

The Daily Wire

THE OFFICIAL EUROPCR COURSE NEWSPAPER

EDITION THREE, 22 MAY 2025

EDUCATION MEETS EVIDENCE

Results from three major late-breaking trials

CORONARY BLOOD FLOW AND SEVERE AORTIC STENOSIS

FFR and lesion severity
Tomino et al. J Am Coll Cardiol 2010;55:2816-2821.

Coronary physiology in AS
Michael et al. Nat Rev Cardiol 2018;15:420-431.

Changes in FFR after TAVI
Pascual et al. Circ Cardiovasc Interv 2016;9:e004008.

FFR may underestimate the hemodynamic significance of CAD in the setting of severe AS and may change following relief of pressure overload after AVR

12,000+ PARTICIPANTS
a steady increase year on year

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2123
PATIENTS



16
SUB STUDIES



>30
PUBLICATIONS

WITH PROMISING 2 YEAR OUTCOMES

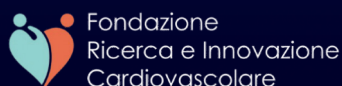
PRIMARY OUTCOME (TLR) - 24 MONTHS*

8% Overall

3% De-novo

14% ISR

Data published in EuroIntervention Journal: DOI: 10.4244/EIJ-D-23-00966, Volume 20, Number 13 | Global Chairman: Prof. Bernardo Cortese



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PCR's Got Talent – meet the finalists!

The competition reaches its peak as the final takes place in Room 252A this morning. Watch the presentations, ask questions and decide for yourself – who do you think should be the winner?



Francisco Barbas de Albuquerque

Francisco Barbas de Albuquerque is currently working at Hospital de Santa de Marta, ULS São José, Lisbon, Portugal. He is starting a fellowship programme in July 2025 on adult congenital heart disease with a focus on intervention at the Royal Brompton Hospital, London, UK. His areas of interest include congenital heart disease, coronary artery disease and valvular heart disease.

Abstract: Improving pacemaker prediction after TAVI - Development and validation of a machine learning model



Kimberley Hemelrijk

An MD/PhD candidate at the Heart Center, Amsterdam University Medical Center, the Netherlands, Kimberley Hemelrijk specialises in structural interventional cardiology and has experience analysing large clinical datasets, including the CENTER registry. In 2024, she completed a research fellowship at Hospital Clínico San Carlos, Madrid, Spain, where she contributed to an international registry of patients with bicuspid aortic valves undergoing surgical or transcatheter valve replacement.

Abstract: Self-expandable valve vs. balloon-expandable valve in patients with small annuli undergoing TAVI



Jenny Namkoong

Currently a chronic total occlusion fellow at the University of Toronto, Canada, Jenny Namkoong was previously an interventional cardiology fellow at St. Boniface Hospital, Winnipeg, Canada, and studied cardiology and internal medicine in Australia. Her research interests include sex differences in coronary artery disease and coronary microvascular dysfunction.

Abstract: Coronary microvascular dysfunction with both abnormal CFR and IMR correlate with diastolic dysfunction

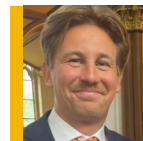


Natalija Odanovic

Natalija Odanovic works as an interventional cardiologist in her home country of Serbia, at the Institute for Cardiovascular Diseases "Dedinje" in Belgrade. She previously completed an internal medicine residency at Rutgers New Jersey Medical School, Newark,

USA, followed by cardiovascular disease and interventional cardiology fellowships at Yale University, New Haven, USA. She is interested in studying coronary physiology and the microcirculation.

Abstract: vpFFR - A novel benchmark for FFR surrogates



Johannes Tödt

Johannes Tödt is an assistant researcher at the Department of Cardiology, Lund University Hospital, Sweden. He graduated from Linköping University with a medical degree in 2024. Before beginning his clinical internship, he wishes to pursue his goal of obtaining a PhD. His primary focus is on structural valve disease, with a particular interest in aortic valve stenosis.

Abstract: Percutaneous and surgical management of aortic stenosis - Temporal trends from the SWEDEHEART registry



Yurii Vahis

Yurii Vahis works in the Department of Endovascular Surgery and Interventional Radiology, A. A.

Shalimov National Institute of Surgery and Transplantology, Kyiv, Ukraine, specialising in advanced endovascular therapies. He previously completed an internship under Marco Manzi at the Policlinico Abano Terme, Italy, where he gained expertise in the endovascular treatment of patients with critical limb ischaemia.

Abstract: Endovascular treatment of vascular complications in mine-explosive injuries



DON'T MISS

PCR's Got Talent -

Round 3 - Final

Thursday, Room 252A,
08:30 – 09:30

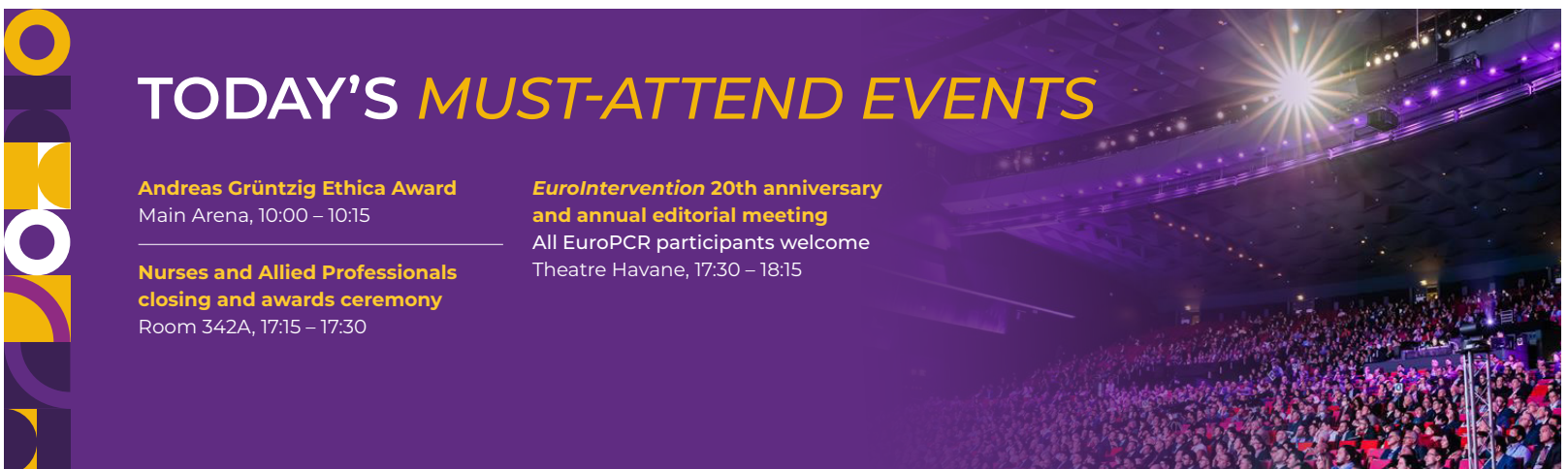


TODAY'S *MUST-ATTEND EVENTS*

Andreas Grüntzig Ethica Award
Main Arena, 10:00 – 10:15

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

EuroIntervention 20th anniversary and annual editorial meeting
All EuroPCR participants welcome
Theatre Havane, 17:30 – 18:15



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.



“We’ve previously presented high resolution stenting models and Visible Heart® Laboratories imaging of bifurcation stenting. We are thrilled to be in the Main Arena this year!”

Visible Heart® Laboratories - Minneapolis, USA

Centre established in 1997

How would you describe your centre? Medtronic’s longest-standing academic collaboration, the Visible Heart® Laboratories, is a leading centre for translational systems physiology research, well known for its advanced multimodal imaging techniques used to

explore and analyse cardiac anatomies and physiologies of large reanimated mammalian hearts, including humans. Visible Heart® Laboratories also performs research on cellular and tissue levels, as well as other organ and whole-body investigations, with a focus on testing medical devices



“We are truly honoured to be part of the EuroPCR programme and grateful for the opportunity to share our expertise in daily practice and complex interventions.”

Institut Cardiovasculaire Paris Sud - Massy, France

Centre established in 1995

Practitioners include
11 interventional cardiologists, 9 interventional electrophysiologists, 10 cardiologists and more than 40 NAPs

Most frequent types of interventions/procedures:
3,500 coronary angiographies, PCI, 510 TAVI, 630 FA ablations, 97 LAAC, 48 MitraClip and TriClip in 2024

How would you describe your centre? We are a leading reference centre in interventional cardiology, cardiac electrophysiology and cardiac imaging. Our multidisciplinary expertise, combining cutting-edge technology with a patient-centred approach, and our commitment to innovation and research ensure we remain at the forefront of European cardiovascular care



“We have had wonderful experiences at EuroPCR as faculty and presenters – great opportunities for education and sharing – and now we are delighted to be a LIVE centre!”

