

The Daily Wire

THE OFFICIAL EUROPCR COURSE NEWSPAPER

EDITION TWO, 17 MAY 2023



2023 Andreas Grüntzig
Ethica Award

"We wish to acknowledge the **invaluable and indispensable work of the emergency medical service teams** across the world who take care of patients before they reach the cathlab"



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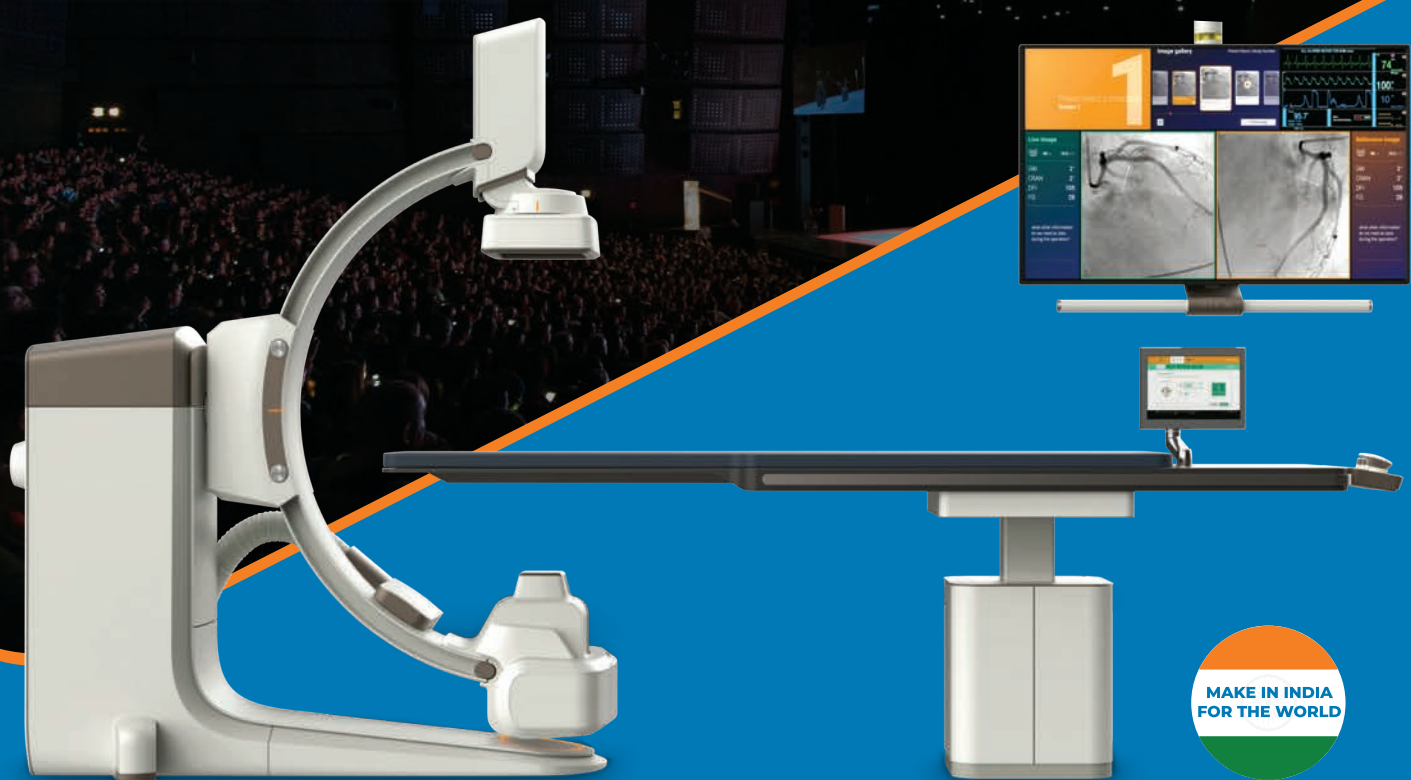
Today 17 May at 12:15 • Room 252B

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PCR's Got Talent: Much more than abstract presentation

The annual PCR's Got Talent competition provides an innovative platform for practitioners under 40 years old to take to the stage and showcase their research.

In its eighth year, the 2023 competition began yesterday when 40 submitters – selected based on their high-quality abstract submissions – gave 3-minute pitches in the first round. One of yesterday's successful applicants is David Grundmann (Germany) who gave his thoughts on the competition so far: "I am really enjoying being part of PCR's Got Talent. It's a challenge that everyone benefits from, especially young researchers, and it's a great format to present yourself on a European stage. I am really looking forward to Round 2, where I get more time to present and I am also excited to have more coaching. I would 100% encourage other people to enter the competition next year – it's such a great opportunity to gain experience and develop self confidence."

In Round 2 today, the selected 20 presenters from Round 1 will give 5-minute presentations and face questions from the jury and their peers. The contest becomes more intense tomorrow when the remaining 6 competitors will give 8-minute presentations with even greater scrutiny from the audience. The reward for the winner is the chance to present their abstract on-stage in the Main Arena on Friday and an exclusive invitation to attend EuroPCR 2024 as Guest Faculty.

Last year, Arif Khokhar (Hammersmith Hospital, Imperial College Healthcare NHS Trust - London, UK) was chosen as the winner from more than 575 abstract submitters from more than 50 countries. His abstract and presentation, entitled 'Coronary access after valve-in-valve TAVI with ACURATE neo: ex vivo analysis,' really impressed the judges and provided him with an experience of a lifetime.



Arif Khokhar receiving the PCR's Got Talent at EuroPCR 2022

Arif Khokhar: "Winning this competition was a fantastic experience for me. I got the opportunity to share and discuss my research findings with both peers and global experts. I gained a lot from the professional onsite coaching to improve my personal skills in presentation and communication. And most importantly, winning this competition gave me exposure that opened the gates in terms of exciting new collaborations with colleagues worldwide – I've been able to further develop my research into areas that I wouldn't have thought possible before winning."

So head to Room 243 to hear more from our enlightened young generation – who will be this year's winner?

DON'T MISS

PCR's Got Talent - Round 2 – Session 1

Wednesday, Room 243, 08:30 – 10:00

PCR's Got Talent - Round 2 – Session 2

Wednesday, Room 243, 10:30 – 12:00

PCR's Got Talent - Round 3

Thursday, Room 243, 10:30 – 12:00

EuroPCR 2023 Awards

Friday, Main Arena, 10:30 – 11:30



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*PRECISE Trial - presented at AHA 2022

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LIVE CENTRES IN FOCUS

In LIVE cases, renowned centres of excellence share their expert techniques and best practices, providing an unparalleled learning experience and helping to optimise patient care across the world.

Two of this year’s centres tell us about their setup and how they feel about being part of EuroPCR 2023.

Leipzig, Germany Heart Centre

Centre established in 1994

Practitioners include more than 40 cardiologists, more than 30 cardiac surgeons, more than 150 residents and fellows in both cardiology and cardiac surgery, and more than 200 NAPs.

Most frequent types of interventions/procedures: 6,000 coronary angiographies, 3,000 angioplasties, >1,000 TAVIs, around 300 mitral/tricuspid procedures and a wide range of GUCH, congenital and structural

interventions. And last but not least, we have one of the world’s largest cardiac surgical volumes.

How would you describe your centre? The pillar of our centre is teamwork – dedication, responsibility, innovation and adaptation are realised by a fantastic interdisciplinary approach and outstanding staff who are proud to be part of the Heart Centre, Leipzig.

Number of times the centre has participated in EuroPCR: 2

“It’s an honour and a privilege to be able to contribute to one of the most important international meetings in interventional cardiology. We are excited to share our knowledge and expertise with peers and to provide our input for the worldwide optimisation of daily practice”



Rome, Italy Policlinico Universitario Fondazione Agostino Gemelli

Centre established in 1964

Practitioners include a team of 98 staff physicians (cardiologists, cardiac surgeons, vascular surgeons, anaesthesiologists and angiologists) who are responsible for 113 hospital beds, 2 cardiac operative rooms, 1 hybrid room, 2 cathlabs and 1 EP lab.

Most frequent types of interventions/procedures: Around 1,200 PCI (mainly complex patients/lesions, including high-risk PCI requiring Impella/ECMO assistance), 300 cardiac structural interventions and 60–80 PTAs (including carotid stenting) per year.

How would you describe your centre? We built the activity of our centre on the basis of teamwork and a multidisciplinary approach. As a university hospital, we are strongly committed to clinical research, practice sharing and training younger generations.

