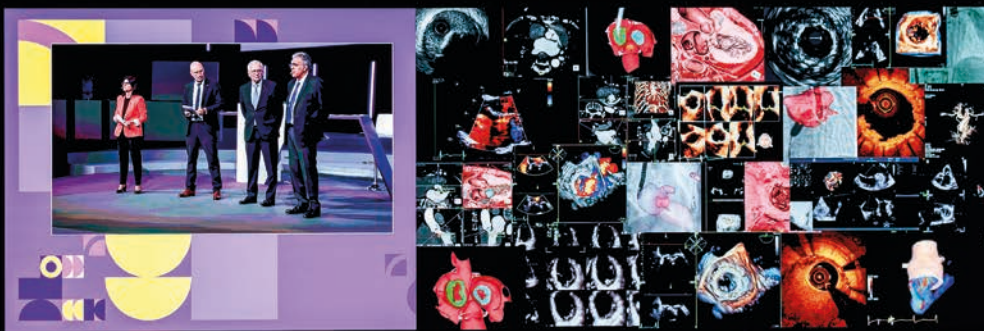


The Daily Wire

THE OFFICIAL EUROPCR COURSE NEWSPAPER

EDITION TWO, 15 MAY 2024

IMAGING IS THE EYES OF THE HEART TEAM



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PCR**

The focus was on imaging at yesterday's Opening Ceremony

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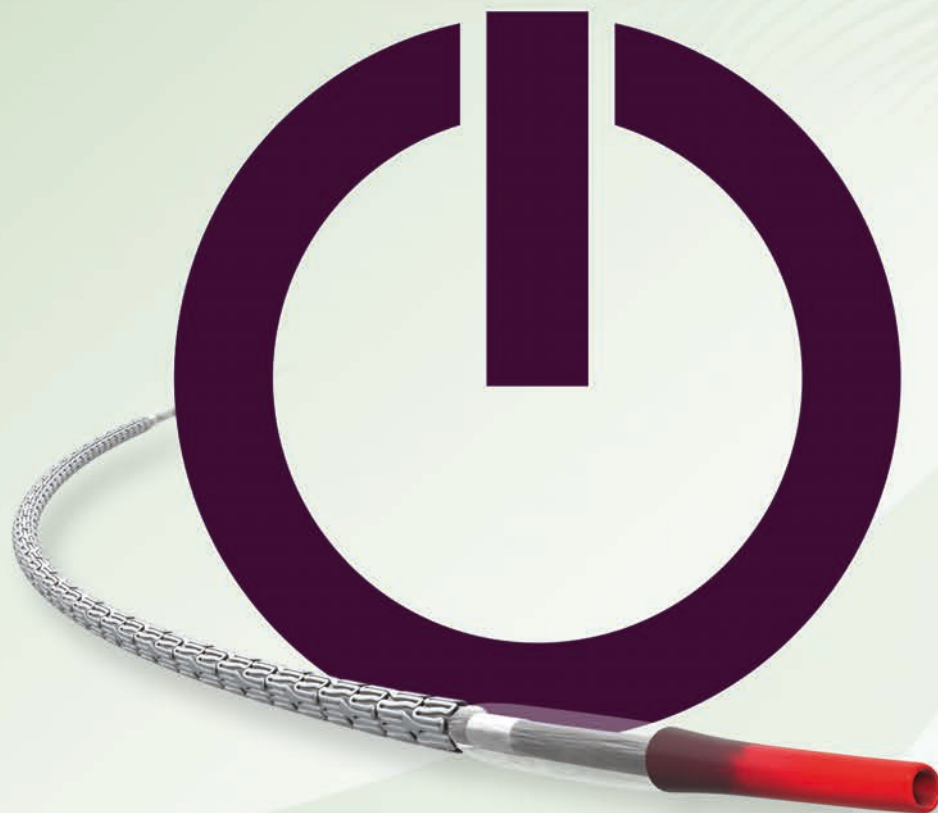
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Wednesday, May 15 | 12:15 – 13:45 | Théâtre Bleu – LIVE Toulouse

Complex PCI in ACS patient with high bleeding risk: optimise the strategy

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

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PCR's Got Talent: Be in it to win it!

The PCR's Got Talent abstract competition continues today, providing a unique platform for young practitioners to showcase their research and gain new skills.

"This competition is very unique because, to my knowledge, it is the first competition at interventional cardiology events that focuses on presentation skills as well as the topic of the research," comments PCR's Got Talent jury member, Nina van der Hoeven (Amsterdam UMC - Amsterdam, Netherlands). Having won the competition in 2017, Dr van der Hoeven knows all about the value of the expert coaching sessions, which she says helped her "bring presentations to a new level" and served as an excellent base for future presentations. "Winning the competition also meant involvement in subsequent competitions as a jury member," she notes, "and opened the door to being a presenter or facilitator in other sessions, providing additional opportunities to gain confidence and further improve communication skills."

The Guest Faculty had the difficult job of selecting 40 submitters who gave 3-minute pitches in Round 1 yesterday. In Round 2 sessions today, the 18 presenters who progressed 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 8 competitors will give 8-minute presentations in an attempt to claim the final prize: the chance to present their abstract in the Main Arena on Friday and an exclusive invitation to EuroPCR 2025 as a jury member.

When asked about the qualities she looks for in successful candidates, Dr van der Hoeven says, "For me, it is most important that the speaker can present difficult material in a very easy manner so that everyone understands. And I think less is more: less text, less talking, less slides." Her advice for the candidates who made it through Round 1 is to keep it simple but most importantly she says, **"Enjoy! It is a once-in-a-lifetime experience and just by joining the competition you learn a lot."**

Last year, Coen Boerhout was chosen as the winner from more than 800 abstract submitters for his presentation on the Hyperaemic Stenosis Resistance Index to guide revascularisation decision-making.

"I did not expect to win when I submitted my abstract in 2023, especially after being knocked out in the first round in 2022; however, I had learned a lot from my previous experience and I believed in the strength of our research. With the help of the PCR's Got Talent team and great examples of all the high-quality presentations during the competition, I honed my skills throughout the week. Although simple, the most valuable lesson was to pause and take a breath between sentences. Actively incorporating this feedback, I felt a significant improvement. Additionally, I've gained many other skills, ranging from formatting the presentation to delivering a clear narrative.

Without a doubt, the award has given my career a significant boost. Not only has it enhanced my credibility in



the field, it has also provided me with the invaluable chance to join and experience part of the organisation of EuroPCR, which further enriched my professional development. Moreover, it has boosted the visibility of our projects and facilitated new connections.

I highly recommend participation in the competition. Beyond being an excellent platform to showcase your research, it offers unparalleled opportunities for personal and professional development. The feedback, tips and exposure to a variety of presentations provide invaluable lessons that greatly enhance your presentation skills. Even if you are out in the first round, the lessons learned might help you win the competition the following year!"



DON'T MISS

Round 2 – Session 1

Wednesday, Room 352A, 08:30 – 10:00

Round 2 – Session 2

Wednesday, Room 352A, 10:30 – 12:00

Round 3

Thursday, Room 352A, 10:30 – 12:00

EuroPCR 2024 Closing Ceremony

Friday, Main Arena, 12:15 – 12:50



★ TODAY'S ★ MUST-ATTEND EVENTS

Andreas Grüntzig Ethica Award ceremony

Main Arena, 10:15 – 10:30

Michele Pighi Young Investigator Award ceremony

Main Arena, 14:35 – 14:45

Gen AI: rewards and risks for healthcare professionals

PCR Companions Lounge – level 2,
10:00 – 10:30

Transforming education together: your impact as PCR Evaluator

PCR Companions Lounge – level 2,
14:30 – 14:45

Journey to the Middle East: discovering GulfPCR-GIM

PCR Companions Lounge – level 2,
16:15 – 16:30

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The ever-popular LIVE educational cases demonstrate the clinical excellence of renowned centres across the world, providing an unparalleled experience to learn best practices from international experts. Meet the teams behind the masks.



"An outstanding one-of-a-kind educational experience for the whole heart team."

Heart Centre - Leipzig, Germany

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: >6000 coronary angiographies, >3000 PCIs, >1000 TAVI procedures per year, around 300 mitral and tricuspid interventions, and a wide range of congenital and GUHD interventions. In addition, we have one of the world's largest cardiac surgical programmes

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 an outstanding staff, who are proud to be part of the Heart Centre Leipzig

Number of times the centre has participated in EuroPCR: We are proud to be a LIVE centre for EuroPCR for the second successive year



"We are truly honoured to bring innovation to our patients and education to our colleagues directly from Mainz, the geographic centre of Europe."

University Medical Center - Mainz, Germany

Centre established in 1959

Practitioners include 30 cardiologists, 20 cardiovascular surgeons, more than 80 residents and fellows in cardiology and cardiac surgery, and more than 200 NAPs

Most frequent types of interventions/procedures: More than 3600 coronary angiograms, >1600 PCIs, 500 TAVI procedures, 250 AV valve interventions, 25 interventional AV valve replacements, 120 other structural heart interventions...

How would you describe your centre? Heart Valves Moving Lives – we're living the spirit of a true heart team and are dedicated to the best and innovative therapy for our patients in a real interdisciplinary approach

