

Elections to the Board 2014-2016

**Application for
the position:
Board Counciller**



1. Your Identity

Title: Prof.

Family Name(s): GERBER

First Name(s): Bernhard

Birth Date: 06/07/1967

Type of address: Business

**Institute/Organisation: Cliniques Universitaires St. Luc, Université
Catholique de Louvain**

Department: Cardiology

Address: Av. Hippocrate 10/2803

Post Code/Zip: B-1200

City: Brussels

State / Province:

Country: Belgium

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2. General Curriculum Vitae (300 words max)

I graduated as a medical doctor from the Université Catholique de Louvain, Brussels Belgium in 1992. From 1992-1998, I performed my internal medicine fellowship and my cardiology specialization at the Cliniques Universitaires St. Luc in Brussels, Belgium. During this time I became interested in non-invasive cardiac imaging and performed a 2 year clinical research fellowship in cardiac PET. After obtaining my cardiology specialization in 1998, I performed a 3 years clinical and research fellowship at the Johns Hopkins Hospital in Baltimore MD to learn cardiac MR. In 2001, I returned to the Cliniques Universitaires St. Luc, Université Catholique de Louvain, Brussels Belgium, where I still work today. In 2011 I was nominated as Clinical Professor of Medicine at the Université Catholique de Louvain.

My clinical activities are to perform non-invasive cardiac imaging with echocardiography, cardiac MR, and CT: i.e. I currently perform and report approximately 3000 transthoracic and 500 transoesophageal echocardiographies annually. I established the use of both cardiac MR and cardiac CT in our institution, and currently I direct the cardiac MR program, and perform and report approximately 600 cardiac MR/year. I am level 3 certified in cardiac MR, and trained more than 15 fellows in cardiac MR. I also direct, together with the radiology department, cardiac CT in our institution.

My research activities were dedicated on the use and cross-comparison of different non-invasive imaging techniques, notably PET, cardiac MR, cardiac CT and echocardiography in ischemic and valvular heart disease. In this field I published more than 90 papers. Since 2005, I am fellow of the ESC (FESC), and since 2011 fellow of the ACC (FACC). I am currently treasurer and nucleus member of the working group for cardiac MR, and member of both the echo association and CT working group. I was recently appointed Associate Editor of the European Heart Journal Cardiovascular Imaging.

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

2002-2006: Nucleus Member of the working group of cardiovascular MR (WG 21) of the ESC.

2010-2014: Treasurer of the working group of cardiovascular MR (WG 21) of the ESC.

2012-2014: Nucleus Member of the Belgian Working Group for Non-invasive Cardiac Imaging.

2014: Associate Editor European Heart Journal CV Imaging

4. Publications (please list 10 max)

1. Gerber BL, Vanoverschelde JL, Bol A, Michel C, Labar D, Wijns W, Melin JA. Myocardial blood flow, glucose uptake, and recruitment of inotropic reserve in chronic left ventricular ischemic dysfunction. Implications for the pathophysiology of chronic myocardial hibernation. *Circulation*. 1996 15;94(4):651-9.
2. Edvardsen T, Gerber BL, Garot J, Bluemke DA, Lima JA, Smiseth OA. Quantitative assessment of intrinsic regional myocardial deformation by Doppler strain rate echocardiography in humans: validation against three-dimensional tagged magnetic resonance imaging. *Circulation*. 2002;106(1):50-6.
3. Gerber BL, Belge B, Legros GJ, Lim P, Poncelet A, Pasquet A, Gisellu G, Coche E, Vanoverschelde JL. Characterization of acute and chronic myocardial infarcts by multidetector computed tomography: comparison with contrast-enhanced magnetic resonance. *Circulation*. 2006;113(6):823-33.
4. Gerber BL, Garot J, Bluemke DA, Wu KC, Lima JA. Accuracy of contrast-enhanced magnetic resonance imaging in predicting improvement of regional myocardial function in patients after acute myocardial infarction. *Circulation*. 2002 106(9):1083-9.
5. Gerber BL, Rochitte CE, Melin JA, McVeigh ER, Bluemke DA, Wu KC, Becker LC, Lima JA. Microvascular obstruction and left ventricular remodeling early after acute myocardial infarction. *Circulation*. 2000 13;101(23):2734-41.
6. Gerber BL, Rousseau MF, Ahn SA, le Polain de Waroux JB, Pouleur AC, Philips T, Vancaeynest D, Pasquet A, Vanoverschelde JL. Prognostic value of myocardial viability by delayed-enhanced magnetic resonance in patients with coronary artery disease and low ejection fraction: impact of revascularization therapy. *J Am Coll Cardiol*. 2012;59(9):825-35.
7. Kefer J, Coche E, Legros G, Pasquet A, Grandin C, Van Beers BE, Vanoverschelde JL, Gerber BL. Head-to-head comparison of three-dimensional navigator-gated magnetic resonance imaging and 16-slice computed tomography to detect coronary artery stenosis in patients. *J Am Coll Cardiol*. 2005;46(1):92-100.
8. le Polain de Waroux JB, Pouleur AC, Goffinet C, Pasquet A, Vanoverschelde JL, Gerber BL. Combined coronary and late-enhanced multidetector-computed tomography for delineation of the etiology of left ventricular dysfunction: comparison with coronary angiography and contrast-enhanced cardiac magnetic resonance imaging. *Eur Heart J*. 2008 (20):2544-51.
9. Gerber BL, Rochitte CE, Bluemke DA, Melin JA, Crosille P, Becker LC, Lima JA. Relation between Gd-DTPA contrast enhancement and regional inotropic response in the periphery and center of myocardial infarction. *Circulation*. 2001 Aug 28;104(9):998-1004.
10. Barone-Rochette G, Piérard S, de Meester C, Seldrum S, Melchior J., Maes F, Pouleur AC, Vancaeynest D, Pasquet A, Vanoverschelde JL, Gerber BL. Prognostic Significance of Late Gadolinium Enhancement by Cardiac Magnetic Resonance in Patients with Aortic Stenosis undergoing Valve Replacement. *J Am Coll Cardiol* 2014; 64:144-54

5. Received Impact Factor(s) : Year / IF

Total IF 456 as first/last author: 239

Annual IF: 26.3 as first/last author 14

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5. Received Hirsch Index : Year / Index

2014: h score: 32

Annual h score 1.88 /year

7. Why are you interested in joining the EACVI Board (150 words max)?

I consider myself a non-invasive imaging specialist, who is not focused on a single technical method, but who views and employs the whole arsenal of available imaging modalities, as tools for improving patient care. Therefore I am very grateful for the creation of the Association of Cardiovascular Imaging, as the first international structure to unify all cardiac imaging techniques. I would like to join the Board of this Association to promote several important objectives: 1) to work together with other specialists in the field to help defining strategies and recommendations for choosing the optimal imaging approach for different clinical situation with the aim of improving patients outcome. This will be indeed a major challenge in the future, giving the current setting of limited resources, 2) to defend imaging as a whole, as an important part of cardiology practice in the ESC, 3) to promote knowledge and training of cardiologists in all of the different imaging modalities and 4) to defend vs regulatory bodies the point that all types of cardiac imaging should be performed exclusively by cardiology specialists with understanding of cardiovascular pathology and physiology.