The International Andreas Gruentzig Society

20 Years of Progress on Cardiac and Vascular Intervention — A Legacy to Andreas

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The International Andreas Gruentzig Society was inaugurated in the years after Andreas Gruentzig’s passing in 1985. A small group of his mentors, colleagues and trainees struggled to find a way to hold the memory of this remarkable man and push his innovative and ground-breaking work into the coming years. As I begin to write this reflection on the formation of the society, I cannot help but be reminded of the deep sadness and sense of loss that was universally felt by the cardiovascular community and especially by colleagues and co-workers close to this great man. It was a profound sadness not only driven by personal loss, but by a sense that progress in percutaneous catheter-based therapies would be dramatically inhibited by the loss of Andreas’s leadership. Eberhardt Zeitler, who taught Andreas the basics of vascular intervention, Richard Myler, who ushered him into the United States, Bernie Meier, who supported his early work at Emory, and myself were instrumental in bringing together an international group of physicians dedicated to furthering Andreas Gruentzig’s work.

Now twenty years on, it is difficult for younger cardiologists to understand the state of coronary intervention at the time of Andreas Gruentzig’s death. Andreas had pushed peripheral and, subsequently, coronary balloon angioplasty to the forefront of medical awareness through a combination of unique clinical and technical skills, a willingness to challenge the conservative academic conventions, and personal charm and courage. By 1985, coronary angioplasty was accepted as a reasonable alternative to bypass and medical therapy in single-vessel disease, but was unproven and even “reckless” in multivessel disease and in patients with poor left ventricular function. Abrupt closure from dissection and thrombosis was a potential problem in 5% to 10% of cases, and emergency bypass surgery was an unfortunate and not infrequent reality of interventional life. The risk of patients suffering severe myocardial infarction and even death from elective angioplasty was a critical issue faced by every interventional cardiologist. Dependence on surgical coverage, surgical patronage and the ire and disdain of cardio-thoracic surgeons if things did not go well was a potential occupational hazard.
Accordingly, much effort was directed to finding alternative approaches to “Gruentzig’s balloon.” Vast sums of valuable research dollars and intellectual energy were wasted. Entrepreneurs touting “smart lasers,” “side lasers,” “cutters and grinders,” and “red light and blue light” — all had an unbridled influence on interventional vascular medicine and the device industry. Founding members of the Society felt that Andreas Gruentzig’s leadership and dedication to honesty and sound science would have prevented this waste. In forming the society, foremost in the minds of the founders was an effort to encourage entrepreneurial investigation of techniques and devices to solve interventional problems but to do so using the highest levels of scientific integrity and multidisciplinary collaboration.

In 1989 plans were put in place to form the Andreas Gruentzig Society and an inaugural dinner meeting was convened at a coronary interventional course at the University of Alabama at Birmingham in 1990. Interventional radiologists, cardiologists, angiologists, vascular and cardio-thoracic surgeons and industry leaders were present. The group, including “elders” who had been there at the very beginning — Eberhard Zeitler, Ernst Schneider, Felix Mahler, Richard Myler, and John Aberle — committed to meet for five days every two years to exchange innovative ideas, critically challenge each other’s concepts and biases, and to promote vigorous scientific integrity and multi-disciplinary and international collaboration — the “Gruentzig Method.”

It was decided to convene the meeting in all corners of the world, to include local cardiologists, radiologists, and surgeons and to find “somewhat hard-to-get-to” venues that prevented “in-and-out” participation. Membership was by invitation only, and all individuals had to fund their own travel expenses. Industry funds were used to finance the venue accommodation and, most importantly, a “24/7” interaction that encouraged friendship, collaboration and a unique environment for professional interchange. A notable example of the first of this type of interaction is the evolution of carotid stenting that can be dated back to a Gruentzig Society meeting in Sydney, Australia in the early 1990s. A presentation by Robert Ferguson, a neuroradiologist, on his early cerebro-vascular angioplasty registry and the discussions that followed stimulated cardiologists at the meeting to think about this endeavor.

The first Gruentzig Society scientific meeting was held in Nuremberg in 1991, hosted by Eberhard Zeitler. An ancient castle above the city hosted a special evening where a large group of radiologists, cardiologists, surgeons and industry supporters raised their glasses to toast the memory of Andreas Gruentzig and a promise to preserve his commitment to solving problems in patients with cardiovascular disease.

In the years that have followed, the group has met every two years in venues in the Asia-Pacific, South America, North America and Europe. The spirit of multi-disciplinary collaboration continues and the society evolves, as does the science and the nature of vascular intervention. Surgeons new to endovascular procedures challenge traditional views held by radiologists and interventional cardiologists. New imaging and treatment paradigms are “thrown about” the room in an atmosphere of collaboration and free-wheeling honest criticism. Presentations are short, and data (or lack thereof), ideas and biases are constantly challenged. The depth and breadth of interventional experience stretching back 40 years and across all disciplines creates a unique environment not experienced in other medical meetings. Young, enthusiastic, wide-eyed interventionalists are challenged by aged and jaded elders who are able to share a remarkable collective experience. Morning scientific sessions leave bruised egos from aggressive, honest and open debate that are salved over tropical drinks during the required afternoon group social tours and activities.

The International Andreas Gruentzig Society continues as a legacy to the man and his unique contribution to medicine. Millions upon millions of patients benefit from Gruentzig’s “tiny” balloon. Despite endless challenges from other technologies, the balloon, now enhanced by the scaffolding stent, remains the basis for vascular intervention. Andreas Gruentzig could only have dreamed of his heritage and his ultimate contribution to mankind.