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**TUESDAY PROGRAMS**

**Program A:** (Sessions 1-8)
6:40 A.M. – 5:54 P.M.
Progress In The Treatment Of Heart Valve, Coronary, Aortic And Carotid Diseases
Location: Grand Ballroom East, 3rd Floor

**Program B:** (Sessions 9-16)
6:40 A.M. – 5:54 P.M.
New Developments In The Treatment Of AAAs (EVAR), Aortic Branch Lesions (Iliac, Visceral, Renal); Outpatient And Practice Issues; Laparoscopy, Robotics And Simulation; Complex AAAs; New Techniques And Concepts And Open Or Hybrid Vascular Surgical Techniques
Location: Grand Ballroom West, 3rd Floor

**Program C:** (Sessions 17-18)
7:00 A.M. – 12:00 P.M.
Management Of Pulmonary Embolism: A Complex Team Sport
Course Leader: Michael R. Jaff, DO
Location: Trianon Ballroom, 3rd Floor

**Program D:** (Sessions 19-22)
1:00 P.M. – 6:00 P.M.
Diagnosis And Management Of Vascular Malformations
Course Leaders: Wayne F. Yakes, MD, Krassi Ivancev, MD, PhD, Robert L. Vogelzang, MD
Location: Trianon Ballroom, 3rd Floor

**WEDNESDAY PROGRAMS**

**Program E:** (Sessions 23-30)
6:40 A.M. – 5:52 P.M.
Progress In Lower Extremity Occlusive Disease And Its Treatment
Location: Grand Ballroom East, 3rd Floor

**Program F:** (Sessions 31-38)
6:40 A.M. – 6:06 P.M.
New Developments In Medical, Anti-Atherogenic And Anti-Hypertensive Treatments; Endoleak Management; Issues And Other Important Topics Related To History, Government, Reimbursement, Ethics, Practice And Vascular Care
Location: Grand Ballroom West, 3rd Floor

**Program G:** (Sessions 39-46)
6:50 A.M. – 5:57 P.M.
New Developments In Arch And Thoracic Aortic Disease: Dissections, TAAAs, Juxta-And Pararenal AAAs, Parallel Grafts, Fenestrated And Branched EVAR (F/B/EVAR), Multilayer Flow Modulating Bare Stents, AAAs, EVAR And Recorded Live Complex Cases
Location: Trianon Ballroom, 3rd Floor

**THURSDAY PROGRAMS**

**Program H:** (Sessions 47-54)
6:50 A.M. – 5:54 P.M.
New Techniques, Technology, Concepts: Advances In F/B/EVAR And Parallel Grafts For Complex AAAs And TAAAs; Tribute To Our Military; Advances In Management Of Ruptured AAAs; New Developments In Robotics, Guidance And Imaging Systems; Radiation Safety; New Concepts And Devices
Location: Grand Ballroom East, 3rd Floor

**Program I:** (Sessions 55-62)
6:40 A.M. – 5:53 P.M.
New Devices For EVAR And Complex AAA Repair; TEVAR And TAAA Repair; Lower Extremity Treatment; Prevention Of Endoleaks And Migration (EndoAnchors); Clot Removal And Embolization
Location: Grand Ballroom West, 3rd Floor

**Program J:** (Sessions 63-70)
7:20 A.M. – 5:11 P.M.
Superficial Venous Disease
Course Leaders: Jose I. Almeida, MD, RPVI, RVT, Lowell S. Kalmick, MD, RPVI, Kenneth Ouriel, MD, MBA, Thomas W. Wakefield, MD
Location: Trianon Ballroom, 3rd Floor

**FRIDAY PROGRAMS**

**Program K:** (Sessions 71-78)
6:40 A.M. – 6:00 P.M.
New And Improved Old Techniques; Carotid Related Topics; New Developments In Spinal Cord Ischemia (SCI); Updates And Continuing Controversies; New Techniques, Updates And Concepts; Advances In Wound Care And EVAR
Location: Grand Ballroom East, 3rd Floor

**Program L:** (Sessions 79-87)
6:40 A.M. – 5:25 P.M.
New Developments In Popliteal Aneurysms And Disease; Management Of Infected Arteries, Prosthetic Grafts And Endografts; Advances In Imaging, Guidance, Hybrid Suites, Thoracic Outlet Syndromes, Medical Diseases And Treatment, Vascular Trauma Treatment And Radiation Safety
Location: Grand Ballroom West, 3rd Floor

**Program M:** (Sessions 88-92)
7:55 A.M. – 5:06 P.M.
Deep Venous Disease
Location: Trianon Ballroom, 3rd Floor

**SATURDAY PROGRAMS**

**Program N:** (Sessions 93-100)
6:50 A.M. – 4:25 P.M.
New And Improved Old Techniques; Carotid Related Topics; New Developments In Spinal Cord Ischemia (SCI); Updates And Continuing Controversies; New Techniques, Updates And Concepts; Advances In Wound Care And PEVAR
Location: Grand Ballroom East, 3rd Floor

**Program O:** (Sessions 101-105)
7:55 A.M. – 4:25 P.M.
New Developments In Vascular Access For Hemodialysis
Course Leaders: Larry A. Scher, MD, Anton N. Sidawy, MD, MPH
Location: Grand Ballroom West, 3rd Floor

**Program P:** (Sessions 106-109)
8:00 A.M. – 12:25 P.M.
More Hot Venous Disease Topics
Location: Trianon Ballroom, 3rd Floor
SYMPOSIUM CHAIRMAN
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Michael R. Jaff, DO
Lowell S. Kabnick, MD, RPhS
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CX is optimal education! The symposium provides us with really strong evidence for what we are doing every day, leading to appropriate decision-making for patients.

Dittmar Böckler, Heidelberg, Germany

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NEEDS ASSESSMENT
Vascular disease in all of its manifestations is a leading cause of death and disability affecting a large percentage of Americans over the age of 50. There is a critical need for physicians who diagnose, treat and manage patients with vascular disease to receive continuing medical education in this area. The latest pharmacologic, radiologic, surgical and endovascular techniques and technologies will be presented, along with discussions of when these treatments are justified and indicated and when they are not. Updates on clinical trials and opportunities for dialogue with experts in the field provide insight along with the latest data on the results of the various treatment modalities.

There is an enormous gap between actual practice and the current state of knowledge. This gap is filled imperfectly with material in books and published articles. These sources are also often negatively influenced by the biases of authors, reviewers and editors. VEITHsymposium attempts to fill this gap more perfectly and more currently by enlisting speakers with up-to-date information and data, and also those on both sides of controversial issues. In this way, the audience gets a current view of the state-of-the-art in vascular disease management as of the date of the meeting. All important topics are covered at the meeting and for further reference in the web-based library, a long-term permanent resource.

In addition, by having numerous short (4.5-7 minutes) talks followed by panel discussions and capturing the entire meeting on the web-based library, the meeting will provide an electronic reference source to help vascular specialists in their practice decisions throughout the year. It will also provide the most up-to-date unbiased information possible to help with these decisions.

FOCUS
The VEITHsymposium provides Vascular Surgeons and other Vascular Specialists with a five-day conference on the most current information about new developments in clinical practice and relevant research. Beginning Tuesday, the symposium offers over 900 fast-paced presentations on what is new and important in the treatment of vascular disease. Important updates and reevaluations, as well as the latest significant advances, changing concepts in diagnosis and management, pressing controversies and new techniques, agents and diagnostic modalities will be presented. Video case presentations will also be included.

OBJECTIVES
Upon completion of the VEITHsymposium, the participants will, after learning about a wide array of topics, be able to:

- Explain the practical implications of clinical trial data on new technologies and techniques for endovascular repair of abdominal aortic aneurysm and thoracic aortic disease
- Summarize the impact of data on therapeutic advances for stroke and carotid disease management
- Compare the safety, efficacy, and therapeutic indications of pharmacologic agents to the management of vascular disease
- Assess data on the latest state-of-the-art for the treatment of superficial femoral and tibial artery disease and describe potential implications for clinical care
- Summarize recent data on treatment advances for venous disease and explain their clinical implications
- Provide new information about the latest developments in hemodialysis access and vascular malformations and tumors
GENERAL INFORMATION

TARGET AUDIENCE
Vascular Surgeons, Interventional Radiologists, Interventional Cardiologists, Vascular Medicine Specialists and all others interested in the management of vascular disease.

ASSOCIATE FACULTY GLOBAL PODIUM PRESENTATIONS
In order to have more younger and less familiar vascular surgeons and vascular specialists play an active role as Associate Faculty at our meeting, we have initiated programs whereby they can present their scientific work at the podium. Vascular surgeons and vascular specialists participating in these programs will have submitted abstracts for a podium presentation, and these abstracts will be posted on our website. Please visit our website at www.veithsymposium.org for additional information and instructions on how to submit an abstract to the Associate Faculty Global Podium Presentations component of VEITHsymposium.

GENERAL SESSIONS
General Sessions will be held in the Grand Ballroom East, Grand Ballroom West, and in the Trianon Ballroom on the 3rd floor on Tuesday, Wednesday, Thursday, Friday and Saturday.

COMPONENT SESSIONS WILL BE HELD AS FOLLOWS:
Innovation and Investment Roundtable
Thursday, November 16, 2017
Location: Concourse A, Concourse Level

Hemodialysis Access
Saturday, November 18, 2017
Location: Grand Ballroom West, 3rd floor

AIMsymposium Multidisciplinary Acute Stroke Management
Thursday, November 16, 2017
Location: Murray Hill Suites East and West, 2nd floor
VEITHsymposium registrants are welcome to attend at no additional cost.

The VEITHsymposium Innovation and Investment (I&I) Roundtable, now in its fourth year, is a session dedicated to the presentation of novel medical products that have the potential to truly change patient care and the management of complex cardiovascular diseases. The presentations are by invitation only. Manufacturers and their topics are chosen by the VEITHsymposium Organizing Committee based upon knowledge of unique products that are at various stages of development. The roundtable session provides opportunities for manufacturers to showcase technology that, in many cases, will require further investment to complete development and clinical research. Similarly, the session provides an interactive setting for investors and investment firms to see novel technologies and probe the challenges and potential for each, with ample time for question and answer period that follows each presentation. Lastly, key cardiovascular thought leaders, physicians and scientists alike, are invited by the Organizing Committee to be in attendance and provide candid views on each innovation.

The VEITHsymposium Organizing Committee believes that the I&I Roundtable offers a unique opportunity to see the latest in novel, game-changing cardiovascular technology, all in one place and over the course of a half-day. This is an event that should not be missed by anyone with scientific or financial interests in emerging cardiovascular technology. (This is a non-CME activity.)
VEINOUS WORKSHOPS AT VEITHsymposium - ASK THE EXPERTS!

Wednesday, November 15, 2017
1:00 P.M. - 6:00 P.M.

Location: Americas Hall II, 3rd floor

Workshops will include lectures and demonstrations on vein management by experts, and hands-on opportunities where participants can rotate through multiple training stations staffed by faculty.

Registration Fee: $25 (available to fully paid VEITHsymposium Clinicians). Space is Limited.

Module 1: Acute DVT and Venous Obstruction
IVUS, Thrombolysis & Thrombectomy, Stents & Filters, Difficult Recanalizations (How to do Stenting)

Module 2: Superficial Cluster Vein Treatment
Ambulatory Phlebectomy, TIPP, Sclerotherapy

Module 3: Medical Therapy
Lymphedema, Lipedema, Venous Edema, Wound Care, Anticoagulation

Module 4: Superficial Truncal Disease – Thermal & Non-Thermal
EVLT, RFT, PAPS, Ohmic Devices, Mechanochemical, Chemical Adhesives (Glues and Microfoam)

Visit www.veithsymposium.org for details.
(This is a non-CME activity.)

ACCREDITATION STATEMENT
The Cleveland Clinic Foundation Center for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Cleveland Clinic Foundation Center for Continuing Education designates this live activity for a maximum of 48.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Participants claiming CME credit from this activity may submit the credit hours to the American Osteopathic Association for Category 2 credit.

ABS MAINTENANCE OF CERTIFICATION
VEITHsymposium provides Category 1 CME and self-assessment credits toward Part 2 of the ABS MOC Program.

ETHICAL MEDTECH COMPLIANCE
VEITHsymposium is Compliant with the MedTech Europe Code of Ethical Business Practice.

CME CERTIFICATES AND COURSE EVALUATION FORMS
CME certificates will be available online at www.veithsymposium.org. An e-mail with a unique password and instructions on how to obtain the certificate and complete a brief, optional course evaluation will be sent to all registered attendees after the meeting. The e-mail will be sent to the e-mail address that was used to register the attendee. Please note that CME Certificates must be claimed by February 28, 2018.

FACULTY DISCLOSURE
The Cleveland Clinic Foundation Center for Continuing Education has implemented a policy to comply with the current Accreditation Council for Continuing Medical Education Standards for Commercial Support requiring resolution of all faculty conflicts of interest. Faculty declaring a relevant commercial interest will be identified in the activity syllabus.
**GENERAL INFORMATION**

**ADA STATEMENT**
The Cleveland Clinic Foundation Center for Continuing Education complies with the legal requirements of the Americans with Disability Act. If any participant of the VEITHsymposium requires special assistance, please send written request at least one month prior to the activity to admin@veithsymposium.org, or by fax to (845) 368-2324.

**ONLINE CONFERENCE LIBRARY**
The entire program with almost all the talks, slides, audio and videos - fully synchronized - and the panels, will be available in an Online Conference Library, which can be obtained at a nominal cost. For more information on how to obtain the VEITHsymposium Online Library, please visit www.veithondemand.com or call (800) 987-9314, ext. 300.

**ONLINE ACCESS TO ABSTRACTS**
Presentation slides will be used as abstracts and will be available on the program page of the VEITHsymposium website at www.veithsymposium.org after the meeting. Abstracts will be available on the website for one full year.

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**HOTEL AND TRAVEL**

A block of rooms has been reserved at the conference rate of $399 plus taxes per night. This rate is available until the block is filled or until October 8, 2017. Please request the VEITH rate when reserving your accommodations.

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TUESDAY, NOVEMBER 14, 2017

6:00 A.M. General Registration – Rhinelander Gallery, 2nd Floor
6:00 A.M. Faculty Registration – Morgan Suite, 2nd Floor
6:15 A.M. Continental Breakfast – Rhinelander Gallery, 2nd Floor

CONCURRENT TUESDAY PROGRAMS

PROGRAM A: SESSIONS 1-8
Progress In The Treatment Of Heart Valve, Coronary, Aortic And Carotid Diseases
6:40 A.M. – 5:52 P.M.
Grand Ballroom East, 3rd Floor

PROGRAM B: SESSIONS 9-16
New Developments In The Treatment Of AAAs (EVAR), Aortic Branch Lesions (Iliac, Visceral, Renal); Outpatient And Practice Issues; Laparoscopy, Robotics And Simulation; Complex AAAs; New Techniques And Concepts And Open Or Hybrid Vascular Techniques
6:40 A.M. – 5:54 P.M.
Grand Ballroom West, 3rd Floor

PROGRAM C: SESSIONS 17-18
Management Of Pulmonary Embolism: A Complex Team Sport: The Momentum For Effective Treatment Is Real
7:00 A.M. – 12:00 P.M.
Trianon Ballroom, 3rd Floor
Course Leader: Michael R. Jaff, DO

PROGRAM D: SESSIONS 19-22
Diagnosis And Management Of Vascular Malformations
1:00 P.M. – 6:00 P.M.
Trianon Ballroom, 3rd Floor
Course Leaders: Wayne F. Yakes, MD, Krassi Ivancev, MD, PhD, Robert L. Vogelzang, MD

SESSION 1 (Grand Ballroom East, 3rd Floor)
PROGRESS IN TRANSCATHETER AORTIC VALVE IMPLANTATION (TAVI), CORONARY STENTING AND ASCENDING AORTIC DISEASE TREATMENT
Moderators: Hazim J. Safi, MD, Lars G. Svensson, MD, PhD

6:40 – 6:44 Opening Remarks
Frank J. Veith, MD

6:45 – 6:50 Current Status Of Transcatheter Aortic Valve Implantation (TAVI): Is It Indicated In All Patients Needing Invasive Treatment For Aortic Stenosis: An Interventional Cardiologist’s View
Horst Sievert, MD, Dietmar H. Koschyk, MD

6:51 – 6:56 A Cardiac Surgeon’s View Of Progress In TAVI: Which Patients Are Still Best Treated By Open Valve Surgery
Allan Stewart, MD
6:57 – 7:02 New Developments In Coronary Artery Stenting Including The Status Of Bioresorbable Drug Eluting Stents
Ron Waksman, MD
Gregg W. Stone, MD

7:03 – 7:08 Why Will The Ascending Aorta Be Hard To Treat Endovascularly: Its Anatomy And Physiology Can Be Problematic Based On Advanced Imaging
Rachel E. Clough, MD, PhD

7:09 – 7:14 Status Of An Endovascular Valve-Carrying Conduit For The Treatment Of Type A Aortic Dissections: It Is Coming Soon And Challenges
Martin Czerny, MD
Bartosz Rylski, MD

7:15 – 7:20 25-Year Experience With Composite Open Grafting Of The Aortic Root For Aneurysms And Other Pathologies: A Remarkably Durable Operation
John A. Elefteriades, MD

7:21 – 7:26 Present Status And Future Prospects For Endovascular Repair Of Ascending Aortic Lesions
Eric E. Roselli, MD

Ali Khoynezhad, MD, PhD

7:33 – 7:38 Progress In Ascending Aortic Endografting Using An Improved Valiant Device: Patient Selection, Durability And Future Prospects
Rodney A. White, MD
Carlos E. Donayre, MD

7:38 – 7:46 Panel Discussion

SESSION 2 (Grand Ballroom East, 3rd Floor)
NEW DEVELOPMENTS IN THE TREATMENT OF AORTIC ARCH LESIONS AND AORTIC DISSECTIONS
Moderators: Eric E. Roselli, MD
Christoph A. Nienaber, MD, PhD

7:46 – 7:51 Highlights From The European SVS Guidelines For Management Of TBAD Patients
Vicente Riambau, MD, PhD

7:52 – 7:57 Key New Developments And Progress In The Treatment Of TBAD Patients
Michael D. Dake, MD

7:58 – 8:03 Technical Tips, Tricks And Pitfalls In Surgical Debranching Of Aortic Arch Branches: When Is It The Best Option For Treating Arch Aneurysms
Sebastian E. Debus, MD, PhD

8:04 – 8:09 Update On Endovascular Arch Repairs With The Cook 2-Branched Endograft: Advantages, Results, Precautions And Limitations
Stephan Haulon, MD

8:10 – 8:15 Choice Of Optimal Treatment For Aortic Arch Lesions: Open Hybrid, Chimney: Which Is Best And When
Chang Shu, MD

8:16 – 8:21 4-Year Results With The Bolton Relay 2-Branched Endograft For Aortic Arch Lesions: Indications, Advantages And Limitations
Toru Kuratani, MD, PhD

TUESDAY SESSIONS 1–2
Experience With The Improved Precurved Fenestrated N2X Endograft For Aortic Arch Lesions: Results, Advantages And Limitations
Yoshikiko Yokoi, MD

8:28 – 8:33
Branched Endografts vs. In Situ Fenestrated Endografts For Complex Aortic Arch Lesions: Advantages And Limitations Of Both
Qingsheng Lu, MD
Zaiping Jing, MD

8:34 – 8:39
13-Year Experience With Parallel Grafts (Chimneys) To Treat Arch Aneurysms: They Can Be Durable Up To 11 Years: Tips And Tricks To Make Them Work
Thomas Larzon, MD, PhD

8:40 – 8:46
Panel Discussion

SESSION 3 (Grand Ballroom East, 3rd Floor)
TYPE B AORTIC DISSECTIONS (TBADs) AND THEIR TREATMENT: THORACIC AND THORACO-ABDOMINAL ANEURYSMS (TAAA)
Moderators: Michael D. Dake, MD
Nicholas J.W. Cheshire, MD

8:47 – 8:52
Comparison Of Morbidity And Mortality After Open And Endovascular TAAA Repair: They Are Substantial For Both Even In A High Volume Center
Michael J. Jacobs, MD
Geert Willem H. Schurink, MD, PhD

8:53 – 8:58
Keys To Optimal Medical Treatment For Patients With TBADs: Where Does It Usually Go Wrong
Christoph A. Nienaber, MD, PhD

8:59 – 9:04
DEBATE: New Information From The STABLE I & II Trials: What Do They Tell Us About The Value Of Proximal Covered And Distal Bare Stents For The Treatment Of TBADs: When Is The Petticoat Technique Helpful
Joseph V. Lombardi, MD

9:05 – 9:10
DEBATE: The Petticoat Technique For TBAD Treatment Does Not Decrease Mortality: Is It Ever Indicated And Helpful
Andrea Kahlberg, MD
Roberto Chiesa, MD
Germano Melissano, MD

9:11 – 9:16
Distal Extended Branched Petticoat Technique To Treat Complex Aortic Dissections With False Lumen Dilatation: Technical Details, What Makes It Different And Favorable 2-Year Results
Lars R. Kock, MD

9:17 – 9:22
Balloon Assisted Overdilatation Of The Bare Stent In Petticoat TEVAR Disrupts The Dissection Flap And Decreases Subsequent False Lumen Aneurysm Formation: Technique, Precautions And Results In 150 TBAD Patients
Jean-Marc Alsac, MD, PhD

9:23 – 9:28
How To Prevent, Diagnose And Treat Retrograde Type A Dissections Complicating TEVAR Procedures: What Factors Predispose To It
Ludovic Canaud, MD, PhD
TUESDAY SESSIONS 3–4

9:29 – 9:34

DEBATE: Natural History Of Intramural Hematomas (IMHs) And Penetrating Ulcers (PAUs) Of The Thoracic Aorta: When Should They Be Treated By TEVAR And Technical Tips For Doing So

Dittmar Böckler, MD

9:35 – 9:40

DEBATE: Most Incidentally Discovered PAUs And IMHs Of The Thoracic Aorta Do Not Need TEVAR: Such Treatment Does Not Improve Survival

Kenneth J. Cherry, MD
Gilbert R. Upchurch, MD

9:41 – 9:46

How To Treat Acute TBAD With Retrograde Intramural Hematoma Extending Into The Arch And Ascending Aorta: When Open, When Endo: Prognostic Implications

I-Hui Aaron Wu, MD, PhD

9:47 – 9:53

Panel Discussion

9:54 – 10:05

Break – Visit Exhibits And Pavilions

(2nd and 3rd Floors)

SESSION 4

(Grand Ballroom East, 3rd Floor)

MORE NEW DEVELOPMENTS IN THE TREATMENT OF TBADs, THORACIC AORTIC DISEASE, TAAA s AND RELATED TOPICS

Moderators: Eric L.G. Verhoeven, MD, PhD
Michael J. Jacobs, MD

10:05 – 10:10

Present Status Of Embolic Protection For TAVI And TEVAR: What Devices Are Available And How Well Do They Decrease Strokes And Diffusion Weighted (DW) MRI Lesions

Jeffrey P. Carpenter, MD

10:11 – 10:16

Why Particulate Emboli Are A Cause Of Stroke, Spinal Cord Ischemia (SCI) And Silent Brain Damage With TEVAR And TAVI: What Progress Is Being Made To Prevent These Problems

Richard G.J. Gibbs, FRCS

10:17 – 10:22

Update On Air Emboli As A Cause Of Stroke After TEVAR: What Percentage Of Strokes Comes From This Cause And What Can Be Done To Prevent Them

