

Elections to EACVI Board 2018-2020

Application for the position:

**EACVI Vice-President-Elect (Cardiovascular
Magnetic Resonance)**



1. Your Identity	
Title	Dr
Family Name(s)	Nijveldt
First Name(s)	Robin
Birth Date	November, 4, 1977
Institute/Organisation	Radboudumc
Department	Cardiology
City	Nijmegen
Country	The Netherlands



2. General Curriculum Vitae (300 words max)

From 1996-2002 I studied Medicine at the Free University of Amsterdam. During my MD I focused my internship on Cardiology and Radiology, and after a cardiovascular surgery program at St. Luke's Episcopal Hospital (Texas Heart Institute, supervised by Dr. Denton A. Cooley and Dr. J. Michael Duncan) I decided to become a cardiologist. In 2003 I started a research program under supervision of Prof. Dr. Albert C. van Rossum at the VU University Medical Center (Amsterdam). The research projects focused on cardiac MRI and Heart Failure, and also the evaluation of intracoronary cell therapy after primary PCI. From 2008 to 2013 I did my cardiology training, visited the lab of Dr. Stephan Achenbach for a short fellowship in Coronary CT angiography, and worked from 2013-2014 as a post-doc research associate at the Duke Cardiovascular Magnetic Resonance Center (Durham, NC), under supervision of Prof. Dr. Raymond J. Kim and Prof. Dr. Robert M. Judd. Back in the Netherlands, I worked at the VU University Medical Center (Amsterdam), and since 2017 in Radboudumc (Nijmegen). My clinical work mainly focuses on CMR and echocardiography, but also involves CT and nuclear imaging. My research interests are in imaging of ischemic heart disease and microvascular injury after acute myocardial infarction, and heart failure in ischemic and non-ischemic cardiomyopathies (i.e. HCM, inflammatory heart disease). I have been an active member of the EACVI section of CMR since 2014, first as a member of the exam board for CMR certification and since 2016 as nucleus member. 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 CMR Exam Board member
2016-present SCMR Clinical Practice Committee member
2016-2018 Nucleus Member of the EACVI Section on CMR
2016-2018 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

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

Yes ☐ No ☒

If Yes, please specify:



