

Patrick W. Serruys and the EAPCI

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In 1986 I became a member of the progenitor of the EAPCI, the ESC Working Group on Myocardial Ischaemia and Coronary Pathophysiology, presented by Patrick W. Serruys. In fact it was not an invitation, it was a diktat he made as the newly appointed Chairman of this WG to one of his Fellows. Unlike today, when it is enough for our Association that a candidate be an active interventional cardiologist, a fellow in training or a member of a national interventional society, at that time you were expected to be a scholar in the field to become a member. Either Patrick was truly desperate to have active new members, or he recognised some potential in one of his fellows working hard for a few months at the Thoraxcentre on aortic valvuloplasty, coronary sinus retroperfusion, as well as a few other projects, I am not sure, but my adventure in the ESC began at that time.

After a few months I found myself presenting my work at the last of the old style congresses of the WGs of the European Society of Cardiology held in Galicia, Spain, this before Hugenholtz and others after him transformed these events into the biggest worldwide congress of our specialty. With around 600 delegates, mainly from Spain, it was a very different meeting. Do not misunderstand me! I am very proud to contribute, to host and to shape the programme of the biggest cardiology congress in the world, but this year in Paris, with 35,000 delegates expected, I do not think young interventionalists will have an opportunity to sit down and sip beer with the biggest names in the field that Patrick managed to attract at that time from the USA and the rest of the world, including a young Eric Topol fresh from the laurels of GUSTO. Still, the only person I was desperate to meet with at that meeting to finish the review of some papers was Patrick Serruys himself, because it was very difficult to find him free and not travelling. He told me he spent many weeks organising the interventional program at the congress. There was no e-mail, no modern computers with user friendly word processors, everything was done slowly, correcting letters with white ink, mailing or faxing them, making thousands of phone calls to be sure everything was right, and then coming a day before the congress

began to brief the projectionists on synchronised dual slide projection and the compatibility of PAL/SECAM and NTSC videotapes.

Patrick Serruys certainly had all the potential to continue his adventure within the ESC and follow the *cursus honorum* till its top, but he did not. He was an expert reviewer in the preparation of guidelines and position papers, contributed to the European Heart Journal, submitting many good manuscripts that fulfilled his own standard, i.e., just perfect, all the commitments the European Society gave him, from lectures and chairmanships to live transmissions to the ESC Focus sessions. He chaired with me five *intra-moenia* courses in the newborn European Heart House in Nice, including the very first ever held in 1993, on intravascular imaging, to a packed conference room still smelling of fresh paint.

I hardly ever saw him attending a meeting of the WG that changed its name to the WG of Coronary Circulation and, after a few more years, Interventional Cardiology. I am very grateful that he accepted my invitations to come to a few assemblies and boards of the Association. He did that out of pure friendship, he is not a political animal. He always hated whatever took him away from working on research projects and applying new methods to improve outcomes for his patients. He took it for granted that everybody around him was supporting good ideas and good projects and offered opportunities to publish and report innovative results. It proved somewhat true in his own hospital, where he enjoyed the availability of enormous resources and nearly absolute freedom to pursue his “dreams”, even if he was only for short periods nominally in charge of the cathlab and never Director of Cardiology in his hospital. The unique recognition offered this year by the ACC is a confirmation that in professional societies scientific excellence still pays off more than diplomatic skills and political alliances. He already received 11 years ago the most prestigious award the ESC can give to an interventional cardiologist, the Gruentzig lecture, when he gave a monumental overview of the progress in the field, from the time

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of the pioneers to the DES, a stunning discovery of that year¹. He announced it with words which remain impressed in the mind of many interventionalists: “I do not know if this is a dream, looks too nice to be true but, please, if it is a dream don’t wake me up...” This was probably the second of his dreams to come true, after the introduction of stents, a technology he was among the very first to embrace in Europe, which was almost killed with the candid report of the unacceptable risks posed by thrombosis and the perceived need of deep anticoagulation², and finally resuscitated with the Benestent results³. It is probably too early to know whether the third revolution he supports these days, biodegradable stents –or vascular restoration therapy as he calls them– will take off, but, with these precedents, people take him very seriously. He was behind much more in interventional cardiology, from intravascular imaging to aortic valves, from new techniques for CTO and bifurcations, maybe he did not invent the technology but he helped to transform it into a practically applicable tool or was instrumental in designing the trials leading to its recognition.

What is Patrick’s contribution to our Association?

It was not going to exist without him. In 2004-2005, with Antoine Lafont as Chairman and myself as Secretary (the equivalent of a Chairman-elect today) we managed to find a group of committed officers who helped us raise the profile of an otherwise somewhat sleepy group. In those years we doubled the number of members to more than 2,000, promoted a massive number of grants to facilitate the exchange of training and research in Europe, became the first subspecialty group to develop a Curriculum⁴ and nurtured the idea of starting a congress as well as publishing a journal which would follow in the footsteps of the echocardiographers and the arrhythmia specialists, in short, become an Association. He anticipated our plans and started a journal, EuroIntervention, pressing us to make it the official journal of the ESC WG of Interventional Cardiology. We bought into it from its start and we were right. He was the driving force behind the growth of the journal after its foundation in 2005, a journal now receiving enough manuscripts to come out monthly, with an incredible number of downloads per month. This is due thanks to the high quality of the original studies and educational reviews he forced his group and his many friends around the world to submit in the difficult period before it was referenced in PubMed and his next stop, the Impact Factor. His role as Associate Editor of the European Heart Journal, supporting the policy developed by Tom Lüscher to give a double chance to submitters; transferring articles that had insufficient priority to be published in the European Heart Journal due to the fact that they were too technical and moving them to the appropriate subspecialty journal of the corresponding Associations, which is something that has increased the quality of the interventional papers published both in the European Heart Journal and EuroIntervention. For the first time Europe, the land where interventional cardiology started and the most innovative devices and strategies are tested, is not just contributing to the American journals dominating the field, but has become a protagonist of its own.