Number of times the centre has participated in EuroPCR: It’s our first time for LIVE cases here... but our team has been attending EuroPCR since it began!

“We are thrilled to open the doors of our institution to the interventional cardiology community attending EuroPCR”



PCR Publishing

Drop by to **NETWORK** with **YOUR PEERS** and browse the **MOST RECENT ACADEMIC RESOURCES** in interventional cardiovascular medicine!
Publishing booth on level 2



**HURRY AND SHARE
YOUR OPINION!**



LIVE CASES TODAY!

Leipzig, Germany

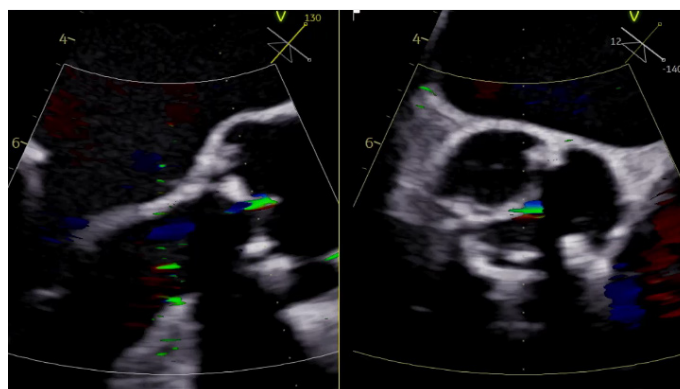
Want to know more about performing TAVI for a failed aortic prosthesis? Join operators, Mohamed Abdel-Wahab and Philipp Kiefer, to see how it's done

TAVI for failed aortic prosthesis: LIVE Case from Heart Centre, Leipzig - Germany

- When is TAVI VIV favourable over SAVR for the treatment of failed aortic bioprosthesis?
- How many cases of TAVI-VIV do you do per year? How many do you think are done every year in Europe?

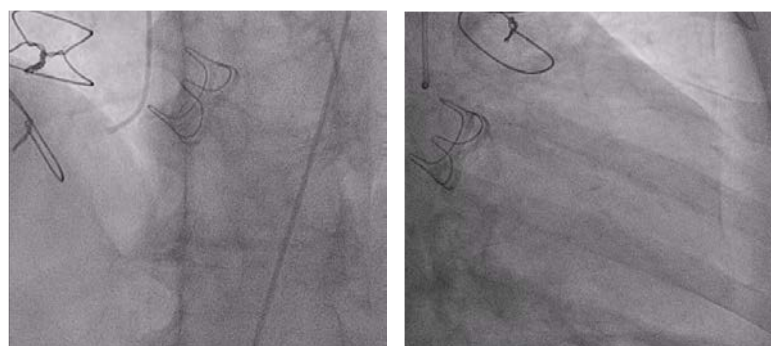
Main Arena 10:30 – 12:00

Imaging assessment



TTE & TOE: LVEF 70%, degenerated SAV with Pmax/mean 54/30 mmHg, AVA 0.9 cm² (0.5 cm²/m²), trivial central regurgitation

Coronary angiography



Rome, Italy

There are two LIVE cases on bifurcation lesions from Rome today. This afternoon's LIVE case is performed by operators, Francesco Burzotta and Carlo Trani

Bifurcation: LIVE Case from Policlinico Universitario Fondazione Agostino Gemelli, Rome - Italy

- How would you approach complex bifurcation PCI?
- Would you use intravascular imaging routinely?
- Do you think the provisional approach is still the best approach for most cases of bifurcation PCI?

Main Arena 14:45 – 16:15

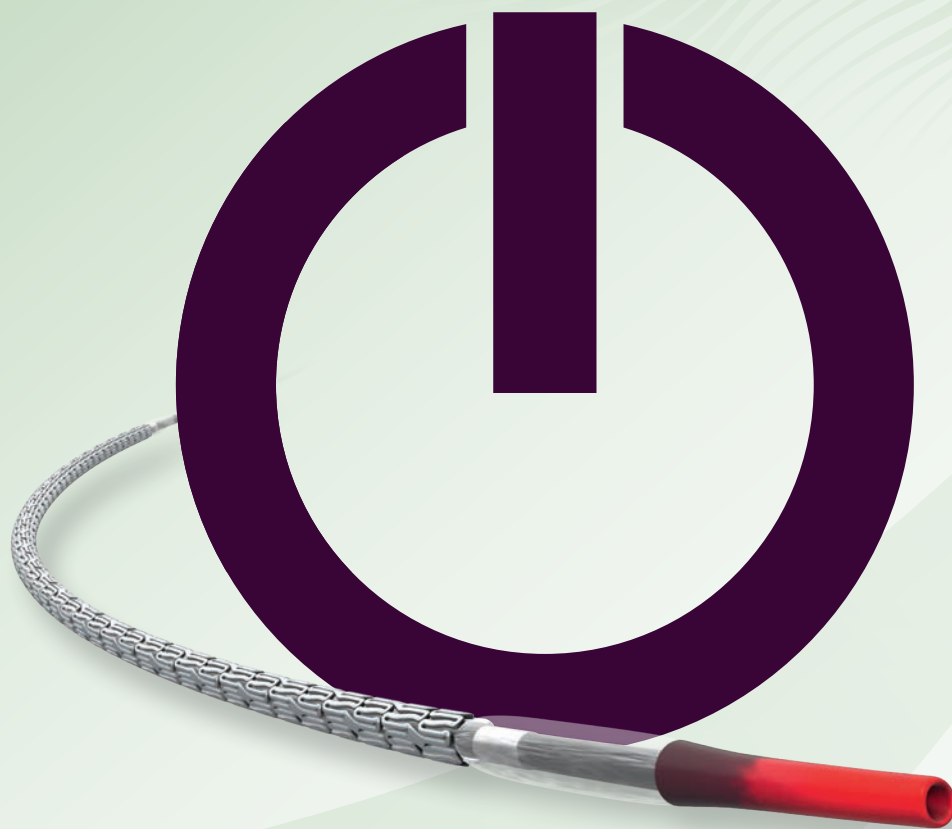
Baseline angiography



DON'T MISS TODAY'S OTHER LIVE CASE

Bifurcation: LIVE Case from Policlinico Universitario Fondazione Agostino Gemelli, Rome - Italy

Main Arena 08:30 – 10:00



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TOOLS AND TECHNIQUES

Wednesday, May 17, 12:15 – 13:45 | Théâtre Bleu – LIVE Toulouse

Complex PCI in high bleeding risk patients: adjust your strategy!

Anchorperson: **Thomas Cuisset** | Spokesperson: **Jean Fajadet**

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Awarding the Emergency Medical Services for their indispensable work

Each year, the **Andreas Gruntzig Ethica Award** – the highest honour in the interventional cardiology community – is presented to individuals who have contributed in an extraordinary way to the PCR mission. This year, as we celebrate 30 years of primary PCI in STEMI, the global community of Emergency Medical Services (EMS) is being recognised for their invaluable efforts, which help save the lives of countless patients every year.

During the Welcome Ceremony, the Ethica Award was received by **Professor Pierre Carli, Dr Martin Smeekes and Dr Freddy Lippert** – European leadership representatives of the worldwide EMS system. Video messages of thanks from representatives of worldwide EMS associations were testament to their delight at being recognised with the Ethica Award. We heard from **Dr José C. Cabañas** from the National Association of EMS Physicians (NAEMSP), **Mr David Waters** from the Australasia Council of Ambulance Authorities, **Professor Marcus Ong** from the Asian Association for EMS (AAEMS) and **Ms Ann Doll** from the Global Resuscitation Alliance. The overriding message was that ‘it takes a system to save a life,’ and that the EMS play a crucial part in that system.

While the skills used to perform PCI are critical to the quality of the procedure, the time taken to reach the cathlab is the first step to achieving the best possible outcomes. “Any delay in

getting a patient to the cathlab can be reduced drastically by the professional organisation of emergency healthcare professionals,” says **Jean Fajadet**, Co-Chairman of the PCR Board, “and this is why we wanted to present the Ethica Award to the EMS. It is thanks to the professionalism of the EMS teams that we can perform emergency procedures appropriately and save our patients’ lives.” He continues, “We think bestowing the Ethica Award on the EMS shows how much we as interventional cardiologists appreciate the work of the EMS and it is a sign that we value our important relationship with them.”