5. Publications (please list 10 max)

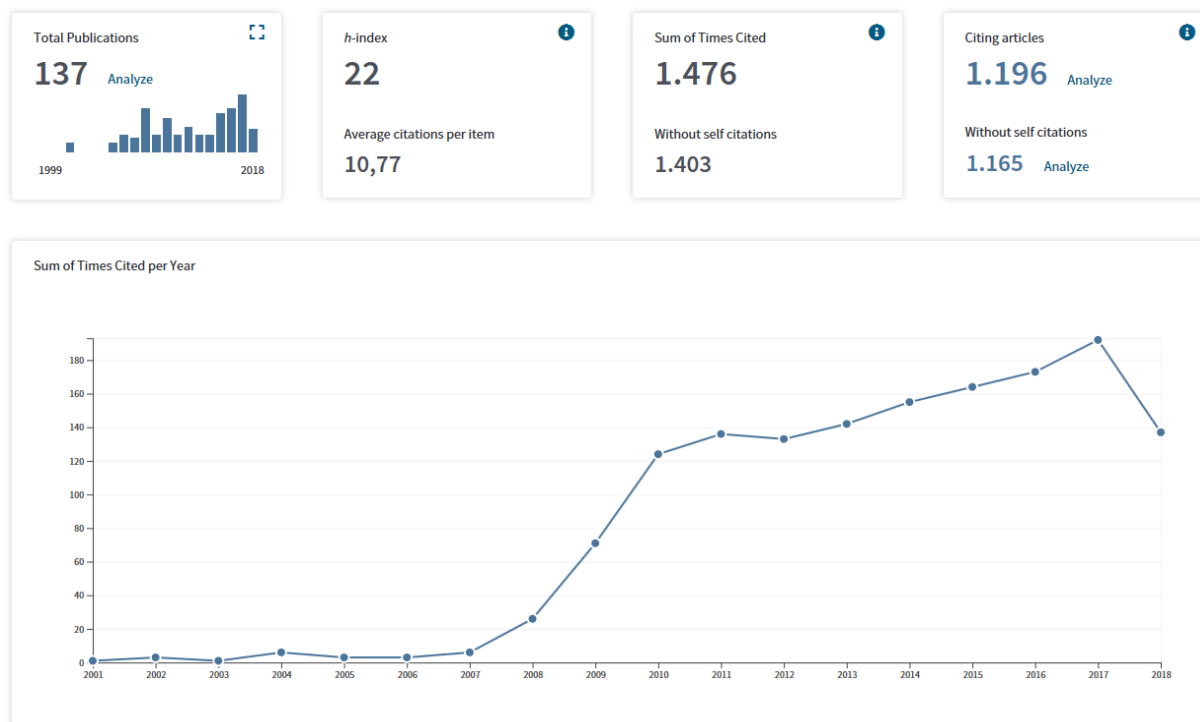
1. Nijveldt R, Beek AM, ..., van Rossum AC. Functional recovery after acute myocardial infarction: A comparison between angiography, electrocardiography and cardiovascular magnetic resonance measures of microvascular injury. J Am Coll Cardiol. 2008
2. Hirsch A, Nijveldt R, ..., Piek JJ. Relation between the assessment of microvascular injury by cardiovascular magnetic resonance and coronary Doppler flow velocity measurements in patients with acute anterior wall myocardial infarction. J Am Coll Cardiol. 2008
3. Nijveldt R, Hofman MBM, ..., van Rossum AC. Assessment of microvascular obstruction and prediction of short term remodeling after acute myocardial infarction: A cardiac MR imaging study. Radiology. 2009
4. Nijveldt R, van der Vleuten PA, ..., Zijlstra F. Early electrocardiographic findings and MR imaging-verified microvascular injury and myocardial infarct size. JACC Cardiovasc Imaging. 2009
5. Hirsch A, Nijveldt R..., Zijlstra F; on behalf of the HEBE investigators. 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. Eur Heart J. 2011
6. Robbers LF, Nijveldt R, ..., van Rossum AC. Cell therapy in reperfused acute myocardial infarction does not improve the recovery of perfusion in the infarcted myocardium: a cardiac MR imaging study. Radiology. 2014
7. Biesbroek PS, Heslinga SC, ..., Nijveldt R. Insights into cardiac involvement in ankylosing spondylitis from cardiovascular magnetic resonance. Heart. 2017
8. Amier RP, Tijssen RYG, ..., Nijveldt R. Predictors of Intramyocardial Hemorrhage After Reperfused ST-Segment Elevation Myocardial Infarction. J Am Heart Assoc. 2017
9. Biesbroek PS, Hirsch A, ..., Nijveldt R. 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. Eur Heart J Cardiovasc Imaging. 2017
10. Amier RP, Smulders MW, ..., Nijveldt R. Long-Term Prognostic Implications of Previous Silent Myocardial Infarction in Patients Presenting With Acute Myocardial Infarction. JACC Cardiovasc Imaging. 2018



6. Received Hirsch Index (Year / Index)

2018 / h-index 22

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7. Received Impact Factor(s) (Year / IF)

See indices at item 6.

Published in JACC, JACCimg, EurHJ, EHJCI, Radiology, Heart, European Radiology, JCMR, JAHA.



8. 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 2 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. Together with Chiara Bucciarelli-Ducci, Steffen Petersen, Sven Plein and Mark Westwood 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 section and the Society of Cardiovascular Magnetic Resonance (SCMR), resulting in an extraordinary meeting in Barcelona last year, with a record-breaking number of >1,800 attendants.

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.

It would be a great honor to be given the opportunity to be elected vice-president for the CMR section of the EACVI, and support and represent the cardiac imagers of today.