



The Society for Cardiovascular Angiography and Interventions

SCAI President's Page

A Dozen Reasons You Should Attend SCAI's 30th Annual Scientific Sessions

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In September, I had the pleasure of writing about the success of the Society's Annual Scientific Sessions in Chicago [1]. Just a few months from now, SCAI's 30th Anniversary Scientific Sessions will begin. Planning for this meeting began almost immediately after our Chicago meeting and this has already developed into an event both adult and pediatric interventional cardiologists, as well as cath lab professionals, should not miss. With this President's Page devoted to an update on the upcoming 2007 annual meeting, I am pleased to invite Dr. Ted Feldman, Program Chair for the meeting, as a coauthor. Dr. Feldman was the Program Chair for last year's highly regarded meeting in Chicago.



Although Dr. Feldman is too modest to allow his role as the meeting's chair to be listed as one of the 12 reasons you should come to Orlando, May 9–12, his experience organizing scientific meetings plus talent and dedication to the Society's annual meeting make this a gathering you do not want to miss.

Now, a few more reasons:

1. *You Really Can Get It All.* The goal of our annual meeting is to organize and then present all of the news and information that interventional cardiologists need to stay up-to-date in their field. This is vital to making our meeting distinct from regional meetings that cannot present comprehensive updates and the mega-meetings that are so large it is difficult for an attendee to "get it all," no matter how much one scrambles between sessions. At a large meeting, the material is often compartmentalized into small component parts that the attendee must then reassemble to understand a particular topic. In contrast, the SCAI Program Committee tries to concisely package all the information that practitioners need.

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Consider drug-eluting stents (DES): If our meeting were longer, we could offer numerous 2 hr sessions on individual stents, as occurs at some of the largest meetings. However, we do not allot that kind of time, nor do we think that is why interventional physicians come to SCAI. Instead, what SCAI delivers is a single 2 hr session with concise updates in the field of DES. As a result, you will leave our DES session fully updated on the topic and be ready to apply that knowledge to your patients when you return home.

2. *You Get It All Under a Single Roof.* Although exercise is good, another advantage of the SCAI Annual Scientific Sessions is that you do not have to walk long distances across a huge convention center, arriving late at the talk you really wanted to hear, or brave the weather between venues. No shuttle buses, no cabs, no wandering around looking for the hotel where a session or committee meeting you need to attend is located. Although our membership is growing, it is SCAI's commitment to keep the meeting manageable for attendees. Accordingly, the Society has worked hard to keep the meeting comparatively small, but not too small. We hope to keep our annual meeting "right-sized," thus allowing attendees to move between sessions and still have time to chat with an old friend, make a new one, or linger after a talk to ask follow-up questions of the presenter.

3. *SCAI Never Neglects the Basics of Interventional Cardiology.* Another aspect of the meeting we are particularly proud of is SCAI's emphasis on the fundamentals, hemodynamics and imaging being two primary examples. These are the building blocks of interventional cardiology upon which the next generation of interventionalists are trained. These fundamentals are sometimes neglected at other meetings, but not at the SCAI meeting. We treat them as the cornerstones of our Scientific Sessions by offering:

- The *Judkins Cardiac Imaging Symposium* (chaired by Dr. Warren K. Laskey);
- The Society's new all-day *CT Imaging Symposium* (chaired by Dr. John Hodgson), featuring case-based reviews designed to help attendees get prepared for certification requirements;
- The *Hemodynamic Symposium* (chaired by Drs. Zoltan S. Turi and Morton J. Kern); and
- The *Interventional Training Directors' Symposium* (moderated by Dr. Joseph Babb).

4. *SCAI's Faculty: Top Experts in Their Fields.* The importance of recruiting faculty who are recognized experts in the field is obvious, but that's not the secret to the Program Committee's success. The secret is ensuring each speaker gets *the right assignment*. With the meeting focus on synthesizing an educational program that has

the right balance between detailed and too-detailed, each speaker is asked to address an appropriately narrow, but not too narrow, topic, and to stress the relevant material practitioners need in their everyday practice.

