venues for the Annual Meeting are booked around four years

in advance, but the planning doesn't really begin until just nine months before the event. "This is again down to us keeping to a limited number of destinations. Working in limited locations with the same trusted partners over many years means they understand the ethos and needs of EACTS, and become part of our team, which in turn leads to efficiency and the ability to focus on the delivery of education."

## EACTS: Evolving over time

While starting out as a European organisation at its beginnings, with 85% European membership, today EACTS draws around 35% of its members from elsewhere in the world. "Now, we are much more inclusive," said Mrs McGree, adding: "When I started we had a much more traditional recruitment system for members, so they had to have the support of existing members. But patient care is multi-disciplinary, so over the years our membership base has changed to reflect that. Now, in addition to surgeons, this includes cardiologists, nurses, perfusionists, and VAD coordinators. In fact, an EACTS member is described as 'a medical or non-medical professional involved directly or indirectly in cardiac, thoracic or vascular interventions.'"

Mrs McGree herself began working with EACTS when its administrative base moved from France to the UK. Subsequently, conference organisation was brought in-house, and the EACTS council at the time carried over two members of the staff to smooth the transition. "This was 1998. We did look at possibly having an office in London, but the staff lived locally here

in Windsor. So it just came down to practicality. London prices are very expensive, and it would also be more inconvenient for staff. Windsor ticked all the boxes: it is not London, it is very close to Heathrow airport, and if you mention Windsor to an international person they know where it is."

Speaking of the challenges of her role, she added: "It is a juggling act. That is the only way you can describe it. You are doing a lot of jobs (and probably not a master of any!)

ensuring that someone is doing every task. Most of the role is good communication – maintaining good relationships with all various partners whether members, industry or suppliers is vital to the success of the organisation

"If you cannot find what you want at the EACTS Annual Meeting it is not found anywhere."

Kathy McGree



in delivering its mission. Like any person's role in this situation, mine is to keep all the balls in the air."

In 1998 the EACTS administrative staff numbered three. Today 18 staff members, 12 of whom are in Windsor with additional staff in the Netherlands and Germany, manage a broadened portfolio of activities, with the EACTS Academy as one of the major developments alongside the Quality Improvement Programme, The European Board of Cardiothoracic Surgery, Registries, Journals, Guideline creation and the Francis Fontan Fund.

"While the value of the Annual Meetings comes down to the networking opportunities as well as the educational opportunities, the Academy courses follow our five-step skills programme focusing on specific topics or learning a new surgical technique. The content of these courses is created by course directors in all the specialties."

The first module in the skills programme is a 'Professional Challenge session' taking



"We have a formula, and a very experienced team."

Kathy McGree

place at the Annual Meeting, offering expert keynote lectures on the state of the art of a specific technique. It includes a demonstration of the technique by video or live surgery and a discussion of

complications that may arise. The second module comprises Fundamentals courses on surgical anatomy, physiology and principles of surgical and non-surgical treatment in specific areas, held at EACTS House. The third level includes a more specialised courses of two to three days in a hospital with distinguished experience of the technique. The fourth step consists in the opportunity to visit an EACTS accredited centre for a period of time to participate in the real-world operating room as an observer or in a hands-on capacity. Finally, the fifth step involves proctorship in the trainee's own centre.

"What we would like to do is to continue to develop our educational offering," said Mrs McGree. "We now work with an educationalist from the Royal College of Surgeons, Edinburgh, UK, to guide us in best practice in delivering education."

"We have a real duty to provide high quality unbiased education. Postgraduate education is not well funded, but it should be. Physicians should not be reliant on device and pharma companies to provide training and education."



## The EACTS Jeopardy competition, 2018!

Following the resounding success of previous competitions, EACTS will continue to host the **EACTS Cardio-Thoracic Masters Jeopardy** competition at the 32nd Annual Meeting, held 18–20 October 2018 in Milan.

The winning team will have a unique opportunity for a fully sponsored trip to the STS 55th Annual Meeting (26–30 January 2019) in San

Diego, California, USA, where they will compete against the winning North American team for the **Cardiothoracic Surgery Resident Jeopardy Competition** title. The winning European team's registration fee, economy travel expenses and hotel accommodation for STS will be covered by EACTS.

**The European competition**  
An invitation to participate in

the Jeopardy competition was sent out in early June, and the response has been tremendous. The next stage will be the individual online screening exam, taking place from 23 July until 6 August, 2018.

The top four teams from the exam stage will compete in two rounds of Jeopardy conducted in an exciting live competition on Friday 19 October during the Annual Meeting. The top

two teams will then take each other on in the *not-to-be-missed* final round on Saturday, 20 October.

Come and support your colleagues in Milan for what promises to be a thrilling competition!

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**Any questions regarding this competition may be directed to**  
**Stephanie Whiting-Taylor:**  
**Stephanie.WhitingTaylor@Eacts.co.uk**



**Hendrik Treede**

Mid-German Heart Center,  
University Hospital Halle (Saale), Germany

**A**s a scientific society, EACTS is strongly committed to evidence-based medicine, validated high quality research and original work in the field of cardio-thoracic surgery. This knowledge-base has been successfully presented at every annual conference since 1986, at an outstanding level that attracts a worldwide community of surgeons, physicians, researchers and affiliated professions.

The Techno-College has now gone even further: If the EACTS Annual Meeting is the necessity, then the Techno-College is the choice. At the Techno-College we open our minds to the newest ideas and latest innovations in our field. We don't ask for numbers, we ask for concepts. From technical innovation to great engineering, from cutting-edge surgery to benchtop breakthroughs, the Techno-College is the platform for a glimpse into the future of our profession.

You may have noticed that the format of the EACTS Annual Meeting and the Techno-College has changed in 2018. The Annual Meeting will now take place over three days, not four. In the light of this change, the Techno-College will no longer be a full day event in advance of the Annual Meeting. Instead we will see three highlighted Techno-College sessions, one held each day of the conference.

In every session – lasting three hours – live



case transmissions, live-in-a-box recordings and outward looking presentations will take centre stage. And yes, we will again allocate the Techno-College Awards, but this time we will ask the volunteers to defend their innovations in front of a dedicated group of jurors including surgeons, cardiologists, company CEOs and venture capitalists. The format will be called "The Lion's Den", and the final decision on who will get the award will be made by you, the audience.

On Thursday morning we will open the 32nd EACTS annual meeting with a Techno-College session on how new technology can be integrated into common



practice. This is a very practical session that will help to enhance your surgical portfolio. A live transmission from the University Heart Center in Hamburg, Germany and live-in-box videos from Oxford, UK and Leipzig, Germany will focus on minimally invasive aortic and mitral valve surgery, laser lead extraction and sophisticated OPCAB surgery with new graft-preserving technologies. This all will be surrounded by presentations focusing on tips and tricks for your daily practice.

Friday's Techno-College session is fully dedicated to the Heart Team and interventional therapies. Top class cardiologists will join the surgical faculty on the panel and we will have the great chance to see one of the first live transmissions of a transcatheter mitral valve implantation ever. Live and live-in-a-box cases focusing on the newest TAVI and mitral valve technologies will prove that interventional therapies have become part of the surgical portfolio, and a special focus on the tricuspid valve will open up a new chapter for upcoming therapeutic challenges of the right heart.

Last but not least, the Techno-College session on Saturday will focus on the newest



technologies in cardio-thoracic surgery including heart failure, aortic disease and even cardioplegia strategies.

Many things are new about the Techno-College in 2018 but one isn't: The Techno-

College is the most exciting brand of EACTS. A brand that stands for innovation, technical leadership and vision. It's the future of cardio-thoracic surgery here and today. Come and be part of it.

# Industry opportunities at the 32nd EACTS Annual Meeting

A full range of marketing opportunities are available for our industry partners at this year's Annual Meeting in Milan

Milan is truly the powerhouse of Italy, with a diverse mix of culture, education and business that makes it one of the most visited cities in the world. Millions of tourists flock to the city each year to witness the outstanding international fashion scene, the beautiful architectural flair of the Duomo, and priceless arts such as da

Vinci's Last Supper. These attractions sit alongside some of Italy's leading universities, sports teams, business hubs and of course the MiCo – Milano Congressi, one of the largest conference facilities in Europe, situated right in the heart of the city.