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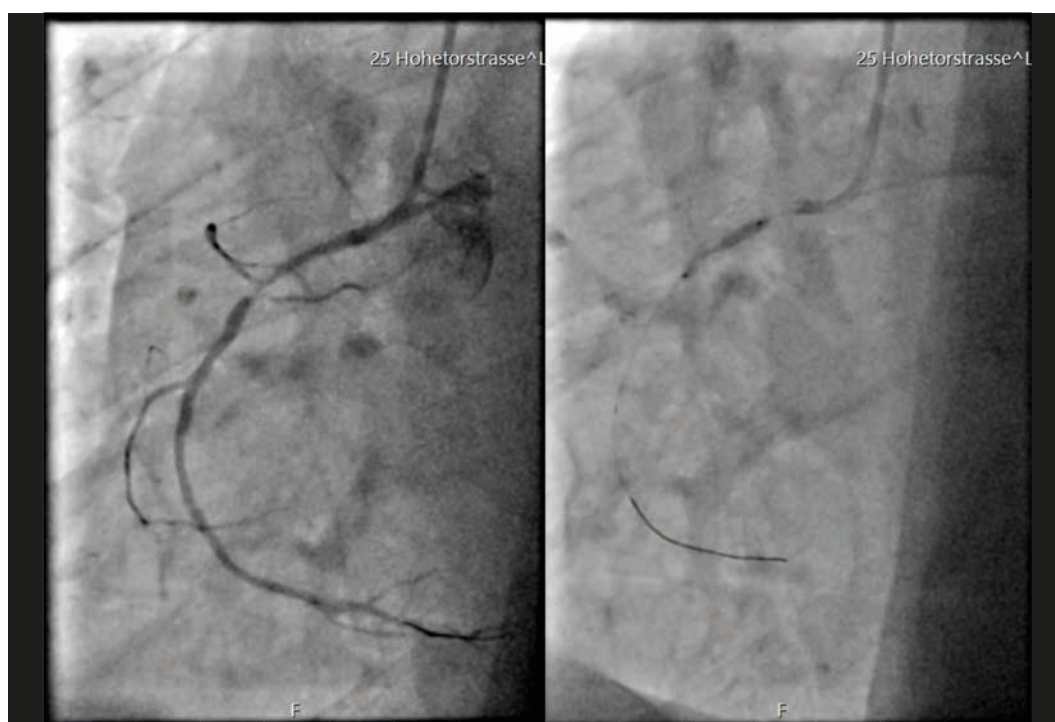
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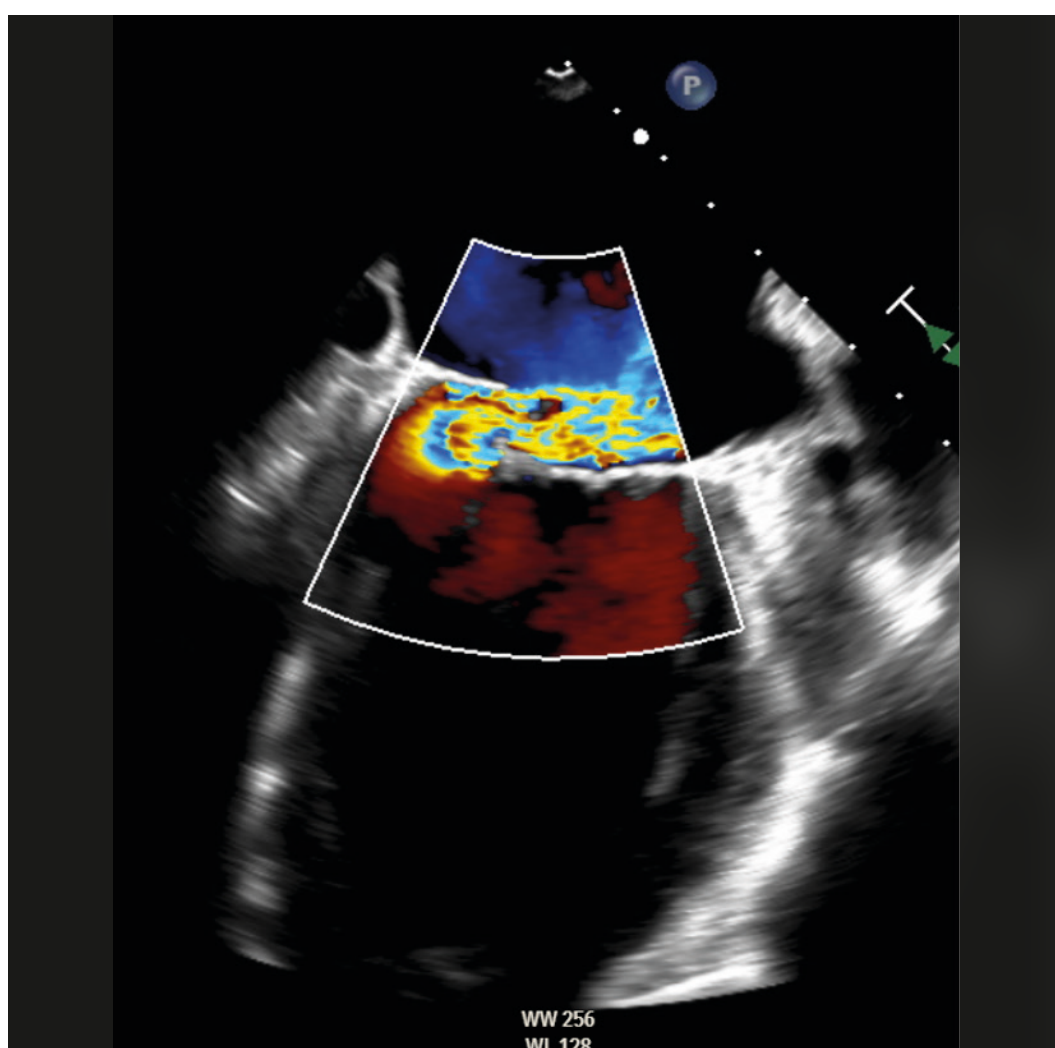
Leipzig, Germany

In today's first case, held in collaboration with Euro4C, Mohamed Abdel-Wahab and Dmitry Sulimov showcase the skills needed to tackle calcified lesions

Calcified lesions: LIVE from Heart Centre - Leipzig, Germany

- Do you think intracoronary imaging is mandatory here?
- Do you think re-trying a small balloon first is a good strategy?
- If not, which dedicated device would you use for calcium management?

Main Arena 08:30 – 10:00



Mainz, Germany

Next, Philipp Lurz and Tobias Friedrich Ruf demonstrate the very latest techniques in mitral valve transcatheter edge-to-edge repair

Mitral TEER: LIVE from University Medical Center - Mainz, Germany

- Which TEER device would you use for addressing this severe MR?
- Any specific considerations due to commissural leaking?
- Would a percutaneous mitral replacement be an option in this case?

Main Arena 10:30 – 12:00

DON'T MISS TODAY'S OTHER LIVE CASE

Transcatheter tricuspid valve replacement: LIVE from Clinique Pasteur - Toulouse, France

Main Arena 14:45 – 16:15



SESSION IN THE SPOTLIGHT

Getting to grips with commissural alignment for TAVI



Nicola Buzzatti

Cardiac surgeon
San Raffaele Hospital - Milan, Italy

With many of today's TAVI-eligible patients being likely to require future coronary access, learning how to perfect the technique of commissural alignment is a must.

"Commissural alignment is something we are doing more and more in line with the increasingly younger patient population," says Nicola Buzzatti, one of the facilitators of this morning's simulation-based learning session. "These patients have longer life expectancy than previously treated patients and so will have a greater chance of future cardiovascular needs. We therefore must be able to reaccess coronary arteries after TAVI and also

be able to perform a second TAVI-in-TAVI procedure down the road. If the implanted device is not clocked so that the native commissures and those of the prosthesis are aligned during the index procedure, it may become very difficult not only to gain coronary access after TAVI but also to maintain coronary perfusion following TAVI-in-TAVI."

In today's session, the effects on coronary access of differential clocking with a variety of TAVI devices will be shown clearly using pig hearts and the common concepts that can help interventionalists to achieve commissural alignment will be discussed. "There are many different TAVI devices," comments Dr Buzzatti. "However, the simulator available in the session will allow interventionalists to appreciate that the general rules of fluoroscopic projections and orientation of TAVI devices' markers with regard to commissural alignment are the same for all devices." Joined on stage by Marco Barbanti and Darren Mylotte, the three facilitators

will demonstrate techniques and explain these important concepts. Participants can then put their learning into practice with a range of specific devices in the Training Village.

Dr Buzzatti is a strong supporter of simulation-based learning. "Procedures on the heart are complex and delicate. In the past, interventionalists and surgeons had very little opportunity for practical training – beyond watching other operators – before they did their first procedure on a real patient. Being ready at a theoretical level is not the same as being able to deliver it in real life. I have experienced both the traditional way of training and the simulation method, and I can say that simulators are incredibly useful to the operator, ultimately translating into benefits for patients."

Other opportunities to take part in simulation-based learning today include sessions on transseptal puncture and mitral transcatheter edge-to-edge repair.

DON'T MISS

Commissural alignment for TAVI

Wednesday, Simulation
Learning Room 2 (Studio A),
10:30 – 12:00

AND ALSO:

Transseptal puncture: the first step towards transcatheter mitral valve interventions

Wednesday, Simulation
Learning Room 2 (Studio A),
08:30 – 10:00

Tips and tricks for mitral transcatheter edge-to-edge repair: anatomy and imaging

Wednesday, Simulation
Learning Room 2 (Studio A),
14:45 – 16:15

Getting ACTIF in coaching-led simulator-based training!

In the same way that EuroPCR embraces simulation-based learning, the ACTIF group is making great strides in bringing this effective approach to healthcare professionals in France.

The aim of the Atelier Complications Cardiologie Interventionnelle Francophone (ACTIF) group is to promote interventional cardiology training for junior and senior physicians through the use of simulators. Formed 6 years ago by a group of interventional cardiologists, ACTIF has since expanded its board to incorporate invaluable expertise from paramedic professionals. The group offers opportunities to gain experience in a range of techniques, including bifurcation stenting, atherectomy, CTO procedures, robotic PCI, TAVI, LAA closure, MVR, pericardiocentesis, and even resuscitation. In its training, ACTIF uses both virtual simulators, such as Mentice and Simbionix systems, as well as physical set-ups, such as bifurcation benches and HEARTROID beating-heart models.

"It is widely accepted that the most effective way to learn interventional techniques is through a hands-on approach," says Nicolas Amabile, an ACTIF board member. "It takes time for younger colleagues to learn the necessary skills and this is compounded by the reality that some scenarios are encountered only rarely during routine clinical practice. For example, the vast majority of coronary angiographies conducted today are performed using transradial access, so trainees do not have the opportunity to perfect transfemoral access. Also, as the name suggests, a key focus of the group is complications. Major complications are infrequent in the cathlab, but when they do occur, the operator needs experience of how to deal with them quickly and effectively."

Each year, the ACTIF group hosts its main meeting – scheduled for 22–23 May in 2024 – and since 2023, attendance at this meeting is designated mandatory for the completion of initial training for French interventional cardiologists. But as Dr Amabile explains, the annual meeting

goes beyond just simulators: "As well as pre-specified theoretical and practical objectives, it provides individualised and coached teaching, with different scenarios tailored to the baseline skills and goals of the participants. The facilitators closely monitor the trainees and provide individual, on-site feedback as to how their technique can be improved and how challenges can be tackled." The annual meeting has seen year-on-year growth since it started in 2019. At that time, there were only 2 tracks and 8 simulators, and fewer than 100 professionals attended. By 2023 – with 4 tracks and 23 simulators and attracting more than 200 attendees – the meeting had grown to such an extent that a different, larger venue had to be found.

The increase in the demand for ACTIF's services also led to the establishment of the ACTIF franchise and the organisation, promotion and supervision of some smaller simulator-based villages in other meetings of French national societies, such as the French Society of Cardiology meeting. And this year, ACTIF comes to Paris. In

collaboration with EuroPCR, ACTIF has organised a simulation-based learning session on transfemoral echography and vascular access, which will take place tomorrow. Here you can improve your echo-guided venous and arterial puncture skills, learn tips and tricks on the echographic evaluation of complications after vascular closure, and find out more about large-bore access closure strategies.



