

CCCTO 2011

10th Anniversary

DATES | **November 3 thurs. - 5 sat., 2011**

VENUE | **Kobe International Exhibition Hall, Portopia Hotel**



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I began performing PCI in the spring of 1981. It was long time ago. I used 9Fr guiding catheters and the on-the-wire balloon created by Dr. Gruentzig with help from the 1st PTCA balloon company, Schneider. Although my knowledge for PTCA was poor, it was lucky for me to be successful in two out of four cases. Twenty-nine years have passed and I have lived about half of my life with performing PCI. During the last half of my life, I have seen the entire history of PCI in Japan.

Twenty-nine years ago was a time of high economic growth in Japan, and with our rapid economic expansion, everyone dreamed of a bright future. There was actually an economic book entitled, "Japan as No. 1!" that had been a popular topic of conversation. The Japanese people had pulled themselves up by their bootstraps and lifted Japan from the ashes of World War II to become the economic leader of the world. Those heady times gave us confidence.

However, there was a large pitfall in reaching that pinnacle of prosperity so quickly. Lost in festivity, people forgot about their own principles to the point where prosperity itself became one's goal in life. As a result, industriousness was forgotten. Our sense of values that had served us so well was destroyed, and as if spellbound by an illusion, we headed straight into a bubble economy. Afterward, I think everyone is experiencing the decline of the Japanese economy and development of emerging economic powers from other foreign nations. History is repeating itself and this reminds us of the famous Japanese traditional passage in *The Tale of Heike*, "The proud do not endure..."⁽¹⁾.

The first time I traveled abroad to perform PCI was to Beijing in December of 1990 when the shadow of the Tiananmen Square Incident still remained. Even though the first PCI in China was performed in Xian in 1983, there still had been only about 500 cases performed in all of China at the time of my visit. There were no bottles of contrast media. The nurse struggled to cut open the mouths of 20 ml contrast ampules and pour the contents into a large glass container similar to something used to wash the stomach. From the large glass container led a rubber tube to a precious metal three-cock manifold. That tube along with the rubber gloves were re-sterilized multiple times. The Fuwai Heart Hospital Cardiovascular cath lab at the National Cardiovascular Center had an old Toshiba machine that provided only very poor image quality. The machine at the Beijing School of Medicine (now the Beijing University First Hospital (Beijing University First Medical School)) was an old machine made by the French company CGR. It wasn't working for the morning case and the technician was doing their best to repair it. However, the technician could not repair the machine and the patient was transferred to and treated at the An Zhen Hospital at the Beijing Municipal Cardiovascular

Center. Looking at the cath labs in China today, it is difficult to believe that that situation existed only a short 20 years ago. China has achieved remarkable growth. It is said that there is a hospital performing 5,000 PCI cases per year and that the total case number in China has already surpassed the number performed in Japan.

I remember myself 29 years ago blindly performing PCI for the first time and then 20 years ago traveling to Beijing alone without understanding the language. Trying to overcome tremendous culture shock, I persevered and successfully performed my first case in China. Remembering these events now makes me realize how strong I was then.

My eyes have opened up to the world since the day I visited Beijing. Including my recent visit to Cuba, I wonder how many countries and regions I have visited to perform PCI where no PCI cases have been performed by Japanese physicians.

I have learned a great deal from those experiences and I would like to write about three important points. The first is that having the ability to deliver medical care is very powerful. Regardless of what religious, cultural, or political barriers exist, it is possible to get into the good graces of a country through one's ability to provide medical care. Medical care is an important manifestation of a country's sovereignty and, like a mirror; it reflects the society of each country. The second point is that regardless of a people's country or region, it is possible to convey your heartfelt feelings through medical care. It is very important here to show both your humility and respect for your host; otherwise, you will not be able to convey what is in your heart. The third point involves history. I have had many encounters with people from various countries who have unforgettable memories of Japan and World War II. In one country, a renowned physician who had until then spoken only English to me unexpectedly said in very fluent Japanese, "Back then, the Japanese military changed my name to a Japanese name." In another country, someone said to me, "I don't care if I die; I don't want anyone Japanese to touch my body." In yet another country, I was told, "Many years ago, I was captured by the Japanese military and forced to work in the construction of the Thailand-Burma Railway." As you may know, the movie *The Bridge on the River Kwai* was about building that railway. Many POWs and locals were forced into hard labor constructing the Thailand-Burma Railway from Bangkok to Rangoon and about half of them died in the process. Although I was born after the war and was not directly involved in those events, being Japanese, one cannot escape the weight of that history.

