

The Daily Wire

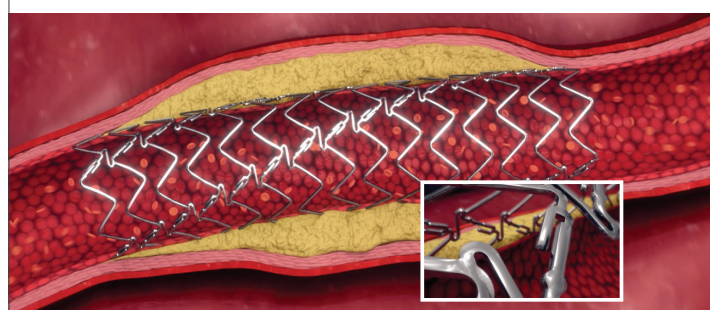
THE OFFICIAL EUROPCR COURSE NEWSPAPER

EDITION ONE, 20 MAY 2025



DYNAMX
CORONARY BIOADAPTOR

Significant Improvement Over Contemporary DES^{1,2,3}



- Restored Vessel Pulsatility^{1,3}
- Restored Vessel Compliance^{1,3}
- Adaptive Remodeling^{1,3}

Advancing the standard of care in PCI with Bioadaptor: from simple to complex

**Wednesday, May 21
16.30-17.30, Room 251**

Faculty:

M. Alasnag; D. Erlinge; N. Werner;
M. Hawranek; A. Wong; O. Goktekin

**Deep dive into late breaking
3-year RCT results**

Join ELIXIR MEDICAL booth M1, floor 2

1. Saito S et al. 24-month Outcomes BIOADAPTOR-RCT. JACC Interv 2025. 2. Erlinge D et al. 12-Month Outcomes INFINITY-SWEDEHEART-RCT The Lancet. 2024 Nov 2;404(10464):1750-9. 3. S. Saito et al. Bioadaptor RCT 12 months outcomes. Lancet eClinical Medicine 2023. **Caution:** The DynamX Sirolimus Eluting Coronary Bioadaptor System is an investigational device in the United States. Limited by Federal (or United States) law to investigational use. DynamX Coronary Bioadaptor System is CE Mark approved and not for sale in the US. PMN 2178 Rev A

euro
PCR

The place to
share solutions

#EuroPCR

Shared solutions for complex problems!

Welcome to Paris!

After 9 months of preparation with our Core Team, it is an immense pleasure to welcome you to EuroPCR 2025. We look forward to seeing thousands of you benefit from the extensive 4-day programme.

Your place to share solutions

The philosophy of making complex clinical challenges simple has always been an essential component of the PCR mission. This year we have chosen to highlight the many ways in which EuroPCR is the best place to share solutions to these everyday challenges. Interventional cardiovascular medicine poses at least three levels of complexity: first, the lesion or procedure itself; second, the patient with multiple co-existent medical issues that increase the risk of complications and procedural failure; and third, the complex, busy (and often overwhelmed) healthcare environment in which we all work, encompassing regulatory and budgetary issues, manpower challenges and restricted access to new technologies.

In the programme on the mobile app, you can apply the filter 'complexity' to identify the multiple sessions in which our community will share solutions that will enhance patient care in complex situations.

Major late-breaking trials and their impact

We all rely on medical research to keep us up to date with the latest recommendations and you will find plenty of presentations throughout the programme that will keep you at the forefront. Please be sure to join this year's 'Major Late-Breaking Trials' session on Wednesday at 11:15 in Theatre Bleu – and do not miss our new 'Translate the TOP Trials into



Practice' sessions that will address the clinical impact of recent major late-breaking trials.

LIVE Educational Cases at the core

Sincere thanks to Heart Teams in the eight renowned centres that will transmit LIVE educational procedures from around the globe. The huge educational value of these immersive sessions is a result of their dedication and meticulous preparation. In particular, look out for two sessions that will feature an on-stage simulator to support key learning messages for the first time at EuroPCR.

Ever-popular Learning sessions

LIVE and real-world cases will again be used to share the fundamentals and spark discussions concerning the latest techniques in our highly interactive Learning sessions. Some of these are newly built from your Best Companion cases selected from this year's impressive grand total of over 3,000 submissions. Thanks to you all for your high-quality work that will feature in countless sessions throughout the week!

Simulation-based sessions

We hope you will enjoy the choice of 42 sessions lined up in the Simulation Learning Room, Hands On and Imaging Skills Labs – each of which will provide guided demonstrations applicable to real-world practice using dedicated imaging software. Our esteemed nursing and allied professional colleagues are also encouraged to join a new simulation-based session that will utilise live dissection demonstrations to illustrate 3D cardiac anatomy.

Hands-on and practical experience

Be sure to visit the vast 1,100 sqm Training Village located on Level 1 where you will find 16 fully-equipped training rooms offering a host of practical and hands-on workshops that will boost your practical skills. Sincere thanks to our valued Industry Partners who support these initiatives alongside their high-quality sponsored sessions throughout the Course.

Satellite Courses

Yesterday, two successful events took place and we take this opportunity to thank everyone involved.

The EAPCI-PCR Fellows Course never ceases to gather enthusiastic practitioners at the beginning of their interventional cardiology career. As for PCR Innovators Day, we look forward to discovering the winner of the generous \$200,000 Jon DeHaan Foundation grant at the Awards Ceremony in the Main Arena on Wednesday at 10:15. Each of the ground-breaking presentations can be accessed via the Innovation Book, Course app or PCRonline.

We wish you an inspiring EuroPCR in the company of your peers. Sharing multiple perspectives over the coming days will allow you all to take home new solutions to manage and reduce complexity in your daily practice.

Enjoy your Course!

Thomas Cuisset
Nicolas Dumonteil
Jean Fajadet
Nieves Gonzalo
Bernard Prendergast
William Wijns

TODAY'S MUST-ATTEND EVENTS

Welcome to EuroPCR 2025 Main Arena, 09:45 – 10:00

Personalised Vascular Care Award Room 242AB, 17:30 – 17:35

CUTTING THROUGH THE COMPLEXITY

Complexity is the *fil rouge* of this year's course but what does it mean to the Course Directors? And how can EuroPCR help participants cut through the complexity?



Thomas Cuisset

"Complexity has three different levels for many of us: procedures are becoming increasingly technical, our patients are becoming more complex to manage due to their age and co-morbidities, and our working environments are often under strain with limited resources. We have designed a 'Complexity track' in the programme that illustrates these points, providing solutions to the complex problems that are now part of our daily practice.

Relating to healthcare delivery, the Complexity track includes a session that provides updates on the RESIL-Card project, which aims to build resilience in cardiovascular care in times of crisis. In addition, a session in collaboration with Stent – Save a Life! discusses managing complex STEMI patients in diverse healthcare systems, with perspectives from Africa, Latin America and Asia.

Complications are a level of complexity that no-one wants to encounter. One of the highlights of this year's programme is our 'Best Companions' case' sessions. We have received some amazing submissions, including very tricky cases on complications, which we can all learn from to reduce the likelihood of events taking a turn for the worse. **Sharing is an essential part of the PCR DNA – by sharing our experiences, we can reduce the learning curves for each other."**

LEARN MORE!
Best Companion's case on complications for stable coronary artery disease PCI

Tuesday, Abstract & Case Corner E, 12:00 – 13:00 and 15:00 – 16:00



Nieves Gonzalo

"Complexity is something that we face every day as the lesions in the patients we treat are becoming more

complicated – and the increasing prevalence of coronary calcification exemplifies this. Up to a quarter of patients presenting for planned PCI now have angiographically detectable calcium, which may be due to factors such as advanced age and co-morbidities including diabetes and kidney disease.

Performing PCI in patients with calcified lesions is now unavoidable for interventional cardiologists. An understanding of the underlying pathophysiology is important and, given the potential for adverse outcomes, we need to equip ourselves with the right skill set to deal with these complex lesions. Modifying calcium prior to stenting can optimise stent expansion and intracoronary imaging can facilitate not only the detection of calcium but also the confirmation of adequate modification and stent optimisation.

Knowledge is power and sharing best practices at PCR Courses and Webinars is helping us to treat complex lesions with more confidence. I recommend sessions held in collaboration with the Euro4C Group if you want to learn more about how to tackle difficult cases head on."

LEARN MORE!
My approach for calcified bifurcation lesions

With the collaboration of Euro4C Group
Tuesday, Theatre Bordeaux, 12:00 – 13:00



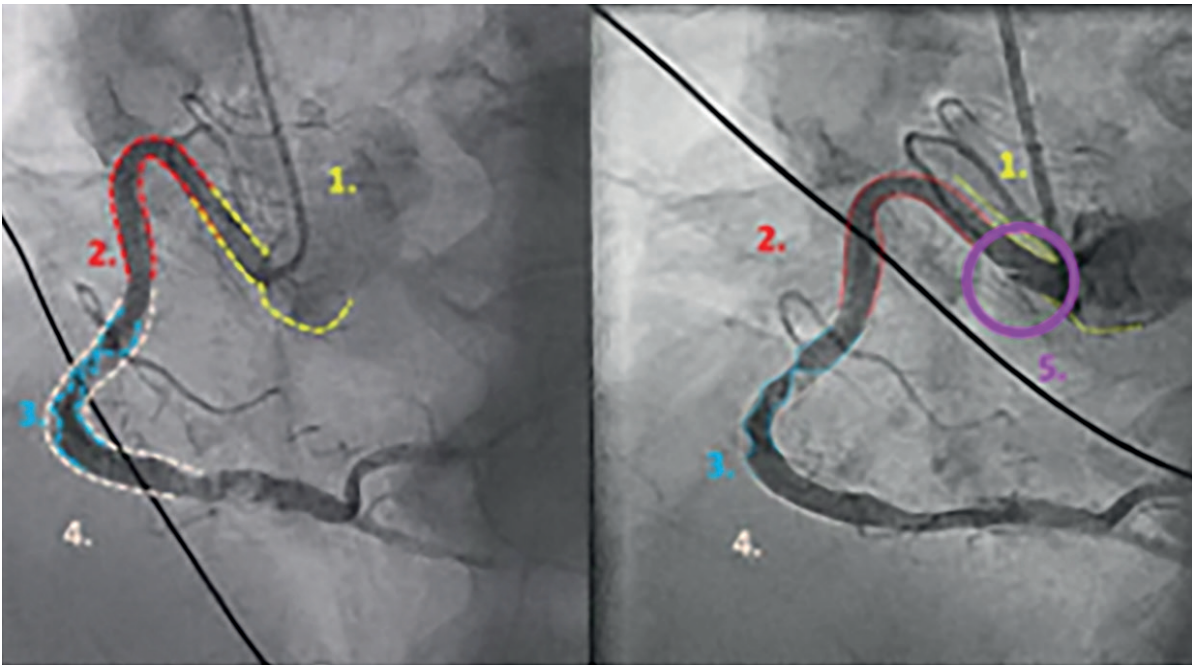
William Wijns

"Our small interventional cardiology world is no different from the wider one – the complexity of our working environment is increasing. We find ourselves dealing with more patients but with less time and fewer resources. Efficient streamlined teamwork within our cathlab teams is essential, especially when performing difficult procedures. And our wider teams have grown much more complex as more specialties have developed. As we manage patients with multiple comorbidities – with involvement from diabetes specialists, nephrologists, emergency specialists, etc. – it is more important than ever that proper patient pathways are in place so that the right patient is seen by the right doctors, not just by one doctor. Healthcare organisation and delivery needs to evolve as the patient population changes.

