

## Elections to EACVI Board and Sections 2016-2018

**Application for the  
position:  
Councillor**



### 1. Your Identity

**Title: Prof Dr.**

**Family Name(s): GERBER**

**First Name(s): Bernhard**

**Birth Date: 6/7/1967**

**Type of address: Business**

**Institute/Organisation: Cliniques St. Luc, Université Catholique de Louvain**

**Department: Cardiology**

**Address: Av Hippocrate 10/2803**

**Post Code/Zip: B-1200**

**City: Brussels**

**Country: Belgium**

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## 2. General Curriculum Vitae (300 words max)

**I graduated as a medical doctor from the Université Catholique de Louvain, Brussels Belgium in 1992. From 1992-1998, I performed my internal medicine fellowship and my cardiology specialization at the Cliniques Universitaires St. Luc in Brussels, Belgium. During this time I became interested in non-invasive cardiac imaging and performed a 2 year clinical research fellowship in cardiac PET. After obtaining my cardiology specialization in 1998, I performed a 3 years clinical and research fellowship at the Johns Hopkins Hospital in Baltimore MD to learn cardiac MR. In 2001, I returned to the Cliniques Universitaires St. Luc, Université Catholique de Louvain, Brussels Belgium, where I still work today. In 2015 I was nominated as Full Professor of Medicine at the Université Catholique de Louvain and I am also director of the research pole of cardiology of our institution.**

**My clinical activities are to perform non-invasive cardiac imaging with echocardiography, cardiac MR, and CT: i.e. I currently perform and report approximately 3500 transthoracic and 500 transoesophageal echocardiographies annually. I established the use of both cardiac MR and cardiac CT in our institution, and currently I direct the cardiac MR program, and perform and report approximately 700 cardiac MR/year. I am level 3 certified in cardiac MR, and trained more than 20 fellows in cardiac MR. I also direct, together with the radiology department, cardiac CT in our institution. Since 2015**

**My research activities were dedicated on the use and cross-comparison of different non-invasive imaging techniques, notably PET, cardiac MR, cardiac CT and echocardiography in ischemic and valvular heart disease. In this field I published more than 120 papers.**

**Since 2005 I am fellow of the European Society of Cardiology (FESC), and since 2011 of the American College of Cardiology (FACC) and since 2015 of the American Heart Association (FAHA). From 2010 until 2014 I served as nucleus member and treasurer of the working groups of cardiac MR and I worked intensely in the process of incorporation of the working groups into the EACVI. I was abstract chair for the 2016 EuroCMR meeting of the EACVI and since 2014 I am also Associate Editor of the European Heart Journal Cardiovascular Imaging.**

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### **3. Previous experience(s) in the EACVI or ESC or your National Bodies?**

- 2002-2006: Nucleus Member of the working group of cardiovascular MR (WG 21) of the ESC.
- 2010-2014: Treasurer of the working group of cardiovascular MR (WG 21) of the ESC.
- 2012-2016: Nucleus Member of the Belgian Working Group for Non-invasive Cardiac Imaging.
- 2014: Associate Editor European Heart Journal CV Imaging
- 2014-2016: Member of the Research and Innovation Committee EACVI
- 2016: Abstract chair for the EuroCMR meeting

### **4. Are you a Board or Nucleus Member of another scientific organisation? If Yes, please specify**

no

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### 5. Publications (please list 10 max)

