ACC/AHA/SCAI Guideline update for percutaneous coronary intervention 2005

Elective PCI

–Class I: performed by experienced operators

- annual volume >75 PCI procedures
- at high-volume centers (>400 PCI procedures per year)

–Class IIa: performed by experienced operators

- annual volume >75 PCI procedures
- at low-volume centers (200–400 PCI procedures per year)

Primary PCI

–Class I: performed by experienced operators

- annual volume >75 PCI procedures and >11 primary PCI proceduresfor STEMI per year
- ideally at high-volume centres (>400 PCI procedures per year and >36 primary PCI procedures for STEMI per year)

–Class IIb:

- Benefit of primary PCI for STEMI when performed by operators who perform <75 PCI procedures per year and <11 PCI procedures for STEMI per year is not well established

References

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People's corner: Retirement

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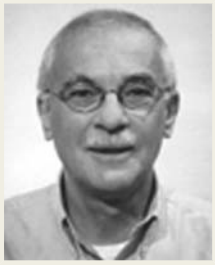

Pim began his Cardiology career at the Free University of Amsterdam in 1974 after his medical training in Amsterdam and 2 years of compulsory military service as a Lieutenant physician.

In 1983, he joined the cardiology staff at the Thoraxcenter in Rotterdam under the direction of Prof. P.G. Hugenholtz. He was mainly involved with cardiac catheterizations and interventional cardiology and contributed to the evaluation of balloon angioplasty and stent implantation of patients with stable and unstable coronary syndromes.

For many years, he was an organizer of the Rotterdam Interventional Cardiology Course and the EuroPCR Course, for which he has coordinated the EuroPCR Trials book since 2000, a rapid one-stop reference book updated annually.

In the mid-90s, he became interested in the newly emerging diagnostic technologies of MR and CT, with the main purpose to visualize coronary artery disease and its sequelae. This line of research was generously supported by the Departments of Radiology and Cardiology, resulting in a joint appointment as Professor of Non-invasive MR and CT Cardiac Imaging, in the firm belief that collaboration of radiologists and cardiologists would offer the best implementation of these rapidly evolving new technologies in the clinical evaluation of patients.

He is convinced that non-invasive cardiac imaging with CT and MR providing comprehensive assessment of coronary anatomy, LV function, viability, ischaemia, and perfusion will one day play a major role in the clinical evaluation of patients with chest pain.

He believes that in the future, CT coronary angiography will become a key imaging modality in the assessment of sub-clinical coronary atherosclerosis which should be helpful to refine the risk of adverse cardiac events and the resulting decisions for early interventions.

In 2009 he retired, but remains actively involved with research in non-invasive cardiac imaging.