

LIVE from Madrid and Mainz

Today's centres and cases **Pages 4 & 5**

2025 Ethica Award

Meet the recipients **Page 11**

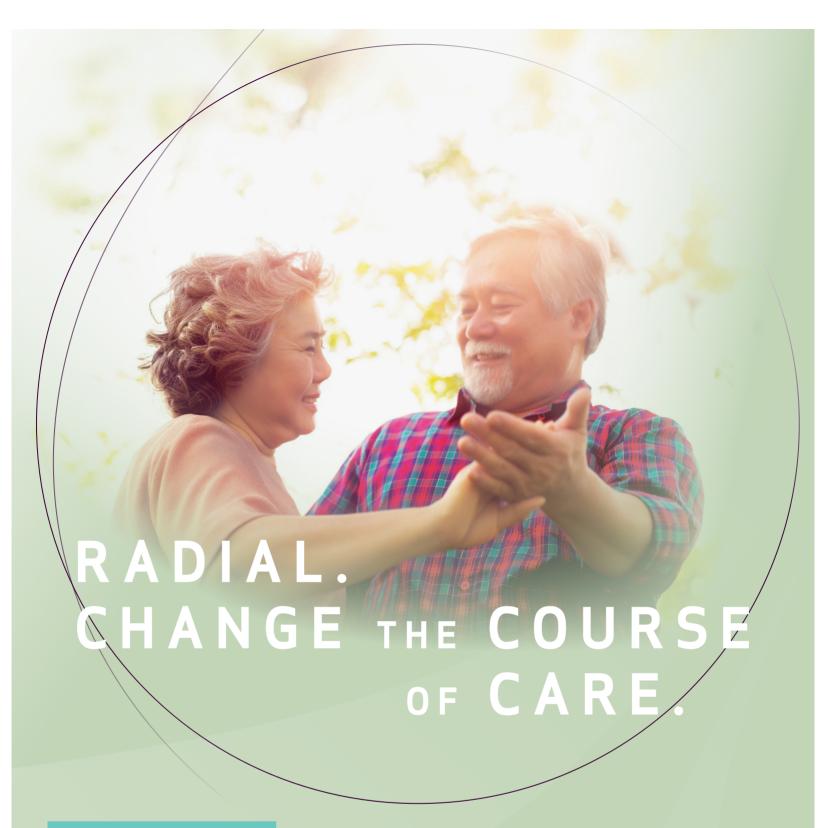
Simulation-based learning

Complexity simplified **Page 16**

The Daily Wire the official europer course newspaper Edition two, 21 MAY 2025







Symposium with LIVE case

WEDNESDAY, MAY 21 | 12:30 - 14:00 | Théâtre Bleu - LIVE Toulouse

Optimal management of high bleeding risk patient with multi-vessel disease

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



PCR's Got Talent: Much more than an abstract!

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

"Now in its 10th year, the PCR's Got Talent competition is part of a continuous effort to help colleagues improve their communication skills and their ability to share knowledge and science," says PCR Chair, William Wijns. "It's great that former winners often become very prominent members of our community. We are very proud to see that PCR's Got Talent is playing a role in supporting future leadership."

The 2025 competition began yesterday when 24 early-career presenters – selected based on their high-quality abstract submissions – gave 3-minute pitches in Round 1.

In Round 2 today, the chosen 12 presenters from Round 1 will give 3-minute presentations and face questions from the jury and their peers. The contest becomes more intense in the final tomorrow when the remaining 6 competitors will give 5-minute presentations, with even greater scrutiny from the audience. The winner will receive their award in the Main Arena on Friday and will be invited to attend EuroPCR 2026 as Guest Faculty.

Last year, **Christopher Rajkumar** (Imperial College London, UK) was crowned the winner for his abstract and presentation entitled 'N-of-I trial of symptom verification prior to revascularisation: ORBITA-STAR.'

When you submitted your abstract to EuroPCR 2024, did you think you had a chance of winning PCR's Got Talent?

Not at all – I was honestly just thrilled to have the opportunity to share our work on such a respected stage. Winning felt surreal and incredibly affirming, especially given the high calibre of other finalists.

What skills did you learn during the competition?

It's the art of scientific storytelling – striking the balance between clarity and impact. It's undoubtedly a gruelling competition, taking place in competitive rounds over a number of days. This pushed me to sharpen my presentation skills under pressure, keep my audience gripped and take my communication skills to the next level.

How has the award helped advance your research?

The visibility has opened doors to new collaborations and sparked interest from groups I hadn't previously connected with. Seeing my research – the ORBITA-STAR trial – on the main stage was incredible. The feedback I got during the competition gave our work momentum and winning the competition broadened its reach far beyond what I'd expected.

Has the award given your career a boost?

Absolutely – it's been a real springboard. I'm heading to Cedars-Sinai in Los Angeles this summer for an advanced structural fellowship. Winning PCR's Got Talent helped establish credibility and opened up opportunities I wouldn't have had otherwise.

What would you say to someone considering entering the competition next year?

Go for it! You've got nothing to lose and so much to gain. It's a unique platform to showcase your ideas, train yourself in scientific communication and challenge yourself in the best possible way.

Head to Room 252A to hear more from the next generation – who will be this year's winner?



DON'T MISS PCR's Got Talent -Round 2 - Session 1 Wednesday, Room 252A, 08:30 - 09:30 PCR's Got Talent -Round 2 - Session 2 Wednesday, Room 252A, 09:45 - 10:45 PCR's Got Talent -**Round 3 - Final** Thursday, Room 252A, 08:30 - 09:30 PCR's Got Talent Award. **Best Abstract & Best Case Awards** Friday, <u>Main Arena,</u>



LIVE CENTRES IN FOCUS

LIVE Educational Cases demonstrate the clinical excellence of renowned centres across the world, providing an unparalleled experience to learn best practices.



"By serving as a LIVE centre, EuroPCR provides us with the opportunity to share our everyday way of working with colleagues from all around the world, and to continue learning by exchange."

Hospital Clínico San Carlos - Madrid, Spain

Centre established in 1951

Practitioners include

32 cardiologists, 9 interventional cardiologists, 8 cardiac surgeons, 11 fellows in interventional cardiology and 15 nurses in interventional cardiology

Most frequent types of interventions/procedures:

The centre serves as the interventional hub for CardioRed, a network of hospitals providing care for chronic and acute patients, particularly complex coronary interventions and structural heart procedures, including TAVI, mitral edgeto-edge repair, tricuspid interventions, LAA closure, etc. Hospital Clínico is a world

reference in the field of coronary imaging and physiology, and has led multiple trials in different areas of interventional cardiology

How would you describe your centre? What makes Hospital Clínico San Carlos special is the blend of clinical excellence, research and commitment to education. With our fellowship programme, we have trained colleagues from the five continents and we continue exploring new ways of improving the educational experience in interventional cardiology

Number of times the centre has participated in EuroPCR: 9 times



"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:

All types of transcatheter procedures: TAVI via femoral, subclavian and carotid access, mitral and tricuspid TEER and replacements, transfemoral occlusion of PFO, ASD and LAA, transcatheter pulmonary valve replacement, and all types of complex coronary diagnostics and interventions, including advanced functional physiology, imaging, calcium debulking, CTO interventions and implantation

of coronary sinus reducing stents and innovative interventional therapies for heart failure

How would you describe your centre? We draw our strength from close teamwork within the departments of heart surgery and cardiology as a unified Heart Centre. This profits the residents and national and international fellowship programme. The team is dedicated to the best and innovative therapy for our patients in a real interdisciplinary approach

Number of times the centre has participated in EuroPCR: We have been a LIVE centre for PCR London Valves and now it's our second time to be a LIVE centre for EuroPCR, we are thrilled!

