

## EDITOR'S PAGE

# April in Paris

Okay, it was not April. It was May, and the chestnut blossoms were a bit past their prime, but the choice of Paris as the venue for EuroPCR was a good one. Moving the meeting back to Paris from Barcelona resulted in a record-breaking attendance, and I have to congratulate William Wijns, the program chair, Jean Marco, and all of the organizers for their success. The interventional meeting, as with its parent meeting, the European Society of Cardiology Scientific Session, is becoming the largest in the world. Of course, logistics and geography play a great role in the expanding number of participants, but the less-restrictive industry sponsorship also plays a role. For all of the European physicians, as well as physicians from countries in the Middle East and the Asian subcontinent, travel to Paris is much easier than to the U.S. I heard comments that the U.S. is being eclipsed by these large events and that the organizations in North America well-known for their scientific sessions should not compete with each other but should get together. After all, with the ACC, AHA, TCT, SCAI, and others, there are many competing interests. But the question is: what are we competing for?

Walking the floor of the exhibits gives one clear answer. The displays were extensive (after all, there are about 22 approved stents in Europe and everyone wants their say) and the space was usually filled with delegates. One industry representative said that having a concentrated few days with so many of their customers made great business sense. I am sure this is correct, and if the main purpose of scientific sessions is to have a profitable trade show, then this metric is met with very large events.

But is this the prime purpose of a “scientific session?” It seems that reporting important research as it impacts clinical practice and having educational venues that convey optimal ways of treating patients, new techniques, and the exchange of ideas among colleagues is also important. Do not get me wrong—the organizers of the Paris meeting did an admirable job of providing opportunities for all of these educational goals. The theme of the meeting, “Think Globally, Act Locally,” although not original with medicine, reflected the application of group evidence applied at the personalized level. Cases, either live or pre-recorded, seemed less hurried, giving time for questions of not only “how” but “why” to be answered. Concepts presented ranged from clinical decision-making through technical aspects to the anticipated short- and long-term outcomes. The delegates obviously found sessions dealing with expert and audience interaction especially appealing since rooms dealing with these subjects were overflowing. A topic of great interest was the experience with transcatheter aortic valve implantation, a technique that has been applied in Europe in over 10,000 cases. Many have had early experience in the technique, but the sharing of problems encountered seemed equally valid whether they were presented by audience participants, the designated speakers, or panel members. Here, the interaction of surgeons and cardiologists was particularly refreshing.

This event was not without problems, such as over-subscribed sessions with attendees unable to get into popular presentation rooms. This is a problem that also plagues the ACC scientific session from time-to-time when the organizers are unable to predict the popularity of certain topics.

My take-home lesson was not that meetings should compete to be the biggest, but that we should constantly expand the quality of the educational experience. The EuroPCR meeting has grown from a small experiment in Toulouse started by Jean Marco. Likewise, the European Society of Cardiology Scientific Session, modeled after the ACC and the AHA sessions, has become perhaps the largest cardiology meeting.



Spencer B. King III,  
MD

Editor-in-Chief,  
*JACC: Cardiovascular  
Interventions*

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One of the things I have learned from interviewing leaders of several national societies is that cost containment in medicine is not limited to any one country, but is of great interest for all economies of the world. As the economic and regulatory considerations become globalized, meetings of constantly increasing size may no longer be possible, but this should not deter our competition for quality, which will enhance the value of these events for all cardiovascular physicians and our patients.

When I was president of the American College of Cardiology we hosted Dr. Lars Ryden, then president of the ESC, at Heart House to incorporate ideas into the development of the ESC Heart House and their organization.

The staff of the ACC was an important resource for the ESC development. We should celebrate the dynamic expansion of this educational mission. I believe we can all continue to learn from each other, not how to be bigger, but how to be better.

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**Address correspondence to:**

Spencer B. King III, MD  
Editor-in-Chief, *JACC: Cardiovascular Interventions*  
Saint Joseph's Heart and Vascular Institute  
5665 Peachtree Dunwoody Road, NE  
Atlanta, Georgia 30342  
[sbking@sjha.org](mailto:sbking@sjha.org)