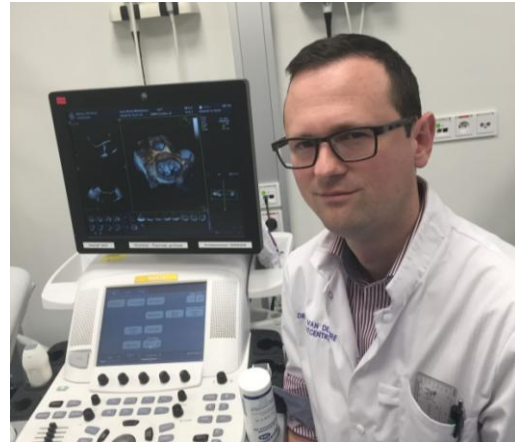


## **Elections to EACVI Board and Sections 2016-2018**

**Application for the  
position:  
Councillor**



### **1. Your Identity**

**Title: Prof. Dr.**

**Family Name(s): Van de Veire**

**First Name(s): Nico R.L.**

**Birth Date: 23th of June 1975**

**Type of address: Business/Home? Business**

**Institute/Organisation: Heart Center AZ Maria Middelaes Gent**

**Department: Cardiology**

**Address:  
Buitenring Sint Denijs 30**

**Post Code/Zip: 9000**

**City: Gent**

**Country: Belgium**

## **Elections to EACVI Board and Sections 2016-2018**

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

**Born:** 23th of June 1975, Ghent, Belgium

**Education:**

1987-1993: Latin-Sciences Secondary Education St.-Lievenscollege, Gent, BE

1993-2000 Medicine, University of Gent, Belgium

- 1996: Bachelor of Medicine, *magna cum laude*

- 2000: M.D. *summa cum laude*

2003-2004 Postgraduate Course Biostatistics

**Residency:**

2000-2003: Internal Medicine, University Hospital Gent, Belgium

2003-2008: Cardiology, University Hospital Gent, Belgium

**Professional Activities:**

2008-2009: Cardiologist, Leiden University Medical Center, The Netherlands

As of 2010: Cardiologist, AZ Maria Middelaers Gent, Belgium

As of 2010: visiting Professor, Free University Brussels, Belgium

**Scientific Training and Activities**

2003-2006 Research Assistant Fund for Scientific Research Flanders, BE

2005 Research Fellow, Leiden University Medical Center, NL (Prof J.J. Bax)

2006 Ph.D. "Noninvasive evaluation of patients with coronary artery disease and heart failure" University of Ghent, Belgium.

(Co)-Author of nearly 100 articles in peer-reviewed journals

(Co)- Authors of several bookchapters including ESC and EACVI textbooks

Presenter/Faculty at several national and international Congresses

Reviewer for several journals including Eur Heart J (Elite reviewer), J Am Coll Cardiol, Eur Heart J Cardiovasc Imaging, Am J Cardiol, Heart, Am Heart J, Int J Cardiovasc Imaging, Acta Cardiologica, ...

Abstract reviewer ESC, Euroecho, BSC, European Commission

## **Elections to EACVI Board and Sections 2016-2018**

- 3. Previous experience(s) in the EACVI or ESC or your National Bodies?**  
**4. Are you a Board or Nucleus Member of another scientific organisation?**  
**If Yes, please specify**

Member of the International Editorial Board European Heart Journal

Associate Editor International Journal of Cardiovascular Imaging

Section Editor Acta Cardiologica

Fellow of the European Society of Cardiology

### **EACVI:**

Faculty Euroecho 2008 Lyon, 2011 Budapest, 2012 Athens, 2013 Istanbul, 2014 Vienna, 2015 Sevilla, 2016 Leipzig

Co-author ESC Textbook of Cardiovascular imaging 2010 and EACVI Textbook of Echocardiography 2016

Elite reviewer European Journal of Cardiovascular Imaging 2015

Active participant EACVI initiated studies : e.g. NORRE, Cardiac Oncology Toxicity Registry

### **National Bodies :**

Co-President Young Cardiologists' Club Belgium 2010-2013

Board Member Belgian Society of Cardiology 2010-2013

Board Member Belgian Working Group Non-Invasive Cardiac Imaging

## **Elections to EACVI Board and Sections 2016-2018**

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

Effect of ischemic mitral regurgitation on E/E' in patients with stable coronary artery disease. N Van de Veire et al. Am J Cardiol 2006; 97: 1449-1451

Noninvasive evaluation of the cardiac venous system in coronary artery disease patients using 64-slice Computed Tomography N. Van de Veire et al. J Am Coll Cardiol 2006; 48: 1832-1838

Noninvasive evaluation of coronary sinus anatomy and its relation to the mitral valve annulus: implications for percutaneous mitral annuloplasty LF Tops, N Van de Veire et al. Circulation 2007; 115:1426-1432.

Technological advances: tissue Doppler imaging echocardiography. N Van de Veire et al. Heart 2008; 94:1065-1074.

Non-invasive imaging of cardiac venous anatomy with 64-slice Multi-Slice Computed Tomography and non-invasive assessment of left ventricular dyssynchrony by 3-Dimensional tissue synchronization imaging in patients with heart failure scheduled for Cardiac Resynchronization Therapy. N. Van de Veire et al. Am J Cardiol 2008; 101:1023-1029

Transcatheter Aortic Valve Implantation: Role of Multi-slice Computed Tomography to Evaluate Prosthesis Positioning and Deployment in Relation to Valve Function. V Delgado, A Ng, N Van de Veire, et al Eur Heart J 2010; 31:1114-1123.

Non-invasive assessment of coronary artery disease in diabetes. N Van de Veire et al. Heart 2010; 96:560-572.

Tricuspid annuloplasty prevents right ventricular dilatation and progression of tricuspid regurgitation in patients with tricuspid annulus dilatation undergoing mitral valve repair. Van de Veire et al. J Thorac Cardiovasc Surg 2011;141(6):1431-1439

Normal Reference Ranges for Echocardiography: rationale, study design, and methodology (NORRE Study). Eur Heart J Cardiovasc Imaging. 2013;14:303-308.

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

2016 : 22

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

Current cumulative impact factors : 488

## Elections to EACVI Board and Sections 2016-2018

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

Imaging the heart has always been a passion for me. Right from the start in medical school I was involved in cardiac imaging and this has continued throughout my training as a cardiologist, my research activities and my present clinical work.

The EACVI brings together all these fascinating tools (echocardiography, nuclear imaging, cardiac CT and cardiac MRI) and offers the possibility to the imaging community to exchange clinical experiences, share novelties and promote research.

I humbly apply to the position of Councillor within EACVI. The current board has already achieved several goals and if elected I would like to assist the organisation in its further development.

Education should remain high on the agenda of the EACVI. Standardisation of training young cardiologists in echocardiography but also in other imaging modalities throughout collaboration with national societies, webinars, dedicated imaging courses, teaching tracks during major conferences and practical workshops can count on my support. Continuing education is equally important for colleagues to stay up to date with novel developments. The EACVI is also an ideal platform to support and/or set up multicentre registries and trials, support applications for funding, coordinate meetings and disseminate meaningful results. In close collaboration with the ESC, the EACVI should continue to help the clinicians by providing clear guidelines on imaging but also by contributing to pathology related guidelines promoted by other associations wherever imaging is needed.