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Contents lists available at ScienceDirect

Cardiovascular Revascularization Medicine



Editorial

Virtual Works for CRT☆



Ron Waksman

Section of Interventional Cardiology, MedStar Washington Hospital Center

E-mail address: ron.waksman@medstar.net

When Michelle Obama referred to the mysterious virus coming from China during her keynote address at Cardiovascular Research Technologies (CRT) 2020 in February 2020, the idea that this CRT meeting would be the last one to be held that year crossed my mind. Earlier that day, a few faculty members from Europe were called back to their hospitals to take care of COVID-19 patients and could not stay for the duration of the meeting. One live case from Milan, Italy, was canceled. The buzz in the air was that an unusual virus and a difficult era lay ahead of us. Two days after the meeting, the news broke about an individual who attended a different meeting held immediately after CRT at the same hotel who was diagnosed with COVID-19. Can you imagine what would have happened to CRT 2020 if this patient had been diagnosed in a meeting preceding CRT 2020? Luckily, to the best of my knowledge, none of the CRT 2020 attendees contracted the virus at the meeting.

The rest of the story is known. There were no in-person conventions or meetings throughout 2020, as we were all busy taking care of COVID-19 patients and looking for alternatives to in-person meetings, which led us to embark on virtual platforms. At first, it seemed that the pandemic would not last more than a year and that we would be able to resume in-person meetings in 2021. But as the infection rates rose, along with staggering rates of mortality, lockdown protocols, closed hotels, and travel being minimized to essential trips, it was apparent that CRT 2021 would be virtual. Immediately after CRT 2020, in-person meetings were converted to virtual, offering endless educational content from

large meetings, such as the American College of Cardiology Scientific Sessions, EuroPCR, and Transcatheter Cardiovascular Therapeutics, to small meetings and webinars. The web was saturated, and still is, with educational programs utilizing a myriad of platforms dominated by Zoom, with a larger-than-ever number of registrants from around the globe. The virtual content was outstanding, with first-in-class presentations and science, but the majority of the sessions were recorded, condensing 20 hours of content to 8 to 10 hours per day for 3 or 4 days. Naturally, it was impossible to be glued to the computer for a whole day and listen to the recorded sessions when you don't have the allowed time and are not relieved from your clinical duties as a healthcare professional. That led to video on demand: watch it when you can in your free time. The recorded nature of the sessions limited the interaction of the attendees, both among themselves and with the faculty. Some platforms were sophisticated, mimicking an auditorium and letting you know who is sitting next to you, allowing a chat. However, some of the recorded sessions sounded like they came from a bunker. A few speakers whispered into the microphone, being careful not to wake up their children. Some had muffled audio because of poor connections, and in some, you could hear the background noise of a dog barking or baby crying. When available, it was fun to watch some of the attendees exercising – or falling asleep – while listening to the virtual platform. There were also upsides to those virtual meetings. For the most part, the virtual programs were free, easy to access, and saved the cost of traveling, enabling many individuals who usually cannot make it to these meetings for logistical reasons to get access to first-class content.

When it became apparent that CRT 2021 would be virtual, we tried to implement the lessons from the first wave of virtual meetings and make CRT 2021 Virtual different and better. First, it was clear that the meeting should be live only, with no recorded sessions, including lectures, discussions, and live cases. Second, we picked a simple and

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familiar platform (Zoom) to minimize the technical challenges. This platform allows attendees to chat with each other and with the speakers and panelists. It is transparent and shows how many, and who, are in the session at any given time. Third, we broadcast live every Saturday for 10 weeks for 5 hours, with a total of 75 hours of educational programming by the CRT tracks, to maximize the availability of the attendees to join the sessions. Finally, we provided CME to physicians who were in need. Traditionally, CRT partnered with the US Food and Drug Administration (FDA) for a series of town hall meetings. For CRT 2021 Virtual, we launched four live FDA town hall meetings on Fridays and included the participation of industry, academicians, and regulators from the US and globally. With over 6000 registrants and 404 faculty members via the live virtual platform, we were able to broadcast live the late-breaking trials, innovation competition, Young Leaders, Disparities, and Women in Interventional Cardiology sessions to keep the spirit of the CRT meeting. On-demand was popular, with over 8000 viewers.

In this issue of *Cardiovascular Revascularization Medicine (CRM)*, the official journal of CRT, we proudly present the top abstracts submitted to the CRT 2021 Virtual meeting. The new CRM editorial board, which consists of many CRT faculty, was announced at the meeting and convened for a live editorial board meeting. No doubt CRT 2021 Virtual was a great success, and our custom-made formula for the meeting worked well. The feedback sent to us by the attendees was flattering and encour-

aging. The success of the meeting could have not been accomplished without the hard work of the CRT meeting planning team, which worked tirelessly to deliver the education virtually, and the support of our CRT faculty, the live-case operators, and the attendees, who were engaged and loyal to the program – many of them came back every Saturday.

Although, some may claim that we are in the era of “Zoom fatigue,” virtual meetings are not going away. They will continue to deliver good content year-round as long as they have a receptive audience. But as we are getting out of the pandemic with growing rates of vaccination, we are seeing how in-person meetings are resuming – for now on a small scale but with the right trajectory to grow into larger meetings in 2022.

The question is, what will in-person meetings will look like in 2022? Will social distancing be kept, will face masks will be mandatory? What will be the attendance? Will the lecture halls be filled, or will the attendees be in open spaces and exhibit area? I hope that on February 26, 2022, we will be able to return to a full in-person meeting style. As such, we have already started our planning for a robust in-person CRT 2022, which will be the 25th anniversary of the CRT meeting. We hope that you will attend CRT 2022 and celebrate with us a back-to-normal, high-quality, in-person educational program with an emphasis on social networking and catching up with each other for all that we missed during the pandemic days. Until then, enjoy this issue of *CRM* and our virtual platforms on CRTonline.org, CRTmeeting.org, and CRTvirtual.org. And stay safe and healthy.