

INTRODUCTION

New Techniques and Innovative Technology: An Integrated Element of Our Cardiovascular and Thoracic Specialty

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Ten years ago if you had a new idea in the field of cardiovascular surgery and it did not fit the way the old guards were thinking, you would have had a hard time getting it presented at any of the existing thoracic surgical meetings. If a new idea was presented, it would be the odd thing, and definitely you would not see innovations in cardiac devices and technology occupying a visible portion of the event. This scenario was the premise for creating Cardiac Techniques and Technology (CTT), the meeting.

During the last 10 years CTT drove and led the educational agenda on new techniques and innovative technology in the field of cardiovascular surgery. It was the forum in which innovators from Montreal, Boston, New York, Dallas, Cincinnati, Paris, Leipzig, Dresden, Munich, Cleveland, and many other cities were able to present new developments, early experiences, and concept proofs on innovative cardiovascular technology. Many active participants arose and since have moved on to pick up professorships, direct new cardiac surgery programs, or attain board memberships on prominent societies. Industry partnership with cardiac surgeons, which used to be considered taboo, was advocated at CTT as an essential element for innovations in our field. Scientists and executives from the medical industry were encouraged to present their work and to make the case that without innovations there was potential for a shrinking surgical practice, and without adoption of valid innovative devices there was going to be less interest by industry to spend money on developing new surgical technology.

The CTT annual meeting brought together the leaders, the curious, and the starters in the field of innovations in cardiovascular surgery. Venture capitalists rubbed shoulders at the meetings with inventors, surgeons, engineers, and the bigger medical industry people. The future of cardiac surgery was projected at this elaborate and carefully planned annual meeting. Its forum contained live broadcasts of operations conducted at different operating rooms worldwide, giving attendees the opportunity to take a glimpse at breakthrough devices and procedures.

The CTT meeting program committees encouraged presentations that may not have achieved the full criteria of scientific rigor but that indicated a potential for significance to the advancement of our specialty. We needed to encourage new ideas and give them the forum needed to get the wheels going. How else would you encourage the young innovators, move ideas toward more realistic solutions, and create opportunities essential for cardiovascular surgeons to remain competitive? When CTT was created it had a clear mission of promoting education on innovations in cardiovascular

surgical techniques and technology. Catheter-based approaches were identified as an essential element of such innovations. CTT presented to the community of cardiac surgeons the first live broadcasts of numerous anastomotic coronary devices, closed-chest procedures, and endovascular stents. CTT also hosted presentations of the first market-ready stabilizers and anastomotic platforms for beating-heart coronary artery bypass grafting (CABG) as well as pioneer and yet to be finished robotic CABG and valve surgery.

Today, the importance of having a new section on innovative cardiovascular and thoracic techniques and technology has become well established. As a result, you will find a "Tech" section in all of our specialty journals, meetings, and associations. I believe that a significant contribution to this evolution in thinking was brought about by CTT's strong and rapid galvanization of the forces of innovation in our field. The three leading cardiothoracic associations, namely the Society of Thoracic Surgeons (STS), the American Association for Thoracic Surgery (AATS), and the European Association for Cardio-Thoracic Surgery (EACTS), have dedicated significant sections and time to this effort by identifying distinct sections for presentations on innovative techniques and technology.

Equally important is the decision by the board of the International Society for Minimally Invasive Cardiothoracic Surgery (ISMICS) to adopt the wide platform of innovations in cardiovascular and thoracic surgery as the *raison d'être* for the society as opposed to just minimally invasive surgery, as its original mandate was.

With this commitment and forward thinking, I believe that the CTT annual meeting has fulfilled its original mission and that it is now important to direct attention to how to best design the future of our specialty and to consolidate efforts toward our new objectives. The CTT hence, in response to a positive initiative by Dr. Naresh Trehan, the incoming president of ISMICS, in collaboration with its past president Dr. V. Subramanian, entered into an agreement to merge its force and promote a stronger and more unified voice in the field of new techniques and technology. The decision by the CTT board to approve the merger of its annual meeting with ISMICS will lead to the creation of a single and prominent educational forum, one that will articulate clearly the vision of our specialty and its future.

This edition of the *Heart Surgery Forum* contains the last supplement issued by CTT. This issue summarizes the year 2004 10th annual meeting program. It contains abstracts and a select group of original articles. During the following months we will be working with the ISMICS board and membership to prepare with them a joint annual meeting for

the year 2005. Subsequently we will fold the CTT meeting completely under the umbrella of ISMICS.

At this historic juncture, we at CTT would like to express our gratitude to everyone who has worked with us and participated in the preparation, planning, and running of all our meetings. This task required an incredible level of energy by everyone involved not only in preparing the annual meeting but also in updating our website and producing the yearly supplement.

I wish to indicate that for me it has been a privilege to work over the last 10 years with many distinguished surgeons,

medical industrialists, inventors, scientists, clinicians, and venture capitalists. They have all contributed remarkably and enormously to the success and popularity of CTT and its level of recognition today.

As for the future, we have full confidence that the new ISMICS leadership will undoubtedly carry the torch and lead our cardiac surgical community to higher planes. We certainly intend to work vigilantly to make the new ISMICS meeting the premier event in the future of our specialty, and I call upon all our loyal CTT participants to support ISMICS and its honorable objectives.