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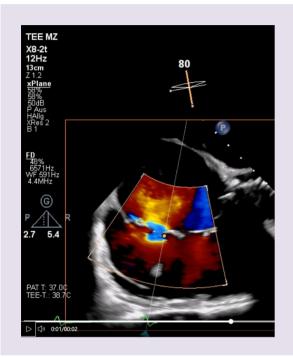


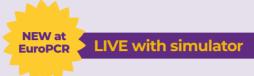
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LIVE EDUCATIONAL CASES TODAY!





Mainz, Germany

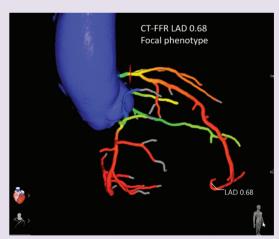
In a collaborative LIVE case with the PCR Tricuspid Focus Group, Philipp Lurz and Tobias Ruf demonstrate the skills needed for transcatheter tricuspid valve repair - from the University Medical Center

- Should this patient have been considered for earlier tricuspid valve intervention before reaching such a high-risk profile?
- Are there clear criteria supporting TEER in complex, high-risk cases like this?

Main Arena, 10:45 – 12:15







Madrid, Spain

In a tricky case, Javier Escaned and Nieves Gonzalo provide the expertise needed to treat complex multivessel disease - LIVE from the Hospital Clínico San Carlos

- What strategy would you use for this challenging situation?
- Would you recommend complete revascularisation for this patient?
- Which imaging strategy-pre and peri procedural; would you use?

Main Arena, 15:00 – 16:30

SESSIONS IN THE SPOTLIGHT



Major Late-Breaking Trials session and 'Translate the TOP trials into practice' sessions today!

EuroPCR is where education meets evidence and the latest trial data take centre stage this morning.

Thomas Cuisset, EuroPCR Course Director and Session Spokesperson, says, "We are privileged in cardiology that most of what we do in daily practice is based on evidence from randomised head-to-head trials with large sample sizes – the results of some of these will be presented today. Taken together with all the Hotline sessions, EuroPCR is not only about sharing practical information but is also about discussing science."

In the first of today's major latebreaking trial presentations, Rajesh Kharbanda discusses a meta-analysis of studies investigating the routine use of cerebral embolic protection (CEP) devices during TAVI. The PROTECTED TAVR trial found that the use of CEP did not have a significant effect on the incidence of periprocedural stroke; however, fewer disabling strokes occurred and the overall incidence of stroke was lower than expected.1 The BHF PROTECT-TAVI trial was conducted in a larger population and recent results indicated similar findings - that routine CEP did not reduce stroke within 72 hours.2 "Although the findings of the individual trials are known," says Professor Cuisset, "Combining the results of PROTECTED TAVR and BHF PROTECT-TAVI provides an opportunity for the community to reflect on the findings together and discuss next steps."

Next, Flavio Ribichini will present the investigator-led FAITAVI trial, which aimed to optimise the management of patients with intermediate CAD (diameter stenosis between 50% and 90%) undergoing TAVI. Patients were randomised to angiography-guided versus fractional flow reserve-guided PCI. "CAD is present in over 50% of patients undergoing TAVI, but how to deal with CAD, particularly in patients with intermediate coronary lesions, is not clear." notes Professor Cuisset, saying, "Today we will be able to answer the question: angiography or physiology?"

Finally, Woong Chol Kang will discuss results from the 4D-ACS trial investigating the safety and efficacy of a 1-month prasugrel-based dual-antiplatelet therapy regimen followed by reduced-dose monotherapy in ACS patients receiving a drug-coated stent (DCS). "Balancing bleeding and ischaemic events is always difficult. Although there have been several

trials looking at de-escalation, none have been conducted on the use of an ultrashort prasugrel-based regimen or dose reduction in DCS-inserted patients," comments Professor Cuisset. "These results may help fill a knowledge gap."

Keen to highlight that EuroPCR does not just present new trial data purely for scientific purposes, Professor Cuisset describes a new session format: Translate the TOP trials into practice.

"It's part of the PCR philosophy to reflect on newly published data and discuss if and how we integrate these results into best practice. This year, we have introduced two sessions that evaluate the clinical impact of four newly published trials, putting the results into perspective. We will discuss results from REC-CAGEFREE 1³ and PREVENT⁴ for coronary interventions and EARLY TAVI⁵ and NOTION-3⁶ for TAVI. Join us and provide your views on whether your practice has changed as a result of these trials."

- 1. Kapadia SR, et al. N Engl J Med 2022:387:1253-1263.
- 2. Kharbanda RK, et al. N Engl J Med. 2025 Mar 30. doi: 10.1056/NEJMoa2415120.
- 3. Gao C, et al. Lancet. 2024;404:1040-1050. 4. Park S.J. et al. Lancet. 2024;403:1753-1765.
- 5. Généreux P, et al. N Engl J Med. 2025;392:217–227.
- 6. Lønborg J, et al. N Engl J Med. 2024;391:2189–2200.



DON'T MISS

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

Translate the TOP trials into practice

DCB after REC-CAGEFREE 1 Vulnerable plaque PCI after PREVENT

Wednesday, Theatre Havane, 09:45 – 10:45

TAVI for asymptomatic aortic stenosis after EARLY TAVI TAVI and coronary artery disease after NOTION-3 Wednesday, Theatre Havane, 15:00 – 16:00



Remembering Jean-Philippe Collet



At the beginning of this morning's Major Late-Breaking Trials session, the community will pay tribute to Jean-Philippe Collet (Hôpital de la Pitié-Salpêtrière - Paris, France), a skilled interventional cardiologist, highly respected trialist and dedicated clinician who sadly passed away in December 2023. He is still sorely missed by all those who knew and worked with him.

SESSIONS IN THE SPOTLIGHT



EuroPCR 2025 celebrates a long-lasting collaboration with China



Mao Chen

Interventional cardiologist / Cardiologist West China Hospital, Sichuan University Chengdu, China

A Hotline session this afternoon allows participants to learn more about innovations developed in China and to discuss these in the context of global outreach.

"There has been dramatic progress in cardiovascular interventions in China during the past decade. China's unique innovations, such as domestically developed devices and special approaches to cardiovascular care, offer fresh perspectives that can enrich global cardiology practices," says Mao Chen, Course Director of PCR-CIT China Chengdu Valves.

At this afternoon's session, participants will gain insights into cuttingedge innovations from China in coronary and valvular heart disease interventions, including advancements in robotic PCI, novel TAVI technologies and real-world evidence applications.

One of the novel trial findings that will be discussed is a new blinded post-hoc analysis of TARGET All Comers, which will provide insights into the value of angiography-based radial wall strain in predicting non-target vessel failure at 5 years. Discussions will also cover trials assessing coronary physiology-guided revascularisation and plague vulnerability, reflecting China's emphasis on integrating advanced diagnostics into clinical decision making. A standout structural innovation that will be highlighted is the Venus-PowerX valve, a fully retrievable. self-expanding dry-tissue valve for TAVI, which offers promising 1-year outcomes in the first-in-man study.1 Another is the Neonova TEER system developed for mitral regurgitation – a device that was approved by the China National Medical Products Administration (NMPA) for commercial use earlier this year.

Professor Chen notes, "A platform like EuroPCR enables colleagues from around the world to find out



more about technologies such as these, accelerating mutual understanding and stimulating future collaboration. Celebrating partnerships underscores the mutual benefits of shared expertise, which will contribute to the global progress of interventional cardiology."