The EMS are responsible for more than just transportation of acutely ill patients to the cathlab. **William Wijns**, Chairman of the PCR Board, says, “EMS professionals are key to confirming a diagnosis, initiating treatment and performing emergency measures. With this Award, we were keen to highlight the collaboration between the different

healthcare professionals involved and the fact that each makes an important contribution.” Professor Wijns is quick to point out that there are always ways to build an even stronger relationship: “We continually strive to optimise communication between all stakeholders – both before and after hospital admission – in order to achieve the best possible experience for our patients.”

We all have different roles to play, but we are working toward the same goal.

The new **EuroPCR Course Directors** think the celebration of the work of the EMS links perfectly with one of this year’s main themes. **Nieves Gonzalo** says, “We applaud the roles of the pioneers of primary PCI, but without the work of EMS teams, primary PCI would never have been successful. Moreover, the STEMI network can be a model for the development of interventional procedures for other time-dependent conditions, for

example, stroke, where we also need the help of the EMS.”

Thomas Cuisset comments on the contribution of EMS teams to improvements in STEMI prognosis observed over recent decades: “The proportion of patients receiving primary PCI for STEMI has increased in the last few years, while the time delay to balloon or stent has decreased. Building the STEMI network from the patient’s home to the cathlab has really made a difference in improving prognosis.” With the other Course Directors, he highlights the importance of recognising the EMS from a worldwide perspective. “We know that processes in France, India or Latin America, for example, are completely different. It is by sharing and working together that we will be able to improve and learn from each other to optimise the STEMI network.”

Nicolas Dumonteil highlights, “Since EuroPCR has a global reach, we were mindful of the huge variation in practices, but also who constitutes the EMS in different regions. The Ethica Award to EMS teams therefore covers some physicians, emergency room doctors, emergency specialists, paramedics, nurses and even firefighters in some countries.”

The patient who experiences an ACS with ventricular fibrillation – and whose life is saved by an EMS team – understands the value of the EMS and it is time for PCR to shine a light on their work too.



PICK OF THE DAY, BY YOUR PEERS

Your colleagues share their top session choices at EuroPCR 2023 today

So many sessions, so little time! To help you make the most out of today's programme, we asked different Heart Team members to tell us which sessions they are really looking forward to today and why.



David Rodrigues

Nurse
Centro Hospitalar Universitário de Santo António -
Porto, Portugal

Bailout options and techniques during PCI: stent dislodgement

Hands on Lab, 08:30 – 10:00 (made possible thanks to the kind support of Terumo Learning EDGE)

Challenges on managing cardiopulmonary resuscitation in and out of the cathlab

Room 351, 08:30 – 10:00

In this edition of EuroPCR, simulation is the name of the game. Whether it is to sharpen your hard skills or to develop the much-needed soft skills, we have you covered today! Rare complications and high-risk procedures can go hand-in-hand, and each day, we

make progress on the previous day. We can be at ease with our everyday techniques, but we also need to be as efficient and decisive as possible in more challenging situations. When it comes to simulation, one can build real-life experiences with one's team, working on dummies and with real materials. However, it can also be about one's attitude towards a stressful situation, and serious games are an excellent tool for practising communication and leadership, reflecting on the organisation of one's team and work. The value of simulation has proven itself over past Courses of EuroPCR and today, we continue with this winning formula to give you a comprehensive experience that will inspire you to remember what you have learned in the simulation.

Working in the cathlab makes everyday different

Room 351, 10:30 – 12:00

Working in interventional cardiology has many appeals, but maybe none as strong as its ability to surprise us every other day. In this session, we

have for you a fine selection of the most exquisite cases experienced under the watchful eye of our nurses and allied professionals (NAPs). Rare cases, presentations, complications and problem-solving skills will be seen that will definitely make an impression, one that you might relate to some day in the future and help enhance your own range of problem-solving skills. There is also added value in learning about other people's mishaps and near misses, and the essence of this Course is all about learning from each other and returning home a little wiser.

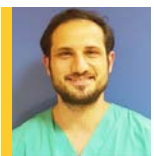
How to optimise TAVI pathway

Room 351, 14:45 – 16:15

The number and complexity of structural procedures has increased in recent years. Last year at the EuroPCR Course, we celebrated 20 years of TAVI. Today, we go above and beyond the procedure itself. As NAPs, the patients we meet need a comprehensive approach, not just a new valve. Experiences and capabilities developed over two decades come together in this

session, where we will discuss the role of the TAVI coordinator within the Heart Team and their value to the patient before and after the procedure. Another issue that has become apparent over the years is that we spend too much time discussing our patients' needs without asking for their opinions and input on the processes they undergo. What is the best way to experience what it's like to go through such a complex, sometimes life-saving intervention, other than through a patient's eyes?

Another strength of this Course is the ability to gather healthcare professionals from multiple backgrounds and have a common place to discuss and learn from our differences and predicaments. After all, we are trying to provide the same level of high-quality, safe care across a wide range of populations with different political and socioeconomic constraints. For this and more, mark this session on your agenda!



Alessandro Sticchi

Interventional cardiologist
Humanitas Research Hospital IRCCS - Milan, Italy

EuroPCR is the worldwide leading Course in cardiovascular intervention and this is because we can find here terrific educational and pioneering sessions.

Late-Breaking clinical data: mitral and tricuspid valves disease

Room Maillot, 08:30 – 10:00

In another exciting day in terms of cutting-edge topics, you cannot

miss this morning's talk about the latest intervention, with late-breaking clinical data on mitral and tricuspid valves disease. In this session you can find early experiences with the newest devices and confirmatory data on transcatheter mitral repair and replacement. Moreover, you will see the latest updates from the bRIGHT and TRILUMINATE studies in tricuspid edge-to-edge repair (TEER).

Heterotopic valve replacement for patients with right heart failure and tricuspid regurgitation - All you need to know!

Studio A, 12:15 – 13:15 (sponsored by Products & Features)

I suggest you continue the day by attending this session about the

most interesting valve, thanks to the work of the PCR Tricuspid Focus Group in increasing awareness in the medical community about tricuspid valve disease. This session will help you to better understand when and how to choose this option, which needs preliminary clinical and multimodal imaging assessment.

PCI cases with treatment challenges - Part 2

Room 352AB, 14:45 – 16:15

In all probability during the day, you may feel the need for some advanced coronary interventions. For this reason, I would suggest challenging your mind with some interesting everyday PCI dilemmas by taking part in a real peer-to-peer case discussion in order to learn and share tips and tricks, and to find potential treatment solutions.

Tailoring tricuspid regurgitation patient treatment with the PASCAL Precision system

Theatre Havane, 16:30 – 17:30
(sponsored by Edwards Lifesciences)

For the very latest update in tricuspid regurgitation TEER, you could discover the potential of the PASCAL Precision system. What different tricuspid regurgitation phenotypes could you treat with this latest-generation device? How does it work practically (beating heart simulator)? How do the experts discuss the treatment of a case using the PASCAL Precision system and what is the latest clinical and real-world evidence for tricuspid TEER? A great session to discover the answers to all these points and your own questions live from true experts in the field.



Guillaume Bonnet

Interventional cardiologist
CHU Bordeaux - Bordeaux, France
(Currently Research Fellow at CRF, New York)

Stent failure management - The optimal use of intracoronary imaging - Part 1

Studio A, 08:30 – 10:00

Despite advances in coronary intervention technology, in-stent restenosis remains a daunting challenge in today's world. During this session, experts will explore the underlying pathophysiology and mechanisms behind stent failure and explain how the use of various diagnostic tools can provide the best insights.

In practice, you will learn some tips and tricks to acquire high-quality imaging in cases of stent failure. An important step is to effectively discriminate specific intracoronary imaging-based underlying mechanisms of stent thrombosis and in-stent restenosis, and to understand their impact on subsequent interventional treatment. Decision algorithms will provide practical tools.

Throughout the session, there will be multiple opportunities for discussions and IVUS/OCT reviews on the workstation, as well as diagnostic propositions with the audience. Don't miss this chance to gain valuable insights into intra-stent restenosis and improve your imaging skills!

PCI of calcified lesions

Case Corner 2B, 08:30 – 10:00

There are numerous sessions focussed on real-life clinical cases from around the world, and the four Interactive Case Corner sessions are clearly part of this. This is an opportunity to discuss the most challenging situations and add tips and tricks to your cathlab toolbox through the sharing of international experts.

The session on PCI of calcified lesions is a classic example of a daily practice issue: 'The uncrossable/undilatable lesion', 'PCI in a bend and calcium: a true fight'. You will learn more about the 'Shepherd's Crook right coronary artery': do you have any ideas for treating it?

