



EAPCI
European Association of
Percutaneous Cardiovascular
Interventions



ESC
European Society
of Cardiology

European Association of Percutaneous Cardiovascular Interventions

Christoph K. Naber
Germany

Application for the following position in the EAPCI Board 2022-2024:

PRESIDENT-ELECT

Current position

SECRETARY

Profession

- X Interventionalist
- ☐ Healthcare Professional (Nurse, Radiographer, Technician) working in PCI
- ☐ Industry Professional
- ☐ Other

Additional Information

- X Fellow of the ESC
- X EAPCI Member
- X Member of another ESC Association (beyond EAPCI)
If yes, specify: Council on Valvular Heart Disease
- ☐ Active in an ESC Member Country
If yes, specify your country of work: Germany
- ☐ Member of a National Cardiac Society
If yes, specify: German Cardiac Society (DGK)
- ☐ Member of an Interventional Working Group
If yes, specify: German Working Group of Interventional Cardiology (AGIK)

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Christoph K. Naber, MD, PhD, FESC, FAPSIC
*Internal Medicine, Intensive Care Medicine,
General and Interventional Cardiology*

Current Details

Director of the Medical Department I
Internal Medicine, Cardiology & Intensive Care
Klinikum Wilhelmshaven

Adjunct Professor of Medicine
National University of Ireland
Galway, Ireland

Adjunct Professor of Medicine
University of Duisburg-Essen
Essen, Germany

Professional Background

Since 2019	Director, Internal Medicine, Cardiology, Pneumology and Intensive Care Medicine, Klinikum Wilhelmshaven, Wilhelmshaven, Germany
2018-2019	Assistant Director, Department of Cardiology, Stadtspital Triemli, Zuerich, Switzerland
2012-2018	Chief, Department of Cardiology and Angiology, Contilia Heart- and Vascular Centre, Elisabeth Krankenhaus Essen, Essen, Germany
2008-2012	Head of Cathlab, Interventional Cardiology, Contilia Heart- and Vascular Centre, Elisabeth Krankenhaus Essen, Essen, Germany
2008	Interventional Fellow, Clinique Pasteur, Toulouse, France
2005-2008	Senior Consultant, Department of Cardiology and Department of Angiology, West German Heart Centre, University Hospital Essen, Essen, Germany
2000-2005	Fellow, Department of Cardiology, West German Heart Centre, University Hospital Essen, Essen, Germany
1999-2000	Research Fellow, Institute for Pharmacogenetics, University Hospital Essen, Essen, Germany
1997-1999	Intern, Department of Cardiology, West German Heart Centre, University Hospital Essen, Essen, Germany
1996-1997	Intern, Department of Cardiology, Angiology and Pneumology, University Hospital Duesseldorf, Duesseldorf, Germany
1989-1995	Medical Studies, Ruhr-University Bochum, Bochum Germany

Other elected responsibilities (current & past):

2013-2020	Course-Director of AsiaPCR and AICT-AsiaPCR
2015-2017	Course-Co-Director Africa PCR
2008-2018	Editorial Board of EuroIntervention
Since 2016	Editorial Board of AsiaIntervention
Since 2012	Executive Board, Cardiovascular European Research Centre (CERC), Paris, France

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Previous experience in EAPCI, ESC or your National Bodies

Since 2019 coordinator of the 2nd EAPCI Atlas project

2015-2016 chairman of the Stent for Life Initiative founded by ESC, EAPCI and PCR

2013-2015 chairman of the executive board of the German Working Group of Interventional Cardiology

2007-2016 member of the executive board of the German Working Group of Interventional Cardiology

2004-2009 member of the ESC guideline task force on Infective Endocarditis

If you have been involved in EAPCI in the past, please specify the position(s) as well as the relevant date(s)

In particular, please indicate if you served in:

- | | |
|--|-----|
| • EAPCI Board 2020-2022 (under D. Dudek's leadership)? | Yes |
| • EAPCI Board 2018-2020 (under A. Baumbach's leadership)? | Yes |
| • EAPCI Board 2016-2018 (under M. Haude's leadership)? | Yes |
| • EAPCI Board 2014-2016 (under S. Windecker's leadership)? | Yes |
| • EAPCI Board 2011-2014 (under J. Fajadet's leadership)? | Yes |
| • EAPCI Board 2009-2011 (under C. Di Mario's leadership)? | No |
| • EAPCI Board 2006-2009 (under W. Wijns' leadership)? | No |

If you answered yes to at least one of these questions, please provide details.