1. Zhao Z, et al. Am J Cardiol. 2025:247:29–34.

PCR meets China: great innovations and novel trials Wednesday, Room 242AB, 15:00 – 16:00

Academic Research Consortium initiative on left atrial appendage closure – standardising definitions and endpoints to move forward



Philippe Garot

Interventional cardiologist / Cardiologist Hôpital Jacques Cartier - Massy, France

Philippe Garot describes today's session on left atrial appendage closure (LAAC), which provides a taster of what to expect from a new consensus document developed by the Academic Research Consortium:

"Over the past 20 years, evidence has accumulated on LAAC as an alternative or complementary approach to reduce the risk of stroke or systemic embolism in patients with non-valvular atrial fibrillation." In 2017, the Munich consensus document on definitions, endpoints and data collection requirements was published in order to achieve a consistent approach for clinical studies on LAAC.² This area has evolved considerably since then and an Academic Research Consortium initiative was established last year to provide a timely update. Key stakeholders in the LAAC field were involved in these discussions, including not only physicians and trialists, but also large device manufacturers, personnel from smaller start ups innovating new devices and pharma companies developing new anticoagulants. all of whom were interested in the standardisation of trial designs.

The new consensus document, which will be published very soon, covers a range of contemporary issues related to the conduct of trials on LAAC.

Notably, the paper discusses the

use and components of combined endpoints, which have varied in recent trials and have made indirect devicedevice and device-drug comparisons difficult. In addition, the document discusses the most appropriate time to report certain outcomes, which again have differed widely. Safety endpoints and complications such as peri-device leaks and device-related thrombus are also considered.

At this morning's session, Jacqueline Saw will explain more about the rationale behind the Academic Research Consortium's LAAC initiative. Megan Coylewright and Horst Sievert will present the top 10 key takeaways from the project and then Davide Capodanno will discuss incorporating the newly proposed nomenclature into clinical trials. Even if LAAC is not your field, the session will provide interesting insights into how to streamline standardised endpoints for randomised controlled trials and how

to develop homogeneous definitions through collaborative work. And if LAAC is one of your specialties, you will be well informed by the authors ahead of the publication's release. Please join us and bring your questions and comments to share with participants."

- 1. Holmes DR, et al. EuroIntervention. 2023:18:e1038–1165.
- 2. Tzikas A, et al. Europace. 2017;19:4–15.



Yesterday's catch up

Left main stenting: How to determine the optimal strategy

Use of intravascular imaging and physiology during left main stenting formed the basis of a case-based discussion session on Day I, with key aspects including stent deformation and left circumflex assessment and treatment after crossover stenting.

Anchorperson, Jacek Legutko explained ahead of the session why left main PCI remains a complex coronary procedure that carries a substantial risk to the patient and why learning how to recognise problems and what to do in these events are crucial. "A key reason that left main PCI remains a hot topic is that the left main coronary artery supplies up to 80% of the left ventricular myocardium in right dominant coronary circulation. This means that a complication arising during the procedure, such as stent deformation, escalates the risk to the patient, with the potential for serious negative outcomes," he said. "Despite the availability of evidence-based guidelines developed by the European Society of Cardiology supporting the use of intravascular imaging guidance - IVUS or OCT, but not angiography - during left main PCI, these techniques are underused in many countries because of educational or economic barriers." In a substudy of the OCTOBER trial, unintended deformation of implanted stents

occurred in 18.5% of 589 patients, with a 2-year incidence of major adverse cardiac events of 23.3% in those with untreated stent deformations and 0% in those with confirmed or corrected stent deformations. "As one of six sessions at EuroPCR organised by the European Bifurcation Club, yesterday's troubleshooting session emphasised the importance of using intravascular imaging techniques to guide left main PCI and to identify and recognise stent deformations, which is a key skill for operators to learn," he added.

The first case, presented by Marta Kaluzna Oleksy, comprising an elderly patient with problems arising from prior interventional procedures, demonstrated the value of intravascular imaging not only to determine the source of the issues but also to guide the optimal course of action to solve the problem. A key point raised was the use of imaging to establish the correct location of the wire and to help to diagnose and to treat unintended stent deformation. Evald Christiansen described the tips he uses to prevent stent deformation during left main PCI, including calcium modification prior to stenting, proximal optimisation technique before rewiring, and to take care of the guide for jailed wires.

Key learnings from the second complex case, presented by Mila Kovacevic, were that careful and meticulous manipulation of wires



and stents during the procedure could reduce the risk of unintended left main stent deformation, while other practical factors considered to be important included the choice of balloon size for the proximal optimisation technique, careful removal of balloons, imaging catheters or jailed wires, and the use of intracoronary imaging to recognise stent deformation.

Another key aspect of left main PCI covered in the session was the stepwise provisional stenting approach advocated by the European Bifurcation Club. Even in patients with complex anatomy, it is still recommended to implant a single stent in the main vessel initially. Yesterday's session discussed the use of physiological techniques, such as fractional flow reserve assessment

with a wire or microcatheter in the case of ambiguous angiography or intravascular imaging after implantation, to help decide whether or not to implant a second stent. Carlos Collet described evidence-based advice on the use of physiological assessment to help determine the functional impact of carina or plaque shifting in the left circumflex coronary artery after provisional PCI, taking into account the perfused myocardial mass.

There are more complex case-based discussion sessions today, including a session on challenging vascular access and closure in TAVI procedures and how to avoid and manage complications in CTO interventions.

1. Andreasen LN, et al. JACC Cardiovasc Interv. 2024;17:1106–1115.

Yesterday's catch up

The conundrum of managing patients with CAD undergoing TAVI

In another case-based session yesterday, the focus was the impact of CAD in patients undergoing TAVI, including how to evaluate patients and the most important factors to consider.

CAD poses a substantial burden in patients with severe aortic stenosis and potentially impacts the procedural risk, as well as the prognosis of patients after the procedure. During the session, Anchorperson Marco Barbanti stressed the importance of careful preprocedural evaluation of patients but admitted there is ongoing debate around the optimal assessments and the indications for treatment of significant CAD.

The first case study, presented by Antonio Mangieri, discussed a patient

with significant proximal coronary lesion and no angina who was due to undergo TAVI. Key considerations in the case centred on the timing of PCI and TAVI – whether to perform PCI first, TAVI first, or to perform the procedures concurrently. Evidence was discussed around the safety of the different options. The decision on which management strategy to use should be considered on a case-bycase basis and driven by imaging results and patient symptoms, as well as the capabilities of the clinical team.

The second case of a patient with severe left main stem CAD undergoing TAVI was presented by Ignacio J. Amat-Santos. Key learnings from the study included that coronary angiography prior to TAVI is not always required, TAVI and PCI may be the best option in most clinical scenarios, and that the timing



of PCI depends on anatomy findings – specifically coronary and aortic anatomy – and the selected device.

Summarising the key points of the session, Martine Gilard stressed that CAD is anticipated to become an increasingly important consideration

in patients undergoing TAVI, and that recognition and management of CAD is essential. PCI can be performed before, during, or after TAVI, and that staged procedures are usually associated with superior safety results.

EuroPCR rewards excellence!

The winners of the Jon DeHaan **Foundation Award and the** Michele Pighi Young Investigator Award will be announced in the Main Arena this morning. But what did winning mean to last year's recipients?

The Jon DeHaan Foundation Award is given to the best innovation submitted to PCR Innovators Day. Last year's recipient of the \$200,000 grant was **Rishi Puri** of VahatiCor, Inc., who received the award for the A-FLUX coronary sinus reducer.

How did you feel when you won the award?

It was 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, along with the great team at VahatiCor, developing a novel next-generation self-expanding coronary sinus reducer.