This will be the home for the 2018 EACTS Annual Meeting

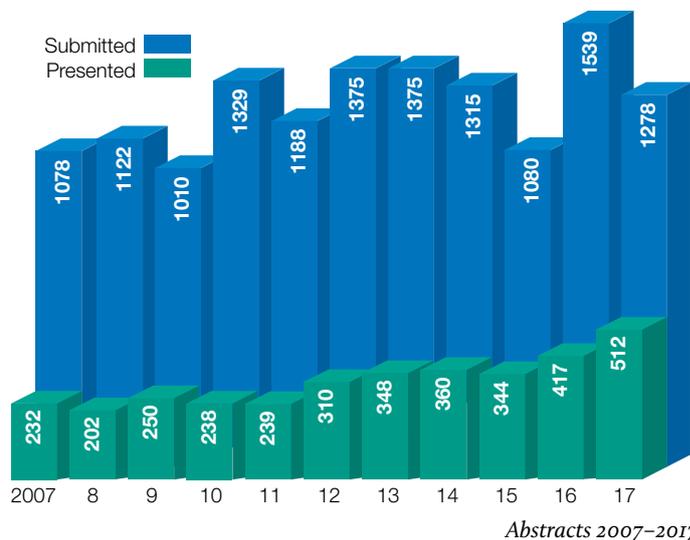
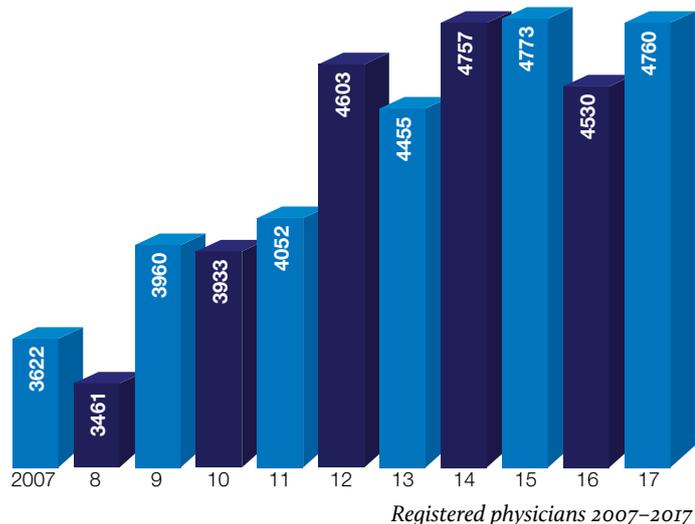
– the largest cardio-thoracic meeting in the world, focusing on scientific developments and research in acquired cardiac disease, congenital heart disease, vascular disease and thoracic disease. The statistics (pictured) speak for themselves.

We offer a full range of marketing opportunities to enable our Industry partners

to maximise their participation and achieve maximum Return on Investment.

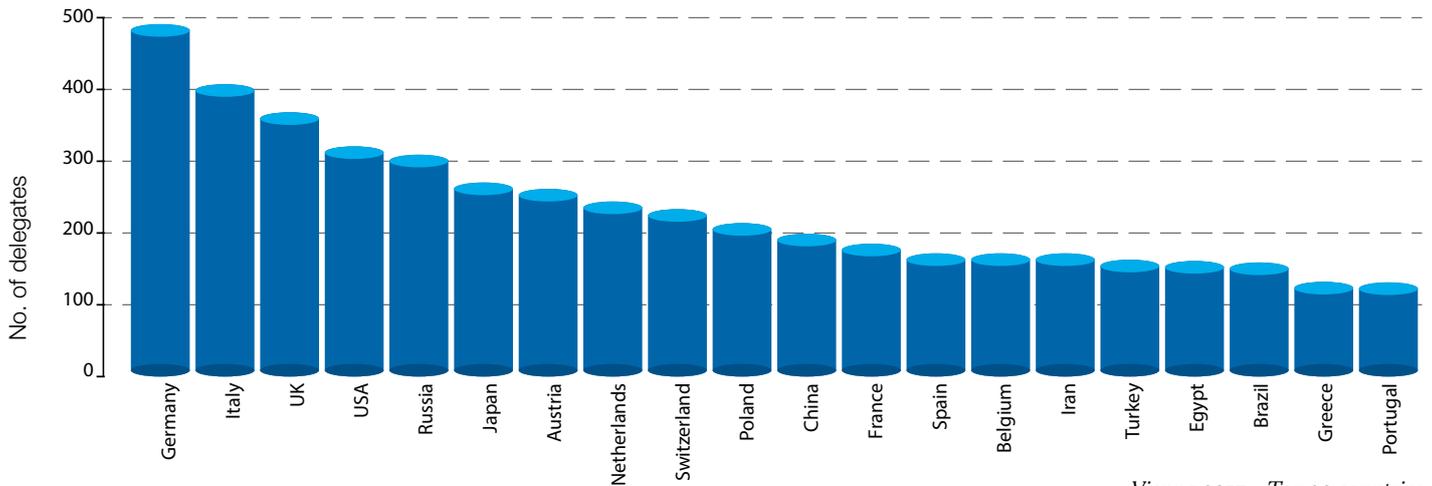
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**For further information regarding these opportunities, and more, please refer to our Industry Opportunities website: <http://www.eacts.org/educational-events/eacts-annual-meeting/industry-opportunities/>**

*Continued on page 6*



# Industry opportunities at the 32nd EACTS Annual Meeting

Continued from page 5



Vienna 2017 – Top 20 countries



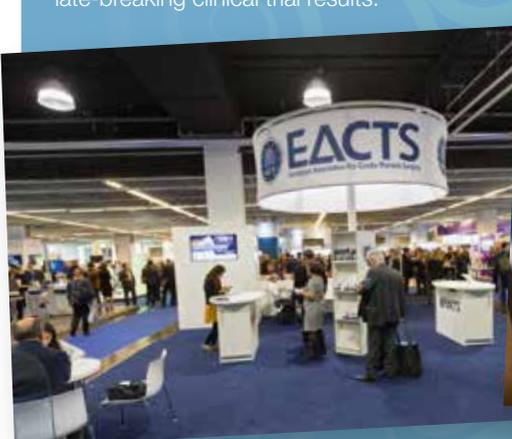
### TV Studio

Discuss the current status of important topics in the field of coronary artery disease, valvular heart disease, heart failure, vascular disease and thoracic surgery. A wide variety of sessions will be recorded, ranging from round-table discussions to one-on-one interviews covering late-breaking clinical trial results.



### Satellite symposia

Reach your targeted audience with informative, educational and expert discussion tailored around your products and ongoing research.



### Exhibition

Your one-stop shop to showcase the latest products and services that your organisation has to offer. Space is selling fast so book now!



### EACTS Daily News and general advertising

Increase your presence throughout the event by advertising your organisation, products and straplines in the Annual Meeting's printed and digital media.



### Training Village

Organise your own 'hands-on' workshops, including wet and dry labs and other small practical sessions.

# Data validation guidelines: the start of the journey

**Tine Philipsen**

Ghent University Hospital,  
Belgium



The EACTS Adult Cardiac Database (ACD) and its benchmarking tool have been developed

to assess cardiac surgery data and risk-adjusted outcomes on a European and international level, thereby improving the quality of cardiac surgery in Europe. The EACTS ACD data can be used for guideline development, quality improvement projects, research and collaboration between European centres, and for scientific and public reporting.

Data validation is an essential step in creating a useful database with assured consistency and completeness. However, current quality control of data varies greatly between units. As such, the EACTS ACD data validation team is working on data validation guidelines that can be implemented across all participating units.

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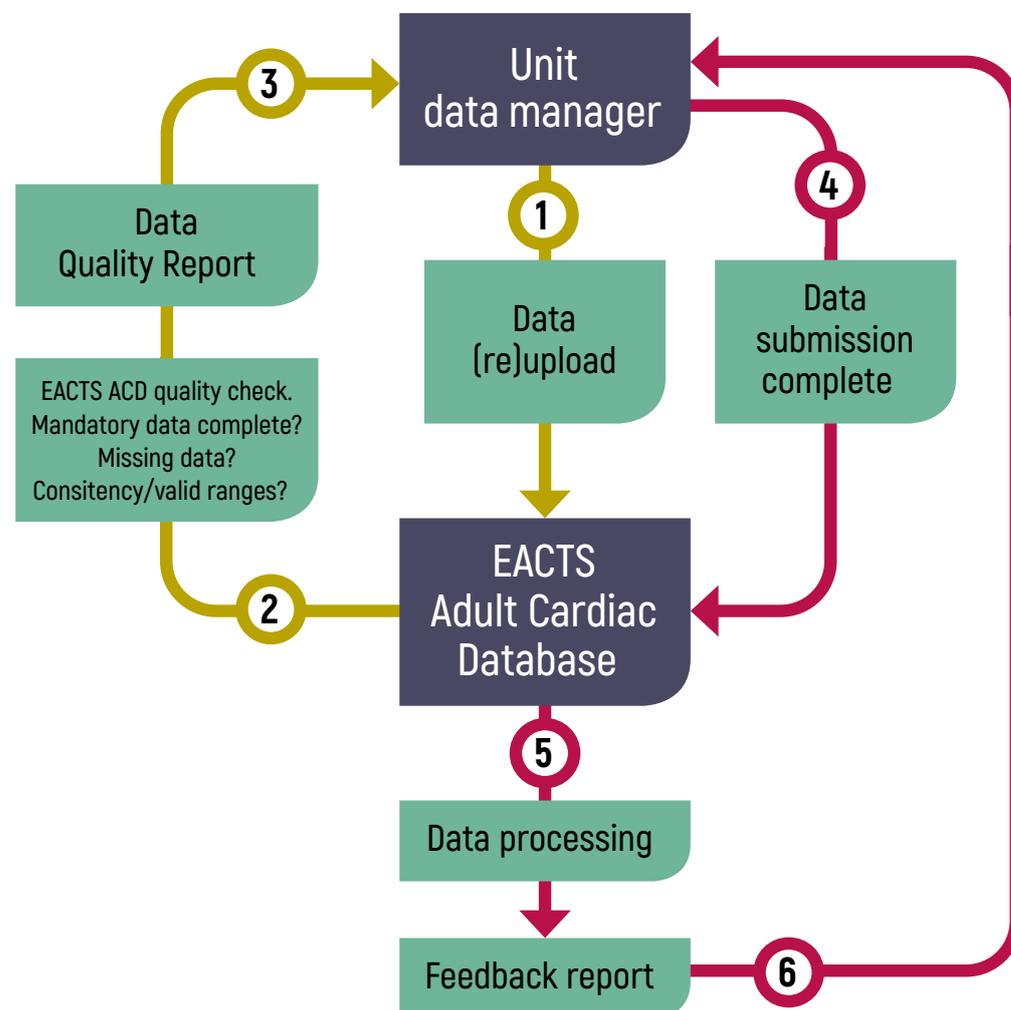
## Data validation survey