Tilo Kölbel, MD, PhD

10:23 – 10:28

In Situ Fenestration With A Special Proprietary Puncture Needle To Revascularize Supra-Aortic Branches During TEVAR For TBAD: Technique And 1-Year Results

Weiguo Fu, MD

10:29 – 10:34

New Concepts Regarding TBADs And Their Treatment: Importance Of The False Lumen Origin Of Visceral And Renal Branches; Reappraisal Of Proximal Landing Zone For TEVAR; And New Unrecognized Parameters Indicating Need For TEVAR

Santi Trimarchi, MD, PhD

10:35 – 10:40

Update On Predictors Of The Need For Intervention And Mortality With Acute Uncomplicated TBAD; Impact Of Ascending Aorta And Arch Involvement: How Should It Change Treatment

Ali Azizzadeh, MD

10:41 – 10:46

How Should The Stage (Acute, Subacute And Chronic) Of TBADs Be Determined: ‘Time Since Onset Of Symptoms Is A Poor Criterion: There Is A Need For 4D Imaging To Assess Flap Motility

Thomas L. Forbes, MD

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<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:47 – 10:52</td>
<td>Rationale And Indications For Fenestration/Septotomy To Treat TBADs: An Endovascular Device To Do It Safely</td>
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<td></td>
<td>Ramon Berguer, MD, PhD</td>
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<td>Juan C. Paredi, MD</td>
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<td>10:53 – 10:58</td>
<td>Impact Of Endograft Induced Entry Tears After TEVAR For TBAD: They Can Prevent Aortic Remodeling: What Can Be Done To Offset Them</td>
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<td>Chun Che Shih, MD, PhD</td>
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<td>10:59 – 11:05</td>
<td>Panel Discussion</td>
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<td>Moderators: Richard P. Cambria, MD</td>
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<td>Frank J. Veith, MD</td>
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<td>11:06 – 11:11</td>
<td>False Lumen To True Lumen Volume Ratio At Presentation Can Predict The Natural History Of Uncomplicated TBADs And Which Patients Need TEVAR: How To Measure It And How To Use It</td>
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<td>Jean M. Panneton, MD</td>
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<td>11:12 – 11:17</td>
<td>Increasing Need For Open Conversions After TEVAR: Indications, Techniques And Results</td>
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<td>Michael J. Jacobs, MD</td>
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<td>11:18 – 11:23</td>
<td>Advances In Adjuncts To Induce False Lumen Thrombosis After TEVAR For TBADs: Indications, Devices, Techniques And Precautions</td>
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<td>Tilo Kölbel, MD, PhD</td>
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<td>11:24 – 11:29</td>
<td>What Is New With Open TAAA Repair: When Is Open Repair The Best Treatment</td>
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<td>Hazim J. Safi, MD</td>
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<tr>
<td>11:30 – 11:35</td>
<td>Recent Improvements In Open TAAA Repair And Preop And Postop Management: Value Of Gore Hybrid Graft For Sutureless Anastomoses To Branch Arteries</td>
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<td>Andrea Kahlberg, MD</td>
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<td>Roberto Chiesa, MD</td>
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<td>Germano Melissano, MD</td>
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<td>11:36 – 11:41</td>
<td>Open Repair To Treat Endovascular Treatment Failures Of Thoracic Aneurysms And TAAAs: There Will Always Be A Need For Open Repairs</td>
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<td>Hazim J. Safi, MD</td>
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<td>11:42 – 11:47</td>
<td>Long Antegrade Renal And Visceral Grafts During Open TAAA Repairs To Prevent Visceral Patch Aneurysms: How To Do Them</td>
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<td>Manju Kalra, MBBS</td>
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<td>11:48 – 11:53</td>
<td>Early TEVAR For Uncomplicated TBADs: Is There Enough Evidence For Doing It And When Is It Too Late To Perform It</td>
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<td>Michael P. Jenkins, MBBS, BSc, MS</td>
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<td>11:54 – 12:00</td>
<td>Panel Discussion</td>
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<tr>
<td>12:00 – 1:00</td>
<td>Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)</td>
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**SESSION 5 (Grand Ballroom East, 3rd Floor)**

**NEW KEY DEVELOPMENTS IN THE MANAGEMENT OF PATIENTS WITH CAROTID DISEASE**

**Moderators:** L. Nelson Hopkins, MD

Frank J. Veith, MD
Risk Of Carotid Intervention (CEA Or CAS) For Carotid Stenosis Is A Function Of Symptom Status Within 6 Months: Risk Is Equal In Asymptomatic Patients And Those With Symptoms > 6 Months Ago: From CREST
Wesley S. Moore, MD

CEA Patients Have 30% Lower Risk Of Adverse Events Or Death Than CAS Patients After 12 Years: A Propensity Matched Population Based Analysis
Thomas L. Forbes, MD
Mohammad A. Hussain, MD

Carotid Stent Fractures After CAS: How Often Do They Occur, How To Diagnose Them And What Is Their Significance
Jon S. Matsumura, MD

In Patients Undergoing CEA Or CAS For A Stroke The Volume Of The Ischemic Lesion On CT Or MRI Correlates With A Poor Outcome: If The Stroke Is Large Revascularization Should Be Delayed
Andrea Stella, MD

DEBATE: The Risk Of Stroke In Asymptomatic Carotid Stenosis Patients On Good Medical Management Is So Low That All Should Be Treated Medically: Stratification Of Risk Is Of Little Value
Anne L. Abbott, MD, PhD

DEBATE: Not So: Many Asymptomatic Patients With High Grade Carotid Stenosis Need To Be Treated Invasively By CEA Or CAS: What % Of Such Patients Should Be Treated And Which Ones
Bruce A. Perler, MD, MBA

DEBATE: Wrong: With Good Medical Treatment The Incidence Of Carotid Occlusion And Stroke In Asymptomatic Carotid Stenosis Patients Is Very Low: Rarely Should Such Patients Be Treated By CEA Or CAS: What Is The % And How Should They Be Identified
J. David Spence, MD

What Is Good Medical Treatment For Asymptomatic Patients With Carotid Stenosis: What Can It Do To The Plaque: How Low Should The LDL Cholesterol (LDL-C) Be Pushed: How To Get There: SAMMPRIS Proves It Can Be Done
Richard Bulbulia, MA, MD
Colin P. Derdeyn, MD

Can Decreasing LDL-C Sharply Produce Plaque Regression In The Coronary Arteries; In Carotid Arteries: What Drugs Should Be Used And What Should The LDL-C Goal Be
Ron Waksman, MD

Effect Of Statins And PCSK-9 Inhibitors (Repatha) On Carotid Plaque Volume And Characteristics: Can Plaques Regress: How Low Should We Push The LDL-C: The GLAGOV Trial
James F. Meschia, MD
Thomas G. Brott, MD
2.07 – 2.12  Carotid Stenosis Patients And Their Arteries Should Be Treated On The Basis Of Their Carotid Plaque Burden: How Is It Measured: Can It Be Changed By Drugs And Diet: Factors Associated With Resistant Arteriosclerosis: How Low Should We Push The LDL-C
J. David Spence, MD

2.13 – 2.18  Benefit Of Statins On Restenosis And Cardiovascular Events After CEA: Importance Of Drug Dose And Decreased LDL-C Levels: Sudden Cessation Of Statins Can Destabilize Plaques
Christos D. Liapis, MD

2.19 – 2.24  Causes Of Perioperative Strokes After CEA: How Should They Be Managed
Caron B. Rockman, MD

2.25 – 2.30  Endovascular Techniques Are The Best Treatment For A Stroke After CEA, CAS Or Other Catheter Procedures: What Is The Best Current Way To Remove Clots Or Debris At The Carotid Bifurcation Or Intracranially
Colin P. Derdeyn, MD

2.31 – 2.37  Panel Discussion

SESSION 6  (Grand Ballroom East, 3rd Floor)
NEW DEVELOPMENTS IN THE INVASIVE INTRACRANIAL TREATMENT OF ACUTE STROKES AND RELATED CAROTID AND VERTEBRAL ARTERY TOPICS
Moderators: Sriram S. Iyer, MD
Allan L. Brook, MD

2.38 – 2.43  Progress In The Endovascular Treatment Of Acute Strokes: Key Equipment Required (Stentrievers, Balloon Tipped Sheaths, Etc.): Lessons Learned
Horst Sievert, MD

2.44 – 2.49  Update On Endovascular Treatment Of Acute Stroke: Skills Required, Pretesting, Indications, Contraindications, Time Window
L. Nelson Hopkins, MD

2.50 – 2.55  Future Prospects For The Endovascular Treatment Of Acute Strokes: Can The Indications Be Broadened And The Equipment/Devices Be Improved
Colin P. Derdeyn, MD

TREATMENT OF ACUTE STROKES WITH POSSIBLE CAROTID BIFURCATION DISEASE

2.56 – 3.01  Urgent Intervention For Acute Strokes: What Is The Best Preop Imaging For Evaluation: When And How To Treat Extracranial Carotid Occlusions And Intracranial Occlusions: When Not To Intervene
Hernan Bazan, MD

3.02 – 3.07  Which Acute Stroke Patient Should Be Treated By CEA And Which By Intracranial Thrombus Extraction: How To Decide
Laura Capoccia, MD, PhD
TUESDAY
SESSIONS 6–7

3:08 – 3:13
For Strokes With Internal Carotid (ICA) Occlusion Some Patients Will Need Intracranial Thrombus Removal: ICA Clot Aspiration And Ballooning Allows Distal Clot Retrieval Followed By CEA Or CAS Of The ICA Lesion: Indications And Results

Timothy M. Sullivan, MD

OTHER RELATED TOPICS

3:14 – 3:19
DW-MRI New Lesions After CAS: What Do They Mean And Will Membrane Or Mesh Covered Stents And Other Techniques Decrease Them

Sumaira Macdonald, MBChB, PhD

3:20 – 3:25
Vertebral Artery Lesions Should Sometimes Be Treated: When And How To Do So

Klaus D. Mathias, MD

3:26 – 3:32
Panel Discussion

3:32 – 3:44
Break – Visit Exhibits And Pavilions

(2nd and 3rd Floors)

SESSION 7 (Grand Ballroom East, 3rd Floor)
MORE NEW DEVELOPMENTS IN TBADs, TEVAR AND TAAA

Moderators: Michel Makaroun, MD
Mark A. Farber, MD

3:44 – 3:49
TEVAR Alone Is Not Sufficient To Treat TBAD Patients Long Term: What Secondary Procedures May Be Required And When

Götz M. Richter, MD, PhD

3:50 – 3:55
In All Patients With TBADs Treated By TEVAR An Attempt Should Be Made To Cover All Secondary Tears: How To Do This

Chang Shu, MD

3:56 – 4:01
Which Preop CTA Features Predict Which TBAD Patients Will Have Aortic Remodeling And A Favorable Outcome After TEVAR: How Best To Deal With Re-Entry Tears After TEVAR

Wei Guo, MD

4:02 – 4:07
False Lumen Obliteration By A Physician Modified Device: When Is It Needed, Technique For Making And Using The Device: Results

I-Hui Aaron Wu, MD, PhD

4:08 – 4:13
How To Distinguish Between Acute And Chronic TBAD Functionally And How To Identify Patients With Uncomplicated TBADs Who Will Need And Benefit From TEVAR

Johnny Steuer, MD, PhD

4:14 – 4:19
Which Treatment (Open Or Endo) Is Best For Acute And Ruptured TAAAs: Long-Term Survival Is Possible

Roberto Chiesa, MD
Germano Melissano, MD

4:20 – 4:25
Results With Open vs. Endo Repairs In A Propensity Matched Series Of Patients With TAAAs

Ciro Ferrer, MD

4:26 – 4:31
Use Of T-Branched Off-The-Shelf (OTS) Device (Cook Medical) To Treat TAAAs From Chronic TBADs: Technical Tips For Treating Patients With Small True Lumens And Results

Carlos H. Timaran, MD

4:32 – 4:37
Panel Discussion
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<th>Time</th>
<th>Topic</th>
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<tr>
<td>4:38</td>
<td>Best Definition For Acute, Subacute And Chronic TBADs: Why Is TEVAR Treatment In The Subacute Phase (From 8-30 Days After Symptom Onset) Best And Safest</td>
<td>Guangqi Chang, MD</td>
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<td>4:44</td>
<td>DEBATE: The Case For Treating All Acute Uncomplicated TBAD Patients With TEVAR: Optimal Timing For The Procedure</td>
<td>William D. Jordan, Jr., MD</td>
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<td>4:50</td>
<td>DEBATE: Why Most Acute Uncomplicated TBAD Patients Should Not Be Treated By TEVAR: Which Ones Should Be And When</td>
<td>Michel Makaroun, MD</td>
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<td>4:56</td>
<td>New Information From The IRAD Registry: Optimal Timing Of TEVAR For TBAD; Predictors Of Remodeling Complications And Need For Additional Procedures After TEVAR: Best Treatment For Visceral Ischemia</td>
<td>Santi Trimarchi, MD, PhD</td>
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<td>5:02</td>
<td>Uncomplicated TBAD Is A Misnomer: Most TBAD Patients Will Benefit From TEVAR: Importance Of Aortic Remodeling: Optimal Timing Of TEVAR</td>
<td>Christoph A. Nienaber, MD, PhD</td>
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<td>5:08</td>
<td>DEBATE: With Uncomplicated TBAD Patients TEVAR Should Be Delayed For 2-12 Weeks After Symptom Onset To Decrease Risk Of Retrograde Type A Dissection</td>
<td>Peter J.E. Holt, MD, PhD</td>
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<td>5:14</td>
<td>DEBATE: Not So: TEVAR Treatment Of Uncomplicated TBADs In First 10 Days After Symptom Onset Is Best And Safe Under Certain Conditions And With Certain Precautions</td>
<td>Edward Y. Woo, MD, Tareq M. Massimi, MD</td>
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<td>5:20</td>
<td>Do We Need Another Randomized Controlled Trial (RCT) Comparing Good Medical Treatment Alone With TEVAR And Good Medical Treatment For Uncomplicated TBADs</td>
<td>Richard P. Cambria, MD</td>
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<td>5:26</td>
<td>Need For, Status Of And Required Elements For A RCT Comparing Good Medical Management With And Without Early TEVAR For The Treatment Of Uncomplicated TBADs</td>
<td>Firas F. Mussa, MD</td>
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<td>5:32</td>
<td>Risks Of TEVAR For Asymptomatic Uncomplicated TBAD Patients And How Does TEVAR Change Cardiac Function: How Does Advanced Aortic Imaging Help Decision Making</td>
<td>Rachel E. Clough, MD</td>
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Favorable Impact Of Early TEVAR On 5-Year Survival Of Patients With Uncomplicated TBADs: From A Statewide (CA) Registry: But We Still Need A RCT
Virendra I. Patel, MD, MPH
Mark Conrad, MD, MMSc
Richard P. Cambria, MD

Panel Discussion

End of Program A

PROGRAM B (SESSIONS 9-16)
NEW DEVELOPMENTS IN THE TREATMENT OF AAA's (EVAR), AORTIC BRANCH LESIONS (ILIAC, VISCERAL, RENAL); OUTPATIENT AND PRACTICE ISSUES; LAPAROSCOPY, ROBOTICS, SIMULATION; COMPLEX AAA's; NEW TECHNIQUES AND CONCEPTS AND OPEN OR HYBRID VASCULAR SURGICAL TECHNIQUES
Grand Ballroom West, 3rd Floor

Opening Remarks
Enrico Ascher, MD

SESSION 9
(Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS IN THE MANAGEMENT OF AAA's AND EVAR
Moderators: Timur P. Sarac, MD
Ali F. AbuRahma, MD

Inflammatory AAAs Are Best Treated By EVAR Plus Immunosuppressive Drugs: What Is The Evidence
Sonia Ronchey, MD, PhD
Nicola Mangialardi, MD

DEBATE: EVAR Performed Outside Devices' IFUs Have Worse Outcomes With High Rates Of Endoleaks And Sac Growth
Andres Schanzer, MD

DEBATE: Not So: With Modern Endografts And Improved Techniques EVAR Outside IFUs Can Have Good Outcomes With Low Rates Of Endoleaks And Sac Growth
Dittmar Böckler, MD

DEBATE: Differences In Outcomes Of AAA Repair Between The US And The UK Support Fixing AAAs At Diameters < 5.5 cm In Men And < 5.0 cm In Women: Landmark RCTs And Guidelines Are Wrong
Matt M. Thompson, MD
Mark L. Schermerhorn, MD
Ian Loftus, MD

DEBATE: Nonsense: The RCTs Are Right And The Guidelines Are Fine: AAAs Should Only Be Fixed At Or Above 5.5 cm In Diameter In Men And 5.0 cm In Women – Except In Unusual Circumstances
Janet T. Powell, MD, PhD

Panel Discussion
Moderators: Juan C. Parodi, MD
Enrico Ascher, MD
7:20 – 7:25 Status Of The LEOPARD Trial: A RCT Comparing The AFX Endologix Graft For EVAR To Other Standard EVAR Endografts
Christopher J. Kwolek, MD

7:26 – 7:31 15-Year Results Of EVAR 1 RCT Point The Way To A Clinical And Cost-Effective Benefit For EVAR
Roger M. Greenhalgh, MD

7:32 – 7:37 Long-Term Results Of The DREAM RCT Differ From Those Of EVAR 1: EVAR Is Therefore Superior To Open Repair: Why The Difference
Jan D. Blankensteijn, MD

7:38 – 7:43 There Are Flaws In Interpreting The EVAR 1 Long-Term Results To Show EVAR Is Not Superior To Open Repair: EVAR 1 15-Year Result Plus Other Data Show EVAR To Be Better Than Open Repair Short And Long-Term
Frank E.G. Vermassen, MD, PhD

7:44 – 7:49 Why The Long-Term Data From The EVAR RCTs Comparing EVAR With Open Repair Are Negatively Biased Toward EVAR: EVAR Should Currently Be The First Option For Most AAA Patients
Vicente Riumbau, MD, PhD

7:50 – 7:55 15-Year Results Of EVAR With The Zenith Flex AAA Endograft Show Better EVAR Outcomes Than In The EVAR 1 Trial At All Time Points
Fabio Verzini, MD, PhD
Piergiorgio Cao, MD

7:56 – 8:07 Panel Discussion


Moderators: Kenneth Ouriel, MD, MBA
Barry T. Katzen, MD

AORTO-ILIAC DISEASE

8:08 – 8:13 Treatment Of Iliac Artery Endofibrosis In Cyclists And Other Competitive Athletes: Etiology, Optimal Treatment And Long-Term Outcomes
Jason T. Lee, MD

8:14 – 8:19 Matched Comparison Of Open And Endovascular Techniques For Treatment Of Aorto-Iliac Occlusive Disease: Which Is Best And When
Konstantinos P. Donas, MD

8:20 – 8:25 Endovascular Aorto-Bi-Iliac Stent-Grafting For Juxta-Renal Aorto-Iliac Occlusive Disease: Technique, Devices, Precautions And Results: Is There Any Role For Open Surgery
Michael B. Silva, Jr., MD

8:26 – 8:31 Propensity Matched Comparison Of Bare Metal Stents (BMs) And Covered Stents For Aorto-Iliac Occlusive Lesions
Franco Grego, MD

8:32 – 8:37 Tips, Tricks And Precautions For The CERAB Covered Stent Treatment Of Aorto-Iliac Occlusive Disease: Available Stent-Graft Options And 3-Year Results
Peter C.J. Goverde, MD
Michel M.P. Reijnen, MD, PhD
Clampless, Sutureless Technique For Performing Open Aorto-Iliac Bypass With Endograft Connectors When The Aorta Is Difficult To Dissect Or Clamp
Zoran Runcic, MD, PhD
Mario L. Lachat, MD

Improved Patency With Axillo-Femoral Bypass Grafts Make Them The Open Procedure Of Choice When Endovascular Treatments Fail: Tips And Tricks That Account For The Improved Results
Russell H. Samson, MD, RVT

Hypogastric Artery Disease

8:38 – 8:43

Hypogastric Artery Aneurysms Only Rupture At A Larger Size Than Previously Thought: Guidelines For Treatment Should Be Changed To > 4 cm In Diameter
Maarit Venermo, MD, PhD

8:44 – 8:49

Improved Patency With Axillo-Femoral Bypass Grafts Make Them The Open Procedure Of Choice When Endovascular Treatments Fail: Tips And Tricks That Account For The Improved Results
Russell H. Samson, MD, RVT

8:50 – 8:55

Real World Multicenter Experience With The Gore Iliac Branched Devices (IBDs) For The Treatment Of Bilateral Iliac Aneurysms: Technical Tips And Results
Thomas S. Maldonado, MD
Michel M.P. Reijnen, MD, PhD

8:56 – 9:01

How To Perform A Sandwich Graft Into The Hypogastric Artery For Common Iliac Aneurysm Without Brachial Access
Claudio J. Schonholz, MD

9:02 – 9:07

Panel Discussion

9:08 – 9:15

Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)

Panel Discussion

9:15 – 9:26

NEW DEVELOPMENTS IN VASCULAR LAPAROSCOPY, ROBOTICS AND SIMULATION

Moderators: Jean-Baptiste Ricco, MD, PhD
Peter F. Lawrence, MD

9:26 – 9:31

How An Endovascular Retroperitoneoscopic Technique Facilitates Laparoscopic Aorto-Femoral Bypass Procedures
Bernard J. Segers, MD

9:32 – 9:37

Status Of Robotic Devices To Facilitate Endovascular Procedures: They Are Helpful But Will They Be Available
Barry T. Katzen, MD

9:38 – 9:43

Endovascular Robotics: Present Status And Prospects For The Future
Joseph J. Ricotta II, MD, MS

9:44 – 9:49

What Is The Future Of Robotics In Vascular Surgery And Endovascular Procedures – Including Nanorobots Or Nanobots: Where Are We Now
Willem Wisselink, MD

9:50 – 9:55

Advances In Robotic Laparoscopic Treatment Of AAAs And Other Lesions: Value Of The Gore Hybrid Graft To Revascularize Branch Arteries
Fabien Thaveau, MD, PhD

PROGRESS IN SIMULATION

9:56 – 10:01

How To Use Simulation To Teach Endovascular Techniques In Trauma: Resuscitative Endovascular Balloon Occlusion Of The Aorta (REBOA) And Pelvic Embolization
Lars B. Lönn, MD, PhD
10:02 – 10:07  Patient CT Scan Specific Simulation For TEVAR And EVAR: How Does It Work And How Does It Improve Outcomes  
Celia Riga, MBBS, MD, BSc  

10:08 – 10:13  Value Of Patient Specific Simulator Rehearsal Prior To Elective And Emergency EVAR: Advantages, Limitations And Costs From A Multicenter Trial  
Isabelle van Herzele, MD, PhD  
L. Desender, MD, PhD  

10:14 – 10:19  Panel Discussion  

SESSION 12  
(Grand Ballroom West, 3rd Floor)  
NEW DEVELOPMENTS IN THE TREATMENT OF JUXTARENAL AND PARARENAL AAA_s AND TAAA_s  
Moderators: Kim J. Hodgson, MD  
Giovanni Torsello, MD  

10:20 – 10:25  Update On Advantages Of Staged Hybrid (Proximal Endograft/Distal Open Repair) Over Other Techniques For Type II TAAA_s  
Gilbert R. Upchurch, MD  
Kenneth J. Cherry, MD  

10:26 – 10:31  Delphi Consensus On The Best Treatment Of Thoracic Aortic Aneurysms (TAAs) And TAAA_s: Endo vs. Open vs. Observation  
S. Rao Vallabhaneni, MD  

