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Interventional cardiology in Asia Pacific: the rise of the young-generation interventional cardiologist

Ashok Seth[1]*, FRCP, FESC, DSc; William Wijns[2,3], MD, PhD

1. Fortis Escorts Heart Institute, New Delhi, India; 2. The Lambe Institute for Translational Medicine and Curam, National University of Ireland, Galway, Ireland; 3. Saolta University Healthcare Group, Galway, Ireland

By the time you all read this, the historic first meeting of AICT-AsiaPCR will be in full progress, representing a landmark partnership between the Asia Pacific Society of Interventional Cardiology and PCR. Having been a part of the development and growth of Interventional Cardiology in Asia Pacific for the last 30 years, I feel proud to witness the astounding contribution of Asia-Pacific interventional cardiology to science, research, techniques and technology, indigenous devices and thought leadership, especially over the last 15 years[1].

I reminisce about the early 1990s, the balloon angioplasty and "cutters and drillers" era, when a few of us from this part of the world started getting together formally at various live courses in Singapore, Australia, India and Japan, to share our knowledge, exchange our experiences and help to improve expertise and patient outcomes. At that time there were perhaps only two or three committed operators from each country, with strong beliefs and convictions to extend the boundaries of interventional cardiology and break down the borders across Asia Pacific to take this specialisation forwards. By the late 1990s, some of us started to travel regularly to other countries, to train and establish angioplasty expertise, and this helped the growth of interventional cardiology in the Philippines, Indonesia, Thailand, Malaysia, Brunei and even China. We also started formal training of fellows from neighbouring countries where interventional cardiology was non-existent. This informal yet powerful friendship and camaraderie amongst the Asia-Pacific countries helped to propagate the massive growth in interventional cardiology that we have seen over the last 15 years.

On a visit to Delhi 20 years ago, Professor Jean Marco made the statement that "it is not just how expert you are, it is how you can pass that expertise to your fellows". Well, the statement is truer today in Asia-Pacific interventional cardiology than ever before. Most Asia-Pacific countries share a common socio-economic fabric ... the rapid growth of interventional cardiology over a short time frame has led to a proliferation of cath labs even in smaller cities, being served by young-generation interventional cardiologists (IC). In some countries they form nearly fifty percent of the workforce performing interventional procedures; they are

**Corresponding author: Fortis Escorts Heart Institute, Okhla Road, Sukhdev Vihar Metro Station, New Delhi – 110025, Delhi, India. E-mail: ashok.seth@fortishealthcare.com*

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keen, motivated, passionate, and eager to learn more and do better. So the opportunity for seniors to share and teach is greater than ever before. AICT-AsiaPCR is clearly designed for the young-generation interventionalists to satisfy their yearning for learning and sharing. It also provides them with an Asian platform to present their unusual cases, and their scientific and research work, to the world.

But we need to do more. I was impressed by the concept, the belief and the Charter of the "Companions" across the world, unveiled at EuroPCR this year (https://www.pcronline.com/About-PCR/pcr-charter). Our young-generation IC in Asia Pacific are looking for experience, advice and guidance every day as they are sometimes faced with the most difficult cases under demanding circumstances. They need a friend, philosopher and guide. They need MENTORSHIP as never before and we seniors owe this to them.

Information technology now allows "mentoring" through multiple modalities and at short notice, even "real-time advice" on a complex in-lab problem. In India a WhatsApp group of nearly 250 young-generation IC, along with some seniors, share details and cines and images of complex intervention cases, ask for opinions and discuss within the group "how would you do it?", and finally, after a day, how it was done, with expert comments from seniors. Over 24 hours, evidence-based strategies are proposed, IVUS and OCT findings are discussed and, finally, the case is closed. The daily WhatsApp group discussion on 2-3 difficult cases and their solutions is truly an educationally enriching experience. Patient confidentiality is maintained as no names are taken or shown.

As we continue our progress in interventional cardiology in Asia Pacific, let each senior resolve to be a MENTOR on a daily basis to at least 20 young-generation IC who may be practising in smaller centres with no peer support. This is not just for continuing medical education, it is not just a friend in need and it is not just providing comfort or confidence, but it is for improving outcomes on a real-time basis for our patients and community.

Conflict of interest statement

W. Wijns reports grants from Abbott Vascular, grants from MicroPort and grants from MiCell and he is co-founder of Argonauts, an innovation facilitator. A. Seth is external scientific advisors to Meril Life Sciences Pvt. Ltd.

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