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

Winning the award brought meaningful visibility and increased awareness to our work on coronary microvascular dysfunction disease and underscored the lack of therapeutic solutions in this space. The recognition helped validate our approach and provided valuable support as we prepared for early feasibility studies. We're now advancing toward the launch of the SERRA-I trial with renewed focus and momentum



Last year, **Ryota Kakizaki** received the first ever Michele Pighi Young Investigator Award and a €3.000 grant to allow him to spend time at an interventional centre of his choosing.

What did it mean to you to win the award?

Winning the award was a tremendous honour for me. It not only recognised my research efforts but also inspired me to continue contributing to the field of interventional cardiology with the same passion and dedication that Michele Pighi embodied.

Where did you visit with your grant? What did you learn?

With the generous support of the grant, I spent a week at AZORG (OLV Hospital) in Aalst, Belgium.

I am deeply grateful to the doctors and staff at AZORG for their warm

expertise throughout my visit.

I was particularly impressed by the use of CCTA-guided PCI and the meticulous assessment of FFR. I learned how comprehensively CCTA findings can guide procedural planning, and how FFR is performed with careful attention to technical detail and nuanced interpretation - directly influencing treatment decisions. I also had the opportunity to visit the core lab, where I gained valuable insight into research involving CCTA and FFR.

Receiving this award and visiting AZORG provided a meaningful opportunity to learn from an esteemed institution and to connect with colleagues from diverse clinical and academic backgrounds. This experience has inspired me to further broaden my own expertise and to support and collaborate with fellow doctors in the future.

DON'T MISS

Jon DeHaan Foundation Award & Michele Pighi Young **Investigator Award** Wednesday Main Arena 10:15 – 10:45

Symposium with Recorded Case

Rishi Puri, winner of EuroPCR 2024's Jon DeHaan Foundation Award

Active posterior leaflet replacement

A novel transcatheter approach for the treatment of primary and secondary MR

PCR

Wednesday 21st May 12:30 - 13:30 | Room 243



Join us for KOL's discussion on:

- Emerging hemi-valve replacement concept
- Imaging, implantation techniques and intended patient population
- Illustrative recorded cases
- Clinical outcome on 50+ patients with up to one year follow up



Prof Alex Abizaid



Prof Bernard Prendergast



Dr Azeem Latib



Dr Martin



Prof Thomas Walther



Dr Nina Wunderlich





Prof Ulrich Schaefer



Prof Fabio Sandoli de Brito Jr

EAPCI Fellowship Grants open doors!

A key mission of the EAPCI is to foster excellence in education and training for the next generation of interventional cardiologists. The EAPCI Fellowship Grants Programme provides talented fellows with unparalleled training opportunities in the most prestigious medical institutions within the 58 ESC National Cardiac Societies. This initiative ensures that they acquire the expertise necessary to drive innovation and enhance patient care.

Last year, the EAPCI provided 12 grants to young fellows from 11 countries (Armenia, Finland, Georgia, Greece, Israel, Italy, Morocco, Poland, Switzerland, United Kingdom and Ukraine), with the support of educational grants provided by seven sponsors (Boston Scientific, Edwards Lifesciences, General Electrics Healthcare, Medtronic, Occlutech, Philips and Shockwave Medical).

Join us to find out who the grant winners are this year and who will benefit from a 12-month fellowship at a hosting centre of excellence at the EAPCI Fellowship Grants Awards: Wednesday, Main Arena, 14:45.

Our latest EAPCI Grant winners share their recent experience:





Euro4C: Contemporary Care of patients with Calcified Complex lesions

Euro4C is a group of colleagues who share their experience and expertise in the management of complex patients with calcified CAD.

With origins dating back to 2011, Euro4C became officially part of the PCR family in 2019. Today, with over 568 international members. its mission is to enhance clinical outcomes for patients with advanced, diffuse and calcified atherosclerotic CAD, particularly those presenting with critical conditions and left ventricular dysfunction.

Euro4C activities include continuous medical education via courses and webinars, while practical training is facilitated on bench simulators and experimental models. Following an idea by Flavio Ribichini and William Wijns, carefully curated clinical cases are a key learning

tool and, to date. 34 cases are available on the website.



DON'T MISS

Calcified nodules: a different beast? 08:30 - 09:30

Calcified un-dilatable lesions in ACS:

Thursday, Theatre Bleu, 16:15 – 17:15





Check out the Euro4C website and take part in their sessions at EuroPCR today and tomorrow.

Advertisement



For over 17 years, CERC has worked hand in hand with leading academic centers and industry partners to design and deliver clinical studies that drive progress in interventional cardiology. Today, we are proud to present

2 trials in the Late Breaking Clinical Trial sessions / Hotline sessions — along with 3 more compelling contributions on abstracts sessions.

Come and meet us at Booth M11 - Level 2 to connect, collaborate, and explore how we can bring your next study to life.

Thursday 22 May

8:30-9:30

Room 341

REVERSE DCB vs. DES in large coronary artery disease—patient selection and lesion prep matter

E. S. Shin

RNS DWP 9.45-10.45

Room Arlequin

Hotline / LBT session

Room 341

Safety and efficacy of renal stimulation with direct wire pacing technique during renal denervation

F. Mahfoud

11:15-12:15

MASTER DAPT

Multiple events after PCI in patients at high bleeding risk

M. Valgimigli

Antiplatelet therapy after PCI in high bleeding risk patients with chronic kidney disease

A. Landi

16:15-17:15

Théâtre Havane

vw.cerc-europe.org 7 Rue du Théâtre 91300 Massy FRANCE Tel: +33(0)176 73 92 10

DESyne BDS

Site-specific antithrombotic therapy: DESyne BDS Plus Trial 24month outcomes

S. Verheye

Come and meet us at Booth M11 Level 2

Improving the quality of cardiology care in Sweden and beyond!

Tomorrow in the Main Arena, Lars Wallentin and Stefan James will receive the Andreas Grüntzig Ethica Award on behalf of a wider team of cardiovascular registry experts who have contributed in an extraordinary way to the PCR mission.

The team's dedication to developing and advancing cardiovascular registries has not only improved the quality of care in Sweden but also paved the way for other national and international registries. The evidence generated has helped answer important clinical questions with global impact and their pioneering work on prospective registry-based randomised clinical trials will have a long-lasting legacy.

SWEDEHEART - the Swedish Websystem for Enhancement and Development of Evidence-based care in Heart disease Evaluated According to Recommended Therapies - was launched in December 2009. It was formed following the merger of RIKS-HIA (Register of Information and Knowledge About Swedish Heart Intensive Care Admissions), SCAAR (Swedish Coronary Angiography and Angioplasty Registry), SEPHIA (National Registry of Secondary Prevention) and the Swedish Heart Surgery Registry.¹ Since then, new subregistries have come under the SWEDEHEART umbrella, promoting the quality of care in other areas including SWENTRY (Swedish Transcatheter Cardiac Intervention Registry) and sections for heart failure, atrial fibrillation/ coagulation and cardiogenetics.

Here, Lars Wallentin and Stefan James discuss some of SWEDEHEART's evolution, aims and achievements:

Lars Wallentin

"When we started the acute cardiovascular care quality registry, RIKS-HIA, in 1995, there were only two of us working with basic computers installed in selected units. In the 2000s, when the internet became widely available, a large group of programmers helped to develop national systems that were continuously available. Registries existed for different areas and we merged these into SWEDEHEART to avoid duplication of efforts and provide a more unified approach.