The discussion will also include new technologies, with broad coverage of intravascular lithotripsy and its usage tips, such as 'OCT-guided calcium modification using intravascular lithotripsy' and management of possible complications like 'Intravascular lithotripsy solved the calcified lesion, but mess was left behind'.

Mastering transseptal puncture

Simulation Learning Room,
10:30 – 12:00 (made possible thanks to the kind support of Abbott, Mentice and Simulands)

Transseptal puncture has become a new standard for many structural procedures, with gold-standard rules of good practice. The transseptal puncture technique varies depending on the desired orientation in the left atrium and the type of intervention.

This session will be led by 'stars' in the field, Nicolas Dumonteil and Francesco Maisano, who will personally guide participants in addressing the basic knowledge of transseptal puncture, as well as ways to prevent and manage the complications of this procedure.

Late-Breaking clinical data: focus on stent technology

Room Maillot, 14:45 – 16:15

This late-breaking science session confirms that the field of angioplasty has innovation and brings you the latest developments in the field.

The 5-year results of ABSORB IV will allow us to better understand the benefit of bioresorbable stents in a cohort of over 2,600 patients. The 3-year results of LEADERS FREE III will prompt us to reflect on how to better adapt our antithrombotic duration and device choice for patients at high bleeding risk. Treatment of patients

with drug-eluting stent in-stent restenosis remains a major challenge. The results of the REFORM study will bring us new data on the potential benefits of a drug-eluting balloon strategy. Science is unfolding before us, come and experience it live!

REVIVED: will this trial change my practice?

Room 241, 14:45 – 16:15

How to integrate new studies into our daily practice?

The results of REVIVED challenge the concept of myocardial hibernation and highlight the need to go beyond the search for myocardial viability in the management of ischaemic-origin HFrEF.

This session will be led by an amazing panel: Martine Gilard, Ajay Kirtane and Mirvat Alasnag, who can answer your questions, or perhaps ask you new ones!

The links between myocardial viability, functional recovery and prognosis of patients with ischaemic-origin HFrEF are not fully understood. In the REVIVED study, percutaneous revascularisation did not improve prognosis or ejection fraction at 6 months compared with medical treatment, regardless of the volume of myocardial viability.

The total volume of viable myocardium and the volume of myocardial scar may be new markers to consider. The discussion is open.

ABLUMINUS DES+ SIROLIMUS ELUTING CORONARY STENT SYSTEM

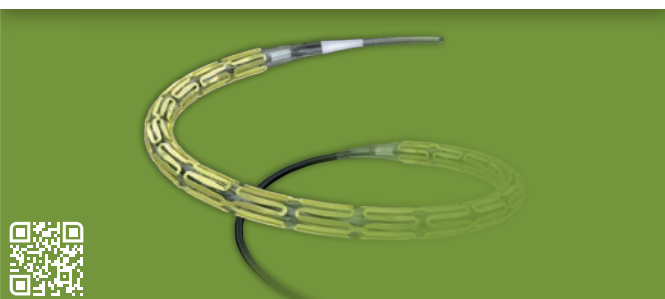
The next generation DES Technology: Innovative DES+DCB Stent Platform

TNT Session

Wednesday 17 May, 2023 16:30 – 18:00 Room Maillot

WHY ATTEND THIS SESSION?

- To know why and how a fusion coating of DES+DCB stent platform is effective for the treatment of CVD in Diabetes Mellitus patients via case presentations.
- To understand why you can count on customised drug delivery platform of DES+DCB in complex settings with imaging based evidence through case presentations.
- To gain an insight on how the next generation no-polymer DES+DCB stent platform will address the unmet needs in CAD patients.



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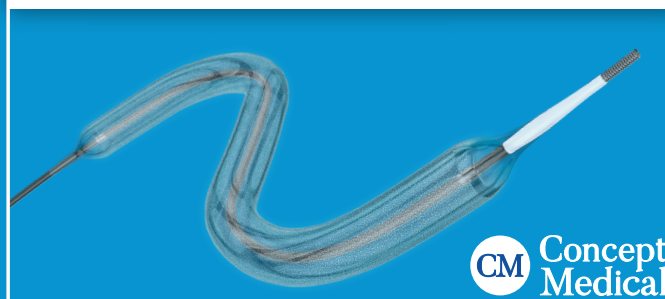
Sirolimus Coated Balloon : Expanding The Scope of Indications in CAD treatment

TNT Session

Thursday 18 May, 2023 13:30 – 15:00 Room 252B

WHY ATTEND THIS SESSION?

- To know how to expand the use of a sirolimus coated balloon in existing and new complex indications.
- To know why Sirolimus Coated Balloon is the ideal choice for the treatment of complex real world population through case demonstrations with long-term follow-up.
- To understand the performance of the novel sirolimus coated balloon in complete CAD spectrum through a look at the comprehensive clinical trials program.



CM Concept Medical

SESSION SPOTLIGHT

Imaging in stent failure and calcified lesions



Salvatore Brugaletta

Interventional cardiologist / Cardiologist
Hospital Clinic – Barcelona, Spain

The importance of imaging is reflected by its prominent position throughout the 2023 Course programme.

This morning, Course participants will be able to benefit from three different types of sessions aimed at helping practitioners get a better understanding of how imaging can be used to optimise the identification and management of stent failure and calcified plaques. Salvatore Brugaletta, Spokesperson at the case-based session, 'Stent failure management - The optimal use of intracoronary imaging - Part 1', explains just why imaging is so important in this setting. "Stent failure may be due to a number of different causes. For example, it could be due to mechanical problems, such as stent underexpansion, or to neointima growth with neoatherosclerosis," he says. "Different management strategies are required depending on the underlying cause of failure. It is easy to see then why imaging, which is able to provide detailed information about why stent failure has occurred, is so important both in determining cause and in selecting the most appropriate management approach."

The case-based session is ideal for those who want to learn how to optimally use, or boost their skills in, intracoronary imaging to detect stent failure. "The session will feature a variety of stent failure cases with discussion about how imaging can be useful in first understanding the cause of failure and then guiding treatment," says Dr Brugaletta. "The session features a panel of experts and we really want to encourage audience interaction with the panel because this is what will enrich the discussion and help participants use the information in their clinical practice." In addition, the session will look at the differential roles of IVUS and OCT in this setting. "In the first instance, whichever you have available, use it, is my advice. In cases of stent failure due to thrombus, OCT is the gold standard. Outside this setting, both techniques are effective for determining the causes of stent failure, and the choice of which to use may depend on the access of the interventionalist to the different methods and also to operator preference." Dr Brugaletta also encourages attendance at the companion case-based session on Thursday, 'Stent failure management - Contemporary management options - Part 2', which will focus on the use of imaging data to resolve stent failure.

"Imaging is also crucial for the assessment of calcification, the extent of which can be considerably underestimated by the use of angiography," says Dr Brugaletta.

"With intracoronary imaging, you get a true picture of the calcified lesion, including accurate measurements and whether it is deep or superficial. OCT is considered to be superior to IVUS here because, unlike ultrasound, the near infrared light used in OCT is able to penetrate the area of calcification and so provide detail regarding thickness." A simulation-based session this morning, 'Calcified plaque assessment and PCI guidance by IVUS and OCT', provides participants with an immersive experience. "The session will give clear guidance on recognising the different types of plaque, classifying calcium severity and understanding the rationale for plaque modification," explains Dr Brugaletta. "It will be like being in your own cathlab facing a calcified plaque and having the opportunity to get real-world understanding of how IVUS and OCT can be used to assess plaques and guide PCI."

Finally, Dr Brugaletta describes a fantastic learning opportunity in the learning session, 'How to optimise management of a patient with calcified coronary lesions by intracoronary imaging?' "This session will combine cases and expert opinion to take participants on the journey of intracoronary imaging for calcified lesion management. It will start with lesion preparation, including how to choose the correct debulking device according to imaging, and will end with outlining how to assess if lesion preparation has been achieved and if stent implantation has been successful," he concludes.

DON'T MISS

Stent failure management - The optimal use of intracoronary imaging - Part 1

Wednesday, Studio A,
08:30 – 10:00

Calcified plaque assessment and PCI guidance by IVUS and OCT

Wednesday, Simulation Learning Room 08:30 – 10:00
(session made possible thanks to the kind support of Abbott, Boston Scientific and Philips)

How to optimise management of a patient with calcified coronary lesions by intracoronary imaging?

