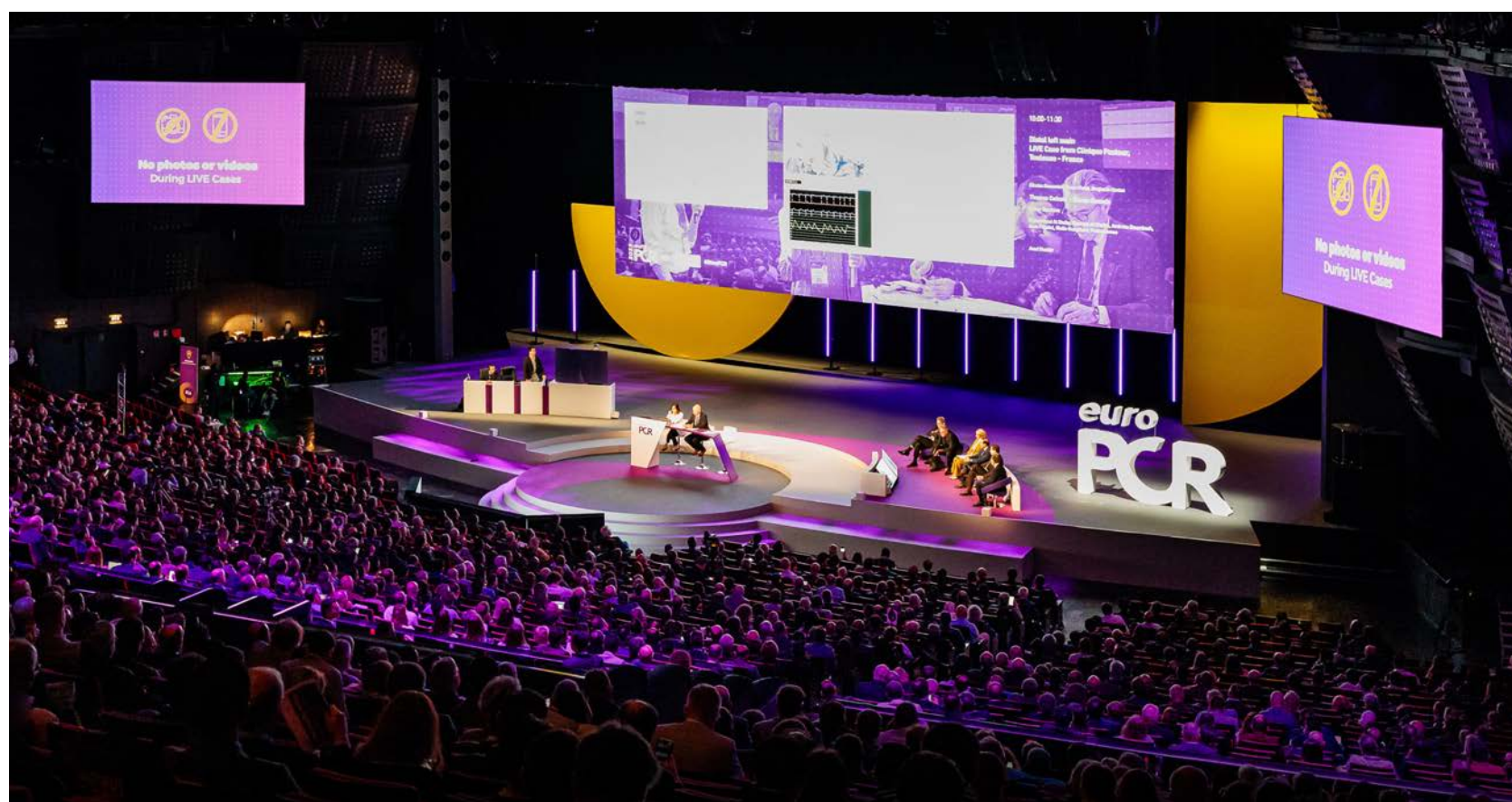


The Daily Wire

THE OFFICIAL EUROPCR COURSE NEWSPAPER

EDITION THREE, 18 MAY 2023



11,500+ PARTICIPANTS

The **MOST IMPACTFUL** EuroPCR edition to date

TOOLS AND TECHNIQUES

Thursday, May 18, 13:30 – 15:00 | Théâtre Bleu

**Left main and complex bifurcation
stenting**

Anchorperson: **Goran Stankovic** | Spokesperson: **Thomas Johnson**

LIVE
Massy



Ultimaster Nagomi
Sirolimus eluting coronary stent system

TERUMO INTERVENTIONAL
SYSTEMS



Symposium

3DStent: a new era in stent enhancement

Thursday, 18 May | 12:15 – 13:15 (CEST)
Room 241, level 2

Discover a new intraprocedural tool for 3D reconstruction of the coronary stent.

Anchorperson: G. Guagliumi

Spokesperson: C. Collet

Discussants: H. Benamer, S. Brugaletta, N. Gonzalo, D. Milasinovic

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Dedicated workshops

3DStent: a new way of visualising stent deployment during PCI procedures

Training 5, level 1

18th May | 14:00-14:45 & 15:00-15:45

19th May | 10:30 - 11:15



PCR Webinars: The perfect blend of traditional PCR educational values and digital format



Dejan Milasinovic

Medical Director, PCR Webinars
University Clinical Centre of Serbia - Belgrade, Serbia

Newly appointed Medical Director of PCR Webinars, Dejan Milasinovic tells us why he believes that the wide outreach and flexibility of formats of PCR Webinars is key to the spread of high-quality, transformative education to interventional cardiologists around the world.

"The COVID-19 pandemic forced us all to find new and innovative ways to provide education. This was when the true potential of PCR Webinars was recognised, providing a broad outreach of programmes to the huge number of individuals who no longer had access to physical meetings.

And this new era of digital learning is here to stay. However, I want to stress that PCR Webinars is not in competition with face-to-face meetings. Instead, it is complementary, offering content in a different and original way. Our aim is to build on the well-established values of PCR, but also capitalising on the digital format to bring the best of PCR education to the home and work computers of interventional cardiologists worldwide. I am excited to further develop the excellent work done by my predecessor, Thomas Cuisset.

The essence of PCR learning is practical teaching. PCR Webinars continue the tradition of addressing practical problems from the cathlab and working towards a common solution. It is the ability of the webinars to use the input of practitioners from all levels of expertise and different regional backgrounds, across the globe, that makes them so useful in finding the best way to address the wide variety of challenges faced by many in daily practice.

Flexibility of format is a key strength of the programme. Free from the

time constraints and travel demands that are a necessary part of physical meetings, webinars can range in length from a short news flash to longer in-depth coverage of, for example, a specific technique. Also, content can be tailored to the audience and we strive to involve local and regional participants in creating digital educational content events according to their needs.

There is an increasing demand for high-quality education in interventional cardiology. As new technologies become more accessible, increasing numbers of practitioners from different regional backgrounds come into contact with them and look for guidance in their use. Therefore, PCR Webinars will strive to address the educational needs of specific regional audiences across the world as new technology is introduced and indications expanded, such as, for example, in the case of TAVI. Our goal is to produce specific digital programmes created and delivered by a mix of PCR and local facilitators, emulating PCR's *by and for* principle.

In addition, it is a necessity to deliver a continuous line of educational events dedicated to interventionalists who are at the early stages of their career, providing them with an update on the essential concepts of interventional cardiovascular medicine today. Finally, apart from webinars on traditional topics that are in the pipeline, such as complex PCI and structural and valve interventions, we plan a series of digital debates on the burning issues in interventional cardiology with a link to *EuroIntervention's* debate series of articles.

Last but not least, PCR digital education continues during EuroPCR 2023! Both digital and in-person registered participants can, on the EuroPCR 2023 online platform, not only virtually access sessions in real time, but also find daily digital summaries, as well as an overview of some of the most interesting sessions on coronary and structural interventions."

Visit pcronline.com/Webinars to see how PCR Webinars can help you in your practice today.

Successful launch of PCR Imaging Valves Madrid

Tailored for imagers, interventional cardiologists, echocardiographers and their surrounding teams, the 1st edition of this new PCR initiative recently gathered a full house in the Spanish capital.

To say the least, this new addition to the PCR Family has got off to a flying start! In March, the CME-accredited PCR Imaging Valves Madrid workshop gathered an impressive **250 participants**. The overall objective was to enable Heart Team members to perfect their diagnosis and treatment skills, in order to improve patient care before, during and after valve intervention. Let's have a look at the **PCR Imaging Valves** recipe for success!

Core Team of renowned practitioners

The workshop was designed and developed by Pepe Zamorano, along with a group of other experienced interventional cardiologists, cardiologists, echocardiographers and imaging specialists. Madalina Garbi, Rebecca Hahn, Nina Ajmone Marsan and Denisa Muraru were the four Programme Directors, while Francesco Maisano and Bernard Prendergast were Co-Directors.

