

Presidential letter: From Turin (1951) to Moscow (2011). The past, present and future of cardiovascular surgery — reflections at the time of the Diamond Jubilee of the ESCVS

LADIES AND GENTLEMEN, COLLEAGUES AND FRIENDS,

The European Society for Cardiovascular Surgery (ESCVS) is the oldest European society devoted to cardiac, vascular and endovascular surgery. The beginnings of the ESCVS go back to 1950 when Rene Leriche, a famous French surgeon, author of 15 monographs and more than 1.400 publications, together with J.C. Dos Santos, E. Malan and G. Arnuf, met in Paris and decided to hold a meeting in Turin, Italy on 31 May, 1951 where the ESCVS was founded (Fig. 1). The first congress of the ESCVS was held in Strasbourg in October 1952.

Much earlier, in 1917, the American Association for Thoracic Surgery had been created in the USA, followed in 1947 by the American Society for Vascular Surgery.

Interestingly, in 1959, the older organisation, the AATS, reacting to the dynamic development of cardiovascular surgery and medicine, noted the urgent need for a change and transformation of the *Journal of Thoracic and Cardiovascular Surgery*.

In Europe, thanks to the imagination of outstanding people such as Professors J.C. Schoevaerdts, M. Turina and L.K. von Segesser, besides the *European Journal of Cardiothoracic Surgery*, a new journal was created on the occasion of the 52nd Congress in Istanbul: the Interactive CardioVascular and Thoracic Surgery (ICVTS). This official journal of the ESCVS is

a very dynamic publication, focused on practical and instructional aspects, and is appreciated by residents as a living journal representing contemporary European thought on the entirety of cardiovascular and thoracic surgery (Fig. 2).

A good example of the search for integration-oriented actions is the very young publication of the ISMICS “Innovations”, which is devoted to technology and techniques in cardiothoracic and vascular surgery. We should not only preserve but in fact strengthen the co-operation between cardiovascular and thoracic surgery instead of looking for new pretexts for separation.

I have no intention of entering into the artificial, competence disputes concerning the CARDIOVASCULAR speciality — together or separately? This leads to dangerously excessive formalisation instead of a joint search for solutions to problems. I shall not hypothesise which speciality will develop faster, which specialities will join and which component of the ‘cardiovascular’ will in future be the more important. It is my heartfelt belief that at the core of our



Figure 1. ESCVS — the genesis. R. Leriche, J.C. Dos Santos, E. Malan and G. Arnuf met in Paris and decided to hold a meeting in Turin, Italy on 31 May, 1951, where the ESCVS was founded

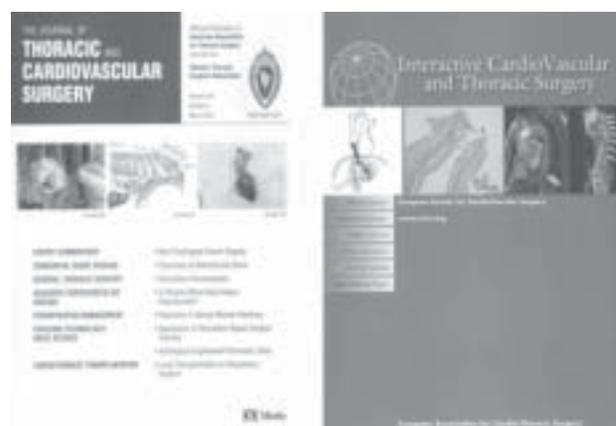


Figure 2. The *Journal of Thoracic and Cardiovascular Surgery* — its wide range of topics, and its high scientific and clinical level have made it a role model for interactive cardiovascular and thoracic surgery and European cardiac, vascular and endovascular surgeons

interests should always be the patient, who very often requires our combined specialist care: effective, safe and free of complications.

Thus we are dealing with the here-and-now of our speciality. From this perspective, the role of ESCVS is to create a platform for task co-operation between specialists of different fields, in particular between cardiac surgeons and vascular surgeons, for effective problem solving.

