



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	Associate Professor of Medicine
Family Name(s)	Marwan
First Name(s)	Mohamed
Birth Date	10.07.1979
Type of address	Business <input checked="" type="checkbox"/> Home <input type="checkbox"/>
Institute/Organisation	University Hospital Erlangen
Department	Cardiology Department
Address	Ulmenweg 18
Post Code/Zip	91054 Erlangen
City	Erlangen
Country	Germany

2. General Curriculum Vitae (300 words max)

PERSONAL DATA

Surname: Marwan
 First name: Mohamed
 Marital status: Married, 3 sons
 Nationality: German

EDUCATION / CERTIFICATES

May 2016 Associate Professor of Internal Medicine
 March 2012 German Boards of Cardiology
 December 2010 Doctoral degree
 Faculty of Medicine, Friedrich-Alexander University,
 Erlangen, Germany Grade 'MAGNA CUM LAUDE'
 May 2008 Kleines Deutsches Sprachdiplom (German language
 diploma, Goethe institute)
 November 2006 M. Sc. in Cardiovascular medicine
 Ain shams University, Faculty of Medicine, Cairo, Egypt
 Grade 'Excellent'
 December 2002 Bachelor of Medicine and General Surgery MB. Bch
 Ain Shams University, Faculty of Medicine , Cairo,
 Egypt Grade 'Excellent with Highest Honours'
 August 1996 Egyptian High School Diploma
 Class of 1996, Rank: 1st

LICENSURE/REGISTRATION

April 2012 Unrestricted license to practice medicine in Germany
 March 2004 Unrestricted license to practice medicine in Egypt.
 Egyptian Ministry of Health # 150814

EXPERIENCE

September 2018 Senior Consultant
 Friedrich-Alexander University, Erlangen, Germany
 Mar 2013 – Sept 2018 Attending/Staff Cardiologist
 Friedrich-Alexander University, Erlangen, Germany
 October 2012 – Feb. 2013 Resident – Cardiovascular Department
 Friedrich-Alexander University, Erlangen, Germany
 July 2011 – Sept 2012 Resident – Cardiology Department

Sept 2007- June 2011	Heart Center, Bad Segeberg, Germany Resident – Cardiovascular Department Friedrich-Alexander University, Erlangen, Germany
June 2004 – June 2007	Resident – Cardiovascular Medicine Department Ain Shams University Hospital, Cairo, Egypt
Mar2003- Mar 2004	Rotating intern Ain-Shams University Hospital, Cairo, Egypt

AWARDS:
ESC Best Poster Award 2015
SCCT Best Abstract Award 2018

LINGUISTIC SKILLS

Arabic	Mother tongue
German	Fluent written and spoken
English	Fluent written and spoken
French	Good knowledge

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

Past Head of the working group of Cardiac CT (AG 24), German Society of Cardiology (2018-2020)

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

Yes No

If Yes, please specify:

Working Group Cardiac CT, German Society of Cardiology

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

1. Non-invasive detection of coronary inflammation using computed tomography and prediction of residual cardiovascular risk (the CRISP CT study): a post-hoc analysis of prospective outcome data.