10:32 – 10:37  Comparative Stroke Risk After Fenestrated And Branched EVAR (F/B/EVAR) And Chimney EVAR (Ch/EVAR): Which Is Safer And Which Brachial Access Is Better  
Carlos H. Timaran, MD  

10:38 – 10:43  Gutter Endoleaks After Ch/EVAR: Etiology, Prevention And Treatment  
Jason T. Lee, MD  

10:44 – 10:49  A Gutterless Chimney Endograft: How Does It Work  
Timur P. Sarac, MD  

10:50 – 10:55  After F/EVAR, When Is Aortic Neck Dilatation Harmless And When Is It Not: How Can It Be Treated If Necessary  
Benjamin W. Starren, MD  

10:56 – 11:01  Technical Challenges In Treating Juxta- And Pararenal Problems After Open Repair And EVAR: How To Do It; Precautions And Results  
Piotr M. Kaspzrak, MD  

11:02 – 11:08  Panel Discussion  
Moderators: Keith D. Calligaro, MD  
James F. McKinsey, MD  

BEST TREATMENT OPTIONS FOR JUXTARENAL AAA_s  

11:09 – 11:14  Which Juxtarenal AAAs Are Best Treated By Open Repair: Technical Tips  
Laurent Chichc, MD  

11:15 – 11:20  F/EVAR Is An Overrated Procedure In Terms Of Cost And Outcomes: In Fit, Young Patients (<70 Years) Open Repair Is Best  
Alan H. Davies, MA, DM, DSc  

Neal S. Cayne, MD  

TUESDAY  
SESSIONS 11–12
11:27 – 11:32 For Short Or No Neck (Juxtarenal) AAAs Ch/EVAR Is The Best Treatment Option: Why And Technical Tips
Claude Mialhe, MD

11:33 – 11:38 For Juxtarenal AAAs Chimney Endovascular Aneurysm Sealing With The Nellix Device (Ch/EVAS) Is The Best Treatment Option: Tips And Tricks To Get Good Long-Term Results
Peter J.E. Holt, MD, PhD
Ian Loftus, MD

11:39 – 11:44 For Short Necked AAAs Standard EVAR Plus Fixing With EndoAnchors Is The Best Treatment For Many Patients; What Are The Limits
William D. Jordan, Jr., MD

11:45 – 11:50 A Manifold Multibranched Off-The-Shelf (OTS) Device For Treating Short Or No Neck AAAs Or Type 1A Endoleaks After Standard EVAR: How Will It Work, Advantages And Limitations
Patrick W. Kelly, MD

11:51 – 12:00 Panel Discussion

12:00 – 1:00 Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 13 (Grand Ballroom West, 3rd Floor)
OUTPATIENT PRACTICE AND BUSINESS ISSUES
Moderators: Enrico Ascher, MD
Krishna Jain, MD, PhD

1:00 – 1:05 Reimbursement Not Evidence-Based Data Drives Interventions, Particularly Atherectomy, For Lower Extremity Occlusive Disease – Especially In Office Based Practices
Dipankar Mukherjee, MD

1:06 – 1:11 How To Incorporate A Medical Treatment Program To Stabilize And Reverse Arteriosclerotic Lesions In An Outpatient Setting: Tips And Results
Sam S. Ahn, MD, MBA

1:12 – 1:17 Value Of IVUS In Vascular Surgical Practices – Including Those In An Outpatient Setting: Why All Should Have It
Donald B. Reid, MD

1:18 – 1:23 When Are Arterial Procedures Safe In An Office Based Surgery Center And When Are They Unsafe
Anil P. Hingorani, MD

Jos C. van den Berg, MD, PhD

1:30 – 1:35 How To Make Outpatient Supervised Exercise Programs Work To Treat Intermittent Claudication
Tej M. Singh, MD, MBA

1:36 – 1:41 Fast Track Clot Lysis And Removal For Acute Arterial And Venous Occlusions: Techniques And Advantages In An Office Setting
Enrico Ascher, MD

Sam S. Ahn, MD, MBA

1:48 – 1:53 Role Of VQI In An Office Based Practice: How To Do It
Krishna Jain, MD, PhD
SESSION 14 (Grand Ballroom West, 3rd Floor)
NEW ENDOVASCULAR TECHNIQUES, USAGE AND CONCEPTS

Moderators: Sean P. Lyden, MD  
Dierk Scheinert, MD

1:54 – 2:00  
Panel Discussion

SESSION 14 (Grand Ballroom West, 3rd Floor)
NEW ENDOVASCULAR TECHNIQUES, USAGE AND CONCEPTS

Moderators: Sean P. Lyden, MD  
Dierk Scheinert, MD

2:00 – 2:05  
A New Treatment For Occluded Fempop Stents: ‘Crush Stenting’: How To Do It And Advantages  
Stefan Müller-Hülsbeck, MD

2:06 – 2:11  
Value, Limitations And Precautions Of Using Mid-SFA Access For Various Arterial Interventions: Technical Tips And Precautions  
Kenneth J. Cherry, MD

2:12 – 2:17  
New Better Percutaneous Approach To Treat Femoral False Aneurysms Involving The Superficial And Deep Femoral Arteries: Technique And Results  
Klaus M. Overbeck, MD, MPhil

2:18 – 2:23  
DEBATE: Open Endarterectomy Is Still The Procedure Of Choice For Common Femoral Artery (CFA) Lesions And Why  
Dittmar Böckler, MD

2:24 – 2:29  
DEBATE: Not So: Some CFA Lesions Can Be Effectively Treated By Stenting: When And When Not: Technical Tips And Value Of The Supera Stent,  
Koen Deloose, MD  
Michel M.P. Reijnen, MD, PhD

2:30 – 2:35  
Stenting Of The CFA Is A Safe Durable Option To Treat Occlusive Lesions: Tips And Tricks And When Is It Contraindicated: Based On A RCT  
Yann Gouëffic, MD, PhD

2:36 – 2:41  
Panel Discussion

Moderators: Kenneth Ouriel, MD, MBA  
Gary Giangola, MD

2:42 – 2:47  
Value Of Variable Curvature Guiding Sheaths For Endovascular Procedures: What Devices And Sizes Are Available: How Do They Help In F/B/EVAR, etc.: The Poor Man’s Robot  
Joshua D. Adams, MD

2:48 – 2:53  
When Is Endovascular Treatment Of Erectile Dysfunction Indicated And Justified: Technique And Results  
Narendra N. Khanna, MD, DM

2:54 – 2:59  
Update On Use Of The AFX Bifurcated Endograft From Endologix For The Treatment Of Aorto-Iliac Occlusive Disease: Results And Thrombogenicity Assessment With Computational Fluid Dynamics  
Thomas S. Maldonado, MD

3:00 – 3:05  
Why Did The RCTs Of Drug Coated Balloons (DCBs) In Infrapopliteal Arteries Fail To Show Benefit Over Plain Balloon Angioplasty (POBA) While Single Center Trials Indicated Benefit  
Thomas Zeller, MD

3:06 – 3:11  
Should DCBs Be Used With Subintimal Or Intraluminal Guidewire Passage: What Is The Outlook For Success With DCBs In Infrapopliteal Arteries: Why Are These Arteries Different  
Francesco Liistro, MD
TUESDAY
SESSIONS 14–15

3:12 – 3:17
Is There Still A Need For IVUS In The World Of Optical Coherence Tomography (OCT): OCT Can Do Everything That IVUS Can And More: What Are The Downsides
Carlo Setacci, MD
Dietmar H. Koschyk, MD

3:18 – 3:23
Bariatric Embolization: An Endovascular Treatment For Obesity: A Promising New Horizon For Vascular Specialists
Nickolas Kipshidze, MD, PhD
Horst Sievert, MD

3:24 – 3:34
Panel Discussion And Break
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 15 (Grand Ballroom West, 3rd Floor)
PROGRESS IN THE TREATMENT OF RENAL AND VISCERAL ARTERY DISEASE
Moderators: Ronald M. Fairman, MD
Rajabrata Sarkar, MD, PhD

3:34 – 3:39
When Does Renal Artery Stenting With Renal Artery Stenosis Benefit Patients – Despite The Negative Results Of The CORAL And ASTRAL RCTs
Gary M. Ansel, MD

3:40 – 3:45
Contemporary Surgical Treatment For Pediatric Renovascular Hypertension: Is Balloon Angioplasty (PTA) Ever Indicated And Importance Of Age And Anatomy
Dawn M. Coleman, MD
Jonathan L. Eliason, MD
James C. Stanley, MD

3:46 – 3:51
Value Of PTA For Middle Aortic Syndrome And Renal Artery Stenosis In Children And Young Adults
George Hamilton, MD

3:52 – 3:57
Current Treatment Trends And Outcomes For Mesenteric Ischemia (Acute And Chronic): When Endo; When Open: Technical Tips
Timur P. Sarac, MD

3:58 – 4:03
Tips And Tricks To Recanalize Chronic Total Occlusions Of Mesenteric Arteries: When Is Open Bypass The Best Option
Armando Mansilha, MD, PhD

4:04 – 4:09
Intestinal Angina In Children: How To Recognize It And How Best To Treat It
James C. Stanley, MD

4:10 – 4:15
Significance, Diagnosis And Endovascular Treatment Of Spontaneous Renal Artery Dissection
Thomas A. Sos, MD

4:16 – 4:21
Panel Discussion
Moderators: James C. Stanley, MD
George H. Meier III, MD

4:22 – 4:27
Retrograde Superior Mesenteric Artery (SMA) Stent Placement During Open Treatment Of Acute Mesenteric Ischemia With Bowel Necrosis: Technical Tips
Richard J. Powell, MD

4:28 – 4:33
How To Endovascularly Treat Life-Threatening Bleeding From Hepatic And Visceral True And False Aneurysms: When Embolization; When Stent-Grafts And How To Do Them
Kyung Cho, MD
4:34 – 4:39  Celiac Compression Syndrome: Myth Or Reality; When And How Should It Be Treated
Alain M. Dietzek, MD, RPVI

4:40 – 4:45  Duodenal And Renal Vein Compression By The SMA: The Nutcracker Syndromes: How To Diagnose And Treat Them By SMA Transposition Or Other Surgical Procedures
Laurent Chiche, MD

4:46 – 4:51  Renal And Visceral Artery Aneurysms: When And How To Treat Invasively And When To Observe
Jean-Pierre Becquemin, MD

4:52 – 4:57  Natural History And Optimal Treatment (Endovascular) For Aneurysms Of The Pancreatico-Duodenal Arcade: Pitfalls And Results: When Is Open Operation Needed
Mark Conrad, MD, MMSc

4:58 – 5:03  Panel Discussion

SESSION 16 (Grand Ballroom West, 3rd Floor)
TOPICS RELATED TO NEW DEVELOPMENTS IN AORTIC COARCTATION, OPEN SURGICAL AND HYBRID TECHNIQUES
Moderators: Thomas C. Bower, MD  Sebastian E. Debus, MD, PhD

5:04 – 5:09  Indications And Results With Balloon Expandable Stents (BESs) For The Treatment Of Aortic Coarctation: Advanta V12 LD (Atrium/Maquet) Covered Stent And CP (Numed) Bare And Covered Stents And BeGraft (Bentley) Covered Stent: Tips And Tricks For Usage
Elchanan Bruckheimer, MBBS

5:10 – 5:15  Value Of A Decision Aid To Help AAA Patients Fairly Choose Between EVAR And Open Repair
Philip P. Goodney, MD, MS

5:16 – 5:21  The Gore Hybrid Partially Stented Graft In Renovisceral Debranching For Hybrid Treatment Of Complex AAAs: Advantages And Technical Tips
Francesco Setacci, MD

5:22 – 5:27  Long-Term Multicenter Propensity Based Comparison Of Open Repair vs. F/EVAR For Pararenal AAAs: Which Is Best And When
Fabio Verzini, MD, PhD

5:28 – 5:33  Preparation For And Technical Tips To Make Open Conversion After Failed EVAR Safer
Piotr Szopinski, MD

5:34 – 5:39  What Is The Current Role For Open Repair Of AAAs: Is Open Repair Obsolete For Infrarenal AAAs
Jürg Schmidli, MD

5:40 – 5:45  Open Surgery Is The Best Treatment For Coral Reef Lesions Of The Visceral Aorta And Aorto-Iliac Occlusive Disease: Why Endovascular Treatments Don’t Work
Laurent Chiche, MD

5:46 – 5:54  Panel Discussion
End of Program B
SESSION 17 (Trianon Ballroom, 3rd Floor)
MANAGEMENT OF PULMONARY EMBOLISM: A COMPLEX TEAM SPORT – PART 1
Moderator: Michael R. Jaff, DO

7:00 – 7:05 Introduction To The Symposium
Frank J. Veith, MD

7:05 – 7:15 Welcome And Introduction
Michael R. Jaff, DO

7:15 – 7:25 The Basics Of Pulmonary Embolism: What Is The Role Of The History, Exam, Biomarkers
Raghu Kolluri, MD

7:25 – 7:35 What Does The CT For PE Actually Tell Us
Brian B. Ghoshhajra, MD, MBA

7:35 – 7:50 What Do The Experts Really Use For Medical Treatment Of PE, When And For How Long
Geno J. Merli, MD, MACP

7:50 – 8:00 Just Tell Me What I Need To Know: When Do I Look For Cancer And Perform Hypercoagulable Tests In PE
Rachel Rosovsky, MD, MPH

8:00 – 8:10 Setting The Stage: The Emergency Physician Algorithm For Acute PE Management
Christopher Kabrhel, MD, MPH

8:10 – 8:25 Intravenous Thrombolytic Therapy For PE: Does It Actually Work, And Safely
Mitchell D. Weinberg, MD

8:25 – 8:35 Catheter-Directed Thrombolysis For PE: What Are The Outcomes
Akhilesh K. Sista, MD

8:35 – 8:45 Percutaneous Pharmacomechanical Intervention For PE: Is There A Rationale
Robert A. Lookstein, MD, MHCDL

8:45 – 8:55 Technical Tips For Pharmacomechanical Intervention For PE: How Do I Do It
Gary M. Ansel, MD

8:55 – 9:15 Case Presentation – The Master Stumps The Experts
Gary M. Ansel, MD
Michael R. Jaff, DO

9:15 – 9:45 Break – Visit Exhibits And Pavilions
(2nd and 3rd Floors)
SESSION 18  (Trianon Ballroom, 3rd Floor)
MANAGEMENT OF PULMONARY EMBOLISM: A COMPLEX TEAM SPORT – PART 2
Moderator: Michael R. Jaff, DO

9:45 – 9:55  Pulmonary Embolism Intervention With Angiojet Thrombectomy
Jeffrey Y. Wang, MD

9:55 – 10:05  Vortex Strategy For Massive PE
Christopher J. Kwolek, MD

10:05 – 10:20  ECMO And Surgical Thromboembolectomy For Massive PE: When, How And Why
Mark G. Davies, MD

Ido Weinberg, MD, MSc

10:35 – 10:50  Vena Cava Filters In PE Treatment: Do We Need To Do This, And If So, When
John A. Kaufman, MD, MS

10:50 – 11:05  Balloon Angioplasty For Chronic Thromboembolic Pulmonary Hypertension - Does This Really Work
Rabih A. Chaer, MD

11:05 – 11:20  The Team Approach To PE Management: The National PERT Consortium
Kenneth Rosenfield, MD

11:20 – 11:35  Is There A Role For Vascular Surgery On PERTs
Rabih A. Chaer, MD

11:35 – 11:42  Small Catheter-Wire Techniques For Rescue Treatment Of Massive PEs (Video Presentation)
Manish Mehta, MD, MPH

11:42 – 12:00  Challenging Cases And “PERT” Decisions

Moderator: Michael R. Jaff, DO
Panelists: Rabih A. Chaer, MD  Mark G. Davies, MD  John A. Kaufman, MD, MS  Christopher J. Kwolek, MD  Manish Mehta, MD, MPH  Kenneth Rosenfield, MD  Jeffrey Y. Wang, MD  Ido Weinberg, MD, MSc

12:00 – 1:00  Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

End of Program C

PROGRAM D (SESSIONS 19-22)
DIAGNOSIS AND TREATMENT OF VASCULAR MALFORMATIONS
Trianon Ballroom, 3rd Floor
Course Leaders: Wayne F. Yakes, MD  Krassi Ivancev, MD, PhD  Robert L. Vogelzang, MD

SESSION 19  (Trianon Ballroom, 3rd Floor)
IMAGING AND PEDIATRIC VASCULAR MALFORMATIONS: LYMPHATIC AND VENOUS MALFORMATIONS
Moderators: Robert L. Vogelzang, MD  James Donaldson, MD
Welcome
Krassi Ivancev, MD, PhD

**IMAGING AND PEDIATRIC MALFORMATIONS**

1:00 – 1:05
**IMAGING AND PEDIATRIC MALFORMATIONS**
1:05 – 1:13
How I Select Patients And Plan For Vascular Malformation Endovascular Treatment In My Pediatric Patients
Patricia E. Burrows, MD

1:13 – 1:21
The Role Of MR Imaging In Diagnosis And Follow-Up Of Vascular Malformation Treatment
Martin Köcher, MD

1:21 – 1:29
Multidisciplinary Malformation Management At Children’s Memorial
James Donaldson, MD

1:29 – 1:37
Choice Of Embolic Agents In Pediatric Malformations: A Risk Benefit Analysis
Anil P. Hingorani, MD

1:37 – 1:45
What I Know: Head And Neck Vascular Malformation Complications Due To Dangerous Anastomoses
Guilherme Dabus, MD

Moderators: Guilherme Dabus, MD
Mollie Meek, MD

**LYMPHATIC AND VENOUS MALFORMATIONS**

1:47 – 1:55
Pros And Cons Of The Use Of Ethanol For Treatment Of Low-Flow Vascular Malformations – Strategies To Minimize Complications
Martin Köcher, MD

1:55 – 2:03
Use Of Sotradecol, Foam, And Other Sclerosants In Low-Flow Malformations: Long-Term Follow-Up And Complications
James Donaldson, MD

2:03 – 2:11
The Beijing Experience And Results: Comparative Use Of Bleomycin And Ethanol In Low-Flow Malformation Treatment
Xindong Fan, MD

2:11 – 2:19
A Brief History Of Ethanol: How Did I Get Here
Wayne F. Yakes, MD

SESSION 20 (Trianon Ballroom, 3rd Floor)

**SURGICAL ISSUES IN VASCULAR MALFORMATION MANAGEMENT**

Moderators: Krassi Ivancev, MD, PhD
Randolph C. Robinson, MD, DDS
Tarek M.S. Radwan, FRCS

2:21 – 2:29
Soft Tissue Injury After Sclerotherapy Procedures
Dong-ik Kim, MD

2:29 – 2:37
Surgical Strategies For Lymphatic Malformations
Jia Wei Zheng, PhD

2:37 – 2:45
Surgical Reconstructions And Patient Normalization Post-Endovascular Sclerotherapy Of Head And Neck Vascular Malformations
Randolph C. Robinson, MD, DDS

2:45 – 2:53
Otolaryngology Surgical And Endoscopic Issues In Vascular Malformation Management
Edward J. Hepworth, MD
TUESDAY
SESSIONS 20–21

2:53  –  3:01
Plastic Surgery Reconstruction Issues In Complex Vascular Malformation Management
Tanya M. Oswald, MD

3:01  –  3:09
Surgical Management Of Hand AVMs
Dong-ik Kim, MD

DEBATE

3:09  –  3:14
Today, In Most Cases, Vascular Malformations Can Be Managed Endovascularly Without The Need For Open Surgery: FOR
Randolph C. Robinson, MD, DDS

3:14  –  3:19
Today, In Most Cases, Vascular Malformations Can Be Managed Endovascularly Without The Need For Open Surgery: FOR
Edward J. Hepworth, MD

3:19  –  3:24
Today, In Most Cases, Vascular Malformations Can Be Managed Endovascularly Without The Need For Open Surgery: AGAINST
Dong-ik Kim, MD

3:24  –  3:29
Today, In Most Cases, Vascular Malformations Can Be Managed Endovascularly Without The Need For Open Surgery: AGAINST
Tanya M. Oswald, MD

3:29  –  3:31
Rebuttal

3:31  –  3:33
Rebuttal

3:33  –  3:34
Conclusion And Vote

3:34  –  3:34
Break – Visit Exhibits And Pavilions
(2nd and 3rd Floors)

SESSION 21 (Trianon Ballroom, 3rd Floor)
ENDOVASCULAR MANAGEMENT OF HIGH-FLOW VASCULAR MALFORMATION

Moderators: Patricia E. Burrows, MD
Dong-ik Kim, MD
Mikolaj Wojtaszek, MD, PhD
Martin Köcher, MD

3:41  –  3:49
The Yakes AVM Classification System: A Powerful Tool To Drive Treatment Strategies
Krassi Ivancev, MD, PhD

3:49  –  3:57
AVM Nidus: Search, Identify And Destroy
Robert L. Vogelzang, MD

3:57  –  4:05
The Retrograde Vein Approach To AVMs – The Lublin Method
Krzysztof Pyra, MD, PhD

4:05  –  4:13
Why I Use Onyx And Not Ethanol In AVM Management
Furuzan Numan, MD

4:13  –  4:21
Onyx Under The Microscope: Limited Role In AVM Embolotherapy
Mollie Meek, MD

4:21  –  4:29
A Warsaw Odyssey: From Onyx To Ethanol In AVM Embolotherapy
Mikolaj Wojtaszek, MD, PhD

4:29  –  4:37
Results And Complications In Ethanol Embolotherapy Of AVMs: Cairo Lessons
Tarek M.S. Radwan, FRCS
The Long View From Seoul: Complications And Endovascular Treatment Results; 20-Year Follow-Up For Body And Extremity AVMs
Kwang Bo Park, MD, PhD

“Untreatable” Chest, Shoulder, And Upper Extremity AVMs: Successfully Managed By New Endovascular Treatment Strategies
Wayne F. Yakes, MD

Curative Endovascular Treatment Of Scalp, Ear, And Mandible AVMs: Evolution From Polymerizing Embolic Agents To Liquid Sclerosant Embolic Agents
Xindong Fan, MD

Break

THE WORST COMPLICATION I HAVE EVER HAD AND WHAT I LEARNED (6-MINUTE CASE PRESENTATIONS)
Moderators: Kwang Bo Park, MD, PhD, Xindong Fan, MD, Wayne F. Yakes, MD

Panel Discussion: The Worst Complications I Have Ever Had And What I Learned
Panelists: James Donaldson, MD, Krassi Ivancev, MD, PhD, Tomasz Jargiello, MD, PhD, Dong-Ik Kim, MD, Robert L. Vogelzang, MD, Mikolaj Wojtaszek, MD, PhD

Conclusions
Wayne F. Yakes, MD
End of Program D
WEDNESDAY
-session 23-
PROGRAM E (SESSIONS 23-30)
PROGRESS IN LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT
Grand Ballroom East, 3rd Floor

SESSION 23 (Grand Ballroom East, 3rd Floor)
OCCLUSIVE DISEASE MANAGEMENT — HOT TOPICS, NEW DEVELOPMENTS AND IMPORTANT GENERALITIES

Moderators: Enrico Ascher, MD
Craig M. Walker, MD

6:40 – 6:45
Role And Comparative Value Of All Access Sites And Routes For Lower Extremity Endovascular Treatments: Which Are Best And When
Jihad A. Mustapha, MD