DON'T MISS

Echo-guidance of arterio-venous access and large bore access closure

Thursday, Simulation
Learning Room 2 (Studio A),
14:45 – 16:15

Three major late-breaking trials are ready to make the headlines today!



Thomas Cuisset

EuroPCR Course Director
APHM Hôpital La Timone Adultes - Marseille, France

The first Hotline/Late-Breaking Trials session this morning promises to answer some hugely important questions in coronary and structural heart disease. Here, Thomas Cuisset, Session Spokesperson, tells us more about the rationale behind the trials to whet our appetite for the results to come.

The session begins with eagerly awaited findings from the REC-CAGEFREE II trial presented by Ling Tao. Patients treated with drug-coated balloons (DCBs) could receive a shorter and lower intensity antiplatelet regimen given the lower risk of thrombosis, but whether this is possible in the context of ACS has not been tested. Further, there is a lack of randomised data regarding different antiplatelet regimens in patients treated with DCBs. This investigator-initiated trial evaluated the non-inferiority of an antiplatelet regimen consisting of aspirin plus ticagrelor for 1 month, followed by 5 months of ticagrelor monotherapy and then aspirin monotherapy for 6 months (experimental group) compared with aspirin plus ticagrelor for 12 months (reference group) in patients with ACS who have undergone PCI using DCB exclusively.¹ The primary endpoint is the incidence of net adverse clinical events, defined as all-cause death, any stroke, any MI, any revascularisation and BARC-defined type 3 or 5 bleeding events, within 12 months of PCI. "The beauty of this study is that it investigates the combination of two innovative approaches – a new way to do PCI and a novel antiplatelet strategy – so it's a synergy between a device trial and a drugs trial," says Professor Cuisset.

Next, results from the NOTION-2 trial will be presented by Ole De Backer. Following the successful

NOTION trial, which was the first to randomise primarily lower operative risk patients to TAVI or surgical aortic valve replacement,² NOTION-2 compared transcatheter (using any approved aortic bioprosthesis) and surgical replacement in younger (18–75 years), low-risk patients with severe bicuspid or tricuspid aortic stenosis.³ The primary endpoint is the composite rate of death from any cause, stroke and rehospitalisation (related to the procedure, valve or heart failure) within 1 year after the procedure. "Over the last few years, TAVI trials have moved into the low-risk setting, but still, different patient groups were excluded despite the challenges they face," comments Professor Cuisset. "A high proportion of younger patients have bicuspid aortic valve disease and lifetime management is key since a significant number will return to have TAVI re-done. In addition, the importance of achieving immediate optimal results with TAVI is heightened, with less acceptability of pacemakers or aortic regurgitation, for example. Results from NOTION-2 will help to extend our knowledge of the relative benefits of TAVI vs. surgery in a wider spectrum of low-risk patients."

Performing TAVI in low-risk patients has paved the way for the development of novel technologies. The final presentation of the session, by Patrick Serruys, will discuss early outcomes from the LANDMARK non-inferiority trial comparing the balloon-expandable Myval transcatheter heart valve (THV) series with contemporary THV (SAPIEN THV and Evolut THV series) series in patients with severe symptomatic native aortic stenosis and any surgical risk status.⁴ The primary combined safety and efficacy endpoint includes all-cause mortality, all stroke, life-threatening or disabling bleeding, stage 2 or 3 acute kidney injury, major vascular complications, paravalvular regurgitation and new permanent pacemaker implantation at 30-day follow-up. Professor Cuisset believes that the trial results could indeed be 'LANDMARK' as the study provides a real test for the new balloon-expandable valve against not just one, but a range of contemporary TAVI devices. "We will have to wait for the results but if positive, we may have another attractive option for our patients. This could result in more scope to select the most appropriate device based on an individual's characteristics."



He concludes, "Whether positive or negative, the trials presented today will advance our knowledge and the discussions of the findings will help us to understand their clinical implications. This really is a 'must-attend' session for everyone at EuroPCR 2024!"

- 1. Gao C, et al. BMC Cardiovasc Disord. 2024;24:62.
- 2. Thyregod HGH, et al. J Am Coll Cardiol. 2015;65:2184–2194.
- 3. ClinicalTrials.gov, NCT02825134.
- 4. Kawashima H, et al. Am Heart J. 2021;232:23–38.

DON'T MISS

Major Late-Breaking Trials from EuroPCR 2024
Wednesday, Theatre Bleu,
08:30 – 10:00



At the forefront of clinical research since 2008, CERC pioneers alternative treatments and fosters collaboration between academia and industry. With a focus on quality, integrity, and cost-effective solutions, CERC has built strong partnerships and enabled interventional cardiologists to express their art to perfection. Today, another 2 ground-breaking studies managed by CERC will be presented at the Late Breaking Clinical Trial Session along with three other captivating trials. Ready to explore further, exchange ideas, and discover new horizons together? Visit us at our booth M6 – Level 2.

MAY 15th
8:30-10:00

KISS
Théâtre Havane

Keep bifurcation Single stenting Simple
B. Chevalier

LANDMARK
Théâtre Bleu

Early outcomes of a randomised non-inferiority trial comparing TAVI devices
P. Serruys

REFORM
Poster Lab

Biolimus A9 DEB for the treatment of in-stent restenosis: one-year outcomes
R. Durand

DAPT
Room 341

One-month DAPT after biodegradable-polymer everolimus-eluting stent in high-bleeding risk patients
G. Stefanini

PINNACLE I
Room 352A

Hertz contact intravascular lithotripsy: primary outcomes
S. Verheyne

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VISIT US BOOTH M 6 - LEVEL 2

Yesterday's catch up

Transform 2D visuals into 3D thinking

Gaining a better understanding of the 3D anatomy of the heart and how that can help interventions was the aim of one of yesterday's NextGen sessions and the goal was well and truly achieved!

Facilitator Nicolo Piazza explained at the beginning of the session that he "wanted to open up participants' minds to the fact that understanding cardiac anatomy is not just for structural interventions, but is also important for coronary interventions." He then discussed how CT scans can be used to take a different approach to understanding coronary artery anatomy, helping to "provide insights about what we can see behind our coronary injections."

Providing a different perspective from angiography, the session explored ways to optimise clinical practice for PCI through the use of CT scans, with an emphasis on the use of CT for ostial and bifurcation lesions. Optimal fluoroscopic viewing angles were discussed for a range of different procedures. By the end, participants were encouraged to gather insights from CT and piece together information from different modalities to perform "fusion imaging with their own minds."

Facilitator Gabor Toth added a word of caution and explained that "projections should not always be trusted." He noted that participants should ask questions of their imaging and angles, and should always consider very carefully what they see and what they don't see, and in doing so, improve the success of their procedures.



Aninka Saboe, an interventional cardiologist from Dr. Hasan Sadikin General Hospital, Padjadjaran University - Bandung, Indonesia,

thought the session was very useful. "I haven't seen this type of session at another congress – the focus on imaging for PCI was unique. It has

really changed my mindset and I will appreciate so much more now when seeing coronary angiograms – it is important to remember that there is a heart behind the coronaries, as the facilitators said. Discussing optimal viewing angles will help when I return to my hospital, particularly for uncertain cases, and I am looking forward to putting these new insights into practice."

Antegrade CTO PCI:

How to develop a consistent and systematic strategy

A case-based discussion session on Day 1 focused on technical aspects of performing successful antegrade CTO PCI, including how to optimise the set-up, how to choose and use the materials in the right way, and what to do if it fails.

Ahead of the session, Pierfrancesco Agostoni, the Anchorperson, described how CTO PCIs are among the most complex coronary procedures performed in the cathlab. "We know that the success rate of CTO PCI in non-expert hands is 60% at best, which is relatively low. In contrast, experts have a success rate above 90% and this highlights the huge gap between the skilled and not-so-skilled," he commented.

"Building up knowledge and proper training will increase your chances of success. Other sessions focus on how to prevent and how to manage complications, but it's fair to say that if you know what you are doing, then complications will occur less often."

Firstly, Mihajlo Kovacic explained the basics of antegrade wire escalation (AWE). The main messages were that detailed anatomical analysis and careful planning are needed before the procedure is attempted. In addition, knowledge about wires technology, construction, properties and behaviour is essential. Other necessary equipment includes strong antegrade supportive microcatheters, dual lumen microcatheters, guide extension catheters, low-profile CTO balloons, supportive wires and plaque-modifying devices.

What to do after AWE has failed was discussed by Omer Goktekin. The parallel wire technique was highlighted as a good option in certain circumstances, such as when the first wire is in the subintima, when there is a good distal landing zone and when retrograde filling is an advantage. Even if the first wire is not successful in fully crossing the CTO segment, it was noted that it can act as a reference point and potentially stabilise the passage of the second wire. Notably, Professor Goktekin commented that parallel wire technique will not work if there is a large subintimal haematoma due to knuckle wire or aggressive wire manipulation.

How IVUS may help with an ambiguous proximal cap was explained with the use of a complicated case by Evald Christiansen. In ambiguous proximal cap clarification, a short-tip, solid-state IVUS is advanced in a branch originating at the side of the CTO. Pullback allows identification of the proximal cap in some cases and may clarify the position of the guidewire in the proximal cap. Other modalities, particularly CT, were mentioned as increasing in use as part of preprocedural CTO PCI planning.

Finally, Margaret Mcentegart discussed the use of investment strategies. She noted that CTO PCI has a lower success rate and higher

complication rate than non-CTO PCI, which often results in lower access to treatment for patients. Unlike a modification procedure, which involves modification of the proximal cap and CTO body after unsuccessful completion of CTO PCI, an investment procedure involves an upfront planned modification of the proximal cap, occlusive segment and distal cap. Professor Mcentegart described the ongoing INVEST CTO study, which is assessing the success rates and safety of planned investment procedures in higher-risk CTO PCI. Whether an investment procedure increases the proportion of cases completed antegrade and whether it increases the accessibility and provision of CTO PCI will also be evaluated. Initial results from the study appear positive.

There are more sessions of CTO PCI today including an international collaboration session that will mention the retrograde approach.



DON'T MISS

How to achieve successful outcome in contemporary CTO PCI

With the Cardiovascular Intervention Association of Thailand (CIAT), Taiwan Society of Cardiovascular Interventions (TSCI) and Cardiovascular Intervention Chapter of Hong Kong College of Cardiology
Wednesday, Room 353, 14:45 – 16:15

Yesterday's catch up

Combining angiography and pre-specified intracoronary testing in patients with chronic coronary syndromes: The AID-ANGIO study

Yesterday's Hotline session on advances in coronary physiology revealed the benefits of a streamlined approach that was able to effectively identify the cause of myocardial ischaemia and guide appropriate treatment.

