Cardiovascular medicine is currently governed by the important standard of the scientific method, whose holy grail is evidence-based medicine. This fact is reflected in all the decisions we make, from patient assessment, interpretation of auxiliary diagnostic tests and, finally, decision on the best course of treatment, reaching the detail of defining the best conduit for a specific target vessel.

The torrential production of high-quality work from which evidence and recommendations are derived is today overwhelming for the average surgeon. The screening and quality control of the evidence that is generated is, in itself, a time-consuming and often unrewarding job, difficult to be carried out by surgeons without training in epidemiology and biostatistical analysis. Bias, cherry-picking, misreporting and inadequate leverage of composite endpoints are ubiquitous concepts that must be addressed and fought. Statistical manipulation and the influence of industry, more or less subtle, are insidious realities capable of perverting a system that is intended to be objective, free from bias, peer-reviewed and in favor of medical science. The surgeon concerned with applying the leges artis and better serving his patient, increasingly turns to entities with recognized competence to navigate this sea of evidence, such as the EACTS or theSTS. Portugal, with distinct economic, populational or even social characteristics, hardly recognizes itself represented in the North American or North European realities.

Along with the constant technological development, Medicine in general and our specialty in particular, is faced with the dilemma of innovation and its implementation. Despite being indispensable for improving the results of care provided to patients, it requires, at the same time, a reputable and independent evaluation of its effects, at least in the mid-term. Innovation is seen not only in techniques, materials, devices, but also in organizational processes and analysis of results.

The ongoing transformations aim to obtain the best result with the least inconvenience for the patient, but confront us with dilemmas and trade-offs.

What will be better? Less early discomfort or a safer late outcome? Whatever the answer, the cardiac, thoracic or vascular surgeon must incorporate the new diagnostic and treatment methods in their portfolio, which is why the education and training of young surgeons is one of the most pressing issues. Education is thus one of the SP-CCTV’s core missions for maintaining heart-lung and vessel surgery as a relevant, autonomous discipline capable of offering the best treatment to the patient, in all circumstances.

It is true that investment is essential for technical and scientific development, but innovation and inventiveness are not always accompanied by adequate financial support. This cleavage is as great as the greater the inequality of economic realities, so evident in so many other aspects of current life.

From these premises and from the recent example of the Latin American Association of Cardiac and Endovascular Surgery, the idea was born to create the “Aliança Latino Europeia de Cirurgia CardioVascular” or the Latin European Alliance of CardioVascular Surgical Societies (LEACSS), an association of national societies of cardiac surgery (cardiovascular or cardiothoracic) which, due to their genesis, share cultural characteristics, but also similar economic and social realities. LEACSS has a unifying func-

Latin European Alliance of Cardiovascular Surgical Societies (LEACSS) – Towards independent evidence-based cardiovascular medicine and shared surgical education
tion, bringing the 4 founding countries together – Portugal, Spain, France and Italy – benefiting from their similarities, but also capitalizing on their differences.

There are four main objectives of LEACSS:

1. Foster relations between the founding Societies in the areas of training, education, clinical research, interaction with related specialties and dissemination of our activity to civil society.
2. Produce consensus documents/guidelines adapted to the reality of consecrated countries.
3. Encourage the production of independent evidence, analysis and dissemination of knowledge in cardiovascular medicine based on the best evidence.
4. Promote the exchange of young surgeons within member countries, training and independent research.

It is with this welcome note that we congratulate SPCCTV’s integration into LEACSS, and we invite all members to be part of this initiative. We will soon more information related to this new Alliance of Latin European Societies.

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