

The role of the Asian-Pacific Society of Interventional Cardiology (APSIC) in the future of interventional cardiology

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The Asian-Pacific Society of Interventional Cardiology (APSIC) was officially formed during the third live demonstration course held in Singapore in July 1993, in the presence of 35 representatives from the region. Founded initially by 11 eminent cardiologists who were convinced that the growth in interventional cardiology in the 21st century would be in Asia, the group had the vision to provide a forum in which Asia-Pacific experts could share knowledge and expertise in the field of catheter-based therapies, and to develop a joint academic research and education programme. Membership of APSIC was to be conducted through their national cardiac societies. It would come under the umbrella of the Asian-Pacific Society of Cardiology (APSC) and the President would be a member of the APSC Council.

Drs Richard Ng and Arthur Tan were elected to be the first President and Secretary General of APSIC, respectively, for a term of three years. An APSIC newsletter was first published on 29 September 1993, designed to feature regular updates of scientific development, and to share interesting cases and literature reviews among the interventional cardiology fraternity. The APSIC website

(<http://www.apsic.net>) was set up in 2006 to facilitate information flow among members and others.

In the 20 years of its existence, the APSIC has made progress in its growth and development. The APSIC now boasts membership from 20 Asian-Pacific countries, with 273 fully-fledged fellows, including members from Australia and New Zealand, and Gulf States such as Saudi Arabia and Kuwait. It has a permanent secretariat based in Hong Kong.

Under the current APSIC Board (**Figure 1**), the Society has embarked on two broad initiatives. The first of these is to raise the standard of catheter-based therapies in the region through scientific and training activities, and to connect with the rest of the world through collaborative educational opportunities. The Society has its own official scientific meeting called Asian Interventional Cardiovascular Therapeutics (AICT). In the recent, 10th AICT meeting held in Jakarta, Indonesia, from 17th to 29th November 2014, a total of 881 delegates from 35 countries attended, supported by 151 regional and international faculties. It was a resounding success, as delegates had the opportunity to interact closely with the faculties

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Figure 1. APSIC Board members at 10th AICT Meeting in Jakarta, Indonesia, 2014.

in a congenial environment marked by true Asian hospitality. The learning experience for delegates was greatly enhanced by the presence of many societies and organisations, such as the Society of Cardiovascular Angiography & Intervention (SCAI) which runs the Fellows course, the LUMEN Global on STEMI, EuroPCR, Korea TCTAP and the India National Intervention Council (NIC). It is this spirit of sharing that APSIC will be embracing in the coming years. We intend to participate actively in all international meetings whenever the opportunity arises. The 11th AICT meeting will be held in Dhaka, Bangladesh, from 13th to 15th November 2015.

There is already an increasing flurry of research publications and trials originating from Asia. Not surprisingly, therefore, the second initiative of the APSIC is to promote collaborative research activities among member countries, and to bring together the strengths, resources and know-how of the Asia-Pacific region as a single entity. Most of the research studies are either single-centre or single-country based. The APSIC Research Committee, ably led

by Dr Michael Lee from Queen Elizabeth Hospital, Hong Kong, started the first initiative, namely the Asian Pacific Transcatheter Aortic Valve Implantation (APTAVI) Registry. This initiative is supported by 10 centres from eight countries. The framework of collaboration has been developed based on analyses of outcomes, cost-effectiveness, quality of care, transparency in data analyses and equity among collaborators, so as to facilitate access and publication of relevant analyses. It is hoped that the APTAVI registry will set the template for future collaboration in the region.

As I enter my second year as President of the APSIC, I am optimistic about the growing presence of APSIC in the global arena and look forward to engaging members and the various world bodies for the common good of providing excellent cardiac endovascular care to our patients.

Conflict of interest statement

The author has no conflicts of interest to declare.