In 2017, the EACTS ACD data validation survey was sent out to all contributing centres of the Database. The goal was to assess current data validation practices, including metrics of data quality, consistency and completeness. Outcomes of the survey were presented at the EACTS Annual Meeting in October 2017 in Vienna.<sup>1</sup>

Several key outcomes were uncovered. Firstly, it was clear that the approach to data management in participating European cardiac surgery centres varied considerably, and was conducted by both medical and non-medical professionals.

In addition, the survey found that registration of data was mandatory in most participating centres (89.7%). All survey responders were convinced data registry *should* be mandatory, however.

Registered data were mostly used for scientific and administrative purposes, but only 23% of data was actively used for quality control. What's more, 24% of the units did not perform any data control before



*Flowchart demonstrating the EACTS Adult Cardiac Database data validation process. A close collaboration between the data manager (single unit or national) and the EACTS ACD team is necessary. Completeness and correctness of the data are the unit's responsibility, and all uploaded data should be adapted to EACTS ACD data definitions and demands. For mandatory data, completeness should be 100%. For every upload, a Data Quality Report (DQR) is produced, allowing the data manager to correct and reupload the data. After completion, a bespoke report including the results of the uploaded data will be generated for every participating unit.*

uploading to the EACTS ACD.

Finally, while only 37% of units undertook external data control – mostly via the national societies of cardiothoracic surgery – approximately 70% of participants believed external data control would be helpful in further improving data quality.

Overall, the EACTS ACD survey demonstrated that data quality control ranges from the non-existent to the well-structured and highly organised. Therefore, there is a clear need for proper data validation guidelines implemented across all participating EACTS ACD units.

## The data validation process

The EACTS ACD team aims to offer units assistance in proper data input practices, including guidance on how to follow a step-by-step process when entering data for validation (Flowchart). By following these steps, units that do not have the possibility to implement electronic or statistical data control protocols can rely on the EACTS ACD team to facilitate more accurate data.

The EACTS ACD data validation team is convinced that better data quality and

benchmarking can lead to better outcomes in cardiac surgery in Europe. We are currently working on more elaborate data validation guidelines to advise all EACTS ACD participants on how to validate their data and improve data quality and productivity.

The journey continues...

## References

1. Pagano D. The journey behind the adult cardiac database. Presented at the 31st EACTS Annual Meeting, Vienna, Austria, 7–11 October, 2017. Available at: <http://medialibrary.eacts.cyim.com/>

# Monitoring results with Adult Cardiac Database control charts

Hina Waheed and Simon Baldwin

on behalf of the Quality Improvement Programme (QUIP) Birmingham team

Since the initiation of the EACTS Adult Cardiac Database (ACD) in 2015, more than 100,000 cardiac surgical procedures from 54 different centres across Europe have been included. This rise in procedural numbers has led to the development of a control charts page in the benchmarking tool. These control charts enable participating centres to monitor their performance over time, and offer a baseline from which to assess whether process

variations are consistent, or unpredictable.

## QuORU dashboard – University Hospitals Birmingham (UHB)

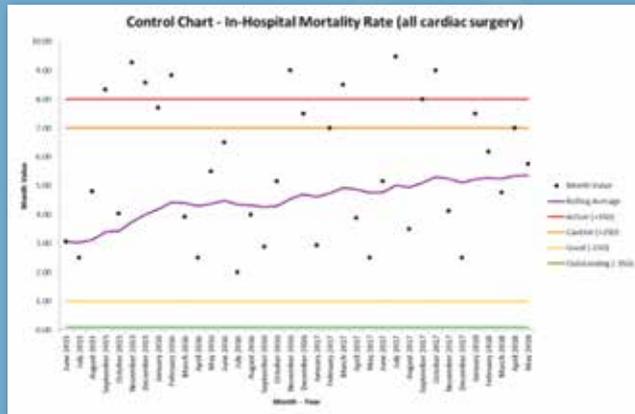
Extensive research and testing of the ACD control charts was conducted at UHB by the Quality and Outcomes Research Unit (QuORU), in conjunction to developments made to QuORU's own dashboard. The QuORU dashboard contains two control chart variants for two separate purposes.

The more commonly used control chart monitors monthly data values against the long-term average of a process. The purpose of the chart is to monitor long-term trends in a process, and sudden deviations (in a single month) from the trend.

The other chart variant (as in the ACD) measures average monthly performance against external standards, allowing processes to be benchmarked against other hospitals.

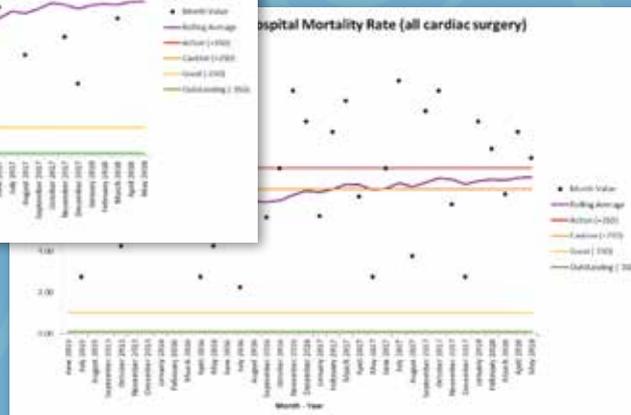
Contact [Hina.Waheed@uhb.nhs.uk](mailto:Hina.Waheed@uhb.nhs.uk) or [Simon.Baldwin@uhb.nhs.uk](mailto:Simon.Baldwin@uhb.nhs.uk) for more information.

## How to interpret ACD control charts



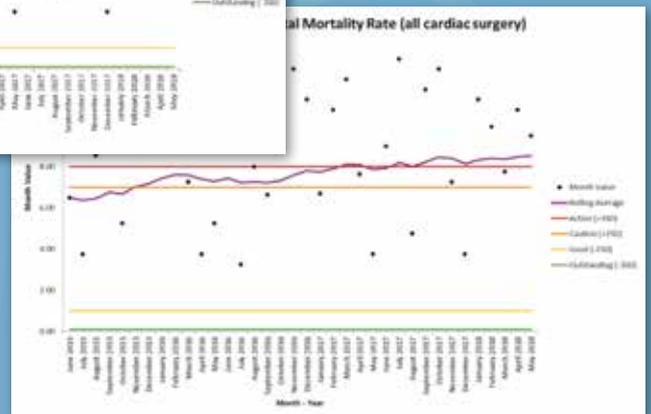
### 1. In control

When the rolling average is below the caution line, the process is in control, and no action is necessary.



### 2. Caution

When the rolling average is between the caution and action lines, the process may need adjustment. Each consecutive point between the caution and action lines is further evidence that the process may need adjustment.



### 3. Action

When the rolling average is above the action line, the process has moved out of control and requires adjustment.



ADULT CARDIAC  
DATABASE

## Obituary: Costante Ricci

Professor Costante Ricci passed away on 3rd July 2018, aged 93. Professor Ricci was a founding member of EACTS, and played a significant role in shaping the Association in the early years.

He was a prominent academic thoracic surgeon in Italy, and many of his pupils are chiefs of division in universities and hospitals across Italy today.