Wednesday, Room 242AB,
10:30 – 12:00

Stent failure management - Contemporary management options - Part 2

Thursday, Theatre Bleu,
10:30 – 12:00



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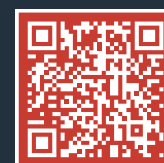
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PATIENT CARE SHD

BIFURCATION LVEF

IMAGING LAAO

STEMI



At PCR, it's all about people!

Words from the new #EuroPCR Core Team

EuroPCR – the 2023 edition – has been prepared with a new Core Team. Indeed, Jean Fajadet and William Wijns invited three new Course Directors to join them in this role at the end of last year. It was all part of a general reorganisation of PCR's structure, during which new talents and members of the next generation were injected across the whole PCR Family.



Joining PCR Chairman William Wijns and Co-Chairman Jean Fajadet as EuroPCR Course Directors are Thomas Cuisset, Nicolas Dumonteil and Nieves Gonzalo



Jean Fajadet: "One of the advantages of recruiting younger colleagues as Course Directors is that they bring **fresh blood, unique qualities and a novel outlook**. With new leaders and new expertise, we are also able to expand the different topics that can be included in courses and educational offerings. I was fortunate to meet and work alongside Jean Marco, who encouraged me to express my opinion of the EuroPCR programme and we would like the new Course Directors to do the same. We hope they will facilitate the launch of a new generation of interventional cardiologists."



William Wijns: "These three individuals were specifically selected because of their brilliant minds, their clarity in communication with others and their work ethic, but more important still is their ability to share what we refer to as '**the PCR spirit**'. This is sharing knowledge, experience and what we have learned, not just with colleagues, but with the entire interventional cardiology community. I believe these qualities are present in abundance in the new Course Directors, which will no doubt help evolve the Course in future years."

"Companionship and mentorship are at the heart of the EuroPCR Course and are evident among the attendees, and so it is only natural that the same should be true at the Course Director level"

MEET THE OTHER PCR COURSE DIRECTORS...

To ensure all of its Courses are 100% relevant to daily practice in their respective world regions, PCR prides itself on forming exactly the right Core Team for each one. In tomorrow's edition of the Daily Wire, you'll learn more about the success of PCR Courses themselves over the past 12 months. In the meantime, we thought you'd enjoy seeing the faces behind each name by **scanning the QR code**. One day, your own could be included here too!



Meet the new EuroPCR Course Directors

We've taken the opportunity to ask the three new EuroPCR Course Directors about their career and past experience at PCR, and about their life outside interventional cardiology too. Read on to get to know them better!



Thomas Cuisset

*Interventional cardiologist / Cardiologist
APHM Hôpital La Timone Adultes - Marseille, France*

How and when did you decide to become an interventional cardiologist?

The choice of cardiology came very early, in the 2nd or 3rd year of medical school. Within 6 or 12 months of starting my position as a resident in cardiology in 2001, I decided on interventional cardiology. What I really liked is that it's a hybrid position between

the surgeon working mainly with his hands, and let's say the 'non-interventional' doctor who will mainly follow patients and prescribe medication. At the time, I did not expect the field to become what it is today. Back then, it was only about coronary interventions. Now, probably half of the week is on structural and valvular disease. So I am even more spoilt than I expected to be!

How did you first become involved with PCR?

The involvement began in 2006/2007 when I was a Fellow in Aalst with William Wijns so my journey and commitment to PCR started when I was very young. Some of my first steps were with Jean Marco, as I took part in building the first PCR Seminars and Learning Guide.

What was your reaction when you were invited to be a Course Director?

To be completely honest, I had mixed feelings! Of course, the first was gratitude because I was proud to have been asked. But I also felt a little bit of pressure, because I knew it was a huge responsibility. I decided that if Nieves, Nicolas and myself had been chosen, it was no doubt for a good reason, and I accepted with a lot of enthusiasm!

How has being a Course Director changed your everyday life?

All three of us have had to make space in our already busy agendas. We have weekly Course Director meetings, and almost every month

a physical meeting with the Board. As the event approaches, the workload further increases, with for example, final preparation calls with LIVE centres, and for the Learning and sponsored sessions. There's much to do, but it's a great pleasure that comes with a great responsibility.

What do you do in your spare time?

Above all, I try to spend as much time as I can with my three beautiful daughters of 10, 5 and 4 and my wonderful wife. I travel with them as much as possible, to develop my kids' curiosity. This is the main quality I'd really like to transmit to them: to be curious about different countries, people and ways of living.



Nicolas Dumonteil

*Interventional cardiologist / Cardiologist
Clinique Pasteur - Toulouse, France*

How did you become involved with PCR?

The first time was in 2009, when I was selected to present a TAVI case that I'd submitted. I was happy but totally terrified at the idea of presenting my work for the very first time in English, at an international course! After being a presenter, I was invited to be a facilitator, and then over the years I did the VITAL training programme, became a member of the programme committee, then the board, and am now a Course Director. So I would say it's been a gradual progression that is full of hope for people. My experience means it's possible for everyone, and I hope it's reassuring for younger colleagues who may be shy and worried about presenting at EuroPCR for the first time.

What are the challenges of being a Course Director?

The first challenge is to fully understand the scope of the job. Obviously, there are scientific attributes, but there are also diplomatic tasks where you need to be in the actual position

to learn. I'm so grateful to Jean Fajadet and William Wijns for being our mentors, because the role is not something you can invent from scratch; it needs to be transmitted. This is where the word 'Companions' – one of the core concepts of the PCR universe – takes on all its meaning. We are Companions at all stages of our career, and that's the beauty of it.

Do you have any hobbies or a hidden talent?

I have hobbies, but unfortunately not really a hidden talent! Sport has always been a part of my lifestyle. Like many young boys in south-west France, my first sport was rugby, which I played until I got injured at age 25, and realised it was not really feasible to play as you get older. So I looked for another sport with the same level of intensity and involvement, because for me the interest when learning a new sport is acquiring a new technique, and there's a parallel maybe here with interventional cardiology. And so, 10 years ago I took up English boxing, and since then I've been practising every week. It has a lot of positive effects for my daily practice. It fosters endurance and makes you physically stronger. You suffer less from fatigue when you are doing long or difficult interventions, and your mind is better able to focus on what you are doing. I'm also in the early phase of learning to surf, which I must say is quite difficult, but a real pleasure too!



Nieves Gonzalo

*Interventional cardiologist / Cardiologist
Hospital Clinico San Carlos - Madrid, Spain*

What are the satisfactions of being a Course Director?

I feel really honoured to be part of the great team that makes EuroPCR possible. I believe the Course organisation has made a huge effort to understand the real needs of the community of interventional cardiologists around the world and try to provide them with tools to help them in their daily practice. EuroPCR has achieved a very distinct position as an educational experience that can be transformative for our colleagues, and I feel really privileged to be part of that project.

How do you see the future of continuing education in your field?

An important part of our future job will be to keep all the elements that have made EuroPCR successful and a big component of it is a continuous search for innovation in education. This means finding the content and formats that are more capable of providing colleagues with the learning experience they need.

In recent years we have discovered new possibilities to bring the

EuroPCR experience to more colleagues through the digital environment. This has also provided opportunities to make the Course more interactive than ever, even when some of our colleagues are thousands of miles away. Technology will also make other types of learning, such as simulation, more and more relevant in the future. Personally, I believe that education in interventional cardiology has an exciting future with many possibilities for innovation and collaborations, always with the objective of helping the cardiovascular community to improve patient care.

Where's your favourite place to be on your day off work, and why?

My favourite place to be on my day off work is in my little house close to the mountains in Madrid. I really enjoy contact with nature and taking care of my garden. It is a relaxing atmosphere where I can enjoy time with my family and friends.

What do you do during the rare moments of free time during a Course?

I do not think I will have any free time this year! The Course is a great opportunity to meet friends from all over the world that I have made through the years. That is one of the most enriching parts of onsite meetings and something we should always try to take advantage of.

Yesterday’s catch up: Indications for LV support during elective PCI

A case-based discussion session on Day 1 of EuroPCR 2023 provided valuable insights into when to use LV support during high-risk PCI, and how to prevent and tackle complications.

