

Ciro Indolfi, MD
Italy

**Application for the following position in the EAPCI Board:
PRESIDENT-ELECT**

Current position

Professor of Cardiology
Director, Division of Cardiology,
Chief, Department of Medical and Surgical Sciences, University Magna Graecia, Italy

Profession

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

Additional Information

- Fellow of the ESC.
- EAPCI Member.
- Member of a National Cardiac Society
If yes, specify: Italian Society of Invasive Cardiology GISE
- Member of an Interventional Working Group
If yes, specify: SIC, Italian Society of Cardiology

General CV (as it pertains to PCI)

Ciro Indolfi is an internationally recognized interventional cardiologist. He is full professor of Cardiology, Director of the Regional Centre of Excellence for the Endovascular Treatment of Cardiovascular Diseases at the Campus Germaneto, UMG. From 1986 to 1987 he was assistant at the Division of Cardiology University of California, USA, directed by Dr. John Ross Jr.. Prof. Indolfi was assistant professor at the Federico II University. He was President of the Italian Society of Invasive Cardiology (GISE). He dedicated his academic life to the organization of national scientific societies and to educating young cardiologists in the School of GISE, in Masters for interventionalists and in the Board of Cardiology. In recent years, Prof. Indolfi devoted himself to the organization of multimedia systems in interventional Cardiology, organizing the web site at the University Federico II and in 2000 the web site at the UMG. He founded the Gise web site. He was the first in Italy to introduce the education of interventional cardiology for young fellows using webinars and web-based TV. He was Editor of the Italian edition of Cath Sap of the American College of Cardiology. Member of the Board of Minimal Data Setting of the European Cardiology Society. He was nominated FESC and FACC. He participated to the 2005-Guidelines for Coronary angioplasty of the ESC. He was the Editor-in-chief and the founder of Emodinamica, the official Journal of GISE. On April 25, 2006 was honorary awarded by the President of Italian Republic with the title of Officer of the Italian Republic. The research of Prof. Indolfi is attested by a number of manuscripts published in prestigious international journals, by seminars and presentations by invitation at national and international (Europe, Asia, USA) conferences. Prof. Indolfi is a reviewer for several international journals such as Circulation, J Am Coll Cardiol, J Clin Invest, Nature Medicine, Basic Res Cardiol, Am J Cardiol, among the others.

Previous experience in EAPCI, ESC or your National Bodies

Prof. Indolfi was involved in many ESC activities including invited speaker and invited chairman in courses and meetings organized by the ESC. In addition he was a member of the committee of the Minimal Data Setting PCI of the European Society of Cardiology, Member of the committee of the European Society of Cardiology for the Guidelines on PCI.

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

As past President of the GISE, he promoted the STENT-FOR-LIFE initiative in Italy. He was involved in the interaction with STENT-FOR-LIFE program with regional agency to increase primary PCI in Calabria.

Publications in the field of PCI (max 10)