6:46 – 6:51
12 Commandments For Successful BTK Intervention In Chronic Limb Threatening Ischemia (CLTI) Patients: Including Technical Tips For Antegrade Femoral Artery Puncture
Ali Amin, MD, RVT

6:52 – 6:57
Role Of BMSs, Supera Stents, DCBs, DESs And Atherectomy For Various SFA/Pop Lesions: What Works For Which Lesion And What Is The Evidence
Brian G. DeRubertis, MD

6:58 – 7:03
Relationship Between Vessel Size And Clinical Outcomes Of Endovascular Treatments Of Fem-Pop Lesions: Small Diameter Arteries Have Worse Outcomes
Seiichi Hiramori, MD

7:04 – 7:09
Differing Patterns Of Restenosis With Various Endovascular Treatments: What Are The Implications For Determining The Best Treatment
Lawrence A. Garcia, MD

7:10 – 7:15
New Global Multidisciplinary Guideline For Chronic Limb Threatening Ischemia (CLTI): A Better Evidence-Based Framework For Staging Decision Making, Treating And Reporting
Michael S. Conte, MD

7:16 – 7:21
DEBATE: Endovascular Treatments Should Be The First Option For Most Patients With CLTI – Today And In The Future
Peter A. Schneider, MD

7:22 – 7:27
DEBATE: Not So: Open Procedures Should Be The First Therapeutic Option In Many CLTI Patients: What Is The Percentage Today: What Will It Be In 5 Years As Techniques Improve
Joseph L. Mills, MD

7:28 – 7:33
What Are The Many Variables In Drug Eluting Technologies Which May Influence Their Ability To Prevent Restenosis: Where Are They Today And Where Are They Going
William A. Gray, MD

7:34 – 7:39
Tips And Tricks For Plain Old Balloon Angioplasty (POBA) Of Infrapopliteal Artery Lesions: Details Matter And How To Do It Optimally
Roberto Ferraresi, MD

7:40 – 7:45
Panel Discussion
# Session 24

**More on Lower Extremity Occlusive Disease – New Developments and Hot Topics Relating to Stents**

**Moderators:** Kenneth Ouriel, MD, MBA  
Edward Y. Woo, MD

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenters</th>
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<tr>
<td>7:44-7:51</td>
<td>When Are Stents Required In The Era Of DCBs: Is It Best To Leave No Metal Behind</td>
<td>Koen Deloose, MD</td>
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<td>7:52-7:57</td>
<td>Paradigm For Optimal Treatment Of Various Types Of SFA-Pop Occlusive Disease: Which Treatment For Which Lesion: Role Of Multiple Stents And Zilver PTX DESs (Cook) For Long Lesions</td>
<td>Gary M. Ansel, MD, Edward Y. Woo, MD</td>
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<td>7:58-8:03</td>
<td>Overview Of Stents For SFA-Pop Lesions: Which Is Best And When: Value Of Local Adventitial Anesthesia And The Presto Technique To Assure Optimal Supera (Abbott) Stent Delivery</td>
<td>Andrej Schmidt, MD, Dierk Scheinert, MD</td>
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<td>8:04-8:09</td>
<td>BMSs vs. Biomimetic (Supera) Stents vs. DESs vs. Covered Stents To Treat Fem-Pop Lesions; Comparative Long-Term Performance: Which Device For Which Lesion</td>
<td>Konstantinos Katsanos, MSc, MD, PhD</td>
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<td>8:10-8:15</td>
<td>Comparison Of BMSs vs. DESs For SFA Lesions: Results Of The BATTLE RCT</td>
<td>Yann Gouéffic, MD, PhD</td>
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<td>8:16-8:21</td>
<td>Update On New Developments With The Zilver PTX DES (Cook) For SFA-Pop Lesions: Its Effectiveness Is Maintained In Longer Lesions; Patients With Poor Run-Off, Diabetes And Chronic Renal Failure; And Asian Patient Groups</td>
<td>Konstantinos Katsanos, MSc, MD, PhD, Michael D. Dake, MD, Hiroyoshi Yokoi, MD, Kimihiro Komori, MD, PhD</td>
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<td>8:22-8:27</td>
<td>IMPERIAL RCT Study Design Comparing Eluvia DESs (Boston Scientific) vs. Zilver PTX DESs (Cook) For The Treatment Of SFA-Pop Lesions</td>
<td>William A. Gray, MD</td>
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<td>8:28-8:33</td>
<td>3-Year Results Of The Eluvia DES (Boston Scientific) Shows Maintained Safety And Efficacy In The MAJESTIC RCT With Fem-Pop Lesions: Advantages Of This DES And Why It Is A Better Option Than DCBs For These Lesions</td>
<td>Stefan Müller-Hülsbeck, MD</td>
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<td>8:34-8:39</td>
<td>Update On 3-Year Experience With The Absorb Everolimus Drug Eluting Bioreabsorbable Stent (BRS) From Abbott For BTK Lesions: Promising Results Beyond 2 Years And Future Prospects</td>
<td>Ramon L. Varcoe, MBBS, MS, PhD</td>
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<td>8:40-8:45</td>
<td>Advantages Of The Supera Interwoven Biomimetic Stent (Abbott) For Treating Fem-Pop Lesions With Good 5-Year Primary Patency Even With Long And Calcified Lesions</td>
<td>Peter C.J. Goverde, MD</td>
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<td>8:46</td>
<td>Current Needs And Solutions In</td>
<td>The Treatment Of Severe CLI (Rutherford 5 And 6) Due To Occlusive</td>
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<td>The Treatment Of Severe CLI</td>
<td>Lesions In The Thigh, Leg And Foot: Value Of The Supera Interwoven</td>
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<td>Stent (Abbott) And The Absorb Drug Eluting BRS (Abbott)</td>
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<td>Steven Kum, MD</td>
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<td>8:52</td>
<td>Panel Discussion</td>
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**SESSION 25** (Grand Ballroom East, 3rd Floor)

**MORE ON COMPLEX LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT – LITHOPLASTY, AHERECTOMY, TREATMENT FOR CALCIFICATION AND COMBINATIONS OF TREATMENT**

**Moderators:** Andrej Schmidt, MD

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<th>Time</th>
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<td>8:58</td>
<td>Shockwave Lithoplasty -</td>
<td>Indications And Results: Use In Combination With DCBs And Other</td>
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<td>Indications And Results:</td>
<td>Treatments</td>
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<td>Gunnar Tepe, MD</td>
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<td>Andrew Holden, MBChB</td>
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<td>Marianne Brodmann, MD</td>
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<td>9:04</td>
<td>How To Prep Vessels For</td>
<td>Endovascular Treatments With BMSs, DESs, DCBs: Value Of Prolonged And</td>
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<td>Endovascular Treatments</td>
<td>High Pressure Balloon Inflation, Scoring Balloons And Atherectomy</td>
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<td>Erwin Blessing, MD</td>
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<td>9:10</td>
<td>Vessel Prep May Cause</td>
<td>Increased Distal Embolization And Be Harmful: How To Manage This Problem</td>
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<td>Increased Distal Embolization</td>
<td>Mark W. Mewissen, MD, RVT</td>
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<td>9:16</td>
<td>Atherectomy For Intermittent</td>
<td>Claudication From Infrainguinal Occlusive Lesions Results In Worse</td>
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<td>Claudication From Infrainguinal</td>
<td>Outcomes Than The Natural History Of The Disease: From Medicare Data</td>
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<td>Occlusive Lesions Results In</td>
<td>Dipankar Mukherjee, MD</td>
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<td>Worse Outcomes Than The Natural</td>
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<td>History Of The Disease: From</td>
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<td>Medicare Data</td>
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<td>9:22</td>
<td>Zilver PTX DES Stent (Cook)</td>
<td>Treatment vs. Prosthetic Open Bypass For TASC C/D Lesions: Results Of</td>
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<td>Treatment vs. Prosthetic Open</td>
<td>The ZilverPASS RCT</td>
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<td>Bypass For TASC C/D Lesions:</td>
<td>Patrick Peeters, MD</td>
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<td>Results Of The ZilverPASS</td>
<td>Koen Deloose, MD</td>
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<td>RCT</td>
<td>Marc Bosiers, MD</td>
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<td>9:28</td>
<td>What Is The Value Of Adding A</td>
<td>DCB To A BMS To Treat Fem-Pop Occlusive Disease: It Depends On The DCB</td>
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<td>DCB To A BMS To Treat Fem-Pop</td>
<td>Used (Passeo-18 Lux DCB [Biotronik]): 1-Year Results Of The BIOLUX 4</td>
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<td>Occlusive Disease: It Depends</td>
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<td>On The DCB Used (Passeo-18 Lux DCB [Biotronik]): 1-Year Results Of The</td>
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<td>On The DCB Used (Passeo-18 Lux DCB [Biotronik]): 1-Year Results Of The</td>
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<td>Koen Deloose, MD</td>
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<td>Marc Bosiers, MD</td>
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<td>Patrick Peeters, MD</td>
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<td>9:34</td>
<td>Value Of Lesion Preparation</td>
<td>With Directional Atherectomy In Improving Outcomes Of DCB Treatment:</td>
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<td>With Directional Atherectomy</td>
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<td>In Improving Outcomes Of DCB</td>
<td>Thomas Zeller, MD</td>
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<td>Treatment: From The DEFINITIVE</td>
<td>Gunnar Tepe, MD</td>
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<td>9:40</td>
<td>Comparison Of DCBs (In.Pact)</td>
<td>1-Year Results With Treatment Of TASC A/B And C/D Lesions: From The</td>
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<td>vs. DESs (Zilver PTX)</td>
<td>DRASTICO Trial Of Fem-Pop Lesions</td>
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<td>Francesco Liistro, MD</td>
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Role Of POBA vs. DEBs vs. DESs For Infrapopliteal Artery Lesion Treatment: An Evidence-Based Meta-Analysis
Konstantinos Katsanos, MSc, MD, PhD

Character And Localization Of Arterial Calcification: What Significance Does It Have For Producing Ischemia And Making Endovascular Treatments Difficult
Renu Virmani, MD
Aloke Finn, MD

Calcified Arteries Are Hard To Clamp And Sew In Bypass Surgery: Technical Tips And Tricks To Deal With These Problems Successfully
Enrico Ascher, MD
Frank J. Veith, MD

Panel Discussion
10:04 – 10:10
Break – Visit Exhibits And Pavilions
(2nd and 3rd Floors)

Evolution Of Optimal DCB Technology: Where Is It Currently And Where Can It Go
Juan Granada, MD

With DCBs For CLTI Distal Drug Migration May Adversely Affect Wound Healing: Has It Ever Happened
Ignacio Escotto, MD

Current Status Of All DCBs For Fem-Pop Lesions: RCTs And Other Evidence: Comparative Performance: All DCBs Are Not Equal
John R. Laird, MD

Current Value Of DCBs For Fem-Pop And BTK Lesions: What Are The Prospects For Improvement In The Future: New 1-Year Chinese In.Pact Results With SFA Lesion
Gunnar Tepe, MD
Zhong Chen, MD

How Well Will DCBs Work For Calcified And Long Lesions; For Total Occlusions: Will Adjuncts And Improvements Help
Fabrizio Fanelli, MD

4-Year Results Of The IN.PACT SFA RCT Comparing The In.Pact Admiral DCB (Medtronic) vs. POBA In Fem-Pop Lesions: The Patency Benefits Persist And With Various Lesions In Different Patient Groups
Peter A. Schneider, MD
John A. Laird, MD

Real World Value Of The In.Pact Admiral DCB (Medtronic) For Fem-Pop Lesions: From The In.Pact Global Registry: What Else Does It Tell Us
Marianne Brodmann, MD

Panel Discussion
11:02 – 11:07
11:08 – 11:13 2-Year Value Of The Lutonix DCB (Bard) For the Treatment Of Fem-Pop Occlusive Lesions In A RCT vs. POBA: Do The Benefits Persist And What Are They In Long Complex Lesions
Dierk Scheinert, MD

11:14 – 11:19 Safety And Benefits Of The Lutonix DCB (Bard) For The Treatment Of BTK And Infrapopliteal Artery Lesions: > 1-Year Results From A Global Registry
Michael K.W. Lichtenberg, MD

11:20 – 11:25 1-Year Results With The Ranger DCB (Boston Scientific) For The Treatment Of Fem-Pop Lesions: Equivalent Benefits In Diabetic Patients
Dierk Scheinert, MD

11:26 – 11:31 Update On The > 1-Year Results With The Stellarex DCB (Spectranetics) For Fem-Pop Lesions: From The European And US ILLUMENATE RCTs vs. POBA: It Is Effective With Long Complex Occlusive Lesions And In Diabetics
Sean P. Lyden, MD Stefan Müller Hülsbeck, MD

11:32 – 11:37 Comparison Of 4 Different DCBs (Including A New One From Acotec) In BTK And Infrapopliteal Arteries: Why Results Have Differed And What Are Prospects For DCB Benefits BTK: Insights From The ACO-ART BTK Registry
Francesco Liistro, MD

Antonio Micari, MD, PhD

11:44 – 11:49 Drug Coated “Low Trauma”: Chocolate Touch PTA Balloon (TriReme Medical & QT Vascular): Advantages And 1-Year Results: From The ENDURE Trial
Gunnar Tepe, MD Andrew Holden, MBChB Thomas Zeller, MD Wei Guo, MD

11:50 – 11:55 DCBs And DESs Produce Equivalent Results At 2-3 Y ears With Short SFA Lesions But DESs Are Better For Long Lesions: From The REAL-PTX RCT
Dierk Scheinert, MD

11:56 – 12:03 Panel Discussion

12:03 – 1:00 Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 27 (Grand Ballroom East, 3rd Floor)
MORE ABOUT CHRONIC LIMB THREATENING ISCHEMIA (CLTI): THE “NO-OPTION FOR TREATMENT” LIMB AND EXTREME LIMB SALVAGE TECHNIQUES AND RESULTS
Moderators: Craig M. Walker, MD Richard F. Neville, MD

1:00 – 1:05 Unusual Open Surgical Limb Salvage Techniques To Save Limbs Deemed “Unsalvageable”: They Often Work
Enrico Ascher, MD Neal S. Cayne, MD Frank J. Veith, MD
All Patients With CLTI Should Have An Attempt At Revascularization: The Angiosome Concept Is Not Usually Helpful: Tips And Tricks For Success And Who Should Have A Primary BTK Amputation
Hisham Rashid, FRCS

Value Of PTFE Femoro-Tibial/Peroneal Bypasses To Salvage Limbs: Long-Term Patency Is Possible Although Redo Procedures May Be Needed
Carlo Pratesi, MD
Raffaele Pulli, MD

PTFE Tibial And Peroneal Bypasses For Limb Salvage Are Worthwhile: Patients Having Them Have Better Short And Long-Term Cardiovascular Morbidity And Mortality (Up To 5 Years) Than Those Undergoing Amputation
Nicholas J. Gargiulo III, MD, RPVI, RVT, RDMS
Gregg S. Landis, MD
Neal S. Cayne, MD
Frank J. Veith, MD
Evan C. Lipsitz, MD, MBA

Indications And Techniques For And Midterm Results Of Below The Ankle Angioplasty For CLTI
Roberto Ferraresi, MD

Indications, Techniques And Results Of Pedal-Plantar Loop And Transcollateral Angioplasty: Tips And Tricks For Metatarsal Artery Access
Marco G. Manzi, MD

How To Salvage Unsalvable Limbs By Arterializing The Venous Circulation Of The Foot By Bypasses, Etc.: Technical Steps And Long-Term Results
Pramook Mutirangura, FRCS

Percutaneous Endovascular Arterialization Of Ankle And Foot Veins For End Stage No Option CLTI (The Desert Foot) Using The Limflow System: How It Works (Video) And Results
Steven Kum, MD

The Limflow Venous Arterialization System Via Percutaneous Puncture: Technical Tips, Precautions, Hybrid Modifications And Results: How To Make It Work To Salvage The Otherwise Unsalvable CLTI Foot
Roberto Ferraresi, MD

US Experience With The Limflow Procedure For Percutaneous Venous Arterialization For Limb Salvage
Daniel G. Clair, MD
Jihad A. Mustapha, MD

Panel Discussion

NEW DEVELOPMENTS IN LOWER EXTREMITY STENT-GRAFTS, PROSTHETIC (PTFE) GRAFTS AND TREATMENT FOR IN-STENT RESTATEINOSIS (ISR)
Moderators: Daniel G. Clair, MD
Michael S. Conte, MD
2:06 – 2:11 Selective Open And Endovascular Treatment Achieves The Best Results With CLTI: Tips And Tricks To Achieve Good Distal Bypass Results And The Value Of PTFE Grafts To Crural Arteries When Vein Is Unavailable
Francesco Spinelli, MD

Thomas O. McNamara, MD

2:18 – 2:23 Advantages Of And Indications For The Viabahn VBX Balloon Expandable Covered Stent (Gore): Technical Tips, Limitations And Value In Treating Aorto-Iliac Disease
Jean Bismuth, MD

2:24 – 2:29 Percutaneous Transvenous Prosthetic Arterial Bypass For Long Complicated Fem-Pop Occlusions: The PQ Bypass Procedure: Concept And Technique For Performing (Video)
Andrije Schmidt, MD
Dierk Scheinert, MD
James D. Joye, DO

2:30 – 2:35 1-Year Results Of The PQ Transvenous Bypass Procedure: From The Multicenter DETOUR Trial
Sean P. Lyden, MD

2:36 – 2:41 Update On Endoluminal Bypass With Viabahn Stent Grafts (Gore): How To Prevent And Treat Edge Stenosis Failures: Results Of The SUPER B RCT Comparing Endoluminal Bypasses vs. Standard Vein Bypasses For SFA Occlusions
Michel M.P. Reijnen, MD, PhD

IN STENT RESTENOSIS (ISR)

Craig M. Walker, MD

2:48 – 2:53 DEBATE: Not So: Endovascular Techniques Have Poor Results In This Setting: Open Bypass Should Be The First Invasive Option
Niten Singh, MD

2:54 – 2:59 What Is The Best Current Treatment In The US For ISR: How Can OCT Improve Outcomes
Todd R. Vogel, MD, MPH

3:00 – 3:05 DCBs For ISR: Does Double Dosing Help: 2-Year Results Of The COPA CABANA Trial With The Cotavance DCB (Medrad-Bayer)
Gunnar Tepe, MD

3:06 – 3:11 Brachy Therapy For Severe Or Extensive ISR: It Is Still A Viable Treatment Option For A Difficult Problem: Advantages And Limitations
Matthew T. Menard, MD

3:12 – 3:19 Panel Discussion

3:19 – 3:28 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 29 (Grand Ballroom East, 3rd Floor)

NEW DEVELOPMENTS IN THE TREATMENT OF INTERMITTENT CLAUDICATION (IC) AND ACUTE LIMB ISCHEMIA (ALI)

Moderators: Kenneth Ouriel, MD, MBA
Michael L. Marin, MD

NEW DEVELOPMENTS RELATED TO INTERMITTENT CLAUDICATION (IC)

3:28 – 3:33

Drugs And Neuromuscular Stimulation (NMES) Can Improve Walking Distance With IC: How To Do It
Alun H. Davies, MA, DM, DSc

3:34 – 3:39

The Financial Side Of Invasive Treatments For IC
Robert M. Zwolak, MD, PhD

3:40 – 3:45

Peter A. Schneider, MD

3:46 – 3:51

How To Differentiate With Certainty Ischemic Buttock Claudication From Spinal Stenosis
Manju Kalra, MBBS

3:52 – 3:57

RCTs Of Supervised Exercise Therapy vs. PTA For IC Due To Iliac Occlusive Disease: What Do The CLEVER And The Newly Finished SUPER RCTs Tell Us
Mark J.W. Koelemay, MD, PhD

3:58 – 4:03

What Is Venous Claudication: How Should It Be Diagnosed And Treated
Nicos Labropoulos, BSc (Med), PhD, DIC, RVT

PROGRESS IN THE TREATMENT OF ACUTE LIMB ISCHEMIA (ALI)

4:04 – 4:09

Endovascular Treatment Of ALI Is Better Than Open Surgical Treatment: When Is It Not: From A Nationwide Swedish Study
Martin Björck, MD, PhD

4:10 – 4:15

Acute Limb Ischemia (ALI): What Is The Best Current Treatment Approach: Predictors Of Limb Loss And Salvage In This Setting: When Is Open Treatment The Best Option
Niten Singh, MD

4:16 – 4:21

Large Caliber Percutaneous Vacuum Assisted Thrombectomy In ALI: How Does It Work: Benefits And Limitations: Will It Replace Thrombolysis And Open Surgery
Michele Rossi, MD

4:22 – 4:27

New Tips And Tricks For Managing ALI: Value Of Duplex Ultrasound In This Setting
Michael H. Wholey, MD, MBA

4:28 – 4:37

Panel Discussion

SESSION 30 (Grand Ballroom East, 3rd Floor)

IMPORTANCE OF FOOT ARTERIES AND PERFUSION IN CLTI: HOW TO ASSESS AND TREAT; VALUE OF ANGIOSOMES; METHODS TO EVALUATE EFFECTIVENESS OF TREATMENT

Moderators: Marco G. Manzi, MD
Steven Kum, MD
4:38 – 4:43 Anatomical Variability And Pathology Of Foot Arteries: When And How To Treat And Results: Value Of Angiosomes: Is There A Role For Bypass
Roberto Ferraresi, MD
Marco G. Manzi, MD

4:44 – 4:49 DEBATE: The Angiosome Concept Has Little Value: Never Deny A Patient With CLTI A Revascularization For Limb Salvage Based On It
Frank E.G. Vermassen, MD, PhD

4:50 – 4:55 DEBATE: When Does The Angiosome Concept Make A Difference And When Not: What Explains Discordant Results And Opinions
Richard F. Neville, MD

4:56 – 5:01 When Does The Angiosome Concept Matter: With Open Surgery For Limb Salvage; For Endovascular Treatments For Limb Salvage: How Does Indocyanine Green Fluorescence Imaging (IGFI) Help
Maarat Venermo, MD, PhD

5:02 – 5:07 Effective Non-Invasive Treatment Of CLTI By The Art-Assist Sequential Compression Device: How Does It Work By Improving The Capillary Circulation: Indications And Results
Sherif A.H. Sultan, MD

5:08 – 5:13 3-Year Results Of The SPINACH Trial Show What Factors Are Important For Selecting Open Or Endovascular Treatments For CLTI
Nobuyoshi Azuma, MD

5:14 – 5:19 Treatment Strategy For CLTI Should Depend On The Degree Of Ischemia And The Extent Of The Gangrene: This May Explain Different Opinions On Angiosomes
Joseph L. Mills, MD

NON-INVASIVE IMAGING

5:20 – 5:25 Modalities To Determine The Adequacy Of Pedal Revascularization In CLTI
Krishna J. Rocha-Singh, MD

5:26 – 5:31 DZAM: A Software Based System For Assessing Foot Perfusion From Doppler Signals: How Does It Work And Advantages
Cynthia K. Shortell, MD

5:32 – 5:37 Value Of The Profusa Lumee Implantable O₂ Microsensors And Indocyanine Green Angiography To Assess Foot Perfusion Before And After Treatment For CLTI
Miguel F. Montero-Baker, MD

5:38 – 5:43 2D Perfusion Angiography To Assess The Effectiveness Of Treatments On Foot Perfusion: How To Do It And Quantitate Its Results
Jos C. van den Berg, MD, PhD