In 2012, results from the PROTECT II randomised trial showed a trend toward decreased major adverse events (MAE) at 3 months with haemodynamic support using the micro-axial continuous flow device, Impella, compared with an intra-aortic balloon pump in patients undergoing high-risk PCI.¹ “More than a decade since then, there is paucity of randomised data supporting the use of percutaneous LV assist devices in patients requiring high-risk PCI with severely depressed LV function,” said Vasileios Panoulas (Royal Brompton and Harefield Hospitals, London -

UK). In PROTECT II, periprocedural myocardial infarction (MI) was defined as new Q-waves or a creatine kinase-myocardial band (CK-MB) isoenzyme at least 3-fold the upper limit of the normal (ULN) range within 72 hours of the procedure. “Subsequent re-analysis of the PROTECT II data² using an adjustment of this definition to more than an 8-fold increase in the ULN of CK-MB, and incorporation of major adverse cardiac and cerebral events (MACCE) as a composite to the MAE endpoint, demonstrated that Impella significantly reduced the incidence of MAE and MACCE at 3 months after high-risk PCI compared with intra-aortic balloon pump. In addition, most operators these days use an updated, more powerful version of the Impella device (Impella CP), which provides more LV support than Impella 2.5, originally used in the PROTECT II trial,” he added.

Dr Panoulas thinks it makes good sense to use a reliable source of haemodynamic support when performing high-risk PCI. “The purpose of devices like Impella is to prevent the heart from going into acute failure and the body into cardiogenic shock and low cardiac output state. Therefore for patients with procedural high-risk characteristics, such as complex anatomies that require rotoablation for decalcification, or those with comorbidities such as chronic kidney disease, diabetes or chronic obstructive pulmonary disease, LV support can be beneficial,” he stated. “In a retrospective comparison of Impella and intra-aortic balloon pump (IABP) from PROTECT II, PROTECT III and RESTORE EF studies,³ we have recently shown that LV support using the Impella device often leads to more complete revascularisation than can be achieved with an IABP,” he noted.

The aim of yesterday’s session was to provide a platform for presentation and discussion of when to use LV support, hints and tips surrounding the identification of haemodynamic deterioration during PCI, how to prevent and manage complications arising from LV support and demonstrated how less stressful the management of coronary complications can be when LV support is in place. During the interactive session, eminent speakers with vast experience in high-risk PCI shared their knowledge and advice.

As yesterday’s session focused specifically on elective PCI, the ability to plan the procedure upfront was identified as the prime factor to help identify issues before they might occur, and/or to determine strategies to overcome any problems should they arise. A key point stressed during the discussions was the importance of ascertaining the pre-procedural coronary anatomy – using CT angiography – including assessment of the potential access site and the

peripheral vasculature. Also of vital importance was an examination of the detailed clinical characteristics of a patient prior to performing the procedure. In fact, the need to conduct a detailed patient workup could not be understated. As part of the planning process, the experts stated the need to select the access site closure method prior to starting the procedure.

Overall, the session highlighted just how important it is to pre-plan the elective high-risk PCI procedure, and that patient factors are essential to consider. But of vital importance is knowing that the procedure cannot take place without the work of a multidisciplinary team and that decisions should be made only with all the team’s support.

- 1. O'Neill WW, et al. *Circulation*. 2012;126:1717–1727.
- 2. Dangas GD, et al. *Am J Cardiol*. 2014;113:222–228.
- 3. Panoulas V, et al. *Poster presentation at EuroPCR 2023*:#366.



DON'T MISS

Complex PCI in high-risk patients requiring left ventricular support
Thursday, Room 242AB,
15:15 – 16:45

Revascularisation in patients with depressed left ventricular ejection fraction
Thursday, Room 242B,
17:00 – 18:30

UPCOMING courses

2023

AICT asia PCR

21-22 September 2023

Singapore

2023

PCR london valves

19-21 November 2023

London, UK

2024

PCR tokyo valves

16-18 February 2024

Tokyo, Japan

2023

PCR-CIT china chengdu valves

3-5 November

Chengdu, China

2023

gulf PCR

6-7 December 2023

Dubai, UAE

2024

africa PCR

To be announced

Johannesburg, South Africa

14

www.pcronline.com/Courses/EuroPCR

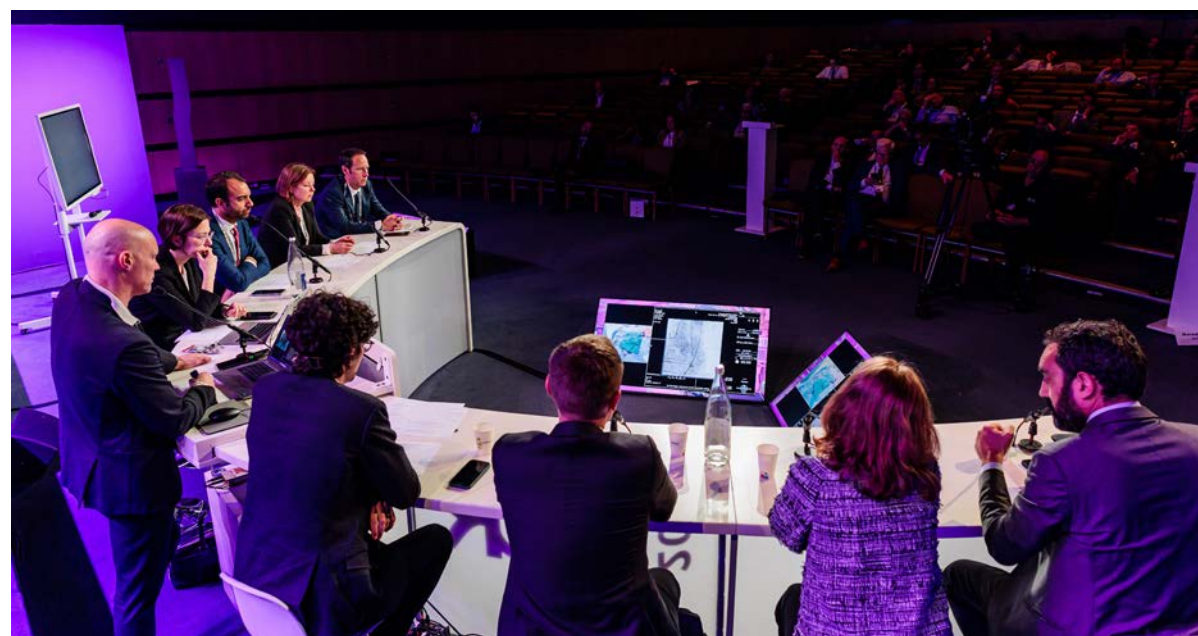
Yesterday's catch up: Coronary access and PCI after TAVI

With indications for TAVI expanding towards treating younger patients with severe aortic stenosis and relatively lower-risk profiles, and the high incidence of coronary artery disease (CAD) in those with aortic stenosis, management strategies are of key importance.

CAD and aortic stenosis often co-exist, and an estimated 40–75% of patients with severe aortic stenosis who undergo TAVI also have significant CAD.¹ With the advent of TAVI as a valid therapeutic option for younger patients with good long-term prognoses, but in whom CAD may progress and eventually require treatment, there is an expectation that the need for coronary angiography or PCI after TAVI will increase.

According to Marco Barbanti (Università degli Studi di Enna "Kore" – Enna, Italy), Anchorperson at yesterday's case-based discussion session, "Coronary re-engagement in patients who have undergone TAVI can be technically challenging and may not even be possible in some cases. This is why it is important to assess patients thoroughly." He said that factors that affect coronary access – and therefore procedures – after TAVI include the design (type) of valve deployed, its positioning during deployment, as well as potential interactions between the transcatheter valve and the native aortic valve leaflets.

Professor Barbanti stressed the importance of preparation for post-TAVI PCI. "In an ideal scenario, you might be required to perform PCI on a patient who returns to you after you have already performed a TAVI procedure in the past. You know everything about this patient – their procalcitonin level before TAVI, the type and size of valve implanted and whether commissural alignment was



achieved. In this case, you are able to plan in detail the coronary angiography or PCI procedure." However, this perfect scenario is not always possible and you may be called upon to perform an urgent PCI, for example, for a patient previously treated by TAVI at another centre. In this case, detail surrounding patient history, the implanted valve and coronary anatomy are unknown. Yesterday's session was designed specifically to help in both scenarios, providing practical hints and tips from experts with vast experience in the field.

The session yesterday was split into three parts. The first part examined the need – or not – for treatment in patients with severe aortic stenosis and CAD. There was a discussion on the advantages and disadvantages of performing PCI before or after TAVI, and the epidemiology of PCI in the TAVI setting.