Principal Investigator, Javier Escaned (Hospital Clinico San Carlos - Madrid, Spain) explained the rationale for the AID-ANGIO study: "Although invasive coronary angiography (ICA) continues to be the most commonly used technique for investigating chronic coronary syndromes (CCS), we suspected that its diagnostic yield is very low in contemporary practice due to factors including the frequent existence of ischaemia of non-obstructive origin (INOCA) and uncertainty surrounding the relevance of intermediate stenoses." He noted that despite guidelines recommending the additional evaluation of intermediate-grade stenosis with pressure guidewires, using fractional flow reserve (FFR) or non-hyperaemic pressure ratios, such tests are often not performed in practice. Similarly, although some patients require further assessment of microvascular function and vasomotor responses, this occurs infrequently. "The AID-ANGIO study was designed to investigate the diagnostic yield of an invasive strategy for hierarchical identification of obstructive and non-obstructive mechanisms of ischaemia in patients with CCS performed at the same time as the ICA. We also wanted to assess how the obtained information modified the therapeutic plan," he commented.

As presented by Adrian Jeronimo (Hospital Clinico San Carlos - Madrid, Spain) yesterday, AID-ANGIO was a



multicentre prospective study that enrolled all consecutive patients with CCS referred for ICA. The AID (Advanced Invasive Diagnosis) hierarchical algorithm started by performing ICA in the standard fashion. No further physiological assessment was conducted in patients with severe-grade stenoses; however, those with intermediate-grade stenoses were evaluated with FFR and/or resting full-cycle ratio (RFR). Patients with either angiographically normal epicardial vessels or only intermediate stenoses with non-ischaemic FFR/RFR values (FFR >0.80 and/or RFR >0.89) then underwent functional coronary testing to rule out microcirculatory and/or vasomotor coronary disorders causing INOCA. The primary endpoint was the proportion of patients with a cause of ischaemia identified with the AID strategy. To assess the effect of AID on decision-making, an initial therapeutic plan was first prepared by the ICA and medical information. Subsequently, a final therapeutic

plan was drafted by clinical and interventional cardiologists based on the AID data.

In total, 317 patients were recruited and almost half (44.2%) were women.

Based on the ICA alone, obstructive coronary artery disease (CAD) was diagnosed in 32.2% of patients. However, with the AID strategy, a cause of myocardial ischaemia was identified in 84.2% of patients: obstructive CAD in 39.1% and INOCA in 45.1%.

"The high prevalence of INOCA is a key finding," noted Professor Escaned, who continued, "INOCA was diagnosed not only in patients with angiographically normal vessels but also in patients with functionally non-significant stenoses, with a similar incidence of around three-quarters in both scenarios." Only 15.8% of these all-comer patients did not show any abnormalities.

The information delivered by the AID strategy had a major impact on the final

therapeutic plan, with modification of the original treatment plan in 59.9% of cases. Out of the 165 cases with an initial INOCA tentative diagnosis, an incorrect diagnosis was made in 78.2% of cases, either because INOCA was not confirmed by the AID strategy (35.7%) or because the wrong endotype was proposed in the initial plan (64.3%).

"Given the substantial improvement in diagnostic yield and the impact on clinical decision-making observed with the AID strategy, we believe that this approach should be implemented in clinical practice and considered for all patients with CCS referred for ICA. The technology is already there for many of us and all that is needed now is a change in mindset geared towards identifying the cause of myocardial ischaemia during the same visit." He concluded, "Patients will benefit from less diagnostic uncertainty, fewer visits for further testing and, most importantly, from receiving the most appropriate treatment from the outset."

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Randomised Controlled Trial

15th May | 12:15-13:45 | Room # 241



OTHER KEY SESSIONS

Align for the future (TNT)

Theatre Bleu | 15th May
16:30-18:00

Align for the future (CIP)

Room 252B | 16th May
13:30-14:30



Aligned for future.



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- Simple commissural/coronary alignment
- Minimize vascular complications

TAVR for ***extra large*** annuli >700 mm²
is an important unmet clinical need....

Myval Octacor THV

XL Size | 32 mm

Visit Meril Booth @

F1 & F4, Level 1

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FOCUS ON INTERNATIONAL COLLABORATION!

EuroPCR 2024 welcomes the involvement of 67 National Societies and Working Groups whose contribution greatly enriches the programme. Covering a range of topics from LAA closure to coronary physiology, 29 joint and collaborative sessions provide a broad global perspective and unique insights into local treatment practices.

AFRICA

- Algerian Group of Interventional Cardiology - **Algeria**
- Egyptian Working Group of Interventional Cardiology (EGIC) - **Egypt**
- Moroccan Society of Cardiology - **Morocco**
- South African Society of Cardiovascular Interventions (SASCI) - **South Africa**
- Tunisian Group for Interventional Cardiology - **Tunisia**

AMERICA

- Argentinian College of Interventional Cardioangiologists (CACI) - **Argentina**
- Brazilian Society for Hemodynamics and Interventional Cardiology (SBHCI) - **Brazil**
- Canadian Association of Interventional Cardiology - **Canada**
- Interventional Department of the Chilean Society of Cardiology - **Chile**

ASIA

- Armenian Working Group of Interventional Cardiologists - **Armenia**
- Azerbaijan Society of Cardiology - **Azerbaijan**
- Bangladesh Society of Cardiovascular Intervention - **Bangladesh**
- Cardiac Society Brunei Darussalam - **Brunei Darussalam**
- Chinese Society of Cardiology - **China**
- Cardiovascular Intervention Chapter of Hong Kong College of Cardiology - **Hong Kong**
- Indonesian Society of Interventional Cardiology - **Indonesia**
- Japanese Association of Cardiovascular Intervention and Therapeutics - **Japan**
- Kazakhstan Society of Interventional Cardiology - **Kazakhstan**
- Korean Society of Interventional Cardiology (KSIC) - **Korea (Republic of)**
- Interventional Cardiology Society of Malaysia (ISCM) - **Malaysia**
- Pakistan Society of Interventional Cardiology - **Pakistan**
- Philippine Society of Cardiac Catheterisation and Interventions - **Philippines**

- Taiwan Society of Cardiovascular Interventions (TSCI) - **Taiwan**
- Cardiovascular Intervention Association of Thailand (CIAT) - **Thailand**
- Vietnam National Heart Association - **Vietnam**

EUROPE

- Working Group for Interventional Cardiology, Austrian Society of Cardiology - **Austria**
- Belgian Working Group of Interventional Cardiology (BWGIC) - **Belgium**
- Working Group on Interventional Cardiology, Association of Cardiologists of Bosnia and Herzegovina - **Bosnia and Herzegovina**
- Bulgarian Society of Interventional Cardiology - **Bulgaria**
- Working Group on Invasive and Interventional Cardiology, Croatian Cardiac Society - **Croatia**
- Cyprus Society of Cardiology / Cyprus Interventional Cardiology Working Group - **Cyprus**
- Czech Association of Interventional Cardiology - **Czech Republic**
- Interventional Working Group under Danish Society of Cardiology - **Denmark**
- Finnish Cardiac Society and Working Group for Interventional Cardiology - **Finland**
- French Group of Atheroma and Interventional Cardiology (GACI) - **France**
- German Working Group of Interventional Cardiology (AGIK) - **Germany**
- Working Group of Interventional Cardiology of the Hellenic Cardiology Society - **Greece**
- Working Group on Interventional Cardiology, Hungarian Society of Cardiology - **Hungary**
- Irish Cardiac Society - **Ireland**
- Italian Society of Interventional Cardiology (SICI-GISE) - **Italy**
- Working group on Interventional Cardiology of the Latvian Society of Cardiology - **Latvia**
- Working group in Interventional Cardiology of the Lithuanian Society of Cardiology - **Lithuania**
- Luxembourg Society of Cardiology - **Luxembourg**

- Working Group of Interventional Cardiology, Macedonian Society of Cardiology - **Macedonia**
- Interventional Cardiology and Radiology Society of Moldova (SCRIM) - **Moldova (Republic)**
- Dutch Working Group on Interventional Cardiology - **Netherlands**
- Norwegian Working Group on Interventional Cardiology - **Norway**
- Association of CardioVascular Interventions of the Polish Cardiac Society - **Poland**
- APIC - Portuguese Association of Cardiovascular Intervention - **Portugal**
- Working Group of Interventional Cardiology - Romanian Society of Cardiology - **Romania**
- Scottish Cardiac Society - **Scotland**
- Working group of interventional cardiology, Cardiology Society of Serbia - **Serbia**
- Working group of Interventional Cardiology of the Slovak Society of Cardiology (PSIIK) - **Slovakia**
- Slovenia Society for Cardiology, Working Group for Interventional Cardiology - **Slovenia**
- Interventional Cardiology Association of the Spanish Society of Cardiology - **Spain**
- Swedish Working Group on Coronary and Valvular Interventions - **Sweden**
- Swiss Working Group of Interventional Cardiology - **Switzerland**
- Ukrainian Association of Interventional Cardiology - **Ukraine**
- British Cardiovascular Intervention Society (BCIS) - **United Kingdom**

MIDDLE EAST

- Iranian Society of Interventional Cardiology (ISOIC) - **Iran**
- Working Group of Interventional Cardiology / the Iraqi Cardiothoracic Society - **Iraq**
- Israeli Working Group in Interventional Cardiology - **Israel**
- Jordan Working Group of Interventional Cardiology - **Jordan**
- Lebanese Society of Cardiology - **Lebanon**
- Saudi Arabian Cardiac Intervention Society (SACIS) - **Saudi Arabia**
- Turkish Society of Cardiology, Association of Percutaneous Cardiovascular Interventions (TSC-TAPCI) - **Turkey**

OCEANIA

- Cardiac Society of Australia and New Zealand - Interventional Council - **Australia and New Zealand**

Thank you to everyone involved for sharing your knowledge and bringing the worldwide interventional cardiology community even closer together.

There are eight 'Focus on International Collaboration' sessions today – which one will you participate in? Check out the programme for further details.



Meet your peers from different world regions!





Tuesday: 16:45-17:00

Journey to Japan: Discovering PCR Tokyo valves



Wednesday: 13:10-13:30

Celebrating the return of the Chinese cardiovascular community PCR CIT China Energy valves



Wednesday: 16:15-16:30

Journey to the Middle East: Discovering gulf PCR



Thursday: 14:30-14:50

Journey to Asia-Pacific: Discovering AICT PCR



PCR Companions Lounge

The Jon DeHaan Foundation rewards another innovative idea!

The competition for the Jon DeHaan Foundation Award was tough at PCR Innovators Day on Monday, but yesterday, the A-FLUX Reducer System was crowned the winner.

