



**Association for European Paediatric Cardiology**

## **Newsletter – August, 2008**

### **The 43<sup>rd</sup> Annual Meeting in Venice**

The 43<sup>rd</sup> Annual Meeting of the Association took place in Venice from May 21 through 24. It started with an Update on Paediatric Cardiac Intensive Care. The teaching course provided an excellent overview of recent advances concerning the specific problems seen in young patients in cardiac intensive care. The main topics were shock in the cardiac patient, adequate transfer from the operating room to the intensive care unit, drugs used in the postoperative period, management of postoperative arrhythmias, and pulmonary hypertension. The speakers also provided a review of the latest innovation concerning mechanical ventricular assistance. The active nature of the participants, and the lively discussions, proved that this teaching course was really needed. The Council of the Association appreciates the efforts of the Working Group for Paediatric Cardiac Intensive Care in organising the course.

The Annual meeting itself also proved a real success. This was the first time that the Annual Meeting was organized in conjunction with the European Congenital Heart Surgeons Association, which was holding its 18<sup>th</sup> Spring Meeting. The cooperation achieved was evident particularly in the scientific programme. There were several joint-sessions that promoted active discussion of the highest quality in a friendly atmosphere. The Council of the Association is truly grateful to Ornella Milanese and Giovanni Stellin, and their team, for the excellent work they undertook in organising our 43<sup>rd</sup> Annual Meeting.

The audience of 920 attendees enjoyed high-quality scientific sessions, complemented by “state of the art” lectures. The latter lectures provided an overview of arrhythmogenic right ventricular cardiomyopathy, addressed recent progress in the treatment of patients with complex transposition, considering what surgery can offer nowadays, and emphasising the functional follow up of these patients. The joint-sessions arranged with the surgeons concerned specifically the limits of interventions and surgery when treating patients with atrial septal defects, critical aortic stenosis, and coarctation of the aorta; and addressed the problems still existing in creating harmonious interactions between cardiologists, intensivists and surgeons in treating patients with congenitally malformed hearts. For the first time, there was also a debate as to whether cardiac catheterisation was still needed when assessing patients for conversion to the Fontan circulation. The audience enjoyed the skilful debate, and as anticipated, it promoted much active discussion. The major topics discussed during the scientific sessions were risk stratification of sudden cardiac death, treatment of arrhythmias and the use of device therapy in cardiomyopathies, maternal and fetal clinical challenges, International multicentric trials in paediatric cardiology, tips and tricks for those using devices to close atrial septal defects and the patent oval foramen, genes and the right ventricle, and

specific problems related to the increasing population of adults with congenitally malformed hearts. The Working Group for Psychosocial Care organized an interesting session about the struggle for equality. This dealt with opportunities faced by children with congenitally malformed hearts in the real world, ethical dilemmas in the treatment of children with congenitally malformed hearts and major comorbidities, problems in providing care in a multicultural society, and the potential benefits and difficulties in humanitarian projects. The session on successes and failures in the catheterization laboratory was once again interactive and informative. We maintained our tradition of providing a morphologic demonstration, which was well attended. For the second time, there was a moderated walk round displayed posters, which was transmitted to several plasma screens in the exhibition area. In this way, most of the attendees could follow the poster presentations. This year, we received a total of 576 submissions, and 48 per cent of them were accepted, grading 60 for presentation as abstracts, 40 as moderated posters, and 181 as posters. Due to the high quality this year of the abstracts and posters, we gave four prizes of a value of 600€, 400€, 300€ and 200€, respectively. The first prize for moderated posters went to 'Identification and distribution of cardiac stem cells in the fetal human heart' by Quainini and colleagues from the United States of America, and the second prize went to 'Normal values of biventricular function, volumes, and mass in children aged 8 to 17 years. A magnetic resonance study using steady-state free precession' by Robbers-Visser and associates from the Netherlands. Riesenkampff and his colleagues from the Germany received the third prize for the poster '3-dimensional plastic heart models for planning of surgical procedure in complex congenital heart disease', while Diamant and associates from Sweden were awarded the fourth prize for 'Vectorcardiographic recordings of QT interval predicts LQTS diagnosis in children'.

