PCR london valves

Programme

20-22 September 2015 - Berlin

PCR London Valves in an official meeting of the European Association for Percutaneous Cardiovascular Interventions (EAPCI).

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Edwards

Editorials

PCR London Valves comes to Berlin for its Sixth Edition!!
And a warm welcome awaits for Valve Disease Heart Teams from around the world.

PCR London Valves is now firmly established as the world's largest educational meeting focused on the care of patients with valvular heart disease and specifically addressing the rapidly growing specialty of percutaneous valve intervention. An official course of the EAPCI, the PCR London Valves programme is designed to provide attendees with a comprehensive educational experience concentrated into two days of LIVE demonstrations, interactive learning sessions, presentations and debates. This year's meeting comes to Berlin for the first time, as a tribute to the fantastic contribution that Germany has made in the development of percutaneous valve intervention.

Since the inception of PCR London Valves six years ago, TAVI has become a standard therapy recommended by international guidelines as an alternative to surgery in inoperable and high-risk patients with severe aortic stenosis. Based upon this unimagined success, percutaneous treatment options for wider indications in aortic, mitral and tricuspid valve disease are now rapidly emerging. These major technological developments and newly affirmed methods of team working and case selection have set the stage for a revolution in the management of valvular heart disease.

Our theme - "The evolution of percutaneous valve therapy from TAVI to mitral intervention" - reflects this expansion and the divergence of percutaneous treatment options for patients with valvular heart disease. Accordingly, we have aimed to create a broad programme, which incorporates several new features to address this diversity and cater for the wide educational needs of the rapidly growing number of participants.

The core spirit of this year's meeting will reflect previous editions and we have designed several programme tracks (each dedicated to specific specialist areas and highlighted with specific colour codes in the programme) to assist your choice of sessions.

- The Aortic track will focus on TAVI, outlining the current status of this technology and addressing future improvements, refinements and innovations.
- The Mitral and Tricuspid track will highlight the complexity of the anatomical and pathological challenges involving these valves and the current status of attempts to address these using percutaneous approaches.
- The Imaging track will build on the enormous successes of 2014, with a dedicated Sunday programme, including comprehensive lectures and hands-on workshops using a range of specialised imaging software addressing the role of echocardiography, CT and MRI in the planning, performance and follow-up of percutaneous valve interventions. Imaging themes will also feature strongly within the aortic, mitral and tricuspid tracks.
- Of course, all of the tracks and sessions are complementary and frequently overlap in the Multiple track sessions, so you can hop from one to another as you please.

Last but not least, the Learning sessions in aortic and mitral intervention will provide practical interactive workshops in the PCR tradition, allowing participants to learn the tools and techniques associated with individual devices and procedures. These sessions will be led by recognised clinical experts with advanced teaching skills and draw upon a series of new Live in-a-box® recordings specially prepared for this course.

LIVE demonstrations remain at the heart of the programme and will feature challenging and educational cases from St Thomas' Hospital, London, UK - The Deutsches Herzzentrum, Berlin, Germany and The Kerckhoff Heart and Thorax Center, Bad Nauheim, Germany - with educational objectives that highlight the themes of the preceding plenary session.

Reflecting the broad theme of the meeting, our Keynote Lecture will be delivered by Maurice Sarano, one of the world's key opinion leaders in the field of mitral valve disease, while The Great Valve Debate will be a lively and open discussion between participants and experts in the field on the transition of the TAVI experience to the field of percutaneous mitral valve intervention.

Meanwhile, other new features include a Late breaking trials session highlighting the latest results from key trials and registries, a series of challenging case-based sessions prepared by our partners National Societies, using the popular PCR "How should I treat" format, and dedicated sessions for nurses and allied professionals.

The React@PCR system will allow transmission of questions from the audience to the chairpersons and panellists throughout sessions in the Main Arena and Room 2. All lectures will be short and focused, allowing plenty of time for discussion and audience interaction. PCR London Valves is a meeting that remains dedicated to the transmission of clinical and theoretical knowledge and we urge you to be an active participant - the more interaction we have between the attendees and faculty, the more we will have achieved together and the better the learning experience for us all.

So, welcome to Berlin, and profound thanks to all who have made this amazing meeting possible - the entire PCR London Valves Board and Programme Committee, the behind the scenes administrative team and our industry partners who provide such valuable support.

Jean Fajadet
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PCR

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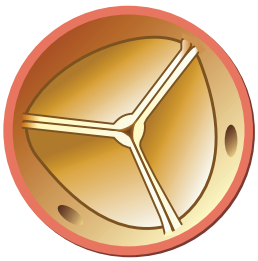
A practical guide to valve in valve procedures for clinicians

mitral



aortic

Quick, clear and practical information about heart valves and valve in valve therapy

The smart device index! Find complete product data sheets enriched with relevant scientific information

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The unique tool enabling free and easy access to major randomised clinical trials

Editorials

Dear colleagues and friends,

Welcome to the yearly reunion of our structural interventional community at PCR London Valves 2015.

2015 is a special year for this Course since we are stepping out of our usual venue. There is one very good reason to be here today in Berlin: giving us the opportunity to recognise the contribution of German colleagues to the development and clinical adoption of TAVI and other structural interventions, as emphasized by the Course Directors.

PCR London Valves is a patient-centred Course that aims to fulfil the evolving needs of our community. Two aspects of the scientific programme that was crafted for this year's Course seem especially notable to me:

- the widening of the scope of structural intervention to other valves, especially mitral valve disease. We can anticipate another great collaborative journey with engineers and researchers from our industrial partners.
- The simplification of TAVI procedures, and all the efforts to streamline its planning, execution and follow-up; the goal being to make the process even more patient-friendly, which is essential as we target younger (lower-risk) patients.

One point of focus that we should not forget though is the growing heterogeneity in access to TAVI as a life-saving procedure, worldwide but also within the European Union from one country to the other. This is a worrisome evolution. Accepting that the adoption of TAVI can vary as widely as it does today between leading countries such as Germany and other countries such as my own –i.e. Belgium- is simply unfathomable in view of the available evidence.

Therefore, I hope that the networking opportunities offered during the PCR London Valves Course 2015 in Berlin will allow exchange of best practices, and inspiration from the well-served on how proper patient access can be promoted and achieved throughout.

Finally, as a PCR educational experience, the Course is a privileged space for our community to get together and share relevant learning amongst peers. Lifelong, transformative, impactful, self-directed learning: this is what PCR London Valves aims to bring to you during the three days that we are here together. To this end, everything during the Course has been set up to foster the development of knowledge and technical skills that will have a lasting impact on all of your practices, now and in the future, benefiting you, your teams and each one of your individual patients.

Enjoy the learning, take it home and share your educational experience within your community.

William Wijns,
Chairman of PCR

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React@PCR

NEW! Post your instant messages to the Heart Team on stage directly from your smartphone!

Any questions for the speakers, the panel or the operators?
Don't be shy, these anonymous contributions will feed the debate.

- Access the platform straight from your PCR application, or find the website link indicated in the room.
- Each session will have a dedicated time slot for discussion. Look for «React@PCR» throughout the programme.

Available in the Main Arena & Room 2

Thanks to our partners!

- Abbott Vascular
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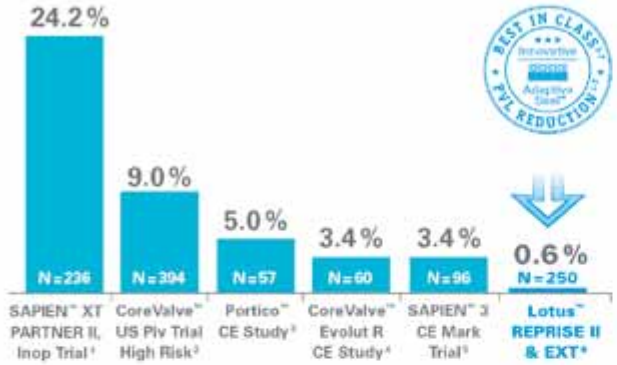
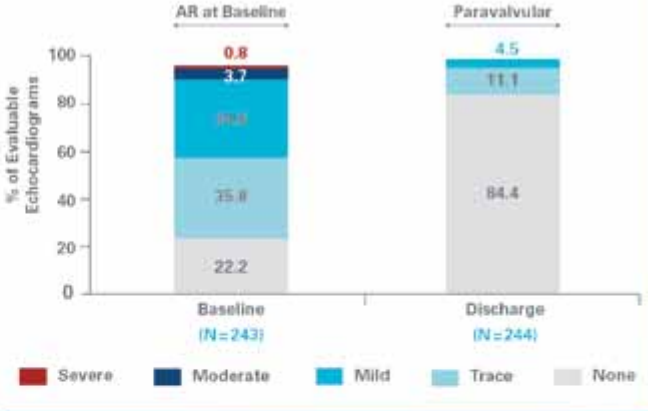


Results from different studies not directly comparable. Information provided for educational purpose only.

No moderate / severe PVL[7]
in real-world data



* Paravalvular leakage
** As published to date

1. M. Leon. PARTNER II. ACC 2013
2. J. Popma. CoreValve US Pivotal Trial High Risk. TCT 2014
3. G. Manoharan. Portico CE Mark Trial. TCT 2014
4. I. Meredith. CoreValve Evolut R CE Mark Trial. ACC 2015
5. J. Webb. SAPIEN 3 CE Mark Trial. EuroPCR 2014
6. I. Meredith. REPRISE II EXT. PCR LV 2014
7. N. Van Mieghem. RESPOND Post Market Study. EuroPCR 2015

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An interview with... Simon Redwood

LIVE cases are the most instructive part of PCR London Valves

Simon Redwood
Interventional cardiologist, St Thomas Hospital, London, UK

This year at PCR London Valves, there will be LIVE case transmissions from Bad Nauheim, Berlin, and London. Simon Redwood—a PCR London Valves Co-Director and live case operator—discusses the value of having LIVE presentations from different centres and why LIVE case presentations are often the most instructive sessions at meetings.

› What is the value of having LIVE case presentations at PCR London Valves?

The LIVE case presentations are among the highlights of the meeting, and attendees certainly seem to find them the most instructive sessions. They enable you to learn the various procedural techniques in a real-time live environment, ideally from start to finish.

› The LIVE cases will be from Bad Nauheim, Berlin and London. What are the benefits of having presentations from different centres?

Techniques do vary from centre to centre and particularly from country to country. Additionally, the LIVE cases highlight most—if not all—of the currently available devices in a variety of clinical situations, which would not be possible if only one centre were transmitting cases.

› What areas of valvular interventions will the LIVE cases cover?

We have ensured that there is co-ordination between the three centres so that a wide variety of techniques and devices will be shown without too much overlap. We will almost certainly be including cases that involve native aortic valve stenosis and valve-in-valve interventions in both the mitral and aortic valve.

› What must be considered when selecting a patient for a LIVE case (ie. the probable complexity of the procedure)?

The aim is not to show very complex cases but to use relatively straightforward cases so that we can safely and clearly demonstrate all of the steps required for a successful procedure. We hope to perform most of the cases from start to finish within the allocated time of the transmission.

› What safeguards are put in place to ensure that the LIVE recording does not jeopardise the outcome of the procedure?

The cases will be very carefully selected, screened and planned in advance using a multidisciplinary approach, similar to the way in which all cases are selected for transcatheter procedures in clinical practice. Also, we have carefully selected the centres that are transmitting cases; they not only have experienced operators but also have experience in performing LIVE teaching transmissions calmly, safely and effectively.

› Is it OK for an operator to be influenced by any comments from the panel/audience about how to perform a procedure?

Generally, as operators, we are not influenced by the panel as the steps and teaching points have been carefully planned well in advance. Very occasionally if an operator experiences difficulties, they may take into account a very useful trick or technique that a panel member has suggested—but this would be the exception rather than the rule!

› In your view, what makes a LIVE case interesting?

The most interesting aspect as an audience member is to actually see the case being performed "LIVE", rather than the time being taken up with discussion between the operators and the panel members and then being shown what has already been done "off camera". Additionally, seeing experienced operators successfully deal with difficulties that arise during the case is very instructive.

Join the LIVE sessions from		
Berlin	**Monday 21 September 8:45-10:00**	**17:30-18:30 / Main Arena**
London	**Monday 21 September**	**11:30-12:30 15:15-16:15 / Main Arena**
Bad Nauheim	**Tuesday 22 September**	**8:30-9:30 11:30-12:30 15:45-16:45 / Main Arena**

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PCR Innovation in education at work

An interview with... Alec Vahanian

One trial is rarely enough to change practice

Interventional cardiologist - Hôpital Bichat - Claude Bernard, Paris, France

The studies that are being presented at this year's Late-Breaking Trial session (Monday 14:45–15:30; Room 2) range from the 30-day registry results of a next-generation transcatheter aortic valve implantation (TAVI) system to a multicentre trial report of percutaneous annuloplasty for mitral valve repair. Session Chair, Alec Vahanian (Cardiology Department, Bichat University Hospital, Paris), explains that late-breaking trials are important for building the evidence base but adds that one trial is usually insufficient to change guideline recommendations.

› What is the value of having a late-breaking trial session at a conference?

In this digital age, everyone wants to be updated immediately; therefore, late-breaking trial sessions are a good way of providing timely information on key topics. Of course, not all trials can be "late-breakers"—they have to be well conducted, original, and of interest to the whole community. A trial that focuses on a highly specific topic is unlikely to be selected for a late-breaking trial session.

› If a trial has ground-breaking results, should it lead to a change in practice?

A trial by itself will usually not immediately lead to a dramatic change in clinical practice. Firstly, late-breaking trials—however, ground-breaking or "catchy" their results seem to be—need to be supported by a full, peer-reviewed paper that is published in a medical journal. A 5–10 minute presentation at a late-breaking trial session will not give you the whole picture because you need to see, in a full paper, the methodology and the results. Secondly, the results of a trial need to be confirmed by other trials because it is always better to have a strong evidence base.

Scientific societies usually make recommendations on the basis of careful, in-depth, critical analysis of several studies. However, on a very rare occasion, a trial will transform practice—for example, a study that shows a treatment to be harmful to patients will prompt guidelines to withdraw recommendation for that treatment.

› In your view, what has been the most important late-breaking transcatheter valve trial in the last 12 months?

The five-year results of the PARTNER study [which were presented at last year's Transcatheter Cardiovascular Therapeutics, TCT meeting] were very important. They showed that the Sapien TAVI valve is durable—durability is a key concern with TAVI devices. Although we cannot use this trial in isolation to give a definitive answer about the durability of TAVI valves, it provides information. We should grab hold of all the available information on TAVI device durability to build the evidence base and then, if relevant, change our practice.

› What do you think will be the most important late-breaking trial in the next 12 months?

We are eagerly awaiting the results of PARTNER II and SURTAVI, both of which are assessing the use of TAVI in lower-risk patients. I think PARTNER II will be presented this year, but we will have to wait longer for the SURTAVI results.

The results of the ongoing trials of antithrombotic therapy in patients undergoing TAVI are also awaited as are those of the many trials of transcatheter devices for mitral valve repair or replacement.

› Both PARTNER II and SURTAVI are sponsored by industry. How do we ensure that the results are not biased?

While they are sponsored by industry, they are being conducted by independent researchers and their results will be analysed by independent scientists. As long as we know from the beginning that a trial has industry sponsorship, and as long as the sponsor does not interfere with data analysis or presentation, then industry sponsorship is not a problem.

Attend the sessions presenting Late-breaking trials on:	**Monday 21 September**	**9:30-10:30 /Room 4**
	Tuesday 22 September	**8:00-9:25 11:00-12:30 / Room 4**
and the dedicated Late-breaking trial session on	**Monday 21 September**	**14:45-15:30 / Room 2**

How to get your certificate?

NEW this year:
your certificate will only be available online!

via the PCR London Valves website

www.pcrlondonvalves.com

via the PCR app

Available on 22 September

Please don‘t stand in session rooms!

According to German law the capacity of rooms should not be exceeded. When all seats have been taken, please wait until a seat becomes free.

Standing is forbidden as it represents a safety risk.

To avoid interruption of a session, please cooperate with the staff.

Scientific programme

Valid as of 4 September 2015

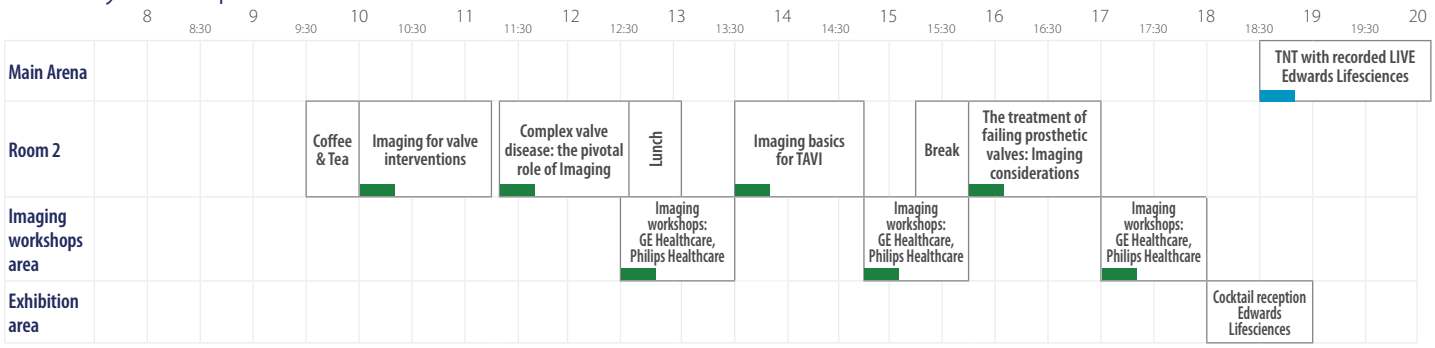
PCR london valves

Programme at-a-glance

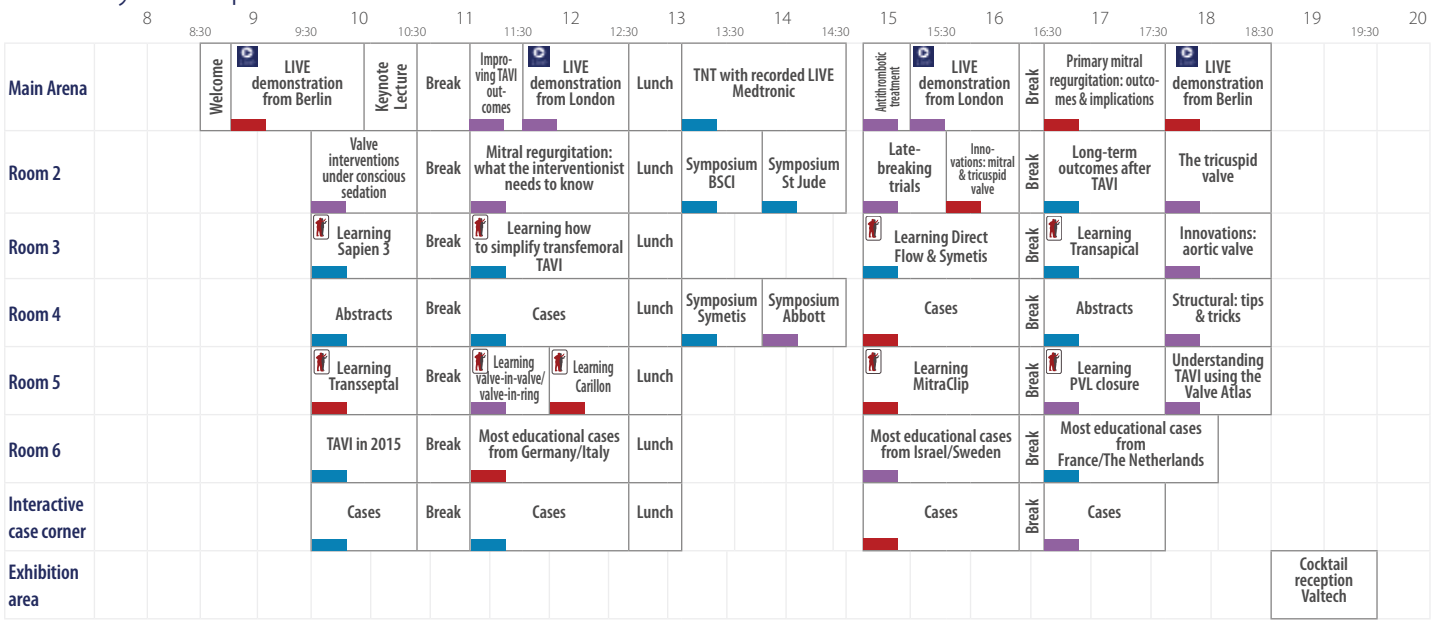
Find your programme track by colour

Aortic | Imaging | Mitral and tricuspid | Multiple speciality | Learning sessions | LIVE demonstrations

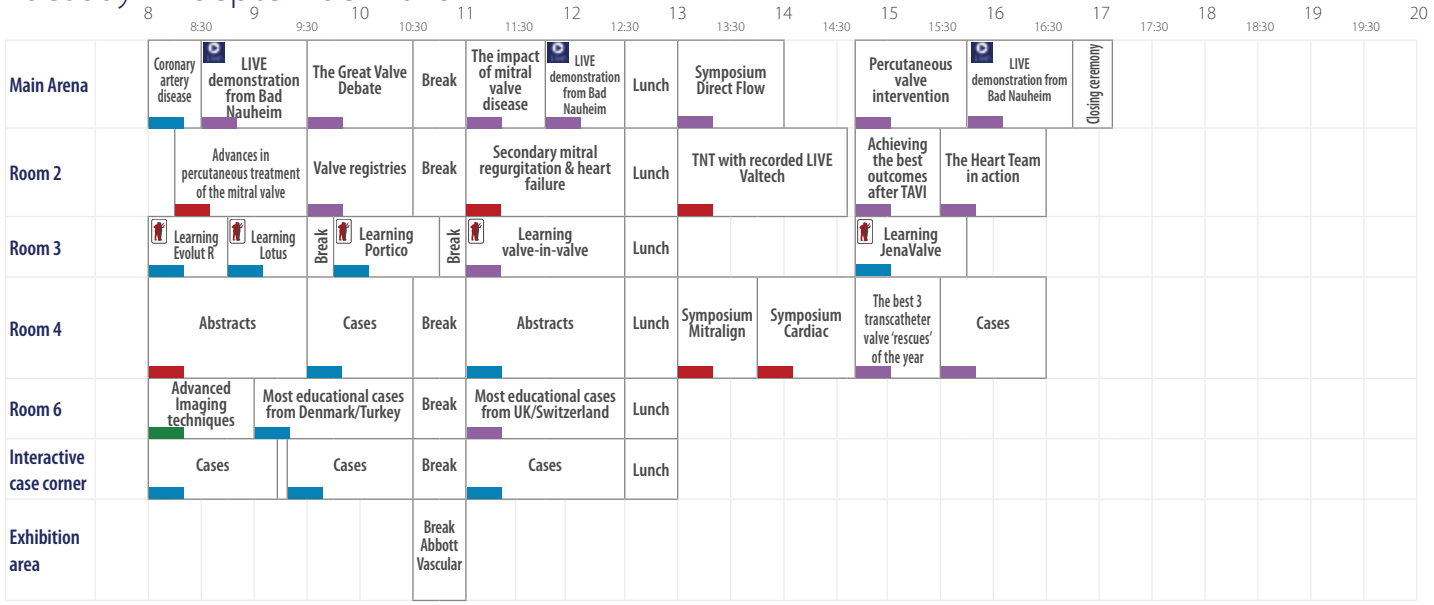
Sunday 20 September 2015



Monday 21 September 2015



Tuesday 22 September 2015



Sunday 20 September

10:00-11:15 ■ Imaging for valve interventions: what do we need & when?