Robert Schwartz, President of the Foundation, explained how the award came about: “Jon DeHaan is an amazing man – a grateful patient who had an MI and a DES – who benefitted from cardiovascular technology and wants to foster additional innovation. We came up with the idea of focusing a section of the Foundation’s work on giving innovator awards in collaboration with outstanding meetings like this. Since then, we have given away over 24 grants.” He described how there are no strict rules regarding who can enter the competition, “We do not limit ourselves or set arbitrary criteria as we know that some of the best ideas are completely unexpected – any novel ideas in the cardiac space are considered. It’s been successful in the past and this year is no exception. We had over 50 submissions to the PCR Committee, across a broad range of topics, and this tells us there is a great deal of interest and innovation.”

Dr Schwartz handed over the grant of \$200,000 at yesterday’s ceremony, along with his best wishes for the future of the project. Nicole Karam, one of the Directors of PCR Innovators Day, said that the award “goes way beyond money.” She added, “Getting

to the final and winning is a sign of encouragement from the community. It’s recognition for a great idea, it highlights how far the innovator has come and it validates that the project is heading in the right direction. The award is also a gesture of support that there is help available.”

The award was given for Rishi Puri’s presentation on the A-FLUX coronary sinus reducer. Speaking later, he explained what it means to the team at VahatiCor, Inc. to win the Jon DeHaan Foundation Award competition: “Firstly, it’s a great honour simply to be chosen as a participant, let alone to be considered the ‘winner.’ **Ultimately, we hope that patients will be the winners.** The recognition and exposure are nevertheless priceless and critically important for early-phase start-ups to take their innovation to the next level. It’s been a pleasure to embark on this start-up journey with my VahatiCor co-founders, Marwan Berrada-Sounni and Omar Abdul-Jawad Altisent, who along with the great team at VahatiCor have developed a novel next-generation self-expanding coronary sinus reducer for patients with persistent ischaemic heart disease. In only 28 months, we have been able to deliver the concept, conduct preclinical studies and have now carried out our first-in-human implant and six further implants.”

As described by Dr Puri, their innovation addresses an unmet need currently affecting a large population: “Between 30–50% of coronary angiograms performed in daily global clinical practice



demonstrate coronary microvascular dysfunction. These patients bear a large symptom burden as anti-anginal medications are not always effective nor specific at improving coronary microvascular function – they tend to live life suffering without a tailored therapy. Coronary sinus reduction has been shown to acutely and durably improve coronary flow reserve (CFR). In addition, a dominant proportion of heart failure patients (with preserved function and reduced ejection fraction) harbour significantly impaired CFR. Unfortunately, stenting/CABG has not been shown to offer additive benefit to medical therapy in improving hard clinical outcomes in patients with ischaemic heart failure and often these revascularisation procedures are high risk. A coronary

sinus-based approach could conceivably non-discriminately modulate and improve CFR in a much more potent way than selective epicardial coronary revascularisation, potentially driving significant improvements in symptoms and hard clinical outcomes.” Dr Puri and VahatiCor hope that the A-FLUX Reducer System could help to fill the therapeutic void. Their next steps include trying to raise Series B funding to embark upon planned early feasibility studies.



The 2023 winner of the Jon DeHaan Foundation Award was Robert Taft from NXT Biomedical who described a right-to-right shunt between the pulmonary artery and the superior vena cava for patients with heart failure and pulmonary hypertension. Here he tells us what winning meant to him:

How did you feel when you won the award?

This was validation of the collaboration between engineers and cardiologists that results in unique and differentiated insights leading to new therapies. We had great competition in the field so winning this helped to validate the value to patients of a differentiated therapy. That being said, we have much work to do to prove safety and benefit to patients.

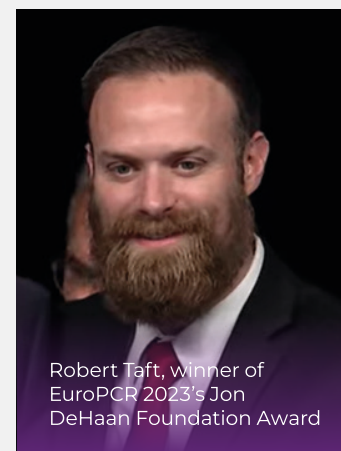
This non-dilutive funding is important to our progress.

How has the award helped your innovation to progress over the last year?

This last year, like for many companies, has been a struggle to garner funding adequate to advance our clinical trials the way this promising therapy deserves. The award allowed us to make some additional progress, but we still require more funding to validate feasibility with an

adequate number of patients with careful follow-up. The award created a lot of interest which has aided our fundraising efforts.

“The most valuable part of winning is the validation, not that the funding wasn’t appreciated. These are tough competitions and you learn a tremendous amount from the feedback and questions. These prepare you for more effective future presentations, whether you win or just compete.”



Robert Taft, winner of EuroPCR 2023's Jon DeHaan Foundation Award



OTHER PCR INITIATIVES



New for 2024: Alfieri's Boot Camp

Developed by the Università Vita-Salute San Raffaele in Milan in collaboration with PCR, a highly interactive certified 3-day course will launch later this year.

From the birthplace of the Alfieri stitch, pioneered by Ottavio Alfieri, comes a brand-new course designed to hone your skills in transcatheter edge-to-edge repair (TEER) for mitral and tricuspid interventions. Tailored for cardiac surgeons, interventional cardiologists and echocardiographers, the programme has been built by Ottavio Alfieri, Francesco Maisano and team.



The course starts by covering the surgical evidence needed to understand the anatomy and techniques, with ample time set aside for discussions and questions.


The second day will dive deeper into real-world case studies and the nuances of TEER applications will be thoroughly explored. Anatomical and 3D models will help enhance your understanding even further.


The final day will include live case studies and an assessment of your new-found skills in mitral and tricuspid TEER.

"Harnessing three decades of expertise, this interactive course is more than just an educational journey – it's a gateway to excellence in TEER. Each day is structured to ensure maximum interaction, hands-on experience and collaboration, with state-of-the-art tools and technology, and with certification to confirm your competency." **Francesco Maisano**

ALFIERI'S BOOT CAMP
 From the basics to mastering perfection of Edge to Edge
SAVE THE DATE
11-13 NOVEMBER 2024
 Milan, Italy


 UniSR
 Università Vita-Salute
 San Raffaele


 PCR
 simulation
 based
 learning

The Advanced Course on Transseptal Puncture maintains its momentum!

Four sessions of this certified and CME-accredited course have been dispensed since it was launched last year. Back by popular demand, a further 2 sessions are taking place in June and October 2024.

Endorsed by PCR, the Advanced Course on Transseptal Puncture was developed by the Università Vita-Salute San Raffaele in Milan, Italy – where Francesco Maisano and his team built an immersive programme tailored for interventional cardiologists and cardiac surgeons as well as electrophysiologists.

Following pre-event online learning, a maximum of 24 participants gather for 2 highly interactive days, which include lively case-based discussions, step-by-step best practices and a strong focus on simulation-based training under the guidance of expert trainers.

Topics covered

- Large bore venous access and closure
- Transseptal puncture material, techniques and management
- Left heart navigation
- Imaging for mitral interventions



Simulators used for training

- 3 venous access and closure simulators
- 5 physical dry transseptal puncture simulators
- 3 digital echo-guided transseptal puncture heart simulators

Professor Maisano confirms the course comprises all aspects of transseptal puncture "...the materials, ideal access, imaging guidance, troubleshooting, standard operating procedures, as well as tips and tricks

for those who have already been involved in many procedures."

Participants who effectively complete a structured evaluation at the end of the course obtain certification that they have the knowledge and skills to start or continue to perform transseptal catheterisation based on best practice.

More reasons to participate

A 1-year subscription to the PCR-EAPCI Textbook and a convivial welcome dinner are included in

the registration fee. The course is approved as compliant by the MedTech Code of Ethical Business Practice and is accredited by EBAC for 12 hours of external CME credits.

Upcoming sessions in Milan:

- 9–11 June 2024
- 13–15 October 2024





THT Europe Foundation – facilitating attendance at EuroPCR 2024!

Since its creation in 2018, the THT Europe Foundation has enabled hundreds of healthcare professionals to attend international congresses and courses.

The THT Europe Foundation’s story starts with the first Transcatheter Heart Team (THT) Conference in Poland, which took place in 2014. THT continued to be involved solely in supporting education through its annual conferences for the next 3 years. “In 2018, the team at THT Poland decided to go beyond providing education locally

in our annual conference and set up the THT Europe Foundation, with the mission of providing high-level education and training for the treatment of structural heart diseases across Europe and beyond,” says Radoslaw Parma, CEO and Board Member of the THT Europe Foundation. Since then, the Foundation has provided grants to support 703 Polish HCPs to attend 30 international congresses, including 75 HCPs to PCR London Valves 2023 and 35 to EuroPCR 2024.

“Our focus is on encouraging the whole Heart Team – not just

interventional cardiologists but also surgeons, cardiologists, nurses, echocardiographers, radiologists and anaesthesiologists – to attend educational events,” says Maciej Dabrowski, THT Europe co-founder, who continues: “In line with the PCR spirit, we believe that meeting and sharing experience at events such as EuroPCR are vital to building relationships and growing strong communities. Our patients benefit from high-quality interventions made possible by continuous operator training, top-tier education and skill exchange.”

The Foundation hopes to soon extend the scope of its support outside Poland, to Central and Eastern Europe. It gives special attention to younger colleagues with limited opportunities for financial support and little experience in accessing grants.

Find out more at www.thteurope.org



THE THT EUROPE FOUNDATION: OBJECTIVES

- To provide high-level education and training in cardiovascular medicine to heart team members
- To encourage collaboration among cardiovascular specialists across Europe by facilitating networking opportunities, promoting knowledge exchange, and providing hands-on training at renowned centres
- To facilitate access to educational materials and presentations on the treatment of cardiovascular diseases
- To monitor and support the development of transcatheter structural heart disease therapies in Central and Eastern Europe



WOMEN AS ONE CLIMB SKILLS TRAINING PROGRAM

Free virtual training in advanced procedural topics, led by experts, for women in cardiology and related specialties.

WOMENASONE.ORG/CLIMB2024

Applications close May 22

2024 Clinical Learning Topics

- ◆ Atrial Fibrillation
- ◆ ATTR-CM
- ◆ Heart Failure
- ◆ Prevention
- ◆ Structural Imaging



#CLIMB2024

Discover the elected EAPCI Board for 2024–2026 and become part of EAPCI

The future of EAPCI is yours!

The elections for the EAPCI Board have concluded, with voting taking place from March 29 to April 18, 2024. The official results were announced yesterday during the EAPCI General Assembly, heralding a new era of leadership under the presidency of Alaide Chieffo.

For a complete overview of the new board members, their roles and their visions for the future of EAPCI, visit our dedicated page.