A comprehensive programme

Aortic, mitral, tricuspid and mixed/multiple valve disease were all covered during the workshop. Topics on the extensive programme included the refined assessment and diagnosis of valve morphology, disease type and its severity; the timing and guidance of

structural interventions; as well as the essential immediate imaging-based assessment of outcomes.

Dynamic and interactive session formats

Over the **2 days**, participants enjoyed state-of-the-art sessions as well as practical and hands-on experience in **35 workshops** that took place in **5 different imaging rooms**. This clever blend of learning fostered the effective acquisition of knowledge and skills that are easily transferred to one's own clinical practice.

Enhanced networking and teamwork

The promise of networking opportunities was upheld on a **worldwide** scale thanks to the enthusiastic participation of representatives from **34 different countries**. If you missed this first



edition or you'd like a repeat of the experience, a second edition is soon to be announced. In the meantime, the Core Team suggests you talk to colleagues in your institution about signing up as a Heart Team: it's a way to further increase the great benefit for your patients with valvular heart disease.

Stay tuned for news of the 2nd edition!

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.

Singapore National University Heart Centre

Centre established in 2008 and located within the National University Hospital

Practitioners include 52 cardiologists and 21 cardiac thoracic and vascular surgeons (adult and paediatric). Among the cardiologists, there are 11 coronary, 4 structural and 1 peripheral interventionalists.

Most frequent types of interventions/procedures: Around 1,750 angioplasties per year (including 650 primary PCI); cardiogenic shock centre (with ECMO and Impella); 150 structural interventions (aortic, mitral, tricuspid and congenital); 20 pulmonary thrombectomies and 900 peripheral interventions.

How would you describe your centre? We are an academic medical centre delivering evidence-based multidisciplinary tertiary and quaternary care with outcomes benchmarked against international standards. In addition, we are a medical referral hub for local and overseas patients and a centre for providing research, training and thought leadership.

Number of times the centre has participated in EuroPCR: 3

“This cross-continent exchange forges close interaction between the regions and helps to provide an Asian perspective to the practice of interventional cardiology”



Massy, France Institut Cardiovasculaire Paris Sud

Centre established in 1995

Practitioners include 10 cardiologists, 9 interventional cardiologists, 5 cardiac surgeons, 7 electrophysiologists and 10 fellows.

Most frequent types of interventions/procedures: Ablation (2,800), PCI (1,450), TAVI (530), FA ablation (520) and LAA occlusion (85).

How would you describe your centre? We share experience between physicians and fellows every day, and build our experience together in complex procedures and innovative technologies.

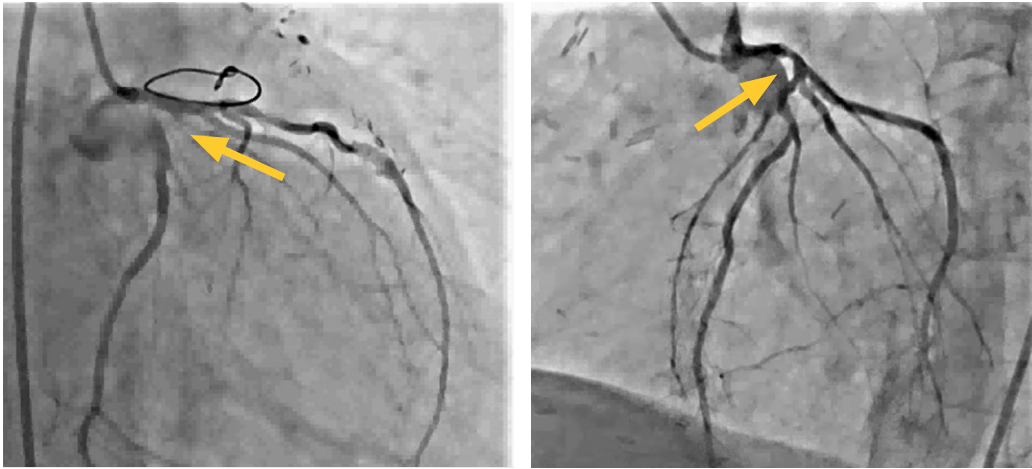
Number of times the centre has participated in EuroPCR: 28



“It is really an honour and pleasure to be part of the EuroPCR programme, having the opportunity to share our expertise in daily practice and demonstrate complex procedures”



LIVE CASES TODAY!



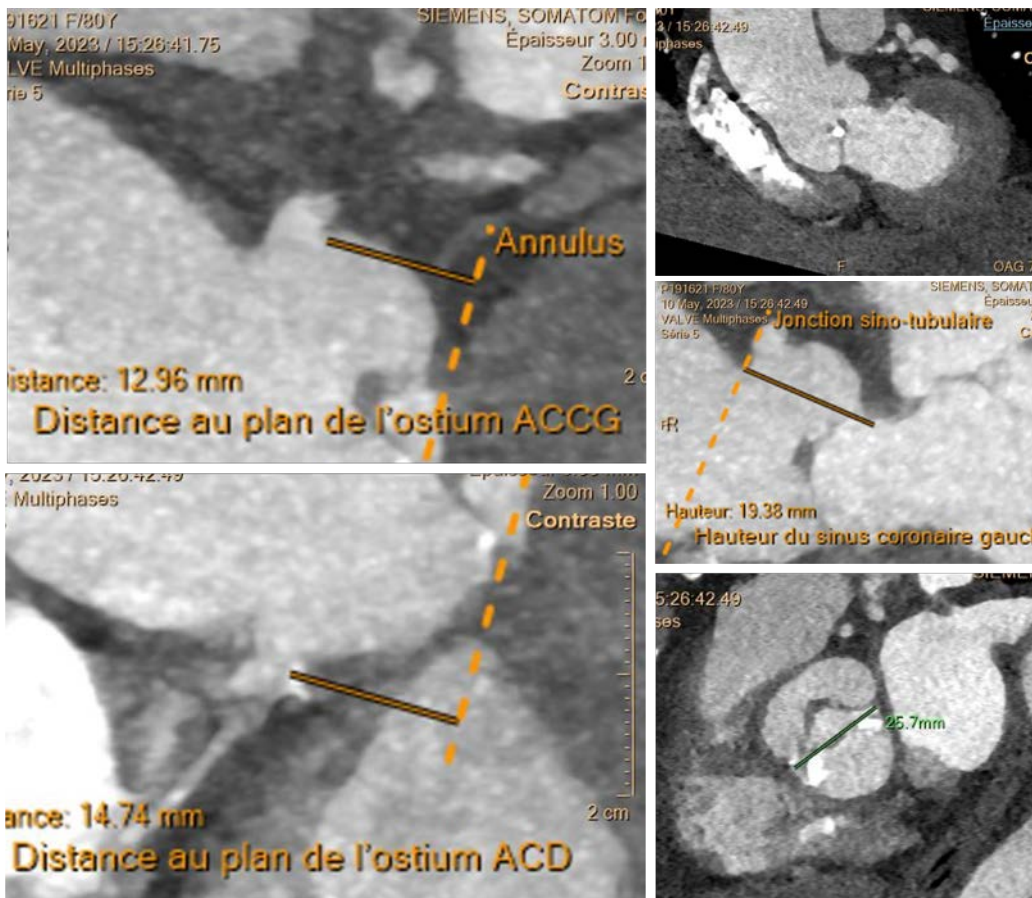
Singapore

There are four LIVE cases in the Main Arena today. In the first, Mark Chan, Chi-Hang Ronald Lee and Poay Huan Loh highlight the value of imaging in tackling left main disease

Distal left main: LIVE Case from National University Heart Centre - Singapore

- What are your thoughts about MCS in LM bifurcation PCI?
- Do you plan your procedure differently if it is protected vs. non-protected LM-PCI?
- How do you follow-up your patients after LM-PCI?

Main Arena 08:30 – 10:00



Massy, France

Next, Bernard Chevalier and Thomas Hovasse demonstrate how imaging can be used in structural interventions

Transcatheter bicuspid valve replacement: LIVE Case from Institut Cardiovasculaire Paris Sud, Massy - France

- How would you approach bicuspid AS when planning TAVI procedure
- Which TAVI valves do you prefer for the treatment of bicuspid AS?
- When would you still prefer SAVR in bicuspid AS patients?

Main Arena 10:30 – 12:00

DON'T MISS TODAY'S OTHER LIVE CASES

Management of complex non-culprit multivessel disease after STEMI: LIVE Case from Clinique Pasteur, Toulouse - France

Main Arena 15:15 – 16:45

Calcified lesions: LIVE Case from Institut Cardiovasculaire Paris Sud, Massy - France

Main Arena 17:00 – 18:30

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.



Salvatore Brugaletta

*Interventional cardiologist
Hospital Clinic - Barcelona, Spain*

Today we have many interesting sessions at EuroPCR 2023 and it was difficult to make this selection for you!