ROOM 2
LEVEL 1
Plenary session

Chairpersons: B. Prendergast, R. Rosenhek
Panellists: A. Chawla, R. Hahn, J. Hancock, A. Linke, S. Von Bardeleben

Attend this session if you want:
- To understand the complementary role of different Imaging techniques in aortic & mitral valve interventions
- To appreciate the limitations of Imaging during TAVI with conscious sedation
- To learn more about emerging Imaging technologies for use in the catheter laboratory

10:00 Session objectives - *R. Rosenhek*
10:02 Imaging for TAVI with conscious sedation: which modalities are essential? - *A. Linke*
11:09 Time to React@PCR
10:16 Imaging for TAVI: what are the incremental benefits of TOE? - *J. Hancock*
10:23 Time to React@PCR
10:30 Imaging for TAVI: annular alignment & optimal prosthesis positioning - *R. Hahn*
10:37 Time to React@PCR
10:44 Imaging for Mitral intervention: effective use of TOE & CT *S. Von Bardeleben*
10:51 Time to React@PCR
10:58 New Imaging technologies in the catheter laboratory: what are the benefits? - *D. Mylotte*
11:05 Time to React@PCR
11:12 Key learnings & session evaluation - *B. Prendergast*

11:20-12:35 ■ Complex valve disease: the pivotal role of Imaging

ROOM 2
LEVEL 1
Plenary session

Chairpersons: J. Byrne, M. Haude
Panellists: R. Hahn, J. Hancock, M.K.Y. Lee, J. Leipsic, B. Rana, R. Rosenhek

Attend this session if you want:
- To improve your understanding of the assessment of multiple valve lesions using echocardiography
- To learn more about low flow & low gradient aortic stenosis
- To understand the utility of advanced Imaging techniques in complex valvular heart disease

11:20 Session objectives - *J. Byrne*
11:22 How to assess patients with multiple valve lesions using echocardiography - *B. Rana*
11:29 Time to React@PCR
11:36 All you need to know about low flow & low gradient aortic stenosis - *J. Hancock*
11:43 Time to React@PCR
11:50 How to perform & analyse a stress echocardiogram in valvular heart disease - *R. Rosenhek*
11:57 Time to React@PCR
12:04 Assessment of the TAVI candidate (1): how to acquire & analyse a 3D echocardiography dataset - *R. Hahn*
12:11 Time to React@PCR
12:18 Assessment of the TAVI candidate (2): how to acquire & analyse a CT dataset - *J. Leipsic*
12:25 Time to React@PCR
12:32 Key learnings & session evaluation - *M. Haude*

12:35-13:05 ■ Lunch

13:30-14:45 ■ Imaging basics for TAVI

ROOM 2
LEVEL 1
Plenary session

Chairpersons: J. Fajadet, R. Hahn
Panellists: J. Byrne, V. Delgado, U. Gerckens, K. Hayashida, R. Rosenhek, N. Van Mieghem

Attend this session if you want:
- To understand the challenges of Imaging in TAVI candidates
- To improve your recognition of common Imaging scenarios before, during & after TAVI
- To know how to use different Imaging modalities to make TAVI a safe & predictable procedure

13:30 Session objectives - *R. Hahn*
13:32 Pitfalls in the diagnosis & quantification of aortic stenosis *R. Rosenhek*
13:39 Time to React@PCR
13:46 Pre-procedural planning: valve sizing - *N. Van Mieghem*
13:53 Time to React@PCR
14:00 Pre-procedural planning: vascular access - *U. Gerckens*
14:07 Time to React@PCR
14:14 Detection of common peri-procedural complications *V. Delgado*
14:21 Time to React@PCR
14:28 Imaging follow-up: what to look for? - *J. Byrne*
14:35 Time to React@PCR
14:42 Key learnings & session evaluation - *J. Fajadet*

15:15-16:00 ■ Coffee & Tea

15:45-17:00 ■ The treatment of failing prosthetic valves: Imaging considerations

ROOM 2
LEVEL 1
Plenary session

Chairpersons: M. Monaghan, S. Windecker
Panellists: V. Bapat, E. Brochet, K. Hayashida, P. Pibarot, S. Von Bardeleben

Attend this session if you want:
- To understand more about the Imaging assessment of a failing bio-prosthetic valve
- To learn how Imaging can influence device selection for valve-in-valve and valve-in-ring procedures
- To appreciate how Imaging can guide the selection & performance of interventional treatment options

15:45 Session objectives - *M. Monaghan*
15:49 Assessment of the failing prosthetic valve (1): stenosis & patient-prosthesis mismatch - *P. Pibarot*
15:58 Time to React@PCR
16:06 Assessment of the failing prosthetic valve (2): diagnosis & quantitation of paraprosthetic leaks - *E. Brochet*
16:15 Time to React@PCR
16:23 Valve-in-valve & valve-in-ring procedures: which valve & which size? - *V. Bapat*
16:32 Time to React@PCR
16:40 Imaging for valve-in-valve procedures: is fluoroscopy sufficient? - *S. Von Bardeleben*
16:49 Time to React@PCR
16:57 Key learnings & session evaluation - *S. Windecker*

18:00-18:30 ■ Cocktail reception

EXHIBITION AREA
LEVEL 1

With an unrestricted educational grant from Edwards Lifesciences

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Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

Sunday 20 September

18:30-20:10 ■ **TAVI with the Edwards family of valves has emerged as a fast, predictable & robust procedure with proven durability**

MAIN ARENA
LEVEL 1
Tools & Techniques (TNT)

With an unrestricted educational grant from Edwards Lifesciences

Chairpersons: T. Lefèvre, H. Reichenspurner
Panellists: H. Eltchaninoff, M.B. Leon, A. Linke, D. Tchétché

Attend this session if you want:
- To understand the status of TAVI in 2015
- To learn about the latest Edwards TAVI valves
- To appreciate the breadth & depth of clinical data

18:30 › Session objectives - *T. Lefèvre*
18:35 › TAVI is the treatment of choice for symptomatic AS in octogenarians - *A. Linke*
18:45 › Case demonstration from Clinique Pasteur, Toulouse, France
19:05 › Discussion & audience interaction
19:10 › Shorter hospital stays for patients are becoming a reality *H. Eltchaninoff*
19:20 › Discussion & audience interaction
19:25 › Case demonstration from Clinique Pasteur, Toulouse, France
19:45 › Discussion & audience interaction
19:50 › Moving into younger patients: have we overcome the durability concern? - *M.B. Leon*
20:00 › Discussion & audience interaction
20:05 › Session evaluation & key learnings - *H. Reichenspurner*

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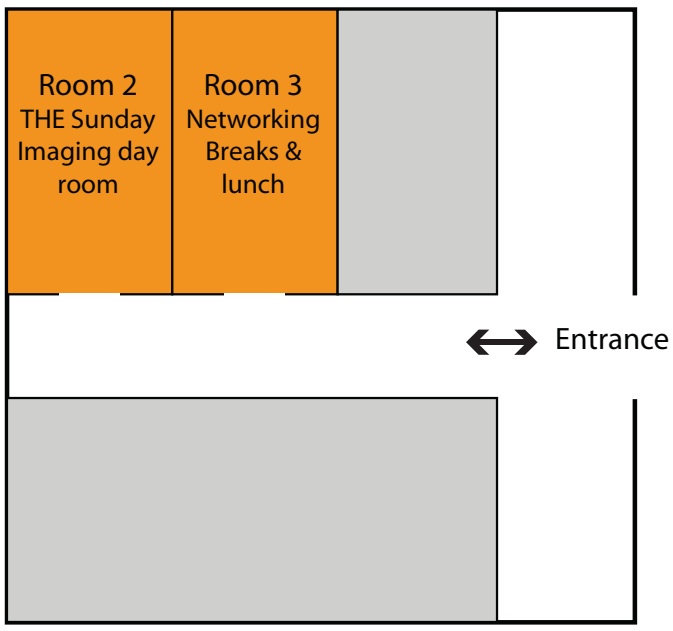
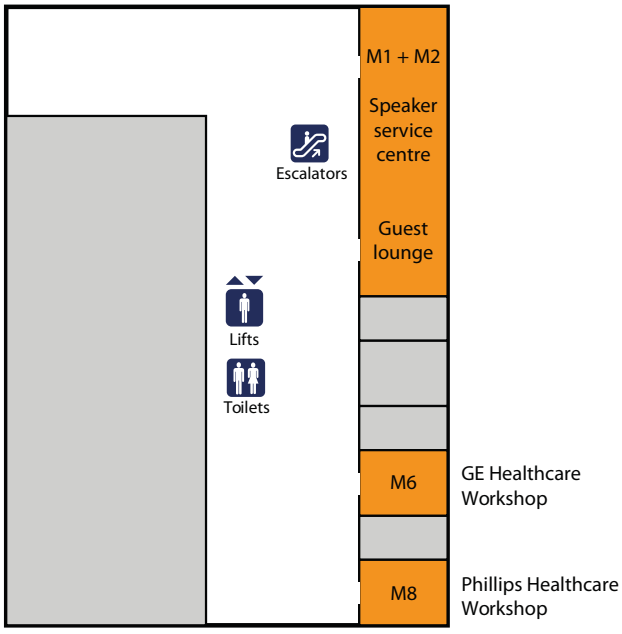
Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

THE Sunday Imaging Day floor plans

Level 1



Level 3



Sunday 20 September

12:30-13:30 ■ GE Workshop

ROOM M6
LEVEL 3
Imaging workshop

With an unrestricted educational grant from GE Healthcare

› Join the GE Healthcare workshop room to receive training on the new GE TAVI planning & guidance solution with CoreValve Evolut R

14:45-15:45 ■ How can comprehensive Imaging solutions help you better plan, guide & assess your structural heart procedures?

ROOM M6
LEVEL 3
Imaging workshop

With an unrestricted educational grant from GE Healthcare

Attend this session if you want:
› To learn about advanced Imaging technologies from experts in structural heart procedures

14:45 › Best practices for use of multislice computed tomography & sizing to optimize TAVI procedures planning and guidance - *T. Hovasse*

15:05 › Image guidance for TAVI using alternative access routes in an hybrid OR environment - *T. Modine*

15:25 › Find your way through mitral valves procedures from sizing to guidance - *P. Guerin*

17:00-18:00 ■ GE Workshop

ROOM M6
LEVEL 3
Imaging workshop

With an unrestricted educational grant from GE Healthcare

› Join the GE Healthcare workshop room to receive training on the new GE TAVI planning & guidance solution with CoreValve Evolut R

12:30-13:00 ■ How Philips multi modality Imaging solutions tools are helping you better planning TAVI procedures

ROOM M8
LEVEL 3
Imaging workshop

With an unrestricted educational grant from Philips Healthcare

Attend this session if you want:
› To learn via clinical cases how to perform accurate measurements for the sizing of the aortic annulus
› To learn via clinical cases how to measures the distance of the coronary ostia from the aortic annulus plane
› To learn via clinical cases how to calculate optimal projection angles for the cathlab
› To learn via clinical cases how to assess the peripheral route with AVA application

12:30 › How Philips computed tomography TAVI software is helping you in performing your complete pre-TAVI computed tomography study much easier and faster *P. Donnelly*

13:00-13:30 ■ How Philips multi modality Imaging solutions tools are helping you better planning TAVI procedures

ROOM M8
LEVEL 3
Imaging workshop

With an unrestricted educational grant from Philips Healthcare

Attend this session if you want:
› To learn via clinical cases how to use 3D-Transesophageal Echocardiography for accurate measurements of the aortic annulus
› To learn via clinical cases how to use 3D-Transesophageal Echocardiography to measures the distance of the coronary ostia from the aortic annulus plane
› To learn via clinical cases why Ultrasound and computed tomography are complementary in aortic annulus sizing

13:00 › The role of 3D-transesophageal Echocardiography in pre-procedural planning for patients being considered for TAVI - *R. Hahn*

14:45-15:15 ■ How Philips multi modality Imaging solutions tools are helping you better during left atrial appendage closure & percutaneous mitral valve repair procedures

ROOM M8
LEVEL 3
Imaging workshop

With an unrestricted educational grant from Philips Healthcare

Attend this session if you want:
› To learn via clinical cases how to use 3D-Transesophageal Echocardiography for the characterization of the left atrial appendage anatomy
› To learn via clinical cases how to use 3D-Transesophageal Echocardiography for correct sizing of the different left atrial appendage closure devices
› To learn via clinical cases the clinical utility of 3D-Transesophageal Echocardiography as guidance tool during left atrial appendage closure procedure

14:45 › Importance of 3D-Transesophageal Echocardiography for the left atrial appendage closure procedures *N. Wunderlich*

15:15-15:45 ■ How Philips multi modality Imaging solutions tools are helping you better during left atrial appendage closure & percutaneous mitral valve repair procedures

ROOM M8
LEVEL 3
Imaging workshop

With an unrestricted educational grant from Philips Healthcare

Attend this session if you want:
› To learn via clinical cases how to use 3D-Transesophageal Echocardiography to understand better the mitral valve pathology and why patients are suitable for percutaneous mitral valve repair therapy or not
› To learn via clinical cases how to use 3D-Transesophageal Echocardiography for the therapeutic guidance during MitraClip procedures and why it is crucial
› To learn how to use Smart Fusion Imaging and why this can improve the therapeutic guidance during the MitralClip procedures

15:15 › Importance of 3D-Transesophageal Echocardiography and Smart Fusion Imaging for percutaneous mitral valve repair procedures *T. Zeus*

17:00-17:30 ■ How Philips multi modality Imaging solutions tools are helping you for better intraprocedural TAVI procedures

ROOM M8
LEVEL 3
Imaging workshop

With an unrestricted educational grant from Philips Healthcare

Attend this session if you want:
› To learn via clinical cases how to use 3D-Transesophageal Echocardiography for the aortic annulus sizing & all other relevant measurements
› To learn via clinical cases how to use intraprocedural 3D-Transesophageal echocardiography
› To learn via clinical cases how to use Smart Fusion Imaging and why this can improve the therapeutic guidance during TAVR procedures

17:00 › Recommendations for comprehensive intraprocedural Echocardiographic Imaging during TAVR - *M. Monaghan*

17:30-18:00 ■ How Philips multi modality Imaging solutions tools are helping you for better intraprocedural TAVI procedures

ROOM M8
LEVEL 3
Imaging workshop

With an unrestricted educational grant from Philips Healthcare

Attend this session if you want:
› To learn via clinical cases the clinical utility of HeartNavigator in simplifying TAVR planning, device & projection angle selection
› To learn via clinical cases how to use live image guidance during the TAVR procedure

17:30 › How Philips HeartNavigator software can increase your intraprocedural confidence during TAVR procedures *T. Zeus*

Aortic Imaging Mitral and tricuspid Multiple speciality
Learning sessions LIVE demonstrations

Monday 21 September

Don't miss!

08:30-08:45 ■ **Welcome to PCR London Valves 2015**
MAIN ARENA
Plenary session
Chairpersons: J. Fajadet, S. Windecker
Panellists: M. Chen, M. Haude, M.B. Leon, S. Saito, C. Tamburino, D. Tchétché, A. Vahanian, P. Wenaweser

08:30 › Welcome to PCR London Valves - *J. Fajadet*
08:37 › PCR Family - *W. Wijns*

08:45-10:00 ■ **LIVE demonstration from Vivantes Klinikum Am Urban/im Friedrichshain/Deutsches Herzzentrum Berlin, Germany**
MAIN ARENA
LEVEL 1
LIVE demonstration
Chairpersons: J. Fajadet, S. Windecker
Panellists: M. Chen, M. Haude, M.B. Leon, S. Saito, C. Tamburino, D. Tchétché, A. Vahanian, P. Wenaweser
Operators: H. Ince, J. Kempfert
React@PCR moderator: U. Ketterer
Control desk: R. Rodriguez Olivares

08:45 › Introduction to LIVE
09:00 › With continuous LIVE from Vivantes Klinikum Am Urban/ im Friedrichshain/Deutsches Herzzentrum Berlin, Germany
09:45 › Time to React@PCR

09:30-10:30 ■ **Valve interventions under conscious sedation**
ROOM 2
LEVEL 1
Plenary session
Chairpersons: K.H. Kuck, T. Lefèvre
Panellists: A. Chawla, A. Cribier, B. Rana, M. Yamamoto, A. Witkowski
React@PCR moderator: I. Atmowihardjo

Attend this session if you want:
› To appreciate the evidence base for TAVI performed with conscious sedation
› To learn how to select the best cases for conscious sedation
› To understand how to safely perform TAVI under conscious sedation

09:30 › Session objectives - *T. Lefèvre*
09:33 › Case demonstration from Clinique Pasteur, Toulouse, France
09:42 › Time to React@PCR
09:51 › Which patients are best suited to conscious sedation: how to do it safely? - *H. Eltchaninoff*
10:00 › Time to React@PCR
10:09 › How to ensure optimal peri-procedural Imaging: TTE, nasal TOE or ICE? - *M. Monaghan*
10:18 › Time to React@PCR
10:27 › Key learnings & session evaluation - *K.H. Kuck*

09:30-10:30 ■ **Learning SAPIEN 3**
ROOM 3
LEVEL 1
Learning
Facilitators: P. MacCarthy, T. Modine
Media driver: P. Lim

Attend this session if you want:
› To understand the specific properties of SAPIEN 3
› To learn how to use SAPIEN 3 in different anatomies

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

09:30-10:30 ■ **Improving TAVI outcomes**
ROOM 4
LEVEL 1
Call-for-submission-based session
Session comprising selected PCR London Valves 2015 abstract submissions
Chairperson: M. Gilard
Panellists: D. Blackman, H.H. Chang

› **Late-breaking data: 6 months results from a first-in-man trial of a new low-profile transapical delivery system for transcatheter treatment of patients with severe aortic stenosis** - *T. Walther*
09:37 › Discussion & audience interaction
09:42 › Comparison of stroke rate between the balloon expandable Edwards Sapien valve & the self-expandable Corevalve - *S. Fateh-Moghadam*
09:49 › Discussion & audience interaction
09:54 › Increased risk of cerebral embolisation after implantation of a balloon expandable aortic valve without prior balloon *K. Bijuklic*
10:01 › Discussion & audience interaction
10:06 › Cerebral protection device in different TAVI valves: the ALSTER experience - *T. Schmidt*
10:13 › Discussion & audience interaction
10:18 › Progression of aortic regurgitation in patients with acute residual aortic regurgitation ≤1+ after transcatheter aortic valve - *N. Buzzatti*
10:25 › Discussion & audience interaction strut - *Y.T. Lee*

09:30-10:30 ■ **Learning Transseptal**
ROOM 5
LEVEL 3
Learning
Facilitators: E. Brochet, G. Ducrocq
Media driver: P. Deharo
Panellist: C. Grasso

Attend this session if you want:
› To learn how to safely perform a transseptal puncture, step by step
› To understand the different devices specific to transseptal techniques

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

09:30-10:30 ■ **TAVI in 2015: how can we streamline the patient pathway?**
ROOM 6
LEVEL 3
Nurses & Allied Professionals
Chairpersons: S. Carson, D. Zughaft
Panellists: E. Barbato, N. Corsaro, J. Irons

Attend this session if you want:
› To understand the pros & cons of different valves types & their clinical indication
› To discuss ways in which anaesthetic protocols can be simplified
› To share strategies for earlier patient discharge after TAVI

09:30 › Session objectives - *D. Zughaft*
09:35 › Choosing the right valve for the right patient - *E. Barbato*
09:44 › Discussion & audience interaction
09:52 › Is simplified anaesthesia the way forward? - *J. Irons*
10:01 › Discussion & audience interaction
10:09 › Pathways for early patient discharge after TAVI - *N. Corsaro*
10:18 › Discussion & audience interaction
10:26 › Key learnings & session evaluation - *S. Carson*

Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

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09:30-10:30 ■ TAVI & the coronary arteries

INTERACTIVE CASE CORNER
LEVEL 3
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Facilitators: J. Byrne, F. Hellig

09:30 › TAVI with PCI in a patient with degenerated stentless aortic bioprosthesis & re-implanted coronaries - *J. Jose*
09:37 › Non-dominant right coronary artery obstruction following TAVI: small but life-threatening - *C. Biagioni*
09:44 › A special case of TAVI: protect the right coronary artery ostia using DES - *Y.N. Xu*
09:51 › Fatal coronary ostial obstruction in valve-in-valve TAVI for degenerative bio-prosthesis - *M. Bunc*
09:58 › Awake PCI + TAVI in a very large annulus with self-expanding valve made simple using the "cusp overlap" rule - *G. Tang*
10:06 › Simultaneous TAVI & PCI of the left main in a patient with severe kyphoscoliosis presented with acute cardiogenic shock - *M. Sherif*
› Combined simultaneous percutaneous treatment of severe aortic stenosis & left main disease in a high surgical risk patient - *E. Kovaleva*
10:22 › Acute coronary obstruction by Corevalve strut. - *Y.T. Lee*

Don't miss!