# Bespoke mapping for the Adult Cardiac Database

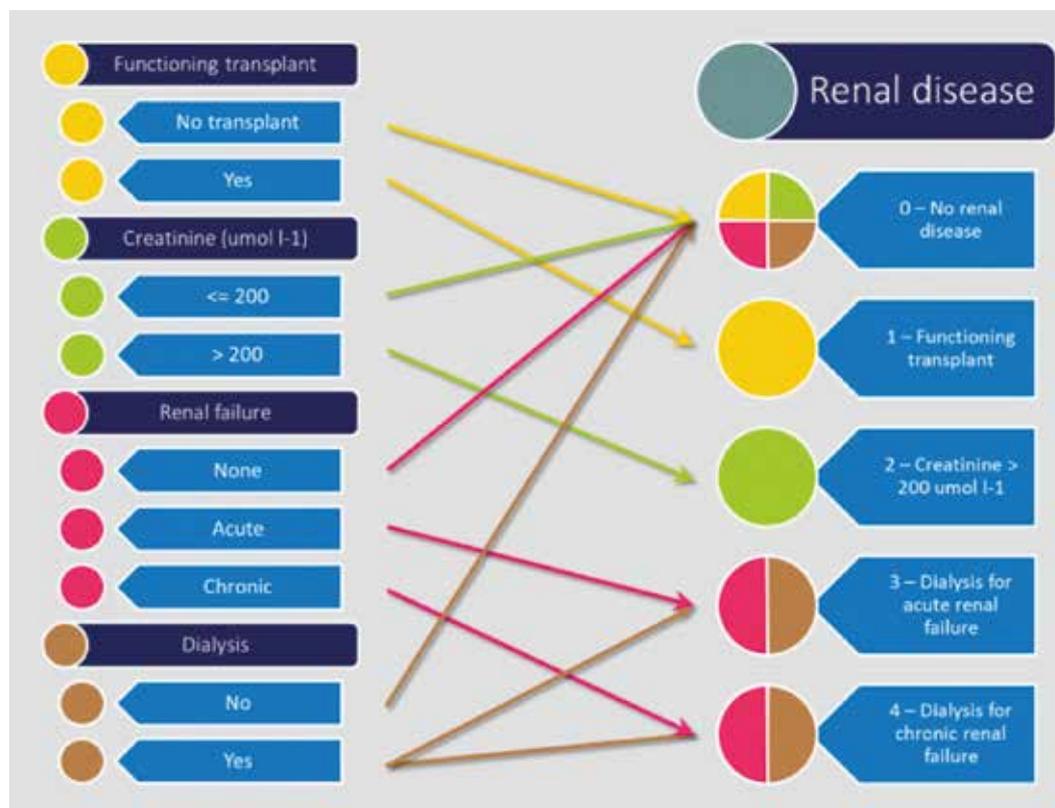
**Hina Waheed and Simon Baldwin**

on behalf of the Quality Improvement Programme (QUIP) Birmingham team

A key challenge for any centre participating in a national or international registry is the conversion of local hospital datasets to a registry format. For the large number of different registries currently active, this can be a big undertaking for clinicians and hospital informatics departments. One way in which many registries have addressed these issues is to collect real-time data via online tools. This way, ward clerks and clinical coders enter hospital data, and registries receive this data in the required format. However, this misses out on historical data, which is important for long-term monitoring of outcomes.

Participation in the Adult Cardiac Database (ACD) alleviates these challenges by a process we call 'bespoke mapping'. Bespoke mapping works as follows:

1. The QUIP Birmingham team at University Hospitals Birmingham\*\* will contact the clinician or dedicated data manager representing your centre to request the fields (not the data itself) of your local hospital datasets. Fields that should not be submitted include:
  - a. Patient name
  - b. Patient address/post code/zip code
  - c. Surgeon/ technician name
  - d. Surgeon/ technician number
 We accept pseudonymous patient numbers (for



\*\*\* Data mapping example:

- **Functioning transplant:**
  - o Option 1) No transplant
  - o Option 2) Yes
- **Creatinine (umol l-1):**
  - o Option 1) <= 200
  - o Option 2) > 200
- **Renal failure:**
  - o Option 1) None
  - o Option 2) Yes
- **Dialysis:**
  - o Option 1) No
  - o Option 2) Yes



## ADULT CARDIAC DATABASE

2. An initial mapping report will be produced for your centre, detailing how we plan to convert your data to ACD format\*\*\*. Dialogue to discuss this report will then take place with the clinician or dedicated data manager, until a final mapping report is agreed.
3. Using a provided user name and password, the clinician or dedicated data manager will upload the required data as it is collected in your local hospital databases (no conversion by the centre is

**Attention:** Data managers should only send data to the ACD through the secure FTP link (<https://hed.iweb-storage.com/login>). Sending data via other platforms (e.g. email) will be considered a serious data breach. For further information on how to securely upload your data, please go to <http://www.eacts.org/quip/data-managers/> or contact [EACTSFeedback@uhb.nhs.uk](mailto:EACTSFeedback@uhb.nhs.uk).

4. A computer script is written by the QUIP Birmingham team to convert your data to ACD format, and the data is uploaded to the ACD. From here, it is viewable via the online benchmarking

required) via a secure FTP link (not by email). This upload is completed within minutes. You can upload data as often as required, with the minimum being once a year. The QUIP team will then be available throughout to help and ensure a smooth process.

tool, or via standard/ bespoke reports. The bespoke mapping process has successfully converted over 50 local hospital datasets to ACD format, and is all part of the free participation founded in the EACTS Quality Improvement Programme.

\* Subject to regularity of data uploads.  
 \*\* Contact [hina.waheed@uhb.nhs.uk](mailto:hina.waheed@uhb.nhs.uk) or [simon.baldwin@uhb.nhs.uk](mailto:simon.baldwin@uhb.nhs.uk) for more information.

# Updating the Adult Cardiac Database

**Giacomo Bortolussi** on behalf of the Adult Cardiac Database

Last year, a renovated task force within EACTS was appointed to take charge of the Adult Cardiac Database (ACD). Collecting nearly 70,000 procedures from 41 European centres since 2010, the ACD was already an excellent entity. However, we felt that an update was necessary in order to reflect the evolution of knowledge and techniques over nearly a decade.

The task force immediately began working to revise the structure of the database, update the validation criteria and develop an online tool for analysis and output.

As the very essence of the database, data fields were our first focus. Beyond removing

some under-used variables – and adding new options where necessary – we also considered some popular risk scores such as EuroSCORE II and STS, trying when possible to include their variables in our dataset. The rationale was both to calculate and compare different score systems, and to ease data collection, since most



## ADULT CARDIAC DATABASE

centres already collect these aforementioned variables.

Moreover, recognising that mortality alone is no longer a satisfactory measure of outcome, we added several new fields that described postoperative course. While mainly focusing on related complications, length of stay

and follow-up were also included when available.

After choosing the data fields, we revised all their definitions and updated the data dictionary. Again, the core aim was to keep it as clear and simple as possible, both to avoid confusion and to help save time for those inputting the data.

As a word of reassurance, the task force is aware of the difficulties centres can face when called upon to adapt their own dataset to the ACD. For this reason, we decided to avoid

producing changes too often, aiming at a limit of once every three years, with sufficient notice always given to participants.

But our mission is to improve the database and keep it up to date, thereby providing participants with useful tools they can apply in clinical practice. As

such, we classified the revised variables in three categories, according to their importance:

1. **Mandatory:** limited information which all centres must provide to join and remain in the ACD
2. **Essential:** very important data, with required minimum completeness (but participants may omit some data at their discretion)
3. **Optional:** mostly new variables which we strongly encourage centres to provide, but without any formal restrictions

We will present the innovations more in detail at the 32nd EACTS Annual meeting in Milan, with the plan to implement the revised database from 2019. We are already proud of the results, and we hope that a growing number of members will join the database to ensure improved patient outcomes.

# The 13th European Mechanical Circulatory Support Summit

**Evgenij V. Potapov**

Co-Chairman EUMS; Department of Thoracic and Cardiovascular Surgery at the German Heart Centre, Berlin, Germany

The 13th European Mechanical Circulatory Support Summit (EUMS) will be held 1-3 November 2018 in Berlin, Germany. It is the largest European meeting in end-stage heart failure, offering a unique opportunity for cardiologists and surgeons to meet and discuss the optimal treatment of patients suffering from end-stage heart failure, in an era where there are increasing numbers of patients, but fewer and fewer hearts available for transplantation.

The meeting will discuss new drugs and interventional devices, as well as presenting future technologies, including “intelligent” pumps and creative solutions for unusual, real-life cases.

Participants will also learn: How to use guidelines to find the right treatment for the right patient at the right time; how to use temporary mechanical circulatory support (MCS) systems in emergency situations and in the ICU; new surgical techniques for ventricular assist device (VAD) implantation, as well as unusual solutions for complex surgical problems in VAD patients.

As usual, ongoing topics such as the annual EUROMACS report, complications during long-term support or how to

recognise and promote myocardial recovery in adults and children will be in discussed in detail by leading experts from around the world. What’s more, new fields such as shared care or the role of social media will be touched upon. All of this will be delivered via an interactive programme of lectures, live-in-a-box cases and keynote presentations that will sit alongside a special focus on current European and North American guidelines in practice.