Stepwise provisional stenting

Simulation Learning Room,
08:30 – 10:00

This session has been made possible thanks to the kind support of Terumo Learning EDGE

We start early in the morning with a session about provisional stents in bifurcations. This session is designed particularly for those colleagues who want to increase their knowledge about bifurcation treatment, regardless of their experience and age. With the help of a simulator,

you will learn in a step-by-step manner how to perform a provisional stenting, and understand advantages and disadvantages of each step. Many interventional cardiologists think that provisional stenting means one-stent treatment but it is, instead a 'philosophy', a way to think how to treat a coronary bifurcation, including at some point also the possibility to have two-stent treatment.

CTO complications

Room 251, 10:30 – 12:00

We then move to a focus on clinical cases submitted by our peers. You will see some cases about chronic total occlusion (CTO) complications, learning how to prevent and how to solve them. The session will be quite dynamic and it will be a peer-to-peer learning process. I would advise either colleagues who perform CTO in their practice or colleagues without any experience in CTO to attend this session, as such complications may happen in any kind of PCI.

Breaking the calcium ceiling in bifurcation stenoses with contemporary PCI

Room Maillot, 12:15 – 13:15

Sponsored by Boston Scientific

Before lunch we have a very interesting session about the treatment of calcified lesions in coronary bifurcations: young colleagues and fellows may particularly enjoy this session, as they will learn how IVUS may guide the treatment of calcified coronary stenosis, in terms of selecting the appropriate debulking device. A recorded case from Clinique Pasteur will be used to teach us in a stepwise approach.

Contemporary best clinical practice for TAVI

Studio A, 13:30 – 14:30

Sponsored by SMT

My next suggestion is for a TAVI session – designed especially for those who are starting a TAVI programme in their clinical practice.

In this session, you will learn how to use CT scan analysis to plan your procedure, not only in terms of access, but especially in terms of selecting the right valve for the individual patients and optimising long-term outcomes.

Artificial Intelligence: current applications in coronary image analysis in its potential in treatment planning

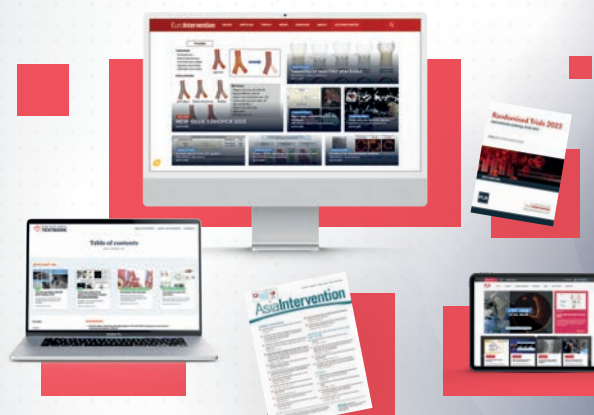
Theatre Havane, 15:15 – 16:45

Last, but not least, I would suggest you attend at the end of the day a session on artificial intelligence (AI). AI is entering quickly in interventional cardiology, but many of us do not know its potential applications. In this session, we will be learning about the potential value of AI, becoming familiar with the methods already used for image segmentation and seeing what is expected to be introduced in the near future.

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!





**Erik
Rafflenbeul**

Interventional cardiologist
Schön Clinic Hamburg - Hamburg, Germany

Diagnosis and procedural strategies for severely calcified lesions

Theatre Bleu, 08:30 – 10:00

To start the day, I would like to recommend that all interventional cardiologists interested in high-risk percutaneous coronary intervention and the management of calcified coronary lesions, attend one of the first sessions of the day. This session will give a precise overview of contemporary strategies for the management of calcified coronary lesions, starting from procedure planning upfront and adjusting the algorithm-based strategy with intravascular imaging. The session will also include discussion on the latest EAPCI 4C consensus paper and two clinical cases will be presented.

Can we use provisional stent strategy in complex bifurcation lesions?

Studio A, 10:30 – 12:00

Next, a 'How Should I Treat?' session will give the latest insights into provisional stent strategies and how these can be used in complex bifurcation lesions. The session will also cover the role of optimisation strategies in provisional stenting and help participants to understand in which cases the side branch needs to be treated with a stent. I highly recommend this session for all interventional cardiologists – from beginners to advanced operators treating bifurcation lesions – as the faculty includes world-known experts, such as Goran Stankovic, Francesco Burzotta, David Hildick-Smith and many more...

EAPCI Awards

Main Arena, 12:00 – 12:10

In the Awards Ceremony, five grants awarded in 2022, as well as seven grants awarded in 2023, will be delivered by the EAPCI President, Emanuele Barbato, and the EAPCI



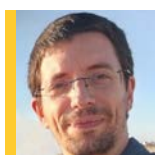
Fellowship Grants Programme Chair, Flavio Ribichini. The ceremony could be inspiring for other young fellows: they can witness this unique opportunity to be trained at top centres across Europe offered to young fellows to foster their career. So, join us and the awardees!

Innovations in TMVR and Intrepid trial updates

Theatre Havane, 12:15 – 13:15
Sponsored by Medtronic

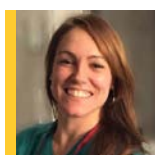
Interventional cardiologists interested in structural heart disease and the newest technologies in treating mitral

regurgitation could add this session to their agenda. The symposium will cover the latest insights on the APOLLO EU TMVR trial, investigating the Medtronic Intrepid™ TMVR system. The session will focus on the journey of the Intrepid system, through patient selection to real-world evidence. The session will be very interactive. So, join and ask the experts! During this session, participants will get the chance to meet the experts in the field of structural heart disease: Alison Duncan, Ole De Backer, Thomas Modine, Didier Tchetché, Nicolas Van Mieghem and Ralph von Bardeleben.



**David
Rodrigues**

Nurse
Centro Hospitalar Universitário de Santo António -
Porto, Portugal



**Elena
Calvo**

Nurse
Bellvitge University Hospital - Barcelona, Spain

Addressing vessel perforation in interventional cardiology

Room 351, 08:30 – 10:00

The world of interventional cardiology is made up of a multiprofessional team and different settings. Although we tend to give more relevance to what happens in the procedure itself, the pre- and post-procedure settings are also stages where the patient is in our care and may present some challenges. Vessel perforation – access site related or coronary – is a high-interest topic, as it crosses all the stages of the procedure, each involving a different set of healthcare professionals. As complication rates tend to diminish, the opportunity to have hands-on experience in the management of vessel perforation also decreases. This adds to the need

to be continuously informed about the clinical manifestations and the toolbox available to address them. In this session you can, regardless of your profession, share and discuss with your peers prevention and treatment of these high-risk, high-stakes complications in an interactive way.

Cathlab: different issues

Room 351, 10:30 – 12:00

One of the most interesting sessions of the meeting is the Abstract Session, where there is room for all those nurses and allied professionals (NAPs) with an interest and desire to investigate. In it, we will see studies carried out by colleagues from hospitals throughout Europe. This session is aimed at NAPs who want to learn from other colleagues and find out what is being done in other centres, and no doubt, they will come up with ideas for future studies or improvements in their work.

TAVI troubles - The role of Nurses and Allied Professionals

Room 351, 15:15 – 16:45

The TAVI procedure is growing in most hospitals. The volume is increasing, at the same time as the procedure duration is decreasing due to the learning curve and effective organisation of the team. But this should not trivialise the procedure, since it is risky and occurs in patients generally with high comorbidity. In centres where TAVI is performed, it's essential that nursing staff are



trained to prevent complications, detect them early and act quickly if they occur. Do we know what complications can occur and how to act? In this session, led by great, internationally known expert nurses, we will be able to review these complications. This session is aimed at all those professionals who are involved in TAVI interventions, since the approach to complications is multidisciplinary and requires teamwork. In addition, the format of the session will allow us to review these complications through clinical cases.

Meet with Davide Capodanno on how to make an excellent abstract and prepare a clinical case

Room 351, 17:00 – 17:45

Our species evolved to form communities, from where we raise our young by passing them our knowledge, our culture. As

the EuroPCR gathers the immense cardiovascular community, we take this chance to pass on so much of our work, our passion, to our peers. We can spend a whole year preparing something to present, or longing for a chance to increase our knowledge base with the experiences of others. Either being in the position of transmitting knowledge, or receiving it, this academic component of our practice has become more and more demanding. We want, and need, to have science made accessible, but also with a high standard of quality. We do a lot of work, but how can we share it with others? NAP, medical student or senior specialist, we want you to gather around with Davide Capodanno for a good conversation on tips and tricks to make all this hard work understandable to your peers. Maybe this will give you the tools to be at EuroPCR 2024 presenting your own clinical case, or to finally spread the word about that research you have been doing.



www.pcronline.com/Courses/EuroPCR

These papers changed my practice!



Davide Capodanno

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

Today's joint session between *EuroIntervention* and *Journal of the American College of Cardiology: Cardiovascular Interventions (JACC: CI)* will provide a perfect illustration of how keeping abreast of the literature can directly translate into individual patient benefits.

