

Elections to EACVI Board 2022-2024



Application for the position: *(Select one position)*

EACVI President-Elect

EACVI Treasurer

EACVI Secretary

EACVI Councillor (Echocardiography)

EACVI Councillor (Cardiovascular Magnetic Resonance)

EACVI Councillor (Nuclear Cardiology & Cardiac CT)

EACVI Vice-President-Elect (Echocardiography)

EACVI Vice-President-Elect (Cardiovascular Magnetic Resonance)

EACVI Vice-President-Elect (Nuclear Cardiology & Cardiac CT)

1. Your Identity

Title	Professor
Family Name(s)	DONAL
First Name(s)	Erwan
Post Code/Zip	35000
City	RENNES
Country	France



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2. General Curriculum Vitae (300 words max)

MD: Thesis: 1998

PhD: Thesis: 2006

- Master 2 (October 1998): signals and images in biology and medicine
- **PhD: Thesis about the assessment of myocardial function using ultrasound approaches** 10 November 2006 (RENNES, Fr) (with Pr G Derumeaux)
- **habilitation for direction and guidance of researches and research-students** (HDR): November 2009 (RENNES).
- Professor in Medicine (Cardiovascular diseases): September 2012

« Research-fellowship » at the CLEVELAND CLINIC FOUNDATION [Jun 2001 – Jun 2002].
Department of Cardiovascular Imaging Pr James D. THOMAS.

Clinical Responsibility at the University Hospital of RENNES:

- Senor-cardiologist for: 24 beds in General Cardiology: heart valve diseases and cardiomyopathies
- Head of the echocardiography laboratory of the cardiology department (23000 exams /year)
- Head of the imaging Core Lab at the CIC-IT INSERM 1414, accredited ISO 9001 and certified Abbott international

Elected member of the scientific committee of the University and hospital in Rennes Senior researcher at the LTSI (laboratoire du traitement du signal et de l'image) INSERM 1099 – University Rennes -1 (www.ltsi.univ-rennes1.fr)

- Member of committees for the promotion of research in France
- In charge of the teaching for cardiovascular imaging in the west part of France.



ESC

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<ul style="list-style-type: none">▪ Principal investigator for 2 randomized studies <ol style="list-style-type: none">1) ROTAS about the medical versus interventional treatment of the low flow low gradient aortic valve stenosis2) Tri-Fr about the medical versus interventional treatment of the secondary tricuspid regurgitation <p>⇒ For these two studies, the impact of cardiac imaging (multi-modality) is specifically explored and potentially underscored.</p>
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3. Previous experience(s) in the EACVI or ESC or your National Bodies?

<ul style="list-style-type: none">▪ Member (elected titular member of the administrative council) of the Société Française de Cardiologie (SFC)▪ Past-President of the ‘French group for cardio-vascular imaging’ from the SFC 2017-2019▪ President of the Heart valve diseases council at the French Society of Cardiology▪ Member of the board of the European Association for Cardiovascular Imaging (EACVI) (treasurer)▪ Past-chair of the echocardiographic section of the EACVI▪ Past councilor of the EACVI▪ Past chair of the research and innovation committee from the EACVI▪ Active member of the task force of the EACVI-congress, for the “Digital Health” and for the “interventional cardiac imaging”▪ Past treasurer of the EACVI (2018-2020)▪ Chair of the EACVI scientific document committee (2020-22)
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4. Are you a Board or Nucleus Member of another scientific organisation?

Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Board member of the French Society of Cardiology
If Yes, please specify:	President of the heart valve diseases council of the French Society of Cardiology



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5. Publications (please list max 10 of your most important publications)