Sant’Andrea University Hospital - Rome, Italy

Centre established in 2001

Practitioners include
35 cardiologists, 8 cardiac surgeons, 40 NAPs, 40 cardiologists in training, 6 international fellows

Most frequent types of interventions/procedures: Invasive coronary angiography, PCI, coronary intravascular imaging, coronary physiology, complex PCI, structural heart intervention, TAVI, mitral and tricuspid TEER, left atrial appendage occlusion, patent foramen ovale / atrial septal defect closure

How would you describe your centre? Highly specialised in the treatment of complex PCI, calcific coronary lesions and structural heart intervention, our centre has an emphasis on advanced techniques and innovation. With a strong team dynamic we work closely together across all levels of care, combining clinical expertise, continuous training and a shared commitment to improving patient outcomes, enhancing both our procedural success and the experience of patients and fellows



“It is always a privilege and an honour to be invited as a LIVE centre for EuroPCR.”

King Fahd Armed Forces Hospital - Jeddah, Saudi Arabia

Centre operating since 1992

Practitioners include
35 cardiologists, cardiac surgeons, fellows and NAPs

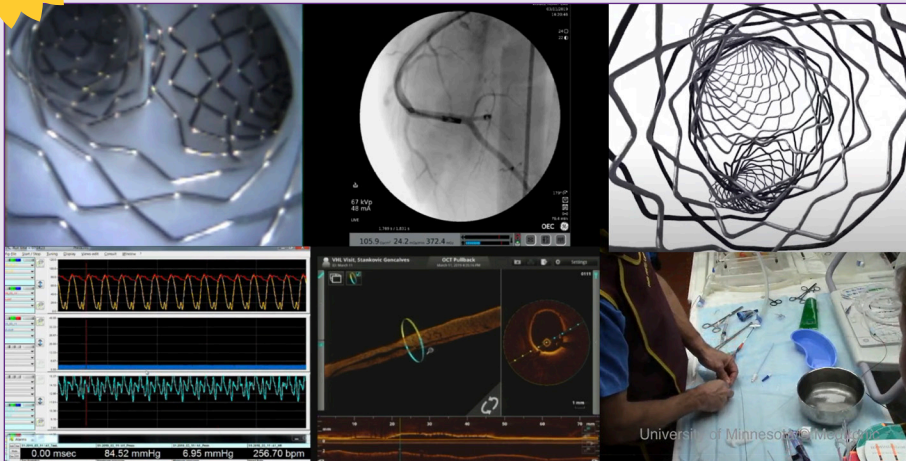
Most frequent types of interventions/procedures: Our structural, electrophysiology and non-invasive programmes include, respectively: aortic, mitral, tricuspid and pulmonary valve interventions; pulse field ablation, 3D mapping, transcatheter leadless pacemaker implantation and laser lead extractions; and 2D/3D echocardiography, interventional echocardiography, cardiac MRI, cardiac CT and nuclear cardiology

How would you describe your centre? We provide the entire spectrum of adult and paediatric diagnostic and interventional and surgical services, including a comprehensive coronary intervention service. Our surgical programme includes the longest running minimally invasive cardiac surgery programme in the Middle East and we recently introduced a robotic surgery programme. The primary PCI programme in Saudi Arabia was established in 1996 and the centre has international recognition, being a LIVE centre for a variety of international meetings, including EuroPCR and GulfPCR-GIM

LIVE EDUCATIONAL CASES TODAY AND TOMORROW!

NEW at
EuroPCR

LIVE simulation

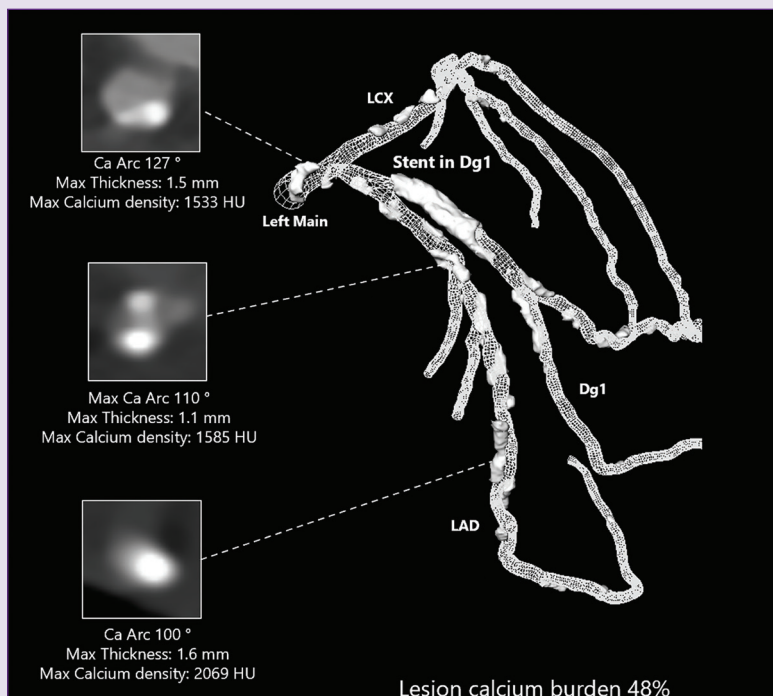


Minneapolis, USA

In a EuroPCR first, Emmanouil Brilakis and Rhian Davies demonstrate, *in vitro*, in a beating heart, how to optimally perform DK crush stenting – LIVE from Visible Heart® Laboratories

- What are the technical pitfalls with DK crush stenting?
- How many steps are involved in the DK crush stenting technique?
- How often do you perform this technique?

Thursday, Main Arena, 16:30 – 18:00



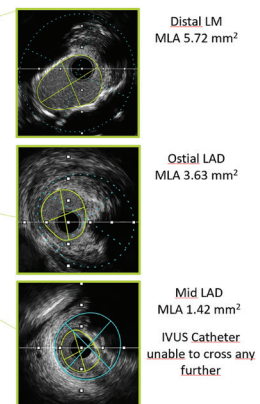
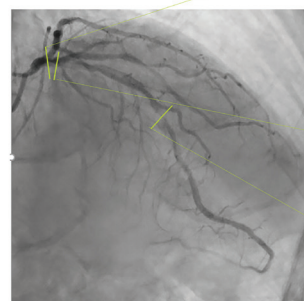
Rome, Italy

Tomorrow, Emanuele Barbato and Francesca Giovannelli demonstrate their expertise in performing PCI for complex left main disease – LIVE from Sant'Andrea University Hospital

- How often do you use coronary CTA before complex PCI?
- Given the detailed information from coronary CTA, is there still a need for IVUS imaging during complex PCI?
- Do you consider physiology testing necessary before intervening on the LAD?

Friday, Main Arena, 11:00 – 12:30

IVUS: LM/LAD



LIVE EDUCATIONAL CASES TODAY

TAVI for bioprosthetic valve failure: LIVE from Institut Cardiovasculaire Paris Sud - Massy, France
Main Arena, 08:30 – 10:00

PCI for complex calcific coronary artery disease: LIVE from Sant'Andrea University Hospital - Rome, Italy
Main Arena, 10:15 – 12:15

Combined LAA closure and transcatheter mitral valve repair: LIVE from University Medical Center - Mainz, Germany
Main Arena, 15:00 – 16:30

Major late-breaking trials: Generating evidence to optimise clinical practice

The major late-breaking trial session yesterday highlighted that EuroPCR is not only about sharing practical information but is also about discussing the latest scientific findings.



Are there any benefits from routine cerebral embolic protection during TAVI?



Rajesh Kharbanda (John Radcliffe Hospital and Oxford Biomedical Research Centre - Oxford, UK) explained the rationale behind the first presentation: "It was thought that cerebral embolic protection (CEP) devices may reduce the incidence of procedure-related stroke after TAVI, but two large, randomised trials – PROTECTED TAVR¹ and BHF PROTECT-TAVI² – both showed no significant difference in the CEP group vs. the control group. We conducted a meta-analysis of individual patient data from these trials to gather further insights on the effects of CEP on all strokes and disabling strokes."

The meta-analysis included data on the modified intention-to-treat (ITT) population of 5,287 patients who had CEP and 5,293 patients who did not.

The mean age was 80.6 years and around 39% of participants were female. The primary outcome was the incidence of stroke within 72 hours after TAVI or hospital discharge.

All stroke occurred in 2.2% in the CEP group and 2.3% in the control group (difference -0.1%; 95% confidence interval [CI] -0.7 to 0.4; P=0.641).

Disabling stroke occurred in 1.0% in the CEP group and 1.3% in the control group (difference -0.4%; 95% CI -0.8 to 0.1; P=0.090). Results were similar in a secondary complier average causal effect (CACE) analysis, which adjusted the modified ITT estimate to account for non-adherence. In an additional



secondary per-protocol analysis of patients in whom both CEP filters were deployed, disabling stroke incidence was reduced in the CEP group (0.8% vs. 1.3% in the control group), but adjustment for age and sex reduced this observed effect, indicating this result may overestimate the benefit of CEP.

