

Professor Christophe Leclercq, MD, PhD, FESC, FEHRA

Vice-Presidency candidacy



Place and Date of Birth

16/03/1961 in Calais, France

Present Position and Address

Professor of Cardiology

Head of the Department of Cardiology in Rennes University Hospital

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Training and Education

- Tours University Medical School from 1978 to 1985.
- Fellowship in Cardiology in Rennes from 1985 to 1991

- Research fellow in John Hopkins Hospital in Baltimore (USA) from 2000 to 2001

Post Graduate Degrees

- Assistant Professor from 1992 to 1999
- Associate Professor from 1999 to 2001
- Professor of Cardiology from 2001
- PhD in 2000

European Society of Cardiology Activities

- Member of the Congress program Committee of the annual ESC meeting 2010-2016
- Chair of the Arrhythmias section of the Congress Program Committee of the annual ESC meeting 2012-2016
- Member of the task force of the 2013 ESC guidelines on cardiac pacing and cardiac resynchronization therapy
- Member of the task force of the 2021 ESC guidelines on cardiac pacing and cardiac resynchronization therapy
- Member of the ESC nominating committee in 2011
- Active speaker for GSA since 2013
- Member of the ESC guidelines committee 2016-2020
- Member of the CRT Nucleus 2020-2022
- Member of the 2016-2018 ESC Board (councilor)
- Member of the 2020-2022 ESC board (EHRA President)

EHRA Activities

- Member of the board of the education committee of EHRA from 2009 to 2013
- co-director of the EHRA Cardiac Pacing Course from 2011 to 2013
- Member of the EHRA board from 2013
- Member of the EHRA executive board from 2013
- Secretary on the EHRA Board from 2013 to 2015
- International coordinator and member of the EHRA board 2015-2017
- Program chair of the EHRA 2018 congress
- EHRA President-Elect 2018-2020
- EHRA President 2020-2022

Other International Scientific Committee Participation

- Member of the board of the French Society of Cardiology since 2009
- President-Elect of the French Society of Cardiology 2020-2022
- Member of the Congress Program Committee of the Heart Rhythm Association 2016-2018

Editorial Boards

- European Heart Journal
- Journal of the American College of Cardiology
- EP Europace
- Circulation

