Given the 2-years mandate, beyond the secretarial tasks inherent to the elected position, I would like to focus my activity within the board on 3 main objectives:

- **Better and equal recognition of the primary PCI commitment throughout the EU**

Performing 24/24h primary PCI is the most important mission of interventional teams worldwide. This is, with no doubts, the most life-saving intervention an interventionalist can perform. Following the example of the pioneers who created the Stent for Life initiative, I would like to continue the work in this field with special focus on two objectives: enlarging the STEMI networks in developing countries and promoting a European campaign aimed at valorizing the recognition of this demanding professional endeavor. Indeed, there is still great disparity in the access to care worldwide as well as on the economic retribution to doctors and NAPS performing primary PCI between European Countries and I think that EAPCI should work on both aspects, the further availability of primary PCI as a life-saving care, and the acknowledgement that this important task deserves.

- **EAPCI educational opportunities**

Considering the substantial impulse that EAPCI and its associates and members have derived from my work as Chair of the Fellowship Grant Committee, I would like to continue cooperating with the EAPCI Board to further enlarge the possibilities of studying, training, and working on research projects for young cardiologist, by consolidating a standardized method for found-rising and engagement of training centers. In particular, obtaining a further increment of the number of grants, securing gender equity and helping candidates from Countries with limited opportunities as it has been done during my period as Chairman of the Fellowship and Grants committee.

- **Closer integration of the National Societies and EAPCI for a synergistic growth**

Reinforcing the presence and participation of the National Societies is a necessary step to consolidate the Association and to achieve its objectives, either those ongoing, like the European Certification of Interventional Cardiology, as those to come, as those proposed above (expansion and recognition of the stent for life program performed by PCI teams throughout the EU and out of EU). Countries with the larger EAPCI memberships will play a key role in this process, but also a larger participation of cardiologists all around Europe and neighbor Countries will be encouraged. In fact, I would like to propose to include in EAPCI other Countries that yet do not belong to the ESC Universe and to consider also a differentiated membership rate according to the candidate’s position and the Country economic situation, in particular those with lower incomes, and also for fellows and NAPS, not only for specialists younger than 40.