The targeted audience for EUMS includes cardiologists, heart failure specialists, emergency and ICU specialists (ECLS), cardiac surgeons, perfusionists, heart failure nurses, VAD coordinators, medical industry (cardiac devices including ECLS development and production), paediatric cardiologists and congenital heart disease surgeons.

A central part of the meeting is dedicated to young physicians and scientists. Teams of young residents and scientists from USA and Europe, including teams from Bad Oeynhausen and Berlin will fight it out in the Quiz. Additionally, a team of leaving legends will show us their best performance.

The aim of the meeting is not to cover everything in the MCS field, but to provide a platform for sharing and developing new knowledge and ideas.

I look forward to welcoming you to Berlin.

## The Programme:

### Thursday 1 November

- **Session 1** The heart failure patient – drugs, clips, device therapy – the right treatment for the right patient at the right time
- **Session 2** Guidelines in practice – the transatlantic express
- **Session 3** Temporary mechanical circulatory support
- **Session 4** The frail patient
- **Session 5** Weaning

### Friday 2 November

- **Session 1** The right ventricular challenge
- **Session 2** The left ventricular challenge
- **Session 3** The device challenge
- **Session 4** How to reduce side effects of long-term left ventricular assist device therapy
- **Session 5** Shared care

### Saturday 3 November

- **Session 1** Paediatric
- **Session 2** Intelligent pumping and smart materials
- **Session 3** Unusual cases and creative solutions
- **Session 4** Update of current and prospective devices

<http://www.eacts.org/educational-events/programme/eums-2018/>

# The 2018 EACTS Professional Leadership Course

26-27 November, Windsor, UK

The intelligence quotient (IQ) threshold for entry into professional careers is typically 110-120, and as a consultant surgeon, you can confidently tick the IQ box in the knowledge that you'll have an excellent score. But here's the rub: IQ is not a guarantee that you are the best in your field. In fact, research data suggests that a staggering 66% discrepancy exists between average and top performers.

This difference is attributed to a so-called emotional intelligence quotient, or EQ. Looking at the figures for leadership, variations in performance are even more pronounced, with EQ attributed to 90% of the difference between average and great leaders. This is perhaps unsurprising, given none of us have ever been asked to sit an exam on the subject.

The good news is EQ is a learnable set of skills, attitudes and approaches which inform a leader's style. With that in mind, EACTS hosted a two-day Professional Leadership Course previously in Windsor, and will be repeating the offering for consultant surgeons this autumn. Last time, participants told us it was "a good investment,"

**"Come prepared. Expect to be stretched. This is a course for consultant surgeons serious to further every aspect of their careers."**

and "something they would definitely recommend to a colleague or friend."

The Course isn't clinically focused – rather it explores the core values required for effective leadership. It is interactive, fully engaging participants with objectives to increase their self-awareness, and develop leadership skills for the benefit of themselves, the team, and most importantly, the patient. Ethics and logistics are also key themes throughout; it is understood that in today's environment, hospital departments are in a continuous state of flux, therefore navigating the politics and managing high-

performance teams is critical if the best outcome for the patient is to be ensured.

The two-day event draws on tested academic behavioural models in exploration of several key topics: emotional intelligence and authenticity, building and maintaining high performance teams, and integrity and ethical decision-making. There will also be a highly interactive workshop on Political Savvy, designed to equip and encourage individuals to steer a course around organisational barriers, and actively engage in the political sphere in an ethical and systematic way.

The programme will be delivered once again by the warm, self-effacing master of emotional intelligence, Roger Delves, together with consultant haematologist Jane Stevens, currently preparing for a doctorate focusing on the personal development of doctors, and the sustainability of the National Health Service (NHS) in the UK. They will be joined by Rebecca Stephens, a leadership coach and Britain's first woman to climb Mount Everest.

There'll be reading beforehand. Come prepared. Expect to be stretched. This is a course for consultant surgeons serious to further every aspect of their careers.

## Course facilitators



**Roger Delves** is Professor of Leadership Practice and Dean of Qualifications at Ashridge Hult International Business School in the UK. He is a member of the Ashridge management team and teaches across a range of Ashridge and Hult qualification programmes.



**Rebecca Stephens**, MBE is the first British woman to climb Everest and the Seven Summits – the highest mountains on each of the seven continents. A writer, lecturer and leadership coach, she is Adjunct at the Ashridge Executive Education Hult International Business School, and head of the Rotterdam School of Management's Kilimanjaro MBA Leadership elective.



**Dr Jane Stevens**, MB ChB, MD (Res), MCRP, FRCPath, studied medicine at Manchester University, UK, specialising in malignant haematology. With 20 years of experience in the NHS, it became apparent to her that even the best physician was unable to excel if working in a failing system. A need to understand the challenges facing the healthcare

sector led her into clinical leadership within the NHS, and to a Master's degree in Business Administration (MBA). In 2016, she stepped down from her role as divisional director for Cancer and Clinical Support in a large acute trust in London to prepare for a doctorate in organisational change at Ashridge Hult International Business School, where she has recently been appointed as a member of the faculty.

## The European Board of Cardiothoracic Surgery Examinations

The European Board of Cardiothoracic Surgery (EBCTS) has the primary aim of encouraging common high standards and qualifications in cardiothoracic surgery in all European countries and beyond. This should potentially allow for the mutual recognition of these qualifications between European countries and elsewhere.

The development of a modern, fit-for-purpose examination to assess professional knowledge, skills and competences is a priority of EACTS. As such, in October 2017, the new EBCTS Section 1 (MEBCTS) MCQ exam was successfully delivered in Vienna.

Two levels of examination are now available:

### Level One Examination

The Membership of the European Board of Cardiothoracic Surgery (MEBCTS) tests the scope of knowledge, clinical judgement and application of the principles and practice of surgery to the standard expected at the end of national training in the generality of cardiothoracic surgery, ready to commence as an independent specialist.

### Level Two Examination

The Fellowship of the European Board of Cardiothoracic Surgery (FEBCTS) tests the scope of knowledge, clinical judgement and application of the principles and practice of an autonomous / independently practising surgeon to the standard expected in one

or more areas of established sub-specialist practice – adult cardiac surgery, thoracic surgery, congenital cardiac surgery.

The 2018 Level One (MEBCTS) examination will be held on Wednesday 17 October in Milan, Italy. Applications are now open for the 2018 Level Two (FEBCTS) examinations, due to be held on Wednesday 5 (Adult Cardiac) and Thursday 6 (Congenital and Thoracic) December in Windsor, UK.

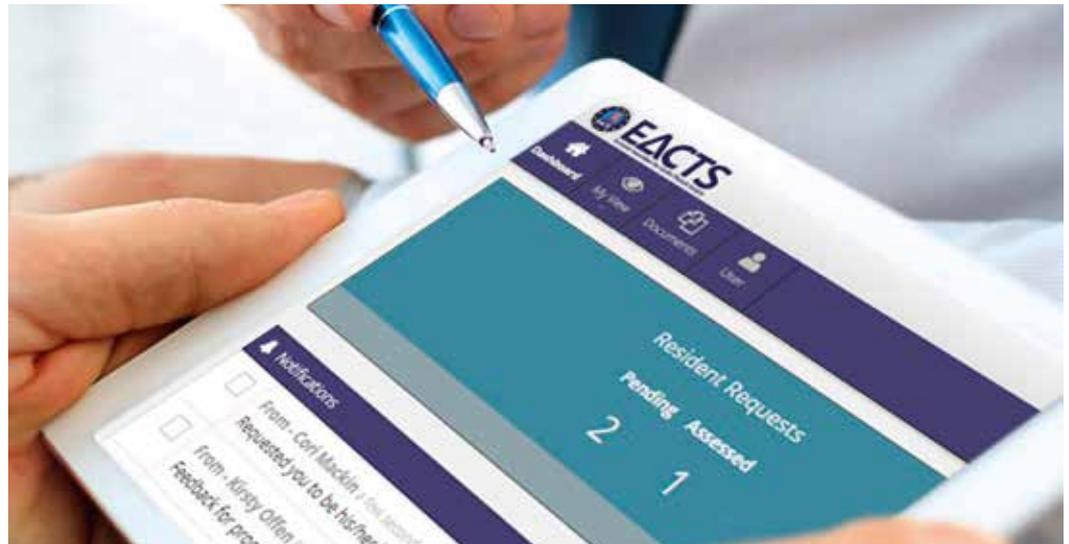
For more information, head to [www.ebcts.org](http://www.ebcts.org).