10:00-10:30 ■ Keynote lecture

MAIN ARENA

Chairpersons: J. Fajadet, S. Windecker
Panellists: M. Chen, M. Haude, M.B. Leon, S. Saito, C. Tamburino, D. Tchétché, A. Vahanian, P. Wenaweser

10:00 › Mitral regurgitation: a disease of the valve & myocardium. When & how should we intervene? - *M. Sarano*

10:30-11:00 ■ Coffee & Tea

EXHIBITION AREA
LEVEL 1

11:00-11:30 ■ Improving TAVI outcomes in intermediate & lower risk patients

MAIN ARENA
LEVEL 1
Plenary session

Chairpersons: M. Haude, M.B. Leon
Panellists: A. M. Al Abdullah, F. Hellig, S. Kodali, R. Kornowski, R. Lange, T. Modine, S. Saito, P. Wenaweser
React@PCR moderator: U. Ketterer

Attend this session if you want:
› To learn about the applicability of TAVI in operable lower-risk groups
› To understand the limitations of the available data in this cohort
› To appreciate what is happening in the real world as we gain more long-term data

11:00 › Session objectives - *M. Haude*
11:01 › Can TAVI replace SAVR in low risk patients? Lessons from the randomised trials - *S. Kodali*
11:07 › Time to React@PCR
11:10 › What is happening in the real world? Lessons from large scale registries - *C. Hamm*
11:16 › Time to React@PCR
11:19 › How can we improve TAVI outcomes in intermediate & lower risk patients? - *N. Piazza*
11:25 › Time to React@PCR
11:28 › Key learnings & session evaluation - *M.B. Leon*

11:00-12:30 ■ Mitral regurgitation: what the interventionist needs to know

ROOM 2
LEVEL 1
Plenary session

Chairpersons: A. Vahanian, G. Yucel
Panellists: R. Deshpande, G. Ducrocq, H. Eggebrecht, A. Linke, G. Van Camp, Y. Watanabe
React@PCR moderator: I. Atmowihardjo

Attend this session if you want:
› To understand normal mitral valve anatomy, physiology & the pathophysiology of mitral regurgitation
› To appreciate the value of Imaging tools in assessing mitral valve pathology & planning interventional treatment
› To identify the challenges of percutaneous treatment & possible solutions

11:00 › Session objectives - *A. Vahanian*
11:05 › Mitral valve anatomy & physiology: much more complex than the aortic valve - *P. Pibarot*
11:15 › Time to React@PCR
11:25 › Primary & secondary mitral valve regurgitation: different problems in different patients - *R. Rosenhek*
11:35 › Time to React@PCR
11:45 › The key role of Imaging in diagnosis & procedural planning - *E. Brochet*
11:55 › Time to React@PCR
12:05 › Top 3 anatomical challenges for percutaneous mitral valve intervention (& how to overcome them) - *L. Sondergaard*
12:15 › Time to React@PCR
12:25 › Key learnings & session evaluation - *G. Yucel*

11:00-12:30 ■ Learning how to simplify transfemoral TAVI

ROOM 3
LEVEL 1
Learning

Facilitators: J. Fajadet, C. Tamburino
Media driver: J. Molina

Attend this session if you want:
› To understand who is a suitable patient for TAVI without general anaesthesia
› To understand how to safely plan & perform a simplified TF-TAVI
› To identify the potential benefits of a simplified procedure

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

11:00-12:30 ■ Complications of TAVI

ROOM 4
LEVEL 1
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Chairperson: D. Hildick-Smith
Panellists: E. Bozkurt, R. Makkar, C.W. Yu

11:00 › Conscious sedation TAVI gone wild! - *G. Tang*
11:08 › Discussion & audience interaction
11:15 › Flying body in the left atrium - *J.L.K. Chan*
11:23 › Discussion & audience interaction
11:30 › Valve migration into left ventricular outflow tract with rescue - *A. Pichard*
11:38 › Discussion & audience interaction
11:45 › Annular rupture after transfemoral aortic valve implantation in a bicuspid aortic valve - *W.K. Kim*
11:53 › Discussion & audience interaction
12:00 › Aortic rupture during the implantation of a transcatheter aortic valve - *V. Jimenez Diaz*
12:08 › Discussion & audience interaction
12:15 › Entrapped ruptured balloon during post-dilatation & valve snaring related aortic dissection - *C.P. Lin*
12:23 › Discussion & audience interaction

Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

Monday 21 September

11:00-12:05 ■ Learning valve-in-valve/valve-in-ring

ROOM 5
LEVEL 3
Learning

Facilitators: V. Delgado, D. Himbert, P. MacCarthy
Media driver: P. Lim
Panellist: D. Dvir

Attend this session if you want:
› To understand how to plan a valve-in-valve procedure
› To get key technical aspects of valve-in-valve procedures
› To understand & anticipate potential complications of valve-in-valve procedures

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

11:00-12:30 ■ Most educational cases from Germany & Italy

ROOM 6
LEVEL 3
How should I treat?

With the collaboration of the Working Group on Cardiovascular Interventions of the German Society of Cardiology & the Italian Society of Invasive Cardiology
Chairpersons: S. Berti, T. Schmitz
Panellists: M. Agnifili, P. Boekstegers, L. Büllesfeld, G. Sardella

Attend this session if you want:
› To learn the best practices from Germany & Italy

11:00 › Session objectives - *S. Berti*
11:05 › Extreme functional mitral regurgitation - *P. Boekstegers*
11:10 › How would I treat? - *G. Sardella*
11:15 › How would I treat? - *L. Büllesfeld*
11:20 › Discussion & audience interaction
11:30 › How did I treat? - *P. Boekstegers*
11:40 › Consensus - *T. Schmitz*
11:45 › Transcatheter mitral valve-in-valve with transapical Direct Flow implantation - *M. Agnifili*
11:50 › How would I treat? - *L. Büllesfeld*
11:55 › How would I treat? - *G. Sardella*
12:00 › Discussion & audience interaction
12:10 › How did I treat? - *M. Agnifili*
12:20 › Consensus - *S. Berti*
12:25 › Session evaluation & key learnings - *T. Schmitz*

11:00-12:30 ■ Technical challenges in TAVI

INTERACTIVE CASE CORNER
LEVEL 3
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Facilitator: E. Barbato

11:00 › Unexpanded selfexpanding valve-in-valve - *A. Pichard*
11:07 › TAVI in a patient with chronic type A aortic dissection - *Y.T. Lee*
11:14 › Successful TAVI of a last generation bioprosthesis in a patient with aortic coarctation - *M. Vavuranakis*
11:21 › Calcified raphe of bicuspid aortic valve: a culprit for annular rupture after TAVI - *Z. Wang*
11:28 › First transcarotid new generation valve implantation *F. Castriota*
11:35 › Non-calcified bicuspid & tricuspid aortic valves: contraindication for TAVI or potentially good indication instead? - *Z.G. Zhao*
11:42 › PDA closure after TAVI - *M. El-Mawardy*
11:50 › Can TAVI improve prosthethic mitral regurgitation? *E. Raviola*
11:58 › TAVI in combined mitral/aortic stenosis: a bridge to the future - *B. Hassouna*
12:06 › Acute mechanical failure of a 2nd generation TAVI device leads to improvement of its design: from bedside to bench and back... On the fast track - *S. Kische*
12:14 › Fluoro-guided TAVI with only one-shot contrast: a new technique to minimise dye-induced renal injury - *G. Tang*
12:22 › How low can you go? <4 mm transfemoral TAVI with extreme thrombocytopenia - *G. Tang*

11:30-12:30 ■ LIVE demonstration from St. Thomas' Hospital, London, UK

MAIN ARENA
LEVEL 1
LIVE demonstration

Chairpersons: M. Haude, M.B. Leon
Panellists: A. M. Al Abdullah, F. Hellig, S. Kodali, R. Kornowski, R. Lange, T. Modine, S. Saito, P. Wenaweser
Operators: V. Bapat, J. Hancock, B. Prendergast, S. Redwood, C. Young
React@PCR moderator: U. Ketterer
Control desk: R. Rodriguez Olivares

11:30 › With continuous LIVE from St. Thomas' Hospital, London, UK
12:15 › Time to React@PCR

12:05-12:30 ■ Learning Carillon

ROOM 5
LEVEL 3
Learning

Facilitators: J. Schofer, S. Von Bardeleben
Media driver: P. Deharo

Attend this session if you want:
› To understand the specific properties of a Carillon device
› To learn what are the key procedural steps for a safe insertion of Carillon

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

12:30-13:00 ■ Lunch

EXHIBITION AREA
LEVEL 1

13:00-14:40 ■ CoreValve Evolut R: driving optimal valve delivery & performance in TAVI patients

MAIN ARENA
LEVEL 1
Tools & Techniques (TNT)

With an unrestricted educational grant from Medtronic
Chairpersons: A.S. Petronio, N. Piazza
Panellists: G. D'Ancona, U. Gerckens, J. Kempfert, G. Manoharan, T. Modine
React@PCR moderator: U. Ketterer

Attend this session if you want:
› To show how reduced profile delivery systems allow the treatment of more complex patients & reduce the risk of vascular complications
› To demonstrate the recapturable feature of CoreValve Evolut R & show how it improves procedural safety
› To illustrate how the recapturability feature of CoreValve Evolut R helps achieve optimal valve positioning & optimised clinical outcomes
› To highlight the latest data concerning valve performance, hemodynamics & durability

13:00 › Session objectives - *N. Piazza*
13:05 › Valve performance: design & results - *T. Modine*
13:15 › Time to React@PCR
13:20 › Case demonstration from Deutsches Herzzentrum Berlin, Germany - *J. Kempfert*
13:40 › Time to React@PCR
13:45 › Change in practice with lowest delivery profile *G. Manoharan*
13:55 › Time to React@PCR
14:00 › Case demonstration from Deutsches Herzzentrum Berlin, Germany - *G. D'Ancona*
14:15 › Time to React@PCR
14:20 › CoreValve Evolut R recapturability: the new standard in TAVI - *U. Gerckens*
14:30 › Time to React@PCR
14:35 › Session evaluation & key learnings - *A.S. Petronio*

Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

13:00-13:45 ■ The Lotus valve: clinical evidence, real world practice & future pipeline

ROOM 2
LEVEL 1
Symposium

With an unrestricted educational grant from Boston Scientific
Chairpersons: T. Feldman, A. Linke
Panellists: K. Dawkins, I. Meredith, D. Tchétché, N. Van Mieghem

Attend this session if you want:
- To recognise key design features & procedural aspects of the Lotus valve
- To learn how paravalvular leak can be minimised despite anatomical complexities
- To understand the current evidence & latest clinical data

13:00 › Session objectives - *A. Linke*
13:03 › The latest clinical evidence - *N. Van Mieghem*
13:13 › The Lotus valve: clinical cases from real world practice *D. Tchétché*
13:23 › The Lotus valve: clinical cases using the next generation device & future pipeline - *I. Meredith*
13:33 › Discussion & audience interaction
13:43 › Session evaluation & key learnings - *T. Feldman*

13:00-13:45 ■ Delivering safe & effective TAVI outcomes with Symetis' ACURATE neo technology

ROOM 4
LEVEL 1
Symposium

With an unrestricted educational grant from Symetis
Chairpersons: U. Schäfer, G.P. Ussia
Panellists: A. Abizaid, H. Moellmann, T. Walther

Attend this session if you want:
- To review data from ongoing Symetis clinical trials & registries
- To learn about the stable & predictable implantation technique of ACURATE neo TAVI System
- To hear about how the easy-to-use ACURATE neo TAVI System reduces procedural risks & complications

13:00 › Session objectives - *G.P. Ussia*
13:03 › Perspectives from a single centre experience - *A. Abizaid*
13:13 › 30 days transfemoral outcomes: first results from the global registry - *H. Moellmann*
13:23 › Novel devices for transapical TAVI - *T. Walther*
13:33 › Discussion & audience interaction
13:43 › Session evaluation & key learnings - *U. Schäfer*

13:55-14:40 ■ Portico valve: repositionable technology delivering ease of use & confidence in a challenging environment

ROOM 2
LEVEL 1
Symposium

With an unrestricted educational grant from St. Jude Medical
Chairpersons: L. Sondergaard, C. Tamburino
Panellists: A. Linke, H. Moellmann, F. Nietlispach, T. Walther

Attend this session if you want:
- To learn about the latest worldwide developments with the St. Jude Medical Portico valve
- To present the latest data from the St. Jude Medical Portico clinical programme
- To review & discuss a selection of complex TAVI cases & how Portico helped in solving them

13:55 › Session objectives - *L. Sondergaard*
13:58 › Elegant technology drives optimal clinical outcomes *A. Linke*
14:08 › Portico 27 and 29mm valves: larger valve sizes expand treatment options - *H. Moellmann*
14:18 › Portico platform: delivering confidence for challenging patient anatomies - *F. Nietlispach*
14:28 › Time to React@PCR
14:38 › Session evaluation & key learnings - *C. Tamburino*

13:55-14:40 ■ MitraClip: controversies on mitral regurgitation treatment

ROOM 4
LEVEL 1
Symposium

With an unrestricted educational grant from Abbott Vascular
Chairperson: A. Vahanian
Panellists: C. Grasso, F. Maisano, R. Rosenhek, H. Sievert

Attend this session if you want:
- To learn new tips and tricks on treating complex anatomy with MitraClip
- To learn cutting-edge practices on patient referral & engagement of referral physicians in the multidisciplinary team & MitraClip therapy
- To participate in challenging discussion on advanced MitraClip cases

13:55 › Session objectives - *A. Vahanian*
Controversies: local or general anaesthesia for MitraClip
13:58 › General anaesthesia - *C. Grasso*
14:05 › Deep sedation - *H. Sievert*
Controversies: MitraClip patient selection in functional mitral regurgitation and degenerative mitral regurgitation - how far should we go
14:11 › Focus on functional mitral regurgitation - *C. Grasso*
14:17 › Focus on degenerative mitral regurgitation - *F. Maisano*
Controversies: watchful waiting or intervention in mitral regurgitation
14:24 › Watchful waiting in mitral regurgitation - *R. Rosenhek*
14:31 › Intervention in mitral regurgitation - *F. Maisano*
14:38 › Session evaluation & key learnings - *A. Vahanian*

14:45-15:15 ■ Antithrombotic treatment after TAVI

MAIN ARENA
LEVEL 1
Plenary session

Chairpersons: L. Sondergaard, W. Wijns
Panellists: A.M. Al Abdullah, J. Byrne, N. Dumonteil, K. Hayashida, J. Leipsic, J. Mehilli, M. Tuzcu, M. Valgimigli
React@PCR moderator: U. Ketterer

Attend this session if you want:
- To learn about the current evidence for antithrombotic therapy after TAVI
- To appreciate the issues when balancing risks of thromboembolism & bleeding in the TAVI patient
- To understand more about the phenomenon of leaflet thickening & motion abnormality after TAVI

14:45 › Session objectives - *L. Sondergaard*
14:46 › Thromboembolism & stroke after TAVI: what are the issues? *A. Baumbach*
14:52 › Time to React@PCR
14:55 › Leaflet thickening & motion abnormality after TAVI: Imaging artefact or thromboembolic precursor? *R. Makkar*
15:01 › Time to React@PCR
15:04 › Current antithrombotic regimes & future refinements *J.P. Collet*
15:10 › Time to React@PCR
15:13 › Key learnings & session evaluation - *W. Wijns*

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Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

Monday 21 September

Don't miss!

14:45-15:30 ■ Late-breaking trials

ROOM 2
LEVEL 1
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 late-breaking trial submissions
Chairpersons: A. Vahanian, J. Webb
Panellists: H. Ince, J. Rodes Cabau

14:45 › Session objectives - *A. Vahanian*
14:46 › 30 days registry results from a new generation transfemoral TAVI system for the treatment of patients with severe aortic stenosis - *H. Moellmann*
14:52 › Results of the Frontier II study, a multi-centre trial for percutaneous closure of 12-24F femoral puncture sites with a new absorbable implant - *M. Laule*
14:58 › Commentary & perspective - *J. Rodes Cabau*
15:07 › Transcatheter mitral valve replacement with balloon expandable valves to treat non-rheumatic calcific native mitral valve disease: Global Registry results *M. Guerrero*
15:13 › Percutaneous annuloplasty for mitral valve repair: multi-centre trial report - *K.H. Kuck*
15:19 › Commentary & perspective - *H. Ince*
15:28 › Session evaluation & key learnings - *J. Webb*

14:45-16:15 ■ Learning Direct Flow & Symetis

ROOM 3
LEVEL 1
Learning

Facilitators: H. Nef, T. Schmitz
Media driver: P. Lim

Attend this session if you want:
› To understand the specific properties of Direct Flow & Symetis
› To learn how to use Direct Flow & Symetis in different anatomies

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

14:45-16:15 ■ Mitral interventions: challenging cases & complications

ROOM 4
LEVEL 1
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Chairperson: P. Boekstegers
Panellists: T. Feldman, H. Treede

14:45 › Total percutaneous mitral valve repair... Now feasible - *P. Denti*
14:53 › Discussion & audience interaction
15:00 › Bailout alcohol septal ablation for left ventricular outflow tract obstruction after transvenous valve implantation in a native mitral valve - *M. Urena*
15:08 › Discussion & audience interaction
15:15 › Go after the main flow: a strategy of MitraClip transcatheter mitral valve repair for multiple mitral regurgitation jets - *Z. Wang*
15:23 › Discussion & audience interaction
15:30 › Single leaflet detachment after failed edge-to-edge transcatheter mitral valve repair managed by a re-do: clip-in-clip - *S. Cannata*
15:38 › Discussion & audience interaction
15:45 › From deep cleft to triple orifice valve - *P. Denti*
15:53 › Discussion & audience interaction
16:00 › Transfemoral treatment of para-prosthetic mitral leak & mitral bioprosthesis failure complicated by embolisation of in-situ vascular plug - *N. Ruparelia*
16:08 › Discussion & audience interaction

14:45-16:15 ■ Learning MitraClip

ROOM 5
LEVEL 3
LEARNING

Facilitators: E. Brochet, S. Von Bardeleben
Media driver: P. Deharo
Panellist: C. Grasso

Attend this session if you want:
› To identify the key tips & tricks for a successful MitraClip procedure
› To understand how to avoid & manage potential complications

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

14:45-15:30 ■ Most educational cases from Israel & Sweden

ROOM 6
LEVEL 3
How should I treat?

