

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	Professor
Family Name(s)	DONAL
First Name(s)	Erwan
Birth Date	19/DEC/1970
Type of address	Business <input checked="" type="checkbox"/> Home <input type="checkbox"/>
Institute/Organisation	University Hospital of RENNES
Department	Cardiology
Address	CHU Rennes, Hôpital Pontchaillou
Post Code/Zip	35000
City	RENNES
Country	France

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

MD: Thesis: 1998	PhD: Thesis: 2006
<p>- Master 2 (October 1998): signals and images in biology and medicine</p> <p>- PhD: <u>Thesis about the assessment of myocardial function using ultrasound approaches</u> 10 November 2006 (RENNES, Fr) (with Pr G Derumeaux)</p> <p>- <u>habilitation for direction and guidance of researches and research-students</u> (HDR): November 2009 (RENNES).</p> <p>- Professor in Medicine (Cardiovascular diseases): September 2012</p>	
<p>« Research-fellowship » at the CLEVELAND CLINIC FOUNDATION [Jun 2001 – Jun 2002]. Department of Cardiovascular Imaging Pr James D. THOMAS.</p>	
<p>Clinical Responsibility at the University Hospital of RENNES:</p> <ul style="list-style-type: none">- 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 <p>Elected member of the scientific committee of the University and hospital in Rennes</p> <p>Senior researcher at the LTSI (laboratoire du traitement du signal et de l'image) INSERM 1099 – University Rennes -1 (www.ltsi.univ-rennes1.fr)</p> <ul style="list-style-type: none">▪ Member of committees for the promotion of research in France▪ In charge of the teaching for cardiovascular imaging in the west part of France.	





<ul style="list-style-type: none">▪ Principal investigator for 2 randomized studies1) 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- In these two studies, the impact of cardiac imaging is specifically explored and potentially underscored.

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▪ 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"

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

Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Board of the French Society of Cardiology
If Yes, please specify:	Past-President of the French group for Cardio-vascular Imaging

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

1. Idiopathic/Iatrogenic Left Bundle Branch Block-Induced Reversible Left Ventricle Dysfunction: JACC State-of-the-Art Review. Auffret V, Martins RP, Daubert C, Leclercq C, Le Breton H, Mabo P, **Donal E**. J Am Coll Cardiol. 2018 Dec 18;72(24):3177-3188.
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. New Multiparametric Analysis of Cardiac Dyssynchrony: Machine Learning and Prediction of Response to CRT. **Donal E**, Hubert A, Le Rolle V, Leclercq C, Martins R, Mabo P, Galli E, Hernandez A. JACC Cardiovasc Imaging. 2019 Sep;12(9):1887-1888
5. Left Atrial Structure and Function, and Left Ventricular Diastolic Dysfunction: JACC State-of-the-Art Review. Thomas L, Marwick TH, Popescu BA, **Donal E**, Badano LP. J Am Coll Cardiol. 2019 Apr 23;73(15):1961-1977.
6. Pre- and postoperative tricuspid regurgitation in patients with severe symptomatic aortic stenosis: importance of pre-operative tricuspid annulus diameter. Dumont C, Galli E, Oger E, Fournet M, Flecher E, Leclercq C, Verhoye JP, **Donal E**. Eur Heart J Cardiovasc Imaging. 2018 Mar 1;19(3):319-328
7. Right ventricular exercise contractile reserve and outcomes after early surgery for primary mitral regurgitation. Vitel E, Galli E, Leclercq C, Fournet M, Bosseau C, Corbineau H, Bouzille G, **Donal E**. Heart. 2018 May;104(10):855-860.
8. Value of Myocardial Work Estimation in the Prediction of Response to Cardiac Resynchronization Therapy. Galli E, Leclercq C, Fournet M, Hubert A, Bernard A, Smiseth OA, Mabo P, Samset E, Hernandez A, **Donal E**. J Am Soc Echocardiogr. 2018 Feb;31(2):220-230.
9. Estimation of myocardial work from pressure-strain loops analysis: an experimental evaluation. Hubert A, Le Rolle V, Leclercq C, Galli E, Samset E, Casset C, Mabo P, Hernandez A, **Donal E**. Eur Heart J Cardiovasc Imaging. 2018 Dec 1;19(12):1372-1379
10. Multimodality imaging in the diagnosis, risk stratification, and management of patients with dilated cardiomyopathies: an expert consensus document from the European Association of Cardiovascular Imaging. **Donal E**, Delgado V, Bucciarelli-Ducci C, Galli E, Haugaa KH, Charron P, Voigt JU, Cardim N, Masci PG, Galderisi M, Gaemperli





O, Gimelli A, Pinto YM, Lancellotti P, Habib G, Elliott P, Edvardsen T, Cosyns B, Popescu BA; 2016–18 EACVI Scientific Documents Committee. Eur Heart J Cardiovasc Imaging. 2019 Oct 1;20(10):1075-1093.

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.



- 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.