"The primary ITT analysis showed no impact of CEP on stroke. Further

studies are now planned to identify any patient subgroups in which CEP may be beneficial. We also plan to develop a risk prediction model to identify patients at highest stroke risk after TAVI," concluded Professor Kharbanda.

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.

Angiography- or physiology-guided PCI in patients undergoing TAVI?

"Many questions remain about the optimal management of CAD in patients with severe aortic valve stenosis. The ACTIVATION trial was inconclusive¹ and while fractional flow reserve (FFR)-guided PCI was found to improve outcomes in the NOTION-3 trial,² only severe coronary lesions were included," noted the presenter of the second trial, Flavio Ribichini (University of Verona - Verona, Italy). He continued, "We designed the investigator-initiated Functional Assessment In TAVI (FAITAVI) trial to compare FFR-guided PCI with angiography-guided PCI in patients with intermediate coronary lesions with a diameter stenosis between 50% and 90%, undergoing TAVI."

In total, 164 patients randomised to FFR-guided PCI strategy underwent physiology assessment of all coronary lesions with a diameter stenosis between 50% and 90% using a standard intracoronary pressure-guidewire. Lesions with FFR ≤ 0.80 were treated with PCI, lesions with FFR > 0.85 were not treated with PCI and lesions with FFR 0.81–0.85 before TAVI were re-assessed after TAVI. The 156 patients randomised to the

angiography-guided group underwent PCI of all coronary stenoses $\geq 50\%$ in vessels ≥ 2.5 mm. TAVI was performed using SAPIEN 3 and SAPIEN 3 ULTRA valves (Edwards Lifesciences, Irvine, CA, USA). The primary endpoint was a composite of death from any cause, periprocedural or spontaneous MI, ischaemia-driven target vessel revascularisation (TVR), stroke or major bleeding (VARC-2 ≥ 3) within 12 months.

The primary endpoint occurred in 8.5% of participants in the FFR-guided PCI group and 16.0% in the angiography-guided PCI group at 12 months (hazard ratio [HR] 0.52; 95% CI 0.27 to 0.99; P=0.047).

The benefit in favour of FFR guidance was mainly driven by a lower rate of all-cause mortality (2.4% vs. 7.7%; HR 0.31; 95% CI 0.10 to 0.96), stroke (0.6% vs. 2.5%) and TVR (0% vs. 1.9%). MI occurred in 0.6% in the FFR-guided PCI group and 1.2% in the angiography-guided

PCI group. Major bleeding occurred in 4.9% of patients in the FFR-guided PCI group and 6.4% in the angiography-guided PCI group (HR 0.75; 95% CI 0.30 to 1.91). Furthermore, patients deferred according to normal FFR values performed as well as those treated with FFR-guided PCI.

Professor Ribichini commented: "Our trial adds evidence to improve the management of patients with intermediate CAD undergoing TAVI, demonstrating the advantages

of physiology-guided PCI over angiography. The median age of 86 years reflects current practice in most European countries, where elderly patients represent a large proportion of the TAVI population. One could speculate that a physiology-guided revascularisation approach may prove even more beneficial in younger patients undergoing TAVI."

1. Patterson T, et al. *JACC Cardiovasc Interv.* 2021;14:1965–1974.

2. Lønborg J, et al. *N Engl J Med.* 2024;391:2189–2200.



Can antiplatelet therapy be further optimised in patients with acute coronary syndrome after drug-coated stent implantation?

Finally, Woong Chol Kang (Gachon University, Gil Medical Center - Incheon, Korea) presented results from the 4D-ACS trial, aiming to improve on current dual antiplatelet therapy (DAPT) following drug-coated stent (DCS) implantation. He explained: "Based on results from several trials published over the last few years, we sought to investigate a prasugrel-

based strategy that combined two key concepts: ultrashort DAPT and pharmacological de-escalation."

Patients undergoing PCI with a DCS were randomised to either 1 month of DAPT with aspirin 100 mg plus prasugrel 10 mg followed by prasugrel 5 mg monotherapy or aspirin 100 mg plus prasugrel 5 mg. The primary endpoint was net adverse

clinical events (NACE) – all-cause death, non-fatal MI, TVR, stroke and BARC type 2 to 5 bleeding – after 12 months. The study population comprised 656 patients who had a mean age of 61 years; 83% were male.

The incidence of NACE was reduced by 49% with 1-month DAPT followed by prasugrel 5 mg monotherapy compared with 12-month DAPT.

NACE occurred in 4.9% of patients in the 1-month DAPT group and 8.8% of patients in the 12-month DAPT group, meeting criteria for both noninferiority (noninferiority margin 2.0%; absolute difference -3.9%; 95% CI -6.7% to -0.2%; P=0.014) and superiority (HR 0.51; 95% CI 0.27 to 0.95; P=0.034). All bleeding occurred in 1.2% of patients in the 1-month DAPT group and 5.2% of patients in the 12-month DAPT group

(HR 0.23; P=0.009). Furthermore, major bleeding occurred in 0.6% of patients in the 1-month DAPT group and 4.6% in the 12-month DAPT group (HR 0.13; P=0.007). There were no significant differences between the groups for all-cause death, cardiovascular death, MI, TVR, stent thrombosis or stroke.

Summing up, Professor Kang said: "A 1-month prasugrel-based DAPT strategy followed by prasugrel 5 mg monotherapy reduced NACE by 49%, mainly driven by a 77% reduction in bleeding events, and with preserved ischaemic safety. These data fill a gap in the evidence for prasugrel and also highlight the benefits of reducing the monotherapy dose after shortened DAPT."

The 4D-ACS trial was simultaneously published in *EuroIntervention*.

Don't miss today's Hotline sessions on the latest results from mitral and tricuspid valve studies.





Percutaneous And Non-fluoroscopic (PAN) procedures: Promoting equality and radiation-free intervention



Xiangbin Pan

Interventional cardiologist / Cardiologist
Fuwai National Heart Centre - Beijing, China

In collaboration with the Fuwai National Heart Centre, Beijing, China, a session this afternoon will describe an innovation not in devices or techniques but related to the visualisation of procedures.

Here, Xiangbin Pan describes echocardiography-guided Percutaneous And Non-fluoroscopic (PAN) procedures and the benefits for patients, operators and the healthcare system:

“We know that radiation- and contrast-based visualisation techniques present significant challenges. They can cause iatrogenic organ damage and are unsuitable for certain patients, such as those with allergies, pregnancy or liver/kidney dysfunction. In addition, interventional procedures expose

medical staff to excessive radiation and wearing heavy lead aprons can impede performance and safety. Furthermore, fluoroscopy and its use require expensive medical equipment.

Many hesitate to enter interventional cardiology due to radiation risks. PAN allows echocardiography-guided interventions to be performed, reducing radiological exposure and helping to attract and retain more specialists in the field.

We have developed an echocardiography-guided PAN delivery system with a three-dimensional curvature that conforms to cardiac structures, allowing for three-dimensional rotation. An echocardiography-guided guidewire with a spindle-

shaped head can expand and contract to enhance detection capability. Echocardiography is used to establish fixed imaging planes at certain cardiovascular key structures, enabling easy detection of device tips and trajectories as they approach, resolving non-fluoroscopic challenges. PAN procedures have been conducted in conditions such as atrial septal defect, ventricular septal defect, patent ductus arteriosus and left atrial appendage closure, and for aortic and mitral balloon valvuloplasty and mitral valve transcatheter edge-to-edge repair (TEER).¹⁻⁵ Over 3,000 PAN procedures have been conducted at our centre – we use them routinely – and they are relatively simple to learn, with only around 10 to 20 cases needed for operators to become fully familiar. In addition to improved patient and health-worker safety, one of the most important advantages of PAN procedures is their independence from large equipment, radiation shielding and dedicated cathlabs.”

Want to find out more? Today's session will summarise current evidence on their use. Two cases –

one involving the occlusion of a patent foramen ovale with a biodegradable occluder and one on TEER – will provide the basis for discussion, when the audience can ask questions of the expert presenting team.

1. Liu Y, et al. *Echocardiography*. 2018;35:1507-1511.
2. Pan XB, et al. *J Interv Cardiol*. 2015;28:390-395.
3. Wang SZ, et al. *Congenit Heart Dis*. 2016;11:716-720.
4. Xie Y, et al. *J Thorac Dis*. 2020;12:477-483.
5. Kong P, et al. *Circ Cardiovasc Interv*. 2020;13:e009281.

DON'T MISS

Percutaneous And Non-fluoroscopic Procedures (PAN): promoting equality and radiation-free intervention
Thursday, Room 243.
15:00 – 16:00

Learn about complications associated with calcified lesions in two Best Companions' cases sessions today!