Several initiatives are visible during the course that will help to highlight that **interdisciplinary teams lead to more personalised patient care and better outcomes.** Sessions from the PCR Tricuspid Group and from two new groups – the PCR Mitral Focus Group and iHF (Improving Heart Function) initiative – are designed to show that complex cases can be better managed when specialties work together."

LEARN MORE!
How to deal with secondary mitral regurgitation in 2025?

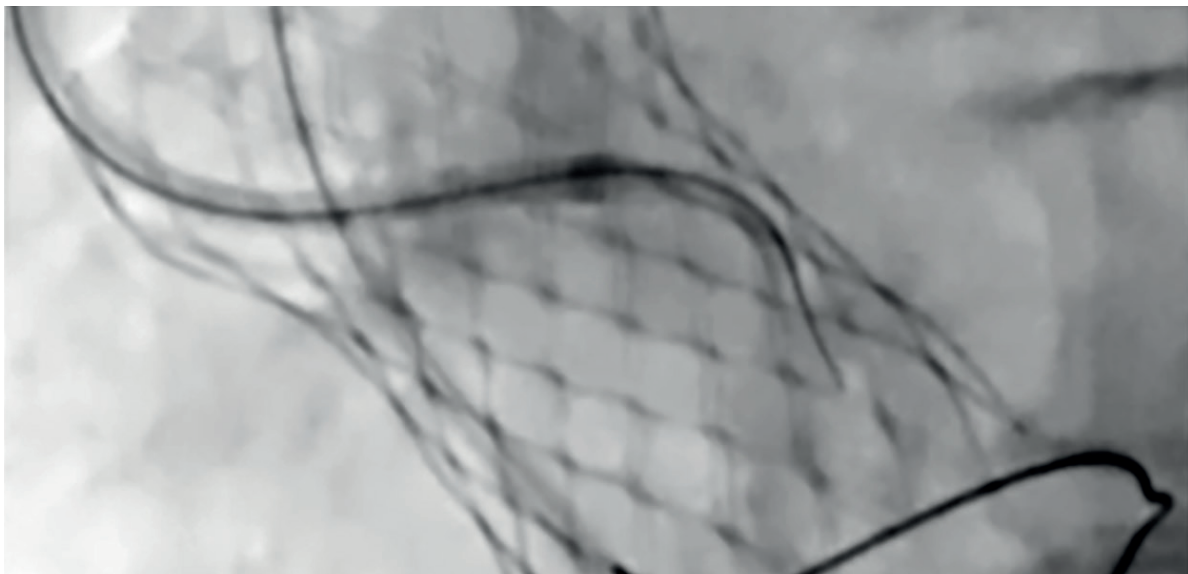
With the collaboration of the PCR Mitral Focus Group
Tuesday, Room 243, 15:00 – 16:00



How would you treat a vessel with mid-segment seemingly uncrossable stenosis and a concomitant catheter-induced iatrogenic ostial dissection?

Check out the Euro4C case here:





A 93-year-old woman with prior TAVI and chronic kidney disease presented with severe aortic regurgitation from structural valve degeneration, worsening NYHA III symptoms and repeated hospitalisations for cardiac decompensation. How would you navigate the treatment options for this challenging case? More details here:



Nicolas Dumonteil

“In some ways, our success has created even more complexity. As an example, the frequency of TAVI has risen greatly as indications have expanded and we now face the prospect of patients outliving their new valves – something that we would not have thought possible a decade or two ago. **But this example highlights how we rise to challenges as a community to find solutions.**

We are learning from trials and registries how to optimise patient and valve selection to improve durability. In addition, new procedures are being developed including standalone TAVI-in-TAVI, complex TAVI-in-TAVI and also surgical explantation with re-implantation. Research is also ongoing into areas relating to improved durability including valve leaflet fabrication, new valve designs and sizes, and post-implantation pharmacotherapy. And so, typical of our field, we overcome hurdles with insights and innovations.

Find out more from Hotlines, abstracts and clinical cases, and from sessions held in collaboration with national societies as our global experience in this and other complex areas evolves.”

LEARN MORE!

Redo TAVI - How to treat different TAVI platforms when they fail

Thursday, Theatre Bleu, 15:00 – 16:00



Bernard Prendergast

“The best interventionalists are brilliant at making complex things look simple. **The skill of a great operator is the ability to simplify a procedure**, whilst simultaneously understanding every step, anticipating every eventuality, and remaining prepared to deal instantly with whatever may happen.

This is something that we are aiming to achieve through the course at large – making difficult things easier for our colleagues, not only through live demonstrations, but also by hands-on experience. The Hands On Lab, Imaging Skills Labs, Simulation Learning Room and Training Village are all there to take

you through procedures step-by-step. And many of the best interventionalists are there to help you make the most of these opportunities.

One of the highlights this year is an *in vitro* demonstration of DK crush stenting. A LIVE Educational Case takes the complex anatomy out of the patient and puts it into a simulator model, thereby removing the patient from the risk and allowing us to learn how to do complex procedures in a non-clinical environment.”

LEARN MORE!

Learning live DK crush stenting - in-vitro PCI in a beating heart: LIVE Educational Case from Visible Heart® Laboratories - Minneapolis, USA

Thursday, Main Area, 16:30 – 18:00



Jean Fajadet

“Whether it’s a simple procedure or a complex lesion in a complex case, **we must start with the patient at the centre** and provide them with the best possible treatment. Often, the best treatment is the simplest. If a new procedure can only be performed by a few experts in the world then it may not be the right procedure. Innovation has brought us a long way in interventional cardiology but we only need to use it if the evidence indicates that it adds value. We have to evaluate the data and be honest with ourselves and the community, otherwise we are introducing unnecessary complexity. Does this new device address an unmet need? Will it change my practice? Or is it out of reach due to expense or extreme difficulty? If it is useful, how can I help make it available more widely?

This is why there is so much focus on discussion at EuroPCR. We want participants to ask questions if they want to know why a step was performed in a certain way or if they have suggestions for an alternative approach. Many of this year’s LIVE Educational Cases were chosen to represent complex cases – not because the operators want to demonstrate their technical prowess, but because these are cases that we may encounter in our daily practice and where education can make a huge difference to outcomes.”

LEARN MORE!

Complex PCI in calcific coronary artery disease: LIVE Educational Case from Clinique Pasteur - Toulouse, France

Tuesday, Main Arena, 14:45 – 16:15



Check out the complexity track

#EuroPCR

LIVE CENTRES IN FOCUS

This year, 8 renowned LIVE Centres open their cathlabs for learning opportunities. Each day, we will find out more about these expert establishments.



“EuroPCR is the world’s biggest and best interventional meeting – we hope to add a fresh and dynamic educational offering with global appeal.”

Cleveland Clinic - London, UK

First cathlab procedures performed in 2021

Practitioners include
35 cardiologists
(12 interventionalists), 7 cardiac
surgeons, 1,400 employees
(including NAPs and Fellows)

**Most frequent types of
interventions/procedures:**
Coronary and structural
interventions, advanced
electrophysiology

**How would you describe your
centre?** Cleveland Clinic London
opened its doors to patients
in 2022 (immediately after the
COVID pandemic) and is already

established as the UK’s largest
and most comprehensive
private cardiac centre. Our
team is composed of leading
cardiologists and surgeons
from London’s leading teaching
hospitals, who collaborate closely
to provide a high volume of
cathlab and surgical procedures,
incorporating research and
innovation programmes in a
modern, high-tech facility

**Number of times the centre has
participated in EuroPCR:** 2025 is
our first time!



“Sharing experiences in interventional cardiology through LIVE case education.”

Clinique Pasteur - Toulouse, France

Centre established in 1957

Practitioners include
35 cardiologists and 6 surgeons

**Most frequent types of
interventions/procedures:**
All types of coronary and structural
percutaneous interventions

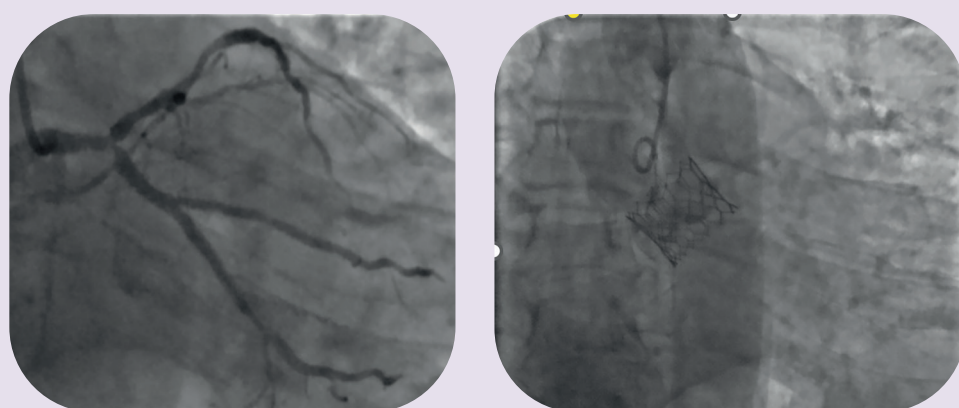
**How would you describe
your centre?** We are focused
on education in interventional

cardiology and training through
an active international
fellowship programme in
interventional cardiology and
LIVE case education

**Number of times the centre has
participated in EuroPCR:** For
as long as EuroPCR has existed –
each year since 1989!



LIVE EDUCATIONAL CASES TODAY!