"The purpose of SWEDEHEART was, and still is, to promote quality and equity in cardiovascular care." According to Swedish law, every citizen is entitled to the same care. We have a socialised system, with very little private healthcare, which affords the opportunity for a truly national all-encompassing registry. With SWEDEHEART, we observed wide variations in the numbers of procedures and treatments across centres nationally and differences in mortality. SWEDEHEART data are published in an annual report. It had already been noted that differences between centres persisted over the vears. However, when the detailed performance measures were made public, there was a rapid improvement and equalisation in standards of care, especially in poorly performing centres.

SWEDEHEART is designed to give immediate feedback. For instance, you can monitor the performance of your centre yesterday compared with last month and compared with other centres. This has been key to driving standards higher and improving care equity. Some people think that healthcare is an art. But it isn't. It is a system and all healthcare personnel need to take responsibility for that system – to monitor performance and improve themselves and others.

Initially there was a lot of resistance to registry data, but thanks to the rigour of SWEDEHEART, real-world evidence has become increasingly accepted. Over time, the data collected have become more and more useful for science. And so it seems, by collaborating to improve the quality of care, exciting scientific observations can also be made, for example, to further our understanding of different diseases, treatments, devices and so on. Publishing in high-impact journals has never been our main aim but it has been an enlightening spin-off.

"SWEDEHEART has been 'win-win' for quality development and cardiovascular science."

Interest in quality-of-care improvements has grown, with other countries such as the UK also setting. up continuous national cardiovascular registries. Inspired by SWEDEHEART, the European Society of Cardiology launched EuroHeart (European Unified Registries On Heart Care Evaluation and Randomized Trials) in 2019.2 Using SWEDEHEART IT infrastructure, EuroHeart is supporting the development of national registry programmes using standardised variables and datasets to enable the pooling and interrogation of data from participating countries across Europe. In a year or two, we hope to have around



20 countries participating and 200,000 patients per year will be monitored, creating a collaboration that promotes equity of care not only between centres but between countries in Europe. We have come a long way in 30 years!"

Stefan James

"Developing the initial registries into complete national registries and then merging them – bringing together patients with coronary artery disease, with and without interventions, surgical cases and those being followed for secondary prevention – were key steps in the evolution of SWEDEHEART.

SCAAR itself rose to 'fame' internationally when we compared outcomes with drug-eluting stents versus bare-metal stents.^{3,4} In our first analysis from 2003 to 2004 we were surprised to observe that drug-eluting stents were associated with higher mortality than baremetal stents.³ We considered the observational methodology and potential confounding biases, but with such a large signal against drug-eluting stents, we discussed our findings with regulators and the manuscript was published in the New England Journal of Medicine. The original randomised trials had been relatively small and with limitations, and our all-comers registry was able to provide a different perspective. Our observations prompted the community to look at different ways to improve drug-eluting stent implantation including polymer type, drug doses, stent length, implantation techniques, antithrombotic therapies and patient selection. We conducted a second analysis from 2003 to 2006 and showed a similar long-term incidence of death with drug-eluting stents and bare-metal stents.4 Although the initial analysis was a shock to us all, we believe results from SCAAR helped to improve safety in the long term. And the reliable variables and ability to perform large analyses in a complete population meant an increased respect for registry findings among the medical community. Data from SWEDEHEART have resulted in more than 500 scientific papers published in highimpact journals that have informed and improved clinical care globally.

Not long after, we conducted SWEDEHEART's first prospective registry-based randomised trial. We introduced a randomisation module into the SCAAR platform and performed the TASTE (the Thrombus Aspiration in ST-Elevation myocardial infarction in Scandinavia) trial.5 the largest randomised trial of a medical device. Advantages of this approach include broad inclusion criteria to ensure wide clinical applicability, a simplified process to facilitate enrolment, a substantial cost reduction and high rates of follow-up. This pragmatic trial was extremely easy to conduct and very important for two reasons. Firstly, for its scientific findings - we found no benefit of thrombus aspiration - and secondly, equally importantly, we showed it is possible to perform trials in a completely different way. Numerous very large registry-based randomised trials have since been conducted within SWEDEHEART that have changed international guidelines. The concept is being introduced into EuroHeart, with the potential to conduct very large. simple trials rapidly across hundreds of thousands of patients in Europe

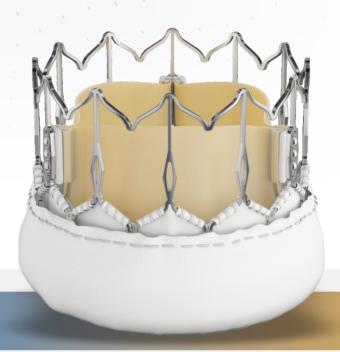
"I am proud to be part of a team that has created and maintained a culture of measuring and improving quality of care – this is our aim, first and foremost."

The philosophy, science and technology around registries are growing. A registry is no longer an Excel sheet – data science is becoming a speciality of its own with enormous power to provide better care for our patients."

 Jernberg T, et al. Heart. 2010;96:1617–1621.
 Wallentin L, et al. Eur Heart J. 2019;40:2745–2749.
 Lagerqvist B, et al. N Engl J Med. 2007:356:1009–1019.

4. James SK, et al. N Engl J Med. 2009;360: 1933-1945. 5. Fröbert O, et al. Am Heart J. 2010;160:1042-1048.





Aligned for future.

Conventional Sizes

20 mm | 23 mm | 26 mm | 29 mm

Intermediate Sizes

21.5 mm | 24.5 mm | 27.5 mm

XL Sizes

30.5 mm | 32 mm

Myval Octapro THV | Key Features

- Conventional, Intermediate & XL sizes (Ø 20 32 mm)
- Unique leaflet design & THV construction
- Direct crimping of THV over its balloon
- Fluoroscopic landmarks on THV / Delivery System
- Minimal THV frame foreshortening
- Higher internal/external skirting
- Octa-Align technique
- 14Fr Introducer compatibility for all THVs Ø 20 32 mm

Potential Procedural and Clinical Benefits

- Minimize empirical sizing & THV over/under dilatation
- Larger EOA, improved hemodynamics
- Avoid in-situ maneuvering/mounting of THV in aorta
- Predictive pre-deployment annular positioning
- Higher operator control & predictive deployment
- Reduced paravalvular leak (PVL)
- Simple commissural/coronary alignment
- Minimize vascular complications



Join us for **Deep-Dive** session on



1 year results

21st May, Wednesday | 12:30 - 14:00 | Theatre Bordeaux

Join us for Meril scientific sessions

Myval Octapro THV | Optimize patient outcomes with novel Design, Data and Daily clinical practice

Symposium Live Case | Hospital Clinico San Carlos, Madrid, Spain

21st May, Wednesday | 16:30 - 18:00 | Theatre Bleu

Shaping the future of Cardiology | A journey of meaningful innovation in structural heart and coronary