Davide Capodanno, Editor-in-Chief of *EuroIntervention*, explains how the joint session came about: "*EuroIntervention* and *JACC: CI* essentially cover the same audience but from two different geographical perspectives. The journals complement each other and we have a mutual respect for each other's work. It was a natural progression to hold a joint session

together at EuroPCR 2023 and to use our publications to showcase how important broad reading of journal articles is for interventional cardiologists, wherever they practise."

In true EuroPCR style, the session, led by Professor Capodanno and Editor-in-Chief of *JACC: CI*, David Moliterno, involves case presentations to highlight the main objectives. Presenters will describe a case and then explain how a paper from *EuroIntervention* helped them modify their practice regarding that particular patient. The presenter will then do the same for another case using a key paper from *JACC: CI*. "We have assembled experts from Europe and across the Atlantic to discuss cases on different topics including PCI, coronary physiology, interventional pharmacology, transcatheter mitral valve repair and TAVI to make the session very relevant to everyone," says Professor Capodanno. "And there is plenty of time allocated for the audience to discuss the cases and papers."

Professor Capodanno knows first-hand how papers can change practice in individual cases.

"One prime emergency example springs to mind," he says. "I read a paper¹ on a study that investigated adrenaline to manage no reflow during PCI. Some weeks later, I was dealing with a patient who had a refractory no reflow after primary PCI and the patient's condition was deteriorating. I have never given adrenaline for this reason before, but I remembered the study all of a sudden, administered the treatment and the patient recovered. I can truly say that this paper changed my practice – it made a huge difference for

the patient and I have an option available for a similar situation in the future. This example, and the cases presented this morning, highlight the importance of reading impactful papers – like the ones both journals publish – and not just the large, randomised trials, but also observational studies and cases, which we can all learn from. The more we educate ourselves and also share our practice through journal articles, the better the outcomes."

1. Khan KA, et al. *Circ Cardiovasc Interv.* 2022;15:e011408.

DON'T MISS

These papers changed my practice!
Thursday, Room Maillot, 10:30 – 12:00

AND ALSO

Meet with Davide Capodanno on how to make an excellent abstract and prepare a clinical case
Thursday, Room 351, 17:00 – 17:45



PCR 
GREEN!
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SESSION SPOTLIGHT

Strategic management of CAD and TAVI in patients with aortic stenosis



Martine Gilard

Interventional cardiologist / Cardiologist
CHRU Brest Site Hôpital Cavale Blanche -
Brest, France

The coexistence of CAD and aortic stenosis is becoming an increasingly common clinical reality for many interventional cardiologists. However, the what, when and how of treatment for these patients remains unclear. Following on from Tuesday's session discussing the use of PCI after TAVI, a case-based discussion this afternoon focuses on outlining the key parameters that determine the optimal procedural sequencing of PCI before TAVI or during TAVI.

Martine Gilard explains: "The management of CAD and TAVI is a big problem in daily practice. We know that around half of all patients undergoing TAVI have CAD. And this problem will only get bigger as the indication for TAVI extends further to younger patients with longer lifespans who will require CAD intervention. Today's session gives participants the opportunity to discuss and learn. Clinical case presentations from experts will be followed by what we expect to be lively discussion with participants about the pros and cons of the different treatment approaches. At the end of the session, we will share a very practical treatment algorithm that can help to guide daily clinical practice in the various scenarios."

The session will look at how to analyse the severity of CAD in the setting of aortic stenosis. "The coexistence of CAD with aortic stenosis has an impact both on the risk of the procedure and on the post-procedural prognosis of the patient, and this risk increases with age," says Professor Gilard. "However, we have very little information on the treatment of patients with aortic stenosis and severe CAD, as patients with severe CAD and/or recent PCI have generally been excluded from relevant clinical trials. Interventionalists need clear guidance about how to manage these patients."

A major problem is that there is no consensus about the most effective algorithm for treating CAD and performing TAVI. "This is not really problematic when treating a patient with aortic stenosis and unstable CAD, for whom the treatment route is clear cut," says Professor Gilard. "However, approaches for patients with stable CAD requiring a TAVI vary considerably across institutions. Guidelines provide some recommendations, but these are generally based on low levels of evidence from registry data, not from randomised trials. As such, there are still quite a number of issues that need to be clarified and standardised. These include defining the role of physiologically guided PCI in the setting of aortic stenosis, which we know poses challenges to this approach in stable CAD. Also, we need to determine if the aim in all patients should be complete revascularisation. The current convention is to treat only people who have proximal stenosis and not those with distal stenosis. But this is based on clinical consensus rather than on trial data," she says.

The optimal timing of PCI and TAVI is essential to success. But again,

Professor Gilard thinks that recommendations for timings in different situations are far from clear. "Currently, timing is based on retrospective registry data and the results are not conclusive," she says. "Each strategy – PCI conducted before TAVI and PCI conducted during TAVI – is associated with pros and cons. Pre-TAVI PCI provides easier access to CAD, is associated with a higher risk of ischaemia and requires a relatively low volume of contrast medium, so is suitable for use in patients who have renal impairment. However, it is limited by the aforementioned problems with physiological assessment. PCI conducted during TAVI allows access via the same artery and involves only a single procedure, which makes it particularly suitable for older patients. The downsides of this approach are the use of large amounts of contrast medium, which is problematic in patients with renal problems, and there is the prolonged procedure time to consider. Compared with post-TAVI PCI, both PCI conducted pre-TAVI and PCI

performed during TAVI carry a higher risk of bleeding due to the requirement for antithrombotic therapy in patient preparation." Professor Gilard feels that clarification of procedural timing is urgently required and thinks that the treatment algorithm being presented at the session will be invaluable to everyone. "It will provide expert guidance that participants can use in their daily practice to weigh up the advantages and disadvantages of each approach to find the strategy that is best for their patient," she says.

DON'T MISS

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

Thursday, Theatre Bleu, 15:15 – 16:45



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SESSION SPOTLIGHT

Diagnosis and procedural strategies for severely calcified lesions



Emanuele Barbato

Interventional cardiologist / Cardiologist
Sant'Andrea Hospital, Sapienza University of Rome
- Rome, Italy

Severely calcified lesions are encountered more frequently than might be expected and specific preparation may be required if they are to be managed effectively. A case-based session today will give participants important insights into the diagnosis and different procedural strategies for these types of lesions.

"This timely and relevant discussion reflects the challenges encountered increasingly by many interventional cardiologists in their daily practice," says session Anchorperson, Emanuele Barbato. "This morning's session gives participants a rare opportunity to share their thoughts and practices with highly experienced colleagues and to learn not only about the latest tools and techniques available but also how best to use them."

With a focus on discussion and audience interaction, the session will use clinical cases to explore the optimal way to handle calcified lesions. It will also consider expert-led potential algorithms looking at the use of coronary angiography alone or with adjunctive imaging modalities. Professor Barbato explains, "Clinical factors and a past medical history are a useful first step in the prediction and characterisation of lesions. We are seeing more and more elderly patients being referred



for revascularisation. These patients have frequent comorbidities, such as diabetes and renal failure, and are likely to have more calcified lesions than younger patients. In addition, details of problems encountered with lesion dilation in previous PCI attempts can be an indication that there is marked vessel calcification. Beyond clinical characteristics, pre-PCI coronary CT angiography is being used increasingly in both diagnosis and procedural planning. Once the patient reaches the cathlab, coronary angiography remains the gold standard for detecting severely calcified lesions. However, it can miss up to 40% of cases and so it is important to complement it wherever possible using imaging with OCT or IVUS."

Planning procedures can be managed with or without intracoronary imaging and this will be discussed in the session. According to Professor Barbato, "In practice, many interventional cardiologists will perform planning without intracoronary imaging, mainly because of the problems associated

with reimbursement. The most common approach without imaging is to probe lesion compliance using gentle pre-dilatation, preferably with a non-compliant balloon. In this scenario, persistence of a waist on the balloon represents a valid marker for lowering the threshold for plaque modification. Experienced operators can successfully use coronary angiography alone to quickly determine the most appropriate plaque-modification technique. However, not all operators have the required degree of experience. Intracoronary imaging allows operators at all levels of experience to gain an accurate knowledge of the severity and extent of lesion calcification and to plan modification accordingly."

During the session, the latest EAPCI Euro4C consensus document recommendations will be discussed. Professor Barbato explains some of the key messages: "With the increasing prevalence of severely calcified lesions, often seen in patients with acute coronary syndromes, we need improved training in their

assessment and treatment. Improved knowledge will benefit practitioners across the board but is particularly important for the younger generation of interventional cardiologists and those participating in primary PCI programmes. It should be noted that accurate characterisation of the lesion using the excellent tools available is crucial not only to improve management approaches but also to minimise the need for bailout strategies during the procedure. There is now no excuse for patients to be treated suboptimally. We have the tools and the techniques; we simply have to master them," he concludes.

