JACC: CARDIOVASCULAR INTERVENTIONS VOL. 8, NO. 12, 2015
© 2015 BY THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION
ISSN 1936-8798/$36.00
PUBLISHED BY ELSEVIER INC. http://dx.doi.org/10.1016/j.jcin.2015.08.009

EDITOR'S PAGE

How Did Andreas Get Here?

Spencer B. King III, MD, MACC, *Editor-in-Chief, JACC: Cardiovascular Interventions*

With the coming of the new academic year, there are always interesting questions from fellows beginning their training in interventional cardiology. I enjoy the in-depth discussion about case presentation selection for interventions, technical approaches to lesions, management of complications, and impact of accumulating evidence from trials, and I usually learn more from these discussions than the fellows do. But as I am the gray-hair in this group, I am often hit with questions of more historic interest. A recent question, "How did Andreas get here?" prompted me to take a look at something I prepared for a book on the history of interventional cardiology edited by Michel Bertrand (1). I offer a short excerpt from that discussion as my answer to that fellow and others who might be interested.

> My first encounter with Andreas was a chance meeting prompted by a fortuitous arrangement of posters at the 1976 American Heart Association Scientific Session in Miami Beach. Since I was a strong proponent of bypass surgery, my fellow, John Willis Hurst Jr., and I were presenting a paper on the medical versus surgical treatment of single-vessel left anterior descending artery disease. Professor Paul Lichtlen of Hanover, after viewing my exhibit, told me I must see the poster in the next aisle. When I rounded the corner, I was met by a dashing figure wearing an ascot and demonstrating a most fantastic dog experiment in which coronary arteries were ligated and then the ligature was broken by an intravascular balloon inflated within the artery. The encounter was brief but my conversation reaction was that this could never work in human coronary arteries (1).

My next encounter with Andreas was on the occasion of the annual meeting of the South Atlantic Cardiovascular Society in Kiawah Island, South Carolina, in the spring of 1979. I invited Andreas to that meeting as the only outside speaker to present his first 50 or so cases with a rebuttal by Dr. Francis Robicsek, renowned cardiac surgeon from North Carolina. Despite the ongoing conflicts within the department in Zurich, I do not believe Andreas had ever faced such a withering barrage of criticism than those dished out by Professor Robicsek. Despite my culpability in organizing this confrontation, it perhaps set the stage for the next encounter, which led to the answer of the fellow's question. Just after New Year's 1980 at the completion of the angioplasty course, a celebratory party was held.

> It was a typical Swiss evening in the Emmenthal Valley replete with alphorn music, cheese, and a lot of wine. During the third live demonstration course in Zurich, Andreas was staging one of his patented gala evenings in a small village a short train ride away from Zurich. The participants seated at long tables were conversing in multiple languages when an announcement was made. The mayor of the small town had prepared a few remarks. It was all in Swiss-German, and this mayor understood little about angioplasty, but he did understand one important feature. He concluded that the important point of angioplasty was similar to the defining feature of Swiss cheese. "It is not the texture or the taste so much that is the most important ingredient, it is those

holes." He understood that the core essence of angioplasty was also creating "those holes."

On the train ride back to Zurich late that evening, Andreas came and sat down beside me and began to tell me the difficulties he was having in advancing the technology in Zurich. It was clear from the conversation that he coveted a position of professor in his native Germany but had been offered no such position and that he felt a move to the United States was his best option. When I asked where he was considering, he mentioned Harvard and Stanford as potential options but seemed to prefer the offer he had received from the Cleveland Clinic because of its worldwide reputation in bypass surgery. He asked my advice as to where he should go. I replied, "What do you want?" He said that he wanted to be able to develop the technique, evaluate the problems of the technique, and teach it to others. Very importantly, however, he said that he would like to be a "Professor." Coming from the European tradition, this title of "Professor" seemed to be particularly important for him and perhaps he understood it to be a bit more important than it actually is in the U.S. In any case, I advised him that since, at that time, the Cleveland Clinic had no medical school, the title of professor would not be possible. He seemed startled by this news and enquired further as to where he should go. I suggested that he visit me in Atlanta and consider the possibilities at Emory. Since he was spending the following week in Snowmass, Colorado, at John Vogel's ACC ski meeting, he agreed to give me a call. Two weeks later, he was visiting in my home for three days as we explored possibilities (1).

So, fellows, this is how it started. Someday I will tell you the rest of the story. By the way, what is the name of that guidewire you are using?

ADDRESS CORRESPONDENCE TO: Dr. Spencer B. King III, Saint Joseph's Heart and Vascular Institute, 5665 Peachtree Dunwoody Road NE, Atlanta, Georgia 30342. E-mail: spencer.king@emoryhealthcare.org.

REFERENCE

1. King SB III. Andreas Gruentzig in Atlanta. In: Bertrand M, editor. The Evolution of Cardiac Catheterization and Interventional Cardiology. Boxford, MA: Iatric Press and the European Society of Cardiology, 2006:75–83.