A recorded case was presented by Nicolas Van Mieghem (Erasmus University Medical Centre - Rotterdam, the Netherlands), showing an elderly female patient with concomitant

severe aortic stenosis, significant CAD and a number of factors that placed her at high surgical risk, including obesity. An essential component of the pre-procedural planning process was a CT scan, which showed the patient had challenging anatomical characteristics. Key learning points around the case included coronary access planning, the choice of devices and techniques to re-engage the coronaries after the TAVI procedure and the difficulty in interpreting coronary physiological findings.

The third part of the session comprised two highly practical and interactive presentations involving how to approach PCI, first in an elective case then in an emergency case, in patients who had previously received TAVI. While there is much personal opinion regarding the optimal management of patients in these scenarios, yesterday's session proposed some consensus advice from experienced clinicians. However, it is evident that CAD in patients who have undergone a TAVI procedure is not fully understood and randomised clinical trial data on reimplantation

in this setting would be useful. It was also evident from the discussions that not all significant stenosis requires treatment and that for younger patients in particular, preservation of coronary access for future procedures would be advantageous.

To complement yesterday's session, a case-based session tomorrow will explore PCI before or during TAVI.

1. Goel SS, et al. *J Am Coll Cardiol.* 2013;62:1–10.

DON'T MISS

Strategic management of coronary artery disease and TAVI in patients with aortic stenosis

Thursday, Theatre Bleu,
15:15 – 16:45

COMPANIONS
BY PCR

**PCR Companions,
enjoy 2 spaces for
your exclusive use!**

Level 2 PCR Companions Social Space

Network, meet new people
and have some fun in
between sessions!



**Wednesday:
10:00-10:30**

Move to the sound
of the Jazz Band



**Wednesday
/Thursday:**

Get your professional
headshot photo taken

Level 3 PCR Companions Work Space

Work, recharge your
phone, and have quiet
conversations with your
peers!

EuroIntervention goes from strength to strength



Davide Capodanno

Editor-in-Chief of EuroIntervention
University of Catania - Catania, Italy

Since the beginning of the current Editorial Board's term in 2020, EuroIntervention has seen impressive increases in all of the important metrics. Editor-in-Chief, Davide Capodanno, describes the journal's progress and explains some of its new features.

"Thanks to the editorial staff, authors, readers and reviewers, we have been able to shape the journal over the last three years to exactly how we envisaged it. With these changes, we have seen the number of users increase by over **220,000/year** and **views increase by 480,000/year** between 2020 and 2022. These data are very motivating for the Editorial Board. They indicate that the changes we are making are being enjoyed by our audience and suggest we are doing a good job selecting and commissioning the articles that our readers want to see.

In terms of impact factor (7.728), EuroIntervention is now ranked second of all interventional cardiology journals and we are in the enviable position of being in a 'virtuous cycle' – as our impact factor increases, we receive articles that are even higher quality and this drives the journal's impact even higher. We are also proud to have maintained our position as first among competitor journals for our Altmetric score. The fact that the journal is ranked at the top for generating attention tells us how well our social media team is working. We want readers to know that when they give us their article – their 'baby' – we do the best possible job to make it visible to the audience. In addition to editing and typesetting the article, it's part of our service to the author to promote the publication as widely as we can. In 2022, the journal introduced a new social media style that made it easier to



read and access content on various social media platforms. This style was well received and our following on Facebook, Twitter and Instagram continues to increase. Additionally, EuroIntervention has now joined LinkedIn, which will allow us to further expand our reach and connect with more professionals in the field.

To further improve the author experience, we continually try to refine our article submission process.

We are always looking for solutions to make it even faster and easier to submit. We understand the frustration of authors and the need to avoid unnecessary bureaucracy, so have reduced the amount of form filling that is needed at the first round.

Previously, the issue release day was the most important in a manuscript's life, but in the new digital era, this has changed to the days following the 'Ahead of Print' date. We are mindful of this and the need to ensure that each print issue includes fresh news. Based on usage figures, we have also made a subtle strategic change to the day that each EuroIntervention issue is released, moving publication from the end of the week to the beginning. It's quite a bold move and we look forward to receiving readers' feedback.

We know there is a lot of discussion about the use of AI chatbots in

medical publishing at the moment. While the Editorial Board don't feel these tools have a place in article writing at the moment, we are looking at ways they may help with work flow, for example, to enhance our search engine and article indexing. Hypothetically, AI may be useful for providing article suggestions – 'If you liked this, now read...' – and we are looking at whether we could include more functionality like this on our website in the future.

Now that we have many of our processes running as smoothly as we can, we are shifting our main focus even more to enhancing content.

We have diversified to include more article categories including Debates, State-of-the-Art, Perspectives and View Points. All issues follow a specific structure so that readers become familiar with a recognisable flow. We are also encouraging the submission of trial design papers as we think it is interesting to see the methodology of important ongoing trials before judging the results.

Our Deputy Editors are a real asset to the journal due to their hard work handling the manuscripts, selecting Section Editors and reviewers, and their involvement in collective decisions in weekly Editorial Board meetings. We are delighted to announce that we have recently

appointed Michael Joner as a new Deputy Editor in a promotion that was based on his outstanding record – he was awarded Best Section Editor at EuroPCR 2022 and was an obvious choice to fill a position in the Deputy Editor team.

EuroPCR 2023 provides an opportunity to 'Meet the Editors' at the PCR Publishing booth. We have gatherings there every day to answer your questions and receive any comments and suggestions – we are always happy to feel the pulse of our audience. There is also a joint EuroIntervention and Journal of the American College of Cardiology: Cardiovascular Interventions session tomorrow morning. Finally, we would like to thank the EuroPCR Course Directors for the idea of tagging sessions in this year's programme with EuroIntervention articles for people who want to delve deeper into a specific topic. At EuroIntervention, we positively endorse 'transmedia' collaborations and from your feedback, it seems you are enjoying it too."

Want to know more about the journal, the latest articles and how you can submit your work? Visit: eurointervention.pcronline.com and the PCR Publishing booth (Level 2).

AN IMAGE IS WORTH A 1,000 WORDS



To highlight the importance of imaging in interventional cardiovascular medicine, we've selected some of the most interesting and puzzling images out of those submitted for EuroPCR 2023.

Today's case: Needle-like dense opacities in the chest wall

A 79-year-old female patient presented with a large number of dot-and-needle-like dense opacities in the chest wall, abdominal wall and neck, which is totally unusual. Coronary angiography showed CTO lesion in PL branch. She underwent CTO intervention.

What do you see in this image?

- A. Cement embolisation
- B. Capillary calcification
- C. Gold thread implantation

Answer: C

Gold thread implantation is used as a complementary treatment for chronic pain. Acupuncturists insert thin gold threads into the painful body and the gold thread remains in the inserted site.

Author: Jung Ho Heo from Kosin University Gospel Hospital, Busan, Republic of Korea

CE

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EAPCI: Exploring Interventional Cardiology Together



The European Association of Percutaneous Cardiovascular Interventions (EAPCI) is a branch of the European Society of Cardiology (ESC). Our mission is to reduce the burden of cardiovascular disease through PCI.

Our dynamic association represents a community of more than 8,700 healthcare professionals. We support our community by publishing research, and providing training and certification programmes that reflect the constantly evolving PCI field. The EAPCI also advocates for the best possible access to life-saving treatments for patients through data-based advocacy at a European level.

Our courses, EuroPCR and PCR London Valves, deliver state-of-the-art practice and research updates, providing a forum for sharing and learning.

By joining our vibrant community, you will be able to network with colleagues from around the world, to access educational products, receive the latest news, and benefit from voting rights and eligibility for EAPCI elections.

We bring together National Societies, individual interventional cardiologists, and nurses and allied professionals to foster a community committed to excellence in interventional cardiology.

Don't miss the EAPCI General Assembly today: Room 243, 13:00 – 14:00

Agenda

- **Welcome address** – Emanuele Barbato, EAPCI President
- **Association activity report** – Emanuele Barbato, EAPCI President
- **Treasurer's report** – Louise Buchanan, EAPCI Treasurer
- **EAPCI Grants Winners Announcement** – Tanja Rudolph, Co-Chair of the EAPCI Fellowship Grants Programme Committee
- **The future of the EAPCI** – Alaide Chieffo, EAPCI President-Elect and Martine Gilard, PCR Representative

This is a unique opportunity to take an active role in EAPCI association's activities, express your views, and network with peers and leaders in the field.