JOIN OUR OPEN CALL FOR EAPCI COMMITTEE 2024–2026 POSITIONS

Join the vibrant EAPCI community

The new board, under the presidency of Alaide Chieffo, will launch for the first time an open call to **all EAPCI Members for new EAPCI Committee 2024–2026 positions!**

The new board is eager to welcome motivated volunteers who, at the time of their application, are EAPCI Members passionate about contributing to the field of interventional cardiology and who are eager to work as official members in one of the innovative EAPCI Committees. EAPCI is a dynamic, expanding community involved in numerous exciting projects. Volunteering with an EAPCI Committee offers a unique opportunity to impact the community positively while experiencing professional and personal growth within a group of talented, motivated individuals.

How to apply? To join us, simply fill out the application form in the QR code. You will need to provide details about your professional profile, areas of expertise, motivations and a CV. This is your chance to become a part of a community dedicated to making a significant difference in the interventional field.



A personal invitation from Alaide Chieffo

In a personal address, Alaide Chieffo shares compelling reasons why YOU should consider joining the EAPCI Board as a committee member for the 2024–2026 term:

“Being a part of the EAPCI Board is not just about holding a position; it's about making real change. Our community thrives on collaboration and innovation, and each new member brings fresh perspectives that enrich our collective efforts. I encourage all enthusiastic professionals to apply as your unique skills can help shape the future of cardiovascular interventions.

This call to action is not just an invitation; it's a pathway to influence the future of cardiovascular medicine globally. Be a part of this transformative journey. **The future of EAPCI is yours!** #JoinEAPCI #riseandlift #inclusivity #meritocracy #transparency”

Alaide Chieffo

@alaide_chief



EAPCI
European Association of
Percutaneous Cardiovascular
Interventions

Welcome to the new board



Yesterday evening, EAPCI held their General Assembly, during which outgoing EAPCI president, Emanuele Barbato, welcomed Alaide Chieffo as incoming president.

The results of the EAPCI elections were also announced and congratulations go to Martine Gilard, who is the new president-elect. Flávio Ribichini and Dejan Milasinovic start their terms as Treasurer and Secretary, respectively, and Salvatore Brugaletta and Maciej Lesiak as PCR representatives.

Alaide Chieffo:

“Nearly 50% of EAPCI Members are young or early career. Our motto (and our duty) is #riseandlift, which we will do through inclusivity, transparency and meritocracy.”

Martine Gilard:

“I'm really honoured to be elected by the EAPCI members and I look forward to representing them and working together on four key pillars: transforming education; reinforcing communication and collaboration; improving equality, diversity and inclusivity; and developing person-centred healthcare.”

Emanuele Barbato:

“It's been an honour for me to have served my community over the last 2 years, and have preserved the integrity of the Association as a united and strong European interventional cardiology community. I will be supporting and advising the new executive community in my new function as past president. Good luck to Alaide and congrats to Martine, Flávio, Dejan, Maciej and Salvatore.”

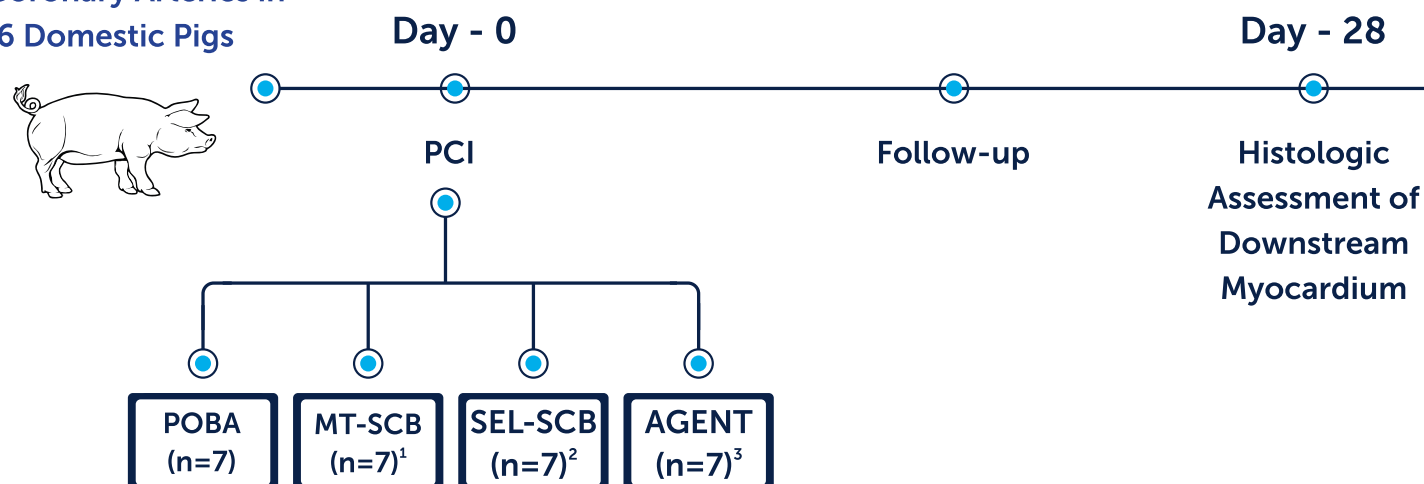
FUTURE MEETINGS



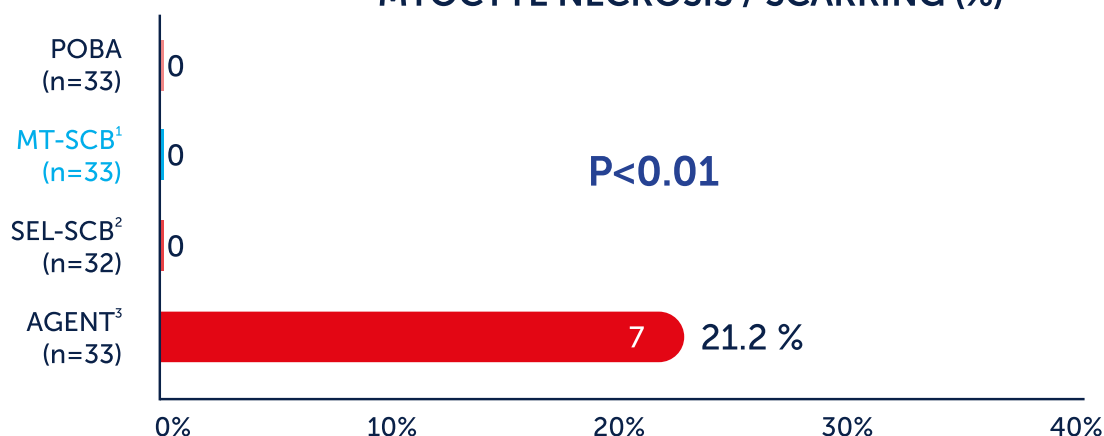
www.pcronline.com

Safety & efficacy comparison of Downstream Embolization in DCBs and POBA

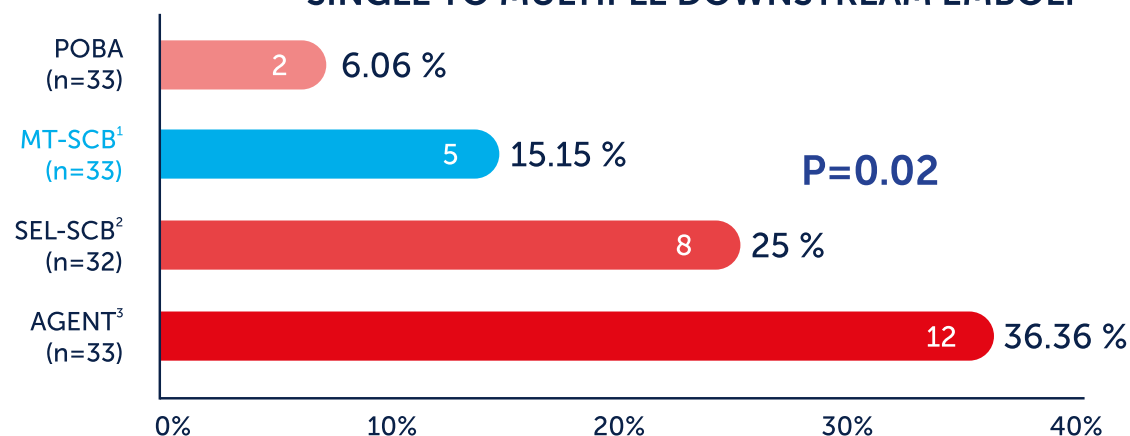
17 Coronary Arteries in
6 Domestic Pigs



MYOCYTE NECROSIS / SCARRING (%)



SINGLE TO MULTIPLE DOWNSTREAM EMBOLI



Scan to know more



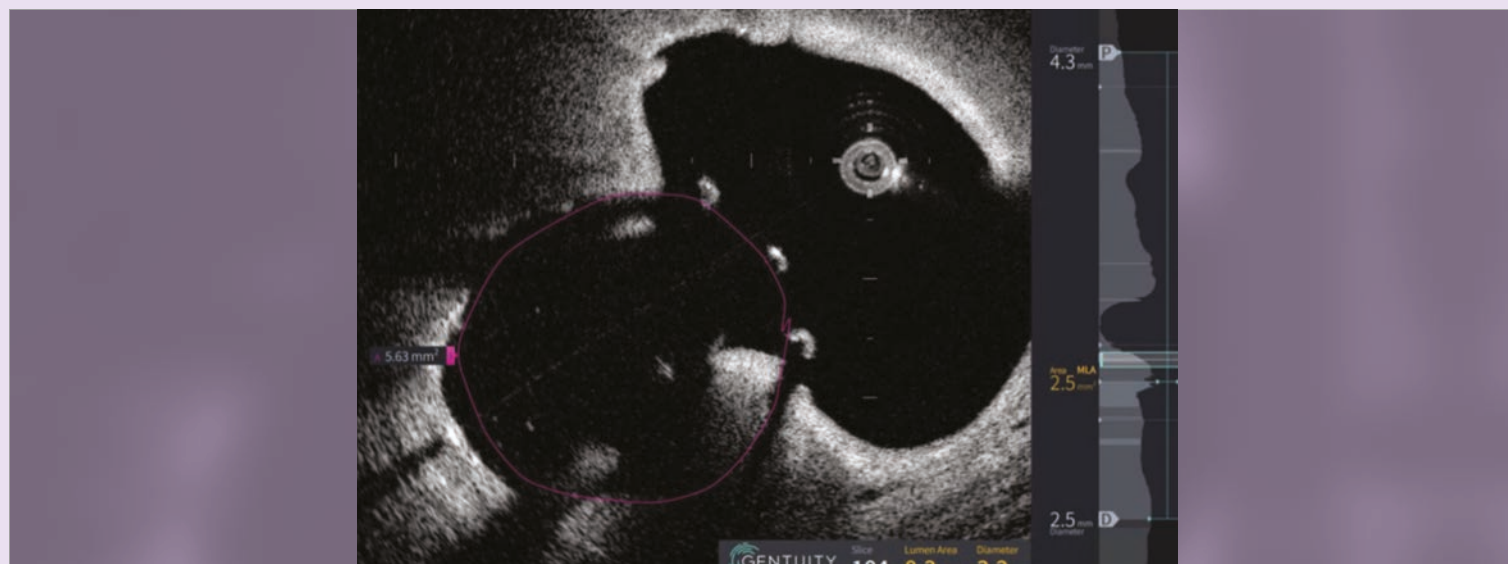
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CAUTION: The law restricts these devices to sale by or on the order of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labelling supplied with each device. For restricted use only in countries where product registered with applicable health authorities. 1. MagicTouch Sirolimus Coated Balloon – Concept Medical Inc. | 2. SOLUTION SLR™ – M.A. Med Alliance SA | 3. AGENT™ Drug-Coated Balloon – Boston Scientific Corporation. | Reference: CVPath ID: CP4069-0427. Data on file at CV Path Institute



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 2024.

