

From the Editor-in-Chief

BY THE TIME THAT YOU READ THIS MESSAGE, many of you will, hopefully, have enjoyed a splendid meeting at the World Congress of Paediatric Cardiology and Paediatric Cardiac Surgery, held in Buenos Aires at the end of September. One of the difficulties we have now encountered in our desire to have the Journal appear on time, which of course is essential for any archive aspiring to fulfil a worthwhile scientific role, is that we must take some degree of artistic licence when describing the events we anticipate will occur in the period which must, perforce, intervene between the delivery of the material to be published and the production of the finished article. Thus, I write these comments at the beginning of July, anticipating publication at the beginning of October, or even hopefully in the last few weeks of September. The constraints facing my colleagues in the Association for European Paediatric Cardiology are even greater, since they must prepare their “Newsletters”, and similar communications, with additional time built in for the process of editing. We hope, therefore, that you will all forgive us if some of the events that we predict, or some of the speakers we expect to appear, have changed at the time that you read the Journal. We do our very best to get things right, but we must recognise that none of us is perfect!

Having said that, it is my sincere hope that one of the achievements at the meeting held in Buenos Aires will have been the ratification of the cross-mapping of the two systems of coding published at the turn of the millennium, the one under the auspices of the Association for European Paediatric Cardiology,¹ and the other with the backing of the Society for Thoracic

Surgeons and the European Association for Cardiothoracic Surgery.² The International Committee to oversee the cross-mapping of the two systems was established at the previous World Congress, held in Toronto in 2000,³ and a Nomenclature Working Group was appointed to accomplish the task (Fig. 1). Since then, the members of this Group have worked immensely hard so as to provide not only a cross-map of the short lists of the two systems, itself a significant undertaking, but now a cross-map of the entirety of the long lists. In addition, terms missing from both lists have been incorporated into the cross-map, including entries contained in the Fyler codes of the Children’s Hospital of Boston, the latter thanks to the cross-mapping efforts of Steve Colan. As you can imagine, this task has been far from easy, and remarkably time-consuming. We all owe an immense debt of gratitude to the members of the committee, who have not only met in cities scattered around four different countries, but have burned the midnight oil in between their meetings so as to ensure that the lists are ready for discussion during their get-togethers. The “caretakers” of the two original lists, Rodney Franklin of London, England, and Jeffrey Jacobs from St. Petersburg, Florida, are to be commended most highly for their dedication to the cause. They should be acknowledged for the many hours spent on drawing and redrawing the lists to achieve the final extended version of both lists, now recognized as the International Paediatric and Congenital Cardiac Codes. All of those hosting the various meetings have needed to provide hospitality during the events, but none of this would have proved possible without the



Figure 1.

The 12-member Nomenclature Working Group (with invited guest, Tom Spray) pictured in Poland, July 2004. Left to right, front row: Giovanni Stellin (Italy), Christo Tcheivenkov (Canada), Paul Weinberg (United States); back row: Vera Aiello (Brazil), Jeff Jacobs (United States), Hiromi Kurosawa (Japan), Bobdan Maruszewski (Poland), Otto Krogmann (Germany), Bill Gaynor (United States), Marie Beland (Canada), Rodney Franklin (England), Tom Spray, Steve Colan (United States).

amazing and outstanding additional financial support provided by Christo Tchervenkov and Marie Béland from the Montreal Children's Hospital. These two tireless workers have, by means that escape me, yet fill me with admiration, achieved funding from the Canadian Institutes of Health Research, the Heart and Stroke Foundation of Canada, the Montreal Children's Hospital Foundation, and the Andy Collins for Kids Fund to support the "day-to-day" activities of the committee, and to ensure that progress continues between the meetings themselves. I was fortunate enough to be invited to attend one of their meetings, held in Montreal, where the only downside was the wintry nature of the weather. Even this could not disguise the attractions of Montreal, and it has been my pleasure since to visit Christo and Marie again in the full glow of summer. Canada, and Montreal, is truly a wonderful place. Since May 2002, four of the seven meetings of the Nomenclature Working Group have been held in Canada, but in addition, the group has met in Florida, hosted by Jeff Jacobs, in Warsaw under the auspices of Bohdan Maruszewski, and in Brazil, organised by Vera Aiello. I know from my own experience how hard the group works at each of these meetings, but the added work needed from those such as Steve Colan, Jeff Jacobs, and Rodney Franklin, who prepare the multiple lists for cross-mapping, has to be seen to be believed. All of those working in Paediatric Cardiology and Paediatric Cardiac Surgery owe the Nomenclature Working Group a huge debt of gratitude. It is my sincere hope that all their hard work, culminating in the International Paediatric and Congenital Cardiac Codes, was ratified in Buenos Aires.

As Christo, Marie, and I discussed during my recent visit to Montreal, this is far from the end of the task. Our understanding of congenital cardiac malformations has increased amazingly over the last 20 to 30 years. Discussions at the various meetings of the Nomenclature Committee, however, coupled with

evidence from most International meetings, shows that we are still far from the universal understanding that many of us have spent their entire careers seeking to achieve. We are certainly much closer, but there is still much to be done. Thus, it is my own hope that, providing their energy is sufficient, the Nomenclature Working Group will continue their efforts in the aftermath of Buenos Aires. The techniques now available for diagnosis, such as computerised tomography, resonance imaging, and three-dimensional echocardiography, are now so sophisticated that all the mysteries of cardiac anatomy will shortly be readily apparent to all paediatric cardiologists and paediatric cardiac surgeons. Indeed, the interrelationships of structures will potentially be displayed in even greater detail and accuracy than as now achieved by the morphologist. If we are to agree how best to describe these findings, then we will need the continuation of an arbitrating body. The International Committee has shown that it has filled this role admirably for the purpose of cross-mapping. Hopefully it will continue its work so that, by the time of the next World Congress, to be held in Cairns, Australia, in 2009, we might all be agreeing to describe the lesions using the same words.

Robert H. Anderson
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References

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3. Béland MJ, Jacobs JP, Tchervenkov CI, Franklin RCG. Report from the Executive of The International Working Group for Mapping and Coding of Nomenclatures for Paediatric and Congenital Heart disease. *Cardiol Young* 2002; 12: 425–430.