2020-2022	Member of the EAPCI executive committee EAPCI Secretary
2018-2020	Member of the EAPCI board Chair of the National Cardiac Societies and International Affairs Committee Head of the Membership Column of EAPCI
2016-2018	Member of the EAPCI executive committee PCR representative
2014-2016	Member of the EAPCI board Chair of the Scientific Program and Congress Committee
2011-2014	Member of the EAPCI executive committee PCR representative Member of the Education Committee

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Publications in the field of PCI (selection)

1. Candiello A, Alexander T, Delport R, Toth GG, Ong PJL, Snyders A, Belardi J, Lee MKY, Pereira H, Mohamed A, Mayol J, Piek JJ, Wijns W, Baumbach A, **Naber CK**. How to set up regional STEMI networks: providing best possible STEMI care. *EuroIntervention*. 2021 Aug 17;EIJ-D-21-00694.
2. Wein B, Bashkireva A, Au-Yeung A, Yoculan A, Vinereanu D, Deleanu D, Pereira H, Pereira E, de Mello S, Rumoroso JR, Ganyukov V, Wijns W, **Naber CK**. Systematic investment in the delivery of guideline-coherent therapy reduces mortality and overall costs in patients with ST-elevation myocardial infarction: Results from the Stent for Life economic model for Romania, Portugal, Basque Country and Kemerovo region. *Eur Heart J Acute Cardiovasc Care*. 2019
3. Jensen CJ, Richardt G, Tölg R, Erglis A, Skurk C, Jung W, Neumann FJ, Stangl K, Brachmann J, Fischer D, Mehili J, Rieber J, Wiemer M, Schofer J, Sack S, **Naber CK**. Angiographic and clinical performance of a paclitaxel-coated balloon compared to a second-generation sirolimus-eluting stent in patients with in-stent restenosis: the BIOLUX randomised controlled trial. *EuroIntervention*. 2018;14(10):1096-1103.
4. **Naber CK**, Urban P, Ong PJ, Valdes-Chavarri M, Abizaid AA, Pocock SJ, Fabbiochi F, Dubois C, Copt S, Greene S, Morice MC; LEADERS FREE Investigators. Biolimus-A9 polymer-free coated stent in high bleeding risk patients with acute coronary syndrome: Leaders Free ACS sub-study. *Eur Heart J*. 2017;38(13):961-969.
5. **Naber CK**, Pyxaras SA, Ince H, Latib A, Frambach P, den Heijer P, Butter C, Colombo A, Kische S. A multicenter European registry to evaluate the Direct Flow Medical Transcatheter Aortic Valve System for the Treatment of Patients with Severe Aortic Stenosis. *EuroIntervention*. 2016 Dec 10;12(11): e1413-e1419
6. Pyxaras SA, Hunziker L, Chieffo A, Meliga E, Latib A, Park SJ, Onuma Y, Capranzano P, Vaglimigli M, Narbutė I, Makkar RR, Palacios IF, Kim YH, Buszman PP, Chakravarty T, Sheiban I, Mehran R, Margey R, Agnihotri A, Marra S, Capodanno D, Leon MB, Moses JW, Fajadet J, Lefevre T, Morice MC, Erglis A, Tamburino C, Alfieri O, Serruys PW, Colombo A, **Naber CK**. Long Term Clinical Outcomes after Percutaneous Coronary Intervention versus Coronary Bypass Grafting for Acute Coronary Syndrome from the DELTA Registry. *EuroIntervention*. 2016 Aug 5;12(5): e623-31.
7. Rosenhek R, Iung B, Tornos P, Antunes MJ, Prendergast BD, Otto CM, Kappetein AP, Stepinska J, Kaden JJ, **Naber CK**, Acartürk E, Gohlke-Bärwolf C. ESC Working Group on Valvular Heart Disease Position Paper: assessing the risk of interventions in patients with valvular heart disease. *Eur Heart J*. 2012 Apr; 33(7): 822–828.
8. Pyxaras SA, Zhang Y, Wolf A, Schmitz T, **Naber CK**. Effect of Varying Definitions of Contrast-Induced Acute Kidney Injury and Left Ventricular Ejection Fraction on One-Year Mortality in Patients Having Transcatheter Aortic Valve Implantation. *Am J Cardiol*. 2015 Aug 1;116(3):426-30.
9. Zhang Y, Pyxaras SA, Wolf A, Schmitz T, **Naber CK**. Propensity-matched comparison between Direct Flow Medical, Medtronic Corevalve, and Edwards Sapien XT prostheses: Device success, thirty-day safety, and mortality. *Catheter Cardiovasc Interv*. 2015 Jun;85(7):1217-25.
10. **Naber CK**, Ghanem A, Abizaid AA, Wolf A, Sinning JM, Werner N, Nickenig G, Schmitz T, Grube E. First-in-man use of a novel embolic protection device for patients undergoing transcatheter aortic valve implantation. *EuroIntervention*. 2012 May 15;8(1):43-50.

