

The Society for Cardiovascular Angiography and Interventions

SCAI President's Page

SCAI's Growing International Presence: A Benefit for All Members

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In past installments of the "President's Page" in *CCI* and in "Messages" in the Society's newsletter, I have informed you about SCAI's rapidly expanding international activities. Hopefully these communications have given you an idea about the scope of our Society's growing, mutually beneficial partnerships with other societies and colleagues around the world. The year 2005 was very productive! Equally important, the Society's relationships with other societies advancing the cause of interventional cardiology show every sign of strengthening in 2006.

This month, I would like to share my thoughts with you (and hear back from you!) as to why SCAI's international activities benefit **all** of us, wherever we live and work.

Education as a "Two-Way" Street

Last year SCAI was tremendously honored by the opportunity for SCAI's President to deliver the welcoming address at the first Asia Pacific Interventional Advances (APIA) conference. More than 400 interventional cardiologists from fourteen nations assembled for this global educational experience. I was privileged to meet informally

with many colleagues with varying life circumstances but with the common bond of our work. This experience reinforced the idea that as interventionalists we face many of the same challenges regardless of where we practice. Examples: How can we best incorporate new technologies into practice? How should we evaluate ever-expanding treatment options? How can we stay current?

APIA Chairs Drs. Suku Thambar and Rohan Jayasinghe developed an extraordinary program where all of us — presenters and attendees alike — learned from one another. It was clearer than ever that education is a two-way street — and that we all have much to learn from one another, wherever we live and practice.

The 2005 SCAI Scientific Sessions in Ponte Vedra Beach, FL, was another example of the value of global

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Drs. Joe Babb and Chris Cates with colleagues during the APIA carotid simulation training program.

participation in education where both presenters and attendees learn from one another. SCAI welcomed experts from all over the world, and was deeply honored by their presence. They represented the Asia-Pacific Society of Interventional Cardiology (APSIC), Brazilian Society of Interventional Cardiology (SBHCI), European Society of Cardiology (ESC), Italian Society of Interventional Cardiology (GISE), Japanese Society of Interventional Cardiology (JSIC), Society of Latin American Interventional Cardiology (SOLACI), the Argentine College of Interventional Cardiology (CACI), and the Spanish Society of Interventional Cardiology. These speakers provided all of us expertise both in their practice of interventional cardiology and issues in their health care systems.

Partnerships Break New Ground

Shared goals are the foundation of most successful partnerships. The Asian International Cardiovascular Therapeutics (AICT) meeting held in Singapore last year launched an important new relationship for the Society. The invitees included our Immediate Past President, Mike Cowley, Joe Babb, Bob Bersin, Chris Cates, and me. We had the opportunity to interact with leaders of APSIC, including the permanent secretary, Lim Yean Leng from Perth, Australia, the APSIC president Robaayah Zambahari from Kuala Lampur, Malaysia, the secretary-general, Sim Kui Huan of Sarawak, Malaysia, and the AICT course directors, Tan Huay Cheem and Lim Yean Teng from Singapore.

During the AICT meeting, attendees practiced their skills on carotid stenting simulation-training workstations manned by Drs. Cates, Cowley, and Bersin. Simulation training will likely prove to be an important training approach both for established procedures by new operators and for new procedures by established operators. The organizers of the AICT conference shared SCAI's interest in simulation training as an educational tool and SCAI's



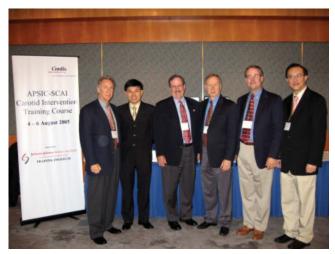
Live case and panel discussion at the December APIA conference.

commitment to offering the highest-quality education in carotid stenting. Our mutual goals made for a successful educational meeting for attendees as well as the beginnings of a mutually beneficial long-term friendship. The AICT organizers have invited the Society to participate in the 2006 meeting in New Delhi, India, and we look forward to it!

I want to stress that the concept of mutual, respectful partnership is key to SCAI's philosophy in participating in international education and guideline activities. Joe Babb, speaking in his capacity as both an SCAI Past President and the current International Committee chair, has eloquently stated the Society's goal: "International partnerships are based on mutual respect, collaboration, and friendship. We have much to learn from each other." With this credo, we can all help our profession grow and improve patient care.

Quality as a Universal Goal

The desire to improve patient care is the foundation of SCAI's mission and is an individual goal for each of us independent of our Society affiliation. SCAI's Board of Trustees has had international representation for many years. In its global efforts, our Society is still in the formative stages and those who have advanced those efforts can rightly be called "pioneers." I offer as one example the dedicated service of Dr. Adolfo Cosentino, a former Trustee who received SCAI's Distinguished Service Award in 2005 for his work as the Society's ambassador in Latin America. Dr. Cosentino laid much of the groundwork for SCAI's strong relationships with SOLACI and CACI. For years, SCAI has participated in the Congresses of these and other Latin American societies, and they have assisted us in many of our efforts. For example, in the recent past, SCAI has been pleased to offer joint symposia with SOLACI, to exhibit at the annual meetings of both societies, and



At the AICT meeting, from left, Drs. Barry Uretsky, Tan Huay Cheem, Joe Babb, Michael Cowley, Chris Cates, and Lim Yean Teng.

to share our insights on the development of standards and guidelines.

Likewise, we have welcomed the input of these organizations to improve patient care. Interestingly, input from our overseas partners, such as SOLACI and others, has proven valuable to SCAI's advocacy efforts in the United States. We tend to think of SCAI's advocacy effort as the one aspect in SCAI's mission that is specific to the U.S. arena, but the input from overseas has shown that that is not necessarily the case. And here is why: When working with governmental and regulatory agencies, one of the most powerful and persuasive tools is to provide accurate data! Our friends overseas have often shared with us reliable data on outcomes of various treatment strategies that we used in discussions with our government agencies. This example illustrates the concept that medical care transcends political boundaries. We therefore anticipate that our advocacy efforts in the United States will ultimately be of similar use to our colleagues in other countries as they deal with their governmental agencies to improve health care.

The World as the "Talent Pool"

Before I close, I should offer a significant statistic: Today, SCAI's ranks include members from 69 countries. The majority of members practice in the United



At the CACI meeting, from left: Dr. Alejandro Palacios, CACI Immediate Past President Dr. Antonio Pocovi, Ms. Galdis Loza, CACI President Dr. Alberto Sanpaolesi, and Dr. Adolfo Cosentino.

States, but international membership has grown considerably in the last decade, from 29 (in 1989), to nearly 350 today. We are a diverse group, and our diversity is one of our greatest strengths.

The interventional cardiology community is comprised of many talented individuals. The Society encourages participation by ALL of its members, bringing those talents together for the pursuit of our mission. The more of us who work within the Society toward the shared interests of the interventional community, the greater becomes the value of the Society. By ensuring that our "talent pool" is drawn from our members and friends throughout the world together, we can make a difference in education, in guidelines, and above all in excellence in care.

At present we conduct our global transactions through electronic conferencing and telecommunications. As technology improves, it is easy to envision a worldwide leadership meeting regularly at a "virtual table" in a convenient way to all and simulating the value of face-to-face meetings. I look forward to that day very soon!

I would like to hear your thoughts on this topic: please contact me at president@scai.org