



The Society for Cardiovascular Angiography and Interventions

President's Page

SCAI Is The Voice of Congenital and Structural Heart Disease Interventionalists

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As I (CJK) sat wondering what to say about this topic, I reflected back to 1929 when Werner Forssman founded the field of invasive cardiology by advancing a urinary catheter through his own basilic artery to the heart. I was overwhelmed at just how far we have come in a relatively short period of time. The pioneering work of Kanji Inoue in advancing mitral balloon valvuloplasty in 1984, the first percutaneous atrial septal defect closure in 1976 by Terry King and of course the first percutaneous valve replacements by Philipp Bonhoeffer and Alain Cribier in the early 2000's have initiated the field of catheter-based therapies for congenital and structural heart disease. This field has continued to grow at an explosive pace and there is no sign that this will change in the foreseeable future. This is partially fueled by the tremendous success of randomized controlled trials. Two year outcomes in the COREVALVE pivotal trial suggest that percutaneous aortic valve replacement for symptomatic patients with aortic stenosis is not only *as good* but is actually *superior* to conventional surgery in high risk patients.

It is now clear that many patients with congenital or structural heart disease who traditionally would have



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been treated with open surgical procedures will increasingly receive catheter-based therapies. Further propelling the growth in congenital heart disease and structural heart disease (CHD/SHD) interventions is the increasing numbers of adults with congenital heart disease. These patients are living longer due in part to advances in our specialty and will need additional treatments. There are now more adults than children with congenital heart disease.

SCAI has advocated from the beginning for the safe and effective growth of the nascent CHD/SHD field. SCAI has ensured that proceduralists not only have access to innovative catheter-based therapies by advocating on their behalf to the FDA, but also that they are

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appropriately compensated for these procedures through their representation on important American Medical Association committees such as the Current Procedural Terminology (CPT) Editorial Panel and the Relative Value Update (RUC) Committee. SCAI has played an integral role in expediting approval and compensation for procedures such as percutaneous pulmonic and aortic valve replacement, percutaneous mitral valve repair, and ASD and VSD closure. Recognizing the CHD/SHD space as a key component of future growth in interventional medicine, SCAI has organized its SCAI CHD Council and SCAI SHD Committee to be the voice of SCAI regarding all issues pertaining to this field. The SCAI's SHD Committee focuses on important SHD issues in a rapidly changing regulatory landscape. The SCAI SHD committee is currently working to ensure safe and effective dissemination of newly approved left atrial appendage occlusion technology as well as developing a suitable pathway for reimbursement for percutaneous closure of prosthetic paravalvular leak. Similarly, the SCAI CHD Council has focused on mechanisms by which the CHD interventional community can advocate synergistically within and beyond SCAI, and in partnership with the SHD Committee, towards advancing access to and approval of devices and technologies that serve our patient populations. The SCAI CHD council has also been working to foster the consistently rigorous and collaborative educational forums that serve the needs of pediatric interventionalists, trainees, and other professionals in this unique and highly specialized domain.

Ensuring patient access to these important therapies is a priority for SCAI. SCAI is dedicated to making sure that third party payers provide coverage for their patients for these new and often expensive treatments. SCAI has a long history of successfully lobbying third party payers to provide coverage in line with published data and FDA approvals to allow SCAI members to provide state of the art care to their patients.

The SCAI has a strong commitment to our membership and to the public to ensure not only patient access to important therapies but also that physicians are well trained in the safe and effective application of the many new CHD/SHD procedural techniques. SCAI is deeply committed to training and education. The annual SCAI Fall Fellow's course (which includes a separate track for congenital heart disease trainees), regular webinars, the SCAI website, the early career working group all provide testimony to SCAI's focus on training and education of future CHD/SHD proceduralists. SCAI has been integral in developing training standards for physicians who wish to embark on a career in CHD/SHD intervention because it is clear that the cognitive and technical skillsets required in this field are different from traditional adult interventional medicine. We embrace the concept of a dedicated fellowship for the purpose of CHD/SHD interventional training and are currently compiling a list of CHD/SHD fellowships which will be posted on SCAI's website. SCAI was the leader in developing the recently released guide for operators and institutions contemplating initiating a left atrial appendage occlusion program [1].

As we look to the future, we anticipate further growth and expansion of the CHD/SHD field. SCAI, more than any other society, is positioned to represent health care professionals who work in this field. Unbiased training, education, and advocacy are the hallmarks of our Society and make us proud to be members. The SCAI *is* and will *continue to be* the society representing invasive cardiovascular specialists including pediatric interventionalists, structuralists, and adult interventionalists that treat pediatric patients.

REFERENCES

1. Kavinsky CJ, Kusumoto FM, Bavry AA, Bailey SR, Ellenbogen KA, Hess PL, Lustgarten DL, Moussa ID, Spies C. SCAI/ACC/HRS Institutional and operator requirements for left atrial appendage occlusion. *Catheter Cardiovasc Interv* 2016;87:351–362.