DON'T MISS

Diagnosis and procedural strategies for severely calcified lesions

Thursday, Theatre Bleu,
08:30 – 10:00

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It's been an inspiring, record-breaking year for PCR Courses!

In-person events are back on the agenda, and the past year has seen the happy return of onsite editions for all PCR Courses. Key figures show that the community continues to prefer the unequalled educational value of face-to-face exchange. Simultaneously, those who are not in a position to travel can join the Courses and interact online, thanks to PCR's unique development of innovative session formats and tools.

Take a tour of what's been going on over the last 12 months!

Flashback to a joyful EuroPCR 2022

This time last year the interventional cardiovascular community was celebrating getting back together in person for the first time in three years. The unique blended format of EuroPCR 2022 gathered an **incredible 11,000 participants**. There were several other reasons for celebration during the Course too, including several anniversaries for PCRONline and PCR Publishing. As for the Andreas Grüntzig Ethica Award for nurses and allied professionals all around the globe, it was in well-deserved recognition of their hard work, skill and dedication to patient care – during their routine daily practice, and in times of deep crisis.

To find out the date for EuroPCR 2024

Join the Grand Finale – Friday, Main Arena, 11:30 – 12:40



A blended format for AICT-AsiaPCR 2022

The official Course of APSIC also saw the return of an onsite gathering. As the Asia Pacific region was still deeply affected by the pandemic, AICT-AsiaPCR 2022 offered a large-scale digital package as well, so that participants could join online. The Guest of Honour was the renowned pioneer in interventional cardiology and founder of PCR, Jean Marco. He shared a thought-provoking talk that encouraged healthcare practitioners to “place their self-reflection on information at the centre of their learning process.” He also called to mind the key goal of improving professional proficiency: “To select and apply the most appropriate and economically sustainable management or technical strategy for each individual patient presenting with a specific clinical situation.”

Save the date

Singapore – 21–22 September 2023

PCR London Valves – Omne trium perfectum!

As you may know, perfection often comes in threes at PCR London Valves! Last November the 3-day Heart Team Course gathered over 3,500 onsite and online participants who were looking to keep up to date with all the very latest on the three valves: aortic, mitral and tricuspid. Interventional cardiologists, cardiac surgeons, imagers and their surrounding teams took advantage of innovative session formats and 3-step Simulation Lab learning pathways in which to observe, practise and train. For the first time, 70 participants gathered at a highly interactive **PCR London Valves Fellows TAVI Course** held the day before the main event, and five 'PCR Live from London' news programmes shared regular insightful summaries of what was happening at the venue.

Save the date

London, United Kingdom – 19–21 November 2023





Record participation at GulfPCR-GIM 2022!

Every December since 2010, the leading-edge interventional Course in the Middle East has been drawing an increasing number of practitioners from the Gulf region and beyond. The latest edition attained new heights, reaching a record **total of 1,111 participants**, of which 1,051 were onsite in Dubai! An inspiring session by GulfWIN (Women in Intervention) shone a light on the status of female interventionalists in the region, and presented the group's main goals: to educate, encourage and empower more young women to pursue the field; and to create more research opportunities in order to provide better healthcare services to the region's female patients.

Save the date

Dubai, U.A.E. – 6–7 December 2023

**As 2022 came to an end with flying colours,
2023 promised to continue on the same track!**

PCR Tokyo Valves kicked off the year with a full house!

There was a series of six dedicated live webinars last year that went on from September 2022 to December 2022, but in February 2023, it was the return of an in-person #PCRtokyo after three years of absence. The community was definitely in the starting blocks to get back together in person to learn, train and network with their peers! A record-breaking **total of 1,108 enthusiastic participants** joined a 3-day Course that exceeded expectations. They were able to benefit from the reignition of the popular Imaging Day and Stroke Prevention Day that were originally initiated a few years ago. The Training Village and the eight workshops in the new Echo and CT Hands-on Lab also met with great success among those eager to brush up on their practical skills.

Save the date

Tokyo, Japan – 16–18 February 2024



More outreach than ever for AfricaPCR

In 2022, AfricaPCR took the form of four live webinars on hot topics. Following a comprehensive needs analysis across the continent, Board Members tailored the subsequent extremely practical 2023 Scientific Programme to meet the educational needs of practitioners in different African regions, including those with little or no access to technologies, or hundreds of kilometres from the nearest cardiac centre. A total of over 500 onsite and online participants represented all those involved in patients' journeys: general practitioners, nurses and allied professionals, interventional cardiologists, cardiac surgeons and surrounding teams. With the additional collaboration of two hubs joining in real time from Sudan and Egypt, the continental Course crossed more borders than ever before.

Stay tuned for the next edition!



THANKS TO ALL PCR COURSE PARTICIPANTS

The reason for our success is **YOU!**

Yesterday's catch up: Which valve for which patient?

Yesterday, two 'How Should I Treat?' sessions took place evaluating valve selection and the factors that need to be considered when choosing the right device and the right approach.

Concerning simple anatomy, the first session was a lively discussion led by Professor Lars Sondergaard, with Dr Francesca Sanguineti as Spokesperson. Dr Sanguineti explained, "We chose relatively common cases in the first instance to enhance understanding of how valve design can affect procedural outcomes in the types of patients with relatively straightforward conditions that we see every day."

The first case centred on a 73-year-old female patient with a small aortic annulus, which can pose a challenge to long-term management and where valve design may affect haemodynamics. In contrast to the small diameter of the patient's annulus, her body mass index was

high (>32 kg/m²), resulting in a large body surface area. Rather than specify one particular valve type that should be used, the panel and audience discussed the considerations that need to be taken into account when choosing the most appropriate approach for such a patient. One of the factors of key consideration in this case was the patient prosthesis mismatch – an often under-recognised issue in Heart Team clinical discussions, but one that elevates the risk of post-procedural morbidity and mortality. Also discussed was the choice of valve, which has implications for durability, particularly when considering the patient's relatively young age and the possibility that she may require further procedures in the future.

The second case explored how valve design may impact risk factors for TAVI in a patient with a bicuspid aortic valve. Still controversial in terms of which approach and prosthesis is preferable, the session participants discussed a range of issues including the relative merits of surgery and TAVI in younger patients. As the



70-year-old male in the case refused surgery, the panel and audience discussed the explanations that could be given to the patient regarding the benefits and risks of the different feasible strategies. Among the factors that favoured surgery over TAVI were the patient's medical history and coronary anatomy: he had an extremely high calcification score, chronic kidney disease and type 1 bicuspid aortic valve morphology. The patient's relatively young age and subsequent long-term medical management also influenced the panel members' opinion of the most appropriate strategy for the patient. Commonly, the patient's focus may be on short-term outcomes and the negative connotations of open heart surgery, therefore a balance is needed between the Heart Team's and the patient's opinions.

The third case was chosen as a starting point to discuss valve design and implantation techniques associated with new post-procedural conduction abnormalities and the possibility for coronary access after TAVI. The case was a 74-year-old female patient with previous coronary artery bypass, intermediate surgical risk and factors that may predict the need for a permanent pacemaker. Technical points, such as the use of commissural alignment, were also discussed. The panel stressed that a key objective of clinical decisions in

this patient would be to minimise conduction abnormalities and thus the requirement for a permanent pacemaker. The choice of valve platform, as well as procedural factors like the depth of valve implantation and use of a stiff guide wire, influence the risk of post-procedural conduction abnormalities. Implantation depth would also impact on subsequent coronary artery access.

Following these relatively simple cases, the next session in Theatre Havane focussed on valve selection in patients with complex anatomy, illustrating important learning points with the help of three further cases. Discussions centred on valve-in-valve procedures, particularly optimising haemodynamic performance and preventing coronary occlusion, and also explored how to gain safe vascular access in challenging peripheral anatomies.

And there's much more on TAVI today!

DON'T MISS

TAVI cases with treatment challenges

Thursday, Room 352AB, 17:00 – 18:30

euro
PCR

Please take the **SURVEY and share your feedback.**

Your replies will help to shape future editions!

★★★★★

😊

Scan to answer

Yesterday's catch up: The value of ultralow contrast PCI

A shift over the last decade in the profile of patients receiving PCI – with increasing numbers of high-risk, complex cases – is driving the need to adopt techniques associated with lower volumes of contrast agent.

As background to yesterday's symposium, Javier Escaned said, "A wide spectrum of patients with complex clinical profiles can benefit from ultra-low contrast PCI techniques, not only patients with compromised renal function. We have to perform high-quality revascularisation to derive maximum benefit from revascularisation – this does not mean compromising on the duration or complexity of the procedure due to concerns about the use of contrast in high-risk patients. As such, ultralow contrast PCI techniques allow us to improve both quality and safety." Patients who may benefit from ultralow contrast PCI techniques include those with extensive coronary artery

disease or vessel calcification that require prolonged intervention, and emergency cases, such as out-of-hospital cardiac arrest or cardiogenic shock where organs are already damaged by hypoxic stress. In addition, in spontaneous or iatrogenic dissections of the coronary vessels, reducing the number of injections themselves may be beneficial.