Examples from everyday practice:

In 1998, our centre was visited by a distinguished vascular surgeon, Professor Karl Lauterjung from Munich. During a conference with Polish cardiac and vascular surgeons, he predicted that classic vascular surgery would drastically reduce in the face of advances in endovascular techniques. His opinion did not find many followers, and in fact gave rise to a very heated discussion. When during instructional workshops, Prof. K. Lauterjung successfully inserted two home-made hand-made stentgrafts, the distrust diminished only slightly, still leaving space for doubts as to his mid and long-term prediction.

Today, the Report of the German Society for Thoracic and Cardiovascular Surgery, shows that the number of stentgrafts placed with the use of CPB was 26, with a 7.7% mortality rate and 330 patients without CPB, with a mortality rate of 5.2%. Moreover, 331 endostents were positioned in abdominal aorta aneurysms.

In Poland, the number of stentgrafts inserted into the thoracic aorta in 2009 was 160. It is no secret that joint sessions of cardiac and vascular surgeons, radiologists and cardiologists have the greatest attendance and are considered the most attractive by the participants — doctors of various specialities.

Most importantly, however, with our experience, imagination and a sense of joint responsibility, we have managed to overcome barriers and limitations.

With regard to the most difficult patients with aortic stenosis, i.e. the elderly, with past and concomitant diseases, on 16 April, 2002, Alain Cribier, a French cardiologist from Rouen, for the first time in history performed a transcatheter aortic valve implantation. Since then, several thousand such operations have been carried out across the world, continuously improving the equipment used, and despite the fact that the method is in the process of developing, the very good results obtained render its use reliable even in the most difficult patients.

The TAVI and PAVTI programmes made it particularly clear that co-operation between invasive cardiologists, vascular cardiologists and radiologists is essential for successful and effective treatment. The concept of task medicine, composed of a team of experts in different specialities, has not only been a medical success but also an economic and organisational success, as shown by the swift transformation and re-organisation of wards, not only in renowned centres such as

the Cleveland Clinic or Leipzig, but in dozens of others, including my own centre in Zabrze.

According to the Register of the German Society for Thoracic and Cardiovascular Surgery, in 2008 as many as 934 patients underwent procedures using the TAVI method, with a mortality rate of 8.5% within the in-hospital period. From my own Polish experience, I would like to emphasise that with the assistance of excellent mentors, within the 16 months of the TAVI programme we have succeeded in taking it up to 28 procedures, with a low 6% mortality within the in-hospital period. But very importantly, we have done so while nurturing partnership and active participation between cardiac surgeons and vascular surgeons in procedures involving transapical and transaxillary approaches.

At the same time, we have succeeded in preserving a basic level of reimbursement for the purchase of TAVI equipment without impoverishing the funds assigned for cardiac surgery and vascular surgery.

The role of cardiac and vascular surgeons who actively participate in the PAVTI programme (percutaneous treatment of pulmonary valve disease) started in 1992 by Pavcnika and Andersen, is similar. From the Warsaw and Zabrze experiences, obtaining such a low level of complications in patients after corrections of multiple congenital diseases and who had undergone three or four previous procedures would be very difficult without these new possibilities.

Thoracoabdominal aortic aneurysms still remain an area of combined cardiovascular actions, and it is Prof. E. Kieffer's motto that only in this way can the best choice of treatment strategy and its effects be assured.

Regardless of the field of our everyday activity, I believe that the objective of the ESCVS is to stimulate actions that would integrate our specialities towards specific tasks and the patients' needs.

The objectives of the ESCVS for the next two years:

In the scientific regard:

1. To enliven the scientific formula of the annual Congress through a further increase in integrated sessions and debates, joint focus-type sessions, not only with cardiac and vascular surgeons but also with anaesthetists, cardiologists, radiologists, transplantologists and angiologists.
2. To ensure the growing scientific and instructional importance of the *Interactive CardioVascular and Thoracic Surgery* journal as the official publication of our society.
3. To ensure a high quality programme for future congresses that will satisfy the expectations of both residents and consultants through introducing the Congress Scientific Committee, together with Committee Chair and Co-Chair.
4. To recognise that the ageing population is an important challenge to contemporary cardiovascular medicine, and to support research devoted to this challenging group of patients.