With the collaboration of the Working Group on Interventional Cardiology of the Israel Heart Society & the Working Group on Interventional Cardiology of the Swedish Society of Cardiology
Chairpersons: A. Finkelstein, G. Olivecrona
Panellists: A. Assali, A. Jonsson, S. Minha, A. Rück

Attend this session if you want:
› To learn the best practices from Israel & Sweden

14:45 › Session objectives - *A. Finkelstein*
14:50 › When AS and AR are meeting in a bicuspid valve - *S. Minha*
14:55 › How would I treat? - *A. Jonsson*
15:00 › How would I treat? - *A. Assali*
15:05 › Discussion & audience interaction
15:15 › How did I treat? - *S. Minha*
15:25 › Consensus - *A. Finkelstein*
15:30 › A truly supraanular position of a CoreValve prosthesis good or bad? - *A. Rück*
15:35 › How would I treat? - *A. Assali*
15:40 › How would I treat? - *A. Jonsson*
15:45 › Discussion & audience interaction
15:55 › How did I treat? - *A. Rück*
16:05 › Consensus - *G. Olivecrona*
16:10 › Session evaluation & key learnings - *G. Olivecrona*

14:45-15:30 ■ Native mitral valve intervention

INTERACTIVE CASE CORNER
LEVEL 3
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Facilitators: C. Hammerstingl, N. Moat

14:45 › Mitral regurgitation: percutaneous approach using advanced steering techniques in patient with difficult anatomy - *S. Gafoor*
14:52 › Percutaneous treatment of a large para-mitral prosthetic leak with multiple devices via the transfemoral transeptal route - *N. Ruparelia*
14:59 › A non clippable mitral valve made clippable - *M. Benedetto*
15:06 › Transcatheter mitral valve implantation in a 20 year old woman with 4 previous heart operations *N.E. Nielsen*
15:14 › Transcatheter mitral valve repair: an alternative option for failure of previous surgical repair *H. Cubero Gallego*
15:22 › A clinical case of Mitraclip complication: what to do when things go wrong? - *G. Salerno*

Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

15:15-16:15 ■ LIVE demonstration from St. Thomas' Hospital, London, UK

MAIN ARENA
LEVEL 1
LIVE demonstration

Chairpersons: L. Sondergaard, P. Wenaweser
Panellists: A.M. Al Abdullah, J. Byrne, N. Dumonteil, K. Hayashida, J. Leipsic, J. Mehilli, M. Tuzcu, M. Valgimigli
Operators: V. Bapat, J. Hancock, B. Prendergast, S. Redwood, C. Young
React@PCR moderator: U. Ketterer
Control desk: R. Rodriguez Olivares

15:15 › With continuous LIVE from St. Thomas' Hospital, London, UK
16:00 › Time to React@PCR

15:30-16:15 ■ Innovations in mitral & tricuspid valve intervention

ROOM 2
LEVEL 1
CVPIPELINE

Session comprising selected PCR London Valves 2015 innovation submissions
Chairpersons: F. Maisano, C. Ruiz
Panellists: E. Grube, D. Himbert, J. Hon, T. Walther
React@PCR moderator: I. Atmowihardjo

15:30 › The AngelValve concept: minimal-invasive surgery in mitral regurgitation - *B. Opitz*
15:35 › Time to React@PCR
15:37 › The MitraSpacer: a new concept to address functional mitral valve regurgitation - first experience with attempted long-term implantation *M. Silaschi*
15:42 › Time to React@PCR
15:44 › Sinomed valve: an innovative valve design for mitral replacement - *P.W. Serruys*
15:49 › Time to React@PCR
15:52 › Cardiovalve: the replacement platform from ValtechCardio *A. Vahanian*
15:57 › Time to React@PCR
16:00 › Innovative percutaneous solution to treat tricuspid valve disease - *A. Latib*
16:05 › Time to React@PCR
16:08 › Tricuspid repair: new percutaneous approach to therapy *S. Gafoor*
16:13 › Time to React@PCR

15:30-16:15 ■ Mitral valve-in-valve interventions

INTERACTIVE CASE CORNER
LEVEL 3
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Facilitators: H. Eggebrecht, J. Schofer

15:30 › 100% control in tricuspid valve-in-valve replacement using valve delivery catheter sizing & fine tuning - *G. Tang*
15:39 › Valve-in-ring for mitral valve stenosis *R. Sadaba Sagredo*
15:48 › Potential advantages of new generation fully repositionable TAVI valves for patients with previously implanted mitral valve prosthesis - *A. Olasinska-Wisniewska*
15:57 › Unusual transcatheter mitral valve-in-valve implantation in a patient with degenerated bioprostheses - *M. Tapponnier*
16:06 › A case of transapical access for transcatheter closure of mitral prosthetic paravalvular leak *R. Sadaba Sagredo*

16:15-16:30 ■ Coffee & Tea

EXHIBITION AREA
LEVEL 1

16:30-17:30 ■ Primary mitral regurgitation: outcomes of surgical repair & implications for percutaneous treatment

MAIN ARENA
LEVEL 1
Plenary session

Chairpersons: R. Kornowski, N. Moat
Panellists: P. Boekstegers, R. Deshpande, T. Dewey, O. Goktekin, T. Modine, M. Sarano, G. Yucel
React@PCR moderator: U. Ketterer

Attend this session if you want:
› To appreciate current techniques & outcomes of surgical valve repair in primary mitral regurgitation
› To hear the latest clinical data concerning percutaneous treatment alternatives
› To discuss the future horizons for optimal treatment

16:30 › Session objectives - *R. Kornowski*
16:33 › Surgical valve repair: the gold standard? - *V. Falk*
16:41 › Time to React@PCR
16:51 › Percutaneous options: latest trials & real world results *T. Feldman*
16:59 › Time to React@PCR
17:09 › How do we combine the best of surgical & percutaneous techniques? A future vision - *F. Maisano*
17:17 › Time to React@PCR
17:27 › Key learnings & session evaluation - *N. Moat*

16:30-17:30 ■ Long-term outcomes after TAVI

ROOM 2
LEVEL 1
Plenary session

Chairpersons: J. Fajadet, P. MacCarthy
Panellists: E. Grube, F. Hellig, A. Pichard, J. Rodes Cabau, D. Walters
React@PCR moderator: I. Atmowihardjo

Attend this session if you want:
› To gain an understanding of the long-term outcomes after TAVI
› To understand the factors which govern long-term outcomes
› To appreciate the limitations of currently available data

16:30 › Session objectives - *P. MacCarthy*
16:32 › Long-term outcomes in trials & registries: predictors of adverse outcomes & lessons for case selection - *M. Gilard*
16:40 › Time to React@PCR

Technical & procedural refinements to reduce long-term complications

16:45 › Paravalvular leak - *I. Meredith*
16:50 › Stroke - *A. Linke*
16:55 › Bleeding - *P. Wenaweser*
17:00 › Renal failure - *P. MacCarthy*
17:05 › Rhythm management - *D. Hildick-Smith*
17:10 › Time to React@PCR
17:17 › TAVI-related endocarditis & late valve failure: incidence & management - *A. Latib*
17:22 › Time to React@PCR
17:27 › Key learnings & session evaluation - *J. Fajadet*

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Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

Monday 21 September

16:30-17:30 ■ Learning Transapical

ROOM 3
LEVEL 1
Learning

Facilitators: T. Walther, O. Wendler
Media driver: P. Lim

Attend this session if you want:
- To identify which patient could benefit from the transapical approach
- To understand what are the key steps for a safe transapical approach

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

16:30-17:30 ■ TAVI: clinical outcomes after new generation valve implantation (part I)

ROOM 4
LEVEL 1
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 abstract submissions
Chairperson: J. Webb
Panellists: L. Nombela-Franco, A.S. Petronio

16:30 Comparison of conventional VS TAVI: analysis of 3,751 patients in propensity - *E. Emmel*
16:37 Discussion & audience interaction
16:42 Transcatheter aortic valve replacement in Asian Pacific countries - *S.H. Yoon*
16:49 Discussion & audience interaction
16:54 Pacemaker implantation following TAVI with a second generation device - *R. Rampat*
17:01 Discussion & audience interaction
17:06 TAVI VS re-do surgery for patients with a failing aortic bioprosthesis: a multi-centre propensity score analysis - *M. Spaziano*
17:13 Discussion & audience interaction
17:18 Neurologic complications of contemporary unprotected trans-aortic valve replacement: final results of a prospective multicentre study to evaluate the neuro-embolic consequences of TAVR in the United States (the Neuro-TAVR trial) - *A. Lansky*
17:25 Discussion & audience interaction

16:30-17:30 ■ Learning PVL closure

ROOM 5
LEVEL 3
Learning

Facilitators: A. Delabays, E. Eeckhout
Media driver: P. Deharo
Panellist: U. Schäfer

Attend this session if you want:
- To learn about the role of cardiac imaging in patient selection & interventional monitoring
- To learn about the different interventional techniques
- To learn how to prevent & manage complications during & after the procedure

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

16:30-18:00 ■ Most educational cases from France & The Netherlands

ROOM 6
LEVEL 3
How should I treat?

With the collaboration of the Atheroma Coronary and Interventional Cardiology Group of the French Society of Cardiology & the Working Group on Interventional Cardiology of the Dutch Society of Cardiology
Chairpersons: P. De Jaegere, R. Koning
Panellists: J. Baan, H. Le Breton, R. Rodriguez Olivares, E. Van Belle

Attend this session if you want:
- To learn the best practices from France & The Netherlands

16:30 Session objectives - *P. De Jaegere*
16:35 How to treat a patient with Takayashu & aortic stenosis without any vascular access (including carotids)? *R. Rodriguez Olivares*
16:40 How would I treat? - *H. Le Breton*
16:45 How would I treat? - *J. Baan*
16:50 Discussion & audience interaction
17:00 How did I treat? - *R. Rodriguez Olivares*
17:10 Consensus - *P. De Jaegere*
17:15 How to treat a patient with aortic regurgitation and refractory cardiac failure? - *E. Van Belle*
17:20 How would I treat? - *H. Le Breton*
17:25 How would I treat? - *J. Baan*
17:30 Discussion & audience interaction
17:40 How did I treat? - *E. Van Belle*
17:50 Consensus - *R. Koning*
17:55 Session evaluation & key learnings - *R. Koning*

16:30-17:30 ■ Curiosities in structural intervention

INTERACTIVE CASE CORNER
LEVEL 3
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Facilitators: T. Lefèvre, C. Ruiz

16:30 A rare case of amyloidosis. Paracommissural jet: instruction for use - *P. Denti*
16:39 To snatch victory from the jaws of failure: the benefits of having a multi-valve programme - *M. Chrissoheris*
16:48 Successful treatment of endocarditis after TAVI: lessons for the future - *M. Silaschi*
16:57 A case of percutaneous closure of postinfarction ventricular septal rupture associated with pseudoaneurysm using Amplatzer occluders - *Y. Enta*
17:06 Iatrogenic aortic pseudoaneurysm after the percutaneous treatment of an aortic coarctation *V. Jimenez Diaz*
17:14 Blue label for the off-label indication, the bad - *F. Pineda*
17:22 Direct access in a patient with complete persistent sciatic artery for TAVI - *L. Gutierrez*

Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

17:30-18:30 ■ LIVE demonstration from Vivantes Klinikum Am Urban/im Friedrichshain/Deutsches Herzzentrum Berlin, Germany

MAIN ARENA
LEVEL 1
LIVE demonstration

Chairpersons: R. Kornowski, N. Moat
Panellists: P. Boekstegers, R. Deshpande, T. Dewey, O. Goktekin, T. Modine, M. Sarano, G. Yucel
Operators: J. Kempfert, H. Ince
React@PCR moderator: U. Ketterer
Control desk: R. Rodriguez Olivares

17:30 › With continuous LIVE from Vivantes Klinikum Am Urban/ im Friedrichshain/Deutsches Herzzentrum Berlin, Germany
18:15 › Time to React@PCR

17:30-18:30 ■ Innovations in aortic valve intervention

ROOM 3
LEVEL 1
Innovation

Session comprising selected PCR London Valves 2015 innovation submissions
Chairpersons: A. Baumbach, N. Piazza
Panellists: G. Manoharan, I. Meredith, D. Mylotte, C.K. Naber

17:30 › First in man results of new femoral access closure device for 18-24 sheaths - *P. Crean*
17:35 › Discussion & audience interaction
17:38 › Left ventricular rapid pacing : a new technique to simplify balloon aortic valvuloplasty & TAVI procedures - *B. Faurie*
17:43 › Discussion & audience interaction
17:46 › Septulus: a novel device for treating septal hypertrophy - *H. Bjursten*
17:51 › Discussion & audience interaction
17:54 › 30-day data of a new self-expanding transcatheter aortic valve - *U. Schäfer*
17:59 › Discussion & audience interaction
18:02 › TAVI friendly next generation surgical valves
18:07 › Discussion & audience interaction

17:30-18:30 ■ A friend in need is a friend indeed: tips & tricks from the experts

ROOM 4
LEVEL 1
Plenary session

Chairpersons: U. Gerckens, D. Hildick-Smith
Panellists: D. Blackman, H. Eltchaninoff, M.K.Y. Lee, G. Nickenig, C. Tamburino, Y. Watanabe

Attend this session if you want:
› To learn practical tips to assist difficult TAVI procedures
› To understand how to predict complications & treat them promptly
› To gain insights into options available when TAVI procedures do not go according to plan

17:30 › Session objectives - *D. Hildick-Smith*
17:33 › My closest escapes - *D. Blackman*
17:42 › Time to React@PCR
17:48 › My top 5 tips - *H. Eltchaninoff*
17:53 › Time to React@PCR
17:59 › My closest escapes - *G. Nickenig*
18:08 › Time to React@PCR
18:14 › My top 5 tips - *C. Tamburino*
18:19 › Time to React@PCR
18:25 › Key learnings & session evaluation - *U. Gerckens*

17:30-18:30 ■ Understanding TAVI using the Valve Atlas

ROOM 5
LEVEL 3
Plenary session

Chairpersons: D. Tchétché, E. Barbato
iPad presenters: P. MacCarthy, N. Van Mieghem

17:30 › Session objectives - *D. Tchétché*
17:33 › Case 1 presentation - *S. Stortecky*
17:42 › Discussion & audience interaction
17:51 › Case 2 presentation - *O. Aldalati*
18:00 › Discussion & audience interaction
18:09 › Case 3 Presentation - *L. Van Gils*
18:18 › Discussion & audience interaction
18:27 › Take-home message - *E. Barbato*

17:35-18:35 ■ The tricuspid valve: how does it work, why does it go wrong & should we fix it?

ROOM 2
LEVEL 1
Plenary session

Chairpersons: R. Hahn, A. Vahanian
Panellists: D. Himbert, R. Lange, A. Linke, P. Pibarot, C. Ruiz, M. Yamamoto

Attend this session if you want:
› To learn more about the function & pathophysiology of the tricuspid valve
› To appreciate the optimal modes of Imaging in tricuspid valve disease
› To understand current surgical & future percutaneous treatment options & when they should/should not be used

17:35 › Session objectives - *R. Hahn*
17:37 › Tricuspid anatomy & pathophysiology: valve, ventricle & pulmonary circulation - *V. Delgado*
17:44 › Time to React@PCR
17:51 › Which Imaging modality should I use? Echocardiography, computed tomography or cardiac magnetic resonance? *B. Rana*
17:58 › Time to React@PCR
18:05 › When should we fix it (& how)? Current surgical practice *O. Wendler*
18:12 › Time to React@PCR
18:19 › Is surgery the only answer? Future interventional possibilities - *M. Haude*
18:26 › Time to React@PCR
18:33 › Key learnings & session evaluation - *A. Vahanian*

18:30-19:30 ■ Cocktail reception

EXHIBITION AREA
LEVEL 1

With an unrestricted educational grant from Valtech

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Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

Tuesday 22 September

08:00-08:30 ■ Coronary artery disease & TAVI

MAIN ARENA
LEVEL 1
Plenary session

Chairpersons: J. Fajadet, S. Redwood
Panellists: F. Baslaib, A. Baumbach, M. Chen, R. Makkar, J. Mehilli, J. Webb, S. Windecker
React@PCR moderator: I. Atmowihardjo

Attend this session if you want:
- To understand the impact of coronary artery disease on TAVI outcomes
- To appreciate the potential complexities & risks of undertaking PCI in the setting of severe aortic stenosis
- To refine your case selection according to the latest clinical evidence

08:00 › Session objectives - *S. Redwood*
08:02 › Why do coronary intervention in aortic stenosis? Which patient & which lesion should we treat? - *J. Mehilli*
08:08 › What can we learn from the surgical experience? Is there a role for a hybrid approach? - *T. Dewey*
08:14 › Bringing it all together: how do I perform coronary intervention before & after TAVI? - *R. Kornowski*
08:20 › Time to React@PCR
08:28 › Key learnings & session evaluation - *J. Fajadet*

08:00-08:45 ■ Learning Evolut R

ROOM 3
LEVEL 1
Learning

Facilitators: D. Tchétché, N. Van Mieghem
Media driver: J. Molina

Attend this session if you want:
- To understand the specific properties of Evolut R
- To learn how to use Evolut R in different anatomies

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

08:00-09:25 ■ Clinical outcomes after mitral & tricuspid valve interventions

ROOM 4
LEVEL 1
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 abstract submissions
Chairperson: H. Ince
Panellists: C.K. Naber, U. Schäfer

08:00 › **Late-breaking data: advance in transcatheter tricuspid valve repair: initial outcomes from the CE multi-centre study** - *A. Latib*
08:07 › Discussion & audience interaction
08:12 › **Late-breaking data: results of the multi-centre phase of the Maveric trial** - *A. Erglis*
08:19 › Discussion & audience interaction
08:24 › Predictors of clinical outcome for percutaneous mitral valve repair in patients with severe functional mitral regurgitation - *F. Fiorelli*
08:31 › Discussion & audience interaction
08:36 › Mitraclip therapy in patients with functional mitral
› regurgitation & missing leaflets coaptation - *M. Adamo*
08:43 › Discussion & audience interaction
08:48 › Transcatheter mitral valve repair VS conservative treatment in severe functional mitral regurgitation: a single-centre experience - *F. Fiorelli*
08:55 › Discussion & audience interaction
09:00 › Transcatheter mitral valve-in-ring implantation with a fully repositionable & retrievable TAVI device - *N. Ruparelia*
09:07 › Discussion & audience interaction
09:12 › Transcatheter mitral valve implantation for the treatment of mitral regurgitation: six month outcomes of first-in-man experience with an apically tethered device - *N. Moat*
09:19 › Discussion & audience interaction

08:00-09:00 ■ Advanced Imaging techniques in TAVI assessment

ROOM 6
LEVEL 3
Nurses & Allied Professionals session

Chairpersons: J. Laub, K. Wilson
Panellists: J.J. Bax, K. Hayashida, M. Monaghan, A. Wolf

Attend this session if you want:
- To learn how to read a cardiac gated computed tomography scan
- To know how to interpret 3D transoesophageal echocardiographic images
- To learn what transthoracic & transoesophageal echocardiography can add in the catheter lab

08:00 › Session objectives - *K. Wilson*
08:05 › Cardiac gated computed tomography: a beginners guide *A. Wolf*
08:14 › Discussion & audience interaction
08:22 › 3D transoesophageal echo: a beginners guide *M. Monaghan*
08:31 › Discussion & audience interaction
08:39 › TAVI Imaging requirements in the era of conscious sedation - *J.J. Bax*
08:48 › Discussion & audience interaction
08:56 › Key learnings & session evaluation - *J. Laub*

Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

08:00-09:15 ■ Complications of TAVI

INTERACTIVE CASE CORNER
LEVEL 3
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Facilitators: H.H. Chang, A. Pichard

08:00 › TAVI patient: late (8 Months) aortic right ventricle fistula due to annulus aortic rupture - *G. Sardella*
08:09 › Successful bailout for acute aortic regurgitation after balloon aortic valvuloplasty with using fogarty catheter *I. Komatsu*
08:18 › Late coronary obstruction following valve-in-valve implantation of a new generation self-expanding transcatheter aortic valve - *N. Ruparelia*
08:27 › Late aortic root rupture presenting as STEMI - *S. Dawkins*
08:35 › Unexpected thrombus - *P.D. Williams*
08:43 › A rare complication of ventricular septal defect following transapical TAVI - *N. Ehara*
08:51 › Successful treatment of valve migration after TAVI - how should we face valve migration? - *F. Yamanaka*
08:59 › Transapical aortic valve misplacement into the left ventricule output tract in a patient with aortic stenosis & calcified annulus: what to do in such fatal complication? *C.R. Agatiello*
09:07 › A case of thrombosis of a newer generation percutaneous aortic valve prosthesis - *A. Latib*

08:25-09:25 ■ Advances in percutaneous treatment of the mitral valve: from annuloplasty to valve replacement

ROOM 2
LEVEL 1
Plenary session

Chairpersons: M. Haude, T. Modine
Panellists: P. Boekstegers, L. Büllesfeld, C. Hammerstingl, J. Hancock, J. Hon, M.K.Y. Lee
React@PCR moderator: U. Ketterer

Attend this session if you want:
› To hear the latest clinical data concerning direct & indirect percutaneous mitral annuloplasty
› To appreciate the challenges of percutaneous mitral valve replacement & possible technical solutions
› To glimpse the future of percutaneous mitral valve intervention

08:25 › Session objectives - *M. Haude*
08:31 › Indirect mitral valve annuloplasty: is there a light at the end of the tunnel? - *H. Sievert*
08:39 › Time to React@PCR
08:47 › Direct mitral valve annuloplasty: how far are we from routine clinical application? - *F. Maisano*
08:55 › Time to React@PCR
09:03 › Percutaneous mitral valve replacement: worldwide experience & future challenges - *V. Bapat*
09:11 › Time to React@PCR
09:19 › Key learnings & session evaluation - *T. Modine*

08:30-09:30 ■ LIVE demonstration from Kerckhoff Heart and Thorax Center, Bad Nauheim, Germany

MAIN ARENA
LEVEL 1
LIVE demonstration

Chairpersons: J. Fajadet, S. Redwood
Panellists: F. Baslaib, A. Baumbach, M. Chen, R. Makkar, J. Mehilli, J. Webb, S. Windecker
Operators: H. Moellmann, T. Walther
Control desk: R. Rodriguez Olivares

08:30 › With continuous LIVE from Kerckhoff Heart and Thorax Center, Bad Nauheim, Germany
09:15 › Time to React@PCR

08:45-09:30 ■ Learning Lotus

ROOM 3
LEVEL 1
Learning

Facilitators: D. Mylotte, D. Tchétché
Media driver: J. Molina

Attend this session if you want:
› To understand the specific properties of Lotus
› To learn how to use Lotus in different anatomies

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

09:00-10:30 ■ Most educational cases from Denmark & Turkey

ROOM 6
LEVEL 3
How should I treat?