Two good examples are this year's Hildner Lecturer, Dr. Donald Baim, and Founders' Lecturer, Dr. Alain Cribier. Dr. Baim is an internationally recognized leader in the development and evaluation of new devices dating back to the time of "plain old balloon angioplasty" (POBA), a phrase that he coined. Don was a Professor of Medicine at Harvard Medical School and Senior Physician at Brigham and Women's Hospital and has recently become the Executive Vice President and Chief Medical and Scientific Officer at Boston Scientific Corporation. Over the years, he has developed an amazing perspective on the major breakthroughs in catheter-based intervention, which he will share while providing a forward look at developing areas with the greatest potential to influence patient care.

Dr. Cribier is Chief of Cardiology at the University Hospital in Rouen, France. He has been at the forefront of catheter therapy for two decades and is a pioneer in aortic valvuloplasty. He developed percutaneous mitral commissurotomy with the metallic valvulotome and is the inventor of the Cribier-Edwards aortic heart valve. In Orlando, he will present a historic overview of transcatheter aortic valve implantation, including his insider's view on where the field is going and how these technological advances are likely to revolutionize the care of patients with heart valve disease.

5. *SCAI Creates a Forum for Interaction.* In addition to assembling the leaders in interventional cardiology, the Society makes these experts uniquely available to attendees. Often when we ask members what they like most about the SCAI Scientific Sessions, they tell us that in few other venues do speakers linger after giving a talk and encourage attendees to approach them with specific comments or questions about their presentation. The intimate, collegial atmosphere of SCAI's Scientific Sessions follows from the care we are taking to keep the meeting at the right size to preserve this flavor. This is becoming a more difficult balancing act for the Society, but preserving the interactive nature of our meeting is a priority.

Of course, the interaction is also of a social nature. The meeting presents ample opportunities, and time, for meeting old acquaintances and making new friends. The Presidents' Reception among the exhibits on Thursday night and Friday night's Annual Banquet are fun-filled events hosted by the Society. At the time of this writing, the location of the Annual Banquet had not been confirmed, but several venues unique to Orlando are under consideration.

6. *SCAI Has Become Home to Congenital Heart Disease Specialists.* The Congenital Heart Disease Symposium is a core component of our Scientific Sessions. The program that Chairs Drs. Evan Zahn and David Nykanen are developing promises to feature attendees' favorites. The very popular "I Blew It" case-review session will be back so that attendees and experts can analyze nightmare cases from the recent past. Experience has always been one of the best teachers, and this session provides "real-world" advice to help you avoid trouble. The number of adults with corrected congenital heart disease is increasing and represents a challenge to adult cardiologists. The Congenital Heart Disease program's expert faculty will bring together adult and pediatric specialists for a combined session on the key issues these patients face in adulthood and the delivery of optimal care to this expanding population.

7. *SCAI's Peripheral Symposium: Head to Toe, Literally.* Saturday's all-day Peripheral Symposium (chaired this year by Dr. Steve Bailey after many years of outstanding service by Dr. Chris White) provides a comprehensive update on peripheral vascular disease. The symposium includes a review of the latest in non-invasive methods for detection of disease plus presentation of both the standard and emerging endovascular therapies. In keeping with the philosophy for the rest of the meeting, the symposium is comprehensive and all in one place.

8. *SCAI Brings Posters, and Now Case Reports, to Attendees in Electronic Format.* It seems no one ever has time to browse through all the posters, even though they are a unique showcase of what is happening in our field. Last year, SCAI piloted a way to revitalize this oft-overlooked facet of many meetings. Capitalizing on the electronic submission now commonly used for meetings, SCAI featured posters on large plasma screens throughout the meeting area. The posters were cycled through a rotation each day of the meeting. Attendees' found their attention captured by a poster they had not seen the day before. A spin-off of presenting posters in this format was a return to the days when meetings were smaller and some posters drew crowds of attendees for impromptu discussion about an interesting study.