5. To promote basic and clinical research and its value in cardiovascular medicine through strengthening its presence at congresses.

In the instructional regard:

1. To participate in the European Board of Thoracic and Cardiovascular Surgeons (EBTCS), together with EACTS, ESTS and other societies, in actions integrating the cardiovascular and thoracic environments in the development of resident training programmes, also with regard to catheter-based techniques of intervention, modern diagnostic imaging and in the preparation of guidelines, registers and randomised clinical research.
2. To co-operate in the development of modern cardiovascular medicine in countries where the activity of the cardiovascular speciality remains too low, as witnessed both by the number of procedures and the quality of treatment results.
3. To participate in the informative-instructive CTSNet platform to the extent required by the organisers and the environment.

In the organisational regard:

1. To manage jointly, together with the Secretary General and the Treasurer, the activities of the ESCVS Board, with the goal of opening the Society to new and original initiatives, but at the same time guarding the ESCVS statute and obtaining new funds facilitating its further development.
2. To nurture actions conducive to integration, especially with the EACTS, with regard to jointly undertaken statute tasks.

From this double perspective, historical and contemporary, and with a doubled strength, today we are re-discovering the value and effectiveness of the joint specialities of our CARDIOVASCULAR TEAM. It is thanks to the team that our actions are safer and far more effective, especially in the most challenging patients: the elderly, often aged over 80, with a long history of diseases. Today, in an era of minimally invasive techniques and endovascular procedures such as TAVI and PAVTI, there is no doubt as to how important the CARDIOVASCULAR TEAM is in everyday work with patients and as to why we, people responsible for the ESCVS and its future, must restore unity by co-operating and opposing corporate and separatist behaviour and attitudes. Fortunately, in pursuing these goals, we are supported by contemporary European guidelines emphasising the safety and effectiveness of the treatment, not only in the medical or financial aspects, but also through evidence-based medicine, randomised trials and non-commercial international registers.



Figure 3. Leaders of the European Society for Cardiovascular and Endovascular Surgery and European Association for Cardio-Thoracic Surgery at the Diamond Jubilee ESCVS Congress in Moscow, 20–22 May, 2011. Standing from left: S. Schueler (Past President, ESCVS), L. Davidovic (ESCVS Vascular Councillor, Chairman of the Scientific Programme Committee), M. Zembala (President, ESCVS), D. Palombo (President Elect, ESCVS), C. Muneretto (Secretary General, ESCVS), M. Laskar (ESCVS Cardiac Advisor), M. Souza Uva (ESCVS Cardiac Advisor), J.L. Pomar (EACTS Domain Chair), J.C. Schoevaerdt (Past President and Honorary Member, ESCVS), F. Vermeulen (Past President and Honorary Member, ESCVS), D. Taggart (President of the British Cardio-Thoracic Society and Chairman of the ESC Working Group on Cardiovascular Surgery), A. Diegeler (Past President, ISMICS), M. Thielmann (Associate Secretary General, ESCVS), and T. Folliguet (ESCVS Cardiac Councillor, Chairman of the Scientific Programme Committee)

The experience of the last 60 years of the ESCVS shows us the importance of training young residents. It is vital for the correct development of our specialities and the preparation of future experts in our field. It is especially important now, because in many European countries and the USA, the interest of residents in our specialities has dropped dramatically. This is mostly due to the demanding nature of the speciality itself, and the excessive hierarchy still present.

Let the historical experience of the creation of the ESCVS by J.C. Dos Santos, R. Leriche and cardiac surgeons: E. Derra, C. Crafoord, F. Martorell, A.M. Dogliotti and R. Fontaine, one of the founders of EACTS, be the best lesson and message for the future for all of us gathered in Moscow on 19–22 May 2011, during the Diamond Jubilee Congress of Cardiovascular and Endovascular Surgery (Fig. 3). Those names have passed into the history of medicine and of our specialities because they were reformers and visionaries who deserved to become role models in searching for brave solutions.

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