With the collaboration of the Working Group on Interventional Cardiology of the Danish Society of Cardiology & the Association of Percutaneous Cardiovascular Interventions of the Turkish Society of Cardiology
Chairpersons: A. Iyisoy, H. Nissen
Panellists: O. Goktekin, J. Ravkilde, M. Tang, G. Yucel

Attend this session if you want:
› To learn the best practices from Denmark & Turkey

09:00 › Session objectives - *A. Iyisoy*
09:05 › Aortic case from Turkey - *O. Goktekin*
09:10 › How would I treat? - *J. Ravkilde*
09:15 › How would I treat? - *G. Yucel*
09:20 › Discussion & audience interaction
09:30 › How did I treat? - *O. Goktekin*
09:40 › Consensus - *A. Iyisoy*
09:45 › Large aortic annulus: treatment options - *M. Tang*
09:50 › How would I treat? - *G. Yucel*
09:55 › How would I treat? - *J. Ravkilde*
10:00 › Discussion & audience interaction
10:10 › How did I treat? - *M. Tang*
10:20 › Consensus - *H. Nissen*
10:25 › Session evaluation & key learnings - *H. Nissen*

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Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

Tuesday 22 September

09:20-10:30 ■ Aortic valve-in-valve interventions

INTERACTIVE CASE CORNER
LEVEL 3
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Facilitators: T. Schmitz, O. Wendler

09:20 › First report: supravalvular aortic graft stenosis stent repair, complicated with severe aortic valve regurgitation requiring transapical valve-in-valve TAVI - *J. Diez*
09:27 › ransapical transcatheteter aortic valve-in-valve implantation for aortic regurgitation with a self-expandable device in a degenerated homograft - *G. Dahle*
09:34 › A medley of valve-in-valve cases: comparison of 2 different second generation TAVI devices used in the same bioprosthesis - *S. Khogali*
09:42 › When should we stop the procedure? A cliffhanger valve-in-valve implantation - *Y.B. Liao*
09:50 › Transfemoral transcatheter aortic valve-in-valve implantation in patient with small peripheral vessels and high risk of coronary obstruction - *N. Ruparelia*
09:58 › A complicate valve-in-valve procedure: the second valve entrapped between the struts of the first implanted valve - *G. Sardella*
10:06 › Successful valve-in-valve procedure for small degenerated surgical bioprosthesis with quite low coronary height using CoreValve Evolut R - *T. Arai*
10:14 › Valve-in-valve TAVI using the new generation system for the treatment of severe aortic regurgitation of the aortic full root bioprosthesis - *R. Parma*
10:22 › Valve-in-valve implantation through brachiocephalic trunk for severe aortic paravalvular regurgitation - *P. Sbarzaglia*

09:30-10:30 ■ Valve registries: what's new?

ROOM 2
LEVEL 1
Plenary session

Chairpersons: A. Baumbach, M. Mack
Panellists: A. Abizaid, H. Eltchaninoff, M. Gilard, C. Hamm, N. Moat, J. Webb
React@PCR moderator: U. Ketterer

09:30 › Session objectives - *A. Baumbach*
09:35 › Mitral & aortic valve intervention in Europe: the EORP registries - *M. Gilard*
09:40 › Time to React@PCR
09:45 › GARY registry - *C. Hamm*
09:50 › Time to React@PCR
09:55 › FRANCE 2: 4-year follow-up - *H. Eltchaninoff*
10:00 › Time to React@PCR
10:05 › United Kingdom TAVI registry: 6-year follow-up - *N. Moat*
10:10 › Time to React@PCR
10:15 › Lessons for everyday clinical practice - *J. Webb*
10:20 › Time to React@PCR
10:25 › Key learnings & session evaluation - *M. Mack*

09:45-10:45 ■ Learning Portico

ROOM 3
LEVEL 1
Learning

Facilitators: A. Linke, G. Manoharan
Media driver: J. Molina

Attend this session if you want:
› To understand the specific properties of Portico
› To learn how to use Portico in different anatomies

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

09:30-10:30 ■ TAVI: challenging cases

ROOM 4
LEVEL 1
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Chairperson: A. Cribier
Panellists: E. Bozkurt, K. Chang, C. Young

09:30 › TAVI for the treatment of cardiogenic shock due to severe aortic regurgitation - *J. Tweedie*
09:38 › Discussion & audience interaction
09:45 › Where there's a will, there's a way: no-contrast transfemoral TAVI via fenestration of a clamp lesion type-B aortic dissection in a patient with chronic kidney failure *R. Binder*
09:53 › Discussion & audience interaction
10:00 › TAVI valve-in-valve in aortic homograft: a leaky problem in a 1st generation valve-in-valve patient - *S. Khogali*
10:08 › Discussion & audience interaction
10:15 › Percutaneous paravalvular leak treatment & valve-in-valve implantation in a degenerated surgical bioprostheses *F. Castriota*
10:23 › Discussion & audience interactio

Don't miss!

09:35-10:30 ■ The Great Valve Debate: how do we extend lessons from TAVI experience to the mitral valve?

MAIN ARENA
LEVEL 1
Plenary session

With an unrestricted educational grant from Edwards Lifesciences
Chairpersons: V. Falk, A. Vahanian
Panellists: V. Bapat, V. Delgado, N. Piazza, R. Rosenhek
React@PCR moderator: W. Wijns

10:30-11:00 ■ Coffee & Tea

EXHIBITION AREA
LEVEL 1

With an unrestricted educational grant from Abbott Vascular

11:00-11:30 ■ The impact of mitral valve disease in the TAVI patient

MAIN ARENA
LEVEL 1
Plenary session

Chairpersons: J.J. Bax, B. Prendergast
Panellists: P. Boekstegers, A. Cribier, J. Hancock, H.L. Kao, R. Makkar, D. Mylotte, A. Witkowski, C. Young
React@PCR moderator: I. Atmowihardjo

Attend this session if you want:
› To understand the importance of mitral valve disease in the setting of severe aortic stenosis
› To gain insights as to whether mitral regurgitation will improve after TAVI
› To learn more about the indications for combined percutaneous valve interventions

11:00 › Session objectives - *J.J. Bax*
11:01 › Mitral regurgitation: clinical relevance in TAVI patient selection - *L. Nombela-Franco*
11:06 › Time to React@PCR
11:10 › How can we predict whether mitral regurgitation will get better after TAVI? - *V. Delgado*
11:15 › Time to React@PCR
11:19 › Are sequential TAVI & MitraClip procedures ever justified? *M. Barbanti*
11:24 › Time to React@PCR
11:28 › Key learnings & session evaluation - *B. Prendergast*

Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

11:00-12:30 ■ Secondary mitral regurgitation & heart failure: the "vicious circle"

ROOM 2
LEVEL 1
Plenary session

Chairpersons: C.K. Naber, M. Tuzcu
Panellists: R. Deshpande, T. Dewey, F. Maisano, S. Shirai, G. Van Camp, G. Yucel
React@PCR moderator: U. Ketterer

Attend this session if you want:
- To understand the mechanisms of secondary mitral regurgitation & the scale of the clinical problem
- To appreciate the limitations of current treatment options
- To explore the potential of combined treatments & future alternatives

11:00 Session objectives - *C.K. Naber*
11:05 Who gets it & why? And who might benefit from treatment? - *A. Vahanian*
11:13 Time to React@PCR
11:21 Optimal medical therapy for heart failure in 2015 *F. Ruschitzka*
11:29 Time to React@PCR
11:37 The scope of surgery: repair, replacement & combined techniques - *O. Wendler*
11:45 Time to React@PCR
11:53 Percutaneous valve repair - immediate & long term outcomes - *S. Kische*
12:01 Time to React@PCR
12:09 Combined percutaneous strategies (resynchronisation therapy, valve repair, left ventricular partitioning & beyond) *G. D'Ancona*
12:17 Time to React@PCR
12:25 Key learnings & session evaluation - *M. Tuzcu*

11:00-12:30 ■ Learning valve-in-valve

ROOM 3
LEVEL 1
Learning

Facilitators: V. Bapat, N. Piazza
Media driver: P. Lim
Panellist: D. Dvir

Attend this session if you want:
- To understand how to plan a valve-in-valve procedure
- To get key technical aspects of valve-in-valve procedures
- To understand & anticipate potential complications of valve-in-valve procedures

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

11:00-12:30 ■ TAVI: clinical outcomes after new generation valve implantation (part II)

ROOM 4
LEVEL 1
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 abstract submissions
Chairperson: N. Dumonteil
Panellist: G.P. Ussia, D. Walters

11:00 TAVI with the new balloon-expandable SAPIEN 3 VS SAPIEN XT valve system: a propensity score matched single Centre comparison - *R. Rodriguez Olivares*
11:06 Discussion & audience interaction
11:11 **Late-breaking data: STASIS: Secure Transapical Access & Closure Study** - *H. Treede*
11:17 Discussion & audience interaction
11:22 **Late-breaking data: One-year outcomes with a fully repositionable & retrievable percutaneous aortic valve in 250 high surgical risk patients: results from the REPRISE II trial extended cohort** - *I. Meredith*
11:28 Discussion & audience interaction
11:33 The new balloon-expandable Edwards SAPIEN 3 valve effectively reduces paravalvular leakage compared to its predecessor model SAPIEN XT in patients undergoing transfemoral aortic valve replacement - *W. Bocksch*
11:39 Discussion & audience interaction
11:44 Post-market evaluation of a fully repositionable & retrievable aortic valve in 500 patients treated in routine clinical practice: interim results from the RESPOND study *V. Falk*
11:50 Discussion & audience interaction
11:55 The Italian DFM registry: real world results of a next generation fully repositionable TAVI device - *F. De Marco*
12:01 Discussion & audience interaction
12:06 Treatment of aortic stenosis with a novel resheathable self-expanding transcatheter aortic valve system: results of a multi-centre clinical study - *A. Linke*
12:12 Discussion & audience interaction
12:18 Multicentre clinical study evaluating a novel self-expanding and resheathable transcatheter aortic valve system - *A. Linke*
12:24 Discussion & audience interaction

11:00-12:30 ■ Most educational cases from United Kingdom & Switzerland

ROOM 6
LEVEL 3
How should I treat?

With the collaboration of the British Cardiovascular Intervention Society & the Working Group on Interventional Cardiology and ACS of the Swiss Society of Cardiology
Chairpersons: S. Redwood, P. Wenaweser
Panellists: R. Corti, D. Hildick-Smith, P. MacCarthy, S. Noble

Attend this session if you want:
- To learn the best practices from United Kingdom & Switzerland

11:00 Session objectives - *S. Redwood*
11:05 Novel access for a failing mitral bioprosthesis - *P. MacCarthy*
11:10 How would I treat? - *R. Corti*
11:15 How would I treat? - *D. Hildick-Smith*
11:20 Discussion & audience interaction
11:30 How did I treat? - *P. MacCarthy*
11:40 Consensus - *S. Redwood*
11:45 When tortuous is too tortuous?- S. Noble
11:50 How would I treat? - *D. Hildick-Smith*
11:55 How would I treat? - *R. Corti*
12:00 Discussion & audience interaction
12:10 How did I treat? - *S. Noble*
12:20 Consensus - *P. Wenaweser*
12:25 Session evaluation & key learnings - *P. Wenaweser*

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Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

Tuesday 22 September

11:00-12:30 ■ Unusual indications for TAVI

INTERACTIVE CASE CORNER
LEVEL 3
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Facilitators: A. M. Al Abdullah, E. Barbato

11:00 › TAVI in severe aortic regurgitation *M. Agnifili*
11:09 › High risk TAVI in a patient with supra-systemic pulmonary arterial pressures and critical aortic stenosis - *W. Davies*
11:18 › TAVI treatment of severe right-sided heart failure *N.E. Nielsen*
11:26 › Extra-anatomic TAVI in a GUCH patient with a Rastelli channel - *G. Dahle*
11:34 › Transcatheter aortic new generation valve implantation in a case of bicuspid aortic valve - *C. Cavazza*
11:42 › TAVI in acute severe aortic regurgitation - *V. Ruiz Quevedo*
11:50 › Second TAVI in a patient with restenosis of the core valve prosthesis - *X. Wei*
11:58 › Percutaneus aortic valve implantation in 20 years old patient: 18 months follow up - *L. Cressa*
12:06 › 2nd generation TAVI in true bicuspid aortic valve stenosis *N. Mohammed*
12:14 › AVI for aortic regurgitation requiring rescue extracorporeal membrane oxygenation - *F. Vincent*
12:22 › Transfemoral TAVI in cardiogenic shock: acceptable off-label indication? - *D. Zanuttini*

11:30-12:30 ■ LIVE demonstration from Kerckhoff Heart and Thorax Center, Bad Nauheim, Germany

MAIN ARENA
LEVEL 1
LIVE demonstration

Chairpersons: J.J. Bax, B. Prendergast
Panellists: P. Boekstegers, A. Cribier, J. Hancock, H.L. Kao, R. Makkar, D. Mylotte, A. Witkowski, C. Young
Operators: H. Moellmann, T. Walther
Control desk: R. Rodriguez Olivares

11:30 › With continuous LIVE from Kerckhoff Heart and Thorax Center, Bad Nauheim, Germany
12:15 › Time to React@PCR

12:30-13:00 ■ Lunch

EXHIBITION AREA
LEVEL 1

13:00-14:00 ■ Innovation addressing real-world needs

MAIN ARENA
LEVEL 1
Symposium

With an unrestricted educational grant from Direct Flow Medical
Chairpersons: M. Haude, H. Ince
Panellists: R. Bauernschmitt, F. De Marco, S. Gafoor, M. Gilard, F. Mellert, C.K. Naber, J.J. Popma, M. Tuzcu

Attend this session if you want:
› To review the newest data of the Direct Flow Medical technology
› To deep dive into advanced implant techniques with the Direct Flow valve
› To learn about the latest Direct Flow Medical innovation

13:00 › Session objectives - *M. Haude*
13:03 › Evidence from clinical trials & the real world - *C.K. Naber*
14:11 › Update from the US Trial - *M. Tuzcu*
13:19 › Challenging cases made easy - tips & tricks - *S. Gafoor*
13:27 › Hot from the R&D; The Direct Flow Medical TAVI pipeline *F. De Marco*
13:35 › What about mitral? - *F. Mellert*
13:43 › Time to React@PCR
13:57 › Session evaluation & key learnings - *H. Ince*

13:00-14:40 ■ Cardioband: a new era of mitral valve repair

ROOM 2
LEVEL 1
Tools & Techniques (TNT)

With an unrestricted educational grant from Valtech
Chairpersons: K.H. Kuck, M. Mack
Panellists: F. Maisano, F. Ruschitzka, A. Vahanian
React@PCR moderator: U. Ketterer

Attend this session if you want:
› To understand how to perform mitral repair in patients with functional mitral regurgitation
› To learn more about case examples of the Cardioband procedures
› To learn about the evolution of mitral valve annuloplasty

13:00 › Session objectives - *M. Mack*
13:05 › Percutaneous annuloplasty: another step towards surgical standards - *M. Mack*
13:15 › Case demonstration from Asklepios Klinik St. Georg, Hamburg, Germany - *K.H. Kuck*
13:40 › The ideal Cardioband patient based on a successful case presentation - *A. Vahanian*
13:50 › 12 months results from multi-centre CE mark clinical study *G. Nickenig*
14:00 › Time to React@PCR
14:05 › Device & medical therapy interaction in functional mitral regurgitation - *F. Ruschitzka*
14:15 › Time to React@PCR
14:20 › How to learn the technique & future directions *F. Maisano*
14:30 › Time to React@PCR
14:35 › Session evaluation & key learnings - *M. Mack*

13:00-13:45 ■ Percutaneous treatment of mitral & tricuspid regurgitation

ROOM 4
LEVEL 1
Symposium

With an unrestricted educational grant from Mitralign
Chairperson: A. Latib
Panellists: R. Hahn, G. Nickenig, J. Schofer

Attend this session if you want:
› To understand the Mitralign procedure for percutaneous mitral & tricuspid annuloplasty
› To present the latest clinical data

13:00 › Session objectives - *A. Latib*
13:03 › Mitral annuloplasty data review - *G. Nickenig*
13:13 › Mitralign platform for tricuspid repair - *J. Schofer*
13:23 › Mitralign tricuspid repair: Echo perspective - *R. Hahn*
13:33 › Discussion & audience interaction
13:43 › Session evaluation & key learnings - *A. Latib*

Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

13:55-14:40 ■ Effective, efficient, flexible mitral annuloplasty for secondary mitral regurgitation

ROOM 4
LEVEL 1
Symposium

With an unrestricted educational grant from Cardiac Dimensions
Chairpersons: I. Meredith, T. Siminiak
Panellists: H. Degen, H. Sievert, S. Von Bardeleben

Attend this session if you want:
- To learn about the high-quality efficacy data for percutaneous annuloplasty
- To appreciate useful tips for procedural technique that make this an easy, safe & accessible procedure
- To discuss the role & implementation of percutaneous annuloplasty for treatment of Functional mitral regurgitation

13:55 › Session objectives - *I. Meredith*
13:58 › Results from 3 prospective, randomised multi-centre trials *H. Degen*
14:08 › Case demonstration from CardioVascular Center, Frankfurt, Germany - *H. Sievert*
14:18 › Heart team approach to patient selection & treatment *S. Von Bardeleben*
14:28 › Discussion & audience interaction
14:38 › Session evaluation & key learnings - *T. Siminiak*

Don't miss!

14:40-15:20 ■ The best 3 transcatheter valve "rescues" of the year

ROOM 4
LEVEL 1
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Chairpersons: J. Fajadet, B. Prendergast
Panellists: A. M. Al Abdullah, M. Haude, H.L. Kao, C. Tamburino

14:40 › Flying body in the left atrium - *J.L.K. Chan*
14:48 › Discussion & audience interaction
14:53 › Bailout alcohol septal ablation for left ventricular outflow tract obstruction after transvenous valve implantation in a native mitral valve - *M. Urena*
15:01 › Discussion & audience interaction
15:06 › Total percutaneous mitral valve repair... Now feasible *P. Denti*
15:14 › Discussion & audience interaction
15:18 › Announcement of the highest ranked case - *J. Fajadet, B. Prendergast*

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14:45-15:45 ■ Percutaneous valve intervention in challenging clinical situations

MAIN ARENA
LEVEL 1
Plenary session

Chairpersons: N. Piazza, S. Redwood
Panellists: L. Büllesfeld, N. Dumonteil, J. Hon, N. Moat, M. Monaghan, C. Ruiz, S. Shirai, J. Webb
React@PCR moderator: I. Atmowihardjo

Attend this session if you want:
- To learn more about percutaneous treatment possibilities in patients with no surgical options
- To gather practical tips & tricks for valve-in-valve procedures
- To understand the key role of Imaging in guiding treatment selection & interventional strategy

14:45 › Session objectives - *N. Piazza*
14:49 › Valve-in-valve options for failed surgical bioprostheses: device selection & technical tips - *D. Dvir*
14:56 › Time to React@PCR
15:02 › Percutaneous possibilities following failed surgical valve repair - *C. Grasso*
15:09 › Time to React@PCR
15:15 › Treatment indications & percutaneous options in the patient with inoperable mitral calcification - *V. Bapat*
15:22 › Time to React@PCR
15:28 › Bringing it all together: the key role of Imaging *S. Von Bardeleben*
15:35 › Time to React@PCR
15:41 › Key learnings & session evaluation - *S. Redwood*

14:45-15:30 ■ Achieving the best outcomes after TAVI

ROOM 2
LEVEL 1
Plenary session

Chairpersons: S. Kodali, P. MacCarthy
Panellists: E. Barbato, J. Byrne, K. Hayashida, J. Mehilli, I. Meredith, C.K. Naber
React@PCR moderator: U. Ketterer

Attend this session if you want:
- To learn more about the optimal management of patients following TAVI
- To discuss the evidence base underlying current best practice
- To hear practical recommendations for Imaging, rhythm management & medical therapy in your TAVI patients

14:45 › Session objectives - *P. MacCarthy*
14:47 › Optimal medical therapy - *M. Valgimigli*
14:52 › Time to React@PCR
14:57 › Post-procedural Imaging - *J.J. Bax*
15:02 › Time to React@PCR
15:07 › Pacemakers and rhythm management - *D. Hildick-Smith*
15:12 › Time to React@PCR
15:17 › Bringing it all together: a strategy for safe early discharge *M. Barbanti*
15:22 › Time to React@PCR
15:27 › Key learnings & session evaluation - *S. Kodali*

14:45-15:45 ■ Learning JenaValve

ROOM 3
LEVEL 1
Learning

Facilitator: H. Treede
Media driver: J. Molina

Attend this session if you want:
- To understand the specific properties of JenaValve
- To learn how to use JenaValve in different anatomies

Learning sessions are interactive, engaging and highly informative. They are designed and run by clinicians for clinicians. Interventional procedures are discussed step-by-step. You will take home insights that will impact your skills in daily practice.

Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

Tuesday 22 September

15:25-16:25 ■ Valve-in-valve interventions

ROOM 4
LEVEL 1
Call-for-submission-based session

Session comprising selected PCR London Valves 2015 clinical case submissions
Chairperson: O. Wendler
Panellists: G. D'Ancona, M. Gilard

- 15:25 › Cardiac arrest during transcatheter valve-in-valve implantation - *C. Cavazza*
- 15:33 › Discussion & audience interaction
- 15:40 › New generation valve-in-valve implantation to treat a degenerated bioprostheses - *F. Castriota*
- 15:48 › Discussion & audience interaction
- 15:55 › Implantation of a second generation, repositionable TAVI valve in a failing mitral bioprothesis (valve-in-valve) *A. Wolf*
- 16:03 › Discussion & audience interaction
- 16:10 › Transfemoral valve-in-valve implantation in a high-risk patient with failed bio-Bentall - *J.Y. Tsauo*
- 16:18 › Discussion & audience interaction

15:35-16:30 ■ Learn from the Experts - the Heart Team in action

ROOM 2
LEVEL 1
Plenary session

Chairpersons: P. MacCarthy, D. Tchétché
Panellists: M. Chen, K. Hayashida, T. Schmitz, N. Van Mieghem, C. Young
React@PCR moderator: U. Ketterer

Attend this session if you want:
- › To participate in a dynamic Heart Team discussion concerning challenging cases
- › To learn about the issues involved in selecting cases for valve intervention
- › To understand how the latest evidence influences strategy

- 15:35 › Session objectives - *P. MacCarthy*
- 15:38 › Case presentation up to point of Heart Team discussion *J. Byrne*
- 15:42 › Does the literature help? - *A. Vahanian*
- 15:47 › Time to React@PCR
- 15:54 › Heart Team discussion - *P. MacCarthy*
- 16:00 › Case conclusion - *J. Byrne*
- 16:03 › Case presentation up to point of Heart Team discussion *D. Mylotte*
- 16:07 › Does the literature help?
- 16:12 › Time to React@PCR
- 16:19 › Heart Team discussion - *D. Tchétché*
- 16:25 › Case conclusion - *D. Mylotte*
- 16:28 › Key learnings & session evaluation - *D. Tchétché*

15:45-16:45 ■ LIVE demonstration from Kerckhoff Heart and Thorax Center, Bad Nauheim, Germany

MAIN ARENA
LEVEL 1
LIVE demonstration

Chairpersons: N. Piazza, S. Redwood
Panellists: L. Büllesfeld, N. Dumonteil, J. Hon, N. Moat, M. Monaghan, C. Ruiz, S. Shirai, J. Webb
Operators: H. Moellmann, T. Walther
Control desk: R. Rodriguez Olivares

- 15:45 › With continuous LIVE from Kerckhoff Heart and Thorax Center, Bad Nauheim, Germany
- 16:30 › Time to React@PCR

Don't miss!

16:50-17:05 ■ Closing ceremony

MAIN ARENA
LEVEL 1
Plenary session

Chairpersons: J. Fajadet, M. Haude, B. Prendergast, C. Tamburino, S. Windecker
Panellists: J.J. Bax, P. MacCarthy, M. Monaghan, S. Redwood, W. Wijns

- 16:50 › Closing remarks - *J. Fajadet*
- 16:57 › PCR London Valves 2016 - *B. Prendergast*

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Aortic Imaging Mitral and tricuspid Multiple speciality Learning sessions LIVE demonstrations

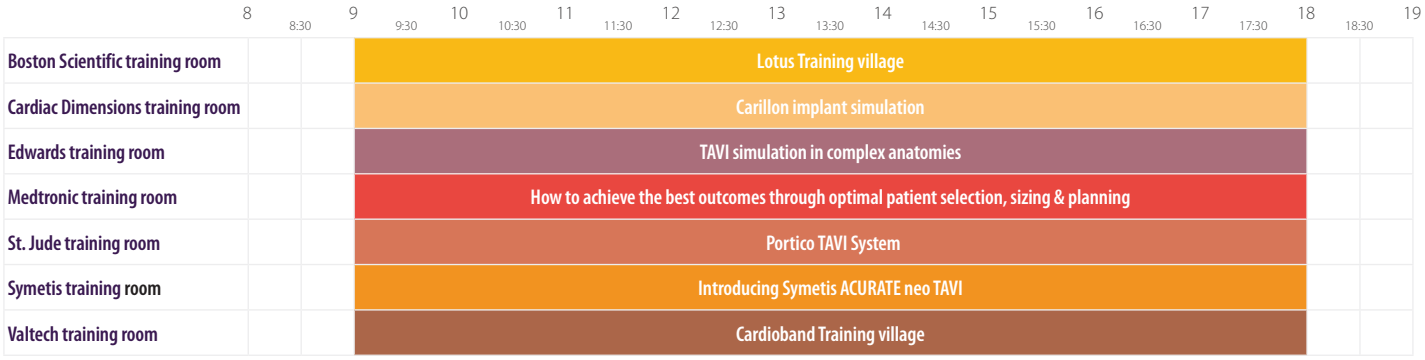
Training village

Valid as of 4 September 2015

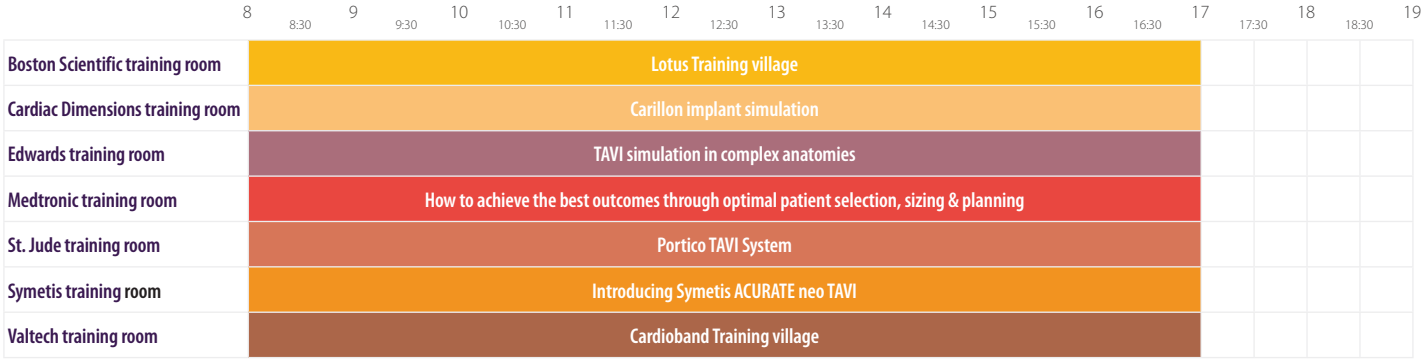
PCR london valves

Training village at-a-glance

Monday 21 September 2015



Tuesday 22 September 2015



With an unrestricted educational grant from **BOSTON SCIENTIFIC**

BOSTON SCIENTIFIC TRAINING ROOM

		Session in
Monday 21	09:00-10:00	ENGLISH
	10:30-11:30	ENGLISH
	12:00-13:00	ENGLISH
	13:30-14:30	ENGLISH
	15:00-16:00	ITALIAN
	16:30-17:30	ENGLISH
Tuesday 22	09:00-10:00	ENGLISH
	10:30-11:30	SPANISH
	12:00-13:00	ENGLISH
	13:30-14:30	ENGLISH
	15:00-16:00	ENGLISH

Lotus Training Village

Trainers: M. Abdel-Wahab, F. Castriota, J. Harnek, S. Khogali, R. Moreno , Boston Scientific Professional Team

Attend these sessions if you want:

› To meet the expert & have a comprehensive overview of the Lotus Valve System through case examples & a hands-on session with a virtual reality simulator

› Welcome & introduction
› Didactic presentation on the Lotus Valve System & case examples
› Hands-on experience using a TAVI simulator demonstrating procedural steps
› Discussion & closing

With an unrestricted educational grant from CARDIAC DIMENSIONS — CARDIAC DIMENSIONS TRAINING ROOM

Monday 21

09:00-09:40
10:00-10:40
11:00-11:40
12:00-12:40
13:00-13:40
14:00-14:40
15:00-15:40
16:00-16:40
17:00-17:40

Tuesday 22

08:00-08:40
09:00-09:40
10:00-10:40
11:00-11:40
12:00-12:40
13:00-13:40
14:00-14:40
15:00-15:40
16:00-16:40

Carillon implant simulation

Trainers: E. Keech, J. Nowak

Attend these sessions if you want:

› To learn how to implant the Carillon in a simulated coronary sinus bench-top model in 30 minutes

› Distal anchor placement
› Cinching/pulling tension
› Proximal anchor placement
› Device recapture and device decoupling

With an unrestricted educational grant from EDWARDS LIFESCIENCES — EDWARDS TRAINING ROOM

Monday 21

09:00-10:00
10:00-11:00
12:00-13:00
13:00-14:00
14:30-15:30
15:30-16:30
16:30-17:30
17:30-18:00

Tuesday 22

09:00-10:00
10:00-11:00
11:00-12:00

TAVI simulation in complex anatomies

Trainers: Edwards Lifesciences Professional Education Team

Attend this session if you want:

› To gain experience on transfemoral & transapical challenging cases
› To assess & manage successfully a complex case

› Horizontal aorta
› Tortuous descending aorta
› Septal hypertrophy
› Valve-in-valve
› Low ostia of left coronary

With an unrestricted educational grant from MEDTRONIC — MEDTRONIC TRAINING ROOM

Monday 21

09:00-10:00
10:30-11:30
12:00-13:00
15:00-16:00

Tuesday 22

09:00-10:00
10:30-11:30
12:00-13:00
14:00-15:00

How to achieve the best outcomes through optimal patient selection, sizing & planning

Attend this session if you want:

› To understand the added value of combined CT & Echo modalities
› To learn how to review good CT scan quality in order to optimise sizing
› To practice sizing through hands-on sessions with latest technologies, including the new GE TAVI planning & guidance solution

› Didactic sessions - *Medtronic professional team*
› Hands-on workshop - *Medtronic & GE Healthcare professional teams*

Training village

With an unrestricted educational grant from **ST. JUDE**

ST. JUDE TRAINING ROOM

Monday 21	09:00-10:00 10:15-11:15 11:30-12:30 15:00-16:00 16:30-17:30	**Portico TAVI System** *Trainer: St. Jude Medical Education Trainer* **Attend this session if you want:** › To get introduced to the St. Jude Medical TAVI programme › To discuss the advantages of a fully resheathable transcatheter aortic valve › To experience the repositionability and retrievability features of the Portico TAVI system › To experience the complete portfolio valve size
Tuesday 22	09:00-10:00 10:15-11:15 11:30-12:30 14:00-15:00 15:15-16:15	› PPT Presentation & hand's on practice on beating heart simulator

With an unrestricted educational grant from **SYMETIS**

SYMETIS TRAINING ROOM

Monday 21	09:00-18:00	**Introducing Symetis ACURATE neo TAVI** *Trainers: C. Belon, L. Brenton*
Tuesday 22	08:00-17:00	**Attend this session if you want:** › To learn how to use Symetis ACURATE neo › To master the step by step implant technique › To experience why ACURATE neo is the easiest self expanding TAVI system to use › To review clinical outcomes & results

With an unrestricted educational grant from **VALTECH**

VALTECH TRAINING ROOM

Monday 21	09:00-18:00	**Cardioband Training village**
Tuesday 22	08:00-17:00	› Transfemoral annuloplasty for mitral valve repair

e-abstracts

Available for consultation on computers in the exhibition hall.

Incidence, predictive factors and impact of delirium after TAVI

Mr ABAWI M.
UMC-Utrecht, UTRECHT, THE NETHERLANDS

Emergency TAVI versus emergency balloon valvuloplasty followed by elective TAVI in patients with decompensated aortic stenosis: a multicentric registry

Dr BONGIOVANNI D.
Klinikum Rechts der Isar, MÜNCHEN, GERMANY

The contribution of pressure recovery and three-dimensional imaging on echocardiographic evaluation of severe aortic stenosis for TAVI

Dr KONG W.K.F.
The National University Hospital of Singapore, SINGAPORE, SINGAPORE

Optimal fluoroscopic viewing angles of left-sided heart structures in patients with aortic stenosis and mitral regurgitation based on multislice computed tomography

Dr SPAZIANO M.; Dr THÉRIAULT-LAUZIER P.; Dr VAQUERIZO B.; Dr CHETRIT M.; Dr GALATOS C.; Dr BUITHIEU J.; Dr MARTUCCI G.; Dr PIAZZA N.
McGill University Health Center, MONTREAL, CANADA

Poor mobility predicts adverse outcome better than other frailty indices in patients undergoing TAVI

Dr COCKBURN J.; Dr DOOLEY M.; Ms PARKER J.; Dr HUTCHINSON N.; Mr TRIVEDI U.; Dr DE BELDER A.; Dr HILDICK-SMITH D.
Sussex cardiac centre, BRIGHTON, UNITED KINGDOM

Which surgical risk score is best for predicting outcome in patients undergoing TAVI: comparison of EuroSCORE, logistic EuroSCORE, EuroSCORE II, and the society of thoracic surgery global scoring systems

Dr COCKBURN J.; Dr DOOLEY M.; Ms PARKER J.; Dr HUTCHINSON N.; Mr TRIVEDI U.; Mr DE BELDER A.; Dr HILDICK-SMITH D.
Sussex cardiac centre, BRIGHTON, UNITED KINGDOM

Transfemoral TAVI in patients with small peripheral vessels

Dr RUPARELIA N.; Dr BUZZATTI N.; Mr ROMANO V.; Mr LONGONI M.; Dr FIGINI F.; Dr CHIEFFO A.; Dr CASTIGLIONI A.; Dr KAWAMOTO H.; Dr MIYAZAKI T.; Dr MONTORFANO M.; Dr ALFIERI O.; Dr COLOMBO A.; Dr LATIB A.
San Raffaele Scientific Institute, MILAN, ITALY

Transfemoral implantation of a fully repositionable and retrievable TAVI device for pure non-calcified aortic regurgitation

Prof SCHOFER J.; Dr RUPARELIA N.; Dr BIJUKLIC K.; Dr NIETLISPACH F.; Dr HANSEN L.; Dr MANGIERI A.; Dr DE MARCO F.; Dr BRUSCHI G.; Dr COLOMBO A.; Dr GATTO F.; Dr OEZBEK C.; Dr MAISANO F.; Dr LATIB A.
San Raffaele Scientific Institute, MILAN, ITALY

Aortic valve gradient and clinical outcome in patients undergoing TAVI for severe aortic stenosis

Dr WITBERG G.; Prof ASSALI A. ; Dr VAKNIN-ASSA H.; Dr SHAUL A.; Dr ORVIN K.; Dr VATURI M.; Dr SCHWARTZENBERG S.; Dr SHAPIRA Y.; Prof SAGIE A.; Dr BARSHESHET A. ; Prof KORNOWSKI R.
Rabin Medical Center, PETACH TIKVA, ISRAEL

How small can you go? <4 mm transfemoral TAVI with zero complication using a recollapsible sheath

Dr TANG G.; Dr AHMAD H.; Dr COHEN M.; Dr UNDEMIR C.; Dr DUTTA T.; Ms PONIROS A.; Dr SHAH A.; Ms BENNETT J.; Dr LANSMAN S.
Westchester Medical Center, NEW YORK, UNITED STATES

Impact on kidney function in Japanese patients undergoing transcatheter valve replacement

Dr HACHINOHE D.; Dr SAITO S.; Ms ASOU K.; Dr OCHIAI T.; Dr SHISHIDO K.; Dr YAMABE T.; Dr YAMANAKA F.; Dr TANAKA Y.; Dr OGINO H.; Dr TANAKA M.
ShonanKamakura General Hospital, KAMAKURA, JAPAN

Pre-procedural anemia management decreases transfusion rates in patients undergoing TAVI

Dr SHUVY M.; Dr MEWA J.; Dr WOLFF R.; Dr HUTSON J.; Dr AUSTIN P.C.; Mrs BENTLEY D.; Mr IACOVELLI M.; Dr CALLUM J.; Dr RADHAKRISHNAN S.; Dr FREMES S.E.; Dr WIJEYSUNDERA H.C.; Dr LIN Y.
Sunnybrook Health Science Centre, TORONTO, CANADA

Predictive value for paravalvular regurgitation of 3-dimensional anatomic aortic annulus shape assessed by multidetector computed tomography post-transcatheter aortic valve replacement

Dr CIOBOTARU V.; Dr MAUPAS E.
Hôpital Privé Les Franciscaines, NIMES, FRANCE

Akute kidney injury (AKI) and chronic kidney injury (CKI) and its relation to clinical outcome in patients undergoing TAVI

Dr FATEH-MOGHADAM S.; Dr HTUN P.; Prof GAWAZ M.
Eberhard-Karl Universitaet Tuebingen, TUEBINGEN, GERMANY

Platelet activation is less enhanced in the new balloon expandable Edwards Sapien 3 valve compared to its predecessor model (Edwards Sapien XT) and is associated to the amount of residual aortic regurgitation

Dr FATEH-MOGHADAM S.; Mrs VOESCH S.; Prof GEISLER T.; Prof GAWAZ M.; Dr BOCKSCH W.
Eberhard-Karl Universitaet Tuebingen, TUEBINGEN, GERMANY

Impact of cardiac tamponade after TAVI: results from the FRANCE 2 Registry

Dr MOUILLET G.
Henri Mondor, CRETEIL, FRANCE

Hypnosis sedation during TAVI procedure: safety, feasibility and impact on procedural time

Dr MOUILLET G.
Henri Mondor, CRETEIL, FRANCE

The DISCOVER Registry: 1-year outcomes of a fully repositionable and retrievable non-metallic transcatheter aortic valve in a real-world population

Dr NABER C.; Dr FRAMBACH P.; Prof INCE H.; Prof COLOMBO A.; Prof NICKENIG G.; Dr DEN HEIJER P.; Dr BRUEREN G.; Dr GATTO F.; Prof SCHOFER J.; Dr DIVCHEV D.; Dr DE MARCO F.; Dr LATIB A.; Dr WAGNER D.; Dr KISCHE S.; Dr BUTTER C.
Direct Flow Medical, GIESSEN, GERMANY

TAVI in local anesthesia without general anesthesia or deep sedation, a single center comparison of 30-day clinical outcome between balloon-expandable and self-expandable valves

Dr BOCKSCH W.; Dr DROPPA M.; Dr STEEG M.; Dr HTUN P.; Prof GEISLER T.; Prof GAWAZ M.; Dr FATEH-MOGHADAM S.
Eberhard-Karl Universitaet Tuebingen, TUEBINGEN, GERMANY

Impact of very high positioning and pop-up of Edwards SAPIEN 3 in transfemoral TAVI

Dr ARAI T.; Dr LEFEVRE T.; Dr HOVSSE T.; Dr BOUVIER E.; Dr MORICE M-C.; Dr GAROT P.; Dr CHEVALIER B.
Institut Cardiovasculaire Paris Sud, MASSY, FRANCE

What the interventional cardiologist should know about aortic stiffness before TAVI

Dr HARBAOUI B.; Dr COURAND P.Y.; Dr CHARLES P.; Dr MONTOY M.; Dr DUBREUIL O.; Prof JEGADEN O.; Dr DAUPHIN R.; Prof LANTELME P.
Civils Hospices of Lyon, LYON, FRANCE

3D printing technology from cardiac imaging: where are we at?

Ms MAES J.; Dr VERSCHUEREN P.
Materialise, LEUVEN, BELGIUM

e-abstracts

Sutureless aortic prostheses are associated with a higher incidence of permanent pacemaker insertion than conventional: a meta-analysis

Dr O' SULLIVAN K.E.; Mr HURLEY E.T.; Dr SEGURADO R.; Mr HURLEY J.P.
Mater Private Hospital, DUBLIN, IRELAND

Is transaortic comparable with transapical TAVI? A meta-analysis examining procedural outcomes

Dr O' SULLIVAN K.E.; Mr HURLEY E.T.; Mr SEGURADO R.; Mr HURLEY J.P.
Mater Private Hospital, DUBLIN, IRELAND

Transcutaneous aortic valve implantation using the carotid artery access: feasibility and clinical outcomes

Dr KALLINIKOU Z.; Dr BERGER A.; Dr RUCHAT P.; Dr KHATCHATOUROV G.; Dr FLEISCH I.; Dr KORKODELOVIC B.; Dr HENCHOZ E.; Dr MARTI R-A.; Prof TOGNI M.; Prof GOY J-J.
University and Hospital Fribourg, FRIBOURG, SWITZERLAND

Usefulness of novel calcification index of aortic valve leaflets to predict paravalvular leakage after balloon-expandable TAVI

Dr SAKAMOTO T.; Dr IMAMURA Y.; Dr NAKAO K.; Dr NISHIGAMI K.
Saiseikai Kumamoto Hospital Cardiovascular Center, KUMAMOTO, JAPAN

Evaluation of newly proposed TAVI risk scores in the prediction of prognosis after TAVI

Ms COLLAS V.; Dr VAN DE HEYNING C.; Prof PAELINCK B.; Dr PHILIPSEN T.; Prof RODRIGUS I.; Prof VRINTS C.; Prof BOSMANS J.
University Antwerp, EDEGEM, BELGIUM

Hyper-response to Clopidogrel in patients undergoing TAVI

Dr WATANABE Y.; Dr ISHIKAWA S.; Dr HOSOGOE N.; Dr KAWASHIMA H.; Dr KATAOKA A.; Dr KYONO H.; Dr SUZUKI N.; Dr YOKOYAMA N.; Prof KOZUMA K.
Teikyo university school of medicine, TOKYO, JAPAN

TAVI using Edwards SAPIEN 3 for patients with severe bicuspid aortic stenosis: possibility of appropriate sealing at the inter-commissural level of the biscupid valve

Dr ARAI T.; Dr LEFEVRE T.; Dr HOVASSE T.; Dr ROMANO M.; Dr BOUVIER E.; Dr GAROT P.; Dr MORICE M-C.; Dr CHAVALIER B.
Institut Cardiovasculaire Paris Sud, MASSY, FRANCE

Feasibility and efficacy of balloon-expandable TAVI in patients with severe aortic stenosis and a very large aortic annulus

Dr ARAI T.; Dr HOVASSE T.; Dr ROMANO M.; Dr BOUVIER E.; Dr GAROT P.; Dr MORICE M-C.; Dr CHAVALIER B.
Institut Cardiovasculaire Paris Sud, MASSY, FRANCE

TAVI with an inflatable and fully repositionable non-metallic aortic valve: single centre experience

Dr D'ANCONA G.; Dr KISCHE S.; Dr AGMA U.; Prof INCE H.
Vivantes klinikum, BERLIN, GERMANY

Permanent pace-maker implantation after TAVI with a mechanically expandable metal framed valve: a strategy to reduce its occurrence

Dr KISCHE S.; Dr D'ANCONA G.; Dr AGMA U.; Prof INCE H.
Vivantes klinikum, BERLIN, GERMANY

Percutaneous mitral valve repair with the mitra-clip system: are the existing perioperative risk scores predictive of mid-term follow-up outcome?