Today's case:

The “mushroom” sign

We evaluated an angina-free patient with a history of PCI procedure in the mid-RCA performed 16 years ago. Moderate in-stent stenosis of the first stent with aneurysmatic deformation was observed. An OCT run was performed to clarify the exact pathology.

What do you see in this image?

- A. Coronary artery aneurysm
- B. Coronary artery dissection with hematoma formation
- C. Extreme late stent malapposition

DON'T MISS

Imaging Learning Centre sessions today in Simulation Learning Room 1 (Ternes)

IVUS-guided treatment of left main
08:30 – 10:00

IVUS-guided treatment of long and calcific lesions
10:30 – 12:00

Coronary CT: all the interventionist needs to know
14:45 – 16:15

Answer: C

A significant stent (3.0x 20 mm) malapposition was observed with positive remodelling of the vessel. The maximum malapposition distance was 3.27 mm associated with a significant stent underexpansion.

Authors: Christodoulos Papadopoulos,¹ Sotirios Mitsiadis,¹ Dimitrios Zioutas,² Stergios Tzikas,¹ Georges Zorbas,¹ Vassilios Vassilikos¹

1. Hippokrateio University Hospital, Thessaloniki, Greece
2. St. Luke's Hospital S.a., Panorama, Greece

PCR
webinars

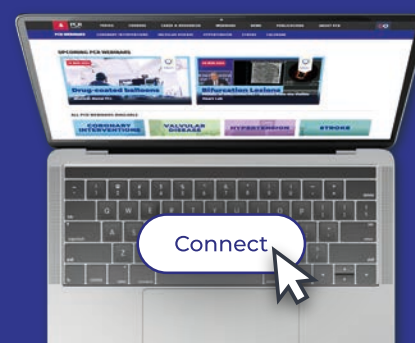
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YOUR PRACTICE!**

*data from a January 2024 survey among PCR Webinar participants

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EuroIntervention stays at the top of its field!



Davide Capodanno

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

According to Editor-in-Chief, Davide Capodanno, readers give the thumbs up to the new look and improved digital functionality of EuroIntervention and he encourages EuroPCR 2024 participants to discover the Editorial Team's pick of the year's papers:

"Over the last few months, we have been working on a range of different ways to improve the experience for our readers. You will have noticed a brighter and cleaner look to the website to enhance readability. The new layout also makes it easier to navigate the journal on smartphones, so you can quickly check out EuroIntervention content wherever you are. We have added new functionalities, including the ability to download a flipbook, allowing readers to effectively turn the pages as you would with a hard copy. Figures from articles can now be downloaded in slide format to add to your presentations and, to help with writing your own manuscripts, EuroIntervention article citations can be generated automatically in different formats, all at the touch of an icon.

One of the most exciting additions to the website is Cory, the new AI assistant. Based on a large-language model, we believe it is the first of its kind in the field of academic publishing. Cory is designed to accompany readers and enhance their reading experience. Not only can it adapt to respond in the language used by the questioner, it can also modify the content of its response based on their level of knowledge, from high-level overviews to lay summaries for patients – its possibilities are endless! We were

amazed by the enthusiasm generated on social media by Cory's launch and we feel sure that embracing AI in this way, to help improve how we work, will be very valuable to healthcare professionals and patients.

Like the website, the journal itself also benefits from a new layout, which is brighter and more modern, while still retaining the instantly recognisable EuroIntervention colours. We think that readers will appreciate the difference this look makes to the clarity of the text and its general readability.

In terms of publication, the big news is frequency, which has increased from triweekly to biweekly. This means that readers will now receive 24 issues online each year, of which 4 are printed issues, mainly for special events such as EuroPCR. Given the rapid pace of research these days, the increase in the frequency of digital publication allows us to provide our readership with more timely access to the latest information to help them translate it rapidly into their clinical practice. We also want to spread the message that EuroIntervention is now a hybrid journal, offering the option for Open Access publication, which will run alongside the usual subscription model. Authors can therefore select the choice that best suits their needs.

The journal's metrics are very healthy. In the first quarter of 2024, the reach of the journal, in terms of page views

and users, increased by 18% compared with the same period in 2023, and this corresponds with the change in the website graphics and functionality. Our social media presence, including X, Facebook and Instagram, has also expanded to 55,000 followers. And the recent diversification to include LinkedIn has already attracted 6,000 followers. Our Altmetric score of 86.8K certainly seems to suggest the journal is performing well in terms of online attention and engagement. The social media figures are great news for authors who can be reassured that articles published in EuroIntervention will benefit from high visibility across a variety of different platforms. We are expecting to receive the new Impact Factor in the coming months and readers should look out for it on the journal website.

We love to share the journal's most impactful papers with our readership and so, building on its success at last year's course, the session "These EuroIntervention papers changed my practice!" will feature again today at EuroPCR 2024. This year, Section Editors will select two papers each from different areas of interventional cardiology. The session discusses not just the manuscript content but also the behind-the-scenes activities involved in journal acceptance. We strongly encourage the audience to join in the discussion with the editorial team about what makes

one paper more attractive for publication than another. In this way, participants can get useful tips on how to improve the chances of their own manuscripts being accepted.

Finally, I would like to invite everyone to the EuroIntervention Editorial Board meeting (Thursday, 18:30, Room Maillot), which includes the traditional journal's award ceremony. This is our opportunity to share the journal's success with the community and to recognise the efforts of editors, reviewers, authors and, of course, our readers."

Visit the PCR Publishing/ EuroIntervention booth (M71, level 2) and the journal website:

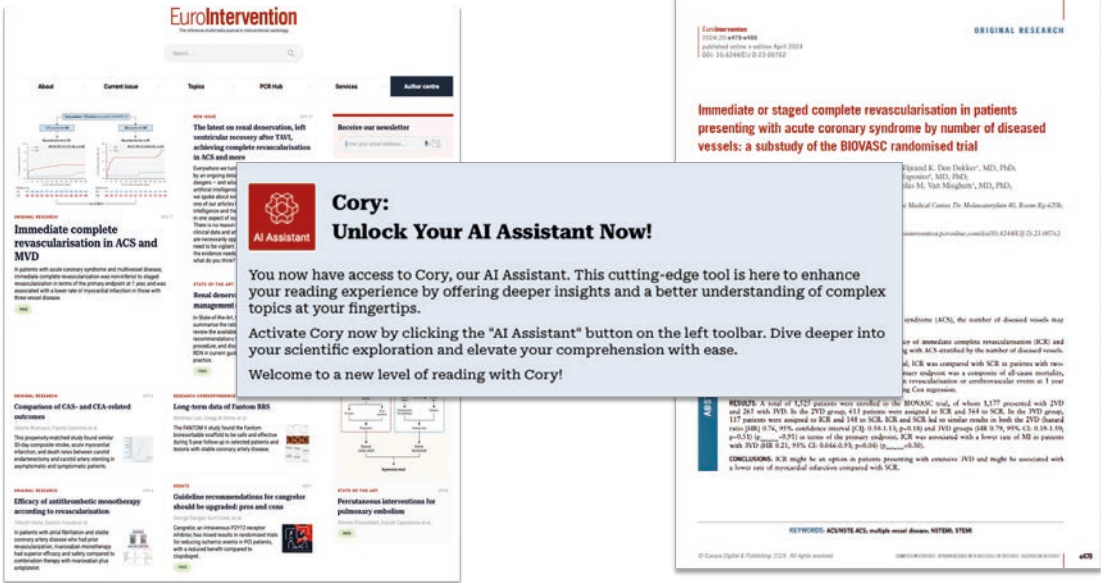


DON'T MISS

These EuroIntervention papers changed my practice!

Session with EuroIntervention Journal (EIJ)

Wednesday, Room 252B, 10:30 – 12:00



Celebrating the core values of interventional cardiology

The world's biggest sporting event will soon be kicking off in Paris, which provides the opportunity to share similarities found in the values of those who practise high-level sport and interventional cardiovascular medicine. The ultimate goal of our field is obviously not to break records and win medals, but to advance as a team and continually improve patient care all around the globe. There are, however, interesting parallels in the vocations of one and the other. Discover some of our examples!

Comparisons in the practice of interventional cardiology and high-level sport

TRAINING

In both, it takes years and years of practice to master techniques so well that they become consistently precise and instinctive, even when under extreme pressure.

TEAMWORK

Even when a performance may seem individual, the team members on and off the field and the supporting staff are always of utmost importance for the outcome.

COACHING

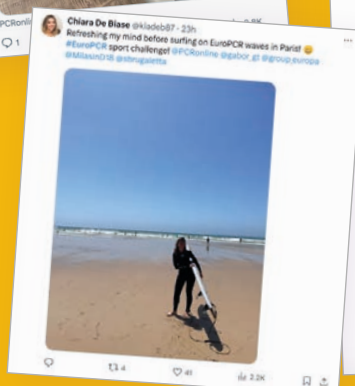
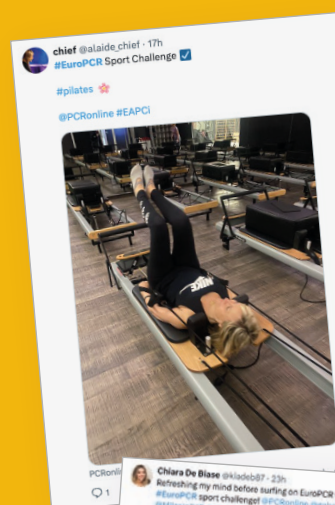
In interventional cardiology, our coaches are the mentors who eagerly pass down their skills, offer career advice and find the right words in our times of doubt.

COMMITMENT

In the sporting world, as for the interventional cardiovascular community, there is a long-term commitment to progress and a continual drive to do better.

Thanks to all participants in the EuroPCR 2024 sporting challenge!