Anja Øksnes

Interventional cardiologist / Cardiologist
Haukeland University Hospital - Bergen, Norway

“To achieve short- and long-term excellent outcomes for our patients when performing PCI, we must have optimal stent results. When dealing

with calcific lesions, increasing the compliance of the vessel for optimal stent expansion often requires extensive calcium modification with atherectomy, balloon-based methods or a combination. This increases the complexity of techniques and tools, and also the risk of complications such as perforations, gear entrapment, etc. The Best Companions' cases presented at our session were chosen, amongst many other excellent cases, due to their teaching objectives. Participants can learn how to identify and treat coronary calcium, and how to recognise and deal with complications related to the specific treatments.”



Alejandro Ricalde Alcocer

Interventional cardiologist / Cardiologist
CITIC - Mexico City, Mexico

“Calcified coronary lesions represent some of the most difficult challenges for interventional cardiologists. These complex, treatment-resistant lesions are often associated with serious complications that demand advanced skills and strategies. In this focused and interactive session, you'll gain valuable tools to manage complications during calcified lesion treatment and learn how to navigate even the most adverse scenarios. Your active participation will also fuel a dynamic exchange of ideas. By sharing your

own experiences, you'll help presenters uncover new techniques and insights – contributing to a collective learning event that can elevate patient care for everyone. Don't miss this opportunity to sharpen your technique, boost your confidence, and discover cutting-edge bailout strategies to overcome extreme calcification and the complications that come with it.”

DON'T MISS

Best Companions' cases on complications in calcified lesions
Thursday, Abstract & Case Corner F,
11:15 – 12:15

Arrive early, limited space

Redefining the red flags: Early detection of myocardial infarction in women



A unique session today brings the patient voice to the forefront.

Developed in collaboration with Global Heart Hub, a session this morning will feature a patient as a spokesperson at EuroPCR for the very first time. The session will highlight the critical need for sex-specific approaches in diagnosing and managing myocardial infarction (MI) in women.

Global Heart Hub – an international alliance of heart patient organisations – is working together with key stakeholders to urge action on improving screening, diagnosis and treatment for women with cardiovascular disease (CVD). Despite growing awareness, significant gaps remain in the early detection, treatment and implementation of cardiac rehabilitation after MI in women. Under-recognition of symptoms and diagnostic bias continue to delay treatment and compromise outcomes.

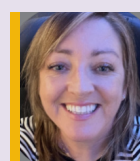
Often overlooked in traditional clinical discourse, participants at today's session will hear directly from a survivor of MI, whose lived experience offers a poignant reminder of the human impact of delayed or missed

diagnoses. Alongside them, a Global Heart Hub representative and patient organisation leader will share insights into the broader patient community's challenges and priorities. Clinicians will share their experiences and recommendations to improve the whole care pathway – from early diagnosis and communication with patients to key aspects of cardiac rehabilitation – helping bridge the gap between clinical evidence and real-world experience.

In the session, participants will explore innovative and patient-centred strategies to enhance early detection and care for women, particularly those with complex or non-obstructive presentations of MI.

Enhance your practice by learning how to incorporate shared decision-making and patient perspectives into everyday clinical workflows.

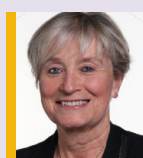
Whether you are seeking to refine your diagnostic acumen, interested in sex-specific pathophysiology or striving to build more inclusive care pathways, this session offers a rare opportunity to deepen your understanding through a multi-faceted lens.



Clodagh O'Bric

Young MI survivor and session spokesperson

**“At the hospital, all my tests were ‘ok’.
I insisted on an angiogram and, during
the procedure, the consultant discovered
one artery was nearly closed and two
others were 90% blocked. I was told I had
already suffered a heart attack – and that
my fitness likely saved my life.”**



Martine Gilard

Session anchorperson

**“Collaborating with patients from
detection to rehabilitation is crucial for
better outcomes, especially in complex
cases. Chest pain is the main symptom in
most women with MI, especially young
ones. Atypical presentations occur in only
8–10% of cases. We must stop defining
women by these exceptions and raise
awareness, as many with chest pain don’t
realise it could be a heart attack.”**

DON'T MISS

**Redefining the red flags: early detection of myocardial
infarction in women**

With the collaboration of Global Heart Hub
Thursday, Room 252B, 11:15 – 12:15



Find out more about the Global Heart Hub, a non-profit organisation established to provide a voice for those living with, or affected by, CVD:



Yesterday’s catch up

Innovative approach to heart failure treatment wins the 2025 Jon DeHaan Foundation Award

Yesterday, Peter Bauer, CEO of VisCardia (Beavertown, OR, USA) received the Jon DeHaan Foundation Award, following his presentation at PCR Innovators Day.

VisCardia’s innovative work on synchronised diaphragmatic stimulation for symptomatic heart failure was rewarded with a \$200,000 grant from Robert Schwartz, President of the Jon DeHaan Foundation.

After the ceremony, Dr Bauer said:

“I am truly honoured. I would like to sincerely thank the Jon DeHaan Foundation for its visionary support of transformative concepts and PCR Innovators Day for providing a platform that promotes innovation in our field. This recognition is a testament to the

collective creativity, dedication and perseverance of the VisCardia team and all our clinical partners.

The unmet need in treatment options for symptomatic heart failure patients is enormous and the complexity of the disease requires a bold shift in thinking to come up with truly disruptive treatment concepts like ours, which leverage the diaphragm’s natural role as an ancillary cardiac pump to address the gap. We plan to use the award to support our pivotal, randomised and sham-controlled Investigational Device Exemption (IDE) trial that aims to generate robust clinical evidence for our novel treatment approach. Ultimately, this support will accelerate our mission to deliver an impactful treatment option to the millions of patients affected by heart failure worldwide.”



Yesterday’s catch up

Winner of the 2025 Michele Pighi Young Investigator Award: Edoardo Zancanaro

The Michele Pighi Young Investigator Award is more than just an award – it pays tribute to a very special colleague and provides the opportunity for a young professional to spend time at a European interventional centre of their choosing.

Open only to young physicians under the age of 40 years, the winner of the abstract competition was announced yesterday.

Edoardo Zancanaro, resident at the San Raffaele Hospital - Milan, Italy, received the award for his research on transcatheter treatment of degenerated surgical mitral bioprosthesis with balloon-expandable valves (mitral valve-in-valve), which involved the first Italian registry to collect data on short- and long-term results.

Thrilled to win, Dr Zancanaro said:

“This award means so much for two reasons. Firstly, because it honours Michele Pighi, a very special person and young talent – receiving his award is emotionally unique. Secondly, because I’m a hybrid surgeon and this represents the best integration of the two specialties and an increasingly collaborative environment between the two fields.

The award will help me to continue my hybrid path as a fellow at the University Hospital in Mainz with Philipp Lurz, Ralph Stephan von Bardeleben and Hendrik Treede. My work on the Italian registry highlighted that there is much research to be done on the procedure and we plan to conduct wider European studies.”



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- No sterile bagging



Yesterday’s catch up

A stepwise approach is key with OCT

One of yesterday’s NextGen sessions provided a practical step-by-step guide on how to set up and use OCT, and what to look out for when interpreting images.

Facilitator Nicola Ryan opened the session by explaining that OCT is often used to gain a better understanding of an unclear angiographic image and can differentiate between types of lesions and recognise stent failure. OCT may also be particularly useful in the case of MINOCA, long lesions and to optimise stenting techniques – important for left main and bifurcation stenting.

“Preparation is fundamental, otherwise you won’t understand the images and be able to manage patients optimally,” said Alessandro Sticchi, another facilitator. He stressed that operators should carefully follow the set-up process specific to their device and advised that image acquisition is summarised as four Ps: position (place the imaging catheter distal to the target lesion); purge (ensure the catheter includes no air bubbles); puff (displace blood from the vessels); and pullback.

When interpreting images, the facilitators advised that a stepwise approach to recognising each of the structures was crucial, including the internal and external elastic lamina,

zooming in if necessary. An algorithm was presented on the steps to take when interpreting an image; for instance, if neither the external elastic lamina nor adventitia is visible, recognising infrared changes through the presence of low- and high-attenuating lesions and regions may help differentiate pathological morphologies.

The session also mentioned the use of OCT for establishing vessel size and characterising stent landing zones to determine the length and diameter of balloons and stents. The facilitators advised that while the software calculates measurements automatically, these should be checked and corrected manually to ensure accuracy.

Finally, the facilitators described how to use OCT post stenting in order to recognise stent malapposition or misalignment to determine whether or not correction is required.

Hendrik Bante, an interventional cardiologist from HDZ NRW, Universitätsklinikum der Ruhr-Universität Bochum, Bad Oeynhausen, Germany, thought the session was highly useful. “I don’t have a lot of experience in OCT and so this session was perfect! I particularly liked the use of interactive screens to highlight details within the images to help explain specific features. This made for a very practical learning experience.”