Medical care is supported by medical science and the techniques of the medical profession are practiced within society. Therefore, one must have high ethical standards and a deep sense of humanity. CCT has been providing excellent PCI technique to the world and will continue to do so in the future. Not only does CCT lead with medical technique but also with spreading medical care throughout the world. In order to help a large number of patients in this way, it is necessary to understand history and society, and I think it is necessary to carefully consider your actions with an attitude of humility toward your counterparts. This is a message both to myself and to everyone.

⁽¹⁾ *The Tale of the Heike*. Trans. Helen Craig McCullough. Stanford: Stanford University Press, 1988.

TCT 2010 Geoffrey O. Hartzler Master Clinical Operator Award: Awarded to Japanese physicians



Fumiaki Ikeno
CCT Director

In September of 2010 in Washington D.C., the Geoffrey O. Hartzler Master Clinical Operator Award was awarded to Japanese operators during the TCT meeting. Dr. Geoffrey O. Hartzler had created the world of PCI as an early pioneer of coronary angioplasty with his operator skill and technique. He sets standards high even among specialists, has outstanding international success as an innovator, and as a technical role model, Dr. Hartzler is unparalleled. Named in his honor, this award recognizes the qualifications of interventional specialists.

This year, three Japanese physicians received this auspicious award: Dr. Osamu Kato (Toyohashi Heart Center, CCT Director), Dr. Takahiko Suzuki (Toyohashi Heart Center, CCT Director), and the late Dr. Hideo Tamai (Kusatsu Heart Center, CCT Director). Dr. Kato, Dr. Suzuki and the late Dr. Tamai's family took to the stage in the main arena for the award ceremony.



TCT Course Director Gregg W. Stone, MD, (Columbia University Medical Center, New York, N.Y.) explained, "Dr. Kato, Dr. Suzuki, and the late Dr. Tamai have continued to be at the forefront of developing new methods for the approach and treatment of CTO lesions." Another TCT course director, Martin B. Leon (Columbia University Medical Center, New York, N.Y.), stated that they are three of the most skilled operators and innovators with superior techniques, and added his praise that, "their transformative techniques should be taught to other physicians in the context of a live course under their eminent leadership and authority."

Representing all three recipients, Dr. Kato graciously accepted the award and said, "Not one of my achievements can be separated from my colleagues. All that I have done is inextricably bound to the never-ending and tireless efforts of my friends."

Dr. Kato, Dr. Suzuki, and the late Dr. Tamai have dedicated half of their careers as physicians to develop interventional methods with

the goal of improving results specializing in technique and technology.

They have led this field not only with respect to CTO lesion research but also with many other expert ideas. These ideas include, the Side Branch Technique, the Parallel Wire Technique, IVUS guidance, the Kissing Wire Approach, the Knuckle Wire Technique, and Septal Dilatation. Also, more recently, the retrograde approaches such as CART, IVUS guided Reverse CART, etc...

Dr. Stone continued by saying, "It is so befitting that these three gentlemen receive an award with the namesake of Geoffrey Hartzler, a pioneer of the angioplasty of CTO lesions. Dr. Kato, Dr. Suzuki, and the late Dr. Tamai have continued the vision of Dr. Hartzler by introducing a succession of completely new tools and techniques for treating CTO lesions and in contrast to CABG, it became possible for millions of patients to receive the minimally invasive treatments of balloon angioplasty and stents."

And finally, Dr. Kato spoke and gave his perspective of the future, "A further step is a method of promoting these techniques and this technology throughout the world via a large-scale clinical trial for scientifically demonstrating the effectiveness of CTO recanalization. This way, it is my hope to enable even more patients to realize the benefit of our accomplishments."

The high standards of Japanese physicians' techniques are recognized worldwide. The receiving of this award by these three physicians, who are not only leaders in Japan but world leaders, provides tremendous hope and confidence. This award is not only for their technique, it is an award for their development of new modes of therapy, their spirit of international cooperation and for their character. The applause from the standing-room-only audience of several thousand in the main arena at TCT continued on and on.