It was fantastic to see so many of you post a photo of yourself and your colleagues/friends/family practising your favourite sport. As promised, here are the ones that got the most reactions on social media. Congratulations to everyone who took part and don't hesitate to keep on posting your pictures, just for the fun of it!



One new and four updated chapters in the PCR-EAPCI Textbook – **just for you!**

With so much progress in the field, the PCR-EAPCI Textbook doesn't stand still!
Check out all the new content made available in celebration of EuroPCR 2024 – free until 31 May.

NEW!

**Acute coronary syndromes:
A summary of the 2023
ESC guidelines for the
interventional cardiologist**

JJ Coughlan, Xavier Rossello,
Borja Ibañez, Robert Byrne

Last year saw the publication of the 2023 ESC guidelines for the management of ACS.¹ For the first time, recommendations on STEMI, NSTEMI and unstable angina were brought together, reflecting that ACS should be considered as a clinical spectrum. In a new chapter of the PCR-EAPCI Textbook, authors of the 2023 ESC guidelines highlight the aspects of the guidelines that may be most relevant for the interventional cardiologist. This includes sections on the timing of invasive strategies, antithrombotic therapy, technical aspects of revascularisation and the management of multivessel disease. The chapter also reviews some of the relevant studies that have been published since the work of the guidelines task force was completed. Throughout the guidelines, there is a particular focus on demonstrating the common principles underpinning the management of patients presenting with ACS.

This is not just a summary of the guidelines, it's an overview of what matters to you!

1. Byrne RA, et al. Eur Heart J. 2023;44:3720–3826.



UPDATED!

Coronary artery stents

Miklos Rohla, Scot Garg,
Raffaele Piccolo,
Sharmaine Thirunavukarasu,
Patrick W. Serruys,
Stephan Windecker

With so many new stents available now, this timely update provides a comprehensive overview of the characteristics of each device and sets out the available evidence on each stent. The information, structured in a reader-friendly way, will help interventional cardiologists to select the most appropriate stent for their patients in clinical practice.



Stent thrombosis

Jarrod D. Frizzell,
Ian J. Sarembock,
Dean J. Kereiakes

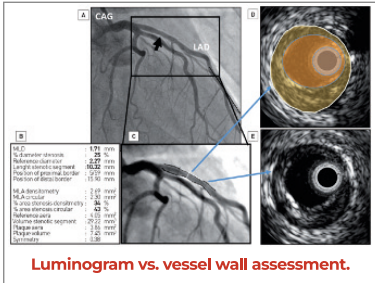
Despite the evolution of DES technology and adjunctive pharmacotherapies, stent thrombosis is still one of the deadliest complications of stent deployment. Learn more about the factors associated with stent thrombosis, the impact of different dual antiplatelet therapy regimens, and the prognosis and appropriate treatment should this dreaded complication occur.



Intravascular ultrasound

Hector M. García-García,
Fernando Alfonso

EuroPCR 2024 is putting imaging in the spotlight, making it even more

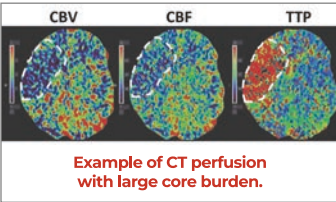


relevant that content on IVUS has been updated. A wealth of new data has been published recently on the role of IVUS in guiding PCI. In complex subsets of PCI, IVUS is now an indispensable tool, with newer IVUS catheters being commercialised that are high definition in nature. These trends will be reviewed in this updated chapter along with a summary of the most important uses of IVUS in current research and clinical practice.

**Endovascular treatment of
acute ischemic stroke**


Maxim Mokin, Pui Man Rosalind Lai,
Jason M. Davies, Kenneth V. Snyder,
Adnan H. Siddiqui, Elad I. Levy,
L. Nelson Hopkins

Over the last two decades, intraarterial stroke technology (also commonly referred to as “endovascular therapy”) has evolved tremendously and it is currently the standard treatment for most patients with emergent large vessel occlusion. Several intraarterial approaches are available and selection of the optimal therapeutic intervention is based on clot location and size as well as the anatomy of the affected vessel. This updated chapter reviews currently available strategies for intravascular treatment of acute ischemic stroke and discusses relevant studies, their clinical significance and limitations. In addition, clinical and



imaging patient selection criteria are discussed with illustrative cases.

**See the new content
for yourself!**
Visit the PCR-EAPCI Textbook:





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Editors:
Stephan Windecker, Piera Capranzano



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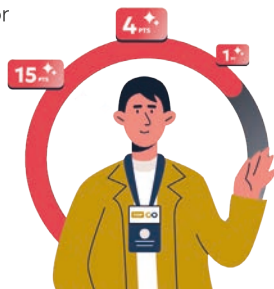


PCR Companions now enjoy increased recognition for their dedication to learning and sharing

Since the end of last year, PCR Companions have been able to gain points for their active contribution to the advancement of education in interventional cardiology, such as submitting, attending or presenting at a PCR Course.

Once you reach 100 points you become a Top Companion for one year and unlock exclusive benefits – for yourself and for a colleague of your choice.

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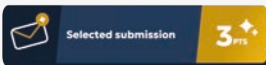
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- Access or download the PCR App
- View the tutorial on the Companions tab (this will also unlock 5 points)
- Submit, attend, present... and follow your progression!



How to gain points?

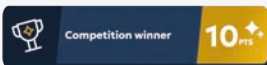
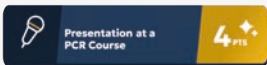
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Guest Lounge access at EuroPCR + exclusive onsite events at other PCR Courses



Early fee all year long at PCR Courses

It's happening today!

PCR Companions Lounge – level 2

10:00-10:30 Gen AI: rewards and risks for healthcare professionals

13:10-13:30 Celebrating the return of the Chinese cardiovascular community

14:30-14:45 Transforming education together: your impact as PCR Evaluator

16:15-16:30 Journey to the Middle East: discovering GulfPCR-GIM



Yesterday, the first healthcare practitioners to unlock Top Companion status collected their special yellow pin badges. Hats off for your dedication to advancing our field!



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POSTS OF THE DAY

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ISAR TEST 5, JACC VOL. 76, NO. 2, 2020 Kufner et al. JULY 14, 2020:146 – 5 B

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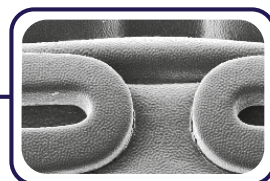
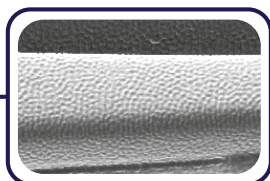
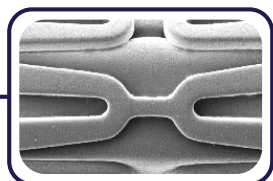
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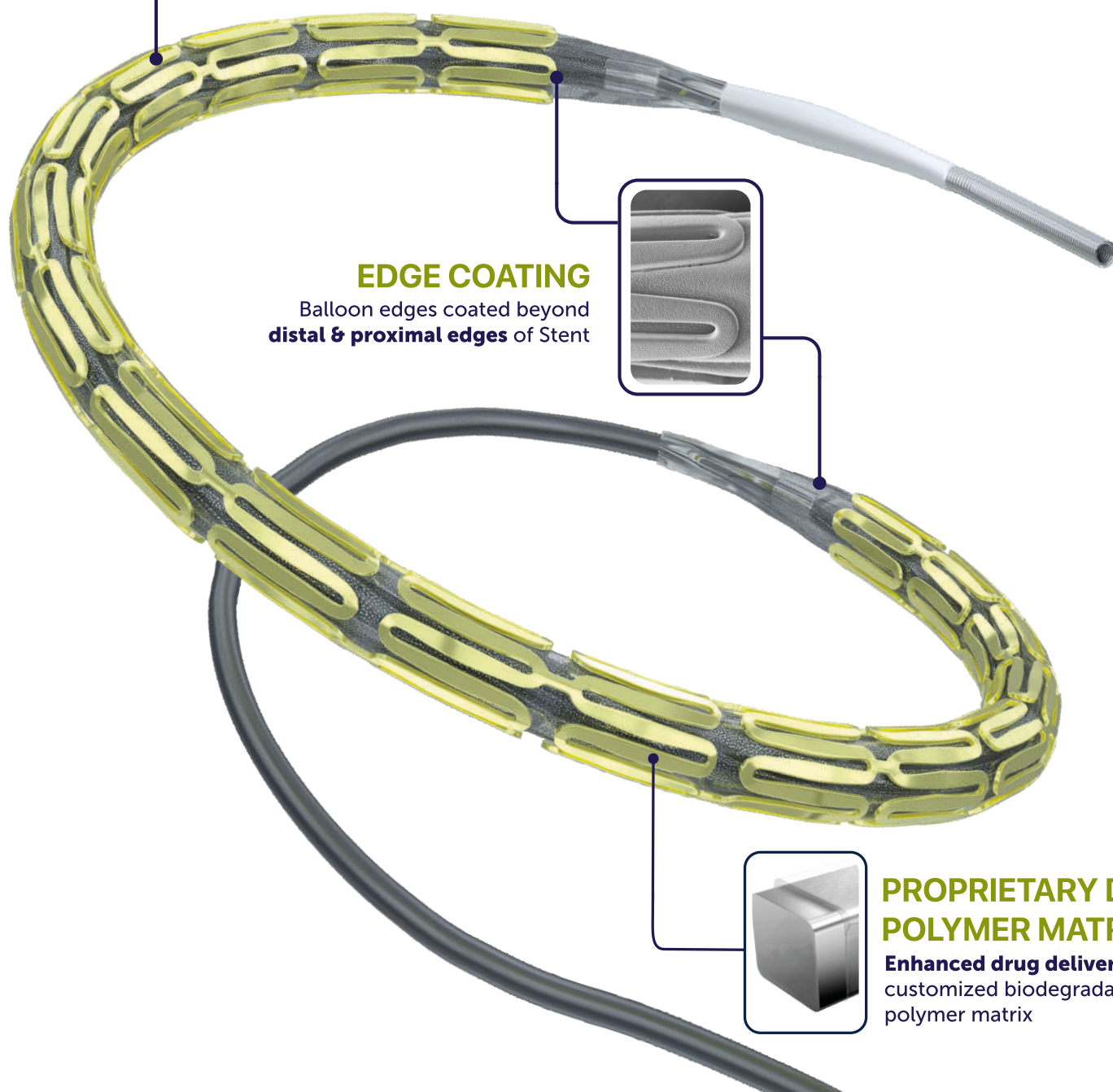


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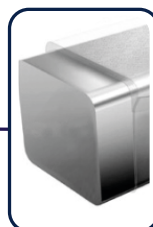
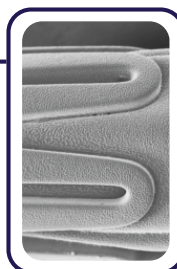


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