The Association was born following a proposal of Jean Marco to transform EuroPCR into the official congress of the WG, offering the financial resources required to give continuity to the activities of the Association with permanent staff at the Heart House and a structure able to develop and follow projects in training and research. Patrick Serruys was one of the most influential voices supporting the concept that the Congress and the journal could be left in “private” hands for a prolonged initial period while the links between the two organisations were growing, allowing officers from the Association to be gradually integrated in to the preparation of the congress. Critics may say that the opposite has happened, with the influence of the original group of founders of EuroPCR gaining momentum in the Association, but this has happened via democratic elections and does not change the outcome of the process: the congress and the journal will become a legacy that the pioneers of education and research in interventional cardiology –such as Patrick Serruys and Jean Marco– will leave to future generations of European interventional cardiologists via a firmly established Association.

In my view, however, the greatest contribution he gave to European interventional cardiology has nothing to do with politics and stems from his qualities as academician and educator. For over 25 years he has trained a legion of young cardiologists coming from all European countries (and throughout the world). Name any, and I can find at least one or two names of fellows who spent three to four years in Rotterdam to complete a PhD thesis, so many that even his Associates have nearly lost count, but certainly more than 70. I did one myself, in Intravascular Imaging in 1993, and I saw many presented while I worked in Rotterdam between 1990 and 1995. In the last 10 years, when I was appointed as Professor of Clinical Cardiology at the Imperial College, London, almost every year I was invited to examine the text and be on the panel of the PhD theses discussing subjects close to my research interests. They were all outstanding, leading to not one, but several publications in top journals. You could feel behind them the days and nights spent by the Promoter, designing the projects, checking execution, reviewing results and improving the final manuscripts, an enormous amount of work he seldom delegated. All the candidates arrived to have their PhD granted, many *cum laude*, and Patrick Serruys was always doing the *laudatio*, reading a carefully prepared talk, unusual for an accomplished speaker like himself. He obviously did not want to make mistakes with dates and names used to illustrate the career and achievements of the candidate. The story was always similar: the candidate certainly showed some potential during medical school and a Cardiology Fellowship, but only when he/she was confronted with a supportive environment and stimulated by research projects clearly leading to practical advancement in cardiology practice did the concealed qualities emerge. In Erasmus University, a PhD is serious business and there was always one to two years of delay between the completion of the papers and the “Promotie”, as they call the dissertation in the Netherlands. Most times the candidate already had an academic position, was involved in other important projects, was part of a European network of

research and cooperation behind many of the developments in the field. It is called maieutic, the ability to bring forward and cultivate the spontaneous inborn best qualities of the student. This is the greatest achievement of Professor Serruys and will live on in his pupils and the pupils of his pupils. For a transient epiphenomenon of nature like the human being, there is not much more long lasting than this, you can almost call it eternity. If not eternal, his direct influence via manuscripts and papers and indirect influence via the work of his Fellows will produce long lasting benefits for European interventional cardiology: after a long period of training in a melting pot of races and nations which is the Thoraxcentre of Rotterdam all his Fellows feel themselves European before being Spanish or Italian or English. The Association is for them a natural evolution, not an imposed structure.

Time passes for everybody and Patrick Serruys will be retiring early next year from active clinical work. I hope he will not leave for a well deserved rest in tropical islands, but will stay around for many more years, guaranteeing the high standard of the EAPCI journal EuroIntervention and supporting and offering his advice coming from intimate knowledge of the dynamics of European

interventional cardiology as well as his clear vision of the challenges it has to face in the future.

References

1. Sousa JE, Costa MA, Abizaid A, Abizaid AS, Feres F, Pinto IM, Seixas AC, Staico R, Mattos LA, Sousa AG, Falotico R, Jaeger J, Popma JJ, Serruys PW. Lack of neointimal proliferation after implantation of sirolimus-coated stents in human coronary arteries: a quantitative coronary angiography and three-dimensional intravascular ultrasound study. *Circulation*. 2001;103:192-5.
2. Serruys PW, Strauss BH, Beatt KJ, Bertrand ME, Puel J, Rickards AF, Meier B, Goy JJ, Vogt P, Kappenberger L. Angiographic follow-up after placement of a self-expanding coronary-artery stent. *N Engl J Med*. 1991;324:13-7.
3. Serruys PW, de Jaegere P, Kiemeneij F, Macaya C, Rutsch W, Heyndrickx G, Emanuelsson H, Marco J, Legrand V, Materne P. A comparison of balloon-expandable-stent implantation with balloon angioplasty in patients with coronary artery disease. Benestent Study Group. *N Engl J Med*. 1994;331:489-95.
4. Di Mario C. Interventional cardiologists: a new breed? *EuroIntervention*. 2009;5:535-7.