Fellowships / Honours

- FESC since 2002
- FEHRA since 2017

Major Publications

- Cazeau S, Leclercq C, Lavergne T, Walker S, Varma C, Linde C, Garrigue S, Kappenberger L, Haywood G, Santini M, Daubert C. Clinical effects of multisite biventricular pacing in heart failure patients without classical pacemaker indications. *N Engl J Med* 2001; 344: 873- 80.
- Leclercq C, Faris O, Tunin R, Jonhson J, Kato R, Evans F, Spinelli J, Halperin H, Mc Veigh E, Kass D. Systolic improvement and mechanical resynchronization does not require electrical synchrony in the dilated failing heart with left bundle-branch block. *Circulation* 2002; 106 (14): 1760-3
- Leclercq C, Walker S, Linde C, Clementy,, Marshall A, Ritter P, Djiane P, Mabo P, Levy T, Gadler F, Bailleul C, Daubert C. Comparative effects of permanent biventricular and right-univentricular pacing in heart failure patients with chronic atrial fibrillation. *Eur Heart J* 2002 ; 23 (22) : 1780-7
- Helm R, Leclercq C, Faris O, Ozturk C, Mc Veight E, Lardo A, Kass DA. Cardiac dyssynchrony analysis using circumferential versus longitudinal strain: implications for assessing cardiac resynchronization. *Circulation*. 2005 ; 111:2760-7.
Leclercq C, Gadler F, Kranig W, Ellery S, Gras D, Lazarus A, Clementy J, Boulogne E, Daubert C; TRIP-HF (Triple Resynchronization In Paced Heart Failure Patients) Study Group. A randomized comparison of triple-site versus dual-site ventricular stimulation in patients with congestive heart failure. *J Am Coll Cardiol*. 2008;51:1455-62
- Gasparini M, Steinberg JS, Arshad A, Regoli F, Galimberti P, Rosier A, Daubert C, Leclercq C. Resumption of sinus rhythm in patients with heart failure and permanent atrial fibrillation undergoing cardiac resynchronization therapy: a longitudinal observational study. *Eur Heart J*. 2010 ; 8:976-83.
- Boriani G, Kranig W, Donal E, Calo L, Casella M, Delarche N, Lozano IF, Ansalone G, Biffi M, Boulogne E, Leclercq C. A Randomized Double-Blind Comparison of Biventricular Versus Left Ventricular Stimulation for Cardiac Resynchronization Therapy: The Biventricular Versus Left Univentricular Pacing with Icd Back-up in Heart Failure Patients (B-Left Hf) Trial. *Am Heart J* 2010; 159: 1052-8.
- Brignole M, Auricchio A, Baron-Esquivias G, Bordachar P, Boriani G, Breithardt OA, Cleland J, Deharo JC, Delgado V, Elliott PM, Gorenek B, Israel CW, Leclercq C, Linde C, Mont L, Padeletti L, Sutton R, Vardas PE. 2013 ESC guidelines on cardiac pacing and cardiac resynchronization therapy. *Europace*. 2013;15: 1070-118.
- Gasparini M, Leclercq C, Lunati M, Landolina M, Auricchio A, Santini M, Boriani G, Lamp B, Proclemer A, Curnis A, Klersy C, Leyva F. Cardiac resynchronization therapy in patients with atrial fibrillation: the CERTIFY study (Cardiac Resynchronization Therapy in Atrial Fibrillation Patients Multinational Registry). *JACC Heart Fail*. 2013;1:500-7.
- Steffel J, Leclercq C. Mechanical dyssynchrony in CRT: still searching for the Holy Grail. *Eur Heart J*. 2014;35:13-5.
- Gasparini M, Leclercq C, Yu CM, Auricchio A, Steinberg JS, Lamp B, Klersy C, Leyva F. Absolute survival after cardiac resynchronization therapy according to baseline QRS duration: a multinational 10-year experience: data from the Multicenter International CRT Study. *Am Heart J*. 2014;167:203-209.
- Gasparini M, Klersy C, Leclercq C, Lunati M, Landolina M, Auricchio A, Santini M, Boriani G, Proclemer A, Leyva F. Validation of a simple risk stratification tool for patients implanted with Cardiac Resynchronization Therapy: the VALID-CRT risk score. *Eur J Heart Fail*. 2015;17:717-24.
- Rinaldi CA, Burri H, Thibault B, Curnis A, Rao A, Gras D, Sperzel J, Singh JP, Biffi M, Bordachar P, Leclercq C. A review of multisite pacing to achieve cardiac resynchronization therapy. *Europace*. 2015;17:7-17.
- Leclercq C, Dievart F, Ruschitzka F Peri-infarct pacing to prevent left reverse remodelling: an unvalidated concept? *Eur Heart J*. 2016;37:494-5
- Leclercq C, Sadoul N, Mont L, Defaye P, Osca J, Mouton E, Isnard R, Habib G, Zamorano J, Derumeaux G, Fernandez-Lozano I; SEPTAL CRT Study investigators. Comparison of right ventricular septal pacing and right ventricular apical pacing in patients receiving cardiac resynchronization therapy defibrillators: the SEPTAL CRT Study. *Eur Heart J*. 2016;37: 473-83..
- Marijon E, Leclercq C, Narayanan K, Boveda S, Klug D, Lacaze-Gadonneix J, Defaye P, Jacob S, Piot O, Deharo JC, Perier MC, Mulak G, Hermida JS, Milliez P, Gras D, Cesari O, Hidden-Lucet F, Anselme F, Chevalier P, Maury P, Sadoul N, Bordachar P, Cazeau S, Chauvin M, Empana JP, Jouven X, Daubert

JC, Le Heuzey JY; CeRtiTuDe Investigators. Causes-of-death analysis of patients with cardiac resynchronization therapy: an analysis of the CeRtiTuDe cohort study. *Eur Heart J*. 2015 in press.

