

From the Editor-in-Chief

I WRITE THESE COMMENTS IN THE IMMEDIATE aftermath of the 3rd World Congress of Paediatric Cardiology and Paediatric Cardiac Surgery. Over the course of more than one week, several important events took place in Toronto, Canada. In addition to the Congress itself, three related meetings were organised to cover aspects of interventional cardiology, congenital heart disease in the adult, and fetal and perinatal cardiology. Then, immediately prior to the Congress, associated meetings took place concerned with management of heart failure in children, perfusion in children, and nomenclature. I attended the meeting concerned with nomenclature, to which I will return in these reflections, but I understand that, in terms of scientific content, all meetings were immensely successful, albeit not always attracting the anticipated number of attendees.

At first, it seemed that the Third World Congress would also suffer from a dearth of attendees. One month prior to commencement, only 900 registrations had been received. But by May 17th, two weeks before the meeting, this had more than doubled, with 1917 registrations. Then, during the Congress itself, there were many more registrations on-site so that, by mid-Congress, more than 2,500 delegates had signed up.

With such fluctuating numbers, and in the obvious climate of uncertainty, the organisers are to be congratulated for producing such an excellent event. Much has been learnt. These lessons will now be taken on board by Billie Kreutzer, Horatio Capelli, and Andy Schlichter as they begin to make their plans for the next symposium, no more than 4 years away! The dates to put in the Diary are 18 through 22 September, 2005. The place, of course, is Buenos Aires – the quintessential European capital city set in the middle of South America. Those of us attending the President's Luncheon during the Third Congress were shown good evidence that plans are already significantly advanced for the Fourth meeting. Our Argentinean hosts know that sponsorship was difficult to come by for the Third Congress. It is distressing for all of us to realise that, although the Toronto organisers had anticipated corporate support of over \$650,000, the end result was a balance sheet of no more than \$190,000. When we all see the huge trade exhibitions mounted at American and European Congresses of Adult Cardiology, it is disappointing in the extreme to note that Paediatric

Cardiology, even when coupled with Paediatric Cardiac Surgery, is judged in such low esteem. We hope that, with their usual flair, our Latin American hosts will fare somewhat better in terms of commercial support, but they will need all the help they can get.

On the scientific side, things were much more positive, with over 2,300 abstracts submitted for presentation at the meeting. The organisers were able to accept 389 of these for presentations as moderated posters, whilst 1,314 were accepted for simple poster presentation. One criticism I heard, on several occasions, and from discerning critics, was that some of the very best and newest science was on show in these poster presentations. This material, however, was almost always presented in competition with hackneyed and well-worn presentations from the “experts”, the latter given in symposiums which were themselves frequently overlapping. We all recognise the need for multiple sessions. The message I received from my discussants, nonetheless, was that, for the next meeting, it might be preferable to put the submitted material more into the limelight, accepting the need for the moderated poster format, but to relegate the role of the invited expert. Such an approach would also have a positive effect on the final balance sheet!

The one unequivocally positive feature to emerge from the Toronto symposium was the success of electronic submission and the website. The website itself attracted the huge number of 47,000 hits, while 60% of those registering in advance did so on-line. Electronic submission of abstracts also made it possible for Gavin Jamieson, at Greenwich Medical Media, to produce the impressive Abstract Supplement. Due to the large page extent of the Abstract Supplement, it will be mailed separately to all subscribers from the printers in Canada and so you should be receiving your copy soon after receiving this issue. Index Medicus have confirmed that the Supplement will receive an indexing record that covers it in its entirety. We are delighted to announce that our Argentinean hosts have accepted the offer from “*Cardiology in the Young*” to publish the abstracts for the Buenos Aires meeting. We will be doing our very best to improve on the quality of the current Supplement. We have noted the criticism concerning the small font size, but our critics should remember that it was necessary to include

1800 abstracts within the book, and at an acceptable price to the organisers.

The first set of moderated posters in the overall Congress was devoted to the Young Investigator's Award, sponsored as in the previous meetings by "*Cardiology in the Young*". To judge the six entries, I was joined by Marlene Rabinovitch and Bill Friedman. We heard six markedly disparate presentations, and it was not easy to pick the winner. After considerable debate, we chose the work by Florian Wagner and his colleagues from the University of Bonn as the winning entry. We hope to publish this work in the Journal so that all can judge its worth.

Two particularly important meetings were held during the time of the Symposium, and I will end this overview with a brief resumé of their content. The first meeting was that of our own Editorial Board. Attended by Board members from all round the globe, Ted Baker and I, together with Gavin Jamieson, were able to gather many useful comments on how we could improve still further the quality of the Journal, whilst receiving an overall endorsement of our stewardship to date. Gavin was able to report the considerable interest and enthusiasm expressed by all of you who visited our booth. We were particularly gratified by the number of forms taken away with promises of incoming subscriptions. We are hoping now that all those forms will, indeed, make their way back to London!

The second crucial meeting was the First International Summit on Nomenclature for Congenital Heart Disease. We have referred in several previous issues to the potential importance of this meeting. It was encouraging to find so many people gathered together in the Ballroom of the Crown Plaza Hotel on the afternoon of Sunday, May 27. The matters discussed at the meeting, and at the subsequent gathering of the organisers of the meeting itself, hold out the tantalising prospect of an Internationally acceptable unified system of nomenclature being ready for ratification at the Fourth World Congress in Buenos Aires. Significant progress has already been made. Thus, at the Toronto meeting, Jeff Jacobs and Rodney Franklin were able to announce that they had successfully cross-mapped the two potentially conflicting short-lists produced by the Society of Thoracic Surgeons and the Association for European Paediatric Cardiology. The

European Association of Cardiothoracic Surgery had contributed input to both the short lists, and their representatives also collaborated in the process of mapping. More importantly, the process of mapping had received endorsement from Japan, South America, and particularly from Canada, with Marie Béland making very many telling suggestions. Indeed, it has been the proposal of Marie to construct an International "Super-Tree" as the means of uniting the two long lists which has provided the tangible likelihood of future success.

What is now needed is truly representative International assessment of the efforts of the small sub-group which is already working hard to achieve the unity expected in Buenos Aires. If the final product is to be accepted, it will need formal approval from representative bodies in all continents. Such bodies are hard to find. Europe is, perhaps, ahead of the field, since the Association for European Paediatric Cardiology is a properly constituted body which represents all aspects and disciplines of those concerned with congenital and acquired heart disease in the young, as well as catering for those providing services for adults with congenital cardiac disease. The situation is not so clear cut elsewhere. The United States of America, for example, lacks a single society or association specifically concerned with paediatric cardiology, and has two separate organisations relating to cardiac surgery. Already, however, evidence is emerging that North American paediatric cardiologists are beginning to address the need for a continental society or association.¹ Those responsible for preparing the final system will need to identify similar intercontinental associations able to provide properly accredited delegates for the future summits on Nomenclature. Only by achieving such formal recognition will the meeting in Buenos Aires achieve the full success we all anticipate and expect.

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Reference

1. Hagler DJ. Proposal for an American Association of Pediatric Cardiology. *Pediatr Cardiol* 2001; 22: 177–178.