New PCR Focus Groups are born from the success of the PCR Tricuspid Focus Group



Francesco Maisano

Director, PCR Tricuspid Focus Group
IRCCS San Raffaele Hospital - Milan, Italy

Francesco Maisano describes how the success of the PCR Tricuspid Focus Group has recently led to the formation of the PCR Mitral Focus Group and the PCR Mechanical Circulatory Support (MCS) Focus Group:

“A PCR Focus Group begins with an unmet need, identified by the community, and involves stakeholders joining together to cut through the complexity and bring clarity to a particular topic. Our ‘special formula’ is that the experts have been selected from a wide range of related fields to discuss the issues and then to create simplified uniform messages that can be delivered to everyone involved in caring for patients with that condition.

Formed 4 years ago, the **PCR Tricuspid Focus Group** has been hugely successful in bringing together different opinions and specialties to find consensus in a disease that was not fully understood and where clinical practice was evolving. More

than a 100 healthcare practitioners from diverse backgrounds have joined Fabien Praz and me in our mission to facilitate innovation and the development of up-to-date clinical care for patients with tricuspid valve disease. We have created webinars, run sessions at courses, led 25 referral meetings, published consensus statements and so on, all aiming towards alignment of knowledge and unifying practice. Awareness of tricuspid regurgitation has increased and our work on standardising treatment is progressing but there is still a need to support education and further innovation. To that end, I would encourage you to join our expert-led session today on patients with multivalvular disease involving the tricuspid valve.

While the **PCR Tricuspid Focus Group** stemmed from a relatively under-recognised condition and a new treatment modality, our two new PCR Focus Groups are mainly directed at well-established therapies where there is still uncertainty and debate. So why do we need a **PCR Mitral Focus Group**? We have actually seen a decrease in patients referred for mitral valve interventions, particularly among those with secondary mitral regurgitation, which may be due to the results of recent trials. While the new evidence shows that in fact more patients could benefit from mitral valve interventions, there is a need for global discussions with all

stakeholders in heart failure to bring clarity to appropriate patient selection. In addition, new mitral valve therapies are emerging, specifically valve replacement, and we will need to align knowledge and standardise practices. The directors, Philipp Lurz and Thomas Modine have brought together experts from different countries and specialties to form working groups to discuss anatomy and imaging, innovations, interventions, the patient care pathway and therapy adoption. With a similar structure and methodology as the PCR Tricuspid Focus Group, they will produce webinars, publications, course sessions and engage non-interventional communities to provide education and training with a unified voice. The group’s first two EuroPCR sessions took place on Tuesday.

The other new group – the **PCR MCS Focus Group** – goes beyond the typical PCR pathway and involves a wide, heterogeneous community of acute heart failure specialists who aim to improve the outcomes of those requiring MCS. Surgeons, interventional cardiologists, intensivists, electrophysiologists, etc. have their own separate MCS meetings but a more holistic approach is required, particularly as decisions are made so quickly and there is no time for a second opinion. Led by Roberto Lorusso, Sascha Ott and Flavio Ribichini, the PCR MCS Focus Group aims to make this complex topic digestible for non-specialists in the many emergency rooms and intensive

care units dispersed throughout our healthcare systems. Working groups have been created on patient and device phenotyping, implantation and complication management, shock network/patient care, MCS evidence and outcomes, and innovation. Look out for their first educational offerings in the coming months!”

DON'T MISS

Assessment and management of patients with multivalvular disease involving the tricuspid valve

With the collaboration of the PCR Tricuspid Focus Group

Thursday, Room Maillot, 09:45 – 10:45

We offer sincere thanks to our industry partners for their valuable support:

PCR Tricuspid Focus Group: Abbott Structural Heart, Edwards, GE Healthcare, Johnson & Johnson MedTech, Medtronic, P&F, Philips and Siemens Healthineers

PCR Mechanical Circulatory Support Focus Group: Abiomed



PCR Webinars: Your digital mirror into the past, present and future of interventional cardiology!



Dejan Milasinovic

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

By leveraging digital technology, PCR Webinars are enabling a worldwide audience to learn about the latest innovations and procedures in a variety of engaging, informative formats. Medical Director, Dejan Milasinovic, describes some recent highlights:

"Last year was very successful for us, with PCR Webinars reaching a wide global audience, allowing tens of thousands of colleagues to access continuous PCR education. We have spread quality education far and wide, and we hope this will continue as we invite peers across different stages of their careers to join our digital platform via PCRONline. Here they can follow the evolution of percutaneous cardiovascular interventions, revisit on-demand Webinars and stay up-to-date with new developments in the field.

One of our new features is regionally tailored education in which content is adapted for specific local needs. We can customise offerings to support physical meetings, as a physical-and-digital hybrid, or to be used purely in digital format. We have done this recently for Germany and Japan, and are planning a dedicated Webinar series in India, with specific webinars addressing infrastructural and populational needs within the context of the globally expanding practice of percutaneous valvular

interventions. Tailored digital education helps address local needs but has the advantage of being globally accessible, thus fostering communication among peers from different backgrounds and standardisation of practice. While educationally supporting the growing TAVI practice, we are also working towards raising awareness about new evidence in the field of mitral and tricuspid interventions. This is especially important in the context of our regional initiatives, where tailored programmes may help in setting up new sites and strengthening existing centres.

With respect to coronary interventions, drug-coated balloons (DCBs) have remained a hot topic. We have therefore created a comprehensive series of PCR Webinars to provide information on the major topics surrounding DCBs, from discussing the evidence base to highlighting major practical points accompanying their growing everyday use. As new evidence and practical insights are rapidly accumulated, our DCB educational pathway will expand. Our longstanding tradition of providing the best education in bifurcation PCI continues, engaging a worldwide audience and providing updates on a topic that remains at the educational centre stage anywhere interventional cardiology is practised.

Our newly introduced PCR Heart-to-Heart Conversations are proving very popular, particularly in podcast form. The spirit of these offerings is to have unscripted conversations with leading experts, which are broadcast live on various digital platforms including X, YouTube, LinkedIn and Facebook, and via PCRONline. Each provides a 30-minute overview of contemporary debated topics in interventional cardiology. Bi-monthly LIVE editions can later be reviewed on

demand on YouTube via PCRONline. Stay tuned for June's Heart-To-Heart conversation, which will zoom in on the question "What is the future of coronary interventions: drug-eluting stents, balloons and scaffolds?" with Flavio Ribichini.

Testimonials



"Webinars are simply excellent."

**Anupam Bhambhani -
Interventional cardiologist /
Cardiologist -
India**



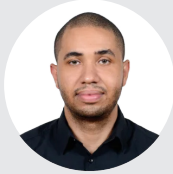
"Provide access to the latest advancements, up-to-date data from large RCTs and cohorts – and it's great the webinars can be viewed on replay."

**Panagiotis Iliakis -
Interventional cardiologist /
Cardiologist -
Greece**



"A great tool in the continuous journey of education in our field! It's a privilege to learn from the best in such a friendly and convenient format."

**Josip Andelo Borovac -
Interventional cardiologist /
Cardiologist -
Croatia**



"I participate in PCR Webinars because they share true medicine and novel insights into coronary interventions."

**Francisco Jose Manan -
Imaging / Echography
physician -
Dominican Republic**

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A milestone in the history of PCR leadership

A carefully planned transition will come into effect in January 2026. Discover how the Board has chosen to restructure as it continues to nurture PCR's worldwide growth.

The origin of the PCR Family dates back to 1989. At that time, interventional cardiology was still a very new discipline and the extent of today's advancements would have seemed like science fiction to most onlookers. Accompanied by his trusted colleague Jean Fajadet, also from Clinique Pasteur, the **pioneering Professor Jean Marco** launched the field's first international Course in the English language, gathering a few dozen participants in Toulouse. With it, he lay the educational foundations of a patient-focused Course built "By and For" practitioners.

Constant growth and global expansion

In 1990, a meaningful partnership that still thrives today was set up with the professional conference organiser, Europa Group. Each year, the annual Course increased steadily in size, greatly appreciated for its core values and practical, case-based curriculum. And in 2001, just 12 years after its launch, the Course moved to Paris as EuroPCR. In 2007, it became the official Course of the newly established European Association for Percutaneous Cardiovascular Interventions (EAPCI).

Jean Marco set up an official PCR Board and smoothed the way for PCR publications including *EuroIntervention*, the PCR-EAPCI Textbook and later *AsiaIntervention*, as well as an increasingly important digital presence – PCRonline. From 2010 there was rapid global expansion to satisfy the need for postgraduate education adapted to local practice. AICT-AsiaPCR, PCR London Valves, GulfPCR-GIM, SASCI-AfricaPCR, PCR-CIT China Chengdu Valves and PCR Tokyo Valves were all established within the space of seven years. PCR Seminars and PCR Webinars began to take place all year long, while the one-day PCR Innovators Day and EAPCI-PCR Fellows Course were organised to coincide with EuroPCR.