<p>Oikonomou EK, Marwan M, Desai MY, Mancio J, Alashi A, Hutt Centeno E, Thomas S, Herdman L, Kotanidis CP, Thomas KE, Griffin BP, Flamm SD, Antonopoulos AS, Shirodaria C, Sabharwal N, Deanfield J, Neubauer S, Hopewell JC, Channon KM, Achenbach S, Antoniades C.</p> <p>Lancet. 2018 Aug 24. pii: S0140-6736(18)31114-0. doi: 10.1016/S0140-6736(18)31114-0</p>
<p>2. CT-derived left ventricular global strain in aortic valve stenosis patients: A comparative analysis pre and post transcatheter aortic valve implantation.</p> <p>Marwan M, Ammon F, Bittner D, Röther J, Mekkhala N, Hell M, Schuhbaeck A, Gitsioudis G, Feyrer R, Schlundt C, Achenbach S, Arnold M.</p> <p>J Cardiovasc Comput Tomogr. 2018 May - Jun;12(3):240-244. doi: 10.1016/j.jcct.2018.01.010. Epub 2018 Feb 3</p>
<p>3. Comparison of invasively measured FFR with FFR derived from coronary CT angiography for detection of lesion-specific ischemia: Results from a PC-based prototype algorithm.</p> <p>Röther J, Moshage M, Dey D, Schwemmer C, Tröbs M, Blachutzik F, Achenbach S, Schlundt C, Marwan M.</p> <p>J Cardiovasc Comput Tomogr. 2018 Mar - Apr;12(2):101-107. doi: 10.1016/j.jcct.2018.01.012. Epub 2018 Jan 31</p>
<p>4. German cardiac CT registry: indications, procedural data and clinical consequences in 7061 patients undergoing cardiac computed tomography.</p> <p>Marwan M, Achenbach S, Korosoglou G, Schmermund A, Schneider S, Bruder O, Hausleiter J, Schroeder S, Barth S, Kerber S, Leber A, Moshage W, Senges J.</p> <p>Int J Cardiovasc Imaging. 2018 May;34(5):807-819. doi: 10.1007/s10554-017-1282-0. Epub 2017 Dec</p>
<p>5. Quantification of epicardial adipose tissue by cardiac CT: Influence of acquisition parameters and contrast enhancement.</p> <p>Marwan M, Koenig S, Schreiber K, Ammon F, Goeller M, Bittner D, Achenbach S, Hell MM. Eur J Radiol. 2019 Dec;121:108732. doi: 10.1016/j.ejrad.2019.108732.</p>
<p>6. Prospectively ECG-triggered high-pitch coronary angiography with third-generation dual-source CT at 70 kVp tube voltage: feasibility, image quality, radiation dose, and effect of iterative reconstruction.</p> <p>Hell MM, Bittner D, Schuhbaeck A, Muschiol G, Brand M, Lell M, Uder M, Achenbach S, Marwan M.</p> <p>J Cardiovasc Comput Tomogr. 2014 Nov-Dec;8(6):418-25. doi: 10.1016/j.jcct.2014.09.003. Epub 2014 Sep 16</p>
<p>7. Leaflet thrombosis following transcatheter aortic valve implantation.</p> <p>Marwan M, Mekkhala N, Göller M, Röther J, Bittner D, Schuhbaeck A, Hell M, Muschiol G, Kolwelter J, Feyrer R, Schlundt C, Achenbach S, Arnold M.</p> <p>J Cardiovasc Comput Tomogr. 2018 Jan - Feb;12(1):8-13. doi: 10.1016/j.jcct.2017.11.002. Epub 2017 Nov 9</p>





8. Accuracy of dual-source computed tomography to identify significant coronary artery disease in patients with atrial fibrillation: comparison with coronary angiography.
Marwan M, Pflederer T, Schepis T, Lang A, Muschiol G, Ropers D, Daniel WG, Achenbach S.
Eur Heart J. 2010 Sep;31(18):2230-7. doi: 10.1093/eurheartj/ehq223.
9. In vivo CT detection of lipid-rich coronary artery atherosclerotic plaques using quantitative histogram analysis: a head to head comparison with IVUS.
Marwan M, Taher MA, El Meniawy K, Awadallah H, Pflederer T, Schuhbäck A, Ropers D, Daniel WG, Achenbach S.
Atherosclerosis. 2011 Mar;215(1):110-5. doi: 10.1016/j.atherosclerosis.2010.12.006. Epub 2010 Dec 16
10. Detection of coronary artery stenoses by low-dose, prospectively ECG-triggered, high-pitch spiral coronary CT angiography.
Achenbach S, Goroll T, Seltmann M, Pflederer T, Anders K, Ropers D, Daniel WG, Uder M, Lell M, **Marwan M**.
JACC Cardiovasc Imaging. 2011 Apr;4(4):328-37. doi: 10.1016/j.jcmg.2011.01.012.

6. Hirsch Index to date, by Web of Science

Hirsch index 34
i10 index 70



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

Cardiovascular imaging has experienced, and is still experiencing tremendous advancements as far as hardware as well as software technology is concerned. In every day clinical routine, crucial decisions are daily being taken based on imaging findings. These decisions include changes to treatment strategies, performing further testing, recommending or adhering to preventive measures, and ultimately affect patient outcomes. Appropriate use of different imaging modalities which includes choosing the right modality, the right patient, adequate performance of the imaging test as well as professional reporting is crucial for providing high quality medical care. Furthermore, a growing body of scientific evidence is currently available that help guide and support the use of different imaging modalities in different disease constellations.

The EACVI represent a well-organized professional body that has the ability to influence the future of cardiovascular imaging and through it, guidance and continuous medical education can be provided for health care professionals across the globe. I would be honoured to have the chance to be part of this working group and share my knowledge on a broader scale through participating with experienced colleagues from different parts of the world in the EACVI Board.