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## ‘Stent for Life’ initiative: Interview with Jean Fajadet

What is the ‘Stent for Life’ initiative and what are its aims?

The ‘Stent for Life’ initiative is a project initiated early in 2009 by the EAPCI – the European Association for Percutaneous Cardiovascular Interventions (Professor William Wijns is the first president), the European Society of Cardiology (ESC) working group on Acute Cardiac Care, EuroPCR and Eucomed.

The mission of this initiative is to promote the life-saving indication of percutaneous coronary intervention (PCI) and to reduce mortality rates for patients with acute coronary syndromes (ACS). The main objectives are to:

- define those regions/countries in Europe who have an unmet medical need for the optimal treatment of ST-elevated myocardial infarction (STEMI)
- define those regions/countries where the use of primary PCI can be encouraged, and thereby the quality of care improved
- implement an action programme to increase patient access to primary PCI.

During the 2008 ESC meeting, Professor Petr Widimsky (Czech Republic) gave a presentation on the impact of primary PCI for STEMI in Europe, and it was very interesting to see that among the European countries, there were major differences concerning the use of primary PCI in STEMI. He showed that in some countries more than 80% of the patients had a successful recanalisation and, conversely, in other countries the majority of patients could not have a successful recanalisation of an infarct-related vessel. It was interesting to

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see that when primary PCI was the ‘dominant’ treatment compared with thrombolysis, the results were better.

What we are looking at now is how our ‘champion’ countries (Czech Republic, The Netherlands, Denmark, Sweden and Austria) actually work (primarily, how their network works) and the quality of collaboration between emergency medical services (EMS), non-PCI hospitals and PCI centres (whilst always remembering the important fact that these hospitals are working 24 hours a day, 7 days a week). This is demonstrated perfectly in a recent paper from Jiri Knot published in *Eurointervention* in August (Knot J et al: 5; 299–309). The initiative is in line with the ESC guidelines, which designate primary PCI as class 1 for STEMI and class 1 for high-risk ACS. Our goals are to promote the best way of treating patients with STEMI and high-risk ACS in Europe, to improve the delivery and patient access for this life-saving indication of PCI and to reduce mortality and morbidity.

Who are the main people involved in this initiative?

Petr Widimsky, William Wijns and I are mainly involved in this initiative. We also have representatives from the ESC working group on acute cardiac care, Nicolas Danchin and Marco Tubaro. Adriaan Podgieter and Nadav Tomer, who are two representatives from Eucomed – a Brussels-based association representing the medical device industry

– are actively participating in this initiative. And last, but not least, the whole initiative is managed by Zuzana Kaifoszova, our excellent project manager.

### What next for the initiative and what are your goals?

At EuroPCR 2009 in May we put out a 'call for action' involving all the national working groups for interventional cardiology and national cardiology societies of Europe, and we have now identified six pilot countries (Bulgaria, France, Greece, Serbia, Spain and Turkey), in which we will start this programme.

We have three main goals:

- To increase the use of primary PCI towards 70% or more among STEMI patients.
- To achieve primary PCI rates over 600 per million inhabitants per year in most European countries. Currently, in some countries we have more and in some countries we have less, but the average is around 300 or 400.
- To empower PCI centres to offer 24 hour, 7 day a week services for primary PCI, which is not evident in many countries. This is the main point of the initiative.

### At whom are you aiming the initiative?

This is very important. Of course, our target is the cardiology community, but we also target the noncardiology medical community (i.e. general practitioners), the general public, the political authorities and the healthcare payors as well.

### What other activities have you planned in 2009 and 2010?

As already mentioned, we sent the first call for action during the EuroPCR meeting. The next important event will take place during the ESC meeting in Barcelona in August. The representatives of the six Stent for Life pilot

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countries are invited to sign a declaration that will officialise the start and implementation of the programme in their countries.

### For how long will you run the programme in these pilot countries?

In the first six pilot countries we want to identify what are the real problems. For example, in some countries, the problem is not to drive the patient to the hospital in the very early phase because they have an excellent national emergency ambulance system, but, in other countries, that could be a problem. So, we must first identify the main issues in countries with a low or moderate rate of primary PCI: is it a problem with the population who are not aware of the severity of the disease, is it the ambulance system, is it the hospital system that does not have 'around the clock' facilities, is it an issue related to reimbursement? Once we have identified the problem, we will try to implement an action plan corresponding to the needs of those countries. I think this will take at least a couple of years.

### How important will your relationship with the ESC be, and will you be partnering with any other cardiology societies or groups?

The EAPCI is a new association which is a registered branch of the ESC that was launched 3 years ago thanks to the joint venture between EuroPCR and the interventional cardiology working group (WG 10) of the ESC. William Wijns is the first president of the EAPCI, by September 2009 Carlo DiMario (London, UK) will be the

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next one and I am the president-elect. The relationship between EAPCI and ESC is of course very important and I hope that we will work very closely with the Stent for Life initiative and the whole of the ESC.

What is important and unique with this initiative is that several organisations are participating: the EAPCI, the ESC Working Group on acute cardiac care,

“ Stent for Life is truly a pan-European initiative ,”

EuroPCR, EUCOMED and all the National Cardiology societies and Working Groups for Interventional Cardiology... truly, it is a pan-European initiative.

If the pilot studies work well, are you planning to roll-out this project globally at some point in the future?

We have currently identified six pilot countries and if the initiative is successful in those countries, we will of course extend the initiative to other countries.

**DISCLOSURES:** The opinions and factual claims herein are solely those of the author and do not necessarily reflect those of the publisher, editor-in-chief, editorial board and supporting company. JF has no relevant disclosures.

**REFERENCES FOR THE ROLE OF POLYMERS IN DRUG-ELUTING STENTS<sup>1</sup>**  
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