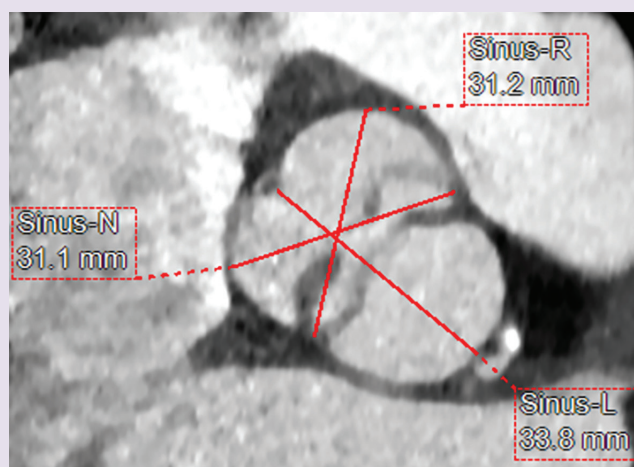
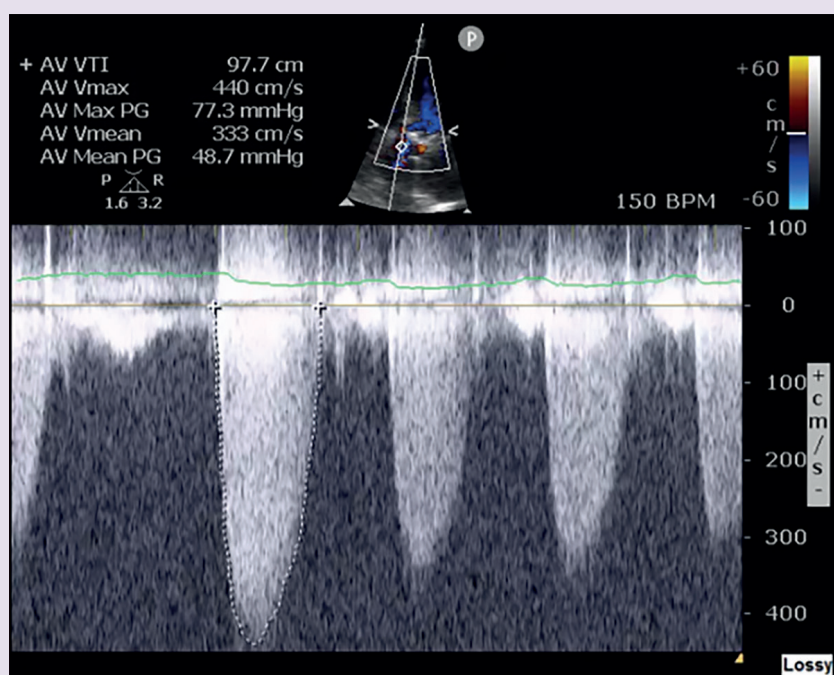


Toulouse, France

In this year's opening LIVE Educational Case, Nicolas Dumonteil and Bruno Farah demonstrate the skills needed to perform complex PCI in a TAVI patient - LIVE from the Clinique Pasteur

- In an 84-year-old with distal left main disease, should complex PCI have preceded TAVI – or does 'TAVI first' set a new standard?
- Are we overtreating or undertreating coronary disease in the TAVI-aged population?
- How should we define the threshold for PCI in elderly patients planned for TAVI?

Main Arena, 10:00 – 11:30



London, UK

Then follows an interesting case where Bernard Prendergast and Simon Redwood perform TAVI in a patient with bicuspid aortic valve disease - LIVE from the Cleveland Clinic

- What challenges do doctors face when treating a 79-year-old patient with severe AS and a flared bicuspid valve?
- How does the presence of RBBB influence decision making in TAVI?
- Is there still a role for surgical AVR in a 79-year-old patient with severe AS and bicuspid aortic valves?

Main Arena, 11:30 – 13:00

DON'T MISS TODAY'S OTHER LIVE CASE

Complex PCI in calcific coronary artery disease: LIVE from Clinique Pasteur - Toulouse, France

Main Arena, 14:45 – 16:15



Imaging Skills Labs – a real hands-on experience!



Natalia Pinilla

*Interventional cardiologist / Cardiologist
McMaster University - Hamilton, Canada*

Following the success of last year’s Imaging Learning Centre, EuroPCR 2025 boasts two Imaging Skills Labs with even more opportunities to get hands-on!

“This year we are running two imaging rooms in parallel so we can offer more sessions on different imaging technologies simultaneously, a larger variety of clinical scenarios and an increased number of learning options,” says Coordinator, Natalia Pinilla.

She describes how the Imaging Skills Labs are in smaller rooms this year to allow more one-to-one peer-to-peer interactions. “There is a better proportion of workstations per participant per session so that hands-on really does mean hands-on! And we will only cover one case per 60-minute session to allow participants time to dive into the details,” Dr Pinilla explains.

“There will be something to learn if imaging is already embedded in your clinical practice.

And if you have never worked with any of these modalities before, there will be experts on hand to help.”

The response to the cardiac CT session last year was described as ‘overwhelming’ so five sessions are planned this year. Two sessions will take place on CT in TAVI in Imaging Skills Lab 1 with two sessions on PCI planning in Imaging Skills Lab 2 today, all with CT viewers for participants to have a hands-on experience. A practical CT session on Thursday will discuss optimising fluoroscopic angles for ostial and bifurcation lesions during PCI.

From Wednesday, Imaging Skills Lab 1 is all about OCT, while Imaging Skills Lab 2 is home to IVUS, with various aspects covered including using imaging guidance in the treatment of calcified lesions, stent failure and bifurcations. “Participants will not



have to choose to learn either about OCT or IVUS, some of the sessions will be repeated so it’s possible to learn both,” explains Dr Pinilla.

The option to support these sessions with imaging viewers has been made possible due to the support of industry partners. But the programme itself has been designed by the PCR team to meet the evolving needs of participants, ascertained from feedback from previous years. Dr Pinilla concludes, “Imaging is becoming such an integral part of clinical practice that it’s no longer a ‘nice to have’, it’s a ‘must!’”

Nieves Gonzalo, EuroPCR Course Director, says, “There is now such a large body of evidence that imaging can help us treat our patients better, but it can’t be learned from a textbook or paper – a hands-on practical approach is the only way.” She describes how the sessions have been carefully designed around everyday cases. “We are trying to empower operators to understand how and when imaging can really help and learn how to perform the analyses themselves. And there’s no better team to help with this than at EuroPCR.”

DON'T MISS

Imaging Skills Lab 1 (Room 352A)

Tuesday

Hands-on TAVI CT
12:00 – 13:00 & 15:00 – 16:00

Wednesday

Hands-on OCT - PCI guidance and optimisation
08:30 – 09:30

Hands-on OCT-guided treatment of calcified lesions
09:45 – 10:45

Hands-on OCT - Bifurcation PCI
11:15 – 12:15

Hands-on OCT - Stent failure
15:00 – 16:00

Thursday

Hands-on OCT - PCI guidance and optimisation
08:30 – 09:30

Hands-on OCT-guided treatment of calcified lesions
09:45 – 10:45

Hands-on OCT - Stent failure
11:15 – 12:15

Multimodality imaging for transcatheter tricuspid valve interventions
15:00 – 16:00

TAVI - All the answers are on the S-curve!
16:15 – 17:15

Find the sessions on the programme

Imaging Skills Lab 2 (Room 352B)

Tuesday

From CT to PCI: practical insights and hands-on training
12:00 – 13:00 & 15:00 – 16:00

Wednesday

Hands-on IVUS - PCI guidance and optimisation
08:30 – 09:30

Hands-on IVUS-guided treatment of left main and bifurcation
09:45 – 10:45

Hands-on IVUS-guided treatment of calcified lesions
11:15 – 12:15

Hands-on IVUS - PCI guidance and optimisation
15:00 – 16:00

Thursday

Hands-on IVUS-guided treatment of calcified lesions
08:30 – 09:30

Hands-on IVUS-guided treatment of left main and bifurcation
09:45 – 10:45

Hands-on IVUS - PCI guidance and optimisation
11:15 – 12:15

Simplification of transseptal puncture using multimodality imaging
15:00 – 16:00

Optimising fluoroscopic angles for ostial and bifurcation lesions during PCI: insights from CT
16:15 – 17:15

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www.pcronline.com/Courses/EuroPCR

SESSIONS IN THE SPOTLIGHT



At EuroPCR, we are always learning!

Whatever your stage of career, EuroPCR is a place for learning. And it is not only participants who learn, but also the faculty and Course Directors.

Speaking about this year's Learning sessions, Thomas Cuisset, EuroPCR 2025 Course Director tells us:

"We are continually striving to improve our Learning sessions. For 2025, we made the decision to create more specific sessions in Room Learning so that participants have a clearer idea of the content before they join. For example, 2 years ago, we had a Learning session on calcified lesions. We realised this was rather broad and a lot to cover in one session and so this year we have sessions focused on different, separate aspects: treating calcification with rotablation and treating calcification of the left main. We have also reduced the

sessions to an hour's duration since maintaining concentration and engagement can be difficult with longer sessions however interesting the content! And 1-hour sessions, mean we get to cover more topics! The 13 Learning sessions on offer have been designed to synergise with 11 NextGen sessions aimed at early-career interventionalists.

Two Learning sessions entitled 'Learning from Best Companions' cases' exemplify our objective to gain knowledge by sharing. With a focus on coronary interventions and on valvular disease interventions, we gathered together some of the amazing cases submitted by PCR Companions – those that really stood out as making educational points in line with our programme aims. In true PCR style, the Learning sessions are devised and delivered by and for the participants."



DON'T MISS Head to Room Learning to enhance your knowledge:



Tuesday

ACS with multivessel disease
12:00 – 13:00

Optimise your TAVI outcome by pre-CT evaluation
15:00 – 16:00

Wednesday

An ideal indication: intracoronary imaging use in stent failure
08:30 – 09:30

Provisional strategy for non-left main true bifurcation lesion
09:45 – 10:45

Two-stent strategy: when and how
11:15 – 12:15

Rotablator: technical tips and tricks, and complication troubleshooting
15:00 – 16:00

Thursday

How to implement the diagnosis of INOCA in everyday practice
08:30 – 09:30

Complex femoral access for TAVI
09:45 – 10:45

Protected PCI with left ventricular assist devices
11:15 – 12:15

Learning from Best Companions' cases - Coronary interventions
15:00 – 16:00

How to perform edge-to-edge mitral valve repair
16:15 – 17:15

Friday

Learning from Best Companions' cases - Interventions for valvular disease
09:00 – 10:00

Calcified left main: do it well, do it safely
10:15 – 11:15



Find the sessions on the programme

After EuroPCR, keep on learning

anytime, anywhere,
all year long.



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PCR
webinars

pcronline.com

EAPCI-PCR Fellows Course: Knowledge transfer to impact clinical practice



Yesterday's EAPCI-PCR Fellows Course was an outstanding success, thanks to the contributions of the enthusiastic participants!

