

UNIVERSITE de LILLE
INSTITUT CŒUR POUMON

Professeur Eric VAN BELLE

Lille,
February 8, 2024

**Professor Dariusz Dudek,
EAPCI Past President,
Chairman of EAPCI Nominating Committee
European Heart House,
Sophia Antipolis, France**

Dear Professor Dudek,

I would like to propose my name for your consideration as candidate for the position of President-Elect of EAPCI for the board 2024-2026.

Over the last 8 years, it has been an immense honor and privilege to serve as chair or co-chair of the Education/Training Committee and International Affair Committee of EAPCI. As, in addition to my clinical and research activities, I have a strong interest in training young interventional colleagues, I have mainly focused in organizing interventional training activities across ESC countries. With the support of the successive EAPCI boards, I had the opportunity to propose and lead the redaction of the **EAPCI Core Curriculum for Interventional Cardiology, published in EuroIntervention in 2020**, as well as the creation of the **EAPCI certification in interventional cardiology in 2018 (together with Professor Dudek)**. More recently, I have co-lead the redaction of the **2024 EAPCI Core Curriculum for Percutaneous Valvular and Structural Heart Disease Interventions**, involving a large group of experts, which is currently submitted for publication. **Together with Professor Dudek, I am currently leading the writing group of the 3rd edition of the EAPCI/ESC ATLAS in interventional cardiology.**

I am eager to continue serving our community, and I am proposing my candidature as President-Elect of the EAPCI election. My application is supported by the GACI which is the French Working Group of Interventional Cardiology. I hope that the nominating committee will give me the opportunity to run for this position.

At a time of increased sub-specialization and divergence of practice, if elected, my main goal will be to **mobilize EAPCI to reinforce unity and cohesion of our community**, and to engage the entire community in **shaping the future of interventional cardiology altogether**. This task will be conducted with the participation of all committees of the **5 EAPCI pillars**: Research, Education, Congress, Publications, Advocacy and Membership. This task will also be conducted through **partnerships with our official journal Eurointervention and our official congresses EuroPCR/PCRLV, actively promoting sessions, increasing the role of national working groups (NWGs) and supporting young EAPCI members.**

Interventional cardiology has reached a critical level of development. During the last 10 years, our field has expended rapidly to become a truly “global” medical specialty, managing almost all cardiovascular diseases, from coronary artery disease to heart valve disease and heart failure. In each area the technicity as well as the interactions with other medical specialists have increased dramatically. In this context, it is becoming more difficult for any interventional cardiologist to cover all new sub-specialties (CTOs, CHIP PCI, M-TEER, T-TEER, TAVI, ...) and practice is diverging more than before, a trend which will increase in the future. Important divergences of practices exist also among countries.

Interventional cardiologists are very unique **to be at the same time “clinicians” and “interventionalists”, providing an integrated and comprehensive management workflow** to patients from diagnosis, intervention and follow-up.

This is a major strength of our approach that should remain the backbone of our vision for the future and of our interaction with other cardiovascular specialists (imaging and heart failure specialists, cardiac surgeons, ...).

EAPCI is nothing if it does not represent our community in its full diversity (gender, age, geographical distribution, subspecialization, ...). **It is therefore crucial to engage all our colleagues**, including those **in-training** as well as nurse and allied professionals in our association, with concrete actions.

Another important mission of EAPCI is to continue to promote **excellence** in each subspecialty domain while **reducing disparities** among countries.

To achieve the **above goals my 3 main directions of actions will be:**

- Developing **partnership with other European and international societies and working** groups, through a networking approach in which EAPCI is the cornerstone. Among others we will:
- **Helping in-training interventionalists, which represent 17% of current EAPCI members, and young interventionalists (<40 years), which represent 50% of EAPCI members; to develop their career.** We will also facilitate their engagement in our association.
- **Position EAPCI as the voice** of our community in discussions with other medical partners (clinical and imaging cardiologists and surgical colleagues), both within ESC and outside, with the goal to **defend the vision of our community to improve patient care.**

I am confident to be able to accommodate this very demanding commitment with my clinical work. I believe that I have been successful in this regard as evidenced by my substantial contributions to EAPCI outputs and activities as highlighted in my application.

I have already substantially reduced other administrative activities to ensure that I am able to fully deliver my commitment to EAPCI activities. Further, to make myself even more available for my representative activities, if elected, I will suspend for the next 4 years all my executive and administrative activities at the Lille university hospital. I have already informed my team and the process of designing the replacement person has already been initiated.

I have secured 1.5 full day per week for my activities as president-elect of EAPCI and 2.5 full day per week to my activities as president.

I am confident that through a close collaboration with other EAPCI board members I will be able to successfully fulfil this important commitment.

My application to be candidate as President-elect respects all aspects of the EAPCI bylaws. In particular, it is important to remind that GACI, of which I am the current chair, is not a cardiac society but a working group. In addition, at the time of my tenure as EAPCI President(2026-2028), if elected, I will no longer be chair of that working group.

I would like to thank you, Professor Dudek, and the Nominating Committee for your kind consideration in evaluating my application as candidate for the position of President-Elect for the EAPCI board 2024-2026.

Yours sincerely,

Eric Van Belle, MD, PhD, FESC