- Duncker D, Delnoy PP, Nägele H, Mansourati J, Mont L, Anselme F, Stengel P, Anselmi F, Oswald H, Leclercq C. First clinical evaluation of an atrial haemodynamic sensor lead for automatic optimization of cardiac resynchronization therapy. *Europace*. 2015 in press
- Daubert C, Behar N, Martins RP, Mabo P, Leclercq C. Avoiding non-responders to cardiac resynchronization therapy: a practical guide. *Eur Heart J*. 2017 14;38:1463-1472
- Bordachar P, Gras D, Clementy N, Defaye P, Mondoly P, Boveda S, Anselme F, Klug D, Piot O, Sadoul N, Babuty D, Leclercq C. Clinical impact of an additional left ventricular lead in cardiac resynchronization nonresponders: the V³ trial. *Heart Rhythm*. 2018; 15:870-87.
- Leclercq C, Galand V, Behar N, Martins R. [I had a dream....](#) *Eur J Heart Fail*. 2018 Oct;20(10):1482-1484
- Leclercq C, Burri H, Curnis A, Delnoy PP, Rinaldi CA, Sperzel J, Lee K, Calò L, Vicentini A, Concha JF, Thibault B. Cardiac resynchronization therapy non-responder to responder conversion rate in the more response to cardiac resynchronization therapy with MultiPoint Pacing (MORE-CRT MPP) study: results from Phase I. *Eur Heart J*. 2019 ;14;40:2979-2987
- Leclercq C, Galand V, Behar N, Martins R. From innovation to guideline implementation: a long way. *Eur J Heart Fail*. 2019;21:1114-1116.
- Dagues N, Peek N, Leclercq C, Hindricks G. The PROFID project. *Eur Heart J*. 2020 14;41:3781-3782
- Behar N, Galand V, Martins RP, Jacon P, Badenco N, Blangy H, Alonso C, Guy-Moyat B, El Bouazzaoui R, Lebon A, Giraudeau C, Marquie C, Leclercq C. Subcutaneous Implantable Cardioverter-Defibrillator Lead Extraction: First Multicenter French Experience. *JACC Clin Electrophysiol*. 2020;6 : 863-870
- Nielsen JC, Lin YJ, de Oliveira Figueiredo MJ, Sepehri Shamloo A, Alfie A, Boveda S, Dagues N, Di Toro D, Eckhardt LL, Ellenbogen K, Hardy C, Ikeda T, Jaswal A, Kaufman E, Krahn A, Kusano K, Kutiyifa V, Lim HS, Lip GYH, Nava-Townsend S, Pak HN, Rodríguez Díez G, Sauer W, Saxena A, Svendsen JH, Vanegas D, Vaseghi M, Wilde A, Bunch TJ; ESC Scientific Document Group, Buxton AE, Calvimontes G, Chao TF, Eckardt L, Estner H, Gillis AM, Isa R, Kautzner J, Maury P, Moss JD, Nam GB, Olshansky B, Pava Molano LF, Pimentel M, Prabhu M, Tzou WS, Sommer P, Swampillai J, Vidal A, Deneke T, Hindricks G, Leclercq C. European Heart Rhythm Association (EHRA)/Heart Rhythm Society (HRS)/Asia Pacific Heart Rhythm Society (APHRS)/Latin American Heart Rhythm Society (LAHRS) expert consensus on risk assessment in cardiac arrhythmias: use the right tool for the right outcome, in the right population. *Europace*. 2020 1;22:1147-1148
- Mullens W, Auricchio A, Martens P, Witte K, Cowie MR, Delgado V, Dickstein K, Linde C, Vernooij K, Leyva F, Bauersachs J, Israel CW, Lund L, Donal E, Boriani G, Jaarsma T, Berruezo A, Traykov V, Yousef Z, Kalarus Z, Cosedis Nielsen J, Steffel J, Vardas P, Coats A, Seferovic P, Edvardsen T, Heidbuchel H, Ruschitzka F, Leclercq C. Optimized Implementation of cardiac resynchronization therapy - a call for action for referral and optimization of care. *Europace*. 2021 Feb 5:euab035. doi: 10.1093/europace/euab035

Major Research Interest

- Cardiac Pacing
- Implantable cardioverter defibrillator
- Cardiac resynchronization therapy
- Heart Failure

Personal Statement

Dear Colleagues

I am very pleased and honored to apply for the ESC Vice-President position for the 2022-2024 term.