5:44 – 5:52 Panel Discussion
End of Program E

PROGRAM F (SESSIONS 31-38)
NEW DEVELOPMENTS IN MEDICAL, ANTI-ATHEROGENIC AND ANTI-HYPERTENSIVE TREATMENTS; ENDOLEAK MANAGEMENT; ISSUES AND OTHER IMPORTANT TOPICS RELATED TO HISTORY, GOVERNMENT, REIMBURSEMENT, ETHICS, PRACTICE AND VASCULAR CARE
Grand Ballroom West, 3rd Floor
SESSION 31 (Grand Ballroom West, 3rd Floor)
MEDICAL TREATMENTS; LIPID MANAGEMENT BY DRUGS; HEART AND CORONARY STENT RELATED TOPICS

Moderators: Russell H. Samson, MD, RVT
Karthikeshwar Kasirajan, MD

6:40 – 6:45
Value And Limitations Of Cannabis (Marijuana) In Vascular Patients: What Is The Drug’s Effect On Blood Vessels
Karthikeshwar Kasirajan, MD

6:46 – 6:51
How Does A Cardiology Evaluation Before Major Vascular Surgery Decrease Perioperative Myocardial Infarction Rates
Ashraf Mansour, MD

6:52 – 6:57
Value Of Statins, Diet, Ezetimibe And PCSK-9 Inhibitors In Vascular Patients: Update On The Importance Of LDL Cholesterol (LDL-C) Levels: How Low Should They Be Pushed: What Drugs And Dosages
Peter Henke, MD

6:58 – 7:03
Are LDL-C Levels And Statin Induced Decreases In LDL-C Levels Important (As In Europe) Despite AHA Guidelines: How To Treat Patients Needing Lipid Lowering Who Appear Statin Intolerant
Jeffrey S. Berger, MD, MS

7:04 – 7:09
DEBATE: Lowering LDL-C Levels With Statins And PCSK-9 Inhibitors In Vascular And At Risk Patients Prevents Cardiovascular Events And Deaths, Is Reasonably Safe And Helps Patients To Have Longer And Better Lives
Ron Waksman, MD

7:10 – 7:15
DEBATE: Not So: Statins Are Dangerous Drugs And Lowering LDL-C Levels Does No Good And May Be Harmful
Sherif A.H. Sultan, MD

7:16 – 7:21
Why Are PCSK-9 Inhibitors A Game-Changer For PAD Patients: Coronary Plaques Can Stabilize With Lower LDL-C Levels Produced By High Dose Statins Plus PCSK-9: The GLAGOV Trial: How Low Should The LDL-C Be Lowered To
Ido Weinberg, MD, MSc

7:22 – 7:27
The Less Than Stellar 3-Year Results Of The Absorb Drug Eluting Biodegradable Stent (BRSs) (Abbott) In Coronary Lesions May Be Due To Variable And Imperfect Implantation Techniques And Sizing: Small Arteries May Be A Problem: What Is The Future For BRSs
Ron Waksman, MD
Gregg W. Stone, MD

7:34 – 7:39
Effect Of Frailty Assessment On Preoperative Risk Predictive Models For Various Vascular Surgical Procedures In Various Vascular Beds
Mohammad H. Eslami, MD, MPH
SESSION 32 (Grand Ballroom West, 3rd Floor)
MEDICAL AND INTERVENTIONAL TREATMENT OF HYPERTENSION; REGENERATIVE TREATMENTS; STENOSIS ASSESSMENT BY FRACTIONAL FLOW RESERVE (FFR); VALUE OF FISH OILS

Moderators: Ron Waksman, MD
Jeffrey S. Berger, MD, MS

7:40 – 7:48
Panel Discussion

7:49 – 7:54
Update On Recent Trials Of Drug Treatment For Control Of Hypertension: What Is Optimal Medical Treatment And What Level Of Blood Pressure Should Be Maintained In Patients
Natalie A. Marks, MD, RPVI, RVT

7:55 – 8:00
How To Manage Hypertension In Patients With Atherosclerotic Renal Artery Stenosis: When Is Medical Treatment Indicated: When Stenting Or Bypass Despite The CORAL And ASTRAL Trials
Jean-Baptiste Ricco, MD, PhD

8:01 – 8:06
Status Of Renal Denervation And Other New Invasive Catheter-Based Treatments For Drug Resistant Hypertension
Horst Sievert, MD

8:07 – 8:12
Endovascular Creation Of An Iliac Arterio-Venous Fistula To Treat Drug Resistant Hypertension: Rationale And Results Of The ROX Trial Of The ROX Coupler Device
Krishna J. Rocha-Singh, MD

8:13 – 8:18
A Promising New Device To Treat Drug Resistant Hypertension By Reshaping The Carotid Sinus And Enhancing Baroreceptor Activity: The Mobius HD Device (Vascular Dynamics): How It Works And Results From The CALM II Trial
Mark C. Bates, MD
Gregg W. Stone, MD

8:19 – 8:24
Stem Cell And Gene Treatment For CLTI Is Not Dead Yet: Results Of The MOBILE Trial Of Bone Marrow Aspirate Cells
Richard J. Powell, MD

8:25 – 8:30
Regenerative Medicine For CLTI: What Is The Future For Stem Cell Therapy In Vascular Disease: Current Highlights
Dong-ik Kim, MD

8:31 – 8:36
Image Based Coronary Computational Flow Analysis (FFRct) Can Reduce Perioperative Myocardial Infarctions And Improve Outcomes In Vascular Patients With AAAs And Occlusive Disease: How Does It Work
Christopher K. Zarins, MD

8:37 – 8:42
Fish Oil (Omega 3) May Be Good For The Heart But Bad For AAA Development: Why This Is So
Jes S. Lindholt, MD

8:43 – 8:48
Compensatory Arterial Enlargement In Diabetics: Mechanism And Significance For Treatments
Nicos Labropoulos, BSc (Med), PhD, DIC, RVT

8:49 – 8:55
Panel Discussion
SESSION 33 (Grand Ballroom West, 3rd Floor)
ENDOLEAKS AND ENDOTENSION: THEIR NATURAL HISTORY AND TREATMENT
Moderators: Matt M. Thompson, MD
Barry T. Katzen, MD

8:56 – 9:01
The Underlying Mechanism Of Type 2 Endoleaks Associated With Sac Enlargement: What Is Its Impact On How They Should Be Diagnosed And Treated: Type 2 Endoleaks Can Be Dangerous
Michel Makaroun, MD

9:02 – 9:07
DEBATE: Type 2 Endoleaks With AAA Sac Enlargement Can Be Dangerous And Should Be Treated: What Is The Best Treatment Method
Jean-Pierre Becquemin, MD

9:08 – 9:13
DEBATE: Not So: Type 2 Endoleaks With Sac Growth Should Rarely Be Treated: They Infrequently Lead To Rupture: And Treatment Is More Dangerous Than The Rupture Risk
Hence J.M. Verhagen, MD, PhD

9:14 – 9:19
What Should Be Done When An AAA Sac Enlarges After EVAR: What Should Be Done Diagnostically And For Treatment: Is Endotension Without An Endoleak Real
Frans L. Moll, MD, PhD

9:20 – 9:25
Present Status Of Endotension: What Mimics It: When Is It Real: What Causes It And What To Do About It
Luis A. Sanchez, MD

9:26 – 9:31
How Increasing Intrasc Pressure Within AAAs Can Eliminate Endoleaks: How To Do It And Does It Work
David H. Deaton, MD

9:32 – 9:37
With Type 1A Endoleaks After EVAR The Type Of The Original Endograft Influences The Secondary Repair Technique: When Are Cuffs, Chimney Or Sandwich Grafts The Best Approach: A Classification System Of EVAR Failures To Direct Secondary Treatment
Claude Mialhe, MD

9:38 – 9:43
Value Of Preliminary Selective Lumbar And Inferior Mesenteric Artery Embolization To Prevent Type 2 Endoleaks After EVAR: When Is It Indicated, Risks And 3-Year Results
Andrej Schmidt, MD
Daniela Branzan, MD

9:44 – 9:49
Technique And Value Of Endoleak Treatment With Microcatheters: Value Of And Technique For Transgluteal Artery And Transcaval Approaches
Michele Rossi, MD

9:50 – 9:55
Perigraft Sac Embolization To Treat Difficult Type 2 And Other Hard-To-Treat Endoleaks: Technical Tips And Results
William J. Quinones-Baldrich, MD

9:56 – 10:02
Panel Discussion

10:03 – 10:16
Break – Visit Exhibits And Pavilions
(2nd and 3rd Floors)
# SESSION 34 (Grand Ballroom West, 3rd Floor)

**TRIBUTES TO VASCULAR SURGERY GREATS; ISSUES RELATED TO HISTORY, ETHICS, INNOVATION, VASCULAR SURGERY LEADERSHIP, PRACTICE PROBLEMS AND THEIR SOLUTION**

**Moderators:** Michel Makaroun, MD  
Frank J. Veith, MD

## TRIBUTES TO GIANTS

- **10:16 – 10:21**  
  A Tribute To Richard F. (Dick) Kempczinski (1940-2017)  
  Jerry Goldstone, MD

- **10:22 – 10:27**  
  Ali F. AbuRahma, MD

## NEW CONCEPT

- **10:28 – 10:33**  
  New Concept For The Linkage Between Chemotherapy And Strokes: The Edgar Allen Poe Effect  
  Emmanuel M. Houdart, MD

## VASCULAR SURGERY LEADERSHIP

- **10:34 – 10:39**  
  Strategies To Facilitate Vascular Surgeons Maintaining A Leadership Position In The Care Of Vascular Patients  
  Scott L. Stevens, MD

- **10:40 – 10:45**  
  How To Maintain Proficiency In Open And Endovascular Procedures  
  Jose Fernandes e Fernandes, MD, PhD

- **10:46 – 10:51**  
  Increasing Importance And Influence Of Women In Vascular Surgery: Is The Endovascular Revolution Partly Responsible  
  Rebeca Reachi Lugo, MD

- **10:52 – 10:57**  
  Bitter Lessons Learned From A Vascular Surgeon Inventor About Patents, Big Companies And Lawyers: MD Inventors Are Often Fleeced  
  Juan C. Parodi, MD

- **10:58 – 11:04**  
  Panel Discussion  
  Moderators: Cynthia K. Shortell, MD  
  R. Clement Darling III, MD

## PANEL DISCUSSION

- **11:05 – 11:10**  
  What Are The Causes Of “Burn Out” Among Vascular Surgeons And Other Vascular Specialists: Are Institutions, Health Care Systems Or The Affordable Care Act To Blame: What Can Be Done To Prevent And Manage It  
  Peggyann Nowak-Berguer, MD

- **11:11 – 11:16**  
  How MDs Should Deal With Life’s Problems Like Drug Use, Career Dissatisfaction, Job Loss, Divorce And Depression  
  Simran B. Singh, MD, MBA

- **11:17 – 11:22**  
  How To Live Better As You Get Older: Good Advice For Vascular Surgeons And Vascular Specialists  
  James W. Jones, MD, PhD, MHA

- **11:23 – 11:28**  
  What Is The Best Master’s Degree For The Vascular Surgeon/Specialist To Get And Why: MBA, MHA, MPH  
  Robert B. McLafferty, MD

- **11:29 – 11:34**  
  What Serious Complications Should Vascular Surgeons/Specialists Discuss With Patients Before A Vascular Intervention To Reach Truly Informed Consent: Results Of A Delphi Consensus Study  
  Dirk T. Ubbink, MD, PhD
WEDNESDAY
SESSIONS 34–35

11:35 – 11:40
Gender Differences In EVAR And TEVAR Outcomes: Can They Be Eliminated By Better Devices And Technique
Erik E. Debing, MD, PhD

11:41 – 11:46
Highlights From The Australian VERVE Symposium December 2016: EVAR At 25 Years: Where Is It Going
Ramon L. Varcoe, MBBS, MS, PhD
Hence J.M. Verhagen, MD, PhD

11:47 – 11:52
The Injustice Of Honoring One Individual For A Landmark Contribution While Ignoring Others And Circumstances That Made It Possible
Frank J. Criado, MD

11:53 – 12:00
Panel Discussion

12:00 – 1:00
Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 35 (Grand Ballroom West, 3rd Floor)
MORE ISSUES FOR VASCULAR SURGEONS AND VASCULAR SPECIALISTS: THE HEALTH CARE SYSTEM, WHERE IT'S GOING; REIMBURSEMENT, VASCULAR MDs’ HEALTH AND ETHICS
Moderators: Hans-Henning Eckstein, MD, PhD
Sean P. Roddy, MD

1:00 – 1:05
Drivers Of Innovation And New Developments In Medical AAA Treatments: Metformin Is The Newest Drug Of Interest
Ronald L. Dalman, MD

1:06 – 1:11
The Importance Of Ethics In Vascular Surgery: How To Resolve Interspeciality Conflicts And Remove Bad Doctors With Poor Outcomes: Turf Issues Cannot Be Allowed To Trump Quality Care
Tej M. Singh, MD, MBA
Will Faber, MD

1:12 – 1:17
Do Real Treatments Of Vascular Lesions Conform To Guidelines: What Motivates Doctors To Do Procedures: From The IDOMENEO Study
Sebastian E. Debus, MD, PhD

1:18 – 1:23
Serious Causes Of Aches, Pains And Ailments To Which Vascular Surgeons And Specialists Are Vulnerable To From Their Procedures: What Can Be Done To Minimize Them Or Treat Them
Samuel R. Money, MD, MBA

1:24 – 1:29
Why Vascular Surgeons And Specialists Should Always Be Looking And Planning For Their Next Job: Firing Or Forced Exit Is Always A Possibility: We Should Be Ready
Sigrid Nikol, MD

1:30 – 1:35
DEBATE: Obamacare (The ACA) Has Been A Worse Problem For Patients, Doctors And Health Care Than Even Its Opponents Ever Thought Possible: Will What Comes After It Be Better
Clifford J. Buckley, MD

1:36 – 1:41
DEBATE: Obamacare May Not Be So Bad After All: The Maryland Experience Shows Why
James H. Black III, MD

1:42 – 1:47
What Factors In New Health Care Systems Affect Reimbursement: How Can These Be Modified To Improve Vascular Surgeons’ Incomes
Francesco A. Aiello, MD
47

WEDNESDAY SESSIONS 35–36

Timothy F. Kresowik, MD

1:54 – 1.59 What Is Going To Pay For Expensive Vascular Care As The US Shifts From Obamacare (The ACA) To Whatever Is Next: Are Alternate Payment Plans An Answer
Sean P. Lyden, MD

2.00 – 2.05 Pay For Performance (PFP) Does Not Benefit Vascular Patients: It Induces Vascular Surgeons And Specialists To Intervene On Easy Cases That Need No Procedure And To Avoid Difficult Cases That Really Need Treatment
James W. Jones, MD, PhD, MHA

2:06 – 2:12 Panel Discussion

SESSION 36 (Grand Ballroom West, 3rd Floor)
FDA; VASCULAR SURGERY’S GOVERNING BODIES, BOARDS, RRCs, EDUCATION AND TRAINING
Moderators: James C. Stanley, MD
Bruce A. Perler, MD, MBA

2:13 – 2.18 Expedited Access Pathway (EAP) To Accelerate FDA Approval Of Especially Innovative Medical Treatments Or Devices
Dorothy B. Abel, BS, BME

William D. Jordan, Jr., MD

2:25 – 2:30 Vascular Surgeons Are Not Appropriately Valued And Compensated In Hospitals For Their Unique Consultant Services: Being A Separate Independent Specialty Would Help
Fred A. Weaver, MD

2:31 – 2:36 Heart And Vascular Centers Or Institutes Do Not Benefit Vascular Surgery: Vascular Surgery Is Often The Poor Sister: The Effort To Become A Fully Independent Specialty Should Be Revived
Jerry Goldstone, MD

John F. Eidt, MD


David H. Deaton, MD

2:55 – 3:00 Why Vascular Surgery Needs Its Own Independent ABMS Approved Board And RRC-VS More Than Ever: Recent Developments And Where Is The Resistance Coming From
Timothy M. Sullivan, MD
WEDNESDAY  
SESSIONS 36–37

Spence M. Taylor, MD

3:07 – 3:12 What Numbers Of Open Surgical Cases Should Be Adopted For Vascular Surgical Certification: Are They Sufficient For Competence: What Are The Solutions To This Problem  
Ronald L. Dalman, MD

3:13 – 3:18 How Many 0+5 Vascular Surgery Programs Currently Exist: Is There A Demand For More: How Successful Are These Programs And How Competent Are The Finishing Trainees  
Murray L. Shames, MD

3:19 – 3:25 Panel Discussion

3:25 – 3:35 Break - Visit Exhibits And Pavilions  
(2nd and 3rd Floors)

SESSION 37  (Grand Ballroom West, 3rd Floor)  
VASCULAR CARE AND ITS VALUE; REIMBURSEMENT; VOLUME AND MALPRACTICE ISSUES  
Moderators: Robert M. Zwolak, MD, PhD  
Timothy M. Sullivan, MD

3:35 – 3:40 Value Of A Vascular Surgeon To The Practice Of Other Specialties And To An Institution: How Can Vascular Surgeons Be Adequately Compensated By Institutions For Their Unique And Vital Contributions  
Richard J. Powell, MD

Jennifer L. Perri, MD, MBA  
Robert M. Zwolak, MD, PhD

Sean P. Roddy, MD

3:53 – 3:58 What Is The Best Value Care For The Treatment Of SFA Lesions: For Intermittent Claudication; For CLTI  
Gary M. Ansel, MD

3:59 – 4:04 Vascular Telecare Can Expand The Reach And Effectiveness Of A Vascular Surgeon’s Or Specialist’s Practice And Benefit Patients: How To Do It And Get Paid For It  
John (JEB) W. Hallett, MD

4:05 – 4:10 Hospital Readmissions After Endovascular Treatments For CLTI Are Surprisingly Frequent: Predictors, Consequences And How To Prevent Some Of Them  
Mehdi H. Shishehbor, DO, MPH, PhD

4:11 – 4:16 When Are Outcomes In Vascular Treatment Related To Hospital Volumes And Surgeon Volumes; And When Are They Not  
Marc L. Schermerhorn, MD

4:17 – 4:22 How Electronic Medical Records Have Increased Medical Malpractice Litigation: What Precautions Can Diminish The Problem  
O. William Brown, MD, JD
4:23 – 4:28 Late Treatment Leads To Limb Loss With Diabetic Foot Lesions: Education Of Physicians And Patients Can Prevent Amputations
Oscar L. Ojeda, MD

4:29 – 4:35 Panel Discussion

SESSION 38 (Grand Ballroom West, 3rd Floor)
ISSUES WITH TRIALS; RCTs; GUIDELINES; STANDARDS; REGISTRIES; QUALITY INITIATIVES; THE SVS AND THE JVS
Moderators: Anne L. Abbott, MD, PhD Joseph L. Mills, MD

4:36 – 4:41 Interpreting RCTs Of AAA Or Carotid Treatments: Why And How They Can Be Misleading Or Misinterpreted
Thomas L. Forbes, MD

4:42 – 4:47 Propensity Matched Clinical Trials Have Value: But They Can Also Have Limitations And Flaws: How To Maximize Their Value
Charles C. Miller, PhD

4:48 – 4:53 DEBATE: Status Of The BEST Trial – A RCT Of CLI Treatments (Endo vs. Open): Laudable But Difficult: It Will Provide Useful Information
Alik Farber, MD
Matthew T. Menard, MD
Kenneth Rosenfield, MD

4:54 – 4:59 DEBATE: The BASIL 2 And 3 Trials; RCTs Of (2) Vein Bypasses vs. Endovascular First Treatments For CLI; And (3) DCBs And DESs vs. PTA With BMS Bailout: They Will Provide Useful Information
Andrew W. Bradbury, MD

5:00 – 5:05 DEBATE: These Trials Will Be Fraught With Problems And May Provide Little Useful Information
Mehdi H. Shishehbor, DO, MPH, PhD

5:06 – 5:11 The WIFI Grading System For CLTI Is Meaningful: WIFI Scores Correlate Well With The Risks Of Amputation And Death Following Treatment
Marc L. Schermerhorn, MD

5:12 – 5:17 How Can The WIFI Grading System Influence Patient Outcomes With CLTI
Robert S. Crawford, MD

5:18 – 5:23 Panel Discussion
Moderators: Michael S. Conte, MD Peter Gloviczki, MD

5:24 – 5:29 What Is The SVS/VQI/FDA TEVAR For Aortic Dissection Registry: What New And Useful Information Will It Provide
Richard P. Cambria, MD

5:30 – 5:35 What Is The International Consortium Of Vascular Registries (ICVR): What Unique And Valuable Information Can Be Learned From It
Jack L. Cronenwett, MD

5:36 – 5:41 New Reporting Standards For Lower Extremity Endovascular Treatments For Ischemia: How Will They Help Bring Order Out Of Chaos
Michael C. Stoner, MD

5:42 – 5:47 New Developments In The SVS VQI And How It Can Benefit Patients And Vascular Surgeons
Larry W. Kraiss, MD
SESSIONS 38–39

5:48 – 5:53 Increasing Disparity Between SVS AAA Guidelines And Real World Practice For AAA Repair: The Guidelines Are No Longer Relevant: What Harm Can This Cause And What Is The Solution
Alan M. Dietzek, MD, RPVI

5:54 – 5:59 New Developments With The Journal Of Vascular Surgery And How They Can Be Beneficial
Peter F. Lawrence, MD
Peter Gloviczki, MD

6:00 – 6:06 Panel Discussion
End of Program F

PROGRAM G (SESSIONS 39-46)

NEW DEVELOPMENTS IN ARCH AND THORACIC AORTIC DISEASE: DISSECTIONS, TAAAs, JUXTA- AND PARARENAL AAAs, PARALLEL GRAFTS, FENESTRATED AND BRANCHED EVAR (F/B/EVAR), MULTILAYER FLOW MODULATING BARE STENTS, AAAs, EVAR AND RECORDED LIVE COMPLEX CASES
Trianon Ballroom, 3rd Floor

SESSION 39 (Trianon Ballroom, 3rd Floor)

MORE TOPICS RELATED TO THE THORACIC AORTA, TEVAR, AORTIC DISSECTIONS, TAAAs AND THEIR TREATMENT
Moderators: Michael D. Dake, MD Wayne W. Zhang, MD

6:50 – 6:55 With Mural Thrombi In The Thoracic Aorta, When Do They Have To Be Treated Invasively: If They Do, TEVAR Is The Best Treatment: Precautions
Ramesh K. Tripathi, MD

6:56 – 7:01 During TEVAR For TBADs, How And Why Should The Arterial Blood Pressure Be Controlled And Manipulated
Cherrie Z. Abraham, MD

7:02 – 7:07 TEVAR Under Local Anesthesia: How To Do It: Advantages And Limitations
Zvonimir Krajcer, MD

7:08 – 7:13 DEBATE: Left Subclavian Artery (LSA) Perfusion Is Critical And Should Be Maintained Whenever Possible With TEVAR
Daniel G. Clair, MD

7:14 – 7:19 DEBATE: No: LSA Perfusion Is Not Always Necessary With TEVAR: When May It Be Unnecessary And What Are The Risks And Downsides Of LSA Revascularization
Thomas S. Maldonado, MD

7:20 – 7:25 Revascularizing The LSA By In Situ Fenestration After TEVAR: How To Do It When The LSA Origin Needs To Be Covered To Extend Proximal Landing Zone Or When The LSA Is Covered Inadvertently
Wayne W. Zhang, MD

