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CARDIOPULSE

# Jeroen Bax MD PhD President of the European Society of Cardiology

## He is a little more than halfway through his 2-year term as President of the European Society of Cardiology (ESC), but Jeroen Bax can already hear the clock ticking

'I knew my time in office would go by quickly,' said Bax. 'What surprised me most is the intensity of it all. There are so many issues everyday that only the president can resolve. And it requires constant balancing between long-term planning and short-term management.'

For this cardiovascular imaging professor from Leiden University Medical Center (LUMC) in the Netherlands, the solution is all about preparation. 'If you prepare properly, if your objectives are clear and you organise carefully, you improve your odds for success. But I also realise that running such a large society like the ESC is like steering a huge cruise ship. You should make minimal course changes and probably no more than by 1 or 2 degrees. You need to work within the margins you have, and follow the direction set by your predecessors, in my case Fausto Pinto, Panos Vardas, and Michel Komajda.'

During his first year as ESC president, Bax oversaw the creation of a Working Group on Cardiovascular Regenerative and Reparative Medicine and a Council on Heart Valve Disease. He has launched both an Ethical Committee and an Industry Committee to grapple with increasingly complex issues inside and outside the Society.

'We need to be fit for the future,' said Bax. 'We need to be ready for a rapidly changing environment so that we can anticipate and respond quickly to whatever comes our way.'

He has also fine-tuned the structure of existing ESC committees so that they operate more smoothly and is focused on instilling what he calls a 'we feeling' among members of the ESC board.

'I am trying to impress on everyone that we are doing this together and that together we always need to feel responsible,' he said. 'No one is sitting on the board to defend a particular interest. We are here to work for the betterment of this unique Society.'

Bax, who was born and raised in Amsterdam, was the first member of his family to study medicine (Leiden, 1984–90). He later spent time at the University of Miami where he had his first exposure to research, working in immunology and basic science. His PhD thesis was in nuclear cardiology where he focused on detection of the hibernating myocardium (Amsterdam, 1992–96). He was hooked. 'I realized the exciting possibilities of imaging to better understand disease and optimise treatment'.

By 2006, Bax was a professor of cardiology at Leiden, integrating the full range of imaging modalities including echocardiography, MRI, nuclear imaging, and CT imaging.

'Although we had specialists in every modality, nobody crossed borders. We did,' he said. It took 15 years to build his team, expanding the focus to research, then adding education and training.

Dr Eugene Braunwald described Bax this way: 'Jeroen understands that academic physicians are like runners in a relay race. He drives constantly to assure that his successors will be superbly qualified to accept the baton from him and carry it the greatest distance along this noble track.'

By 2018, a total of 60 Fellows will have passed through the doors of Leiden's Cardiac Imaging Research Center. Mentorship is an area of work that means much to Bax.

**Jeroen Bax with a group of young (national and international) Research Fellows, September 2017**

'I care a lot about the new generation and giving them opportunities in the same way that I was given opportunities by generous teachers such as Shahbudin Rahimtoola, the US physician who discovered the concept of the "hibernating myocardium". You meet people who help you, and you really appreciate that you have an obligation to pass it on to the next generation.'

One such protégé is Victoria Delgado, MD, who joined Bax's team in 2007 as a Fellow from Spain, and never left. She says: 'I was amazed by the facilities, and the organization, and how generous Prof Bax was with all of us. He is always ahead of his time. He encouraged us to follow new ideas and he created a very positive work environment.

He takes everyone's success seriously. He knows how to guide young Fellows and make sure they will enjoy their project.'

Bax is currently a Deputy Editor for the *European Heart Journal* and a proud contributor to *UpToDate,* an online, evidence-based learning platform. He is also one of the few Europeans closely involved with the *Journal of the American College of Cardiology,* where he worked for 7 years as associate editor.

Bax's involvement with the ESC now spans 2 decades and encompasses all the roles and functions of the Society, including working groups, committees, editing, authorship, education, guidelines, and his current role as president. He credits William Wijns, FESC,—his PhD thesis external referee and now a professor in the Republic of Ireland—with introducing him to the ESC in the mid-1990s. Later, Kim Fox, FESC, invited him to chair the ESC's Scientific Programme Committee at the young age of 40. He enjoyed the challenge and found a flair for re-organizing things to make them run more efficiently. He says: 'Before Kim Fox's presidency there were about 100 or so people all trying to build the sessions, so we changed it into nine big 'topic blocks' representing all clinical areas of cardiology with coordinators who developed sessions with their groups and then came together to present what they had agreed. It was again the "we feeling," a winning formula which resulted in great sessions, produced much more efficiently with everyone working together.'

Elected last year at just 50 years of age, he is the youngest president in the Society's history. He is determined to accomplish as much as he can before ESC Congress next August when his tenure comes to an end. High on his agenda is introducing the new *ESC Textbook of Cardiovascular Medicine*, third edition and the corresponding online version which should be available in the spring. This is the first major update since 2009 and he wants to integrate it seamless into ESC's vast educational portfolio.

'We are also investing heavily in digital health,' he says. 'We created a digital health village at ESC Congress in Barcelona and we have an ESC task force working to create an array of new opportunities for cardiologists in this area. We have so much we want to accomplish in the coming months, and on so many different fronts. Time is running short.'

John McKenzie

**Conflict of interest:** none declared.

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***Pioneer in cardiology***

# William G Stevenson MD

## The electrophysiology cardiologist who has been involved with ventricular tachycardia since the 1980s and is still searching

William Stevenson, the US cardiologist, is known for his work with arrhythmias and developing novel mapping methods and innovative ablation techniques. In 2017, he moved to Vanderbilt University, in Nashville, TN, after over 2 decades at the Brigham and Women's Hospital (BWH), in Boston where he served as director of the clinical cardiology electrophysiology (EP) programme and professor of medicine at Harvard Medical School.

Stevenson inherited an interest in medicine from his father, an anaesthesiologist, and was drawn to cardiology after observing heart surgery cases in progression. He attended medical school at Tulane University, New Orleans, and later went to UCLA for his internship and residency where he met.

James N. Weiss, MD, a cardiac electrophysiologist and clinician. Although no training programmes in clinical EP existed in the early 1980s, Weiss encouraged Stevenson to develop skills in the area by performing procedures with him throughout his internal medicine and cardiology training period.

During Stevenson's third year of cardiology training, Weiss arranged for his protege to study cardiac arrhythmias for 6 months at Hein Wellens laboratory in Maastricht, Netherlands. Wellens

is known as a founding father of EP and Weiss had himself benefitted from a spell in Maastricht. Suitably equipped on his return to UCLA, Stevenson took over the clinical EP programme from Weiss, although at the time there was little on offer to treat patients other than antiarrhythmic drugs and ablation with DC shock.

But Stevenson saw the potential of EP whilst a Resident in the coronary care unit (CCU). He says. 'I was attending a patient whose ventricular tachycardia (VT) had not been effectively suppressed with medication. He had a temporary pacing wire so that whenever he went into VT we had been taught to push a button on a programmed stimulator by the bedside to initiate a pacing sequence that would terminate his VT. After some time in the CCU, he decided to leave and went back home to a remote place in a different state and was dead within a few weeks. This sad case really highlighted the need for effective therapies to control ventricular arrhythmias, so I became interested in VT ablation from very early on'.

After Stevenson became more involved in the EP programme at UCLA he resolved to investigate difficulties surrounding the process of identifying the origins of VT and locating the correct target for ablation. The field was gathering momentum Jeffrey Hartzler, an interventionist from St Louis