"We can reduce unnecessary contrast use without additional equipment, for instance, by using previously acquired imaging from diagnosis. But intracoronary imaging is also key for optimal revascularisation and software can overlay the angiographic roadmap on live fluoroscopic images to assist the operator."

During the session, the expert panel outlined the skills and tools that facilitate ultralow contrast PCI, including first performing a detailed assessment to establish the patient's risk of developing post-procedural contrast-induced nephropathy, determining the cause of ischaemia and the obstructive coronary artery disease phenotype, and performing



a simulation of the PCI results. However, the panel stressed that an essential element of ultralow contrast PCI was the ability to fully understand IVUS imaging, which may require some operators to enhance their current skillset. A novel addition to the PCI toolkit – the Dynamic Coronary Roadmap software (Philips) – was

presented as an automatic, real-time technique to help perform PCI without the need for contrast.

As illustrated in a case study presented at the session, hints and tips for adopting ultralow contrast PCI in clinical practice include using previously acquired imaging, such as CT coronary angiography, to help navigate guide wires while avoiding contrast use. Identification of the lesion that requires treatment can be done using functional assessment by performing a longitudinal vessel analysis using pullback. IVUS imaging can be used to analyse anatomical detail and identify landmarks, such as side branches or calcium, to help determine the most appropriate stent landing zone. A post-procedure IVUS, using saline-diluted contrast, can also be used to assess the functional outcome of PCI.

The session highlighted that a change of mindset among the interventional cardiology community was key to the adoption of ultralow contrast PCI for most patients, and what is essential is to use it only when necessary.



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 CIM 6-7 December 2023 Dubai, UAE	2024 africa PCR To be announced Johannesburg, South Africa

PCR
london valves

#PCRLV

SAVE THE DATE!

19-21 November 2023

📍 **London**





EuroIntervention has recently introduced a new 'Debate' section, where senior experts discuss the pros and cons of a treatment, forming an educational and exciting debate.

Sounds interesting? Below is a taster from the latest issue of *EuroIntervention*:

Invasive functional testing in the cathlab as a routine investigation in INOCA: pros and cons

While invasive coronary angiography can evaluate epicardial coronary arteries in patients with suspected ischaemia, it may not be sufficient for those with ischaemia and non-obstructed coronary arteries (INOCA).

In these cases, a more accurate diagnostic approach involving invasive functional testing can be considered. However, the routine use of invasive functional testing in INOCA patients is still an area of debate due to uncertainties surrounding its diagnostic value, optimal thresholds, cost-effectiveness, and therapeutic implications.

Pros: Bernard De Bruyne, MD, PhD; Marta Belmonte, MD

The goal of invasive coronary angiography is to identify the cause of a patient's symptoms that are possibly related to myocardial ischaemia. Yet the epicardial coronary arteries we can "see" on angiography represent only a small portion of the total coronary arterial volume. Accordingly, coronary angiography overlooks several other reasons for myocardial ischaemia and its related symptoms. When coronary arteries are "non-obstructive" on invasive coronary angiography in patients with anginal chest pain (ANOCA), coronary microvascular dysfunction (CMD) is too often the convenient excuse for treatment failure. Then, without any documentation of microvascular function, the patient is discharged with a shrug of the shoulders and the diagnosis "it's

likely the microcirculation", a judgement often as mysterious for the patient as it is for the physician.

Nowadays, there is no reason to deny patients a thorough functional investigation of their entire coronary arterial system, including the microcirculation, especially when their complaints are debilitating, convincing and recurring.

Why?

Volume of the microvascular compartment

The epicardial arteries are the tip of the iceberg, with the microvascular compartment constituting 90% of the volume of the coronary circulation. This alone leads us to believe that it must be the site of pathological mechanisms that contribute to limited myocardial perfusion.

Frequency of the problem

The reported prevalence of CMD varies from 15 to 75%, depending on patient selection and the definition. More pragmatically, approximately half of the patients with anginal chest pain and signs of myocardial ischaemia have no evidence of epicardial obstruction on invasive coronary angiography. This mainly illustrates that 50% of patients, while having a sizable pretest likelihood of myocardial ischaemia, leave the catheterisation laboratory without a diagnosis. It is precisely in this cohort of patients that additional testing in the catheterisation laboratory is desirable.

Quantitative measurements of CMD are available...

Read the end of the pros in the latest issue of *EuroIntervention*

Cons: Nick Curzen, BM(Hons), PhD, FRCP; Richard J. Jabbour, MBBS, PhD, MRCP

Despite the recent pioneering studies demonstrating the high prevalence of ischaemia with non-obstructed coronary artery disease (INOCA) and the ability to use intracoronary (i.c.) tests to describe abnormalities of the coronary circulation that are associated with the symptoms and outcomes in these patients, several factors prevent this being appropriate as routine clinical practice at the current time.

First, the available i.c. wire-based tests themselves have important limitations. Specifically, the inter- and intra-test reproducibility for standard parameters is not ideal for a routine investigation. For example, recent data from Demir *et al.* highlight the discrepant output for thermodilution and Doppler-flow methods in terms of coronary flow reserve (CFR) and hyperaemic microvascular resistance/index of microvascular resistance (IMR) values, which is a particular concern given the current concept that there can be binary cut-off values in this clinical context. In particular, the validity of the cut-off values that are now applied when these tests are used in clinical practice is questionable and demands more investigation: for example, the notion that the dynamic function of the microvasculature could be dichotomised by a single cut-off for CFR and IMR is very challenging and biologically implausible. The complex interaction between the epicardial, pre-arteriole, arteriole and capillary segments is likely to yield a biological spectrum of abnormality, thus, raising concerns that a patient

with apparently "normal" CFR and IMR, with negative fractional flow reserve, could be reassured inappropriately based upon these artificial thresholds.

Second, the risk-benefit ratio for such testing on a routine basis remains unacceptable. Despite fascinating preliminary data suggesting that endotypes of INOCA can be identified and therapy "tailored" accordingly, the fact is that, as things stand, the menu for such personalised therapy consists of the same standard pool of tablets that we try routinely for all angina patients anyway. Meanwhile, the introduction of a pressure wire into the distal coronary artery carries a risk of important complications (usually mediated by dissection) of around 2%. Positive studies of specific pharmacological agents targeting potential mediators of microvascular dysfunction, such as endothelin antagonists, are surely required before it is possible to justify routine tests of this type?

Third ...

To read the full debate and much more, visit the *EuroIntervention* website or grab your free copy onsite

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: Weaving a wicked web

Complex LAD, 1st & 2nd diagonal trifurcation lesion needing multiple wire types and microcatheters for lesion crossing. The guide wire into the 2nd diagonal was trapped after a proximal LAD POT. The guide wire snapped and was unable to be retrieved by snares etc.

What do you see in this image?

- A. When TAVIs fail
- B. Long left main stent deployed into aorta
- C. Trapped guide wire

Answer: B

It is an intra op image of an open aorta looking down towards the left coronary cusp during the retrieval of a trapped guide wire, showing the unravelled length of modern coiled guide wires. As the image shows, this approach was a good idea as the amount of wire in the aortic root was substantial.

Authors: Glenn Ison, James Roy, Richard Szirt, Mark Sader, Ananth Prasan, Nitin Dwivedi, Sacha Kepreotis and Zara Rolfe from St George Hospital, Australia

Keep an eye out for updates!

A graphic featuring a laptop displaying the PCR website with various articles and a book titled "Randomised Trials 2022" in the foreground. The background is a dark red with a pattern of red circles and a bar chart.

PRE-TREATMENT

FOLLOW

NO PRE-TREATMENT

FOLLOW

<https://www.pcronline.com/PCR-Publications/PCR-Trials-books>

2022 & 2023 EAPCI Fellowship Grants Programme: Winners

The European Association of Percutaneous Cardiovascular Interventions (EAPCI) is committed to maintaining a high standard of professional excellence among the entire interventional community at all stages of their career.

In 2022, the EAPCI offered five fellowship grants in interventional cardiology, thanks to the financial support from Edwards Lifesciences and Medtronic. In 2023, the EAPCI offered seven fellowship grants, thanks to the sponsorship of Abbott, Edwards Lifesciences, Abiomed, Microport, General Electrics and Shockwave. Seven additional grants are to come during 2023, thanks to the support of Boston Scientific, Medtronic and Philips, and will be announced during PCR London Valves 2023. The EAPCI Fellowship Grants Programme provides an opportunity for a one-year specialised education or clinical training for medical graduates at an early stage of their career, but before obtaining a permanent, senior staff or consultant position, in an ESC member country other than their country of residence.

The ultimate goal is to enable young candidates to contribute to the enhancement of their country's academic standards upon return as well as encouraging exchanges and interactions from country to country.

On behalf of the EAPCI Board and the EAPCI Fellowship Grants Committee, we would like to congratulate all 2022 & 2023 EAPCI grants winners for their awards.