7:26 – 7:31 A New Non A, Non B Classification For Aortic Dissections Involving The Arch: Why Is It Better And How To Treat Such Dissections
Martin Czerny, MD Bartosz Rybowski, MD
7:32 – 7:37   Fate Of The Distal (Abdominal) Aorta After Endovascular Or Open Treatment Of TBADs: What Secondary Treatment May Be Required And Which Treatment Is Best
Geert Willem H. Schurink, MD, PhD
Michael J. Jacobs, MD

7:38 – 7:43   Open Repair Is The Best Option For Treating Visceral Segment AAAs After TEVAR For TBADs: Technique Video Showing How To Do It With A “Reversed Cactus” Branched Graft
Francesco Spinelli, MD

7:44 – 7:52   Panel Discussion

SESSION 40 (Trianon Ballroom, 3rd Floor)
TREATMENT OF LESIONS OF THE ASCENDING AORTA; THE AORTIC ARCH; PARALLEL GRAFTS; AORTIC DISSECTIONS AND RELATED TOPICS
Moderators: Nicholas J.W. Cheshire, MD Ronald M. Fairman, MD

7:53 – 7:58   Early Experience With The Gore Endograft For Treating Lesions Of The Ascending Aorta: Advantages And Limitations
Jean Bismuth, MD
Michael J. Reardon, MD

7:59 – 8:04   Progress In The Endovascular Treatment Of Type A Aortic Dissections
Carlos H. Timaran, MD

8:05 – 8:10   New Concepts And Data Regarding Frozen Elephant Trunk Procedures And The Thoraflex Graft (Vascutek/Terumo) In The Treatment Of Thoracic Aortic Disease
Ourania Preventza, MD
Joseph S. Coselli, MD

8:11 – 8:16   In Type A Aortic Dissection Repairs, Open Ascending Aorta Graft Replacement Alone Is Not Effective Long-Term Treatment In Most Patients: What Are The Implications
Götz M. Richter, MD, PhD

8:17 – 8:22   Current Status Of Brain Perfusion Adjuncts And Techniques For Open Aortic Arch Repairs
Lars G. Svensson, MD, PhD

8:23 – 8:28   Hybrid Procedures For Aortic Arch Lesions Are Effective And Durable: Tips And Tricks To Make Them Work Effectively
Colin D. Bicknell, MD

8:29 – 8:34   Chimney And Periscope Grafts To Facilitate Repair Of Aneurysms In And Near The Aortic Arch: Tips To Make Them Safe, Effective And Durable
Mario L. Lachat, MD

8:35 – 8:40   Value And Limitations Of Aortic Arch Chimneys With Mid And Long-Term (> 5 Years) Follow Up: How To Make Them Work
Nicola Mangialardi, MD
Sonia Ronchey, MD, PhD

8:41 – 8:46   How To Make Chimney And Sandwich Grafts Work For Treatment Of Aortic Arch Lesions: Technical Tips, Precautions And Midterm Results
Armando C. Lobato, MD, PhD

8:47 – 8:55   Panel Discussion
SESSION 41 (Trianon Ballroom, 3rd Floor)
NEW GRAFTS FOR TAAA; MORE ON JUXTA- AND PARARENAL AAA; FENESTRATED AND BRANCHED EVAR (F/B/EVAR) AND PARALLEL GRAFTS
Moderators: Michel Makaroun, MD
Gustavo S. Oderich, MD

8:56 - 9:01
The "Spider Graft": A New Hybrid Graft For Treatment Of TAAA: How Does It Work: Advantages And Results
Sebastian E. Debus, MD, PhD

9:02 - 9:07
The TAMBE Multibranched Device (Gore) For Treating TAAA: Device Description, Advantages, Limitations And 1-Year Results
Mark A. Farber, MD
Michel Makaroun, MD
Gustavo S. Oderich, MD

9:08 - 9:13
A New Valiant Manifold Based Device (Medtronic) With Multiple Branches For Treating TAAA: How Does It Work And 2-Year Results
Patrick W. Kelly, MD

9:14 - 9:19
A "Barrel" Stent-Graft For F/B/EVAR: Device Description And How It Minimizes Aortic Coverage To Protect Against Spinal Cord Ischemia
Piotr M. Kasprzak, MD

9:20 - 9:25
How To Prevent Cerebrovascular Events (Strokes And TIs) When Using Upper Extremity Access For Ch/EVAR And F/B/EVAR: What Factors Increase Stroke Risk
Michel J. Bosiers, MD
Konstantinos P. Donas, MD

9:26 - 9:31
A New Classification System For Type 1A Endoleaks After Ch/EVAR: How It Can Help To Determine The Best Secondary Procedure To Fix Them
David J. Minion, MD

9:32 - 9:39
Panel Discussion
Moderators: Benjamin W. Starnes, MD
Konstantinos P. Donas, MD

MORE ON PARALLEL GRAFTS, TAAA; AND COMPLEX AAA;

9:40 - 9:45
Technical Tips To Successful Sandwich Graft Treatment Of TAAA And When Is This Method The Best Treatment: Results To Date
Armando C. Lobato, MD, PhD

9:46 - 9:51
When Should Parallel Grafts Be The First Treatment Choice For Complex AAA Repair
Edward Y. Woo, MD

9:52 - 9:57
Simple Retrograde Parallel (Periscope) Grafts To Preserve Left Subclavian Artery Flow During TEVAR: How To Do It With Off-The-Shelf (OTS) Components: They Never Leak And Other Advantages
David J. Minion, MD

9:58 - 10:03
When Are Open Repair Or No Repair The Best Option For Some Patients With Complex And Large AAs And Unfavorable Anatomy
Frank J. Criado, MD
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>10:04 – 10:09</td>
<td>What Are The Options For Treating Type 3 And Type 4 TAAAs And When Should They Be Used</td>
<td>Michel Makaroun, MD</td>
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<tr>
<td>10:10 – 10:15</td>
<td>3D Printed AAA Phantoms Generated From CTAs: How They Can Facilitate Training In And Performance Of Complex AAA Repairs</td>
<td>Maciej L. Dryjski, MD, PhD</td>
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<td>10:16 – 10:24</td>
<td>Panel Discussion</td>
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<td>10:24 – 10:40</td>
<td>Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)</td>
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**SESSION 42 (Trianon Ballroom, 3rd Floor)**

**TREATMENT OF VISCERAL AND RENAL ANEURYSMS, COMPLEX AAAs, TAAAs AND AORTIC DISSECTIONS: MULTILAYER FLOW MODULATING (MLFM) BARE STENTS: PROS AND CONS: 15-YEAR RESULTS OF THE EVAR 2 TRIAL: FUTURE OF EVAR**

**Moderators:** Rodney A. White, MD Frans L. Moll, MD, PhD

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<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>10:40 – 10:45</td>
<td>Flow Diverting Bare Stents With And Without Coils For Treating Visceral And Renal Artery Aneurysms: Technical Tips And Results</td>
<td>Michele Rossi, MD</td>
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<td>10:46 – 10:51</td>
<td>Multilayer Flow Modulating (MLFM) Bare Stents For The Treatment Of Peripheral (Iliac) And Visceral/ Renal Artery Aneurysms: Do The Aneurysms Shrink In Size: Long-Term Results In 47 Patients: When Is This Treatment Preferred</td>
<td>Michel Henry, MD</td>
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<td>10:52 – 10:57</td>
<td>Long-Term Results Of MLFM Bare Stents For The Treatment Of Aortic Dissection And Aortic Aneurysms: The French Multicenter Experience</td>
<td>Claude D. Vaïslic, MD</td>
</tr>
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<td>10:58 – 11:03</td>
<td>Update On Experience Treating Aortic Dissections And Complex AAAs With MLFM Bare Stents: When Do They Work And When Don’t They</td>
<td>Victor S. Costache, MD, PhD</td>
</tr>
<tr>
<td>11:04 – 11:09</td>
<td>Update On The Value And Limitations Of Multilayered Uncovered And Covered Stents For Treating Aortic Aneurysms And Dissections: Indications And Results</td>
<td>Qingheng Lu, MD, Zaiping Jing, MD</td>
</tr>
<tr>
<td>11:10 – 11:15</td>
<td>Effectiveness Of MLFM Bare Stents In The Treatment Of Type B Dissections And Aortic Aneurysms: Long-Term Follow-Up</td>
<td>Amira Benjelloun, MD</td>
</tr>
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<td>11:16 – 11:21</td>
<td>Update On Indications, Contraindications, Value And Results Of MLFM Bare Stents To Treat Various Aortic Lesions</td>
<td>Sherif A.H. Sultan, MD</td>
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<td>11:22 – 11:27</td>
<td>Why MLFM Bare Stents Are An Effective Treatment For Some Aortic Dissections: What Is The Evidence</td>
<td>Ivo Petrov, MD, PhD</td>
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<tr>
<td>11:28 – 11:33</td>
<td>MLFM Bare Stents Are An Effective Treatment For Some Aortic Dissections: They Preserve Branch Flow And Promote Aortic Remodeling: What Is The Evidence</td>
<td>Ralf R. Kolvenbach, MD</td>
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</tbody>
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EVAR 2 15-YEAR RESULTS AND THE FUTURE OF AAA REPAIR

11:34 – 11:41 15-Year Results Of The EVAR 2 Trial Comparing EVAR With Expectant Treatment In Patients “Unfit” For Open Repair: Improved Aneurysm-Related Mortality Gives Us An Ethical Dilemma
Roger M. Greenhalgh, MD

11:42 – 11:49 A Look At The Future Of AAA Repair: Insights And Predictions From An Aortic Surgeon At The Mid-Point Of His Career
Frans L. Moll, MD, PhD

11:50 – 12:00 Panel Discussion

12:00 – 1:00 Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 43 (Trianon Ballroom, 3rd Floor)
MORE INTERESTING TOPICS RELATED TO THE ABDOMINAL AORTA, AAA5 AND EVAR

Moderators: Timur P. Sarac, MD
Kenneth Ouriel, MD, MBA

1:00 – 1:05 Variations In AAA Juxtarenal Landing Zones And Their Suitability For Various Commercial Endografts: Which Graft Is Best In Which Circumstance
Jan D. Blankensteijn, MD

1:06 – 1:11 Predicting AAA Growth And Rupture With A Skin Biopsy: It Can Reflect Smooth Muscle Behavior, Genes, Biomarkers And Aortic Wall Behavior
Kak Khee Yeung, MD, PhD

1:12 – 1:17 EVAR Can Be Performed Safely And Effectively In Severely Angled Necks: What Adjuncts May Be Required And When
Boonprasit Kritpracha, MD

1:18 – 1:23 DEBATE: Nationwide AAA Screening Programs Are Worthwhile, Save Lives And Improve Quality Of Life (QOL)
Anders Wanhainen, MD, PhD

1:24 – 1:29 DEBATE: Why Nationwide Population Based AAA Screening Programs Are Of Limited Value And A Challenge For Public Health Systems
Vicente Riambau, MD, PhD

1:30 – 1:35 DEBATE: Why AAA Screening And Detection Programs Can Be Harmful
Jes S. Lindholt, MD

1:36 – 1:41 Impact Of Large Proximal Aortic Necks (> 31 mm) On Midterm EVAR Results: Should Such Patients Be Treated By Ch/EVAR Or F/EVAR
Ali F. AbuRahma, MD

1:42 – 1:47 When Can AAAs With Necks > 35 mm In Diameter Be Effectively And Durably Treated By EVAR: Tips And Tricks For Doing So
Michael J. Singh, MD

1:48 – 1:53 Current Best Treatment For Secondary Aorto-Enteric Fistulas After Open AAA Repair; After EVAR
Fabien F.P. Koskas, MD, PhD

1:54 – 2:00 Panel Discussion
MORE NEW DEVELOPMENTS RELATING TO AAAs AND EVAR

Moderators: Jan D. Blankensteijn, MD
Elliot L. Chaikof, MD, PhD

2:01 – 2:06
Preoperative Exercise Training Prior To AAA Repair: It Improve Outcomes
Gerard Danjoux, MD

2:07 – 2:12
What Is The Relationship Between AAA Disease And Cancer: What Are Possible Mechanisms
Natzi Sakalihasan, MD, PhD

2:13 – 2:18
Increased Risk Of Cancer In EVAR-Treated AAA Patients vs. Those Treated By Open Repair After 8 Years In The EVAR 1 Trial: Is A Practice Change Suggested
Roger M. Greenhalgh, MD

2:19 – 2:24
Many AAAs With A Stable Diameter After EVAR Actually Grow In Volume: What Are The Implications And How Should Volume Be Determined Without CT Scans
Henrik Sillesen, MD, DMSc

2:25 – 2:30
Surveillance Compliance After EVAR: Non-Compliance Is Associated With Worse Outcomes: What Can Improve Compliance
Keith D. Calligaro, MD

2:31 – 2:36
AAA Sac Filling: How Does This New Treatment Modality Work: Technique And Early Results
Michael J. Jacobs, MD

2:37 – 2:42
Why Women Are Underrepresented In EVAR Trials And Why They Have Worse Outcomes Than Men With AAA Repair: Why The OVATION And Other New Devices Can Improve EVAR Outcomes In Women
Martin Storck, MD, PhD
Giovanni Pratesi, MD

2:43 – 2:48
Mechanism And Prevention Of Abdominal Incision Dehiscence After Open AAA Repair: Why Is It A Worse Problem Than After Open Aorto-Bifemoral Bypass For Occlusive Disease
Eric Allaire, MD, PhD

2:49 – 2:54
Tips And Tricks For EVAR Treatment Of AAAs With Small Distal Aortic Necks To Avoid Limb Thrombosis
Rocco Giudice, MD

2:55 – 3:00
Fibrin Glue Sac Embolization To Allow Safe Durable (10 Years) Standard EVAR For AAAs With Shorter More Challenging Proximal Necks: Technique And Results
Qingsheng Lu, MD
Zaiping Jing, MD

3:01 – 3:06
AFX Unibody Bifurcated Endograft (Endologix) To Treat Patients With TASC D Aorto-Iliac Disease And An AAA: Technical Tips And Results
Francesco Speziale, MD

3:07 – 3:17
Panel Discussion (Refreshments Available)
SESSION 45 (Trianon Ballroom, 3rd Floor)
CHALLENGING RECORDED LIVE CASES AND THOSE EMPLOYING INNOVATIVE AND NEW TECHNIQUES

Moderators: Plinio Rossi, MD
Andrew Holden, MBChB
Fabrizio Fanelli, MD
Carlo Setacci, MD
Frank J. Veith, MD

3:17 – 3:27 Changed Workflow With Fusion In A 3 Fenestration FEVAR Case
Eric L.G. Verhoeven, MD, PhD

3:27 – 3:37 The Use Of A Compliant Balloon To Facilitate EVAR And EVAS Procedures
Andrew Holden, MBChB

3:37 – 3:47 Kissing Lithoplasty And DCB For Common Iliac Artery Stenoses
Fabrizio Fanelli, MD

3:47 – 3:57 Arch Aneurysm Repair With A 3-Branch Endograft
Stephan Haulon, MD

3:57 – 4:07 Cracking And Paving Of Extremely Calcified Femoropopliteal Lesions
Andrej Schmidt, MD

4:07 – 4:17 How To Perform An Optimal DCB Angioplasty From Anatomy To Function
Francesco Liistro, MD

4:17 – 4:27 Below Knee Deep Vein Thrombosis As Part Of Iliofemoral DVT: How I Deal With It
Gerard J. O’Sullivan, MD

4:27 – 4:37 Panel Discussion

SESSION 46 (Trianon Ballroom, 3rd Floor)
RECORDED LIVE CASES FROM LEIPZIG AND LINC; INTERESTING TECHNICAL CHALLENGES AND SOLUTIONS

Moderators: Dierk Scheinert, MD
Andrej Schmidt, MD
Giancarlo Biamino, MD, PhD

4:37 – 5:57 LINC PROGRAM
Please visit www.veithsymposium.org for updates.
End of Program G

THURSDAY, NOVEMBER 16, 2017

6:00 A.M. General Registration — Rhinelander Gallery, 2nd Floor
6:00 A.M. Faculty Registration — Morgan Suite, 2nd Floor
6:00 A.M. Continental Breakfast — Rhinelander Gallery, 2nd Floor

CONCURRENT THURSDAY PROGRAMS

PROGRAM H: SESSIONS 47-54
New Techniques, Technology And Concepts; Advances In F/B/EVAR And Parallel Grafts For Complex Aortic Aneurysms And TAAAs; Tribute To Our Military; Endo vs. Open Treatment For Ruptured AAAs; Vascular Robotics And Guidance Systems; New Concepts And Controversies
6:50 A.M. – 5:54 P.M.
Grand Ballroom East, 3rd Floor
THURSDAY
SESSION 47

PROGRAM I: SESSIONS 55-62
New Devices For EVAR And Juxtarenal AAA Repair; TEVAR And TAAA Repair; Lower Extremity Treatment; Updates On EndoAnchors; New Devices For Embolectomy And Clot Removal
6:40 A.M. – 5:32 P.M.
Grand Ballroom West, 3rd Floor

PROGRAM J: SESSIONS 63-70
Venous Topics – Superficial - Improved Treatment Of Varicose Veins
7:20 A.M. – 5:11 P.M.
Trianon Ballroom, 3rd Floor
Course Leaders: Jose I. Almeida, MD, RPVI, RVT
Lowell S. Kabnick, MD, RPhS
Kenneth Ouriel, MD, MBA
Thomas W. Wakefield, MD

PROGRAM H (SESSIONS 47-54)
NEW TECHNIQUES, TECHNOLOGY, CONCEPTS; ADVANCES IN F/B/EVAR AND PARALLEL GRAFTS FOR COMPLEX AAA's AND TAAA's; TRIBUTE TO OUR MILITARY; ADVANCES IN MANAGEMENT OF RUPTURED AAA's; NEW DEVELOPMENTS IN ROBOTICS, GUIDANCE AND IMAGING SYSTEMS; RADIATION SAFETY; NEW CONCEPTS AND DEVICES
Grand Ballroom East, 3rd Floor

SESSION 47 (Grand Ballroom East, 3rd Floor)
EXCITING NEW OR UPDATED TECHNIQUES, CONCEPTS AND TECHNOLOGIES
Moderators: Frank J. Veith, MD
Kenneth Ouriel, MD, MBA

6:50 – 6:55
How To Make AAA Walls Rupture Resistant Or Rupture Free With Glycation: How Does It Work And Current Status
Frans L. Moll, MD, PhD

6:56 – 7:01
Carotid Webs: They Can Cause Strokes: How To Diagnose And Treat Them: Should They Be Treated If Asymptomatic
Evan C. Lipsitz, MD, MBA

7:02 – 7:07
High Pressure Angioplasty Balloons Which Can Have A Curved Configuration When Inflated: How Do They Work And Why They Will Be Helpful
Timothy A.M. Chuter, DM

7:08 – 7:13
Importance Of Velocity Ratios Determined By Vector Velocity Ultrasound To Evaluate SFA Occlusive Disease And Its Treatment
Lars B. Lönn, MD, PhD

7:14 – 7:19
How To Make Thrombolysis Faster And More Accurate With Microbubbles And Other Techniques: How Do They Work
Kak Khee Yeung, MD, PhD

7:20 – 7:25
Status Of Humacyte Tissue Engineered Arterial Vessels For SFA Injury And Other Uses: How Durable Are These Vessels
Jeffrey H. Lawson, MD, PhD

7:26 – 7:31
A New Treatment For Intermittent Claudication And Rest Pain Without Drugs, PTA, Stents Or Bypass: It Will Be A Game-Changer: How Does It Work
Juan C. Parodi, MD
Samuel Fernandez, MD
Progress With An Implanted Piezoelectric Sensor (GraftWorx) To Detect Graft And Stent Flows Remotely; And Wound Assessment With A Cell Phone App
Richard F. Neville, MD

Advances In Computer Generated Vascular Navigation (VPS) Without Fluoroscopy: How Does It Work: Results To Date: Future Prospects And Costs
Matthew J. Eagleton, MD

Game Changing Simplification Of F/EVAR By Automated Planning Software And 3D Printed Patient Specific Templates (Aortica): How Do They Work; How Do They Improve Outcomes; And How Will They Make F/EVAR More Widely Available
Benjamin W. Starnes, MD

Panel Discussion

SESSION 48 (Grand Ballroom East, 3rd Floor)
ADVANCES IN FENESTRATED AND BRANCHED EVAR (F/B/EVAR) AND PARALLEL GRAFTS FOR COMPLEX AAAa AND TAAAs; RELATED CONTROVERSIES
Moderators: James F. McKinsey, MD Frank J. Veith, MD

How To Best Treat Complex AAAa: F/EVAR, B/EVAR, Ch/EVAR Or Open Repair: An Evidenced-Based Algorithm For Decision Making
Jean-Pierre Becquemin, MD

Fenestrated vs. Branched EVAR For Complex AAAa: Which Is Best And When: How To Avoid Limb Ischemia From Prolonged Sheath Placement
Matthew J. Eagleton, MD

Long-Term Results Of Ch/EVAR And Other Parallel Grafts For Juxta- And Pararenal AAAa And TAAas: What Are The Keys To Sustained Success: Are There Concerns: Based On A 10-Year Experience
Mario L. Lachat, MD

Ch/EVAR And F/EVAR For Complex AAAa Have Comparable Results At 30 Days And 1 Year In A Multicenter (VQI) Registry Although Ch/EVAR Was Performed By Lower Volume Surgeons And In More Urgent Settings
Virendra I. Patel, MD, MPH Adam Beck, MD Marc L. Schermerhorn, MD

Optimal Aortic And Branch Endograft Devices And Configurations For Ch/EVAR To Prevent Gutter Endoleaks: From The PERICLES Registry
Salvatore T. Scali, MD Konstantinos P. Donas, MD

F/EVAR And B/EVAR To Treat Failed EVAR Or Open Repair: Tips And Tricks But They Are Not Easy
Timothy A. Resch, MD, PhD

Panel Discussion
Moderators: Konstantinos P. Donas, MD Frank J. Veith, MD
8:40 – 8:45 Chimney Grafts For Treatment Of Type 1A Endoleaks After EVAR: Collected World Experience From The PERICLES Registry Shows Good Results
Sonia Ronchey, MD, PhD
Konstantinos P. Donas, MD
Nicola Mangialardi, MD
Giovanni Torsello, MD

8:46 – 8:51 How To Use Onyx To Fix Gutter Endoleaks After Ch/EVAR: Technical Tips And Precautions
Arne G. Schwindt, MD
Martin J. Austermann, MD
Konstantinos P. Donas, MD

8:52 – 8:57 DEBATE: The More Chimney Grafts One Has With Ch/EVAR The More Endoleaks And Complications One Will Have
Jason T. Lee, MD

8:58 – 9:03 DEBATE: Ch/EVAR Can Be Done Effectively With 4 Chimney Grafts If It Is Done Right: How To Do It
Manish Mehta, MD, MPH

9:04 – 9:09 A New Manifold Multi-Branched Device To Improve And Simplify The Endovascular Treatment Of TAAAs: The Colt Device Concept And Early Clinical Results
Piotr Szopinski, MD

9:10 – 9:15 Panel Discussion

SESSION 49 (Grand Ballroom East, 3rd Floor)
MORE ABOUT F/B/EVAR AND PARALLEL GRAPHS FOR COMPLEX AAA's AND TAAA's: RELATED TOPICS
Moderators: Ronald L. Dalman, MD
Marcelo Ferreira, MD

9:16 – 9:21 10-Year Experience With Multibranched Endograft (Cook) Repair Of TAAAs: Indications For Use, Contraindications, Results And Unsolved Issues
Timothy A.M. Chuter, DM