In 2015, Jean Marco stepped aside as PCR Chairman, passing his role on to **William Wijns**, with **Jean Fajadet** as Co-Chairman. The PCR Family continued to grow and enhance its offering with PCR Focus Groups, PCR Simulation-based Learning, an Advanced Course on Transseptal Puncture, Alfieri's Boot Camp and PCR Imaging Valves Madrid. By the end of 2025, two new Courses will further amplify worldwide outreach: PCR Rio Valves in Brazil and PCR Gulf Valves in Dubai.



Nicolas Dumonteil, Martine Gilard, Jean Fajadet, William Wijns, Bernard Prendergast and Emanuele Barbato

A meticulously prepared transition

Each new addition expands PCR's scope and, in response, the Board has been carefully planning its future for some time now. The aim? To ensure a smooth transition that preserves existing strengths, maintaining PCR's core values and enabling continuing successful development. William and Jean have chosen to relinquish their roles as PCR Chairmen and EuroPCR Course Directors at the end of 2025 – roles which they have served with unwavering dedication, vision and efficacy. They will both remain esteemed members of the Board, joining Jean Marco as Honorary Chairmen.

The legacy continues with Bernard Prendergast

William and Jean drew up a comprehensive list of essential professional and personal criteria for a future PCR Chairperson.

Bernard Prendergast, long-standing PCR London Valves Course Director and PCR Co-Chairman since 2023, soon became the obvious choice. In their words, he is "the right person, in the right place, at the right moment" and they are delighted he has accepted the position. He knows and adheres to PCR's core values, has an active clinical practice and is widely recognised by his peers as a respected and independent practitioner. When asked if he had any advice for his successor, William was quick to decline: "Ahaha, nice try: that would be inappropriate on my behalf. One thing is for sure: Jean and I will remain

available to continue to serve this wonderful community in any way required, upon the request of Bernard and his Leadership Team."

Essential support from a new Leadership Team

Given the rapid escalation of activities, restructuring also requires a larger Leadership Team. Bernard has chosen **Emanuele Barbato**, **Nicolas Dumonteil** and **Martine Gilard** as Co-Chairs to accompany him in his new role. "They all have deep roots within PCR, huge clinical experience across the breadth of coronary, valve and structural intervention, and an in-depth understanding of the education, innovation, research and political landscape facing PCR in 2026 and beyond," he notes.

Other Board Members will provide strategic oversight and will work with the Course Directors and Leaders of individual Courses and activities for further support. "We will work closely to deliver the broad, ambitious and wide-ranging PCR portfolio to the current and next generation of cardiovascular specialists," says Bernard.

The interventional community can rest assured that the new PCR Leadership Team will preserve the inspiring educational legacy of Jean Marco – for the ultimate benefit of patient care worldwide. In doing so, they look forward to maintaining the same high level of trust, collaboration and sense of belonging that has always been nurtured by William Wijns and Jean Fajadet.

Bernard Prendergast: "William Wijns and Jean Fajadet have done a phenomenal job in harnessing the original educational philosophy created by Jean Marco over 30 years ago and translating it to the modern era through constant re-evaluation, evolution and progress. Even more impressively, they have expanded the PCR brand into a global educational programme that still retains the concept of a close-knit community dedicated to the care of patients."

It will be my privilege to work with the entire PCR Board in building upon their legacy to deliver world-class, practically orientated medical education, foster innovation, cement international ties and continually emphasise the central role of the patients we serve."



Scan here to access the "PCR = People" booklet where you will find the names and faces of colleagues who fulfil key roles across the multitude of PCR initiatives.

Celebrating 20 years of *EuroIntervention*!



Davide Capodanno

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

According to Editor-in-Chief, Davide Capodanno, *EuroIntervention* marks this milestone by continuing its upward trajectory, blending cutting-edge and traditional elements to bring the latest data to its readers faster than ever before:

"As we enter our twentieth year, the first point to note is that the journal is in very good shape. Our journal metrics and Impact Factor place *EuroIntervention* in the first quartile among cardiovascular journals and everything is increasing – visits, views and downloads. In 2024, there was an upturn of 9% in the number of submissions after a preceding period of relative stability. We have also seen a dramatic rise in interest on social media, including a 52% increase on LinkedIn, with 10,000 followers, and a 44% increase on Instagram, with over 3,000 followers. The success may be attributed to developments over the five years since the new editorial board was introduced, and it is nice to see the fruits of our labour being realised.

We are very happy to report that providing two-weekly as opposed to monthly issue frequency appears to have the approval of the readership and is a fantastic way to get new and exciting data out more quickly. This, together with the considerable shortening of the time between acceptance and publication, is achieving our aim of making *EuroIntervention* the go-to news outlet. We hope people now see the journal as a source of up-to-the-minute information, with articles that tell insightful stories.

The new website, launched in 2024, provides a clean, modern layout and the integral AI assistant, Cory, has been really well received by readers. Each issue now has a clearly defined format with a consistent flow of varied article types. The first part features the Introduction and papers discussing cutting-edge topics, along with the Viewpoints and the ever-popular Debates. The State-of-the-Art and Expert Reviews provide an insight into scientific and technical developments, respectively. And alongside Original Research, short-form Research Correspondence articles, Clinical Research and Letter to the Editor, we are publishing a growing number of clinical trial design papers.

We have worked hard to improve the author experience, streamlining and simplifying the submission process, for example by removing the need for complex formatting at the initial stage. And we are rewarding submitters by constantly exploring new ways to amplify their paper's reach. In addition to maximising our social media presence, we have created newsletters, such as the *EuroIntervention Digest*, featuring selected articles around one topic, and the Editor's Choice, in which we select some of the most promising and impactful papers.

Join the celebrations at EuroPCR 2025 with our extra-special editorial meeting this evening. And before that, take part in our collaborative session, which highlights that published papers, far from being just dry academic research, actually impact patient management. In this interactive format, speakers describe how they found solutions to



difficult clinical cases by using information from *EuroIntervention*. The journal is also publishing a number of articles simultaneously during EuroPCR 2025 including two consensus papers focusing on treatment strategies in women with cardiovascular disease – one on cardiogenic shock and another on antithrombotic therapy – together with the 4D-ACS major late-breaking trial.

This is a momentous year for *EuroIntervention*; two decades of success is a considerable achievement for any journal. As we celebrate throughout 2025 – with elements including a special cover and an exciting new series of podcasts – we also look ahead to the next 20 years and to developing the journal so it keeps pace with the evolving needs of the interventional cardiology community."

DON'T MISS

From evidence to practice: solving complex cases with *EuroIntervention*

Thursday, Room 252B, 16:15 – 17:15

***EuroIntervention* 20th anniversary and annual editorial meeting**

Thursday, Theatre Havane, 17:30 – 18:15



Scan the code to view the 20 key articles that have shaped *EuroIntervention* since its launch

20 for 20: a look back at the key articles* that have shaped *EuroIntervention* since its launch

*Based on number of citations in Scopus.





New initiatives from EAPCI

ACVC-EAPCI Cardiogenic Shock School

Cardiogenic shock remains one of the most complex and life-threatening conditions, associated with persistently high morbidity and mortality.

Recognising the urgent need for structured, high-quality education, the Association for Acute CardioVascular Care (ACVC) and the European Association of Percutaneous Cardiovascular Interventions (EAPCI) have joined forces to introduce a two-tiered educational programme designed to comprehensively address different levels of expertise and clinical challenges.

- **Level 1** (8–9 September, Paris, France) is designed for physicians new to mechanical circulatory support (MCS) or those introducing these technologies in their centres. This course provides a strong foundation in the **principles of cardiogenic shock management and MCS initiation**
- **Level 2** (14–15 January, Barcelona, Spain) is tailored for experienced clinicians who already manage patients with cardiogenic shock and seek advanced insights into **complex decision-making, clinical case simulation, hands-on escalation strategies and MCS techniques**

Both levels are independent and aligned with the participant's level of expertise. However, the target audience for Level 1 is strongly encouraged to follow Level 2 once Level 1 has been accomplished.

This pioneering initiative directly addresses the growing demand for specialised hands-on training with dedicated simulators in the management of cardiogenic shock – a condition requiring rapid, multidisciplinary and highly coordinated care.

By integrating the EAPCI's expertise in interventional cardiology with the ACVC's leadership in acute cardiovascular care, the Cardiogenic Shock School establishes a comprehensive, state-of-the-art educational framework that equips healthcare professionals with the knowledge and technical skills needed to improve patient outcomes.

An evidence-based, immersive learning experience

Both courses emphasise the latest scientific advancements, guidelines and real-world applications, offering a curriculum that blends:

- ✓ **Focused lectures** by world-renowned experts
- ✓ **Case-based** discussions exploring **real clinical scenarios**
- ✓ **Hands-on simulations** for immersive, practical learning
- ✓ **Interactive workshops** that foster collaborative problem-solving

This initiative enhances the ESC's commitment to high-quality, standardised education and ensures that participants gain both theoretical expertise and practical competence.