Case based Symposium

22nd May, Thursday | 13:45 - 14:30 | Theatre Havane

Meet us at

Booth

Level 1 | F1 & F4 Level 2 | M66

Training village | T12

Country meets | Hands on workshops Mentice simulation | 3 - mensio analysis

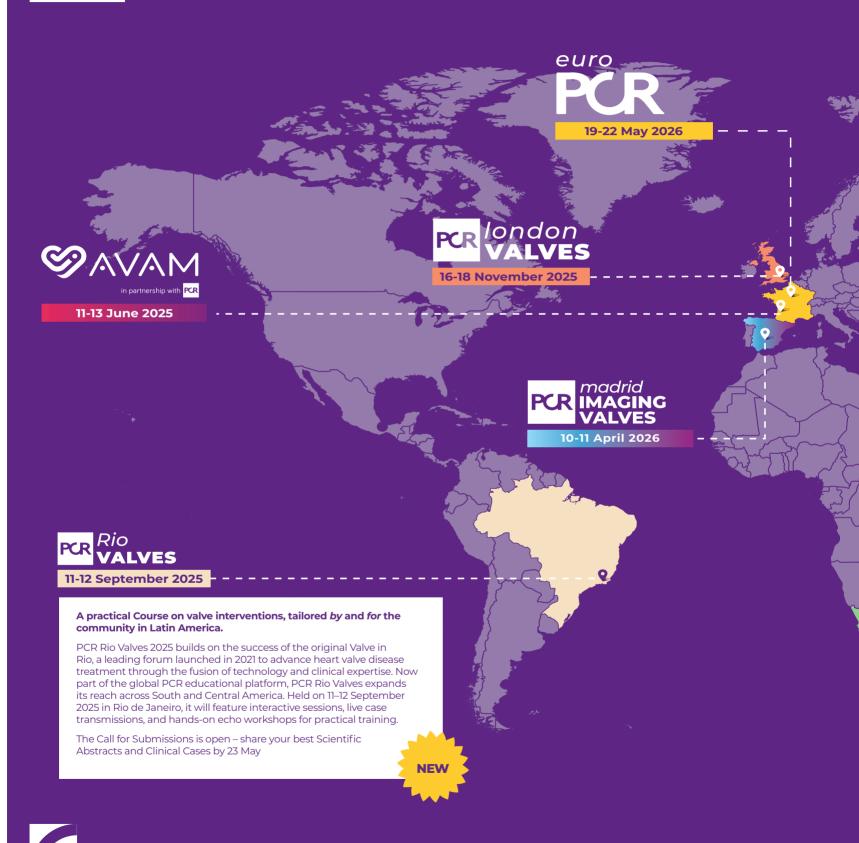


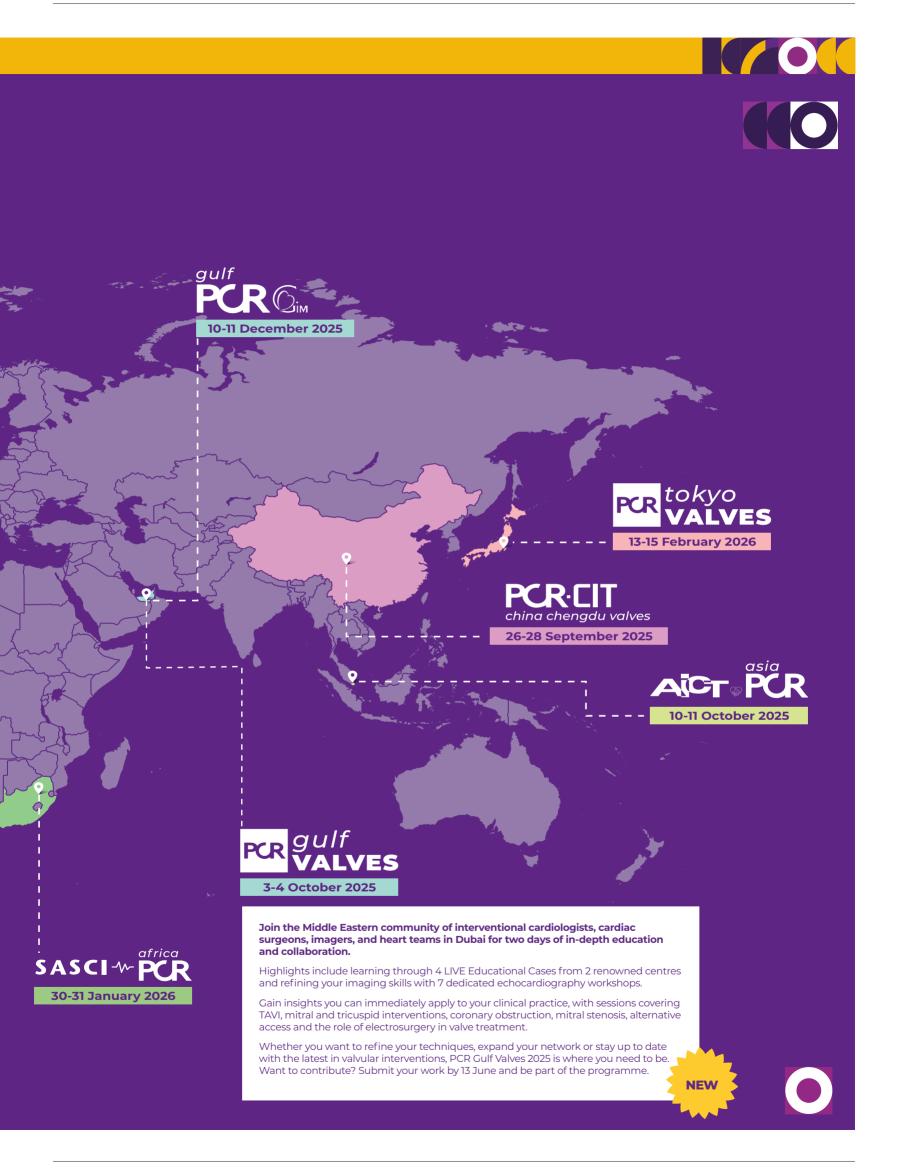


COURSES AROUND THE WORLD

AROUND Courses tailored to local practice,

THE WORLD for better cardiovascular care worldwide





All that is missing is the patient!

Today, the main topic of the Simulation Learning Room (Studio A) shifts from stenting to valve repair, safe access and transseptal puncture.

Francesco Maisano - PCR's coordinator of simulationbased learning activities tells us more about the invaluable insights these types of sessions provide:

"Simulation-based learning is a highly successful way of bringing clarity to the complexities of interventional cardiology. Simulation provides a tool to deep dive into details of a procedure that are very difficult to comprehend without it. Simulators help us gain a greater understanding of anatomy and how the device interacts with the anatomy. In addition, the cameras we use in simulation provide an extra perspective to help interpret anatomy and simplify complex imaging.

Visual learning and even touching - can make a huge difference compared with words alone when implementing a new procedure in real-life practice.

Most new devices nowadays are developed with the help of highfidelity simulators and it is these same simulators that are used in many of the PCR sessions.

At PCR Courses, the sessions are unlike those found at other congresses where simulation often lacks an educational component. PCR simulation-based learning sessions are tailored to the needs of the participants. We have some more general sessions here in Paris compared with, for example, the highly specialised simulations at



PCR London Valves In all cases the facilitators have undergone ViTAL training and the ability to use simulation as a learning tool, not as a toy, puts our facilitators in a league of

As a prime example of the power of simulation, one of today's sessions in Studio A helps participants who know how to perform mitral TEER - already a relatively complex procedure - to transition to tricuspid TEER. Using both simulators and anatomical specimens, we hope operators will gain an understanding of the similarities and differences between the anatomies and devices, and how to streamline the procedure. Without a living patient, we can demonstrate what not to do, so avoiding complications.

For the first time, simulation is being brought into one of today's LIVE educational cases on transcatheter tricuspid valve repair in the Main Arena. We will reproduce some of the action happening in the live case on the simulator to help explain certain details to the audience

Sessions at EuroPCR also provide a stepping stone for 2- or 3-day certified courses at the Universita

Vita-Salute San Raffaele in Milan that involve simulation-based learning: the Advanced Course on Transseptal Puncture and Alfieri's Boot Camp.

Every operator or surgeon faces challenges performing their first-inhuman procedures and simulationbased learning is essential to bridge that gap."