Dr D'ANCONA G.; Dr KISCHE S.; Prof INCE H.
Vivantes klinikum, BERLIN, GERMANY

Discrepancy between echocardiographic and invasive pressure gradients observed following implantation of a non-metallic fully repositionable and retrievable TAVI prosthesis

Dr MANGIERI A.; Mr VICENTINI L.; Dr RUPARELIA N.; Dr OPIZZI M.; Dr PANOULAS V.; Dr BUZZATTI N.; Dr AGRICOLA E.; Dr COLOMBO A.; Dr LATIB A.
San Raffaele Hospital, MILAN, ITALY

The effects of femoral artery closure methods for development of contrast induced nephropathy after transcatheter aortic valve replacement

Dr GÜL İ.; Dr ZUNGUR M.; Dr TASTAN A.; Prof TAVLI T.; Prof USLU N.; Dr OKUR F.F.
Sifa University Faculty of Medicine, IZMIR, TURKEY

New insights into cardiac functional status after percutaneous mitral valve repair: the role of cardiopulmonary exercise test

Dr SALERNO G.; Dr CAPPELLI M.; Dr DI MAIO M. ; Dr BIANCHI R.; Dr AMARELLI C.; Dr MAIELLO C.; Prof LIMONGELLI G.; Prof RUSSO M.G.; Prof CALABRO' P.; Dr PACILEO
G. Second University of Naples, Monaldi Hospital, NAPLES, ITALY

Long-term outcome after TAVI. Result after 6 years of TAVI

Dr NIELSEN N.E.; Prof AHN H.; Dr DAHLIN L.G.; Dr WALLBY L.; Dr BARANOWSKI J.
Heart Centre, LINKÖPING, SWEDEN

Conscious sedation TAVI - a single-centre case series

Dr OGILVIE E.; Dr KLEIN A.; Dr MILES L.; Dr MARTINEZ G.; Dr DENSEM C.; Dr IRONS J.
Papworth Hospital, CAMBRIDGE, UNITED KINGDOM

Left subclavian artery as primary access site in TAVI: the Nijmegen experience

Dr VAN WELY M.; Dr VERKROOST M.; Dr GEHLMANN H.; Mr VAN DER WULP K.; Dr VAN GARSSE L.; Dr NOYEZ L.; Prof SURYAPRANATA H.; Prof DE BOER M-J.; Prof MORSHUIS W.
Radboudumc, NIJMEGEN, THE NETHERLANDS

Risk stratification in TAVI using the combination of tumor marker carbohydrate antigen 125 and the logistic EuroSCORE

Dr HUSSER O.; Dr NUNEZ J.; Dr BURGDORF C.; Dr TEMPLIN C.; Dr HOLZAMER A.; Dr KESSLER T.; Dr BODI V.; Prof SANCHIS J.; Ms PELLEGRINI C.; Dr LUCHNER A.; Dr LÜSCHER T.F.; Prof SCHUNKERT H.; Prof KASTRATI A.; Prof HILKER M.; Prof HENGSTENBERG C.
Deutsches Herzzentrum München, MUNICH, GERMANY

Calcium distribution pattern of the aortic valves as a risk factor for the occurrence of conduction abnormalities after TAVI

Dr FUJITA B.; Dr KÜTTING M.; Dr SEIFFERT M.; Dr SCHOLTZ S.; Dr PRASHOVIKJ E.; Ms EGRON S.; Dr SCHOLTZ W.; Dr BÖRGERMANN J.; Dr PREUSS R.; Prof GUMMERT J.; Prof STEINSEIFER U.; Prof ENSMINGER S.
Heart and Diabetes Center NRW, Ruhr-University Bochum, BAD OEYNHAUSEN, GERMANY

TAVI in patients more than 90 years of age: procedural outcome and mid-term follow up

Dr SCHOLTZ W.; Dr DIMITRIADIS Z.; Prof PIPER C.; Prof HORSTKOTTE D.; Prof GUMMERT J.; Prof ENSMINGER S.; Dr BÖRGERMANN J.; Dr SCHOLTZ S.
Heart and Diabetes Center North Rhine-Westphalia, Ruhr University Bochum, BAD OEYNHAUSEN, GERMANY

The UK experience with a second generation device for TAVI

Dr RAMPAT R.; Dr KHAWAJA Z.; Dr BYRNE J.; Dr MACCARTHY P.; Dr BLACKMAN D.J.; Dr KRISHNAMURTHY A.; Dr GUNARATHNE A.; Dr KOVAC J.; Dr BANNING A.; Dr KHARBANDA R.; Dr FIROOZI S.; Dr BRECKER S.; Dr REDWOOD S.; Mr BAPAT V.; Dr MULLEN M.; Dr AGGARWAL S.; Dr MANOHARAN G.; Dr SPENCE M.S.; Dr KHOGALI S.; Dr HILDICK-SMITH D
Brighton and Sussex University Hospitals, BRIGHTON, UNITED KINGDOM

New retinal emboli occurring after TAVI

Dr COTTON J.; Prof YANG Y.; Mr SMALLWOOD A.; Dr NARENDRAN N.; Dr CHAVAN R.; Dr KHOGALI S.
Heart and Lung Centre, Wolverhampton, WOLVERHAMPTON, UNITED KINGDOM

Determinants of permanent pacemaker implantations and new-onset conduction abnormalities after TAVI with a novel balloon-expandable valve

Ms PELLEGRINI C.; Dr HUSSER O.; Dr KESSLER T.; Dr BURGDORF C.; Ms THALLER H.; Dr KASEL M.; Dr MAYR P.; Prof KASTRATI A.; Prof SCHUNKERT H.; Prof HENGSTENBERG C.
Deutsches Herzzentrum München, MUNICH, GERMANY

Evaluation of 30-days outcome according to VARC-2 after TAVI with a novel balloon-expandable transcatheter aortic valve

Dr HUSSER O.; Ms PELLEGRINI C.; Dr KESSLER T.; Dr BURGDORF C.; Ms THALLER H.; Dr KASEL M.; Dr MAYR P.; Prof KASTRATI A.; Prof SCHUNKERT H.; Prof HENGSTENBERG C.
Deutsches Herzzentrum München, MUNICH, GERMANY

Low pacemaker rate with high TAVI-positioning

Dr NIELSEN N.E.; Dr DAHLIN L.G.; Dr WALLBY L.; Dr LINDGREN B.; Prof NYLANDER E.; Dr BARANOWSKI J.
Heart Centre, LINKÖPING, SWEDEN

Tailored vascular access program significantly decreases the rate of major and minor vascular complications in patients undergoing transfemoral TAVI

Dr OLASINSKA-WISNIEWSKA A.; Prof GRYGIER M.; Prof LESIAK M.; Dr ARASZKIEWICZ A.; Prof TROJNARSKA O.; Dr KOMOSA A.; Dr MISTERSKI M.; Dr BUCZKOWSKI P.; Prof JEMIELITY M.; Prof GRAJEK S.
Poznan University of Medical Sciences, POZNAN, POLAND

New class of percutaneous large hole closure device

Dr LAULE M.
Charité - Universitätsmedizin Berlin, BERLIN, GERMANY

Patient irradiation during TAVI in Switzerland.

Dr ALLARD L.; Prof STAUFFER J-C.; Prof VERDUN F.; Dr RYCKS N.; Prof COOK S.; Prof GOY J-J.
Hopital cantonal, FRIBOURG, SWITZERLAND

Prediction of complications after TAVI based on patient-specific computer simulations

Dr DE BEULE M.; Dr MORTIER P.; Dr LEFEVRE T.; Prof BOSMANS J.; Prof DE JAEGERE P.
FEops, ZWIJNAARDE, BELGIUM

Percutaneous closure of ascending aortic pseudoaneurysms with different occlusion devices.

Prof VAVURANAKIS M.; Mr KALOGERAS K.; Mr VRACHATIS D.; Mr KOLOKATHIS A-M.; Mrs VAINA S.; Ms LAVDA M.; Mrs MOLDOVAN C.; Ms KARIORI M.; Mr SIASOS G.; Prof TOUSOULIS D.
University of Athens, Athens, GREECE

Echocardiography provides a reliable angle for C-arm alignment in TAVI-procedures

Dr WALLBY L.; Prof NYLANDER E.; Dr NIELSEN N.E.; Dr LINDGREN B.; Dr BARANOWSKI J.
Department of Medical and Health Sciences, LINKÖPING, SWEDEN

Circumcircle of a triangle; a new method using two-dimensional transesophageal echocardiography for aortic annular sizing in patients undergoing TAVI

Dr SHERIF M.; Dr MANIUC O.; Prof VOELKER W.; Prof ERTL G.
Wurzburg University Clinic, WURZBURG, GERMANY

Development of a decellularized pericardium percutaneous heart valve

Mr TULADHAR S.R.; Ms IOP L.; Ms AGUIARI P.; Dr D'ONOFRIO A.; Mrs MELA P.; Mr JOCKENHOEVEL S.; Mr KOROSSIS S.; Dr GEROSA G.
University of Padova, PADOVA, ITALY

Impact of functional mitral regurgitation etiology on outcomes after percutaneous edge-to-edge repair: ischemic vs. non-ischemic functional mitral regurgitation

Dr OHNO Y.; Dr ATTIZZANI G.F.; Prof CAPODANNO D.; Dr BARBANTI M.; Dr CANNATA S.; Dr IMMÈ S.; Dr MINISTERI M.; Dr CAGGEGI A.; Dr PISTRITTO A.M.; Dr RONSIVALLE G.; Dr MANGIAFICO S.; Dr SCANDURA S.; Dr GRASSO C.; Prof TAMBURINO C.
Ferrarotto Hospital, University of Catania, CATANIA, ITALY

Thirty-day outcome of new generation transcatheter heart valves with a dedicated "sealing" feature designed to reduce paravalvular aortic regurgitation following TAVI

Dr EL-MAWARDY M.; Dr MERTEN C.; Dr LANDT M.; Dr SCHWARZ B.; Dr ALLALI A.; Dr SULIMOV D.; Dr WÜBKEN-KLEINFELD N.; Dr TAKAO S.; Prof RICHARDT G.; Dr ABDEL-WAHAB M.
Segeberger Kliniken GmbH, Heart Center, BAD SEGEBERG, GERMANY

Chronic anemia is a strong predictor of long-term outcomes in patients undergoing TAVI (POL-TAVI Registry)

Prof WOJAKOWSKI W.; Prof OCHALA A.; Prof JASINSKI M.; Prof WITKOWSKI A.; Prof OPOLSKI G.; Prof BANASIAK W.; Prof GRAJEK S.; Prof DUDEK D.; Dr ZEMBALA M.; Dr JAGIELAK D.; Prof ZEMBALA M.
Medical University of Silesia, KATOWICE, POLAND

TAVI versus surgical aortic valve replacement in severe aortic stenosis patients undergoing chronic hemodialysis: insights from Italian OBSERVANT study

Dr OHNO Y.; Dr ATTIZZANI G.F.; Dr BARBANTI M.; Dr D'ERRIGO P.; Dr GROSSI C.; Dr COVELLO R.D.; Dr FRANCESCO O.; Dr FRANCESCO S.; Dr RANUCCI M.; Dr ROSATO S.; Dr SANTORO G.; Dr FUSCO D.; Prof TAMBURINO C.; Dr SECCARECCIA F.
Ferrarotto Hospital, University of Catania, CATANIA, ITALY

Diabetes is not associated with worse periprocedural and long-term outcomes in patients underging TAVI (POL-TAVI Registry)

Prof OCHALA A.; Prof WOJAKOWSKI W.; Prof JASINSKI M.; Prof STROJEK K.; Prof WITKOWSKI A.; Prof OPOLSKI G.; Prof GRAJEK S.; Prof BANASIAK W.; Dr ZEMBALA M.; Dr JAGIELAK D.; Prof DUDEK D.; Prof ZEMBALA M.
Medical University of Silesia, KATOWICE, POLAND

Paravalvular prosthetic regurgitation: clinical outcomes in patients undergoing percutaneous leak closure and surgical repair

Mr BRITO MOSCOSO F.A.; Mr PASSOS PINHEIRO C.; Mr PAIVA COSTA E.; Mr REZEK D.; Mr LEITE CARVALHO E.; Ms DE OLIVEIRA RAMOS A.I.; Prof ABIZAID A.; Prof MORAES DE SOUZA A.; Ms DIAS JERONIMO A.
Dante Pazzanese Institute of Cardiology, SÃO PAULO, BRAZIL

TAVI in a cohort of patients with severe left ventricular dysfunction: moderate to severe aortic stenosis (AVA >0.8cm^2-1.0cm^2) versus severe aortic stenosis (<0.8cm^2)

Dr LIM Z.Y.; Prof CHAMBERS J.; Dr HANCOCK J.; Dr PRENDERGAST B.; Dr BAPAT V.; Dr YOUNG C.; Ms WILSON K.; Mr EVANS C.; Ms BOLTER K.; Prof REDWOOD S.
St Thomas' Hospital, LONDON, UNITED KINGDOM

Haemodynamic performance of small sized surgical valve prosthesis VS 23mm Sapien XT valve

Dr LIM Z.Y.; Mr PIRONE F.; Dr SATPAL A.; Mr YOUNG C.; Mr ROXBURGH J.; Prof REDWOOD S.; Dr HANCOCK J.; Dr PRENDERGAST B.; Mrs WILSON K.; Mr EVANS C.; Ms BOLTER B.; Mr BAPAT V.
St Thomas' Hospital, LONDON, UNITED KINGDOM

N-terminal brain natriuretic peptide predicts mortality after TAVI

Dr VALE N.; Dr BRITO J.; Dr TELES R.; Dr NEVES J.; Dr ABECASIS J.; Dr GABRIEL H.; Dr ALMEIDA M.; Dr MENDES M.
Santa Cruz Hospital, LISBON, PORTUGAL

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An interview with... Mark Monaghan

Track at PCR London Valves will "bring imaging to life"

Mark Monaghan
Associate medical director; director of Non-Invasive Cardiology, King's College Hospital, London, UK

Mark Monaghan (associate medical director; director of Non-Invasive Cardiology, King's College Hospital, London, UK) discusses the imaging techniques used in structural heart interventions and states that the imaging track at PCR London Valves, which will consist of the Sunday Imaging Day and sessions throughout the rest of course, will bring the role of imaging during structural heart interventions to life.

› What modalities are used to assess patients undergoing transcatheter aortic valve implantation (TAVI)?

Echocardiography is the gold standard technique for assessing aortic stenosis severity, and then a combination of echocardiography, computed tomography (CT), and angiography are used. For example, CT may be used to review the vasculature to determine the most appropriate access route and either 3D transoesophageal echo (TEE) or CT may be used to choose the valve size. However, the type of modality used is not that important, as the skill and expertise of the specialist performing the imaging will dictate which one is used.

Imaging is used to see if TAVI is feasible and is used as part of the preprocedural planning, but a cardiothoracic surgeon, would have first to review whether the patient could undergo surgical aortic valve replacement. At the moment, only patients deemed at too high risk for surgery would undergo TAVI; there are going studies reviewing the role of TAVI in lower risk patients, so we may start to use TAVI in patients who can undergo surgery (presuming the studies are positive).

› What imaging modalities should be used during the procedure?

The basic minimum is fluoroscopy, but TEE may also be used to help guide procedure. The upside of TEE is that it provides detailed information that allows you to anticipate complications and manage them should they arise. However, the downside is that it usually requires the patient to have a general anaesthetic. You can also use intracardiac echocardiography or transnasal TEE—though neither of these will provide quite the same information as 3D TEE.

› Are there any new imaging modalities on the horizon?

Fusion imaging is really starting to make a significant difference. It allows you to combine images from different modalities together—for example, you can fuse CT and fluoroscopy images together. However, probably more excitingly for structural heart interventionalists, you can combine fluoro and 3D TEE. You could use fusion imaging to choose the best valve plane for valve deployment in patients who do not have an extensively calcified aortic valve. Also, it could be used in patients for whom crossing the aortic valve is difficult so as to identify (to the interventional cardiologist) where to position the guidewire.

Interestingly, some centres that were moving away from using TEE because they wanted to use conscious sedation are now moving back to using it because they see the benefits of fusion imaging.

› More and more options for the percutaneous treatment of the mitral valve are becoming available. Are the imaging modalities used for these types of interventions different from those used for TAVI?

Some of the same modalities are used, but I think echocardiography is more important for the interventional management of mitral valve disease than it is for aortic valve disease. Also, while there is debate about whether to use TEE during TAVI procedures, I think everyone is agreed that you could not possibly do a mitral valve intervention without TEE because it provides real-time images of the mitral valve that you could not get with other imaging modalities.

› There are increasing concerns about the dangers of radiation exposure during interventional procedures. What can be done to reduce these risks?

All members of the team should wear appropriate lead shielding and use mobile shields, but you can also use newer imaging systems that emit lower doses of radiation than previous systems and use real-time dosimeters. With these real-time dosimeters, rather than reviewing your monthly cumulative radiation dose with traditional dosimeters, you receive real-time feedback about how much radiation you are being exposed to. They do lead to changes in behaviour because you can see your dose shooting up if you lean in too close. You need to know at the time if your dose is too high; it is too late after the event. This is especially important for echocardiographers performing TEE in the Cath lab because they end up being extremely close to the X-Ray equipment.

› PCR London Valves is dedicating a "track" to imaging. Why is it important to have such a track?

The Course Directors wanted to attract all members of the structural interventions heart team to the course, and imaging specialists are an essential part of this type of heart team—they are involved in assessing patients, preprocedural planning, and the procedure itself. Therefore, we designed the course so that the meeting would have enough sessions to garner the interest of imaging specialists. There will be several sessions dedicated to imaging throughout PCR London Valves, but more specifically there is The Sunday Imaging Day.

The Sunday Imaging Day will show you what modalities and techniques are helpful for structural heart interventions, with a combination of talks focused on the practical aspects of imaging and hands-on workshops. The workshops will give you the opportunity to review different imaging modalities under the guidance of experts who use these modalities on a daily basis.

› What are the learning points of the track?

You will learn a number of things, such as the practical applications of different imaging modalities. You will also benefit from the hand-on experience of actually using the imaging modalities themselves and assessing the data that they provide. The imaging will provide the jigsaw pieces about what you need to know about imaging for structural interventions and the sessions during the following two days will help you to put those pieces together. The role of imaging will come to life during PCR London Valves.

Join Mark Monaghan for **THE Sunday Imaging Day**
Sunday 20 September **10:00-17:00/Room 2**

An interview with... Vinayak Bapat

Time is right for a debate about transcatheter mitral valve therapies

Vinayak Bapat
Consultant cardiothoracic surgeon, Guy's and St Thomas' NHS Foundation Trust, London, UK

This year's Great Valve Debate Tuesday (09:35–10:30; Main Arena) will focus on how experiences with transcatheter aortic valve implantation (TAVI) can help with developing new percutaneous options for the mitral valve. Vinayak Bapat (consultant cardiothoracic surgeon, Guy's and St Thomas' NHS Foundation Trust, London, UK) explains why now is the right time for such a debate and looks at which patients could benefit the most from transcatheter devices for the mitral valve.

› Why is it it valuable to have debate sessions at conferences?

A debate allows for a much more open discussion than a formal didactic lecture. It is not about someone presenting data, which can be one sided; it is about looking at both sides of the coin—the positive and the negative. The panel will be talking without slides and without prepared answers, which means the audience will receive real answers about real situations rather than the clinical scenarios that are reviewed in more formal sessions.

› What questions should participants at the debate ask about transcatheter options for the mitral valve

The first question is whether new transcatheter options for the mitral valve are needed. Presuming the answer is yes, the second question is will these new therapies compete with or complement existing percutaneous therapies such as MitraClip (Abbott Vascular).

Debate about the safety and efficacy of each option is also needed. For example, the MitraClip only reduces regurgitation rather than eliminates it, but at the same time is safe even if it fails. On the other hand, mitral devices (valves) may have potential to eliminate mitral regurgitation completely but will need to be safe as well. For example, will transcatheter mitral valve implantation (TMVI) devices be retrievable and repositionable should we need to remove them if the procedure goes wrong? If a device is not retrievable, then a patient will have to undergo a much bigger operation and potentially have a much poorer outcome than if they had not undergone the procedure. The journey to having transcatheter options for the mitral valve has just started, so there are lots of questions. Therefore, now is the correct time to have a discussion.