9:22 – 9:27 F/B/EVAR Is The Best Way To Treat Post Dissection TAAAs: Results To Date And Technical Tips And Value Of Inner Branched Grafts
Eric L.G. Verhoeven, MD, PhD

9:28 – 9:33 DEBATE: For Juxta And Pararenal AAAs Ch/EVAR Can Be A Good Treatment In Certain Situations And If Certain Precautions Are Taken
Jason T. Lee, MD
Konstantinos P. Donas, MD
David J. Minion, MD

9:34 – 9:39 DEBATE: Not So: Failure Modes Of Ch/EVAR And Poor Long-Term Durability Make It A Second Rate Procedure
Adam Beck, MD

9:40 – 9:45 DEBATE: Both Wrong! With Juxta And Pararenal AAAs Ch/EVAR Should Be The First Treatment Option: Late Results Justify This Opinion If The Procedures Are Done Right
Mario L. Lachat, MD

9:46 – 9:51 Panel Discussion

9:52 – 9:57 In Vitro Studies Show How To Improve The Results Of Ch/EVAR And Ch/EVAS With The Nellix Graft
Jan D. Blankensteijn, MD

9:58 – 10:03 Bailout Techniques When F/EVAR Procedures Fail
Martin Malina, MD, PhD
OFF-THE-SHELF (OTS) GRAFTS FOR F/B/EVAR PROCEDURES IN MULTIPLE AORTIC PATHOLOGIES: HOW CAN THEY BE MODIFIED TO EXTEND THEIR APPPLICABILITY; TECHNICAL TIPS AND HOW TO DEAL WITH SMALL TRUE LUMENS

Marcelo Ferreira, MD

WHAT DEFINES AND ASSURES A "HEALTHY" AORTIC SEAL ZONE WITH COMPLEX AAAS AND AAAS: WHEN IS IT CRITICAL AND WHEN CAN COMPROMISES BE MADE

Matthew J. Eagleton, MD

DEBATE: CH/EVAR WORKS IN ONLY A SMALL PROPORTION OF JUXTARENAL AAAS: F/EVAR SHOULD BE THE PREFERRED OPTION FOR TREATMENT

Afshin Assadian, MD

DEBATE: NOT SO: CH/EVAR IS EFFECTIVE FOR TREATMENT OF MOST JUXTARENAL AAAS IF SOME TECHNICAL TIPS ARE FOLLOWED

David J. Minion, MD

Panel Discussion

SESSION 50 (Grand Ballroom East, 3rd Floor)

TRIBUTE TO OUR MILITARY AND SERVICE PHYSICIANS EVERYWHERE: NEW DEVELOPMENTS IN VASCULAR TRAUMA (9-MINUTE TALKS)

Moderators: Eric Elster, MD

Wayne F. Yakes, MD

NEW INFORMATION AND HIGHLIGHTS FROM THE "ENDOVASCULAR AND HYBRID TRAUMA AND BLEEDING MANAGEMENT SYMPOSIUM": A HOT AREA OF MILITARY AND CIVILIAN INNOVATION AND COLLABORATION

Tal M. Hörer, MD, PhD

Todd E. Rasmussen, MD

JOSEPH J. DUBOSE, MD


Joseph J. DuBose, MD

Tal M. Hörer, MD, PhD

STATUS AND VALUE OF REBOA IN GERMANY: IN THE MILITARY AND IN THE CIVILIAN POPULATION: ADVANCES IN THE TECHNOLOGY AND IN TRAINING: WHO CAN DO IT

Michael Engelhardt, MD


Todd E. Rasmussen, MD

The Naval Battle At Guadalcanal And What It Meant To The Marines Fighting There And To The US Victory In The Pacific

Wayne F. Yakes, MD
SESSION 50

Risks And Dangers Of Long Duration Missions In Deep Space: Based On A Study In Twin Astronauts
Lee M. Morin, MD, PhD
11:42 – 11:51

Panel Discussion
11:52 – 12:00

Lunch Break - 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)
12:00 – 1:00

SESSION 51

NEW DEVELOPMENTS IN THE TREATMENT OF RUPTURED AAs (RAAAAs): RELATED CONTROVERSIES

Moderators: Matt M. Thompson, MD
Thomas Larzon, MD, PhD

1:00 – 1:05
The Degree Of Aortic Calcification Is Predictive Of AAA Rupture: How Can It Be Quantitated
Clark J. Zeebregts, MD, PhD

1:06 – 1:11
How AAA Rupture Can Be Predicted By MRI And By 18F-FDG Uptake On PET CT
Natzi Sakalihasan, MD, PhD

1:12 – 1:17
DEBATE: Open Repair Is As Good Or Better Than EVAR For The Treatment Of RAAAas
Jürg Schmidli, MD

1:18 – 1:23
DEBATE: Not True: EVAR Is A Better Treatment Than Open Repair For RAAAas: It Is Obvious That EVAR Should Be The Gold Standard
Sherif A.H. Sultan, MD

1:24 – 1:29
New Concepts And Trends In The Treatment Of RAAAas: EVAR Use Is Increasing: Are Outcomes Improving As A Result
Anders Wanhainen, MD, PhD

1:30 – 1:35
New Tips And Tricks For Open Abdomen Treatment (OAT) For Abdominal Compartment Syndrome With RAAAas: How To Diagnose And Treat It: How To Avoid Hernias With OAT
Martin Björck, MD, PhD

1:36 – 1:41
Panel Discussion
Moderators: James F. McKinsey, MD
Jean-Baptiste Ricco, MD, PhD

1:42 – 1:47
In AAA Patients, Distal Aortic Or Iliac Occlusive Disease Increases The Risk Of Rupture And Should Be An Indication For Earlier Elective Repair
Gregory L. Moneta, MD

1:48 – 1:53
DEBATE: 3-Year Results From The IMPROVE Trial: Have Any Conclusions Changed Or Is EVAR Still No Better Than Open Repair For RAAA Patients
Janet T. Powell, MD, PhD

1:54 – 1:59
DEBATE: Of Course EVAR Is Better Than Open Repair For RAAAas: More Patients Can Be Treated And Procedural Mortality And Turn-Down Rates Are Lower
Benjamin W. Starnes, MD

2:00 – 2:05
Tips And Tricks For Gaining Arterial Access In Hypotensive Unstable AAA Patients
Martin Malina, MD, PhD
2:06 – 2:11 DEBATE: EVAR Offers Real Survival Advantages Over Open Repair For RAAAs: Almost All RAAA Patients Should Be Treated By EVAR And How To Do This
Mario L. Lachat, MD

2:12 – 2:17 DEBATE: Not So: There Is Still A Role For Open Repair With Some RAAA Patients: What Is It
Germano Melissano, MD
Roberto Chiesa, MD

2:18 – 2:24 Panel Discussion

SESSION 52 (Grand Ballroom East, 3rd Floor)
MORE RUPTURED ANEURYSM (AAA & TAA) TOPICS AND CONTROVERSIES

Moderators: Ali F. AbuRahma, MD
Michael B. Silva, Jr., MD

2:24 – 2:29 Natural History Of Type 2 Endoleaks After EVAR For RAAAs: They Are Surprisingly Benign
John E. Rectenwald, MD, MS

2:30 – 2:35 Significance Of Type 2 Endoleaks After EVAR And RAAA With An Aorto-Caval Fistula
Markus K. Furrer, MD

2:36 – 2:41 Curriculum And Benefits From The European SVS Course On Treatment Of RAAAs And Related Adjuncts
Zoran Rancic, MD, PhD
Mario L. Lachat, MD

2:42 – 2:47 Tips And Tricks For Optimal Supraceliac Aortic Balloon Control With RAAAs: It’s Not Simple
Julio A. Rodriguez-Lopez, MD

2:48 – 2:53 DEBATE: Which RAAA Patients Should Be Denied Repair Because Their Outlook For Survival With Repair Is Hopeless – Based On What Criteria Of Futility
Willem Wisselink, MD

2:54 – 2:59 DEBATE: This Is Wrong: Predictive Models For A Hopeless Outlook For RAAA Repair Are Misleading And Should Not Be Used For Clinical Decision Making Not To Attempt Repair: Turn-Down Rates Should Be Lower Than They Are
Matthew W. Mell, MD, MS

3:00 – 3:05 OTS Branched Devices vs. Parallel Grafts For Juxta-And Pararenal RAAAs And Ruptured TAAAs
Bijan Modarai, PhD

3:06 – 3:11 Endovascular Treatment Of Ruptured TAAAs With Sandwich Or Branched Endografts: Which Technique For Which Patients
Giovanni Torsello, MD

Janet T. Powell, MD, PhD

3:18 – 3:23 DEBATE: Not True: With Current Improved Techniques And Adjuncts EVAR Can Be Performed Successfully In RAAA Patients With Hostile Neck Anatomy And With Good Outcomes
Marc R.H.M. van Sambeek, MD, PhD

3:24 – 3:30 Panel Discussion

3:30 – 3:40 Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 53 (Grand Ballroom East, 3rd Floor)
VASCULAR ROBOTICS; IMAGING SYSTEMS; VIRTUAL REALITY AND GUIDANCE; HYBRID ROOMS
Moderators: Mark A. Farber, MD
Jean Bismuth, MD

3.40 – 3.45 Advances In Robotic Laparoscopic Treatment Of AAAs: Value Of The Gore Hybrid Graft In Dealing With Complex AAAs
Fabien Thaveau, MD, PhD

Nicholas J.W. Cheshire, MD

3.52 – 3.57 How To Build A Hybrid OR: What Equipment And Staffing Are Needed: How To Assure Fair And Optimal Usage
Mark A. Adelman, MD

3.58 – 3.57 How To Convince Institutional Administration And Management To Build A Hybrid OR And How To Make It Profitable
Alan B. Lumsden, MD

3.58 – 3.57 Role Of 3D Fusion Imaging And Guidance With The Siemens Artis Zeego System For Complex Vascular Interventions: Advantages And Limitations
Neal S. Cayne, MD

3.58 – 3.57 New Developments In Advanced Fusion Imaging (Track Vision, GE) For Better Translumbar Type 2 Endoleak Treatment And Percutaneous Distal Branch Puncture And Retrograde Wiring When Prograde Techniques Fail During F/B/EVAR
Stephan Haulon, MD

3.59 – 3.59 Benefits Of Fusion Imaging For Treating TBADs: It Can Be Essential
Herve Rousseau, MD, PhD

3.59 – 3.59 Value Of Fusion, Re-Entry Devices And Variable Curvature Sheath For Treating Complex Aorto-Iliac Occlusive Disease Endovascularly
Klaus M. Overbeck, MD, MPhil

3.59 – 3.59 Differences Between 2D-3D Fusion And 3D-3D Fusion Imaging: Why It Matters For Endovascular Procedures
Giovanni F. Torsello, MD
Giovanni Torsello, MD

3.59 – 3.59 CTA Image Fusion With The Philips Vessel Navigator To Facilitate F/EVAR (Video)
Marc L. Schermerhorn, MD

3.59 – 3.59 Panel Discussion

SESSION 54 (Grand Ballroom East, 3rd Floor)
RADIATION SAFETY; IMAGING; NEW CONCEPTS AND DEVICES
Moderators: Lindsay Machan, MD
Evan C. Lipsitz, MD, MBA

4.47 – 4.52 How To Reduce Radiation Exposure During Complex Aortic Procedures: Virtual Guidance Systems Will Help: How Do They Work
Götz M. Richter, MD, PhD
ENDOVASCULAR REPAIR OF AAAs WITH COMMON IliAC ANEURYSMS: COMPARISON OF SANDWICH GRAFTS VS. HYPOGASTRIC EXCLUSION VS. BELL BOTTOM TECHNIQUE

Armando C. Lobato, MD, PhD

“LIGHT WEIGHT” RADIATION PROTECTIVE GEAR (CAPS, GLASSES, LEAD GOWNS) IS A MISNOMER: THESE DEVICES FALL SHORT: HOW SHOULD VASCULAR SPECIALISTS BEST PROTECT THEIR BRAIN, EYES AND BODY FROM RADIATION

Lindsay Machan, MD

NEW TECHNIQUES IN RADIATION EXPOSURE MONITORING AND PROTECTION FOR OPERATORS AND OTHERS

Mark A. Farber, MD

CO2 ANGIOGRAPHY AND CO2 GUIDED INTERVENTIONS FOR TREATMENT OF LOWER EXTREMITY AND ABDOMINAL ARTERIAL LESIONS: TIPS AND TRICKS TO DO THEM SIMPLY AND SAFELY

Kyung Cho, MD

PROMOTING OPERATOR RADIATION SAFETY: HOW A SIMULATION SYSTEM CAN HELP

Lars B. Lönn, MD, PhD

THE TOUR GUIDE SYSTEM (MEDTRONIC) TO FACILITATE DIFFICULT CATHETERIZATIONS AND PROCEDURES: WHAT IS IT AND WHAT IS ITS VALUE

Fabien Thaveau, MD, PhD

MANAGING ANTICOAGULATION WHEN NEEDED TO AVOID POSTOP HEMORRHAGE

Timothy K. Liem, MD, MBA

A PRESSURIZED CADAVER MODEL TO AUGMENT OPEN VASCULAR TRAINING

Christian Ochoa, MD

Panel Discussion

End of Program H

PROGRAM I (SESSIONS 55-62)

NEW DEVICES FOR EVAR AND COMPLEX AAA REPAIR; TEVAR AND TAAA REPAIR; LOWER EXTREMITY TREATMENT; PREVENTION OF ENDOLEAKS AND MIGRATION; CLOT REMOVAL AND EMBOLIZATION

Grand Ballroom West, 3rd Floor

SESSION 55 (Grand Ballroom West, 3rd Floor)

UPDATE ON NEW DEVICES FOR EVAR AND JUXTA- AND PARARENAL AAAs; AND ILIAC BRANCHED DEVICES (4 ½ MINUTE TALKS)

Moderators: Timur P. Sarac, MD Ali F. AbuRahma, MD

NEW HORIZON SINGLE SIDED ACCESS ENDOGRAFT FOR EVAR: HOW IT WORKS AND EARLY CLINICAL RESULTS

Felice Pecoraro, MD Mario L. Lachat, MD

THE ALTURA ENDOGRAFT (Lombard Medical) FOR EVAR: 5-YEAR FAVORABLE RESULTS: ADVANTAGES AND LIMITATIONS

Albrecht H. Krämer, MD
6:50 – 6:55 Long-Term Results Of The Repositionable C3 Gore Excluder For EVAR: Value And Limitations
Eric L.G. Verhoeven, MD, PhD
Athanassios Katsarygris, MD

6:55 – 7:00 How Do The Long-Term Results Of The OVER RCT Reflect On The Issue Of Worse Late Deterioration In The Survival Of Its EVAR Patients
Frank A. Lederle, MD

7:00 – 7:05 When The AFX Endograft (Endologix) Is Used With A Large Diameter Proximal Cuff To Treat AAAs With A Large Diameter Proximal Neck: There Is A Possibility Of Type 3 Endoleaks At The Cuff-Endograft Junction
Gregg S. Landis, MD

7:05 – 7:10 Experience With The Low Profile InCraft Endograft (Cordis – Cardinal Health) For EVAR: Advantages And Limitations
Germano Melissano, MD
Roberto Chiesa, MD

7:10 – 7:15 Panel Discussion
Moderators: Keith D. Calligaro, MD
John H. Furtek, BS, RT(r)

7:15 – 7:20 The Ovation (Prime And Alto) Endograft (TriVascular/Endologix) For EVAR: Unique Advantages, Clinical Experience And Limitations: Why Neck Enlargement Does Not Occur
Sean P. Lyden, MD
Carlo Setacci, MD
Andrew Holden, MBChB

7:20 – 7:25 EVAR With The Zenith Flex AAA Endograft (Cook) Results In Greater AAA Sac Shrinkage Than With Other Grafts
Naoki Fujimura, MD, PhD

7:25 – 7:30 The Treovance Endograft (Bolton Medical) For EVAR: Advantages, Clinical Experience And Status In The US
Matthew J. Eagleton, MD

7:30 – 7:35 The Value Of A Customized Treo EVAR Device (cEVAR) For Unusual AAA Treatment: Does It Have A Place Between F/EVAR And Standard EVAR
Fabrizio Fanelli, MD
Vincenzo Riaimbau, MD, PhD

7:35 – 7:40 Long-Term Good Results With The Aorfix Endograft (Lombard) For EVAR In Patients With Highly Angled Proximal Necks And Tortuous Iliac Arteries
Mark F. Fillinger, MD

7:40 – 7:45 New Enhanced Conformable Excluder (Gore) Endograft For EVAR With Hostile Neck Anatomy: How Does It Work And Results Of The European EXCEL Registry
Robert Y. Rhee, MD
Marc R.H.M. van Sambeek, MD, PhD
Dittmar Böckler, MD

7:45 – 7:50 Panel Discussion

ILIAC BRANCHED DEVICES (IBDs)

7:50 – 7:55 Algorithm For Optimal Usage Of The Gore Iliac Branched Device (IBD) To Revascularize Hypogastric Arteries In Patients With Common Iliac Aneurysms
Darren B. Schneider, MD
THURSDAY
SESSIONS 55–56

7:55 – 8:00 10-Year Experience And Results With The Zenith IBD (Cook) For Hypogastric Artery Revascularization: Advantages And Limitations
Fabio Verzini, MD, PhD
Piergiorgio Cao, MD

8:00 – 8:05 Update On The Status Of The Zenith IBD (Cook) For Hypogastric Artery Revascularization In The US: From The PRESERVE II Trial
W. Anthony Lee, MD

8:05 – 8:10 Multicenter Results With The Jotec IBD Show It To Be Safe And Effective For Treating Hypogastric Artery Aneurysms
Jan S. Brunkwall, MD, PhD

DEVICES FOR F/EVAR

8:10 – 8:15 How Routine Preop 3D Model Testing Can Optimize Fenestrated Anaconda Device (Vascutek/Terumo) Design And F/EVAR
Afshin Assadian, MD
Juergan Falkensammer, MD

8:15 – 8:20 Advantages Of And Clinical Experience With The Repositionable Anaconda Endograft For F/EVAR
Donald B. Reid, MD

8:20 – 8:25 Comparison Of Anaconda And Zenith Endografts For F/EVAR: Advantages Of Each
Jan S. Brunkwall, MD, PhD

8:25 – 8:31 Panel Discussion

SESSION 56 (Grand Ballroom West, 3rd Floor)
ENDOVASCULAR ANEURYSM SEALING (EVAS) FOR SIMPLE AND COMPLEX AAAs; ASPECTS OF OTHER NEW DEVICES FOR COMPLEX AAAs (4½-MINUTE TALKS)
Moderators: Kenneth Ouriel, MD, MBA
Andrew Holden, MBChB

8:32 – 8:37 Midterm Results With The P-Branch OTS Fenestrated Endograft (Cook) For Complex AAAs
Mark A. Farber, MD

8:37 – 8:42 Is Polymer Technology With AAA Endografts (Nellix And Ovation) An Advantage To Achieve Endograft Sealing: Without And With Chimney Grafts
Venkatesh G. Ramaiah, MD

8:42 – 8:47 Failure Modes With Nellix EVAR: What Can Be Done To Prevent Them: Evolution Of The Nellix Graft And Its IFU: A New Non-Binary IFU And Algorithm Improves Results
Matt M. Thompson, MD

8:47 – 8:52 The Nellix Endograft And EVAR For AAA Treatment: Where Has It Lived Up To Its Promise And What Are Its Limitations
Jeffrey P. Carpenter, MD

8:52 – 8:57 How To Preserve Hypogastric Artery Flow With Nellix EVAS In Patients With Iliac Aneurysms
Dainis K. Krievins, MD

8:57 – 9:02 New Technique For Using Nellix Endograft To Treat Failed EVARs With Migration And Type 1A Endoleak: Technical Tips
Barend M.E. Mees, MD, PhD
THURSDAY
SESSIONS 56–57

9:02 – 9:07
Technical Tips For Open Conversion After Failed Nellix EVAS: Reasons For Failure And Results
Dittmar Böckler, MD

9:07 – 9:12
Panel Discussion

Moderators: Peter L. Faries, MD
Patrick J. Lamparello, MD

9:12 – 9:17
Technical Tips For Performing Chimney Grafts With Nellix EVAS (Ch/EVAS): And How To Get Good And Durable Long-Term Results
Ian Loftus, MD
Peter J.E. Holt, MD, PhD

9:17 – 9:22
Incidence Of Type 1A Endoleaks After Nellix EVAS Is Low; How To Prevent Them And How Best To Treat Them With Ch/EVAS
Andrew Holden, MBChB

9:22 – 9:27
Lessons Learned From Using Ch/EVAS And Other Techniques To Treat Type 1A Endoleaks: When Is Open Conversion Necessary
Fabio Verzini, MD, PhD

9:27 – 9:32
How To Detect Endoleaks After Nellix EVAS: How To Prevent, Diagnose And Treat Them
Michel M.P. Reijnen, MD, PhD

9:32 – 9:37
Incidence Of Type 1A Endoleaks After Nellix EVAS Is Low; How To Prevent Them And How Best To Treat Them With Ch/EVAS
Andrew Holden, MBChB

9:37 – 9:42
Tips And Tricks For Treating Endovascularly Endoleaks Of All Types: Open Conversion Is Almost Never Necessary
Robert A. Morgan, MD

9:42 – 9:48
Panel Discussion

9:49 – 10:05
Break - Visit Exhibits And Pavilions
(2nd and 3rd Floors)

SESSION 57 (Grand Ballroom West, 3rd Floor)
NEW DEVICES FOR TREATMENT OF ASCENDING AORTIC AND ARCH LESIONS; TEVAR; CH/TEVAR AND OTHER MODIFICATIONS OF TEVAR (4 ½ MINUTE TALKS)

Moderators: Ali Khoynezhad, MD, PhD
Rodney A. White, MD

10:05 – 10:10
Advantages Of Low Profile Endograft Systems For TEVAR: Are There Any Disadvantages
Giovanni F. Torsello, MD
Giovanni Torsello, MD

10:10 – 10:15
The New Gore TAG Conformable Thoracic Aortic Endograft System With Active Control For More Precise Graft Placement In Highly Curved Arches: How It Works And Early Clinical Experience
Dittmar Böckler, MD

10:15 – 10:20
Transapical Approach For Deploying A Branched Endograft (Braile Medical) To Treat An Aortic Arch Aneurysm
Diego F. Gaia, MD, PhD

10:20 – 10:25
Advantages Of The Bolton Relay Pro Low Profile Endograft For Thoracic Aortic Lesions: Why They Make A Difference
Vicente Riambau, MD, PhD
THURSDAY
SESSIONS 57–58

10:25 – 10:30
Branched Endografts For Aortic Arch Pathology: Comparative Advantages Of The 2 Available Commercial Arch Endografts From Cook And Bolton
Tilo Köbel, MD, PhD

10:30 – 10:35
Panel Discussion

10:35 – 10:40
Advantages Of Custom Made Thoracic Endografts With Proximal Or Distal Scallop: (Bolton) For Complex TEVARs
Michael P Jenkins, MBBS, BSc, MS
Jean-Marc Alsac, MD, PhD
Clark J. Zeebregts, MD, PhD

10:40 – 10:45
Update On The Novel Nexus Single Fenestrated Endograft System For Treating Aortic Arch Lesions: Concept And Clinical Results
Thomas F. Lindsay, MD
Mario L. Lachat, MD
Nicola Mangiafárdi, MD

10:45 – 10:50
Early Clinical Results And Experience With Next Generation (Valiant Navion) Low Profile TEVAR Device
Frank R. Arko, MD
Eric E. Roselli, MD