The EAPCI Fellowship Committee chaired by Flavio Ribichini and Tanja Rudolph is pleased to announce the 2022 and 2023 Education & Training Grants winners:

- **Annette Maznyczka** from United Kingdom of Great Britain and Northern Ireland has obtained a fellowship at Bern University Hospital (Switzerland) under the supervision of Professor Pilgrim. The topic of her project is "Transcatheter aortic and mitral valve interventions." This EAPCI Andersen & Cribier Fellowship Programme is supported by Edwards Lifesciences.
- **Yannick Willemen** from Belgium has obtained a fellowship at Rigshospitalet (Denmark) under the supervision of Professor Søndergaard. The topic of his project is "Transcatheter valvular and structural heart interventions." This EAPCI Andersen & Cribier Fellowship Programme is supported by Edwards Lifesciences.
- **Andrija Matetic** from Croatia has obtained a fellowship at Royal Stoke Hospital (United Kingdom) under the supervision of Professor Mamas. The topic of his project is "Advanced educational journey in coronary and structural interventions." This EAPCI Andersen & Cribier Fellowship Programme is supported by Edwards Lifesciences.
- **Edwina McNaughton** from United Kingdom of Great Britain and Northern Ireland has obtained a fellowship at Mater Private Hospital (Ireland) under the supervision of Professor Byrne. The topic of her project is "Training in Complex coronary interventions and structural heart intervention – mastering the art." This EAPCI Fellowship Grant Programme is supported by Medtronic.
- **Claudio Espada Guerreiro** from Portugal has obtained a fellowship at Hospital Alvaro Cunqueiro (Vigo, Spain) under the supervision of Dr Iniguez. The topic of his project is "Fusion imaging and artificial intelligence applied to atrio-ventricular valves disease, transcatheter planning and intervention." This EAPCI Fellowship Grant Programme is supported by Medtronic.
- **Judit Andreka** from Hungary has obtained a fellowship at University Heart Centre Graz (Austria) under the supervision of Professor Toth. The topic of her project is "Intracoronary imaging (IVUS, OCT, NIRS) and imaging-guided PCI approach. Percutaneous coronary interventions (complex interventions, treatment of calcified lesions, left main stenting, treatment of bifurcations)." This EAPCI Fellowship Grant Programme is supported by Abbott.
- **Ruxandra Irina Sava** from Romania has obtained a fellowship at Institut Cardiovasculaire Paris Sud (France) under the supervision of Professor Hovasse. The topic of her project is "Percutaneous Coronary Intervention (complex interventions, treatment of calcified lesions, left main stenting, treatment of bifurcations). Transcatheter aortic valve implantation." This EAPCI Andersen & Cribier Fellowship Programme is supported by Edwards Lifesciences.
- **Vincenzo Cesario** from Italy has obtained a fellowship at Clinique Pasteur (Toulouse, France) under the supervision of Dr Farah. The topic of his project is "Transcatheter aortic valve implantation." This EAPCI Andersen & Cribier Fellowship Programme is supported by Edwards Lifesciences.
- **Erekle Turabelidze** from Georgia has obtained a fellowship whose topic is "Intracoronary imaging (IVUS, OCT, INRS) and imaging-guided PCI approach. Management of shock and protected PCI with mechanical circulatory supports. Physiological lesion assessment and physio-guided PCI approach." This EAPCI Fellowship Grant Programme is supported by Abiomed.
- **Andrea Alberto Ruberti** from Switzerland has obtained a fellowship at Hospital Clinic Barcelona (Spain) under the supervision of Dr Sabaté and Professor Brugaletta. The topic of his project is "Percutaneous Coronary Intervention (complex interventions, treatment of calcified lesions, left main stenting, treatment of bifurcations)." This EAPCI Fellowship Grant Programme is supported by Microport.
- **Emyal Alyaydin** from Germany has obtained a fellowship at University Hospital Zurich, under the supervision of Professor Templin. The topic of his project is "Intracoronary imaging (IVUS, OCT, NIRS) and imaging-guided PCI approach." This EAPCI Fellowship Grant Programme is supported by General Electrics.
- **Ana Rita Pereira** from Portugal has obtained a fellowship at University Hospital La Paz (Madrid, Spain) under the supervision of Dr Jurado Román. The topic of her project is "Percutaneous coronary intervention (complex interventions: treatment of calcified lesions, left main stenting, treatment of bifurcations)." This EAPCI Fellowship Grant Programme is supported by Shockwave.

All winners will receive their fellowship awards during the EAPCI Awards Ceremony held on Thursday 18 May at 12:00 in the Main Arena.

 **EAPCI**
European Association of Percutaneous Cardiovascular Interventions

Meet the authors & editors!

"The important thing is not to stop questioning"
– Albert Einstein

Visit the PCR Publishing booth to enjoy discussions with *EuroIntervention*, *AsiaIntervention* and PCR-EAPCI Textbook authors and editors!

Any questions?

Thursday 18 May



Robert Byrne & Darren Mylotte

EuroIntervention

12:15 – 13:00

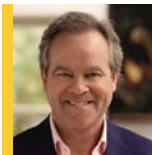


Piera Capranzano

PCR-EAPCI Textbook

14:00 – 14:45

Continued global expansion of Stent – Save a Life!



Jan J. Piek

Chair, Stent – Save a Life!
Amsterdam UMC, University of Amsterdam
- the Netherlands

There is no doubt that the original Stent for Life initiative had a huge, positive impact on morbidity and mortality in patients with STEMI in Europe. With the global Stent – Save a Life! initiative comes the continued spread of the mission to other regions, particularly countries with the greatest healthcare needs.

The Stent – Save a Life! (SSL) community now includes 38 member countries driven to improve the delivery of care and patient access to primary PCI (pPCI). The SSL Board are keen to expand the initiative even further. Indeed, the signing ceremony of three new members – Azerbaijan, Peru and Aruba – took place at the SSL Annual Forum in Paris on Monday. Chair of SSL, Jan J. Piek, explains one of the keys to its success: “We

have learned from Stent for Life that our effectiveness is dependent on organisation – the work of national champions, local managers and the involvement of government at a local and national level are all essential.” He continues, “SSL provides support to each country for a few years, but we aim to create self-sustainable frameworks. Part of this involves highlighting the cost-effectiveness of pPCI to get government backing and funding to take over when our initial support ends.”

SSL’s success comes with huge pros but also some cons: “Member countries who have implemented our tailored action programmes have seen a real difference and this has led to other countries realising they need to improve their own systems,” notes Professor Piek. Participation of SSL at EuroPCR 2022, GulfPCR 2022 and AfricaPCR 2023 may have helped with this. Professor Piek and SSL Co-Chair Thomas Alexander have also attended local meetings, including CardioAlex in Egypt, SOLACI in Mexico and the Azerbaijan Annual Society meeting. “However, everything that SSL does is on a voluntary basis,” states Professor Piek, “And as we continue to grow, we need more ‘hands on deck’ and more finances to make it happen, particularly when setting up programmes in low-

and middle-income countries, as we are currently doing in Egypt, Sudan and investigating in Kenya.” As another example, Professor Piek highlights the issues in Peru, where there are only a small number of cathlabs in the capital of more than 10 million people and many rural areas have no pPCI access at all. To address these shortcomings, pilot programmes have begun in some of the new member countries, applying SSL’s methodological blueprint¹ and the learnings from the STEMI India model² validated by Professor Alexander and collaborators.

The appointment of new Regional Champions in Asia, Europe and the Middle East is one way that SSL is evolving to meet the demands of more members. In addition, regional coordination helps facilitate multinational studies and the results of a global study on pPCI performance variation were presented at Monday’s SSL Annual Forum. Also discussed were updates on a regional study on reperfusion strategies in LATAM countries, an African STEMI registry, and the development of a forthcoming study on the treatment of cardiogenic shock in STEMI in Asia.

Expansion of SSL calls for a greater understanding of the challenges facing different regions and, in this regard,

EuroPCR 2023 provides the perfect opportunity to exchange ideas and discuss strategies. In addition to the Annual Forum, meetings of regional working groups have been held to discuss specific challenges faced by new and candidate countries in the SSL community. This afternoon, a scientific session led by Professor Alexander, entitled ‘STEMI Vignettes – The global classroom’, will provide a unique opportunity to understand STEMI management in different regions, using clinical cases to illustrate the challenges and approaches to manage complications. “Everyone has something to learn from this session,” says Professor Piek, “And SSL welcomes your support and interaction.” Join us there and visit the SSL booth on the third floor (Location H1 Level 3) to find out more.