If members of EACTS are interested in participating in EBCTS activities please contact Amanda Cameron at [ebcts@eacts.co.uk](mailto:ebcts@eacts.co.uk)

## The EACTS Training Management System (TMS)

Residency is a pivotal stage in a surgeon's career – one which can be considerably improved with the appropriate resources and proper monitoring. To that end, EACTS has developed an online tool designed for residents, trainers and heads of training to help monitor progress and evaluation throughout a resident's training programme. This tool is easy to use, enabling residents to register all of their procedures, and provides a variety of assessment forms to suit the requirements of the centre. The system also provides a space for a resident's portfolio, with the additional function of being able to upload documents and export registered procedures and overviews of evaluations. This is particularly beneficial for candidates applying to sit the European Board Examinations.

In May, EACTS held the first Training Management System Seminar at EACTS House with the heads of training and respective residents from European Centres originating from Austria, Finland, Lithuania, the Netherlands, Portugal, Switzerland and the United Kingdom. This successful seminar was led by Dr Edris



Mahtab, who provided exclusive training of the EACTS Training Management System, and expertly demonstrated the advanced features and benefits of using this online training tool, thereby equipping the heads of training and residents with the skills to use the TMS to its full potential.

The seminar also created a platform for the participants to communicate their requirements to EACTS, and then in turn understand how the TMS can meet those needs. The TMS was positively received by all parties, with one head of training

stating, "The TMS is easy, user friendly, fast to get and access, and motivates the trainee and trainer." A resident from the seminar affirmed that, "It will guide trainees and trainers for a correct, uniform and consistent residency."

Centres from eight European countries are now registered and actively using the system. A select number of heads of training and residents who attended the seminar are now acting as EACTS TMS Ambassadors, with a keen enthusiasm to reform and improve training for residents

across Europe.

Implementation of the TMS in hospitals is easy. EACTS provides technical and user support every step of the way, and once centres begin using the TMS, heads of training have full autonomy of their centre's usage of the tool, and are able to track their residents' progress.

The EACTS Training Management System is a free tool available for our EACTS Members. For further information, please go to [www.eacts.org/educational-events/training-management-system/](http://www.eacts.org/educational-events/training-management-system/) or contact [portfolio@eacts.co.uk](mailto:portfolio@eacts.co.uk)



**EACTS**  
European Association For Cardio-Thoracic Surgery

**Academy** Training

**Aorta**  
Thoracic Aortic Surgery

**Congenital Coronary**  
Heart Disease

**Oncology**  
Arterial Grafting  
Techniques

**ECMO**  
Surgical  
Pectus

**Aortic Cardiac**  
Surgery

**Thoracic**  
Cardio-Thoracic  
Valve Surgery

**2018**  
**COURSES**

**Endoscopic Port-Access Mitral Valve Repair  
Drylab Training**

6-7 September, Maastricht, The Netherlands

**Thoracic Surgery: Part III**

20-22 September, Windsor, UK

**Fundamentals in Cardiac Surgery: Part III**

1-5 October, Windsor, UK

**13th European Mechanical Circulatory  
Support Summit (EUMS)**

1-3 November, Berlin, Germany

**Congenital Heart Disease**

13-16 November, Windsor, UK

**Professional Leadership**

26-27 November, Windsor, UK

**Endoscopic Port-Access Mitral Valve Repair  
Drylab Training**

13-14 December, Maastricht, The Netherlands

Raising Standards Through Education and Training

[www.eacts.org](http://www.eacts.org)

# MMCTS

## EACTS publications collaborate to create leading online educational resource in cardio-thoracic surgery

**Cori Mackin and Jane Hunter**

on behalf of MMCTS

The editors-in-chief of the *Multimedia Manual for Cardio-Thoracic Surgery (MMCTS)*, Roberto Lorusso and René Prêtre – taking advantage of the consistently high quality of articles published in the *European Journal of Cardio-Thoracic Surgery (EJCTS)* and *Interactive CardioVascular and Thoracic Surgery (ICVTS)* – have begun inviting selected authors to contribute video-based tutorials to *MMCTS*. As a dedicated video-based platform, *MMCTS* offers surgeons – authors and users alike – an unrivalled experience in both the publication and viewing of surgical demonstrations. Authors of EACTS journal articles are ideally placed to take advantage of this opportunity, sharing their surgical videos and thereby educating their peers.

*MMCTS* was created by Marko Turina in 2005 as a free online-only journal, and was relaunched in 2016 with the goal of becoming the world's premier e-textbook of cardio-thoracic surgical procedures. The platform is mobile friendly, fast, easy-to-access, and completely up to date. Older articles were archived, and the editors' focus shifted to actively commissioning new material to fill the gaps and ensure comprehensiveness. Authors of procedure-based articles in the EACTS journals are proving to be a productive source of great new material. *MMCTS* is the perfect showcase for their surgical skills and its international user-base reinforces the value of publishing on the platform.

*MMCTS* is organised into five key sections – Core Skills, Cardiac, Congenital, Vascular, and Thoracic – and there are currently more than 200 PubMed-listed video tutorials freely available on the site at *MMCTS.org*. However, the goal is to publish between 500–600 tutorials, all of which will offer a sophisticated digital experience including narrated step-by-step instruction with video and sketches. "Inviting authors from our sister journals to share their excellent work with us will help us to reach our publishing goals, and allow us to provide a much better learning experience for surgeons at all levels of their careers," explains Dr Lorusso.

### MMCTS Vascular Bailouts video session at EACTS Annual Meeting

Thomas Schachner, *MMCTS*'s Vascular domain editor, is organising a new session at this year's 32nd EACTS Annual Meeting in



#### Multimedia Manual for Cardio-Thoracic Surgery (MMCTS) Editorial Board

(Left to right) **Tunc Lacin**, Thoracic Editor; **Marko Turina**, Editor Emeritus; **Jane Hunter**, Publishing Consultant; **Roberto Lorusso**, Editor-in-Chief; **Cori Mackin**, Managing Editor; **René Prêtre**, Editor-in-Chief; **Lucile Houyel**, Anatomy Editor; **Thomas Schachner**, Vascular Editor; and **Lorenzo Galletti**, Congenital Editor. (Not pictured: **Bartosz Rylski**, Core Skills Editor; **Piotr Suwalski**, Cardiac Editor; and **Ruben Osnabrugge**, User Experience Consultant.)

Milan, titled 'MMCTS Video Cases – Vascular bailouts.' The session will explore tips and tricks to solve intraoperative problems in open and endovascular surgery, and will feature video cases sent in by delegates. These will be shown onscreen and then discussed by the panel and the audience.

Following the Annual Meeting, select authors from this and other sessions will be invited to prepare their work in the form of step-by-step narrated video tutorials for publication in *MMCTS*.

#### Republishing the archive

*MMCTS* is now in the process of updating and republishing many of its older archived

tutorials. The editors have reached out to authors of all archived tutorials to invite them to update their work. If your work has been archived and you would like to see it back in *MMCTS*, contact Cori Mackin, Managing Editor, at [cori.mackin@eacts.co.uk](mailto:cori.mackin@eacts.co.uk), to learn more about what you can do to update your work and reinstate it online.

#### A call for proposals

If you are an experienced surgeon with an interest in educating your peers and have the ability to record good-quality surgical videos, we would like to hear from you! Please visit <http://mmcts.org/page/431> to learn more about how to get work published in *MMCTS*.



#### Learn with us. Publish with us.

- Authored by international experts
- Step-by-step surgical video for every procedure
- Clear, concise text
- Award-winning website design
- PubMed indexed



# Entering an online-only arena with the Interactive journal

**Matthias Siepe**  
Editor-in-Chief, *ICVTS*

In response to changing customer needs, the editors and publishers of the journal of *Interactive CardioVascular and Thoracic Surgery (ICVTS)* have decided to phase out print and invest further in digital content and services. Since the beginning of July, *ICVTS* has moved to an online-only publication, with Volume 26, Issue 6 marking the last printed edition.

The move online provides market-leading functionality to all users, and opens up new possibilities beyond that of the print environment. For example, we intend to publish more and more high-quality, content-rich videos along with scientific papers, and we will continue to ensure high scientific value of our content. Since the *ICVTS* obtained an impact factor by

Thomson Reuters in 2012, there has been no turning back, with impact increasing steadily over the years thanks to a continual stream of well-written and often-cited articles.

The positive development of all metrics including the impact factor is even more remarkable, especially considering the fact that growth of the impact factor has never been a core focus of *ICVTS*. Rather, emphasis has been on the experimentation of new publication styles and concepts. The journal's online-only transition is in line with this spirit of innovation, whilst also conveying several other advantages including the use of fewer trees, reduced garbage and diminished costs to the association and its members.

Readers are guaranteed access to the most up-to-date versions of articles at all times, as well as immediate access to the most recently published



content via the Advance Access feature. On the fully responsive Oxford Academic platform, the user experience will be enhanced by access to digital components of content, usage information and citation data, reference linking, and other vital metrics. In addition, the journal website is fully mobile-responsive, which means you will see the same up-to-date

content on the site regardless of device, and in a format that suits the dimensions of that device.

