The Experts “Live” Workshop 2013

September, 27th–28th, 2013
Paris, France
Hotel Pullman Paris–Montparnasse

www.eurocto2013.com

Final Program

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Dear colleagues,
Dear friends,

As things stand today, angioplasty of chronic total occlusion remains an infrequently implemented treatment strategy. Isolated chronic total occlusions are generally treated medically, whereas CTOs diagnosed in the setting of multiple vessel disease constitute a definite indication for surgical treatment. However, it is crucial to bear in mind that these stable lesions may be responsible for angina, dyspnea or silent myocardial ischemia, deterioration of left ventricular function and increased risk of arrhythmia. Last but not least, they may also account for a significantly higher mortality rate in patients with STEMI.

Several well-known pioneers have been working on the development of efficient CTO treatment techniques for a long time and their data show a reduction in mid-term mortality in patients with patent arteries compared with persistent occlusions. The European CTO club was founded in 2006 and is the sponsor of the largest (1,200 patients) of the three ongoing randomized trials comparing PCI with medical treatment in patients with CTO.

This club of experts is currently preparing its 5th Experts’ Live Workshop, which will take place in Paris in September 2013. This course has been designed for interventional cardiologists who are seeking to include CTO angioplasty in their therapeutic arsenal or to broaden their activity in this setting. This educational session will provide them with practical information on basic or complex CTO techniques and specific devices manufactured by the industry in addition to recommendations regarding cath-lab equipment and logistics. They will also be given recommenda-
Scientific Program

Friday, September 27th, 2013

8:00–10:20  Session 1
Basic and News
Chairmen: Nicolaus Reifart, Germany; Omer Goktekin, Turkey; Osamuh Katoh, Japan

08:00  Welcome
Yves Louvard, Massy, France

08:05  CTO definitions / ECC consensus
George Sianos, Thessaloniki, Greece

08:25  What is a good CTO angiogram?
Alexander Bufe, Wuppertal, Germany

08:40  What is new in literature since the last meeting?
Imad Sheiban, Turin, Italy

Simple antegrade cases
Discussants: Victoria Martin, Spain; Alexander Bufe, Germany; Simon Elhadad, France; Tevfik Gürmen, Turkey

09:00  Case 1: A simple RCA CTO: basic techniques
Yves Louvard, Massy, France

09:25  Case 2: Intrastent CTO: IVUS guided antegrade approach
Gerald Werner, Darmstadt, Germany

Catch-up session

09:50  Guiding catheters: shapes, length, side holes, approach
Evald Høj Christiansen, Aarhus, Denmark

10:05  Guide wires and microcatheters: when and how to use them
Nicolas Boudou, Toulouse, France

10:20–10:50 Coffee break and exhibition
10:50–12:55 Session 2
Why and when treating CTO?
Chairmen: Javier Escaned, Spain; Etsuo Tsuchikane, Japan; Emmanouil Brilakis, USA

10:50 Mortality reduction? Yes? When?
David Hildick-Smith, Brighton, UK

11:05 CTO and acute coronary syndromes
J. P. Simao Henriques, Amsterdam, Netherlands

11:20 Secondary revascularisation with CTO-PCI late post CABG
Heinz Joachim Büttner, Bad Krozingen, Germany

Complex antegrade cases
Discussants: Omer Goktekin, Turkey; Bernward Lauer, Germany; Aigars Lismanis, Latvia; Didier Tchetche, France

11:35 Case 3: LAD CTO in bifurcation: IVUS guided penetration
Roberto Garbo, Turin, Italy

11:40 Case 4: Instant RCA CTO: radial approach and support
Thierry Lefevre, Massy, France

Catch-up session

12:00 Case 5: StingRay for a RCA CTO
Simon Walsh, Belfast, Ireland

12:40 Antegrade dissection re-entry with the Bridgepoint System: why, where & how
James Spratt, Edinburgh, UK

