In November 2006, an American College of Cardiology (ACC) delegation participated in the 17th Annual Great Wall International Congress of Cardiology in Beijing, China, for the third consecutive year. During this visit to China, which included a visit to Shanghai, the ACC faculty met with leaders at several institutions to gain a better understanding of the landscape and practice of cardiovascular medicine in China. Our interactions resulted in a rich exchange of information, which highlighted both the similarities and differences in the way we practice cardiovascular medicine.

Whereas cardiovascular disease (CVD) peaked in the 1950s in the U.S., it has been growing at an alarming rate in much of the developing world, including China. Cardiovascular disease is projected to account for almost 20% of China’s total deaths in 2020. The rapid increase in CVD in China can be attributed to the rapid pace of “modernization,” which has negatively affected Chinese lifestyles, especially with regard to dietary habits and physical activity. These factors, coupled with the high prevalence of cigarette smoking—including a high percentage of the chiefs of cardiology in China—suggests a predictable upsurge in CVD, hypertension, and diabetes in China in the coming decades.

These predictions may be dire; however, they also represent an opportunity for increased knowledge exchange between the U.S. cardiology community and China. For example, our Chinese friends may find our experience in developing preventive cardiology campaigns useful. Also, we can share experiences and learn from each other in converting to electronic health records (EHR), since China has already started several EHR initiatives.

There are major opportunities for collaboration in research and clinical practice that could lead to establishment of collaborative heart centers. In 2005, in China, some 75,000 angioplasty procedures were performed and 90% of implanted stents consisted of the drug-eluting variety. The volume of data available from these procedures can assist us in further analysis of the risks and benefits of these procedures.

Interestingly, Chinese cardiologists have carried out research that indicates that the Framingham algorithm will need to be recalibrated for the Chinese population. It seems likely that many of the ACC/American Heart Association (AHA) guidelines will need to be adapted to the local context. We might find these adaptations useful in treating our patients here.

The information we gathered on this trip illustrates the potential for the ACC’s global involvement. Our goal of fostering more extensive knowledge exchange among cardiovascular professionals around the world will have a positive impact on the practice of medicine in the U.S. Our engagement internationally will help to generate ideas for global collaboration that will ultimately benefit the patients we serve.
Role of Education

The ACC’s approach to global cardiovascular medicine, developed from recommendations made by the Global Strategy Work Group and the ACC’s International Committee, is grounded in the College’s goal to serve as the premier provider of high-quality cardiovascular education. It is fundamental to our mission—to increase knowledge of cardiovascular science and health care delivery across borders.

To help accomplish this goal, our new international approach will focus on developing mutually beneficial relationships with leading cardiovascular organizations and individuals around the world. These relationships will build a two-way process in which the ACC shares its standards and knowledge through educational programs and products, while, at the same time, innovative techniques and emerging science from other countries are shared with U.S. members.

To execute our strategy, the College plans a systematic approach that will rely on thought leaders from countries and regions around the world, who will be asked to serve as international advisors. The insights they provide will help us develop activities that positively impact the field of cardiovascular medicine around the world. This part of the plan is critically important because we need to understand each country and region and its approach to cardiovascular medicine as we work to develop joint symposia, programs, and research with international partners.

Creating Collaborative Environments

Guiding the ACC’s global efforts is the responsibility of the ACC International Committee. Essentially, the Committee is tasked to develop, identify, and prioritize the objectives for engagements within a country or region. With Board of Trustees oversight, the Committee will oversee all international engagements. In 2006, the Committee was expanded to include the ACC Vice President and a representative from the ACC Board of Governors. Additionally, ex-officio representation was expanded to include education, membership, Cardiosource, products, programs, scientific sessions, quality, and the National Cardiovascular Data Registry (NCDR™).

One new addition to the Committee portrays the collaborative environment that the ACC intends to establish with our international members. Huon H. Gray, MD, FACC, FESC, of Southampton University Hospital, Southampton, United Kingdom, will co-chair the International Committee. Dr. Gray joins A. Jamil Tajik, MD, FACC, chair, and Spencer B. King III, MD, MACC, co-chair, in guiding the committee. His appointment promises to enhance the ACC’s efforts to develop international collaborations.

Also promoting the ACC’s efforts at creating a more international approach is the recommendation for election to the Board of Trustees of A. John Camm, MD, FACC, FESC, of London, United Kingdom. Dr. Camm is a British Heart Foundation Professor of Clinical Cardiology, Division of Cardiac and Vascular Sciences, at St. George’s University of London, United Kingdom. He recently served as the European Society of Cardiology (ESC) representative on the ACC/AHA/ESC Writing Committee to Develop Guidelines for the Treatment of Patients with Supraventricular Tachycardias and as co-chair of the ACC/AHA/ESC Writing Committee to Develop Guidelines for the Management of Patients with Ventricular Arrhythmias and Sudden Cardiac Death.

Setting 2007 Strategic Goals

The International Committee and the ACC Board of Trustees have laid out some ambitious goals for 2007. Specifically, we plan to establish an International Network of Advisors, which will be launched at ACC.07 in New Orleans, Louisiana. Additionally, the Committee plans to organize a task force to explore the ACC’s international membership issues and carry out research about facilitating mini-fellowships/exchange programs to promote the international exchange of cardiovascular medical skills, expertise, and knowledge.
The ACC’s international strategy and goals are ambitious, yet timely. Our experiences in China and elsewhere emphasize the need for more exploration of relationships with other countries. These collaborations will help find solutions that will enhance the quality of health care for patients, here and abroad. When we join with colleagues from other countries, it reminds us that medicine has no boundaries. The ACC’s goal is to build an environment that recognizes that reality.

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