I, the editor, am excited to launch this next step in the journal's progression. *ICVTS* has been working hard to ensure we bring extensive improvements to users, and we hope you will enjoy the new online format.

.....  
<https://academic.oup.com/icvts>

## Post-event Report

# Video-Assisted Thoracoscopic Surgery (VATS)

The EACTS Thoracic Disease Programme covers all levels of training in thoracic surgery: early, intermediate and advanced, with all courses offering practical wetlab/drylab workshops. The Thoracic Surgery Parts I, II and III level courses take place at EACTS House in Windsor, UK and are each held over three days. The specialist two-day Video-Assisted Thoracoscopic Surgery (VATS) Skills Course is held in Germany. The programme is aimed at trainees that have the intention of becoming a thoracic and/or cardiac surgeon, or those who are working as a surgeon in training in a thoracic and/or cardiac department.

In May, the VATS Skills Course (which has been a sell-out since it first took place last year), was held at the Medizin im Grünen facility just outside Berlin, a medical centre of excellence.

Delegates received intensive simulator learning and training in different patient simulations in an extremely modern operative environment.

Some of the sessions covered over the two days included: Patient selection; VATS lobectomy live-in-a-box videos (step-by-step, and with pitfalls); VATS staplers and energy I and II; VATS sleeve lobectomy; complications management; bronchoscopy double lumen intubation (again, with pitfalls) and bronco-mediastinoscopy.

.....  
**Thoracic Surgery Part III will take place in September, and the complete EACTS Thoracic Disease Programme will be run again next year.**

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**For more information and to book, visit the EACTS website at <http://www.eacts.org/educational-events/programme/>.**

## What delegates thought of our sold-out VATS course:

“Great experience, full of training. Definitely recommend it.”

“Really suitable for trainers and cardiac, vascular and general surgeons...”

“Excellent course: highly recommended”

“Worth the trip. Great experience...”

“Very useful; I’ve never experienced a course like this before. I’ve learned a lot.”

“Wonderful...”

# EACTS Francis Fontan Fund for Education

## J Rafael Sádaba

Complejo Hospitalario de Navarra, Pamplona, Spain

The EACTS Francis Fontan Fund (FFF) for Education was established in 2017 with the aim of making independent and high-quality education accessible to EACTS members. To that end, the Fund supports several activities such as EACTS Academy courses and fellowships.

So far, three fellowships have been developed by the Fund. The first, focusing on surgical atrial fibrillation (AF) ablation is already underway, with three fellows supported. Developed in partnership with industry (AtriCure, USA), the fellowship includes attendance to relevant courses on the subject, as well as a four-week stay at a high-volume centre.

A second fellowship, EACTS-MSTCVS Quality and Outcomes in Cardiac Surgery Training, has been developed in conjunction with the Michigan Society for Thoracic and Cardiovascular Surgery (MSTCVS). The fellowship provides a unique opportunity to acquire the knowledge and skills needed to perform data reviews, statistical analyses, data portrayals, and so on. Furthermore, fellows will spend four months working with



*Dr Bochenek and Dr Santer, fellows of the EACTS/AtriCure Atrial Fibrillation Fellowship and Dr Echieh with Dr Cox, Dr Castella, and Melissa Allison and Mike Carrel from AtriCure.*

the MSTCVS Quality Collaborative Team in Ann Arbor (USA).

Thirdly, the fellowship in Cardiac Surgery Critical Care will help the successful applicant acquire knowledge and competences to lead the perioperative care of his/

The selection process for all fellowships is led by the FFF in collaboration with the individual fellowship organisers, with good knowledge of the English language and an EACTS membership being baseline requirements for

training or in their first years of specialised practice, thus the Fund also offers grants to support fellows in attending the EACTS Academy Fundamentals courses for surgeons in training, which are normally held at EACTS House in Windsor, UK. Their attendance to the Academy courses or their enrolment in the fellowships must be supported by their department head.

It is envisaged that new fellowships will be created in the coming months and years by the different EACTS Task Forces with the view to cover the whole breath of the cardiac- and thoracic-surgery specialties.

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<http://www.eacts.org/the-association/francisfontanfund/>



## FRANCIS FONTAN FUND

her patients at the Hospital Clinic in Barcelona, Spain, where they will spend four months.

In addition to these existing fellowships, a fourth offering in uniportal video-assisted thoracoscopic (VATS) surgery is in development, and the first fellows are expected to start in early 2019.

application. Initially, applicants are requested to forward a letter of interest together with a CV. After the first stage of appraisal, a number of applicants are shortlisted for an online interview, and the final selection of successful candidates is made.

Most of the fellowships are intended for surgeons in

## Learning the Fundamentals in Cardiac Surgery

The EACTS Fundamentals in Cardiac Surgery courses are designed to cover all of the basic aspects of cardiac surgery that a trainee would expect to be familiar with. Held at EACTS House in Windsor, UK, the Fundamentals programme spans three parts, focusing on different facets of cardiac surgery.

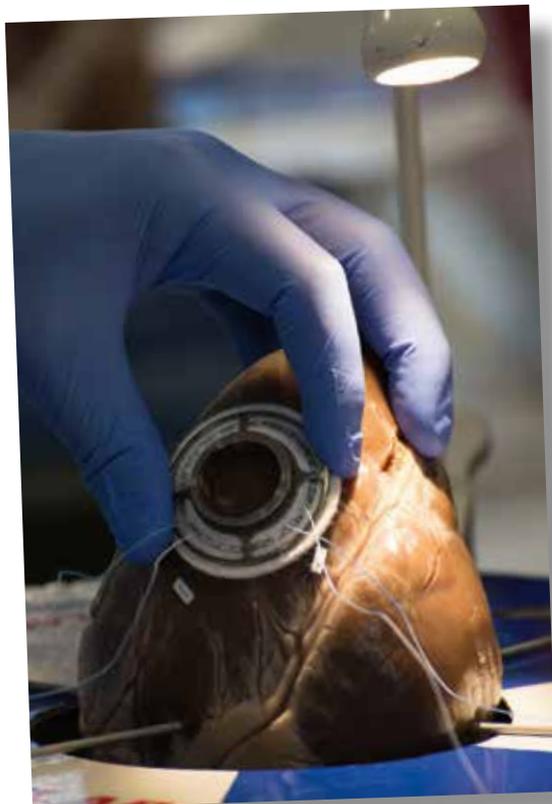
Fundamentals I, held in February, focused on coronary artery surgery, aortic valve replacement and aortic root surgery. Like all of the Fundamentals courses, a mixture of short lectures and expert perspectives were peppered throughout a programme of hands-on wetlabs and practical demonstrations designed to immerse the participants in the field.

In June, the five-day Fundamentals II course encompassed the essentials in aortic surgery, congenital cardiac surgery



and surgery of heart and lung failure, including mechanical circulatory support. A highlight of the programme was the

extensive full-day wetlab, which explored lung transplantation, organ care systems, heart transplantation, ventricular assist



programme that would be difficult to setup in some smaller European countries. "Scandinavian countries, for example, have populations of less than 10 million, and the number of cardiac trainees is quite small, so they can't put on a programme like this," said Dr Livesey. "We've had senior Scandinavians that have come to look at the course and recommend it for their trainees because it's impractical for them to do at home for the few trainees in their programme."

Dr Livesey also shared his personal perspectives on the courses, extolling the hard work and dedication that each attendee brings: "It is great to work with young fresh minds who are ready to soak up information, and are all keen to learn. They come from different backgrounds, but they get on so well and I think they make friends for life."

Part of the reason why the courses

are so well attended is the friendly and relaxed atmosphere that runs throughout, noted Dr Livesey. In addition, Windsor is a great place to set as a base: "Windsor is easy to get to, it's a fun place to be, and it's an interesting town. Furthermore, there is a good centre here at EACTS House with all of the right facilities to ensure that delegates get good value from the course."

The final course of 2018, Fundamentals III, will take place from 1–5 October, and will cover a final set of topics to round off the year's programme. "We will focus on mitral surgery, atrial fibrillation surgery and other topics that are in the curriculum that we need as surgeons, but encounter more rarely, for example hypertrophic cardiomyopathy and pulmonary thrombectomy," said Dr Livesey. "These are aspects that you need to know about, but you don't often come across."

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**For more information on the Fundamentals in Cardiac Surgery courses, head to <http://www.eacts.org/educational-events/programme/>.**

devices and intra-aortic balloon pumps.

EACTS News caught up with Steve Livesey (Southampton, UK), Course Director for the Fundamentals I, II and III programme, to gather his insights on the courses, and how important they are for attendees. "If you look over the three courses, it's all about learning the basic knowledge that attendees require to train and practice in cardiac surgery," he said.

Fundamentals II, he added, has a slightly different feel to the other two courses, with the wetlab in particular offering more of a spectacle to wow participants: "We did major aortic surgery and congenital surgery, which not a lot of people do. It's in the curriculum and there's an exam on it, so people need to know about it."