> Nicolas Dumonteil, EuroPCR 2025 Course Director. comments: "The simulationbased learning programme offers an unmissable opportunity for participants to be prepared for their patients: to understand the technical difficulties and overcome the practical challenges they may have to face. The available simulators help operators to simplify complex cases in their minds so they can carry out procedures safely and with high-quality results."

DON'T MISS TODAY

in the Simulation **Learning Room** (Studio A)

Unveil the secrets of a successful Mitral TEER 08:30 - 09:30

Transitioning from Mitral **TEER to Tricuspid TEER:** how to make it smooth 09:45 – 10:45

Managing peripheral access

Transseptal puncture 15:00 – 16:00

Live heart dissection: exploring anatomy in 3D 16:30 - 17:30

AsiaIntervention

The academic reference journal edited by and for the Asia-Pacific interventional cardiovascular community













Two new opportunities to join the Advanced Course on Transseptal Puncture

Before the end of 2025, this certified and CME-accredited workshop endorsed by PCR will be taking place in both Rio de Janeiro and Milan.

The course covers the transseptal approach to left heart interventions – including puncture and navigation – for procedural excellence. Successful completion of a structured evaluation on the final day brings certification that participants have the necessary knowledge base and skills to start or to continue clinical practice on transseptal catheterisation.

Limited number of participants for an effective learning experience

First launched in 2023 by Francesco Maisano, the Advanced Course on Transseptal Puncture is tailored for practising interventional cardiologists and cardiac surgeons who are looking to enhance their skills and get certified. Each workshop gathers a limited number of participants and includes highly practical learning sessions as well as highfidelity physical and simulation-based training, on topics such as access failure, tamponade, aortic and wrong puncture.

Keen to join in Brazil or Italy? The choice is yours!

New this year: IRCAD, Rio de Janeiro
With the in-kind support of CETEB and Mentice
9–10 September 2025

Vita-Salute San Raffaele University, Milan With the in-kind support of Mentice and

2–4 November 2025

Find out more:









Topics covered:

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

Three steps to certification:

- 1. Prepare in advance with e-learning resources
- 2. Attend the workshop in Rio de Janeiro or Milan
- 3. Pass an on-site evaluation by simulation and e-Test

Ongoing success for Alfieri's Boot Camp

From the basics to mastering perfection of transcatheter edge-to-edge repair (TEER).

First launched in November 2024, this PCR-endorsed workshop on mitral and tricuspid valve pathologies has rapidly captured major interest among the worldwide community of interventional cardiologists, cardiac surgeons and echocardiographers.

Gain university certification for your skills

The intense and in-depth 3-day programme is built by Francesco Maisano and his esteemed mentor, Ottavio Alfieri. Each day is structured to maximise interaction, handson experience and collaboration – backed by advanced tools and technology from leading industry partners.

What to expect?

Hands-on TEER techniques

 Gain expertise in surgical and TEER techniques through immersive, simulation-based learning.
 Experience exclusive anatomical demonstrations on pig hearts, allowing you to master diagnosis and treatment strategies.

Real-world and live-case studies

 Obtain a better understanding of the nuances of TEER applications through case studies, helping you learn how to navigate challenges and optimise patient outcomes.

Comprehensive evaluation

• Demonstrate your understanding with evaluations on M-TEER and T-TEER by the end of the course.

Last chance to apply – a couple of spaces are still available!

Practitioners who already have some experience of TEER are invited to send their applications as soon as possible, for a chance to be included in the upcoming masterclass, which is limited to 24 participants.

Alfieri's Boot Camp in Milan

With the in-kind support of Abbott, Edwards, GE Healthcare, Philips and Simulands

9-11 June 2025

"Harnessing three decades of expertise, this interactive course is more than just an educational journey – it's a gateway to excellence."

Francesco Maisano

Find out more:



With more dates to be announced later on in the year!





Protégé

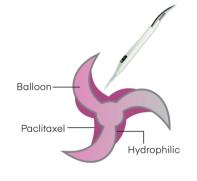


Paclitaxel Coated Coronary Balloon Dilatation Catheter

Available in

Semi Compliant & Non-Compliant versions









UNIQUE DRUG APPLICATION

Application of drug within the folds using auto pipette technology

WING SEAL TECHNOLOGY

- Protects the drug between the balloon folds, resulting in negligible drug loss prior to inflation
- The corrugation increases flexibility of the balloon ensuring better trackability & crossability

M3i STUDY*

• Multiple drug release up to 3 times with the same device

*Data on File

Cheng et al., 2022, J. Invasive Cardiol. 34(6) – Pearl Registry: Paclitaxel Coated balloon in PCI practice



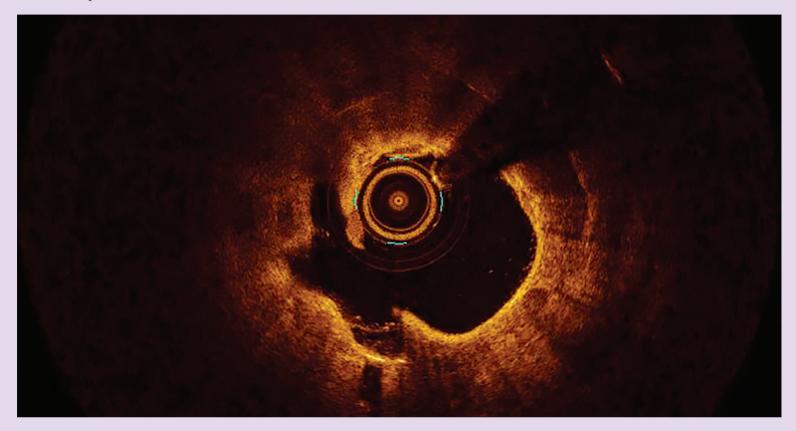


PRO9.0025.01 04/2025





AN IMAGE IS WORTH A 1,000 WORDS



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

Today's case: When reflected light gives you a diagnosis

A 79-year-old male patient with a history of PCI on proximal LAD with a 3.5×16 mm Promus in 2014 presents with NSTEMI. Angiogram was non-conclusive for the culprit lesion. OCT of all the vessels provided the diagnosis.

What is the diagnosis?

- A. In-stent neoatherosclerosis with lipid-rich plaque rupture and thrombus visible
- B. Calcified plaque with sub-medial dissection at 9 o'clock
- C. Spontaneous coronary artery dissection

Answer: A

The image shows OCT of the previously stented LAD. The OCT image shows neoatherosclerosis of the stent with lipid-rich plaque seen throughout the segment. At 9 o'clock, there is evidence of plaque rupture with the presence of a red thrombus.

Authors: Camilleri William¹, Mahmoud Karim¹ 1. Erasmus MC, Rotterdam, NETHERLANDS



The PCR-EAPCI Textbook THE PCR-EAPCI TEXTBOOK continues to evolve!



The PCR-EAPCI Textbook is a key reference for high-quality, evidence-based and up-to-date information related to interventional cardiology practice.



Stephan Windecker



Accessed by more than 200,000 users over the last two years, its readership is broad and diverse both in terms of career stage and geographical outreach. The Textbook covers all relevant clinical and practical aspects of interventional cardiovascular care, with around 120 chapters authored by world-renowned experts. For nearly three vears. Stephan Windecker has co-edited the Textbook with Piera Capranzano. Professor Windecker is now stepping down and Robert Byrne is set to become the Editor-in-Chief.

Describing the progress made, Professor Windecker says, "Traditionally, the main focus of the Textbook was coronary interventions resulting in a detailed and in-depth coverage on this topic. One of the goals was to develop the same attention to detail to the content on valvular heart disease and thromboembolic

disease protection. Another goal was to maintain the Textbook as a 'living' document, providing new chapters and updating content on a continuous basis" To this end he thanks all the authors, reviewers and contributors for their relentless efforts and dedication in making this possible.