### **Future Annual Meetings**

Due to the World Congress to be held in Cairns, Australia, we will not organize an Annual Meeting in 2009. We hope that numerous members will participate in the World Congress of Paediatric Cardiology and Cardiac Surgery, which will take place from June 22 through 26. The business meeting of our own Association, therefore, will take place during the Annual Congress of the European Society of Cardiology, to be held in September, 2009. During this meeting, we will also organise several joint-sessions about congenital cardiac defects in collaboration with Working Group 22, this group concerned specifically with adults having congenital heart defects. In May, 2010, the Annual Meeting will be organised in Innsbruck, Austria, while in May of 2011, it will be held in Granada, Spain. We are now requesting bids from our members and national societies to host the Annual Meetings for 2012, and 2013.

### **New Council members**

In Warsaw, András Szatmári ended his period as past-President of the Association. The Council thanks András Szatmári for his active work in developing all our activities. He has been a skilful chairman, and in particular made co-operation with international organizations active and fruitful.

As we intimated in our Newsletter for December, it was necessary to replace Council members during the Business Meeting in Venice. All members were invited to make their own proposals for the replacement of Councillors. We received one

nomination for the Councillor to serve from 2008 until 2011. namely Katarina Hanséus, Chief of Paediatric Cardiology and Paediatric Heart Surgery in Lund, Sweden. Katerina has been proposed by 21 members from 3 countries, and in the absence of other nominations, was therefore elected as a new Council member. As a greater proportion of the workforce in paediatric cardiologists becomes female, the Council welcomes the opportunity for more female influence in its work.

During the Council Meeting in Leuven in January 2008, Gerald Tulzer informed the Council that, for personal reasons, he will step down as a Councillor after the meeting in Venice. He was replaced by Jörg Stein from Innsbruck, Austria. Jörg will also assume responsibility for organisation of the 44<sup>th</sup> Annual Meeting of the Association, to be held in Innsbruck in 2010. The Council also proposes that Jörg, in 2009, become our next Treasurer. The Council is grateful for Gerald for his friendly attitude, well-thought-out opinions, and his skilful work in harmonizing the different recommendations for training.

The Constitution states that *"in exceptional circumstances, the Council, with the subsequent approval of the Members, may extend the term of office of a Council Officer by no more than one year"*. As the Office of Treasurer is demanding, the Council has taken advantage of this rule, and proposes, with his approval, to extend the term of Klaus Schmidt by one year. The newly elected Councillor, therefore, will take over the role of Treasurer in 2009. In this way, he will benefit from one year of training in this demanding position.

The Council take this opportunity to thank warmly all the retiring Council members, and to welcome with equally warmth the new Council members, who we know will work equally hard for the benefit of the Association!

### **The Association faces new challenges and is looking for a favourable future**

A total of 95 members have joined the Association during last year. We are especially pleased that 40 of them are new junior members. We now have a total of 130 junior members in the Association. New members will always bring with them new ideas and innovations. The overall membership of the Association now stands at 919 paediatric cardiologists and other specialists working in the fields of paediatric cardiology and its related disciplines. As far as we are aware, this makes the Association the largest in the World specifically concerned with the issues of Cardiology in the Young. What is equally encouraging is that we now represent members from all the continents.

Education is a major task of the Association. The Council, the National Delegates and the Professional Advisory Committee discussed actively different means of harmonizing training in Paediatric Cardiology in Europe. This includes assessment of training centers, and site visits to achieve this need will commence shortly. We also discussed if the Association needs a specific Educational Committee in accommodating these tasks.

The basic teaching courses are strategic priority for the Association. Our current favourable economical situation makes it possible to support the working groups in organising new teaching courses, and in promoting exchanges of trainees. Council looks forward to hearing further from the working groups whenever they find new ways of teaching and training. We will evaluate all suggestions, and then determine if the plans can be economically supported. The high-quality basic training courses

have been made affordable for those in training and they have, therefore, been well-attended. There have been more applications for most of the courses than it has been feasible to accommodate. We now extend an invitation to all our members to encourage their young colleagues in training to attend these exceptional courses. More information is provided about the forthcoming courses on the webpage of the association at <http://www.aepc.org>.