As far as we know, SCAI was the first society to electronically display poster presentations in this manner. Feedback from the 2006 meeting was so positive that we now are also planning to have plasma screens for interesting case reports. Starting at the meeting in Orlando, SCAI will feature unpublished case reports submitted by members, and we fully expect we will see the same phenomenon we saw last year with the electronic posters: small groups of attendees clustered

around each screen, reading and discussing the reports during breaks and between sessions.

9. *Case Review Is Built into the Structure of the SCAI Meeting.* Year after year, no matter how much time is dedicated to case management and angiographic review, attendees consistently ask for more. Because our meeting is attended by physicians who are immersed in the challenges of day-to-day practice, there is always a desire for a forum to discuss the realities of those tough cases we all encounter. What we have consistently heard from you is that you want a forum to hear how others would handle these challenging situations. This expectation has been shared with the Program Committee and they have responded.

Case review is now a constant at the SCAI meeting. At any given time during the meeting, three sessions are running concurrently and at least one of the three is focused on reviewing cases. In addition, the C3 Summit (chaired by Dr. Jeff Popma), Saturday's new *CT Imaging Symposium* (chaired by Dr. John Hodgson), and portions of the *Congenital Heart Disease Symposium* (chaired by Drs. Evan Zahn and David Nykanen) are based on case review. Last year, attendance at the C3 Summit was overwhelming and more popular than anticipated. Although we had an overflow room for viewing, some were turned away. The focus of this session remains on interventional fellows, but this year we are making arrangements for a larger room that will allow all those interested to attend.

10. *SCAI's Exposition: The Vendors You Need.* The goal of SCAI's Exposition is to provide for our attendees access to the vendors they count on to stock their cath labs and supply rooms. Unlike the overwhelming atmosphere that exists in the exhibit halls at some meetings, SCAI wants attendees to have their needs met efficiently. That means finding the companies you are interested in and being able to converse with the representatives who are interested in your needs.

11. *SCAI's Unique Open-Door Welcome.* Something you will rarely find in other organizations is SCAI's open-door policy on committee meetings. As in most professional societies, our committees are the individual cylinders of the SCAI engine. These groups of dedicated members volunteer their time to keep the Society moving forward, addressing issues that affect how we care for our patients. However, in contrast to many other organizations, SCAI encourages members in good standing to attend the committee meeting of their choice. Throughout the day on Wednesday, May 9, committees will assemble in hotel meeting rooms to continue their ongoing work. We invite you to attend any of the meetings that interest you and introduce yourself to the chair(s) and members. They will be happy to share the committee's charge and cur-

rent priorities, and will welcome your ideas and questions. There is no better way to get involved in your Society.

12. *Orlando!* Finally, we cannot fail to mention our terrific venue for this year. Again, the size of the SCAI meeting works to our advantage, giving the Society the flexibility of selecting venues that will not work for all meetings. This year Orlando beckons. The city is, of course, famous for its Disney attractions, Universal Studios, and SeaWorld and we hope you will have the opportunity to relax, enjoy these, and also partake in the other activities Orlando offers.

So, these are twelve reasons to attend the Society's 30th Annual Scientific Sessions, but there is actually one more—it's *you*. By your attendance at this meeting, you will contribute to the community and culture

of SCAI...your Society. It should be evident by now that this meeting promises to be of great value and interest to everyone who works in the field of interventional cardiology. I hope to see you there. To register for the meeting, log on to www.scai.org, or call 800-992-7224. We look forward to seeing you May 9–12 in Orlando, FL.

I would appreciate your thoughts on the annual meeting and other topics. Please write to me at president@scai.org.

REFERENCE

1. Dehmer GJ. Return to Chicago—The 29th annual scientific meeting of SCAI. *Catheter Cardiovasc Interv* 2006;68:500–503.