1. Candiello A, et al. *EuroIntervention*. 2022;17:1313–1317.
2. Alexander T, et al. *JAMA Cardiol*. 2017;2:498–505.

DON'T MISS

STEMI Vignettes -
The global classroom
With the collaboration of the
Stent - Save a Life! initiative
Thursday, Room 243, 17:00 – 18:30



Reducing mortality and morbidity of patients suffering from STEMI

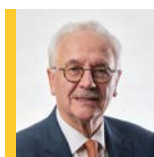
by supporting the implementation of clinical practice guidelines on myocardial revascularisation

VISIT
WWW.STENTSAVEALIFE.COM





We CARE in 2023: Measuring the pandemic's impact and developing tools to build resilience for the future



William Wijns

Core Team member, We CARE and PCR Chairman
The Lambe Institute for Translational Medicine and
CÚRAM, National University of Ireland Galway -
Galway, Ireland

The COVID-19 pandemic caused huge disruption to healthcare services and dramatically reduced hospital admissions for MI.¹ In response, the We CARE initiative was created from a collaboration between PCR and Stent – Save a Life! to rebuild patient confidence in pursuing timely medical treatment and to help stakeholders provide effective and timely cardiac care through knowledge, education and training.

"Studies conducted by We CARE highlight the huge impact of delaying or stopping STEMI treatment during lockdowns," explains William Wijns, a Core Team member of We CARE. "In an analysis of the socio-economic effects of disrupting STEMI treatment during the first lockdown in the UK, we found

that for each patient, approximately 1.55 life years were lost and there was an estimated societal cost burden of €41.3 million. Results were even more alarming from Spain: 2.03 life years were lost per affected individual and the societal cost burden was estimated to be €88.6 million. What's more, these data – which will be published in full very soon² – do not include the long-term consequences. We are currently conducting similar analyses on the impact of delayed STEMI treatment in countries with different healthcare systems, including Sweden and France, and while we do not have the exact figures yet, we predict a heavy burden."

We CARE is now using these analyses as a lever to advocate for better resilience in cardiac care systems.

"A major issue for healthcare systems during the pandemic was that they were generally unprepared," says Professor Wijns. "One of the main current aims of We CARE is to ensure that all stakeholders are ready for future challenging situations so that history does not repeat itself. During the pandemic we learned many lessons about what to do and what not to do to keep our cathlabs running. We are hoping to get EU funding for the RESIL-Card project in which we build and validate a resilience assessment tool that cardiology departments and hospitals can take to see if they are prepared for the next catastrophe." In

the first development phase of the RESIL-Card project, Professor Wijns explains that a 'bottom-up' approach will be employed that gathers collective experience from the field and combines this with findings from the many published articles in the literature. Designed to be simple and practical, the tool will be developed with the help of a consortium of experts in healthcare delivery from the Netherlands, Catalunya and Italy, and by calling upon the expertise of the global PCR community, in particular the PCR Companions. "We will also enlist the support of patients, via patient organisations, to ensure their experience is captured in the design and delivery of the resilience tool," notes Professor Wijns.

We CARE is also supporting countries that are interested in increasing local awareness about cardiac care challenges raised or exacerbated by the pandemic. For example, We CARE is working with Hakim Benamer and the French Group of Atheroma and Interventional Cardiology (GACI) on a project proposal to increase knowledge of the general public and public authorities on the importance of AMI and the need to seek care, particularly focussing on underdiagnosis in women. "We know that some patient groups were disproportionately affected by the disruption of STEMI treatment during the pandemic, including women and

also those of lower socioeconomic groups and in rural communities. To make sure our work has the biggest impact, it's important to identify groups who are at the greatest risk and who may suffer most from the consequences of undertreatment."

Professor Wijns concludes that the work of We CARE may itself be creating a 'virtuous cycle.' He explains, "We hope that our work in optimising care and improving the resilience of STEMI management under difficult situations might have benefits for the management of other acute cardiovascular conditions, such as severe aortic stenosis, stroke and pulmonary embolism. In addition, as we try to work on the continuity of care that was lost during the pandemic, we want to encourage increased interactions between interventional cardiologists and all the other healthcare providers involved in STEMI care for a more coordinated approach in good times and in bad."

Want to know more about the work of We CARE? Visit the Stent – Save a Life! and We CARE booth (Location H1, Level 3) and the website, wecareabouthearts.org.

1. Mafham MM, et al. *Lancet*. 2020;396:381–389.

2. Lunardi M, et al. *Eur Heart J Qual Care Clin Outcomes*. 2023; in press.

It's not too late to become a PCR Companion and enjoy onsite benefits!

Time's running out but you can still take advantage of your participation at the Course to join this collective and collaborative programme. It aims to build and strengthen the link between mentors, fellows, and all healthcare practitioners in interventional cardiology, while bringing great benefits all year long.

Whether you're a physician, nurse or allied professional, hurry to visit the team, sign up for free, and immediately start enjoying the perks, such as:

- Access to two Spaces in which to relax, network and meet new people
- A professional headshot photo, for the update of your CV and social media profile*
- A free one-year subscription to the print and/or digital edition of *EuroIntervention*



Where to sign up?

PCR Companions Social Space – Level 2

PCR Companions Work Space – Level 3

*Be quick: today (Thursday) is the last day for this, in the Social Space!



Scan the QR code to watch a short video about PCR Companions!



CAPTURED MOMENTS



SOCIALS OF THE DAY

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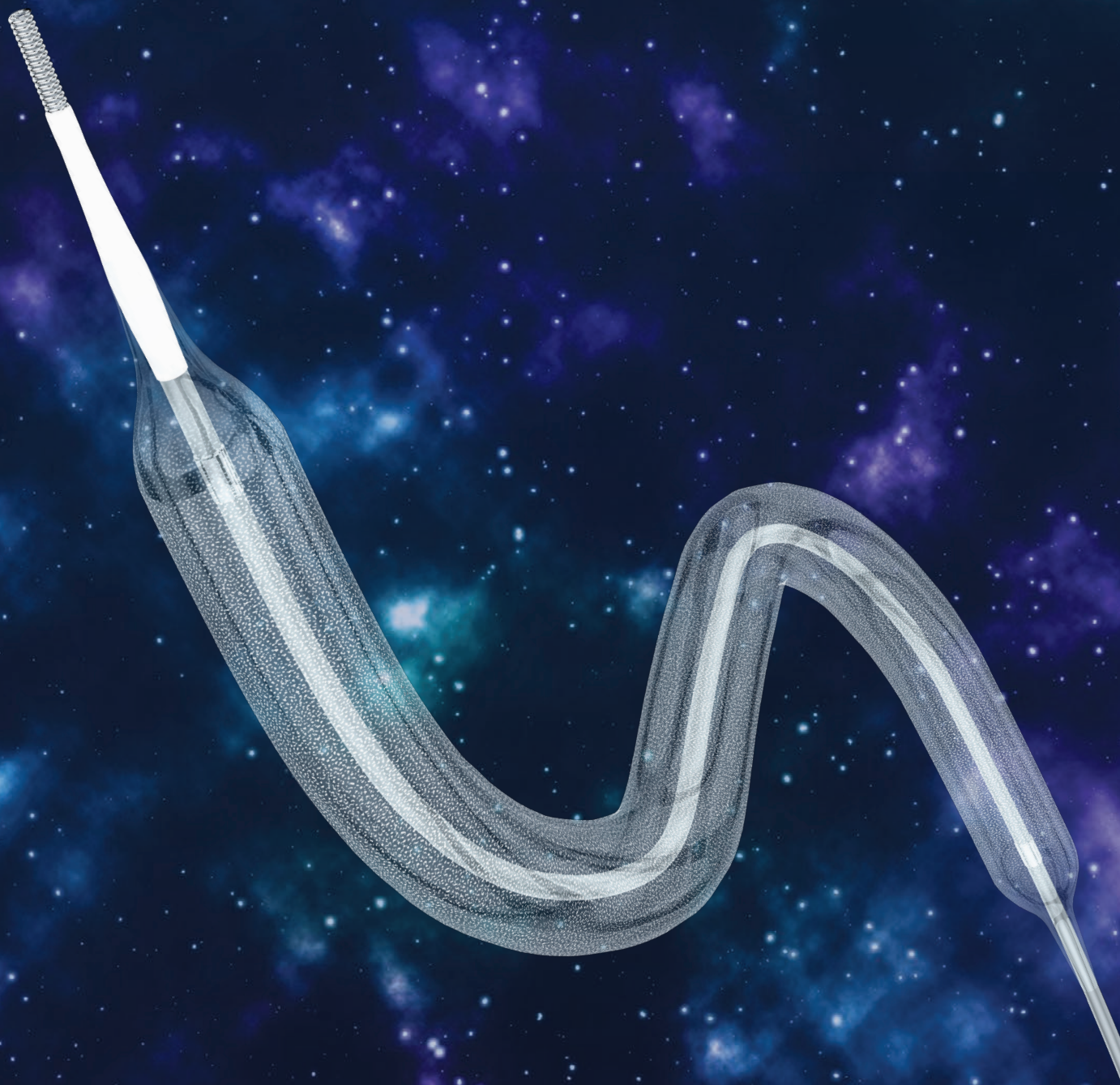


When **#EuroPCR 2023** ends, the learning experience carries on, thanks to **1 month of Videos On Demand!**

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