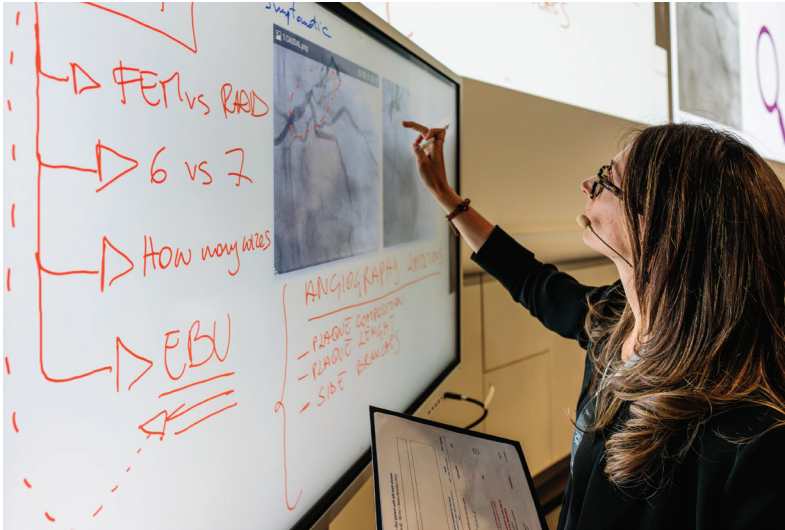
"A unique strength of the Fellows Course has always been that it is based on real clinical scenarios, approached with interactive discussions and powered by participants' clinical thinking, with the common goal of enhancing clinical practice," said Course Coordinator, Chiara De Biase (Clinique Pasteur - Toulouse, France), who explained that the mission behind the course was to make the cathlab experience more approachable for young practitioners starting their interventional cardiology career.

"Our aim was to support the next generation of interventional cardiologists in enhancing their daily clinical practice by equipping them with up-to-date knowledge, practical skills and fresh insights – all delivered through an engaging and interactive educational experience," said new Fellows Course Coordinator, Ali Nazmi Calik (Dr. Siyami Ersek

Thoracic and Cardiovascular Surgery Center - Istanbul, Turkey), who was honoured to take on the role this year. "The faculty worked to craft sessions and content that were not only highly relevant to daily clinical practice, but also firmly grounded in real-world case experiences," he added.

Commenting on the content, Dr De Biase said that the faculty "had opted to start from the acute STEMI setting and gradually reach scenarios with more technically complex interventions through the day, including the dilemma of multivessel disease treatment, left main disease analysis and the need for more sophisticated tools for calcified coronary disease." Complications and issues that arose were discussed and the participants worked together to find the best solutions with engaging brain-storming.

There was once again a section dedicated to honing fellows' presentation and communication skills. "This was considered an important aspect to help young practitioners to become better at



critical thinking when preparing presentations – to consider what works and what doesn't – and to motivate, hopefully, future presenters at PCR Courses!" said Dr De Biase.

Beyond the shared learning experience and open exchange of ideas, there was also a more sociable aspect. According to Dr Calik, "The Course offered the opportunity to foster professional networking by building strong, lasting connections among participating fellows and the faculty."

A novel aspect of the Fellows Course this year was a 'Test your knowledge' interactive quiz at the end of the day. The quiz was designed as a memory prompt for the key learnings from the day. A bonus was that the winner received one-year access to the EAPCI-PCR Textbook!

Content for young practitioners continues with specially designed NextGen sessions from today until Thursday.



Eunice Chuah, Gosford Hospital, Australia

"I have travelled from Australia to attend the Fellows Course for the first time. I was attending EuroPCR to present my research, but as someone who is starting out in interventional cardiology, I also wanted to participate in the Fellows Course to expand on my knowledge. The Fellows Course has been better than I expected as the content has been highly relevant to what I do in the cathlab. What I've particularly enjoyed is the interactive nature of the sessions."





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PCR Innovators Day:

Encouraging global collaboration

PCR Innovators Day has come a long way from a series of lectures on new technologies. Yesterday provided a unique forum, bringing together a diverse range of stakeholders for engaging discussions, lively debates, cutting-edge presentations and plenty of networking opportunities.

"Everyone involved in an innovation's cycle – from inventors to venture capitalists to strategic development companies and, of course, physicians – contributed to an excellent day dedicated to discussing the next big things and the most pressing topics, to help us all push the boundaries of cardiovascular medicine," said Azeem Latib, a Steering Committee Director.

Built from some exceptional submissions, morning sessions were on 'Degeneration of TAVI valves: a new target for innovations', an upcoming area on unmet need, and 'What is new in atrioventricular valves?', which included a triple edge-to-edge transcatheter tricuspid repair and a report of the first-in-human experience on a new 28-French transseptal TMWR system.

A new feature was The Great Debate, with a discussion around ensuring that startup companies secure the funding for success and exit. "We delved deeper into the challenging aspects of developing novel innovations and discussed how these can be overcome," said Nicole Karam, a Steering Committee Director.

Interesting points examined to help drive the development of a new technology included the



early recruitment of a team having complementary expertise, with mentorship provided by persons experienced in successful startup companies. Other features deemed important were having a robust, clear and well-crafted pitch from the outset, and that any research results are appropriate for the regulatory conditions and respond to the specific questions being asked. A common theme in the discussion was the need for early and regular dialogue between all parties, as the strategic landscape evolves continuously.

"Again, we are very grateful to the Jon DeHaan Foundation for supporting another exciting but tough competition," said Dr Karam. "As well as providing funds to develop the innovation, this important award also validates that the project is



heading in the right direction." This year's finalists were Peter Bauer for his work on synchronised diaphragmatic stimulation for symptomatic heart failure, Azeem Latib who spoke about the TRESECT transcatheter leaflets resection device for aortic bioprosthesis and Gagan Singh who presented early clinical experience with a novel chronically adjustable, pressure-sensing interatrial shunt.

In the 'New solutions for old problems' session, innovations included a non-invasive microwave system for detecting in-stent restenosis, a left atrial appendage closure device and an endo-root aortic stent-graft system. Four concurrent Innovator's Exchange Hubs led to productive discussions on the themes of how to drive innovations to address unmet needs, the artificial intelligence dilemma, the balance between breakthrough advancements and iterative 'me too' improvements, and leveraging innovations in Asia.

Concluding, Bernard Prendergast, EuroPCR 2025 Course Director, highlighted PCR Innovators Day as a conduit for the promotion of innovation in Europe and encouragement of wider global collaboration: "There is now a real need to bring innovation back to Europe, which has fallen way behind countries such as the USA as a result of the excessively complex regulatory environment. More importantly than ever, we should also work in close partnership with countries such as China, India and Israel, to provide a gateway for new technologies to reach a global market."



DON'T MISS

Jon DeHaan Foundation Award ceremony

Wednesday, Main Arena,
10:15 – 10:45

MagicTouch PTA

SIROLIMUS COATED PTA BALLOON CATHETER

EFFICACY YOU EXPECT
SAFETY YOU TRUST



SIRONA

PRIMARY PATENCY - 12 MONTHS*

73.9%

MAGICTOUCH PTA (150/203)

74.9%

PACLITAXEL DCB (149/199)

Rate difference: -1.0% (-9.6% to 7.6%) | P = 0.019 (non-inferiority)

PRIMARY PATENCY OF MAGICTOUCH PTA IS NON-INFERIOR TO PACLITAXEL DCB

*Presented by Prof. Ulf Teichgräber at LINC 2025.



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FOCUS ON THE NATIONAL SOCIETIES

UNIQUE INSIGHTS FROM AROUND THE WORLD!

International collaboration is at the heart of EuroPCR. This year, 69 National Societies and Working Groups enrich the programme with 30 joint sessions. These sessions compare treatment strategies across countries through real-life cases, fostering discussions that encourage participants to reflect on their own practice. With topics from stable CAD and multivessel disease to TAVI coronary access, there is a joint session to enhance everyone's knowledge.

AFRICA

- **Algerian** Group of Interventional Cardiology
- **Egyptian** Working Group of Interventional Cardiology
- **Moroccan** Society of Cardiology
- **South African** Society of Cardiovascular Interventions
- **Tunisian** Society of Cardiology and CardioVascular Surgery

AMERICA

- **Argentinian** College of Interventional Cardioangiologists
- **Brazilian** Society of Interventional Cardiology
- **Canadian** Association of Interventional Cardiology
- Sociedad **Chilena** de Cardiología
- **Colombian** College of Hemodynamics and Cardiovascular Intervention

ASIA

- **Armenian** Working Group of Interventional Cardiologists
- **Azerbaijan** Society of Cardiology
- **Bangladesh** Society of Cardiovascular Intervention
- Cardiac Society **Brunei Darussalam**
- **Chinese** Society of Cardiology
- Cardiovascular Intervention Chapter of **Hong Kong** College of Cardiology
- **Indonesian** Society of Interventional Cardiology
- **Japanese** Association of Cardiovascular Intervention and Therapeutics
- **Kazakhstan** Society of Interventional Cardiologists
- **Korean** Society of Interventional Cardiology
- Interventional Cardiology Society of **Malaysia**
- **Pakistan** Society of Interventional Cardiology
- **Philippine** Society of Cardiac Catheterisation and Interventions
- **Taiwan** Society of Cardiovascular Interventions
- Cardiovascular Intervention Association of **Thailand**
- **Vietnam** National Heart Association - **Vietnam** Interventional Cardiology Society

EUROPE

- Working Group for Interventional Cardiology, **Austrian** Society of Cardiology
- **Belgian** Working Group of Interventional Cardiology
- Working Group on Interventional Cardiology, Association of Cardiologists of **Bosnia and Herzegovina**
- **Bulgarian** Society of Interventional Cardiology
- Working Group on Invasive and Interventional Cardiology, **Croatian** Cardiac Society
- **Cypriot** Interventional Cardiology Working Group
- **Czech** Interventional Cardiology Association
- **Danish** Society of Cardiology
- **Estonian** Society of Cardiology
- Working Group for Interventional Cardiology / **Finnish** Cardiac Society
- **French** Group of Atheroma and Interventional Cardiology
- **German** Working Group of Interventional Cardiology
- Working Group of Interventional Cardiology of the **Hellenic** Cardiology Society
- Working Group on Interventional Cardiology, **Hungarian** Society of Cardiology
- **Irish** Cardiac Society
- **Italian** Society of Interventional Cardiology

- Working group on Interventional Cardiology of the **Latvian** Society of Cardiology
- **Lithuanian** Society of Cardiology
- **Luxembourg** Society of Cardiology
- Working Group of Interventional Cardiology, **Macedonian** Society of Cardiology
- Interventional Cardiology and Radiology Society of **Moldova**
- **Dutch** Working Group on Interventional Cardiology
- **Norwegian** Society Invasive Working Group
- **Polish** Association of Cardiovascular Interventions
- **Portuguese** Association of Cardiovascular Intervention
- Interventional Cardiology Working Group of the **Romanian** Society of Cardiology
- **Scottish** Cardiac Society
- Working Group of Interventional Cardiology, Cardiology Society of **Serbia**
- Working Group of Interventional Cardiology of the **Slovak** Society of Cardiology
- **Slovenian** Working Group for Interventional Cardiology
- Association of Interventional Cardiology of the **Spanish** Society of Cardiology

- **Swedish** Working Group on Percutaneous Coronary and Valvular Interventions
- **Swiss** Working Group of Interventional Cardiology
- **Ukrainian** Association of Interventional Cardiology
- **British** Cardiovascular Intervention Society

MIDDLE EAST

- **Iranian** Society of Interventional Cardiology
- Working Group of Interventional Cardiology / the **Iraqi** Cardiothoracic Society
- **Israel's** Interventional Cardiology Working Group
- **Jordan** Working Group of Interventional Cardiology
- **Lebanese** Society of Cardiology
- **Saudi Arabian** Cardiac Intervention Society
- **Turkish** Working Group of Interventional Cardiology

OCEANIA

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

Thank you to everyone involved for bringing our global interventional cardiology community even closer together!