1. Could echocardiographic left atrial characterization have additive value for detecting risks of atrial arrhythmias and stroke in patients with hypertrophic cardiomyopathy? Al Wazzan A, Galli E, Lacout M, Paven E, L'official G, Schnell F, Oger E, **Donal E**. Eur Heart J Cardiovasc Imaging. 2022 Jul 6:jeac131. doi: 10.1093/ehjci/jeac131
2. Distribution and Prognostic Significance of Left Ventricular Global Longitudinal Strain in Asymptomatic Significant Aortic Stenosis: An Individual Participant Data Meta-Analysis. Magne J, Cosyns B, Popescu BA, Carstensen HG, Dahl J, Desai MY, Kearney L, Lancellotti P, Marwick TH, Sato K, Takeuchi M, Zito C, Casalta AC, Mohty D, Piérard L, Habib G, **Donal E**. JACC Cardiovasc Imaging. 2019 Jan;12(1):84-92.
3. Multimodality Imaging for Best Dealing With Patients in Atrial Arrhythmias. **Donal E**, Galli E, Lederlin M, Martins R, Schnell F. JACC Cardiovasc Imaging. 2019 Nov;12(11 Pt 1):2245-2261.
4. How myocardial work could be relevant in patients with an aortic valve stenosis? Taconne M, Le Rolle V, Panis V, Hubert A, Auffret V, Galli E, Hernandez A, **Donal E**. Eur Heart J Cardiovasc Imaging. 2022 Mar 17:jeac046. doi: 10.1093/ehjci/jeac046
5. Left ventricular strain for predicting the response to cardiac resynchronization therapy: two methods for one question. Hubert A, Gallard A, Rolle VL, Smiseth OA, Leclercq C, Voigt JU, Galli E, Galand V, Hernandez A, **Donal E**. Eur Heart J Cardiovasc Imaging. 2021 Jan 31:jeaa422. doi: 10.1093/ehjci/jeaa422.
6. Tricuspid regurgitation: recent advances in understanding pathophysiology, severity grading and outcome. Hahn RT, Badano LP, Bartko PE, Muraru D, Maisano F, Zamorano JL, **Donal E**. Eur Heart J Cardiovasc Imaging. 2022 Jun 21;23(7):913-929. doi: 10.1093/ehjci/jeac009.
7. Multicentric randomized evaluation of a tricuspid valve percutaneous repair system (clip for the tricuspid valve) in the treatment of severe secondary tricuspid regurgitation Tri.Fr Design paper. **Donal E**, Leurent G, Ganivet A, Lurz P, Coisne A, De Groote P, Lafitte S, Leroux L, Karam N, Biere L, Rouleau F, Sportouch C, Dreyfus J, Nejjari M, Josselin JM, Anselmi A, Galli E, Bajoux E, Guerin P, Obadia JF, Trochu JN, Oger E. Eur Heart J Cardiovasc Imaging. 2021 Dec 6:jeab255. doi: 10.1093/ehjci/jeab255
8. Characterization of Responder Profiles for Cardiac Resynchronization Therapy through Unsupervised Clustering of Clinical and Strain Data. Gallard A, Bidaut A, Hubert A, Sade E, Marechaux S, Sitges M, Separovic-Hanzevacki J, Le Rolle V, Galli E, Hernandez A, **Donal E**. J Am Soc Echocardiogr. 2021 May;34(5):483-493. doi: 10.1016/j.echo.2021.01.019.



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9. Are We Right to Believe in the Value of Transcatheter Treatment of Secondary Tricuspid Regurgitation?

Donal E, Leurent G, lung B.

J Am Coll Cardiol. 2021 Jan 26;77(3):240-242. doi: 10.1016/j.jacc.2020.11.037

10. Left atrial strain is a predictor of left ventricular systolic and diastolic reverse remodelling in CRT candidates.

Galli E, Oger E, Aalen JM, Duchenne J, Larsen CK, Sade E, Hubert A, Gallard A, Penicka M, Linde C, Le Rolle V, Hernandez A, Leclercq C, Voigt JU, Smiseth OA, **Donal E**.

Eur Heart J Cardiovasc Imaging. 2021 Aug 25;jeab163. doi: 10.1093/ehjci/jeab163

6. Hirsch Index to date, by Web of Science

H-Index: 59

Indice i10: 210

7. Why are you interested in joining the EACVI Board (300 words max)?

My **motivations** are

- 1- To continue with my personal implication in the EACVI and the ESC
- 2- To be deeply invested in the mutation in the use of imaging in Cardiology: multi-modality, teaching of the young generation, teaching of the technicians, convince national societies that EACVI and ESC have a major role complementary to them for **advocacy and promoting the best practices**.
- 3- To develop links with **National societies** but also in the **ESC with the associations**: EHRA, HFA, ACVC... but also ACNAP, Councils for heart valve diseases and cardiomyopathies in order to promote the specific value of specialists in imaging for a best clinical management of patients and diseases.
- 4- To encourage the best uses and the best indications for imaging techniques according to the clinical status of the patients: clinical relevance, cost-effectiveness, prognostic and therapeutic value of the images' modalities (CMR, CT, Nuclear imaging in addition to echo)

My **main objectives** are to

- 1- Consolidate EACVI leadership in Europe but also outside Europe for promoting our brand: "We promote excellence in clinical diagnosis, research, technical development, and education in cardiovascular imaging". It will have to take into account the post-Covid pandemic period.
- 2- To consolidate the specific role of **cardiac imagers** in the modern practice of cardiology. Experts in imaging are key for:
 - a. providing the best diagnosis,
 - b. Selecting better for a more personalized and individualized medicine
 - c. Guiding for the best treatment delivery
 - d. Evaluating the results of these treatments and best assessing prognosis.



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3- To promote a **young generation of cardiologists** taking advantage of the Association for demonstrating this incredible value of cardiac imagers for a modern practice of cardiology.