

## **Elections 2014-2016, EACVI Section on Nuclear Cardiology & Cardiac CT**



**Application for the position:  
Section Vice-Chair  
Nuclear Cardiology & Cardiac CT**

### **1. Your Identity**

**Title: MD, PhD, FESC**

**Family Name(s): Nieman**

**First Name(s): Koen**

**Birth Date: 18 June 1973**

**Type of address: Business**

**Institute/Organisation: Erasmus Medical Center**

**Department: Cardiology**

**Address: 's-Gravendijkwal 230**

**Post Code/Zip: 3015 CE**

**City: Rotterdam**

**Country: The Netherlands**

**Mobile Phone**

**Phone:**

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### **2. General Curriculum Vitae (300 words max)**

#### **Current Positions (Erasmus MC, Rotterdam, NL)**

- Associate Professor Cardiovascular Imaging
- Cardiology and Radiology staff member
- Director Cardiac CT and MRI Research
- Medical Director Intensive Cardiac Care Unit
- Visiting Lecturer Svendborg Hospital, Odense University, Denmark

#### **Educational & Professional History**

- Cardiac Imaging Fellowship, Cardiac CT/MR/PET program, Massachusetts General Hospital, Harvard Medical School, Boston, USA (2004-05)
- Cardiology Specialization, Erasmus MC, Rotterdam, NL (2002-08)
- Cardiac Imaging Research Fellowship, Erasmus MC, NL (2000-03)
- Medical Engineering Fellowships, Akita/Nasu, Japan (1999)
- Medicine, Radboud University, Nijmegen, NL (1991-98)

#### **Scientific output:**

- 130 peer-reviewed papers
- 15 book chapters
- 2 books co-edited

#### **Miscellaneous:**

- Editorial board of EHJ-CVI and JCCT
- Secretary Section NC/CT of the EACVI
- Chair Dutch working group Cardiac CT/MRI/Nuclear Cardiology
- Netherlands Vascular Forum (board)
- SCCT program committee and international committee

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

#### **Current functions:**

- Nucleus member and secretary of the EACVI section (formerly WG) Nuclear Cardiology and Cardiac CT
- EACVI guideline committee
- EACVI research & innovation committee
- Euro-ECHO/CVI program committee
- Chairman of the working group Nuclear Cardiology, Cardiac MR and Cardiac CT of Dutch Cardiology Association (NVVC)
- Program committee for the Dutch Institute for Continued Cardiovascular Education (CVOI)

### **4. Publications (please list 10 max)**

1. Nieman, ...Reliable noninvasive angiography with fast MSCT. Circulation 2002
2. Nieman, ... Coronary angiography with multi-slice computed tomography. Lancet 2001
3. Mollet, Cademartiri, Nieman, K, ...MSCT angiography in stable angina... JACC 2004
4. Meijboom, ... Diagnostic accuracy of 64-slice CT coronary ... JACC 2008
5. Hoffmann, Moselewski, Nieman, ... Noninvasive assessment of plaque and composition in culprit and stable lesions in ACS by MDCT. JACC 2006
6. Serruys, ... A bioabsorbable everolimus-eluting coronary stent system (ABSORB): 2-year outcomes and results from multiple imaging .. Lancet 2009
7. Genders, Steyenberg, Nieman...Prediction model to estimate presence of CAD: retrospective pooled analysis of existing cohorts. Br Med J 2012
8. Nieman, .... MSCT angiography for noninvasive assessment of the 18M performance of a novel radiolucent bioresorbable scaffolding device. JACC 2013
9. Schaap, ... Incremental diagnostic accuracy of hybrid SPECT/CT .... EHJ – CVI 2013
10. Rossi, ... Hyperaemic myocardial blood flow by dynamic CT .... EHJ – CVI 2014

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

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### **6. Received Hirsch Index : Year / Index**

**Web of Science: 31**  
**Google Scholar: 35**

### **7. Why are you interested in applying for the Vice-Chair position of the Section on NC&CCT of EACVI (150 words max)?**

As a result of unprecedented technical innovation over the past decades advanced cardiac imaging is now part of daily clinical practice throughout Europe. This exciting development also creates new challenges for the cardiology community. How do we train the next generation of cardiologists, but also those professionals practicing today, to perform these examinations and interpret the images? How do we maintain an integrated patient-oriented approach, and avoid single modality thinking? How do we interact in synergy, rather than in conflict, with our colleagues in nuclear medicine and radiology, to obtain mutually gratifying collaborations to achieve the best clinical care? In this perspective training and accreditation will play an ever important role. More than before diagnostic procedures need to be justifiable, to patients and hospital management, but also to health insurance providers and policy makers. To consolidate the position of cardiac imaging, there is a demand for more robust scientific confirmation, which can only be obtained by international research partnerships. The EACVI offers the platform to achieve these goals, and I would be honored to further contribute, and represent the section of Nuclear Cardiology and Cardiac CT.