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What would you like to achieve if you were elected? Please provide your 3 main topics

Participation

An open and transparent invitation to active participation for all who wish to contribute to the mission of EAPCI is an issue which is close to my heart. It is one of the most important topics for the future of our association and includes individual physicians, NAP's and other healthcare professionals as well as national societies and working groups.

Equality

The invitation to participate in the mission of EAPCI must be equal and transparent for all members and partners. Equality is not something that can be simply stated. It needs to be actively managed and fostered.

Sharing

Sharing is a big word – but using our individual capabilities, talents and resources to support each other is a power that should not be underestimated. This requires good will from all parties and starts with the assessment of the needs of everybody involved.

For the coming period I would like to target specifically three groups:

- a) Women - first and foremost! Why? Because the portion of female interventional cardiologists grows every year - slowly, but steady. This is in contrast to the stagnating representation within official EAPCI. We all know, this cannot be changed by one simple election or expression of will, it requires a concentrated and consistent effort to prepare for the future.
- b) Young colleagues in their early career. Why? Because they are our future. This policy is not new and is followed by EAPCI since years. However, I believe we need to go one step further soon. Our young generation is self-conscious and strong. They will decide for the best offer and put their energy in the most promising projects only.
- c) National societies and working groups. Why? Because they, as the essential network EAPCI relies on, have only a minor representation within EAPCI. This was addressed by many colleagues during my time as chairman of the international committee – I believe they are right and now it is my opportunity to change this!

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At the end of my active period, I would like to have achieved the following:

1. A sustainable, transparent path for female interventional cardiologists and aspiring new talents into the leadership and governance of EAPCI.
2. A 1:1 gender rule for committee chairs and co-chairs in order to have equal opportunities for future EAPCI elections.
3. A strengthened impact of the national societies and working groups within EAPCI with a direct exchange on the respective needs and expectations, including the mutual support of our interventional curricula.
4. A sustainable representation of the national societies-, women-, young- and NAP-committees in the executive board in order to assure an appropriate, direct and informal exchange.
5. A stable, long-term collaboration between EAPCI, PCR, patient organizations and other stakeholders in the field beyond our current horizon.
6. Sustainability within EAPCI leadership by agreeing on mid- and long-term, strategic topics which will be inherited from president to president.

If you were elected, how do you envisage organizing yourself to accommodate this very time demanding additional commitment?

I have the great honor to serve the EAPCI community for more than 10 years now with a growing responsibility. I know what is expected and I think proved that I am willing and able to dedicate my time and energy to this task.

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