By fostering stronger collaboration among cardiologists, intensivists and other key stakeholders, the ACVC–EAPCI Cardiogenic Shock School represents a significant step forward in standardising and elevating cardiogenic shock care globally. This innovative educational model reflects the shared dedication of the EAPCI and the ACVC to driving clinical excellence, advancing knowledge and ultimately, improving outcomes for patients in critical cardiac care.

This transformative learning experience will **shape the next generation of experts in cardiogenic shock** management.

EAPCI Educational Pathway – Coronary & Structural Tracks coming soon!

A target pathway for interventional coronary artery disease and structural heart disease management will be launched soon.

This is a comprehensive, three-level programme aligned with the ESC's educational pathways to enhance the skills of interventional cardiologists across two tracks: percutaneous coronary and structural interventions. It offers a progressive learning journey from foundational knowledge to leadership in cutting-edge innovation with CME accreditation.

- **Addresses educational gaps:** The pathway responds to the unmet educational needs of interventional cardiologists, offering a structured curriculum that bridges theoretical knowledge and hands-on skills
- **Dual-track approach:** Encompasses coronary and structural heart disease management, ensuring comprehensive coverage of these key areas in interventional cardiology
- **Practical and flexible learning:** Online modules (Level 1) provide foundational knowledge, while the advanced onsite courses (Level 2) focus on practical training, case-based learning and simulation

- **Supports certification:** Prepares participants for the EAPCI certification in PCI and structural heart disease, aligning with the latest guidelines, standards and the EAPCI Core Curriculum
- **Engages the next generation:** By making interventional training more accessible, it equips early-career interventionalists with the skills needed for advanced practice and leadership roles

Level 1 – Coronary & structural tracks (online learning)

This offers structured content aligned with the latest clinical guidelines and real-world challenges in interventional cardiology, covering both coronary and structural tracks.

Level 2 – Coronary track (in-person training course)

This two-day intensive course bridges theory and real-world practice, focusing on advanced interventional techniques and complex coronary case management. It offers a comprehensive learning experience to refine technical skills and decision-making for complex coronary interventions.

Key features:

- Live demonstrations and case discussions
- Hands-on and simulation-based training
- Complex coronary interventions
- High-risk patient management
- Complication management

Level 2 – Structural track (in-person training course)

This two-day course focuses on transcatheter structural heart interventions for the aortic, mitral and tricuspid valves, building on the EAPCI Core Curriculum. It provides an interactive, comprehensive learning experience to enhance physicians' skills in this evolving field.

Key features:

- Hands-on training
- Real-time expert guidance
- Simulation-based education
- Interactive case-based learning

Level 3 – Leadership level (coming soon)

Come visit us at stand M75 to find out more about the new EAPCI initiatives.



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NEXT COURSES



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Improving heart function – with a transdisciplinary educational approach



Emanuele Barbato

Interventional cardiologist
Sant'Andrea University Hospital - Rome, Italy

More than 10 sessions at EuroPCR 2025 are centred on heart failure, with three of these sessions held in collaboration with a new initiative, iHF (Improving Heart Function). But why the focus on heart failure? And why the need for iHF? Here, members of the iHF Steering Committee explain that a shift in approach is required to improve heart failure education and management.

“Heart failure, by its very nature, defies the siloed mentality that underpins contemporary, super-specialised healthcare systems,” says Emanuele Barbato. “Very often, heart failure is undiagnosed and, therefore, undertreated, depriving patients of the optimal care they deserve.” He notes that up to 70% of heart failure patients are treated either before or after hospitalisation by non-cardiologists, who often miss out on the continuous medical education provided in cardiology meetings.

iHF is an innovative educational project dedicated to promoting



Alexandre Mebazaa

Anaesthesiologist
Université Paris Cité - Paris, France

comprehensive care for heart failure patients across all specialties. “Just as the Heart Team has a transdisciplinary approach in daily practice, we believe that heart failure education should be developed and delivered by experts from different areas who work hand in hand to educate all stakeholders participating in heart failure care – not only cardiologists, interventional cardiologists and cardiac surgeons, but also emergency physicians, anaesthetists, primary care practitioners, etc,” notes Alexandre Mebazaa. But the focus of iHF is on the patient, with all efforts directed at addressing unmet needs, ranging from inadequate patient selection for standard-of-care therapies to poor adherence to guideline recommendations.

iHF is about sharing experiences among peers, learning from one another, discussing patient-centred clinical unmet needs, and finding practical, relevant solutions.

A session yesterday, in collaboration with iHF, perfectly illustrated the benefits of a transdisciplinary approach and how an understanding of the optimal interactions between oral therapy and devices is needed, particularly for certain difficult-to-treat patient groups. “As an example,” explains Professor Mebazaa, “we know that some patients cannot tolerate all four pillars of guideline-directed oral heart failure therapy at the recommended maximum doses. We need to consider the cause of intolerance and take advantage of the interplay between devices and drugs, where appropriate.” He notes that in eligible patients who receive cardiac resynchronisation therapy (CRT), it is sometimes possible to increase drug doses after CRT, when the patient was intolerant before. Similarly, transcatheter mitral valve repair in patients with mitral regurgitation can then allow drug doses to be increased.

Following on from this, an upcoming iHF joint session describes innovative approaches to refractory heart failure. “The term ‘refractory’ is not always used correctly,” notes Professor Mebazaa. “What we are trying to convey in tomorrow’s session is that just because one modality has not worked well, the patient should not be labelled as ‘refractory’. We will help participants to recognise truly refractory heart failure and, using cases that actually happen fairly frequently, illustrate how to extract patients from this refractory category by maximising the synergy between oral therapy and interventions.”

For those who are keen to learn more after the heart failure sessions at EuroPCR, the iHF website brings together webinars, congress news and journal insights. And a new annual educational event – the only transdisciplinary course on heart failure management – is planned for March 2026. “The programme will be based on a patient-centred, integrated approach, including cutting-edge interventions and their applications, to bridge knowledge gaps for optimal heart failure care,” concludes Professor Barbato.

DON'T MISS

Optimal acute heart failure care: must have, must do
Thursday, Abstract & Case Corner C, 13:45 – 14:45

Refine diagnosis to improve chronic heart failure care
Thursday, Room Arlequin, 16:15 – 17:15

Innovative approaches to refractory heart failure: devices and therapies to the rescue
With the collaboration of iHF initiative (Improving Heart Function)
Friday, Room 242AB, 10:15 – 11:15

Improving Heart Function

Advancing trans-disciplinary innovation in heart failure drugs and device solutions to improve patient care

Find out more about the iHF initiative here:



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Recent summaries include:

- Polymer-free vs biodegradable polymer DES for PCI • **PARTHENOPE**
- Fasting or no-fasting before cardiac catheterisation laboratory procedures • **SCOFF**
- TAVI and FFR-PCI vs SAVR plus CABG for aortic stenosis and MV-Disease • **TCW**
- Left atrial appendage closure after ablation for atrial fibrillation • **OPTION**
- Renal denervation versus sham for uncontrolled hypertension • **IBERIS-HTN**



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TOMORROW'S *MUST-ATTEND EVENTS*

Learning from Best Companions' cases - Interventions for valvular disease

Room Learning, 09:00 – 10:00

When stent failure meets calcified lesions

Room 252B, 09:00 – 10:00

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

Room Maillot, 10:15 – 11:15

EuroPCR 2025 Closing Ceremony

Main Arena, 12:30 – 12:45



#EuroPCR

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YOUR
INSIGHTS



The PCR Teaching Assessment Board – what is it, how does it work and how does it benefit us?



