



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 Dr	
Family Name(s)	Nijveldt	
First Name(s)	Robin	
Birth Date	4 Nov 1977	
Type of address	Business <input checked="" type="checkbox"/>	Home <input type="checkbox"/>
Institute/Organisation	Radboud University Medical Center	
Department	Cardiology	
Address	Geert Grooteplein Zuid 10	
Post Code/Zip	6525 GA	
City	Nijmegen	
Country	The Netherlands	



2. General Curriculum Vitae (300 words max)

From 1996-2002 I studied Medicine in Amsterdam. During my MD I focused on Cardiology and Radiology, and after a cardiovascular surgery program at St. Luke's Episcopal Hospital (Texas Heart Institute) I decided to become a cardiologist. In 2003 I started my PhD with Prof Dr Albert van Rossum at the VUmc (Amsterdam), and focused on cardiac MRI and Heart Failure, microvascular injury after STEMI and intracoronary cell therapy after primary PCI. At the end of my cardiology training, I visited the lab of Dr. Stephan Achenbach for a short fellowship in Coronary CT angiography, and worked as a post-doc research associate at the Duke CMR Center (Durham, NC), with Prof Dr Raymond J. Kim and Prof Dr Robert M. Judd. Back in the Netherlands, I worked at the VUmc as imaging cardiologist, and since 2017 in the Radboudumc (Nijmegen). My clinical work mainly focuses on CMR, echocardiography, cardiac CT and nuclear imaging. My research interests are in imaging of ischemic heart disease and reperfusion injury after STEMI, and heart failure in ischemic and non-ischemic cardiomyopathies (i.e. HCM, inflammatory heart disease). We do both experimental and clinical research, in close collaboration with the Radiology department, and we have good collaborative connections with imaging friends throughout Europe and US with the goal to improve patient outcome in a personalized approach.

I have been an active member of the EACVI section of CMR since 2014 (CMR certification and accreditation, nucleus member, member of the EACVI Industry Round Table Committee, the EACVI Research & Innovation Committee, and associate editor of the European Heart Journal - Cardiovascular Imaging).

Together with these fantastic teams of experts in CMR we are dedicated to motivate and educate cardiac imagers around Europe to use CMR, and further expand and improve the knowledge of CMR.



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

2014-present EACVI Certification and Accreditation Committee (CMR section)
2016-present SCMR Clinical Practice Committee member
2016-2018 Nucleus Member of the EACVI Section on CMR
2016-present Member of the EACVI Research & Innovation Committee
2016-present Member of the working group CMR, CT and Nuclear Cardiology of the Netherlands Society of Cardiology
2018 EuroCMR program chair SCMR/EuroCMR conference 2018 in Barcelona
2018-present Board member of the Netherlands Institute for Continuing Cardiovascular Education
2018-2020 Member of the EACVI Industry Round Table Committee
2018-present Associate Editor Netherlands Heart Journal
2018-present Associate Editor European Heart Journal - Cardiovascular Imaging
2019-present Board member scientific council of the Netherlands Heart Institute

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

Yes ☐ No ☒

If Yes, please specify:

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

1. Timing of revascularization in patients with transient ST-segment elevation myocardial infarction: a randomized clinical trial. Lemkes JS, Janssens GN, ...Nijveldt R, van Royen N. Eur Heart J. 2019 Jan 14;40(3):283-291.
2. Evaluation of Microvascular Injury in Revascularized Patients With ST-Segment-Elevation Myocardial Infarction Treated With Ticagrelor Versus Prasugrel. van Leeuwen MAH, van der Hoeven NW, ...Nijveldt R, van Royen N. Circulation. 2019 Jan 29;139(5):636-646.
3. Cardiac Magnetic Resonance for Evaluating Nonculprit Lesions After Myocardial Infarction: Comparison With Fractional Flow Reserve. Everaars H, van der Hoeven NW, ...Nijveldt R. JACC Cardiovasc Imaging. 2020 Mar;13(3):715-728.
4. Long-Term Prognostic Implications of Previous Silent Myocardial Infarction in Patients Presenting With Acute Myocardial Infarction. Amier RP, Smulders MW, ...van Rossum AC, Nijveldt R. JACC Cardiovasc Imaging. 2018 Dec;11(12):1773-1781.
5. Cardiovascular magnetic resonance techniques for tissue characterization after acute myocardial injury. Demirkiran A, Everaars H, Amier RP, ...Nijveldt R. Eur Heart J Cardiovasc Imaging. 2019 Jul 1;20(7):723-734.
6. Additional diagnostic value of CMR to the European Society of Cardiology (ESC) position statement criteria in a large clinical population of patients with suspected myocarditis. Biesbroek PS, Hirsch A, ...van Rossum AC, Nijveldt R. Eur Heart J Cardiovasc Imaging. 2018 Dec 1;19(12):1397-1407.
7. Functional recovery after acute myocardial infarction: comparison between angiography, electrocardiography, and cardiovascular magnetic resonance measures of microvascular injury. Nijveldt R, Beek AM, ...van Rossum AC. J Am Coll Cardiol. 2008 Jul 15;52(3):181-9.
8. Assessment of microvascular obstruction and prediction of short-term remodeling after acute myocardial infarction: cardiac MR imaging study. Nijveldt R, ...van Rossum AC. Radiology. 2009 Feb;250(2):363-70.
9. Intracoronary infusion of mononuclear cells from bone marrow or peripheral blood compared with standard therapy in patients after acute myocardial infarction treated by primary percutaneous coronary intervention: results of the randomized controlled HEBE trial. Hirsch A, Nijveldt R, van der Vleuten PA, ...van Rossum AC, Piek JJ, Zijlstra F; HEBE Investigators. Eur Heart J. 2011 Jul;32(14):1736-47.
10. Relation between the assessment of microvascular injury by cardiovascular magnetic resonance and coronary Doppler flow velocity measurements in patients with acute anterior wall myocardial infarction. Hirsch A, Nijveldt R, ... van Rossum AC, Piek JJ. J Am Coll Cardiol. 2008 Jun 10;51(23):2230-8.





6. Hirsch Index to date, by Web of Science

Publication metrics

PUBLICATIONS IN WEB OF SCIENCE	SUM OF TIMES CITED	H-INDEX	AVERAGE CITATIONS PER ITEM	AVERAGE CITATIONS PER YEAR
167	2,285	25 ^②	13.7	126.9

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

Over the last years, I have been an active member of the EACVI section of CMR, being member of the exam board for CMR certification and in the past 4 years as nucleus member for the EACVI CMR section. Together with a fantastic team of experts in CMR we are dedicated to keep the standards high for education and certification, and increase the knowledge of CMR for the whole Europe. We have the goal to motivate and stimulate cardiac imagers around Europe to use CMR, and further expand and improve the knowledge of CMR. In this role, I co-chaired the joint conference of the EACVI-CMR/SCMR, resulting in an extraordinary meeting in Barcelona 2018, with a record-breaking number of >1,800 attendants. Although situations such as the COVID-19 pandemic may change the world and the way we communicate and share knowledge, research and meet each other over time, I know that an association like EACVI has a crucial role to keep cardiologists throughout Europe unified, and maintain high standards of clinical care.

Cardiac imagers of today are able to act as multi-modality experts due to the existence of each section, joined in the EACVI, representing and securing a high standard of care, education and research. It is of great importance to continue to support the increasing interest in CMR, to teach the additional value of CMR and to expand the number of active CMR members, but also to collaborate and value our echocardiographic, CT and nuclear sections and to work in synergy. Additionally, there is a need for embracing the collaboration with radiologists these days to optimize the potential of CMR, and to recognize each other's strengths. I believe that the upcoming years offer a very important opportunity to align cardiac imaging experts and make it a continuing success.