TOP PICKS – BY YOUR PEERS!

With so much to choose from, who better than your colleagues to advise on which sessions to take part in?

We asked different members of the Heart Team to tell us which sessions they are looking forward to and why.

INTERVENTIONAL CARDIOLOGISTS



**Carlos
Luqueño-
Vázquez**

Instituto Cardiovascular de Puebla - Puebla, México

TUESDAY

New evidence for treatment of calcified coronary artery disease

Room 242AB, 15:00 – 16:00

We begin this year's EuroPCR with one of its most eagerly awaited moments: the Hotline/Late-Breaking Trials sessions, which bring fresh, practice-changing evidence straight from the front lines of clinical research. This session focuses on one of the most complex and increasingly prevalent challenges in interventional cardiology: the management of calcified coronary artery disease.

Calcified lesions continue to test the limits of both operator skill and technology. In this session, we'll explore new data and follow-up results from pivotal trials that investigate both established and emerging strategies. From time-tested tools like cutting balloons and rotational atherectomy to novel intravascular lithotripsy systems and hybrid approaches, participants will gain an updated perspective on how to optimise outcomes in this challenging subset of patients.

More than just data, this session is designed to deliver practical takeaways. Through expert interpretation and discussion, we'll translate the latest findings into real-world strategies you can implement immediately in the cathlab. Special attention will be

given to patient selection, device choice, procedural planning and complication management.

If you treat patients with calcified coronary artery disease, and most interventionalists do, this session is simply unmissable. Join us and stay ahead of the curve as we uncover the evidence shaping the next generation of coronary interventions.

WEDNESDAY

Cathlab harmony: building high-performance teams

Room 342A, 11:15 – 12:15

In the complex and demanding environment of interventional cardiology, technical expertise alone is not enough; success also depends on the strength and cohesion of the team behind every procedure. This session is a must-attend event designed to explore the human factors that elevate performance in the cathlab.

The session will delve into the dynamics that differentiate ordinary teams from truly exceptional ones. Through insights shared by experienced professionals and multidisciplinary teams from around the globe, we will uncover practical strategies to foster collaboration, enhance communication and build a culture of trust and excellence.

Whether you are a physician, nurse, technician or administrator, this session will offer valuable lessons drawn from real-world scenarios with ideas you can take back and implement in your own institution to optimise outcomes and boost team satisfaction.

Don't miss the opportunity to be part of a conversation that goes beyond technique and technology, because at the heart of every great intervention, there is always a great team.

THURSDAY

Shaping the future of cardiology - A journey of meaningful innovation in structural heart and coronary

Theatre Havane, 13:45 – 14:30
Sponsored by Meril Life

In an era where cardiovascular innovation is evolving faster than ever, staying ahead requires more than keeping up, it demands being part of the conversation that is actively shaping the future. That's exactly what this comprehensive symposium offers.

This is not just another session – it's a curated journey through the most relevant and forward-thinking innovations in both structural heart and complex coronary interventions.

From the latest generation of TAVI devices to the next frontier in drug-eluting stents (DES), including bifurcation-dedicated and tapered designs, this symposium will highlight tools that are transforming the way we treat challenging anatomies. We'll also explore the emerging role of sirolimus-coated drug-coated balloons and the clinical significance of ultra-thin strut DES, all supported by robust evidence and real-world experiences from leading centres around the globe.

This is a rare opportunity to gain first-hand insights into new devices and technologies that are already reshaping daily practice. You'll hear from clinicians who are not only using these innovations but also helping define their place in modern interventional strategy – backed by clinical data, practical tips and meaningful discussion.

If your goal is to deliver the best to your patients today while preparing for tomorrow, this symposium is one you simply cannot miss.

FRIDAY

Navigating complexity in high-risk patients with multivessel disease undergoing PCI

Room Maillot, 10:15 – 11:15

Treating high-risk patients with multivessel coronary artery disease remains one of the greatest challenges in interventional cardiology. As clinical complexity increases, so does the need for precision, strategy and a multidisciplinary approach. This unmissable session will take a deep dive into the contemporary management of these patients, focusing on the integration of intracoronary imaging and physiology to guide decision-making and optimise outcomes.

Participants will learn how advanced techniques, such as low-contrast PCI, can reduce procedural risk, especially in patients with compromised renal function, while maintaining safety and efficacy. The session will also explore the optimal approach to patients with concomitant severe aortic stenosis and multivessel disease, highlighting real-world strategies to navigate these high-stake scenarios.

What makes this session truly unique is its interactive format: participants will not only gain insights from world-renowned experts but will also be actively involved in the discussion. The audience will have the opportunity to pose questions, propose strategies and engage directly with the panel as they walk through complex clinical cases.

This is more than just a lecture, it's a collaborative experience designed to sharpen your skills, challenge your thinking and help you deliver better care to your most complex patients.



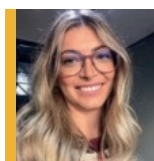
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SURGEONS



Ana Tagliari

Federal University of Rio Grande do Sul -
Porto Alegre, Brazil

TUESDAY

How to deal with secondary mitral regurgitation in 2025?

Room 243, 15:00 – 16:00

There's no better way to kick off EuroPCR 2025 than with a dynamic case-based discussion session. This session format is designed to fully engage the audience with real-life clinical scenarios, stimulate lively debate and provide practical insights that directly impact daily clinical practice.

Held in collaboration with the PCR Mitral Focus Group, this session will explore how to approach secondary mitral regurgitation through case-based learning, guiding the discussion toward practical, evidence-based decision-making. Key topics will include the pivotal role of the Heart Team, the latest treatment recommendations and new insights from recently released landmark trials, such as RESHAPE-HF2 and MATTERHORN. Join expert facilitators for an interactive and clinically relevant session that will sharpen your skills and keep you at the forefront of secondary mitral regurgitation management.

WEDNESDAY

Transcatheter tricuspid valve repair: LIVE Educational Case from University Medical Centre - Mainz, Germany

Main Arena, 10:45 – 12:15

LIVE cases are consistently among the most attended sessions at EuroPCR – and with good reason. It's not just the excellence of the LIVE case centres and operators, but also the unique educational value they offer, with real-time insights, expert commentary and practical 'tips and tricks' shared by renowned specialists.

Following the release of key evidence from the TRILUMINATE trial (2-year data) and TRI-FR, interest in transcatheter tricuspid repair is at an all-time high, and this LIVE case from University Medical Centre - Mainz promises to be a true highlight of the programme and a must-see session for every Heart Team member involved in tricuspid regurgitation management.

Join experienced operators as they guide us step-by-step through a cutting-edge procedure, sharing

expert perspectives and actionable insights. The session, presented in collaboration with the PCR Tricuspid Focus Group, will also include a debrief and interactive discussion, offering participants the opportunity to learn directly from leaders in the field.

THURSDAY

Redo TAVI - How to treat different TAVI platforms when they fail

Theatre Bleu, 15:00 – 16:00

After grabbing a good coffee and recharging your energy, it's time to refocus on day 3 of the EuroPCR programme and dive into this 'All You Need to Know' session on TAVI failure management – a hot topic that's becoming more and more prevalent in the cathlab, requiring operators to master the complexities of managing failed transcatheter heart valves (THVs).

This session will cover essential and up-to-date themes, including how to plan a redo TAVI procedure, the key characteristics of different transcatheter aortic valves and how they influence the redo approach and optimal procedural strategies tailored to specific types of THV failure. Illustrative cases will cover redo TAVI for failed short-frame and tall-frame THVs. Finally, missing evidence in the field will be discussed, shedding light on areas where more research is needed. Don't miss this informative session to stay ahead of the curve on managing TAVI failure.

FRIDAY

PCR's Got Talent Award, Best Abstract & Best Case Awards

Main Arena, 10:30 – 11:00

To close the 2025 edition of EuroPCR on a high note, this awards session not only celebrates the most outstanding submissions, but also inspires all participants to share their own work, recognising and valuing the vital contributions of the community to ongoing education and innovation in cardiovascular care.

Presenting at EuroPCR is a unique opportunity to share your experience, learn from the challenges and solutions presented by colleagues, build valuable professional connections, and gain recognition for your centre's work.

Join this celebratory session and get inspired to be on stage in upcoming editions!

IMAGERS



Nina Wunderlich

Asklepios Hospital Langen - Germany

TUESDAY

Mitral and tricuspid hotline: long-term outcomes

Theatre Havane, 12:00 – 13:00

Tricuspid regurgitation is increasingly recognised as a significant clinical issue and new treatment options are rapidly emerging. This session offers a comprehensive overview of the current status and outcomes of tricuspid transcatheter edge-to-edge repair (TEER), featuring key data from landmark trials and registries such as TRILUMINATE, EuroTR, FATE and bRIGHT. Participants will gain valuable insights into patient selection, procedural success and long-term outcomes, as well as how to manage challenging cases like failed TEER. With expert presentations and interactive discussions, this is a must-see session for anyone involved in structural heart disease care.

WEDNESDAY

Major Late-Breaking Trials from EuroPCR 2025

Theatre Bleu, 11:15 – 12:15

This Hotline/Late-Breaking Trials session presents pivotal new data that could significantly impact and reshape daily clinical practice in both coronary and structural interventions. Featuring high-profile studies like the FAITAVI trial and a meta-analysis of PROTECTED TAVR and BHF PROTECT-TAVI, the session offers critical insights into optimising treatment strategies for complex patients. With expert commentary and live discussion, participants will gain a deeper understanding of how these findings

translate into real-world clinical decision-making. Don't miss this opportunity to stay at the forefront of cardiovascular innovation.

