



Elections to EACVI Board 2020-2022

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	Prof MD, PhD	
Family Name(s)	Pasquet	
First Name(s)	Agnes	
Birth Date	15 oktober 1966	
Type of address	Business <input checked="" type="checkbox"/>	Home <input type="checkbox"/>
Institute/Organisation	Cliniques universitaires Saint Luc - Université Catholique de Louvain	
Department	Cardiology	
Address	10 av Hippocrate	
Post Code/Zip	1200	
City	Brussels	
Country	Belgium	

2. General Curriculum Vitae (300 words max)

I qualified in 1997 as cardiologist from the Catholic University of Louvain Medical School Brussel. Then, I worked as research fellow at the Cleveland Clinic foundation cardiac imaging under the supervision of Prof. JD Thomas, Prof Thomas H Marwick. When I come back the University, Clinique Saint Luc university Hospital, I was in charge of the stress echolab and take part the the activity of the echocardiography department with Prof J-L Vanoverschelde. I completed my PhD thesis in 2003 the title of my thesis was "" Myocardial viability: clinical detection and prognosis implications". I am actually one of the responsible of the echolab of the Clinique Universitaires Saint Luc.

In 2001, I created with Prof Th Sluysmans, the center for adult congenital heart disease inside our hospital.

I receive my nomination as professor on 2004. Beside my clinical work, I toke part to several research project. During the last, 17 years, I had the opportunity to collaborate and to contribute the work of several fellow in cardiac imaging leading to several PhD thesis.

My main interest for research was first myocardial viability and then I move to contrast echocardiography. Actually, my research focus is on valve disease (more specially aortic and mitral valve disease) and grow up congenital heart disease.

Multimodality imaging arising in clinical practice shortly after my training and I "growth" in cardiology with these new imaging modality. I was used to collaborate with my colleagues working with MRI or cardiac MDCT, namely Prof B Gerber.

Besides that, I engaged in several scientific organization first at the Belgian level and I was president of the Belgian Society of Cardiology and after taking part the the ESC education committee activities.



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

- Member of the ESC education committee 2016-2018 and 2018-2020
- Member of the core curriculum ESC education committee 2018-2020
- EACVI Members of the TTE Sub-Committee 2017-2020
- Belgian Society of Cardiology: member since 1998; secretary: 2009-2015; president elect 2013-2015 president : 2015-2016,
- Belgian working group of non-invasive cardiac imaging; member since 1999, board member since 2002, president elect 2008-2010 , president 2010-2012
- Belgian working group of Adult Congenital heart disease member since:2007

4. Are you a Board or Nucleus Member of another scientific organisation?

Yes ☒ No ☐

If Yes, please specify:

Belgian Society of cardiology
Belgian Working group of non-invasive cardiac imaging
Belgian working group of Adult Congenital heart disease

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

1. **Pasquet A**, Robert A, D'Hondt A-M, Melin JA, Vanoverschelde J-L.: Prognostic value of myocardial ischemia and viability in patients with chronic ventricular ischemic dysfunction. *Circulation* 1999,100:141-148 (IF : 10.255)



2. 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;113:823-33 (IF: 10,94)
3. le Polain de Waroux JB, Pouleur AC, Goffinet C, Vancraeynest D, Van Dyck M, Robert A, Gerber BL, **Pasquet A**, El Khoury G, Vanoverschelde JL. Functional anatomy of aortic regurgitation: accuracy, prediction of surgical reparability, and outcome implications of transesophageal echocardiography. *Circulation*. 2007 ;116(11 Suppl):I264-9 (IF: 10,94)
4. Goffinet C, Chenot F, Robert A, Pouleur AC, de Waroux JB, Vancrayenest D, Gerard O, **Pasquet A**, Gerber BL, Vanoverschelde JL. Assessment of subendocardial vs. subepicardial left ventricular rotation and twist using two-dimensional speckle tracking echocardiography: comparison with tagged cardiac magnetic resonance. *Eur Heart J*. 2009 30(5):608-17.
5. Montant P, Chenot F, Robert A, Vancraeynest D, **Pasquet A**, Gerber B, Noirhomme P, El Khoury G, Vanoverschelde JL Long-term survival in asymptomatic patients with severe degenerative mitral regurgitation: A propensity score-based comparison between an early surgical strategy and a conservative treatment approach *J Thorac Cardiovasc Surg*. 2009, 25.
6. Flachskampf FA, Badano L, Daniel WG, Feneck RO, Fox KF, Fraser AG, **Pasquet A**, Pepi M, Perez de Isla L, Zamorano JL; for the European Association of Echocardiography; endorsed by the Echo Committee of the European Association of Cardiothoracic Anaesthesiologists; Document Reviewers:; Roelandt JR, Piérard L. Recommendations for transoesophageal echocardiography: update 2010. *Eur J Echocardiogr*. 2010 Aug;11(7):557-576.
7. Van De Bruaene A ; Delcroix M ; **Pasquet A**; De Backer, J ; De Pauw M; Naeije R ; Vachiéry J-L ; Paelinck B ; Morissens M ; Budts W. Iron deficiency is associated with adverse outcome in Eisenmenger patients *European Heart Journal* 2011, 32 (22) 2790-9





8. Boulif J ; Pierard S; de Meester de Ravenstein Chr ; Melchior J ; Gerber B; Vancraeynest D; Pouleur AC; Lazam S ; **Pasquet A**; Vanoverschelde JL. Natural history of paradoxical low-gradient severe aortic stenosis..Circulation. Cardiovascular Imaging, 2014, 7 (4), 714-722
9. de Meester C, Gerber BL, Vancraeynest D, Pouleur AC, Noirhomme P, **Pasquet A**, El Khoury G, Vanoverschelde JL. Early surgical intervention versus watchful waiting and outcomes for asymptomatic severe aortic regurgitation. J Thorac Cardiovasc Surg. 2015 Jul 28. pii: S0022-5223(15)
10. Grigioni F, Clavel MA, Vanoverschelde JL, Tribouilloy C, Pizarro R, Huebner M, Avierinos JF, Barbieri A, Suri R, **Pasquet A**, Rusinaru D, Gargiulo GD, Oberti P, Théron A, Bursi F, Michelena H, Lazam S, Szymanski C, Nkomo VT, Schumacher M, Bacchi-Reggiani L, Enriquez-Sarano M; MIDA Investigators The MIDA Mortality Risk Score: development and external validation of a prognostic model for early and late death in degenerative mitral regurgitation. Eur Heart J. 2018 Apr 14;39(15):1281-1291. doi: 10.1093/eurheartj/ehx465. PMID:29020352

6. Hirsch Index to date, by Web of Science

H index = 45 (provided by the university)



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

Despite the arrival of new tomographic techniques (MDCT and MRI) for cardiac investigations, echocardiography remains the only portable and bedside technique for cardiac investigation. Therefore, it is important to continue to promote it.

Education is an important field to promote correct and adapted use of echocardiography nowadays. ESC has a huge experience in the cardiology education, therefore I will be interested to take part in this task.

Echocardiography needs actually to be promoted among young generations. The last years' innovations (3D echo, strain, ...) show that echocardiography is still an ongoing and up-to-date technique, and I will be happy to promote these ideas inside the ESC.

My experience in several echo fields could be an advantage and propose a broad view of the discipline.

My work in the ESC education committee gives me the opportunity to approach the form inside the ESC and I will be very interested to continue working for ESC and more specifically EACVI in my area of competence.