The creation of the second edition of the Textbook, overseen by Professor Windecker and Dr Capranzano, also involved a new website, with improved accessibility and readability, and more dynamic illustrations. Chapters are now more easily bookmarked, downloaded and shared to social media. A 'Spotlight On' section allows direct access to selected chapters, highlighting updates and the latest news

Professor Windecker explains, "To ensure that the Textbook continues to evolve to meet the needs of our readership, the time is now right to hand over the role to someone who is more familiar with the educational requirements of the younger generation of interventional cardiologists. I'm extremely pleased to be followed by someone with vast experience as a clinician practising interventional cardiology on a daily basis, who is also a highly esteemed clinical researcher and scientist. and who has personal experience in translating new evidence into clinical practice guidelines. I am sure he will elevate the Textbook to new heights."

Professor Byrne wishes to continue the great progress made: "It is an honour to take on the role, building on the great work of my immediate

predecessor Professor Windecker, Dr Capranzano and all the contributors who have provided such valuable content and accomplished so much, comprehensively revising the textbook over recent years. The dual focus of the Textbook will continue to be: firstly, to provide comprehensive subject matter overviews including evidence-based guidance for good clinical practice, and secondly, to share insights on practical skills, tips and tricks that are relevant in the cathlab on a day-to-day basis."

He notes that interventional cardiology is characterised not only by innovations and incremental developments in practice, but also by progress through accumulated evidence from clinical trials. "Interventional cardiology boasts a large number of high-quality randomised clinical trials delivering important advancements not just vear-on-vear, but month-by-month and sometimes week-to-week. A key challenge for the Textbook is how to incorporate this rapidly emerging evidence. There are important synergies with ESC Guidelines and with the PCR

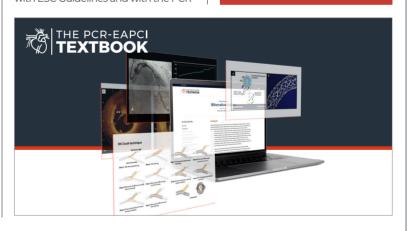
Trials Book and it is anticipated that we can work together, incorporating new evidence in real time into the PCR-EAPCI Textbook."

Talking of updates, new content is now available on TAVI, carotid artery stenting, optical coherence tomography, left main coronary artery disease, coronary revascularisation in patients with chronic kidney disease, interventions in the reno-visceral circulation and the workings of the contemporary heart team

Professor Byrne concludes. "As the interventional cardiology field progresses, our team of Deputy Editors and Laim to keep the Textbook evolving in the same dvnamic wav."

> Visit the PCR-EAPCI **Textbook at:**





Become a PCR Companion & get 2 months' free access to the PCR-EAPCI Textbook



companions



Happening this morning:

companions

the PCR Companions Welcome Break



Seize the opportunity to catch up with colleagues and make new connections with peers from around the globe, to the sound of live music. The ever-popular Welcome Break is taking place from 10:45 to 11:15 in the PCR Companions Lounge on Level 2 and it's open to all don't miss out!

PCR Companions are celebrating 20 years of **EuroIntervention**

PCR Companions is extremely proud to be associated with the EuroIntervention Journal since the vibrant and dynamic programme was first launched back

in 2019 FuroIntervention is the official publication of EuroPCR and the Furopean Association of Percutaneous Cardiovascular Interventions (EAPCI).

Both PCR Companions and EuroIntervention are totally committed to strengthening worldwide links and facilitating the effective sharing of knowledge among the interventional cardiovascular community. One of the fantastic advantages of becoming a PCR Companion is a free one-year digital and print subscription to EuroIntervention when you also sign up for EuroPCR. If you are already a PCR Companion, hurry to activate this great benefit!



Not yet signed up? Hurry to do so, it's free!

Have you collected your reading light?



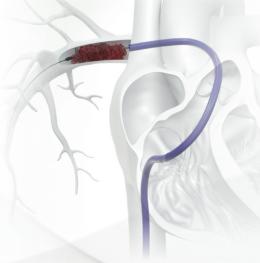
Lytic-free approach. Immediate impact.

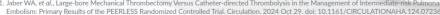
Treat PE differently.



Superior outcomes validate safety of rapid clot removal with large-bore FlowTriever® thrombectomy

- - deaths at discharge or 7 days
- - deteriorations related to cardiac arrest, arrhythmia, or respiratory failure
- **0.4**% all-cause mortality at 30 days





- 2. Khandhar S, et al., Long-term Outcomes Following Mechanical Thrombectomy for Intermediate- and High-risk Pulmonary Embolism: Six-I FLASH Registry Results. JSCAI 2023; In press
- Intended Purpose: The FlowTriever® Retrieval/Aspiration System's intended purpose is for use in the peripheral vasculature and pulmonary arteries for the treatment of intermediate- and high-risk pulmonary embolism in patients 18 years or older deemed medically suitable for mechanical thrombectomy Note: This device is restricted to sale by or on the order of a physician.Refer to Instructions for Use/Intended Purpose for complete indications for use, contraindications, warnings and precautions. For non-lnari products, please reference manufacturer instructions for use/intended purpose.

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Inari Medical, Inc. headquarters: 6001 Oak Canyon, Suite 100 | Irvine CA 92618 Inari Medical Europe GmbH, a subsidiary of Inari Medical, Inc. | Messeplatz 10 | 4058 Basel, Switzerland



Symposium:

Wednesday 21st May 16:30 - 17:30 Room 252B

The role of largebore thrombectomy in my approach to PE management

- Prof Felix Mahfoud
- Dr Lukas Hobohm
- Prof Thomas Cuisset
- Dr Pablo Salinas
- Dr Tushar Kotecha

Visit us at **Booth M30 (Level 2)**

www.inarimedical.com



FACES IN THE CROWD

What does complexity mean to you?



Ana Tagliari

Brazi

Complexity can stem from clinical, anatomical or procedural difficulties that require advanced imaging or specialised techniques. However, complexity is also shaped by the context in which care is delivered. A procedure considered routine in a high-volume centre with access to the latest technology may become highly complex in a low-resource setting where such tools and expertise are limited. Additionally, complexity is not always fixed - it can shift depending on the perspective and creativity of the medical team. Sometimes, what appears complex can become simple when viewed through a fresh or innovative lens



Angeliki Kolyda

Greece

Working in the cathlab as a radiographer during a procedure demands a high level of technical precision and quick decision-making. The complexity arises from coordinating imaging with the real-time actions of the cardiology team under strict time pressures. Radiographers must anticipate the needs of the physicians while adjusting imaging parameters to capture critical anatomical details. In addition, managing multiple pieces of sophisticated equipment simultaneously while maintaining patient safety adds to the challenging environment. EuroPCR empowers us with practical insights and up-todate knowledge that improve safety, efficiency and confidence during complex procedures.



Habib Gamra

Tunisio

Complexity in the daily practice of interventional cardiology in the African context is not only related to the complex anatomy that we increasingly encounter in an ageing population with frequent comorbidities, but also to the shortage in resources and limited access to new technology.

Complex anatomy might be approached differently in developed and developing countries and PCR courses are great opportunities for sharing experiences and discussing options and solutions with peers facing similar challenges in similar environments. In addition, PCR courses are valuable occasions for networking that can offer the chance for training and education for young healthcare professionals and researchers.



Paulo Caramori

Brazi

Complexity is a moving target.

The speed of innovation in science, technology and techniques is incredible.

The unattainable of yesterday is today's complexity, but tomorrow it will be the standard of care.

PCR

OK





CAPTURED MOMENTS



















Together in Health, Together in Life



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