### **International co-operation**

The World Federation for Pediatric and Congenital Heart Disease was established in Montreal, Canada, on June 21, 2008. President André Bozio and Secretary-General Eero Jokinen attended the Meeting. The Association looks for a fruitful co-operation with this new World Federation. We will give more news about the co-operation between the Association and the Federation, and about the mission and strategy of the Federation, in our next Newsletter.

As in previous years, co-operation with European Cardiac Society remains very active. The co-operation is seen at all times in the work of the Cardiology Section of the European Union of Medical Specialists, and with the European Board for Accreditation in Cardiology in accrediting meetings and courses. The Association also continues to participate in the role of observer at the meetings of the European Academy of Paediatrics.

### **Junior Members**

Junior membership is a flourishing sector of the Association, with now around 130 junior members from 30 different countries, representing around an increase by almost one-third from the previous year. The Association provides an important network for many trainees, as they may find themselves relatively isolated in their centres. Many centres have small numbers of trainees, or even a single trainee in paediatric cardiology. In this situation, as one progresses through training, it can be difficult to find good teaching, or support and mentorship. With this in mind, and to foster networking and communication amongst junior members, we have developed a system of Link Members, by which a designated junior member is available as a point of contact for other trainees in paediatric cardiology in their own country. This system may be a helpful way to inform trainees about the educational activities available, and to introduce new trainees to the Association. Link members should feed back to the Council the issues facing junior members in different countries. We have listed all such Link members on the website.

One of the key aims of the Association is to foster education in the main subspecialty areas of paediatric cardiology. The Courses in Basic Teaching are primarily aimed at trainees in paediatric cardiology, and their goal is to provide the foundations of knowledge in the main subjects. At present, courses are available in echocardiography, cardiac catheterisation, arrhythmias, cardiac intensive care, and morphology. Planning is well under way to provide a course in basic science and genetics. Each course is run by the working group with an interest in the subspecialty, ensuring that attendees receive teaching from the experts in the field. So far, these courses have all been enthusiastically attended by trainees from across Europe. Indeed, as discussed elsewhere in this Newsletter, most courses become fully booked well in advance of the deadline. Council is keen to make these courses as accessible as possible to junior members from any country, and therefore these courses are heavily subsidised, with cheap accommodation and

social dinners usually also provided. They also provide an excellent networking opportunity for young cardiologists. Details of all courses, and the method of booking, may be found on the website of the Association. The Working Groups are a fundamental part of the structure of the Association, and as well as the formal courses, serve to provide a focus for junior members to learn from experienced cardiologists. It is in the interests of junior members to avail themselves of the opportunities that this presents, by becoming fully involved in all the activities of the various Working Groups.

### **Correct address?**

In order to receive Newsletters, and to ensure that "Cardiology in the Young" is delivered to the correct address, it is crucial for members to keep the Secretary-General informed of any changes in address. More and more information, nonetheless, will be delivered via e-mail, and on the web page of the Association. We ask all members, therefore, to ensure that their e-mail address is correct in the database of the Association. Information can easily be checked and corrected via 'Address change' on the webpage of the Association <http://www.aepc.org>. A password and username is needed to take advantage of this option. Anybody who does not remember their password and username should not hesitate to contact the Secretary-General. He will provide all the information needed.

The Council is delighted that most of the members have paid their annual subscription. Those who have not will be aware of this shortcoming, and should proceed to correct it with haste. Should the Treasurer not receive the annual subscription, then sadly this issue of the Journal will be that last one received this year, and non-receipt will continue until the dues have been properly paid.

In closing, I hope you all enjoying a relaxing period of vacation. I again invite all of you to join actively in the endeavours of the working groups of the Association, sharing your proposals, ideas, and wishes with all the members of the Council.

Eero Jokinen  
Secretary-General