The attendees were also witness to a video capturing a group of heart and lung transplant patients hiking 6,000 m high in the Andes. "This has absolutely nothing to do with learning cardiac surgery, but it is about inspiring people to be interested in it, and showing them that, first of all, somebody died to give those organs, and just how grateful the recipients are," stressed Dr Livesey.

"In fact, transplantation is much more of a niche subject. In the UK, for example, there are only six transplant centres. Therefore I see this course as stimulating people to think about transplantation, find out the ins and outs and then think, 'Wow that's fantastic!'. One of the delegates said to me at the course dinner that this is her favourite week because it covers the things she really can't get at home."

Indeed, the Fundamentals in Cardiac Surgery courses offer a centralised



# AVRS 2018 marries live aortic valve repairs with in-depth debate

The Aortic Valve Repair Summit (AVRS) was created four years ago in Brussels, a collaborative effort between the teams of Professors Gebrine El Khoury and Hans Joachim Schäfers. The 2018 edition, which took place on 18-19 June in Paris, France, was the first time that the meeting was conducted by EACTS.

Following this year's success, local course director Emmanuel Lansac (Department of Cardiac Pathology of the Institut Mutualiste Montsouris, Paris) spoke to *EACTS News* to discuss its format and learning opportunities.

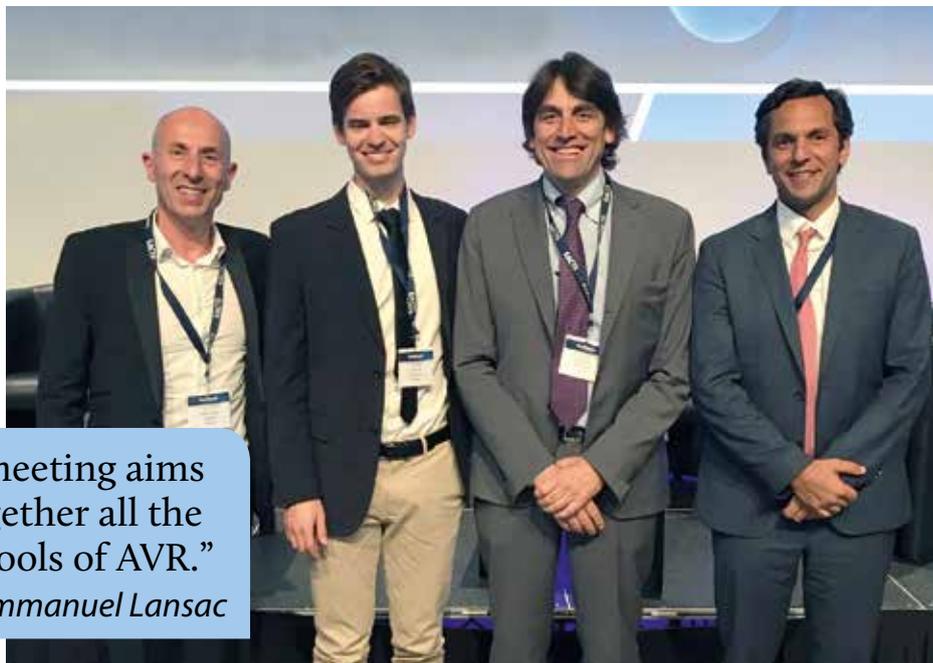
The meeting saw attendance by over 250 participants from 47 different countries. "It was truly a success in that sense because there were more people than ever

before," said Dr Lansac. "The fact that it was endorsed by EACTS gives the AVRS the stature of a really big scientific event dedicated to aortic valve repair [AVR]."

The Summit combined live case transmissions alongside pre-recorded cases, oral presentations, posters and debate. Both speakers and scientific content were excellent, noted Dr Lansac, with a great number of abstracts submitted. Eight of these were presented orally, with the remainder presented as e-posters.

Live cases were also a big part of the programme. The objective, he said, was to mix highly technical training with discussion. "People could see the whole procedure live. There were also additional side screens which enabled people to follow all the ongoing procedures, even during the talks.

"The live cases were completely different from each other, and they basically



"The AVRS meeting aims to gather together all the different schools of AVR."

*Emmanuel Lansac*

(Left to right) Emmanuel Lansac, Vincent Chauvette, Ruggero de Paulis and Ismail El-Hamamsy. Dr Chauvette (Montreal, Canada) was chosen as the winning abstract for his work 'Is root remodeling with annuloplasty a reasonable alternative to root reimplantation in patients with connective tissue disorders? A multi-center study'.

represented the prime indications of valve repair with the main validated technique such as valve sparing procedure (remodelling with annuloplasty and reimplantation) and isolated aortic valve repair including bicuspid and unicuspid repair."

Live procedures were interweaved with pre-recorded cases, which demonstrated different perspectives on a given issue. "What was interesting was that people could see a real-life operation, followed by other technical options available to deal with the same problem. This is very important – the AVRS meeting aims to gather together all the different schools of AVR."

With AVR coming into daily practice, Dr

Lansac noted the importance of the Summit for those looking to build aortic valve teams – to gain confidence in this area, to observe different approaches to the same problem and to choose the methods that speak most to their skillset. "They could then join next year's Level IV courses to be trained in areas where they feel they need to deep dive a little more."

Despite growing standardisation in the field, much continues to evolve, added Dr Lansac. With reference to this year's Summit, he explained: "There was a lot of debate on current unanswered questions, held between the live surgeries, pre-recorded cases and talks. Those debates questioned our knowledge: are we operating at the right time with the current guidelines that we have right now, or should we operate earlier, or later? How do we tailor to patient risk when we know that, although the guidelines indicate one size fits all patients, actually each individual's risk is different? How is this new era in medicine going to come into practice and address those questions? Other technical questions included how to address an isolated aortic valve repair, with different ways of performing aortic annuloplasty. The current questioning debates make for a high-value meeting."



The 2019 AVR Summit will take place 20-21 June, 2019 in Brussels, Belgium.

## Post-event Report

# Introduction to Aortic Surgery

The Introduction to Aortic Surgery course was held on 15-17 March, 2018 at EACTS House in Windsor, UK. The course covered the major aspects of aortic surgery, from the aortic valve to the descending aorta. Special attention was devoted to the various options in sparing the aortic valve and on the modern approach to aortic arch surgery as well as the various methods of cerebral protection. This year's course included a TEVAR simulation session as well as a wetlab covering annulus enlargement and re-implantation and re-modelling techniques.

100% of this year's delegates said that the course met their expectations and that they would recommend it to a friend or colleague.



## Testimonials:

"Overall, I had a very positive experience. I have already recommended this course to colleagues and friends. Fantastic faculty. Excellent discussions. Venue is very nice and organised. Very impressed."

"It was very interesting and helpful. Thank you!"

"Very good course..."



## EACTS News

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# 32<sup>nd</sup> EACTS Annual Meeting Highlights

Day	Domain	Session Title
<b>Thursday, 18 Oct</b>	<b>Cardiac</b>	Techno-College: New Technology meets common practice – How to enhance your surgical portfolio TAVI Training Coronary Artery Disease, Experimental Myocardial infarction and Heart Regeneration A practical approach to aortic valve repair Prediction and avoidance of complications in transcatheter procedures
	<b>Congenital</b>	Tetralogy of Fallot & pulmonary atresion / VSD Heart failure & Mechanical Circulation
	<b>Thoracic</b>	Techno-College:Trachea/airway Innovations in thoracic surgery
	<b>Vascular</b>	Treatment of type B aortic dissection in the era of stent-grafting – Acute dissection Working from inside the aorta with surgical input
<b>Friday, 19 Oct</b>	<b>Cardiac</b>	2018 ESC/EACTS Guidelines on myocardial revascularisation Late-breaking Clinical Trials Techno-College: Interventional Therapies How to become a hybrid surgeon VAD co-ordinators
	<b>Congenital</b>	Nightmare cases & unsolved clinical problems Long-term outcome after surgical repair in CHD
	<b>Thoracic</b>	Oligometastatic disease Rare thoracic cancers (EUROCAN)
	<b>Vascular</b>	“Gut feeling”: management for type A dissection while awaiting evidence. Endovascular fix of open failure
<b>Saturday, 20 Oct</b>	<b>Cardiac</b>	Rare and Uncommon Diseases Managing patients with multi-vessel disease in the modern era Evidence based decision making in TAVI Techno-College: The Lion's Den and emerging technologies
	<b>Congenital</b>	Single ventricle 1: Can we avoid univentricular palliation Surgery in adults presenting with heart disease
	<b>Thoracic</b>	Surgery for Ground Glass Opacities – a waste of time? Techno-College: Anatomical segmentectomies
	<b>Vascular</b>	Challenging the guidelines in thoracic aortic surgery Aortic Arch Repair – The Brain in Focus
	<b>General</b>	Allied Health Programme

View the full programme at <http://www.eacts.org/educational-events/eacts-annual-meeting/>