› How are experiences with TAVI informing the current development of TMVI devices?

The feasibility of TAVI was assessed by using the devices in compassionate cases—ie. patients too ill to undergo other procedures. The information gained through these initial cases led to device modifications and the use of TAVI in high-risk patients, and TAVI is now an accepted standard of care for these patients. The same process is happening with TMVI; the first-in-man feasibility studies are focusing on compassionate patients to establish proof-of-principle. The next step will be to demonstrate that the devices can be safely and consistently implanted and continue to function well long term.

However, while TAVI has shown that interventions for structural heart disease can be safe and effective, we do need to understand that TMVI will also take longer to develop than TAVI did. This is because the mitral valve is much more complex than the aortic valve and there are many causes of mitral regurgitation whereas calcified aortic stenosis is the main indication for use of TAVI.

› How soon do you think it will be before we have a CE-marked TMVI device?

I think, even if being optimistic, it will be at least two years. The initial TMVI studies have struggled to achieve good safety and efficacy data, which I think may be more to do with the patients who are being enrolled in the feasibility studies than the devices themselves. As the patients in these studies are compassionate cases, they may not have suitable anatomy and, because of the nature of being inoperable, are likely to have several comorbidities and a short life expectancy. Therefore, I think patients who are not as sick (eg. high risk rather than inoperable) would benefit more from this type of therapy—they are more likely to have suitable anatomy and can be followed up for longer (because they have a longer life expectancy). I think implanting TMVI devices into these patients is the only way we will really know whether or not they will work. The problem is that cardiothoracic surgeons are reluctant to agree to these patients undergoing a transcatheter intervention rather than surgery because they have seen the poor results of some of the TMVI feasibility studies and, therefore, think that a transcatheter option would not be as effective as surgery—similar to the reaction to TAVI 10 years ago.

› If a TMVI device does become available, which patients are the most suitable candidates for such an intervention?

Patients with functional mitral regurgitation are the most ideal patients because the benefit of surgery in these patients is uncertain. They may have also undergone prior cardiac surgery, such as coronary artery bypass grafting (CABG). On the other hand, patients with degenerative mitral regurgitation are already well served by surgery provided their operative risk is not prohibitive.

Join The Great Valve Debate: how do we extend lessons from TAVI experience to the mitral valve?
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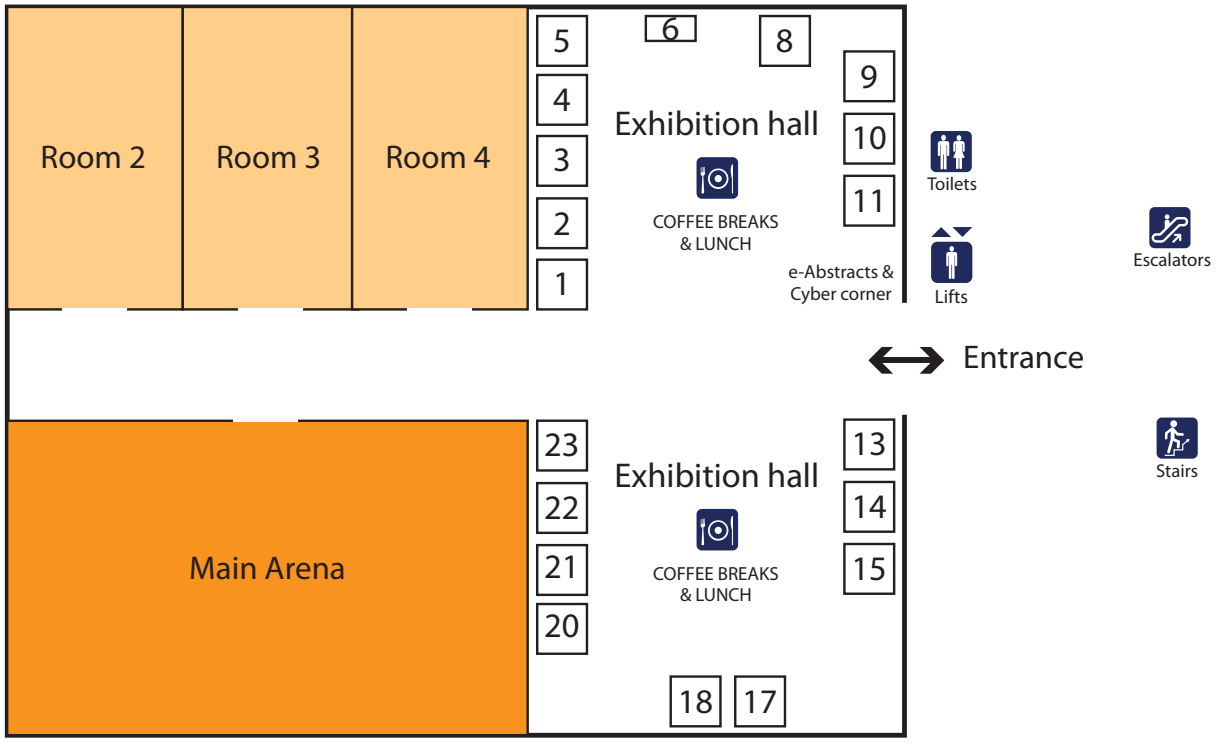

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1: Valtech Cardio
2: Cardiac Dimensions
3: SYMETIS
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23: JenaValve Technology

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www.cardiacdimensions.com

Cardiovascular News — Booth no. 20

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CERC (Cardiovascular European Research Center) — Booth no. 13

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EAPCI (European Association for Percutaneous Cardiovascular Interventions) — Booth no. 4

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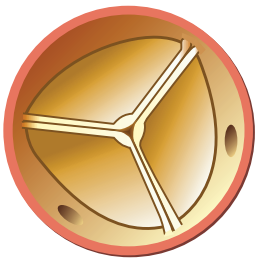

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Booth no. 6

Founded in Tokyo in 1921, Terumo is a multinational company with more than 90 years' experience in developing best in class medical devices. At Terumo Interventional Systems, we constantly work to refine and perfect our products so that interventionalists can do more. Our exceptional tools and education programs empower physicians with the confidence they need to perform ever-more challenging procedures and spark progress.

The company's innovative DES technology has shown excellent results in its extensive clinical programme, proving safety and efficacy. During PCR London Valves 2015, Terumo will present its Re-collapsible Access System, Solopath®, which lets you to insert at a low profile, to expand to a predictable operating profile and to collapse and remove at a low profile. At Terumo, Japanese design means extensive R&D, comprehensive testing, high tech production and attention to detail. Experience the quality difference of products designed in Japan. Visit the Terumo booth (6).

TERUMO EUROPE
Interleuvenlaan 40
3001 Leuven - BELGIUM
+32 1 47 16 09 30
www.terumo-europe.com

Valtech Cardio

Booth no. 1

Valtech Cardio specializes in innovative transcatheter heart valve technology for patients suffering from mitral regurgitation (MR). We're pioneering a new generation of technologically advanced, clinically proven treatments that offer cardiologists and their patients a transfemoral alternative to open-heart surgery. With an extensive clinical program, our medical devices have been repeatedly validated in the scientific literature to rapidly bring our treatments to patients. We work hand-in-hand with some of the world's leading heart specialists.

Exhibit guide

Wisepress — Booth no. 5

Wisepress.com, Europe's leading conference bookseller, has a range of books and journals relevant to the themes of the meeting. In addition to attending 200 conferences per year, Wisepress has a comprehensive medical and scientific bookshop online with great offers. Follow us on Twitter for the latest news @WisepressBooks.

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StartingBlock suites

HLT — Room O11

HLT is dedicated to driving heart valve disease therapy forward by developing next-generation TAVR technology to optimize procedural performance and improve patient outcomes.

The HLT® Transcatheter Valve System is based on proven surgical valve technologies with the goal of maintaining valve geometry and hemodynamic performance in eccentric diseased, annuli and reducing tissue stress for long-term durability. The valve is implanted with a delivery system allowing for precise placement, complete valve assessment prior to release and the ability to reposition or fully retrieve the valve if necessary.

7351 Kirkwood Lane North
Suite 104
Maple Grove, MN 55369 www.hltmedical.com
Contacts
Peggy Malikowski
VP of Marketing
+1 763.416.7511
peggy.malikowski@hltmedical.com

Sorin Group — Room M5

Sorin Group (www.sorin.com) is a global medical device company and a leader in the treatment of cardiovascular diseases. The Company develops, manufactures and markets medical technologies for cardiac surgery and for the treatment of cardiac rhythm disorders. With 3,900 employees worldwide, Sorin Group focuses on two major therapeutic areas: Cardiac Surgery (innovative therapeutic solutions for both open-heart and minimally invasive cardiac surgery; equipment and disposables for cardiopulmonary bypass, autotransfusion, cannulae, as well as heart valve prostheses and repair devices) and Cardiac Rhythm Management (pacemakers, defibrillators and non invasive monitoring to diagnose arrhythmias and deliver anti-arrhythmia therapies as well as cardiac resynchronization devices to treat heart failure). Every year, over one million patients are treated with Sorin Group devices in more than 100 countries worldwide.s.

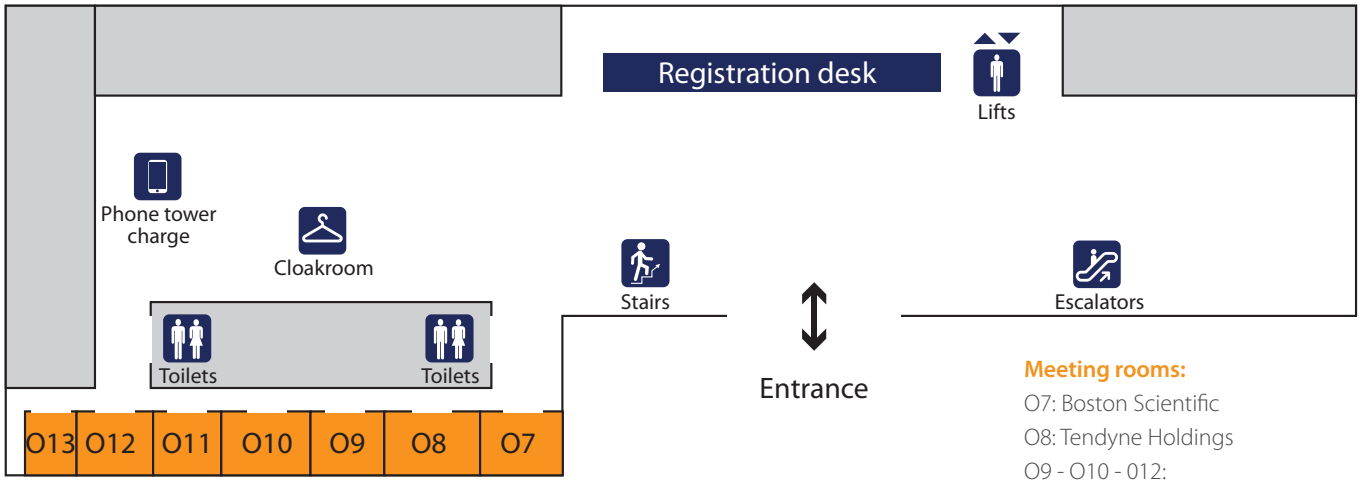
Tendyne Holdings — Room O8

Tendyne Holdings, Inc., Minnesota, USA, is a private clinical stage medical device company developing the Tendyne Bioprosthetic Mitral Valve System for Transcatheter Mitral Valve Replacement (TMVR).
The Tendyne Bioprosthetic Mitral Valve System is designed to give physicians total control during the procedure as it is fully repositionable and retrievable, if needed.
The valve is comprised of a porcine pericardial valve sewn onto a Nitinol frame that is tethered to the apex of the heart for securement.
Tendyne is currently enrolling patients in a global feasibility trial that aims to provide early insights into the safety and performance of the Tendyne Bioprosthetic Mitral Valve System in patients with symptomatic mitral regurgitation of degenerative or functional etiology.
The Tendyne Bioprosthetic Mitral Valve System is an investigational device, not available for sale. All rights reserved. CAUTION - Investigational Device. Limited by Federal (United States) law to investigational use.

www.tendyne.com

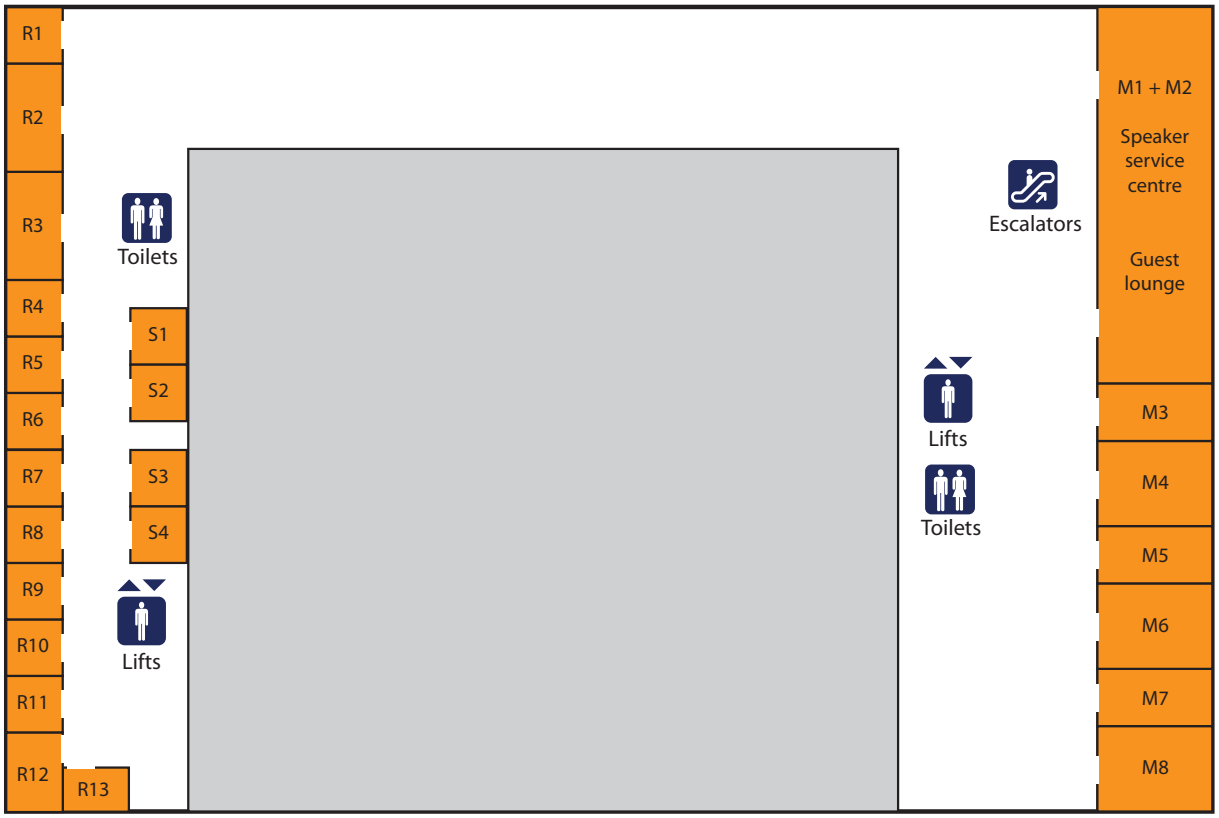
Floor plans

Entrance level



Meeting rooms:
O7: Boston Scientific
O8: Tendyne Holdings
O9 - O10 - 012: Edwards Lifesciences
O11: HLT
O13: Abbott Vascular

Level 3



Meetings rooms:
M5: Sorin Group
M7: Preparatory meeting
R4: Direct Flow Medical®
R5-R6-R7: Edwards Lifesciences
R8-R9: Medtronic
S1-S2: Boston Scientific
S3: St Jude Medical
S4: Abbott Vascular

Training rooms:
R1: SYMETIS
R2: Edwards Lifesciences
R3: Boston Scientific
R10: Medtronic
R11: Cardiac Dimensions
R12: St Jude Medical
R13: Valtech Cardio

Other rooms:
M1-M2: Speaker service centre
M1-M2: Guest lounge
M3: PCR office
M4: Interactive case corner
M6: Room 6
M8: Room 5

Useful information

App
To make the most out of the Course, we encourage you to download the Course app. Use the free wifi throughout the conference centre (name: BECC Event Wlan, password: pcrlv2015).

Badge scanning
Exhibitors and PCR London Valves representatives may ask to scan your badge to collect your personal information. This information may be used for commercial purposes.

Catering
Lunches and coffee breaks are served in the exhibition hall.

Monday 21 September
Welcome tea & coffee 07:30
Morning tea & coffee 10:30
Lunch 12:30
Tea & coffee 16:15

Tuesday 22 September
Welcome tea & coffee 07:00
Morning tea & coffee 10:30
Lunch 12:30
Tea & coffee 16:00

Lunch bags will be provided during Industry-supported sessions at 12:45 in Main Arena, Room 2 and Room 4.

Cloakroom
Located near the registration area on the ground floor. Free of charge and same hours as the registration.

EBAC
PCR London Valves is accredited by EBAC for 18 hours of External CME credits. Get your certificate on the website at www.pcrlondonvalves from Tuesday 22 September, 17:00 or connect to the Feedback section of the Course app.

Evaluate sessions
Give us your feedback!
Your opinion is crucial to improve the Course, fill in the short questionnaire after attending a session

Guest lounge
Enjoy access to the Faculty lounge, located on level 3. Access is reserved exclusively for Guest Faculty, badges will be checked at the entrance.

Interactive case corner
Review and discuss clinical cases received from the call for submissions. Facilitators will animate sessions all day long in a friendly environment.
Located on level 3.

Internet corner
Located in the exhibition hall, it provides free access to computers connected to the internet. Two are dedicated exclusively to e-Abstracts!

Onsite survey
Your comments on your PCR London Valves experience will help us in building your 2016 Course. Share your thoughts with the Course Directors by completing the survey.

Opening hours
Course
Sunday 20 Sept. 10:00-20:10
Monday 21Sept. 08:30-18:35
Tuesday 22 Sept. 08:00-17:05

Registration
Sunday 20 Sept. 09:00-20:10
Monday 21 Sept. 07:30-18:35
Tuesday 22 Sept. 07:00-17:05

Exhibition
Sunday 20 Sept. 17:30-20:10
Monday 21 Sept. 07:30-19:30
Tuesday 22 Sept. 07:00-17:05

Overflow screens
Watch Main Arena, room 2 and room 4 sessions on the Overflow screens in the exhibition hall.

PCRonline
After the Course get the content of the programme on www.pcronline.com
Videos & slides will be available for free.

React@PCR
While attending a session in the Main Arena & Room 2, post anonymously your instant comments and questions to the speakers, panellists or operators via your smartphone to feed the debate on stage.

Speaker service centre
For speakers only. All speakers must upload their slides at least 3 hours before their session starts. Located on level 3, the opening hours are:
Sunday 20 Sept. 09:00-20:10
Monday 21 Sept. 07:30-18:35
Tuesday 22 Sept. 07:00-17:05

Session room capacity
Each room has a limited capacity and we are unable to reserve seats. According to German law the capacity of rooms should not be exceeded.
When all seats have been taken, please wait until a seat becomes free. Standing is forbidden as it represents a safety risk. To avoid interruption of a session, please cooperate with the staff.

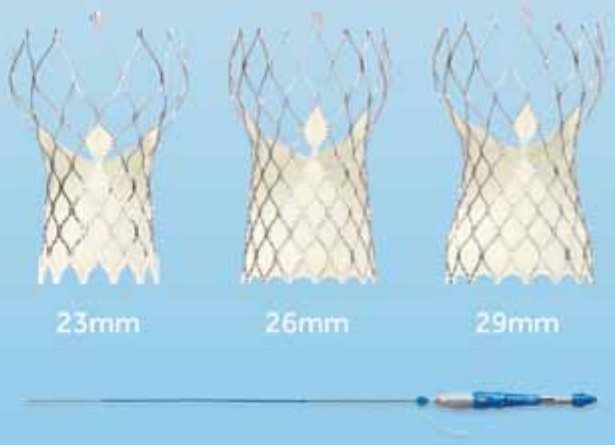
Twitter
Post your comments and pictures on #PCRLV

Taxi
A taxi marshall will be available outside the CityCube every evening to help you to find a taxi.
Sunday 20 Sept. 18:00-21:00
Monday 21 Sept. 17:30-20:30
Tuesday 22 Sept. 16:00-19:00

WiFi
Free wifi is available. If you need a computer, visit the Internet corner in the exhibition hall.

REACHING NEW HEIGHTS IN TAVI PERFORMANCE. CONFIDENCE. DELIVERED.

Excellent procedural result
Strong safety profile
Exceptional patient outcomes



CoreValve® Evolut™ R
Transcatheter Aortic Valve Replacement (TAVR) System

Learn more about our presence at PCR London Valves at
www.EvolutR.com/LondonValves

INTERNATIONAL CAUTION: For distribution only in markets where CoreValve® Evolut™ R has been approved. Non destiné au marché français. Medtronic Data on File.

Meredith IT, et al. Early Results from the CoreValve® Evolut™ R CE Study [2101-295]. Presented at the Annual Meeting of the American College of Cardiology. March 14, 2015.

Medtronic
Further, Together