12:55–14:00 Lunch and exhibition

14:00–16:15 Session 3
Alternative techniques and practicals for antegrade approach
Chairmen: Thierry Lefevre, France; David Hildick-Smith, UK; Stephane Rinfret, Canada
Discussants: Heinz Joachim Büttner, Germany; Michael Pieper, Switzerland; Gennaro Sardella, Italy

14:00 Case 5: StingRay for a RCA CTO
Simon Walsh, Belfast, Ireland

14:30 Case 6: One radial and one snare for a LCx CTO
George Sianos, Thessaloniki, Greece

15:00 CTO PCI for the antegrade-only operator
Antonio Serra, Barcelona, Spain

15:15 How to size the stents? Difficulties? Role of imaging
Carlo Di Mario, London, UK

15:30 Specific technical aspects of instant CTO
Javier Escaned, Madrid, Spain

Catch-up session

15:45 How to improve guiding catheter support?
Stephane Rinfret, Quebec, Canada

16:00 How to optimize retrograde collateral crossing
Osamu Katoh, Nagoya, Japan

16:15–16:45 Coffee break and exhibition

16:45–18:10 Session 4
Short Stories 1
Chairmen: George Sianos, Greece; Antonio Serra, Spain; Craig Thompson, USA

16:45 Impact of residual RCA CTO after LM stenting
Alaide Chieffo, Milan, Italy

16:55 Innovative solutions for patients with severe renal failure
Thierry Lefevre, Massy, France

17:05 What can we learn from a french Crossboss / Stingray experience
Alexandre Avran, Marseille, France

17:15 A place for Laser in CTO PCI?
Peter O’Kane, Bournemouth, UK

17:25 Coregistration of MSCT in the cathlab for CTO PCI
Gerald Werner, Darmstadt, Germany

Technical pearls

17:35 Hydraulic retro CART
Nicolas Boudou, Toulouse, France

17:45 Guideliner place for CTO PCI
Karl Isaa, Saint Etienne, France

17:55 Rotational atherectomy in the dark
Gennaro Sardella, Rome, Italy

18:05 How to deal with extreme tortuosity of both groins
Nicolaus Reifart, Bad Soden, Germany

18:15 End of day 1
The Experts „Live“
Workshop 2013

Scientific Program
Saturday, September, 28th, 2013

8:00–10:15 Session 5
CTO PCI strategies
Chairmen: Gerald Werner, Darmstadt, Germany; Masahisa Yamane, Japan; James Spratt, UK

Controversy
08:00 Japanese strategy for CTO PCI success
Masahiko Ochiai, Tokyo, Japan
08:10 Illustrated US algorithm for CTO PCI success
Craig Thompson, Yale, USA
08:20 Discussion
08:25 An attempt of ECC consensus on CTO PCI strategy
Nicolaus Reifart Bad Soden, Germany
08:35 Discussion

Simple retrograde cases
Discussants: Hans Bonnier, Belgium; Valeri Gelev, Bulgaria; Karl Isaaz, France; Daniel Weilenmann, Switzerland
08:40 Case 7: Simple retrograde RCA CTO
Yves Louvard, Massy, France
09:10 Case 8: Rotablator for retrograde RCA approach
James Spratt, Edinburgh, UK

Catch-up session
09:40 CART, retro CART, stent assisted retro CART ...
Masahisa Yamane, Sayama City, Japan
09:55 IVUS and CTO: guided penetration, reentry...
Satoru Sumitsuji, Osaka, Japan

10:10–10:40 Coffee break and exhibition
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**Session 6**

**Complex retrograde cases**
Chairmen: Carlo Di Mario, UK; Anthony Gershlick, UK; Masahiko Ochiai, Japan
Discussants: Roberto Garbo, Italy; Artis Kalnins, Latvia; Markus Meyer-Gessner, Germany; Leszek Bryniarski, Poland