An interview with Emanuele Barbato:

Welcome back to EuroPCR 2023, the official congress of EAPCI. Our Association continues to strongly support – together with PCR – the European interventional cardiology community through countless educational, scientific and training opportunities. This year in particular, we will announce an unprecedented number of EAPCI grant recipients in the Main Arena to support our early career colleagues. Women in interventional cardiology have never been more represented and representative in the current Board and during EuroPCR sessions. An ever-increasing number of impactful EAPCI scientific documents will be discussed to support improved interventional practice. EAPCI and PCR social media channels are ready to listen to your needs and to share a common sense of belonging to the one and only interventional cardiology community. I very much look forward to meeting you in Paris.

Emanuele Barbato,
EAPCI President 2022–2024

It's all happening in the PCR Companions Social Space on Level 2!

If you've already joined this collective and collaborative programme for healthcare practitioners, be sure to make the most of your exclusive access to the convivial lounge.

• Move to the sound of the Jazz Band

Enjoy a cup of coffee and a Parisian macaron while you're there!
Wednesday, 10:00 – 10:30

• Get your professional headshot photo taken!

Refresh your Companion account details to get a new picture for your CV or social media profile.
Wednesday and Thursday

• Meet up with your peers, have fun and network – all throughout the week!

Prefer somewhere more peaceful?

In the alternative **PCR Companions Work Space** on **Level 3**, you can:

- Catch up with work
- Recharge your phone or computer
- Enjoy quiet conversations
- Relax between sessions

Remember to activate your free one-year subscription to *EuroIntervention* too!
Visit the *EuroIntervention* activation booth in any of the Companions Spaces



Not yet a PCR Companion?
Go to the dedicated Spaces on Level 2 or 3 to sign up for free
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Scan to learn more



What’s new with the PCR-EAPCI Textbook? **Seven updated chapters!**

With so much progress in the field, the PCR-EAPCI Textbook doesn’t stand still! In addition to three new chapters, seven updated chapters are being made available to coincide with EuroPCR 2023.

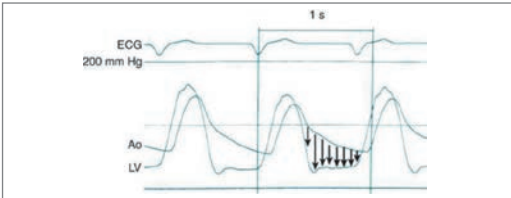
Keep up-to-date – check out the updated chapters:

Right and left heart catheterisation

By Perry Wu, Akash H Patel, Morton J. Kern

This chapter provides a practical review on the fundamentals of cardiac haemodynamics, including those of the most common structural heart diseases encountered in practice.

textbooks.pconline.com/the-pcr-eapci-textbook/right-and-left-heart-hemodynamics

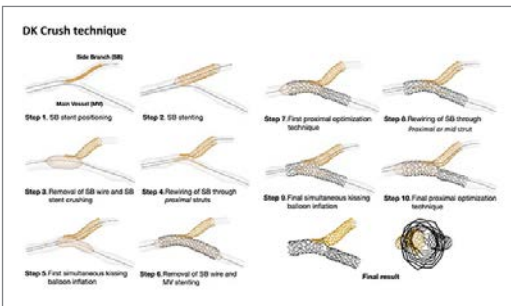


Bifurcation lesions

By Thierry Lefèvre, Thomas Hovasse

This chapter provides a practical guide on strategies currently implemented in the treatment of coronary bifurcations, and highlights the main challenges and most debated issues to propose recommendations for an optimal approach.

textbooks.pconline.com/the-pcr-eapci-textbook/bifurcation-lesions

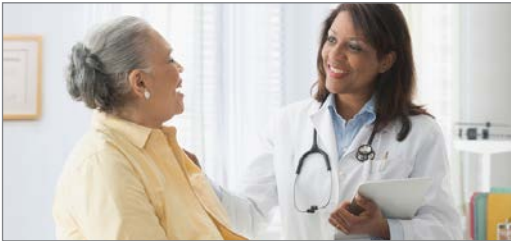


Quality of life assessment

By Mattie J. Lenzen, Susanne S. Pedersen

This chapter is an updated focus on quality of life measures which may aid in both optimising clinical decision making and patient care, as well as enhancing patient-physician communication.

textbooks.pconline.com/the-pcr-eapci-textbook/quality-of-life-assessment

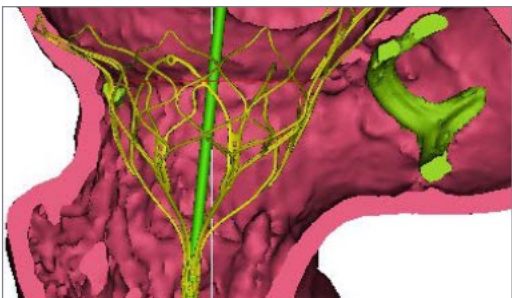


Transcatheter mitral valve implantation

By Mirjam Wild, Maurizio Taramasso, Alison Duncan, Giulio Russo, Dominique Himbert, Francesco Maisano, Nicolo Piazza, Fabien Praz

Transcatheter mitral valve implantation (TMVI) is enriching the already established toolbox of percutaneous mitral valve interventions. For selected patients, it is a safe and effective option to treat native mitral valve disease and patients with degenerated surgical mitral bioprostheses.

textbooks.pconline.com/the-pcr-eapci-textbook/transcatheter-mitral-valve-implantation

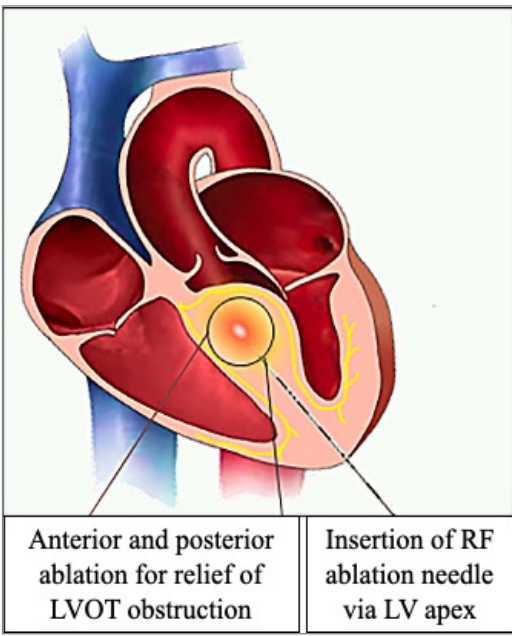


Alternative techniques to alcohol septal ablation for hypertrophic obstructive cardiomyopathy

By Hubert Seggewiss, Angelika Batzner

Alternative techniques to ASA for HOCM include septal reduction by either mechanical or chemical septal branch occlusion or direct septal reduction by radiofrequency ablation as well as percutaneous mitral valve plication. All techniques can achieve gradient reduction, but bear their own risks without safely excluding the complications of ASA, e.g. complete heart block requiring permanent pacemaker implantation.

textbooks.pconline.com/the-pcr-eapci-textbook/alcohol-septal-ablation-for-hypertrophic-obstructive-cardiomyopathy



Interventional cardiology training

By Carlo Di Mario, Michael Haude, Martine Gilard, Lino Gonçalves, Ulf Jensen, Eric van Belle

This chapter reviews current standards of interventional cardiology training and highlights the need for a formal homogeneous training and certification process to provide the conditions for a successful expansion of interventional cardiology in peripheral and structural interventions.

textbooks.pconline.com/the-pcr-eapci-textbook/interventional-cardiology-training

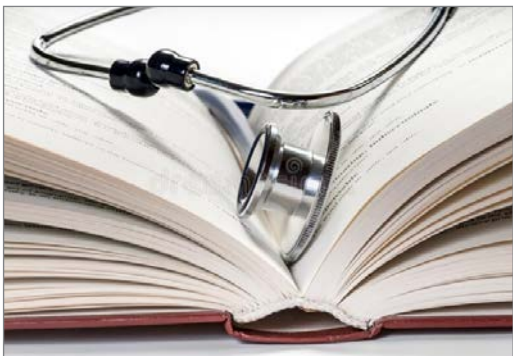



Consensus on definitions of clinical endpoints: percutaneous cardiovascular intervention trials

By Pascal Vranckx, Donald E. Cutlip, Roxana Mehran, Martin B. Leon, Patrick W. Serruys

The purpose of this chapter is to introduce the process of consensus clinical endpoint definitions generation, to provide an appraisal of the most commonly used endpoints and reference to the context of their rationale.

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Angio-based FFR: From clinical evidence to daily practice

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Room
241

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