THURSDAY

PCI for complex calcific coronary artery disease: LIVE Educational Case from Sant'Andrea University Hospital - Rome, Italy

Main Arena, 10:15 – 12:15

This LIVE Educational Case from Sant'Andrea University Hospital in Rome focuses on one of the most challenging scenarios in interventional cardiology: complex calcific coronary artery disease. Attendees will gain valuable insights into how expert operators approach these difficult cases, including decision-making, complication management and procedural planning. The LIVE format allows for real-time learning and interactive discussion with the Heart Team. This is a unique opportunity to enhance your understanding and improve outcomes in patients with heavily calcified coronary lesions.

FRIDAY

Through decisions in complex left main PCI - Left main restenosis

Room Maillot, 09:00 – 10:00

This session is a must-attend for anyone managing complex left main PCI, with a specific focus on the challenging issue of left main restenosis. You'll gain a deeper understanding of the underlying mechanisms and learn how to accurately assess these cases using modern imaging techniques. Expert-led discussions will walk you through the various treatment strategies and help you navigate real-life clinical decision-making. Join this session to sharpen your skills and confidently approach one of the most critical areas in interventional cardiology.

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FELLOWS



Marco Spagnolo

Azienda Ospedaliero-Universitaria Policlinico
"G. Rodolico – San Marco", University of
Catania - Catania, Italy

TUESDAY

From CT to PCI: practical insights and hands-on training
Imaging Skills Lab 2 (352B),
12:00 – 13:00

This session, supported by GE HealthCare, offers a unique chance to bridge coronary imaging and PCI by transforming often underutilised preprocedural CT data into strategic planning tools. You'll gain hands-on experience manipulating CT reconstructions with specialised software, enhancing your approach to PCI. Experienced facilitators will guide

you through both the fundamentals and advanced applications of coronary CT. It's a must-attend session for anyone looking to convert noninvasive imaging into actionable intervention guidance.

WEDNESDAY

Major Late-Breaking Trials from EuroPCR 2025
Theatre Bleu, 11:15 – 12:15

Clinical trial data drive cardiovascular societies' guidelines and shape our practice. This session will present pivotal late-breaking studies including a trial comparing angiography- versus physiology-guided PCI in patients undergoing TAVI and another evaluating a one-month dual antiplatelet therapy regimen followed by a dose reduction with prasugrel relative to the standard of care. Expect an in-depth review of each study's features, engaging discussions with

renowned experts, and a focused look at the anticipated clinical impact. Whether you attend live or catch the replay, this session is an essential opportunity to stay ahead of emerging evidence addressing significant gaps in our current knowledge.

THURSDAY

Pharmacotherapy coronary interventions: new insights
Theatre Havane, 11:15 – 12:15

Pharmacotherapy is a key driver of outcomes in interventional procedures. This Hotline/Late-Breaking Trials session will explore the evolving role of pharmacotherapy – particularly antiplatelet and beta-blocker therapies – after PCI, drawing on insights from original research data. Absolute experts in the field will lead the discussion, offering critical perspectives on current evidence and practical strategies for integrating

these insights into everyday practice through an interactive exchange with the audience.

FRIDAY

PCI for complex left main disease: LIVE Educational Case from Sant'Andrea University Hospital - Rome, Italy
Main Arena, 11:00 – 12:30

Complex left main disease demands advanced skills and techniques to achieve optimal outcomes. Witness an in-depth LIVE educational case from Sant'Andrea University Hospital in Rome – a highlight of EuroPCR's annual programme. This must-attend session provides a real-time demonstration complete with detailed procedural analysis and expert commentary from the arena. It is an essential opportunity for those looking to refine their techniques and align with global best practices.

NURSES AND ALLIED PROFESSIONALS



Alison Dalhmann

Clinique Pasteur - Toulouse, France

TUESDAY

Nurses and Allied Professionals Abstracts session
Room 342A, 13:45 – 14:45

For your first day at EuroPCR 2025, I would definitely recommend that you join this abstract session. Out of more than 50 submissions, we have selected the best presentations for you to judge. See you later in Room 342A!

WEDNESDAY

Cathlab harmony: building high-performance teams
Room 342A, 11:15 – 12:15

Today's selection was hard to make because there are a lot of very strong sessions, but there are two I want to highlight. The first is something all cathlabs need to work on: team communication. Whether you are a doctor, a fellow or an experienced/young NAP, I strongly recommend you attend this session to get tips on how you can make your cathlab a better place to work in.

Live heart dissection: exploring anatomy in 3D
Simulation Learning Room (Studio A),
16:30 – 17:30

The session provides a unique opportunity for NAPs to get a 3D overview of the heart, discuss anatomical considerations and apply the findings to daily life situations. Don't miss it!

THURSDAY

When things threaten to go wrong: navigating procedural complications
Room 342A, 16:15 – 17:15

Nurses and Allied Professionals closing and awards ceremony
Room 342A, 17:15 – 17:30

We know that Thursday is often a busy day, but keep some energy for the last NAPs sessions of the day. As often happens during sessions about complications, we are expecting a lot of discussion and I hope you will be part of it! And don't forget, straight after the session, we will have the awards ceremony for the best abstract and clinical case. See you there!

FRIDAY

Learning from Best Companions' cases - Interventions for valvular disease
Room Learning, 09:00 – 10:00

Last but not least, before we say goodbye, you should definitely attend this not-to-be-missed Learning session on valvular disease!

Advertisement

CERC continues to demonstrate its leadership in cardiovascular research with a strong presence at EuroPCR 2025. This year, 8 of the many studies we support will be showcased during the congress, including 5 selected for the **Late Breaking Clinical Trial/ Hotline sessions**. These highlights reflect our ongoing commitment to advancing innovation in interventional cardiology. Be sure to catch today's presentations – each one a glimpse into the future of interventional cardiology.

Visit us at **BOOTH M11, Level 2** to explore how our expertise can elevate your clinical research: from strategic consulting, regulatory guidance (MDR), and advanced core lab services to innovative trial design, IIT management, and beyond.
Let's shape tomorrow's breakthroughs, together.

Wednesday 21 May	
9:45-10:45 Room 242AB Hotline / LBT session	ACURATE IDE Early ACURATE prime: Multicenter study to evaluate safety and effectiveness A. Rück
11:15-12:15 Théâtre Havane Hotline / LBT session	COMPARE ABSORB Final seven-year outcome P. Smits
12:30-14:00 Théâtre Bordeaux	BIOADAPTOR RCT Percutaneous coronary treatment with bioadaptor versus stent: three-year outcomes S. Saito
	LANDMARK One-year pacemaker dependency in PPI patients P. Smits

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Come and meet us at Booth M11 Level 2

Submissions to EuroPCR 2025: Sharing practice and science!



The EuroPCR programme is built for the community by the community, with around 40% of the scientific programme based on abstracts, late-breaking trials, clinical cases, innovations and images.

This year's submissions reflect that EuroPCR is now viewed as a global platform not only for transformative practical learning but also for advancing scientific knowledge. The Course Directors are thrilled that EuroPCR continues to attract such excellent submissions:

3,000+
submissions



William Wijns hopes that the high number of submissions reflects satisfaction with the course

"I'm delighted and proud that our course has attracted more than 3,000 contributions overall from colleagues who want to share their experiences, their cases and their research. I hope this high number of submissions is a sign that we are meeting the community's needs by offering this unique, global, friendly and efficient platform for sharing highly valued content with all healthcare professionals engaged in the delivery of interventional care."

144
late-breaking trials



Late-breaking trial submissions help to elevate the course's scientific standing, according to **Thomas Cuisset**

"As the largest interventional cardiology gathering worldwide, it makes perfect sense to try to attract the best science and give it visibility. Although we are a practical course, we also want to ensure our programme includes the latest evidence. We are really proud of the increase in late-breaking trial submissions and we won't stop trying to attract the best science."

1,600+
cases



For **Nicolas Dumonteil**, the large number of cases submitted speaks to the spirit of collaboration

"The high number and quality of the case submissions this year really helps to illustrate the PCR 'DNA'. The course truly is a forum where people can share their experience with colleagues, learn from what they've done and be able to comment on their peers' cases. This shows the appetite of our community to share and learn at EuroPCR."

50
countries made ≥10 submissions



Bernard Prendergast is amazed by the international scale of the contributions

"With submissions from so many different countries, the course is 'Euro' in name only. The increasing geographical diversity of the submissions is truly impressive. India is at the top of the table with over 300 submissions and it is great to see almost 100 submissions from our colleagues in China, who are very much back in force now that travel restrictions have been removed."

1,000+
abstracts



Nieves Gonzalo is impressed by the quantity and the quality

"We are really happy to have received such an incredible number of submissions this year and the good news is that it is not only the quantity that is impressive, but also the inspiring quality. And an interesting point to note is that the balance between coronary and structural submissions is now approaching 50:50, which reflects interest on a global level."