**10:40** 
**Case 9: Complex retrograde approach**
Andrea Gagnor, Torino, Italy

**11:15** 
**Case 10: Retrograde epicardial for a RCA CTO**
Alfredo Galassi, Catania, Italy

**Complications**

**11:50** 
**First complication**
Dimitri Karmpaliotis, Atlanta, USA

**12:05** 
**Atrial hematoma after retrograde**
Carlo Di Mario, London, UK

**12:20** 
**Coil embolization**
Roberto Garbo, Turin, Italy

**Catch-up session**

**12:35** 
**Treatment of coronary perforations: material and techniques**
Javier Escaned, Madrid, Spain

**12:50** 
**X-Ray exposure: the difference between care and no-care**
Carlo Maccia, Bourg la Reine, France

**13:05–14:05 Lunch and exhibition**

**Session 7**

**Short stories 2**
Chairmen: Alfredo Galassi, Italy; Dimitri Karmpaliotis, USA; Andrejs Erglis, Latvia

**14:05** 
**Novel snare and pick up technique**
Satoru Sumitsuji, Osaka, Japan

**14:15** 
**Retrograde approach Euro CTO registry**
Alfredo Galassi, Catania, Italy

**14:25** 
**Is dissection reentry technique a predictor of CTO reocclusion?**
Emmanouil Brilakis, Dallas, USA

**14:35** 
**J-Proctor long-term outcome after intimal vs. subintimal DES**
Etsuo Tsuchikane, Toyohashi, Japan

**14:45** 
**Discussion**

**Unusual cases**
Discussants: Nicolas Boudou, France; Evald Hoj Christiansen, Denmark; Andrea Gagnor, Italy; Jaroslaw Wojcik, Poland

**14:50** 
**Case 11: One epicardic retrograde for two CTOs**
Satoru Sumitsuji, Osaka, Japan

**15:25** 
**Case 12: Diagonal to Marginal retrograde approach for LCx CTO**
Gerald Werner, Darmstadt, Germany

**Future of CTO PCI: learning, teaching, innovating**

**16:00** 
**How can I become a better CTO operator**
Gerald Werner, Darmstadt, Germany

**16:15** 
**Operator experience and success rate of CTO PCI: lessons**
Yves Louvard, Massy, France

**16:30** 
**Conclusion**
Gerald Werner, Darmstadt, Germany

**17:00** 
**Euro CTO Club General Assembly**

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The Euro CTO Club cordially thanks the invited speakers for supporting the Workshop with their knowledge and expertise:

O’Kane, Peter, UK
Rinfret, Stephane, Canada
Sumitsui, Satoru, Japan
Thompson, Craig, USA
Tsuchikane, Etsuo, Japan
Yamane, Masahisa, Japan

Brilakis, Emmanouil, USA
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Answers for life.
EURO CTO CLUB – STATISTICS

Euro CTO Club membership

- Requirements: experience of 300 CTO and 50 / year

Online Registry 2008-2012

- Success
  - Antegrade vs Retrograde

EURO CTO CLUB – STATISTICS

Retrograde Aproach/all CTO
(all operators – 50% at < 10%)

- % of all CTO

Success
Antegrade vs Retrograde

- 2011: 85, 82, 88, 89, 90, 91
- 2012: 68, 71
- 2013: 66
Success Retrograde related to experience (all cases)

Ante - versus Retrograde 2011 - 13
Can imaging technologies change the way you perform your CTO procedures?

CTO procedures can be time-consuming and resource-intensive. Estimating the occlusion length and path, visualizing the entry and trajectory of the coronary with the added challenge of side branch overlay, and assessing plaque constituents and the location of the calcification all require high contrast use and dose for the patient. That’s especially true when imaging requires visualization in one angle over extended periods. But what if imaging technologies could help you better identify and visualize the occlusion? What if they could help you find the optimal view quickly and prevent high radiation exposure during the procedure? Discover how smart imaging empowers you with the tools to treat your patients with greater clarity.
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