William Wijns

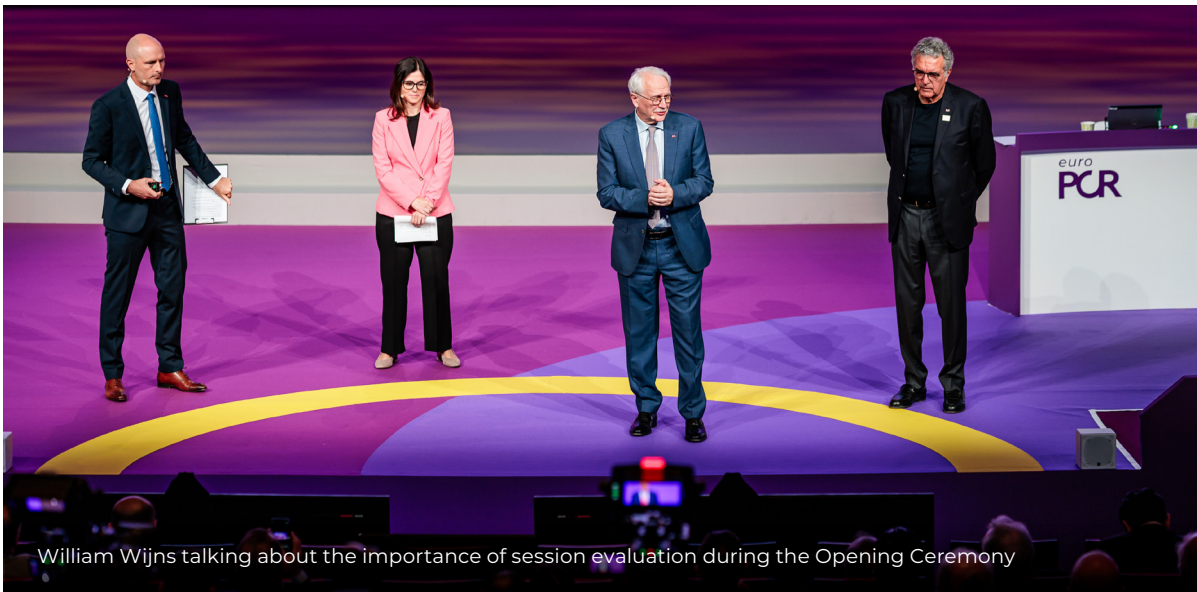
PCR Chairman

The PCR Teaching Assessment Board was introduced around 2 years ago and was given a very specific task: to contribute to improving the educational quality of all PCR Courses and other educational events (seminars and webinars). Here, William Wijns tells us more:

What is the Teaching Assessment Board?

The Teaching Assessment Board (TAB) provides a structured feedback mechanism designed to improve the quality of education for all trainers and teachers who prepare and deliver educational programmes. The concept is similar to the peer-review process used in the scientific literature, but it is specifically aimed at evaluating and enhancing the quality of teaching delivered by PCR faculty, both as an individual and as a team.

Colleagues who agreed to join the TAB – more than 30 at the moment – meet after each course to review the session evaluations and, if needed, examine the recorded sessions. For instance, after EuroPCR 2025, nearly 70 sessions will be evaluated by 6 to 10 reviewers each, half of them being PCR Companions, the others being experienced teachers and facilitators.



William Wijns talking about the importance of session evaluation during the Opening Ceremony

How is the peer-review process contributing to improvements in educational quality?

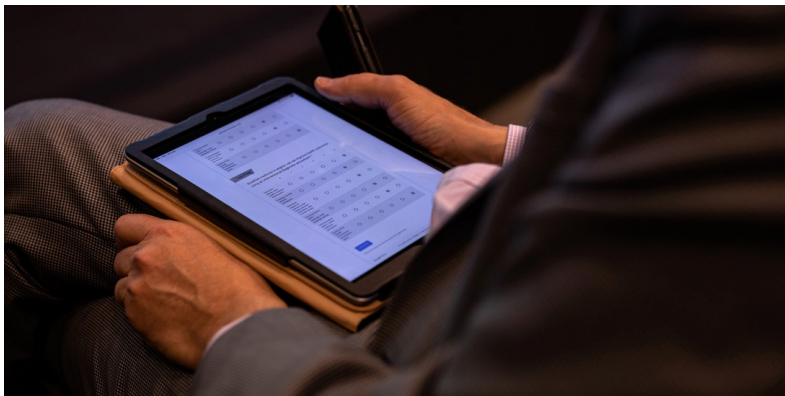
The peer-review process involves assessing the quality and effectiveness of education through a questionnaire filled in by the session reviewers onsite. Results are compiled by the TAB in order to provide the faculty with structured feedback that identifies areas of strength and opportunities for improvement.


This feedback is sent to the session faculty, the programme producer, the track coordinator, the Course Directors, and the VITAL tutorial team. In this way, we are closing the loop: the evaluation serves to enlighten the preparation of the next programme, creating a positive ripple effect that helps improve the teaching quality of the delivery team, as well as individual facilitating skills.

What is the connection with speaker's training?

TAB is part of the larger VITAL initiative and adds a structured feedback component to the process. The PCR Faculty can benefit from dedicated training delivered by peers and professional consultants to help them

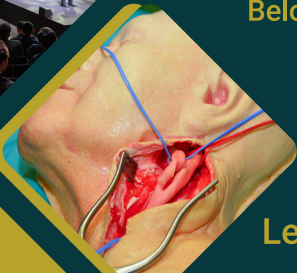
improve their teaching ability. We trust that this positive feedback process will create a virtuous cycle from which we will all learn. This continuous feedback loop allows PCR to provide increasingly impactful and relevant teaching over time, eventually leading to improved patient outcomes.





Paris Vascular Insights Course

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Vascular Surgeon? Interested in peripheral interventions?


Below the Knee • AAA • Iliac • Femoral • Popliteal

Join us!

11-13 December 2025

Le Carrousel du Louvre, Paris





Spotlight on our Top Companions!

Recognition and rewards for dedication to learning and sharing

Yesterday, during a special gathering in the EuroPCR Guest Lounge, Williams Wijns congratulated some of the PCR Companions who have earned 100+ points for their active contribution to the advancement of education in interventional cardiology. By doing so, the practitioners have unlocked Top Companion status as well as exclusive additional benefits for themselves and for a colleague of their choice.

All healthcare practitioners can rise to the challenge!

As a PCR Companion, you earn points every time you proactively contribute to the development of your field during PCR activities, such as when you submit, attend or present at a PCR Course. Once you attain 100 points, you automatically become a Top Companion for one year, with fantastic advantages for yourself and a colleague.



Premium benefits for Top Companions



A free registration for a colleague of your choice (NAP or Fellow) at PCR Courses



One-year access to the PCR-EAPCI Textbook for yourself, and for a colleague of your choice (NAP or Fellow)



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



Early fee all year long at PCR Courses

How to get started?

- Access the Companions tab on the PCR App
- View the tutorial to unlock 5 points
- Submit, attend, present... and follow your progression on the dashboard!



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



companions

**Activate your
free one-year subscription
to EuroIntervention**



CAPTURED MOMENTS



POSTS OF THE DAY

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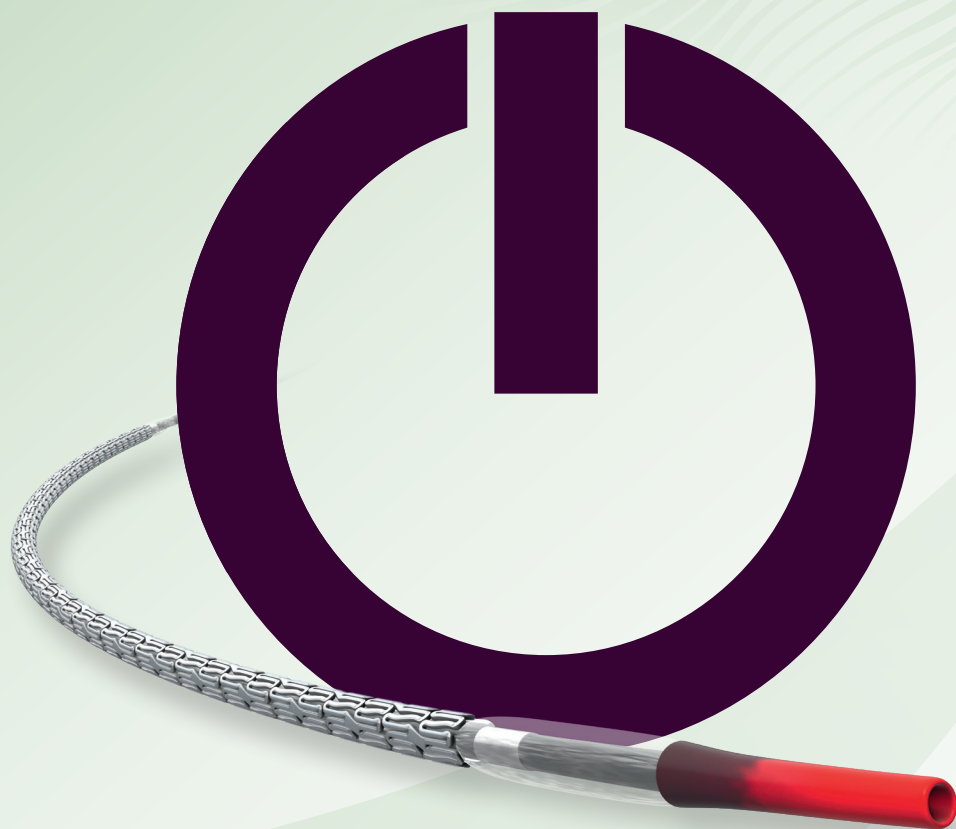
ACCESS REPLAY

When [#EuroPCR](#) ends, the learning experience continues! Access videos on demand until 23 June 2025.



[#EuroPCR](#)





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Symposium with LIVE case

THURSDAY, MAY 22 | 12:30 – 14:00 | Théâtre Bleu – LIVE Massy

Left main and complex bifurcation stenting

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

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