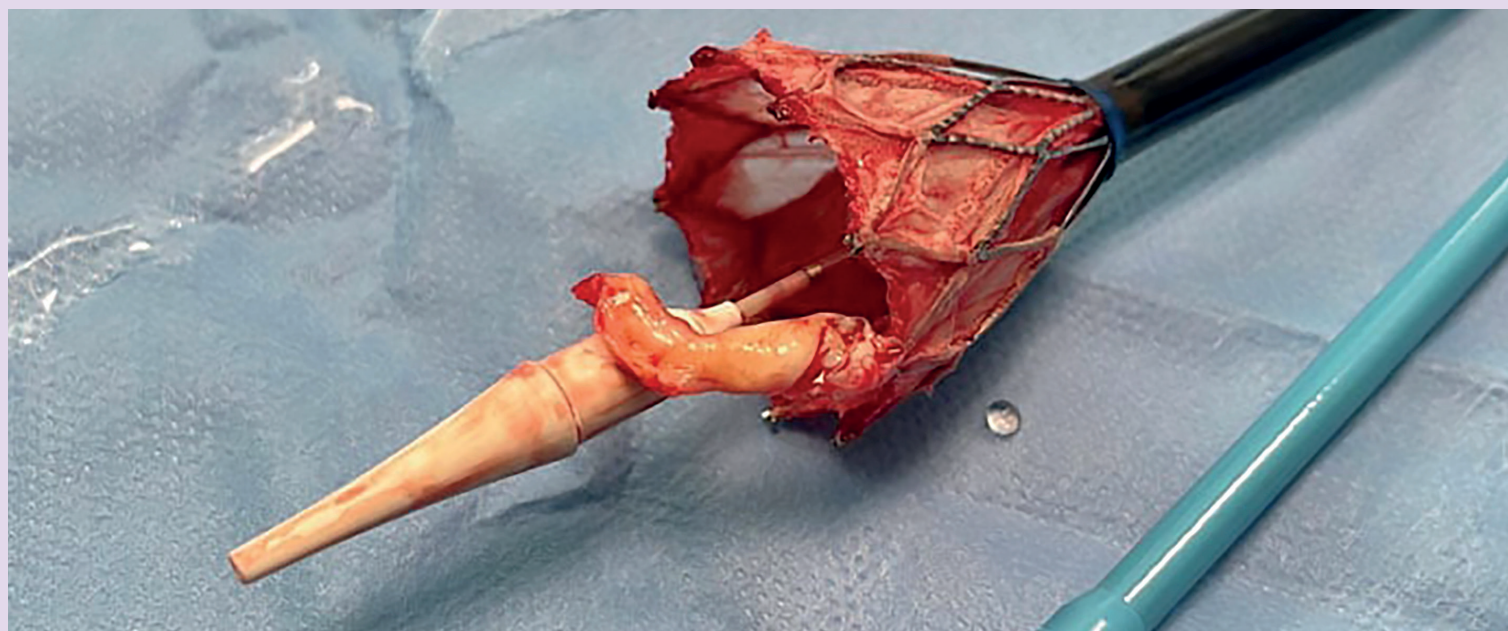
Jean Fajadet encourages everyone to attend the submission-based sessions for their educational value

"Ever since the first course, the main objective of EuroPCR has always been education – our aim as Course Directors is to provide the community with the best educational event. The field continues to evolve so quickly that we all need non-stop learning to keep informed. And there is no better way than to learn from each other – that is what all your thousands of submissions help us to do."





AN IMAGE IS WORTH A 1,000 WORDS



When a case turns complicated! Test out your knowledge with one of the most puzzling images selected from those submitted for EuroPCR 2025.

Today's case: Caught in the act

To optimise implantation depth, resheathing a Navitor valve (Abbott) was attempted during TAVI. However, resheathing remained incomplete, leaving a gap between the capsule and the nose cone. The delivery system was therefore retrieved for inspection.

What does the image show?

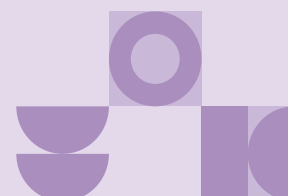
- A. Large thrombus
- B. Large vegetation
- C. Part of an aortic leaflet

Answer: C

Histological analysis confirmed the accidental avulsion of an aortic leaflet during resheathing. TAVI was successfully completed with a new valve without further complications.

Authors: Dreger Henryk,¹ Atmowihardjo Iskandar,² Spethmann Sebastian¹

1. Deutsches Herzzentrum der Charité, GERMANY
2. DRK Kliniken Berlin Köpenick, GERMANY



PCR Global Interventional Academy

In line with its mission to “serve the needs of each individual patient by sharing knowledge, experience and practice in cardiovascular interventional medicine,” and inspired by the founding vision of Jean Marco to deliver practical, patient-focused education tailored to regional realities, PCR is proud to launch the **PCR Global Interventional Academy**.

This new initiative aims to empower interventional cardiologists around the world through cutting-edge training and education. By transcending geographical boundaries, it will foster a truly global community committed to advancing best practices in patient care and **create a unique network**.

The Academy will be **led by Andreas Baumbach, Ole De Backer, Gabor G. Toth and Jean Fajadet**.

“We are committed to delivering patient-centred, evidence-based practices led by healthcare professionals, while advancing global networking and collaboration to shape the future of interventional cardiology.”

— **Andreas Baumbach**

The Academy will launch with **two independent continuing education programmes**, with the support of **Meril Life** and their network of regional training centres. These **1-year pathways** will focus on **coronary interventions** and **structural heart disease**, combining **onsite courses**

with **virtual classrooms**. They will run over a 5-year period and aim to provide high-quality education to **more than 1,400 physicians** across all continents.



RESIL-Card achieves a major milestone: The resilience tool is ready for pilot testing!

Launched in December 2023 by our community through the 'We CARE Alliance' and co-funded by the EU4Health work programme, the mission of the RESIL-Card project is to ensure that essential healthcare services for people with cardiovascular (CV) diseases are maintained during crises. Specifically, the project aims to develop and deliver a resilience assessment tool to provide guidance to all European CV stakeholders for evaluating and improving the preparedness of their CV care pathways to withstand shocks affecting healthcare delivery.

William Wijns, PCR Chair, who is leading the consortium explains: "Since last year, the RESIL-Card project has made tremendous progress, with a number of important steps completed, which have culminated in the creation of the first version of the resilience assessment tool."

The initial step involved diagnosing continuity of care issues that arose during the COVID-19 pandemic, with multiple stakeholders involved in discussing key barriers/facilitators and best practices. Following a scoping literature review and a large-scale survey of members of the PCR community, five online focus groups were convened: two regional (Campania and Lombardy, Italy), two national (Spain and the Netherlands) and one international (other EU countries). Focus group participants included patient representatives, general practitioners, physicians and other professionals from acute and chronic cardiac care units, heads of cardiology departments, head nurses, allied professionals, hospital managers and members of health advisory organisations. The discussions were centred on six key resilience dimensions: 1) the workforce; 2) care delivery; 3) governance and trust; 4) communication and cooperation; 5) medical devices and products;

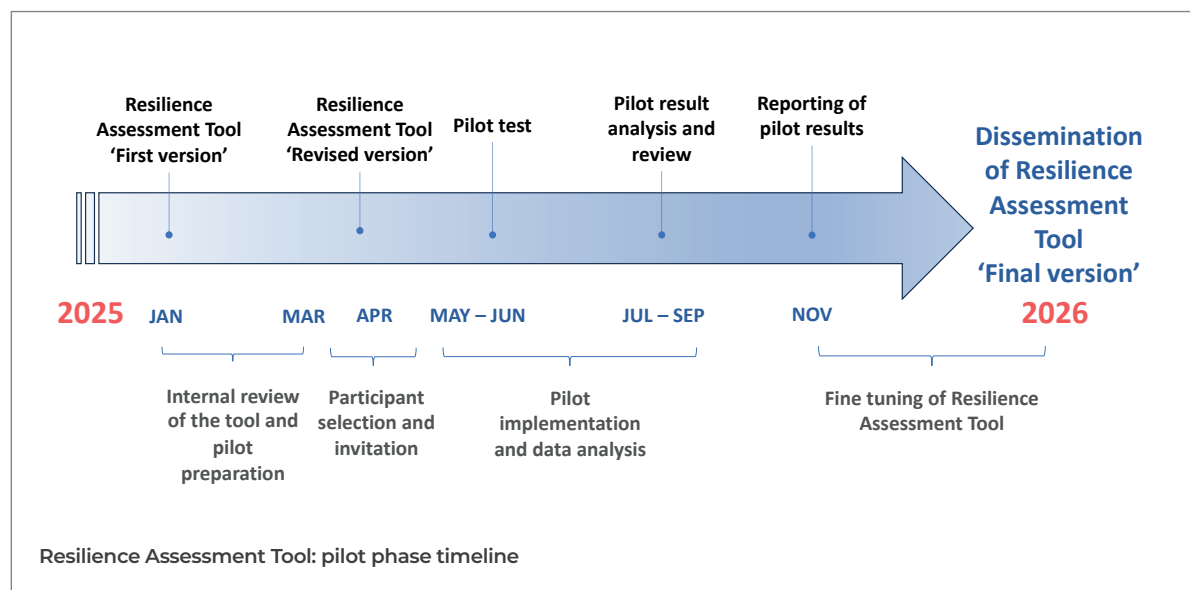
and 6) data collection and use. Key themes identified during the exchanges included reallocation of health staff and their health protection, infrastructure repurposing to increase bed capacity, supply chain management, improving communication with the population and among healthcare professionals, and decision-making tools.

Based on this work, the first version of the Resilience Assessment Tool was delivered as planned at the end of January 2025. Real-life pilot testing is now underway in acute care hospitals, mostly in Italy and Spain, to evaluate its components and functionality. A key aspect is to ensure usability – the tool must be intuitive and accessible for professionals from different backgrounds and healthcare settings. Participants' feedback will also focus on how the tool applies in real-world practice and whether it helps them to better assess and improve resilience in their own context. A specific questionnaire will be distributed to non-acute care healthcare professionals to gather additional insights on relevance and usefulness in broader healthcare

settings. Feedback will help to refine the tool before widespread rollout across Europe in 2026.

Ahead of the official launch, the RESIL-Card consortium is currently laying the foundations for an effective communication strategy to increase visibility, for example, via presentations at national cardiology congresses. Collaboration with the EU's Joint Action on Cardiovascular Diseases and Diabetes (JACARDI) and recent endorsements by professional bodies, such as the European Public Health Association (EUPHA), aim to support a wide dissemination of the tool and to ensure amplification and sustainable impact.

The RESIL-Card consortium would like to thank everyone who completed the survey at EuroPCR 2024 and took part in the CardioLeague initiative. This afternoon, a collaborative session at EuroPCR 2025 provides an opportunity to find out more about RESIL-Card and to take a first look at the resilience tool. Join us to discover how RESIL-Card can help your centre be better prepared for the next crisis.



DON'T MISS

Resilience and continuity of cardiovascular care in times of crises: the RESIL-Card project

Tuesday, Room 341,
15:00 – 16:00

Details of the consortium and advisory organisations can be found at:



in partnership with PCR

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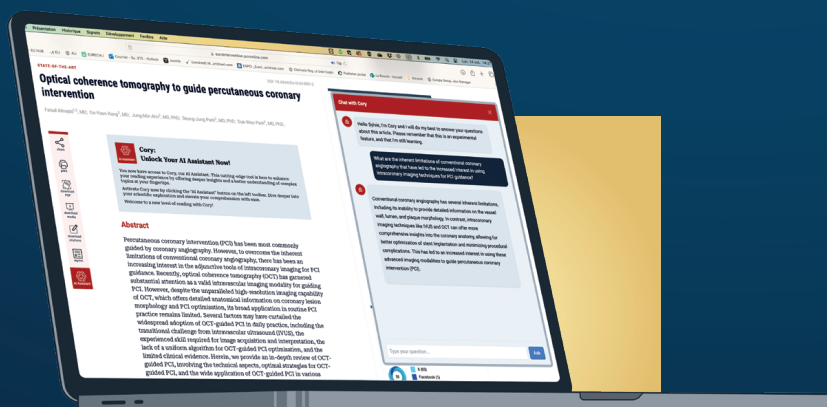
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EuroIntervention

is celebrating
its 20th anniversary!