1. Gerber BL, Vanoverschelde JL, Bol A, Michel C, Labar D, Wijns W, Melin JA. Myocardial blood flow, glucose uptake, and recruitment of inotropic reserve in chronic left ventricular ischemic dysfunction. Implications for the pathophysiology of chronic myocardial hibernation. *Circulation*. 1996 15;94(4):651-9.
2. Edvardsen T, Gerber BL, Garot J, Bluemke DA, Lima JA, Smiseth OA. Quantitative assessment of intrinsic regional myocardial deformation by Doppler strain rate echocardiography in humans: validation against three-dimensional tagged magnetic resonance imaging. *Circulation*. 2002;106(1):50-6.
3. Gerber BL, Belge B, Legros GJ, Lim P, Poncelet A, Pasquet A, Gisellu G, Coche E, Vanoverschelde JL. Characterization of acute and chronic myocardial infarcts by multidetector computed tomography: comparison with contrast-enhanced magnetic resonance. *Circulation*. 2006;113(6):823-33.
4. Gerber BL, Garot J, Bluemke DA, Wu KC, Lima JA. Accuracy of contrast-enhanced magnetic resonance imaging in predicting improvement of regional myocardial function in patients after acute myocardial infarction. *Circulation*. 2002 106(9):1083-9.
5. Gerber BL, Rochitte CE, Melin JA, McVeigh ER, Bluemke DA, Wu KC, Becker LC, Lima JA. Microvascular obstruction and left ventricular remodeling early after acute myocardial infarction. *Circulation*. 2000 13;101(23):2734-41.
6. Gerber BL, Rousseau MF, Ahn SA, le Polain de Waroux JB, Pouleur AC, Philips T, Vancraeynest D, Pasquet A, Vanoverschelde JL. Prognostic value of myocardial viability by delayed-enhanced magnetic resonance in patients with coronary artery disease and low ejection fraction: impact of revascularization therapy. *J Am Coll Cardiol*. 2012;59(9):825-35.
7. Kefer J, Coche E, Legros G, Pasquet A, Grandin C, Van Beers BE, Vanoverschelde JL, Gerber BL. Head-to-head comparison of three-dimensional navigator-gated magnetic resonance imaging and 16-slice computed tomography to detect coronary artery stenosis in patients. *J Am Coll Cardiol*. 2005;46(1):92-100.
8. le Polain de Waroux JB, Pouleur AC, Goffinet C, Pasquet A, Vanoverschelde JL, Gerber BL. Combined coronary and late-enhanced multidetector-computed tomography for delineation of the etiology of left ventricular dysfunction: comparison with coronary angiography and contrast-enhanced cardiac magnetic resonance imaging. *Eur Heart J*. 2008 (20):2544-51.
9. Barone-Rochette G, Piérard S, de Meester C, Seldrum S, Melchior J., Maes F, Pouleur AC, Vancraeynest D, Pasquet A, Vanoverschelde JL, Gerber BL. Prognostic Significance of Late Gadolinium Enhancement by Cardiac Magnetic Resonance in Patients with Aortic Stenosis undergoing Valve Replacement. *J Am Coll Cardiol* 2014; 64:144-54
10. Amzulescu MS, Rousseau MF, Ahn SA, Boileau L, de Meester de Ravenstein C, Vancraeynest D, Pasquet A, Vanoverschelde JL, Pouleur AC, Gerber BL. Prognostic Impact of Hypertrabeculation and Noncompaction Phenotype in Dilated Cardiomyopathy: A CMR Study. *JACC Cardiovasc Imaging*. 2015 Aug;8(8):934-46.

### 6. Received Hirsch Index : Year / Index

**2014: h score: 36**

**Annual h score 1.88 /year**

### 7. Received Impact Factor(s) : Year / IF

**Total IF 513 as first/last author: 259**

**Annual IF: 28.5 as first/last author 14.4**

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### **8. Why are you interested in joining the EACVI Board (150 words max)?**

Since I am a multi-modality imaging specialist, who uses all imaging modalities (ie echo, CT, MR and nuclear cardiac imaging), I am very enthusiastic on the creation of the EACVI as the first and only international association to represent cardiac imaging as a whole. I would like to serve as a Councillor in the EACVI because I would like: 1) to further develop EACVI as a multimodality cardiac imaging society, 2) to define strategies and recommendations for the use of the optimal cardiac imaging approach in different clinical situations aiming at improving patient's care 3) to promote knowledge and training of cardiologists in all of the available cardiac imaging modalities 4) to defend cardiac imaging as an important part of cardiology practice in the ESC and in the national regulatory bodies. In particular I am convinced that cardiac imaging should be performed exclusively by cardiology specialists with full understanding of cardiovascular pathology and physiology and knowledge of all imaging modalities and; finally 5) to promote research in (multimodality) cardiac imaging.