I am a clinical cardiologist with an important involvement in patients' care mainly in the field of arrhythmias. Besides my institutional investment as the Head of the Department of Cardiology in Rennes University Hospital and in the management of my hospital but also in the French Society of Cardiology and in the ESC, I still have a strong clinical activity (outpatients' clinic, wards, electrophysiological procedures and on call for patient emergencies). I also have a clinical research activity mainly in the topic of electrical devices. As a Professor of cardiology, I am involved in the Medical University of Rennes with lectures to students and fellows. In addition, I hold an important activity in CME for cardiologists. From my perspective it is very important to keep clinical and educational activities when you plan on being involved in the European Society of Cardiology to have a clear vision of colleagues and patients' aspirations.

I started my involvement in the ESC in 2010 in the Congress Program Committee as a participant in the arrhythmias section and then I took the lead of this section during 4 years. This initial experience was very exciting and it gave me the desire to be more involved in the ESC. I then participated in different activities within the ESC (Guidelines committee, GSA, nominating committee and member of the board as councilor and then as EHRA President during this term...).

At the same time, I started my commitments in the European Heart Rhythm Association first as Secretary, then as Congress Program Committee Chair, International Affairs Coordinator then President-Elect and now EHRA President.

Having held these different positions I think I have a good understanding of our scientific society and I want to dedicate time and energy for the ESC at a high level. Importantly, during my ESC experience I met many dedicated volunteers and wonderful ESC staff. This great human experience has convinced me to pursue my involvement for the ESC.

The ESC is a major scientific society with an impressive offer for the cardiologists in term of research, education, journals and congresses. The ESC family with around 30 000 active members from around the world can have access to all these resources and thus to improve their knowledge in the field of cardio-vascular diseases.

Why am I applying for the Vice-President Position?

I want to actively participate in the ESC's evolution during the next years on different topics:

Advocacy is for me a key point. Even if the cardio-vascular diseases are the first cause of death in the world, the knowledge of the public and stakeholders about cardio-vascular diseases is still weak as compared to cancers for instance. **At the level of the ESC with the European Heart agency and in collaboration with the National Cardiac Societies** we have the opportunity to influence the priorities of health providers, research regulators and funding agencies. We need to disseminate the best way of managing the cardiovascular diseases in terms of prevention but also diagnosis and treatments as well as research.

In my hospital, one of my main missions is to prepare the future of my department by promoting young talented cardiologists. **The Cardiologist of Tomorrow** are the future of our specialty and of the ESC. We have to help them by providing them with the best medical education but also to prepare them for their future responsibilities and for the digital revolution. We have to prepare our world to the mandatory changes of our profession related to the decrease in the number of cardiologists and the increase in elderly population often affected by cardio-vascular diseases. We will not work as we did in the past, **we have to reinvent our job** with digital tools but also new jobs like echo-technicians and specialized-nurses. ESC has an important role to play in this process.

Patients want and are more and more involved in the management of their diseases. ESC has already worked hard on patient's engagement but I think that we have to take the opportunity to involve even more patients at different levels of the ESC. We have so much to learn from patients. At EHRA I created a new position within the Board involving a Patient Coordinator specifically dedicated to working with patients on different projects, for instance, the patient websites and we invited a patient in the Congress Program Committee.

ESC is for me a family with diversities which I consider as a strength. During my EHRA presidency I initiated a closer relationship between the different ESC associations with monthly discussions between the Associations' Presidents on different topics. From these discussions, we learnt a lot from each other and we very often obtained a consensus. I think that the ESC Governance will gain from a stronger link between the constituent bodies and the management group. My idea is that a Vice-President could be dedicated to this link between constituent bodies and the management group.

Finally, the position of Vice-President requires energy and time. I built during the last years a strong team in my institution which does agree to offer me the required time to be dedicated to this mission. I feel also that I have the energy to fulfil this mission.

It is a great privilege and responsibility to be considered for the position of Vice-President of the ESC and it would be an honor and a pleasure to continue working for the ESC in the future.

Pr Christophe Leclercq