20

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A bridge between
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PCR Publishing is here in Paris Seize the opportunity to discover PCR publications!

Celebrate with EuroIntervention

This year, the official publication of EuroPCR and the EAPCI is celebrating its 20th anniversary! Original research, state-of-the-art reviews, consensus documents, trial design, flashlights and much more... This international, peer-reviewed reference journal provides high-quality academic research in coronary, valvular and structural interventions. Pick up a copy of May's premium edition on the racks to see (and read) for yourself!

Join two EuroIntervention events on Thursday 22 May:

Annual Editorial Meeting, Theatre Havane, 17:30 – 18:15
Open to all. Take part to discover key facts, figures and this year's award winners.

Celebration Cocktail, Guest Lounge, 18:30 onwards
Space is limited. Hurry to collect an invitation from the EIJ desk on Level 3.

EuroIntervention 20
Your reference journal for coronary, valvular and structural interventions

Explore the PCR-EAPCI Textbook

With 120+ illustrated chapters dedicated to diagnosis, coronary interventions, structural heart disease and peripheral interventions, this all-inclusive, patient-centred Textbook is a must. It covers everything you need to know – clinical and practical – plus the latest advancements and includes seven new/updated chapters this year.

Sharing knowledge, continuing excellence

During EuroPCR, enjoy free access to the thoroughly revised and in-depth TAVI chapter of the PCR-EAPCI Textbook until 25 May – plus, benefit from open access to two premium chapters each day.



Dive into the PCR Trials book

Look out for the 2025 printed edition on the racks! You'll find the latest trial summaries sourced from internationally renowned publications. Turn the pages for a concise overview of the most relevant findings and gain useful insights for your daily practice.

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Stent – Save a Life! charts a new course



Thomas Alexander



Jan J. Piek

Chairs, Stent – Save a Life!

The Stent – Save a Life! (SSaL) initiative aims to reduce mortality in patients with STEMI by enhancing timely access to reperfusion therapy. Here its Chairs discuss how SSaL's attention is now shifting to low- and middle-income countries (LMICs):

"There is no doubt that the original Stent for Life initiative had a huge, positive impact on mortality and morbidity in patients with STEMI in Europe. The SSaL community has since expanded globally to include more than 40 member countries but less than a quarter of these are LMICs. Registry data indicate that death rates from ACS are close to 20% in some parts of Africa – almost 10 times higher than in Western countries. As we will discuss in our SSaL session at EuroPCR today, patients with MI who manage to get to hospital often arrive outside the critical time window. Late

presentation increases complexity and high rates of associated heart failure or cardiogenic shock result in considerable mortality.

We made the conscious decision to focus our efforts on LMICs in view of the large unmet need in these countries. The first phase involves selecting one such country that fulfils all the criteria. Representatives from Tanzania had initially asked for advice on setting up a STEMI network in their country at the EuroPCR 2023 meeting and since then, we have visited and developed the foundations for the pilot. With the help of the local SSaL team, including national champion for SSaL, Robert Mvungi, and project manager, Khuzeima Khanbhai, we received endorsements from the Tanzanian Cardiac Society and the Ministry of Health. The latter, governmental involvement, is particularly important to ensure sustainability after SSaL has provided its initial 3 years of support.

For the organisation of SSaL, we now have a collaboration with the Egypt-based ICOM Group. For the Tanzania project, we have the support of the Mission Aviation Fellowship (MAF) and received initial funding from philanthropic partners. Hopefully, the stage will soon be set for us to apply SSaL's Blueprint and STEMI India hub-and-spoke model,¹ adapted to Tanzanian needs. While we have extensive experience in setting up STEMI networks in other countries, such as India,² our current work represents uncharted territory. We hope that success and lessons learned, will eventually lead to similar programmes in other African countries.

Success stems from enthusiastic, committed local cardiologists who believe they can make a difference, with sufficient funding to make it happen.

Moreover, SSaL has recently entered into a collaboration with the American College of Cardiology's Global Heart Attack Treatment Initiative (GHATI), which will increase our global standing and may open up additional funding

opportunities. Working with GHATI may also help us forge new relationships with other major health organisations such as the World Heart Federation and the World Health Organization to increase our visibility and spread the word further about the benefits of regional STEMI care systems."

A scientific statement on reperfusion therapy for STEMI in LMICs is currently under review. This document is the result of a collaboration between SSaL with the European Society of Cardiology's (ESC) Association for Acute CardioVascular Care (ACVC), the European Association of Percutaneous Cardiovascular Interventions (EAPCI), the European Association of Preventive Cardiology (EAPC) and the ESC Working Group on Thrombosis.

1. Candiello A, et al. *EuroIntervention*. 2022;17:1313–1317.

2. Alexander T, et al. *JAMA Cardiol*. 2017;2:498–505.

DON'T MISS

Managing complex STEMI patients in diverse healthcare systems - Adapting best practices to local realities

Tuesday, Room 341,
12:00 – 13:00

Your PCR Companions Lounge awaits you on Level 2

companions



ENJOY THE GIANT PHOTOCALL

All week long, have fun choosing accessories and taking photos of yourself and your colleagues with the Eiffel Tower!

JOIN TOMORROW'S WELCOME BREAK

Prepare to chill out and get together with peers from around the globe, to the sound of live music!

Wednesday, PCR Companions Lounge, 10:45 – 11:15 Open to all!

Come take the pulse of our vibrant community!

Be sure to drop by to discover the free programme that connects you with the interventional cardiovascular community and rewards your involvement in PCR activities. The cosy lounge is an ideal place to relax, exchange and network with your peers – all day long, all throughout the Course.

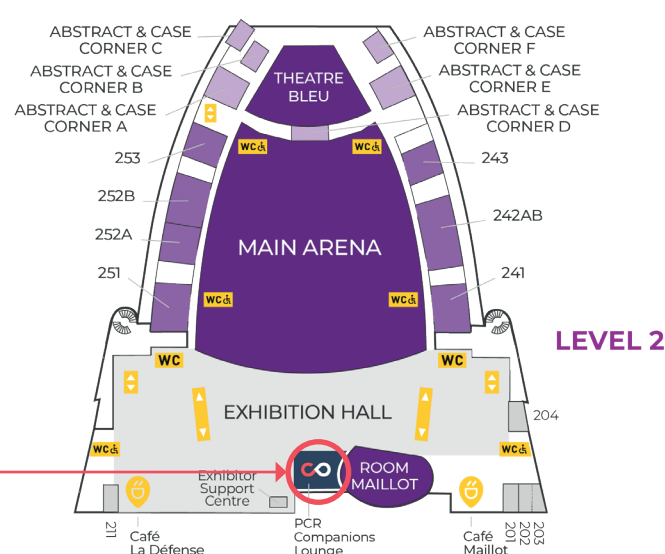
Already a PCR Companion? Remember to enjoy your exclusive benefits!

- Pick up your tote bag and special gift at the Lounge entrance
- Activate your free one-year digital and print subscription to *EuroIntervention*



Not yet signed up? Hurry to do so, it's free!
Become a PCR Companion

Where to find us? On Level 2, next to Room Maillot



EAPCI at EuroPCR



EAPCI
European Association of
Percutaneous Cardiovascular
Interventions

The European Association of Percutaneous Cardiovascular Interventions (EAPCI) is a branch of the European Society of Cardiology.

Our mission is to reduce the burden of cardiovascular disease through PCI. By joining our vibrant community, you will be able to network with colleagues from around the world, as well as access educational products, training and certification programmes. You will receive the latest news in the constantly evolving field of percutaneous transcatheter interventions, and you will benefit from voting rights and eligibility for EAPCI elections, as well as board and committee positions. We bring together national and affiliated cardiac societies, individual interventional cardiologists and allied professionals to foster a community committed to excellence in interventional cardiology. The EAPCI also advocates for the best possible access to life-saving treatments for patients through data-based advocacy at a European level.

- Come visit us at Stand M75 and find out more about all the benefits of becoming an EAPCI Member
- Do not miss specific EAPCI activities during this exciting edition of EuroPCR

EAPCI General Assembly:

Tuesday, Room 241 Paris side, 10:00 – 11:00

This is a unique opportunity for EAPCI Members to actively engage in the association's activities, stay informed about new and prior initiatives, share your perspectives, propose new ideas, and network with peers and leaders in the field.

The General Assembly will include the presentation of EAPCI annual activities and new initiatives.

**As per the EAPCI Bylaws, only EAPCI Members having settled their dues six months ahead of the general assemblies and still a member at the date of the actual votes, have voting rights at EAPCI General Assemblies.*

EAPCI sessions specifically targeting EAPCI consensus documents and Young EAPCI Committee

1. Antithrombotic drugs for acute coronary syndromes in women:
Wednesday, Room 252A, 11:15 – 12:15
2. What did we learn from my TAVI complications?
Thursday, Room 252A, 09:45 – 10:45

EAPCI Membership Cocktail:

Wednesday, Café Maillot – Level 2, 17:00 – 18:00

This event is reserved for EAPCI Members. Come and pick up your EAPCI voucher at our stand (M75) and join us at this welcoming network cocktail.

EAPCI Fellowship Grant Awards:

Wednesday, Main Arena, 14:45 – 15:00

The new EAPCI grant winners will be acknowledged during the EAPCI Fellowship Grants Awards. Join us to discover who our newly awarded, talented young members are.

POSTS OF THE DAY

Nicole Karam, MD, PhD, FE...
@nickaram

Follow

Kick off PCR Innovators Day 2025, marking the beginning of an inspiring #euroPCR in Paris. A day dedicated to innovation, ideas & future of interventional cardiology. Looking forward to learning, sharing, and being inspired by this incredible community. @PCRonline @EAPCIPresident



PCRonline
@PCRonline

Being a #EuroPCR Course Director requires a certain amount of stamina 🏃 - getting ready for the World-leading Course in Interventional Cardiovascular Medicine!

DrThomasCuisset @CuissetDr · 3h

Course directors training as a team before the start of EuroPCR2025 @PCRonline @nicolasdumonte1 @NievesGonzalo1



8:11 am · 19 May 2025 · 559 Views



#EuroPCR Fellows course kicks off this morning!

Palais des Congrès



euroPCR
20-23 May 2025
Palais des Congrès

The World-Leading Course in interventional cardiovascular medicine

*Le congrès leader mondial en cardiologie interventionnelle

PCR EAPCI

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companions

**PICK UP YOUR GOODIES & ENJOY
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of *EuroIntervention*!**



Come to the lounge to activate your
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of this anniversary!

PCR