1. Administration of a Loading Dose Has No Additive Effect on Platelet Aggregation During the Switch From Ongoing Clopidogrel Treatment to Ticagrelor in Patients With Acute Coronary Syndrome.
G. Caiazzo, S. De Rosa, D. Torella, C. Spaccarotella, A. Mongiardo, S. Giamp, M. Micieli, E. Palella, E. Gulletta, C. Indolfi
Circulation: Cardiovascular Intervention 2014 Jan 21. [Epub ahead of print]
2. Pathophysiology of aortic stenosis and approach to treatment with percutaneous valve implantation.
Spaccarotella C, Mongiardo A, Indolfi C.
Circ J. 2011;75(1):11-19
3. Drug-eluting stents versus bare metal stents in percutaneous coronary interventions (a meta-analysis).
Indolfi C, Pavia M, Angelillo IF.
Am J Cardiol. 2005 May 15;95(10):1146-52.
4. Molecular mechanisms of in-stent restenosis and approach to therapy with eluting stents.
Indolfi C, Mongiardo A, Curcio A, Torella D.
Trends Cardiovasc Med. 2003 May;13(4)
5. Physical training increases eNOS vascular expression and activity and reduces restenosis after balloon angioplasty or arterial stenting
Indolfi C, Torella D, Coppola C, Curcio A, Rodriguez F, Bilancio A, Leccia A, Arcucci O, Falco M, Leosco D, Chiariello M.
Circ Res. 2002 Dec 13;91(12):1190-7.
6. Effects of hydroxymethylglutaryl coenzyme A reductase inhibitor simvastatin on smooth muscle cell proliferation in vitro and neointimal formation in vivo after vascular injury.
Indolfi C, Cioppa A, Stabile E, Di Lorenzo E, Esposito G, Pisani A, Leccia A, Cavuto L, Stingone AM, Chieffo A, Capozzolo C, Chiariello M.
J Am Coll Cardiol. 2000 Jan;35(1):214-21.
7. Limb vasoconstriction after successful angioplasty of the left anterior descending coronary artery.
Indolfi C, Piscione F, Ceravolo R, Maione A, Focaccio A, Rao MA, Esposito G, Condorelli M, Chiariello M.
Circulation. 1995 Oct 15;92(8):2109-12.
8. Inhibition of cellular ras prevents smooth muscle cell proliferation after vascular injury in vivo.
Indolfi C, Avvedimento EV, Rapacciuolo A, Di Lorenzo E, Esposito G, Stabile E, Feliciello A, Mele E, Giuliano P, Condorelli G, et al.
Nat Med. 1995 Jun;1(6):541-5.

9. The role of heart rate in myocardial ischemia and infarction: implications of myocardial perfusion-contraction matching.
Indolfi C, Ross J Jr.
Prog Cardiovasc Dis. 1993 Jul-Aug;36(1):61-74.
10. Role of alpha 2-adrenoceptors in normal and atherosclerotic human coronary circulation.
Indolfi C, Piscione F, Villari B, Russolillo E, Rendina V, Golino P, Condorelli M, Chiariello M.
Circulation. 1992 Oct;86(4):1116-24.

What would you like to achieve if you were elected?

In the 2-year Presidency I will dedicate specific effort to:

- Disseminate the EAPCI's mission mainly focused to promote excellence in invasive and interventional cardiovascular care. The EAPCI will achieve this mission through physician education and the advancement of quality standards, as well as programs for patients, their families and the public (with Public Education Campaigns).
- EAPCI Web site improvement, implementation of a new EAPCI APP for apple store and android for dedicated e-books/position papers, monthly newsletter, Guidelines, etc.
- The EAPCI webinars will be introduced and dedicated to new techniques/devices, and to the education of young interventionalists, especially for some countries. Webinars will provide unparalleled low-cost opportunities to learn from others who have successfully overcome hurdles that stand in the way of quality improvement and to ask specific questions based on unique circumstances.
- To organize a EAPCI Fellow program.
- Organize Surveys on line and to visually communicate the survey results in a compelling and easy-to-understand way. EAPCI will develop an infographic that will featured on ESC meeting and distributed via Twitter, Facebook etc. The infographic will also serves as an educational tool for heart disease patients and families and will be downloaded online from EAPCI.
- Quality and Appropriateness of Care.
- The selection of early-career interventional cardiologists to participate in the Top Interventionalist Program (TIP), a collaborative program developed by EAPCI in partnership with the ESC and PCR.

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

I have organized a Division of Cardiology with 39 doctors that can independently perform the routine work and therefore I'll have free time to dedicate at EAPCI.

Due to my tenure-track academic position, I have the freedom to stay abroad.

In addition, if I will be elected, I'll resign from my position of the Director of the Board in Cardiology of the University Magna Graecia.

Finally, a system of secretaries and executive assistants will help me in the management of the routine work at the EAPCI.