10:50 – 10:55
The Core Single Branched TAG Thoracic Endograft For Treating Aortic Arch Lesions: Initial Clinical Results And Future Potential: Will It Supersede Multibranched Arch Endografts
Michel Makaroun, MD
Michael D. Dake, MD

10:55 – 11:00
In Situ Fenestration Of Thoracic Endografts To Enable Supra-Aortic Branch Revascularization And Facilitate Endovascular Treatment Of Aortic Arch Lesions: Technique And Results
Wei Guo, MD

11:00 – 11:05
Panel Discussion

SESSION 58 (Grand Ballroom West, 3rd Floor)
NEW DEVICES FOR THE TREATMENT OF THORACIC AORTIC LESIONS AND TAAAs (4 ½ MINUTE TALKS)
Moderators: Nicholas J.W. Cheshire, MD Zhong Chen, MD Wayne W. Zhang, MD

11:05 – 11:10
How Has Progress In Large Sheath Technology Improved TEVAR, F/B/EVAR And Other Complex Endo Procedures
Benjamin W. Starnes, MD

11:10 – 11:15
How Endograft Device Design Influences TEVAR Outcomes When Treating For TBADs
Mark A. Farber, MD

11:15 – 11:20
Changing Spectrums Of Reinterventions After TEVAR With Different Evolving Commercial Devices
Ronald M. Fairman, MD

11:20 – 11:25
What Late Complications And Failures Of Open Thoraco-Abdominal Bypass Can Best Be Treated Endovascularly: Technical Tips For Doing So
Albrecht H. Krämer, MD

11:25 – 11:30
How To Choose Thoracic Endografts For TEVAR For Various Lesions: What Are The Differences Between Devices
Ludovic Canaud, MD, PhD
11:30 – 11:35 Performance Advantages Of The Conformable Gore TAG Endograft
Santi Trimarchi, MD, PhD

11:35 – 11:40 Bolton Relay Endograft For TEVAR: Advantages; Status And Availability In The US
Christopher J. Kwolek, MD

11:40 – 11:45 Value Of Custom Made Proximal Scallop Endografts (Bolton Medical) For Patients Requiring TEVAR After Ascending Aortic Repair For Type A Dissections: Is An OTS Device Coming
Jean-Marc Alsac, MD, PhD

11:45 – 11:50 Advantages Of The Cook Low Profile Alpha Endograft System For TEVAR: Clinical Results To Date
Athanasios Katsargyris, MD
Eric L.G. Verhoeven, MD, PhD

11:50 – 11:55 TEVAR With And Without Left Subclavian Artery Coverage: Advantages And Disadvantages Of Both: From The VALOR Trial
Carlos E. Donayre, MD
Rodney A. White, MD

11:55 – 12:00 Panel Discussion

12:00 – 1:00 Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 59 (Grand Ballroom West, 3rd Floor)
NEW DEVICES FOR TREATING LOWER EXTREMITY ARTERIAL LESIONS: NEW ENDOVASCULAR TREATMENTS, PROSTHETIC GRAFTS, HEPARIN BONDING TO GRAFTS (5-MINUTE TALKS)
Moderators: Enrico Ascher, MD Yann Gouëffic, MD, PhD

1:00 – 1:05 Improved Atherectomy For Treatment Of Complex And Calcified Lesions With The Phoenix Front-Cutting And Aspirating Device (Philips-Volcano): How Does It Work And Results
Michael K.W. Lichtenberg, MD

1:06 – 1:11 Advantages And Limitations Of The OCT Guided Atherectomy Device (Panthera And Ocelot Systems From Avinger) In The Treatment Of Iliac And Lower Extremity Arterial Lesions: Concepts, Indications And Results
Patrick E. Muck, MD
Matthew Recht, MD
Marianne Brodmann, MD

1:12 – 1:17 Over-The-Wire Endarterectomy And Relining System With DCB For SFA Lesions: The DEF AR Study (An RCT): Concept And Clinical Results
Patrick Peeters, MD

1:18 – 1:23 Spiral Laminar Flow Prosthetic Vascular Grafts For Bypasses And A-V Access: Concept, Advantages And Results
Hosam F. El Sayed, MD

1:24 – 1:29 The Chocolate (Restrained Balloon – TriReme Medical & QT Vascular): Concept, Why It Is Better Than Other Angioplasty Balloons, And Results
Francesco Speziale, MD
Lawrence A. Garcia, MD
1.30 – 1.35 Propensity Matched 5-Year Comparison Of Propaten PTFE Grafts (Gore) And ASV Grafts For Below-The-Knee (BTK) Fem-Pop Bypasses
Raffaele Pulli, MD
Carlo Pratesi, MD

1.36 – 1.41 DEBATE: Propaten Grafts With Bonded Heparin (Gore) Yield Better 5-Year Results For Fem-Pop Bypass Than Those Of Similar PTFE Grafts Without Heparin Bonding
Russell H. Samson, MD, RVT

1.42 – 1.47 DEBATE: The Evidence Is Not Convincing That Heparin Bonding With Propaten PTFE Grafts Improves Bypass Patency
Jonathan D. Beard, ChM, MEd

1.48 – 1.53 Are Propaten Heparin Bonded PTFE Grafts Better Than Standard PTFE Grafts For Lower Extremity Bypasses: What Do The 5-Year Results Of A RCT Tell Us And Do We Need Another RCT
Jes S. Lindholt, MD

1.54 – 2.00 Panel Discussion

SESSION 60 (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS AND DEVICES FOR LOWER EXTREMITY STENTS, BALLOONS, AHERECTOMY AND STENT-GRAFTS; TECHNICAL ADVANCES TO IMPROVE THEIR USE (5-MINUTE TALKS)
Moderators: Kim J. Hodgson, MD Giancarlo Biamino, MD, PhD

2.00 – 2.05 Are There Late Problems With Current DESs And DCBs For The Treatment Of SFA Lesions: Can Improved Technology With Sustained Release From Drug Reservoirs Overcome Them: What Else Offers Promise
Dierk Scheinert, MD

2.04 – 2.11 Status Of Biodegradable Stents To Treat Lower Extremity Lesions: 3-Year Results Of The ESPRIT Trial: Advantages, Limitations And Future Prospects
Michael D. Duke, MD
Michael R. Jaff, DO

2.12 – 2.17 Value And Availability In The US Of DESs To Treat BTK Popliteal And Crural Arteries: Indications And Future Prospects
Robert A. Lookstein, MD, MHCDL

2.18 – 2.23 A New 2-Component Tigris Stent (Gore) For Treatment Of Lower Extremity Occlusive Lesions: Advantages And Limitations
Thomas Zeller, MD

2.24 – 2.29 Advantages Of Swirling Flow Induced By The BioMimics 3D Helical Stent (Veryan): How Does It Work And 2-Year Results Of A RCT vs. Standard Stents
Michael K.W. Lichtenberg, MD
Thomas Zeller, MD
2:30 – 2:35 A New Different DCB – The Luminor (iVascular) For Treating BTK Popliteal And Crural Artery Lesions Causing CLTI: What Makes It Different And Favorable 1-Year Results
Vicente Riambau, MD, PhD

2:36 – 2:41 Value To Date And Potential Value Of The Bullfrog Microinfusion Balloon Device (Mercator MedSystem) For Better Local Drug Delivery Into The Vessel Wall To Treat Arterial Lesions: 1-Year Plus Results Of The DANCE Trial With Dexamethasone Delivery
George L. Adams, MD
Mahmood Razavi, MD

2:42 – 2:47 2-Year Results Of The Tack Optimized Balloon Angioplasty (TOBA) Trial For Fem-Pop And BTK Lesions Demonstrates Safety, Efficacy And Cost Effectiveness Of Tack Device (Intact Vascular) In Repairing Focal PTA Dissections
Christian Wissgott, MD
Marianne Brodmann, MD
Marc Bosiers, MD
Thomas Zeller, MD
Michael R. Jaff, DO

2:48 – 2:53 What Special Forces Do Infrapopliteal Arteries Exert On Stents And Why Will The Tack Device (Intact Vascular) Be Better Able To Resist These Forces Than Stents
John H. Rundback, MD

2:54 – 3:02 Panel Discussion

3:03 – 3:15 Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 61 (Grand Ballroom West, 3rd Floor)
NEW DEVICES TO PREVENT AND TREAT ENDOLEAKS AND ENDOGRAFT MIGRATION; ENDOTENSION; ENDOANCHORS (4 ½-MINUTE TALKS)
Moderators: Luis A. Sanchez, MD
William D. Jordan, Jr., MD

3:15 – 3:20 Endotension Is Real: Pathophysiology, Prevention, Diagnosis And How To Manage
Edmo A. Gabriel, MD, PhD

3:20 – 3:25 When Can Onyx Be Used Effectively To Seal Type 1A Endoleaks And When It Won't Work: Technical Tips On How To Use It
Mark Conrad, MD, MMSc

ENDOANCHORS: INDICATIONS AND VALUE

3:25 – 3:30 Long-Term (8-10 Years) Effectiveness With EndoAnchors (Aptus/Medtronic) On Proximal Neck Outcomes After EVAR: From The STAPLE 1 And 2 Trials
David H. Deaton, MD

3:30 – 3:35 Value And Cost Effectiveness Of EndoAnchors In EVAR: In What Circumstances Do Their Prophylactic Use Prevent Type 1A Endoleaks And Migration: Can They Help With Short (4-10 mm) Necks: Based On 4-Year Results
Jean-Paul de Vries, MD, PhD
THURSDAY
SESSIONS 61–62

3:35 – 3:40
When Can EndoAnchors Be Used To Treat And Eliminate Type 1A Endoleaks And When Won’t They Work: Technical Tips To Make Them Work
William D. Jordan, Jr., MD

3:40 – 3:45
Do EndoAnchors Prevent Aortic Neck Dilation After EVAR With Self-Expanding Endografts
Apostolos K. Tassiopoulos, MD

3:45 – 3:50
EndoAnchors To Prevent And Treat Type 1A Gutter Endoleaks With Ch/EVAR: Technical Tips And Use Of IVUS To Avoid Pitfalls
Frank R. Arko, MD

ENDOANCHORS WITH TEVAR

3:50 – 3:55
Value Of EndoAnchors In TEVAR Procedures With Imperfect Landing Zones: Technical Tips To Make Them Avoid Pitfalls
Jean M. Panneton, MD

3:55 – 4:00
Indications And Value Of EndoAnchors In TEVAR Procedures And Endovascular TAAA Repairs
Piotr M. Kasprzak, MD

4:00 – 4:05
EndoAnchors Can Prevent Cranial Migration Of Thoracic Endografts: When And How Should They Be Used
Vicente Riambau, MD, PhD

4:05 – 4:12
Panel Discussion

SESSION 62 (Grand Ballroom West, 3rd Floor)
NEW DEVICES FOR EMBOLECTOMY CLOT REMOVAL AND EMBOLIZATION AND THEIR COMPLICATIONS (4 ½ MINUTE TALKS)
Moderators: Kim J. Hodgson, MD Keith D. Calligaro, MD

4:12 – 4:17
Advantages, Downsides And Risks Of Percutaneous Mechanical Clot Removal
Guillermo A. Escobar, MD

4:17 – 4:22
Renal Failure After Percutaneous Mechanical Clot Removal: Causes, Prevention And Treatment
Vikram S. Kashyap, MD

4:22 – 4:27
An Improved Device For Clot Fragmentation And Aspiration With Less Hemolysis: How Does The JETI System (Walk Vascular) Work
Mahmood Razavi, MD

4:27 – 4:32
Rotational Thrombectomy With The Rotarex Device (Straub Medical) Combined With DCBs As Treatment For ISR: Is It Better Than Other Techniques
Sigrid Nikol, MD

4:32 – 4:37
Catheter Based Vacuum Assisted Thrombectomy With The Indigo System (Penumbra): How Does It Work, Advantages, Limitations And Technical Tips For Usage
James F. Benenati, MD

4:37 – 4:42
New Endovascular Approaches To Deal With Distal Embolization And Thrombosis Complicating Endovascular Treatments: The Indigo CAT System (Penumbra): Concept, Advantages And Limitations: Value In ISR
Frank R. Arko, MD
THURSDAY
SESSIONS 62–63

4:42 – 4:47
Value And Limitations Of Thrombo-Suction For Acute Limb Ischemia: Devices, Technical Tips, Precautions And Complications
Athanasios Katsargyris, MD
Eric L.G. Verhoeven, MD, PhD

4:47 – 4:52
Simple Techniques To Clear Thrombotic Occlusions Occurring With Retrograde Tibial Distal Access
Thomas O. McNamara, MD

4:52 – 4:57
Clearing Intraprocedural Thrombotic And Embolic Complications Of Endovascular Procedures With The Indigo System: Technical Tips, Precautions And Results
Sharif H. Ellozy, MD

4:57 – 5:04
Panel Discussion

NEW TECHNIQUES FOR THERAPEUTIC EMBOLIZATION

5:05 – 5:10
Recent Advances In Embolotherapy
Mahmood Razavi, MD

5:10 – 5:15
A New Liquid Embolic Agent – 34 L Onyx: Concept, Advantages And Limitations In The Treatment Of Various Vascular Pathologies
Furuzan Numan, MD

5:15 – 5:20
Alternative Embolization Strategies For Treating Challenging Type 2 Endoleaks With POD And POD Packing Coils (Penumbra): How To Do It
Mazin Foteh, MD

5:20 – 5:25
Why Coil Embolization Packing Density Matters: Based On Results Of A Large Volume Coil Embolization Study
Frank R. Arko, MD

5:25 – 5:32
Panel Discussion

End of Program I

PROGRAM J (SESSIONS 63–70)
SUPERFICIAL VENOUS DISEASE AND VARICOSE VEINS
Trianon Ballroom, 3rd Floor
Course Leaders: Jose I. Almeida, MD, RPVI, RVT
Lowell S. Kabnick, MD, RPhS
Kenneth Ouriel, MD, MBA
Thomas W. Wakefield, MD

SESSION 63 (Trianon Ballroom, 3rd Floor)
VENOUS CLINICAL EXAMINATION AND HEMODYNAMICS
Moderators: Jose I. Almeida, MD, RPVI, RVT
Lowell S. Kabnick, MD, RPhS
Kenneth Ouriel, MD, MBA
Thomas W. Wakefield, MD

7:20 – 7:24
Introduction To Veins At VEITH
Jose I. Almeida, MD, RPVI, RVT

7:25 – 7:30
Establishing The Treatment Plan With CEAP & VCSS
Jose I. Almeida, MD, RPVI, RVT

7:31 – 7:36
Venous Symptoms Consensus (SYMVein): European Venous Forum And The International Working Group
Bo G. Eklof, MD, PhD

7:37 – 7:42
Outcome Assessment Of CVD
Lowell S. Kabnick, MD, RPhS
THURSDAY
SESSIONS 63–65

7:43 – 7:48 Evidence Summary On The Pathophysiology Of Varicose Veins
Thomas W. Wakefield, MD

7:49 – 7:54 Venous Flow And Pressure: Modern Concepts
Seshadri Raju, MD

7:55 – 8:00 Identifying Reflux Pathways With Duplex Ultrasound Mapping
Neil M. Khilnani, MD

8:01 – 8:06 Physiology Of Venous Return
Brajesh K. Lal, MD

8:07 – 8:12 Contemporary Concept Of Hemodynamic Changes In CVD: IUP Consensus-2016
Byung-Boong (B.B.) Lee, MD

8:13 – 8:18 Treatment Of Varicose Veins By ASVAL: Results At 10 Years
Sylvain Chastanet, MD

8:19 – 8:24 Influence Of The Competence Of The SFJ On The Mode Of Treatment Of Varicose Veins
Paul Pittaluga, MD

8:25 – 8:30 Panel Discussion

SESSION 64 (Trianon Ballroom, 3rd Floor)
VENOUS IMAGING TECHNIQUES
Moderators: William A. Marston, MD
Brajesh K. Lal, MD

8:31 – 8:36 Optimization Of Duplex Exam Image
Jan M. Sloves, RVT

8:37 – 8:42 How To Recognize Variants On The Venous Duplex Exam
Neil M. Khilnani, MD

8:43 – 8:48 What Should The Venous Duplex Examination Include And How Should It Be Performed
Mark H. Meissner, MD

8:49 – 8:54 Can You Predict Venous Severity Based On Reflux Time
William A. Marston, MD

8:55 – 9:00 Vein Diameter Is Not The Key For Stratifying Interventional Strategies For Superficial Venous Disease
Alun H. Davies, MA, DM, DSc

9:01 – 9:06 Reflux Elimination Test For Saphenous Sparing Technique
Sylvain Chastanet, MD

9:07 – 9:12 The Argument Against Routine Duplex Ultrasound After Truncal Ablation: An Evidence-Based Cost-Benefit Analysis
Thomas F. O’Donnell, Jr., MD

9:13 – 9:18 Panel Discussion

SESSION 65 (Trianon Ballroom, 3rd Floor)
SUPERFICIAL VEIN TREATMENT STRATEGIES AND TECHNIQUES
Moderators: Jose I. Almeida, MD, RPVI, RVT
Edward G. Mackay, MD

9:19 – 9:24 Lower Limb Venous Kinetics And Impact On Venous Drainage
Sergio Gianesini, MD, PhD
9:25 – 9:30 Tributary Avulsions/Foam Sclerotherapy Should Be Done At The Same Time As Truncal Ablation
Alan H. Davies, MA, DM, DSc

9:31 – 9:36 EHIT 2, 3, 4: Management Recommendations
Lowell S. Kabnick, MD, RPhS

9:37 – 9:42 17 Years Of Lessons Learned From Laser Ablation
Jean Luc Gerard, MD

9:43 – 9:48 Step By Step: Phlebectomy
Paul Pittaluga, MD

9:49 – 9:54 Superficial Reflux With Obstructed Deep Veins: When And When Not To Treat
Jose I. Almeida, MD, RPVI, RVT

9:55 – 10:00 Incidence, Causes, And Treatment Of Recurrent Varicose Veins Following Endovenous Thermal Ablation
Edward G. Mackay, MD

10:01 – 10:06 Panel Discussion
Moderators: Alan H. Davies, MA, DM, DSc
Raghu Kolluri, MD

NON-THERMAL ABLATION

10:07 – 10:12 Ultrasound Guided Foam Sclerotherapy: Tips And Tricks
Sergio Gianesini, MD, PhD

10:13 – 10:18 Meta-Analysis Of 1000 Truncal Vein Ablations With Cyanoacrylate Glue
Kursat A. Bozkurt, MD

10:19 – 10:24 Cyanoacrylate Embolic Adhesive vs. RFA: Three-Year Follow-Up Pivotal Trial
Raghu Kolluri, MD

10:25 – 10:30 Perforating Vein Ablation With Turkish Glue: 1 Year Follow-Up Data
Kursat A. Bozkurt, MD

10:31 – 10:36 Updates On The Cost Effectiveness Of Glue And MOCA Techniques vs. Thermal Ablation
Alan H. Davies, MA, DM, DSc

10:37 – 10:42 Mechanochemical Ablation: The Three-Year Outcome Of A Prospective Trial On 100 Patients With GSV Incompetence
Michel M.P. Reijnen, MD, PhD

Tomasz Urbanek, MD

10:49 – 10:54 Polidocanol Endovenous Microfoam: Current Use
Edward G. Mackay, MD

10:55 – 11:00 Panel Discussion

VENOUS GOVERNANCE

Moderators: Lowell S. Kabnick, MD, RPhS
R. Clement Darling III, MD

11:01 – 11:06 IAC Vein Center Accreditation: Is It Important
Alan M. Dietzek, MD, RPVI

11:07 – 11:12 CMS Policy, Payments And Pitfalls
Harold J. Welch, MD
Jose I. Almeida, MD, RPVI, RVT

11:19 – 11:24  Quality Metrics For OBLs  
Paul J. Gagne, MD

11:25 – 11:30  Using The VVR VQI To Evaluate The Effect Of Age On Outcomes In Varicose Vein Surgery  
Nicholas H. Osborne, MD, MS

11:31 – 11:36  The Unthinkables In Venous Practice: Is There A Solution  
Elna M. Masuda, MD

11:37 – 11:42  How To Have A Paper Accepted To JVS Venous And Lymphatic And JVS Case Report  
Peter F. Lawrence, MD

11:43 – 11:48  Joint Venous Council Progress Update  
Jose I. Almeida, MD, RPVI, RVT

11:49 – 11:54  MACRA For A Vein Practice  
Lowell S. Kabnick, MD, RPhS

11:55 – 12:00  Panel Discussion

12:01 – 12:59  Lunch Break – 2nd Floor Promenade  
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 67 (Trianon Ballroom, 3rd Floor)

EXAMINING THE EVIDENCE

Moderators: Marc A. Passman, MD  
Glenn Jacobowitz, MD

1:00 – 1:05  Recent Consensus Update: Venous Symptoms  
Armando Mansilha, MD, PhD

1:06 – 1:11  Phlebolymphedema: Hallmark Of Combined Insufficiency Of Venous-Lymphatic System  
Byung-Boong (B.B.) Lee, MD

1:12 – 1:17  Is The Vein Wall Thickness A Useful Indicator Of Response In Patients With Chronic Venous Disease  
Ignacio Escotto, MD

1:18 – 1:23  The Varicose Vein Registry And Its Role In The Future Of Vein Care  
Thomas W. Wakefield, MD

1:24 – 1:29  Thermal Ablation On Anticoagulated Patients: Is It Safe And Effective  
Glenn Jacobowitz, MD

1:30 – 1:35  Is There A Need To Correct A Refluxing Accessory Thigh Vein  
Lowell S. Kabnick MD, RPhS

1:36 – 1:41  Is C2 Disease Progressive  
Mark H. Meissner, MD

1:42 – 1:47  Why Graduated Compression Is An Insurance Requirement  
Fedor Lurie, MD, PhD

1:48 – 1:53  Panel Discussion

SESSION 68 (Trianon Ballroom, 3rd Floor)

MORE USEFUL SUPERFICIAL VEIN INFORMATION

Moderators: Elna M. Masuda, MD  
Ellen D. Dillavou, MD

1:54 – 1:59  Standardized Aquatic Protocol For Phlebolymphedema Patients  
Sergio Gianesini, MD, PhD
2:00 – 2:05 Importance Of The Posterior Accessory Saphenous Vein In The Calf And Its Effect On Pathologic Perforators
   Elina M. Masuda, MD

2:06 – 2:11 The Fate Of The Below Knee Deep Veins After Ultrasound Guided Foam Sclerotherapy For Incompetent Venous Tributaries
   Irwin V. Mohan, MBBS, MD

2:12 – 2:17 How To Treat Labial Varices: Sclerotherapy, USG Sclerotherapy And/Or Phlebectomy
   Ellen D. Dillavou, MD

2:18 – 2:23 Marangoni Effect And Foam Stability
   Jorge H. Ulloa, MD

2:24 – 2:29 Laser Or Ohmic Devices For Telangiectasia: When And Why
   Ian J. Franklin, MS

2:30 – 2:35 Management Of Calf Vein Thrombosis After Venous Procedures
   Elina M. Masuda, MD

2:36 – 2:41 SVT In The Pregnant Patient
   Ellen D. Dillavou, MD

2:42 – 2:47 Paradoxical Embolism with C02/02 Foam
   Jorge H. Ulloa, MD

2:48 – 2:53 Panel Discussion

SESSION 69 (Trianon Ballroom, 3rd Floor)
SUPERFICIAL VENOUS ABLATION, COMPRESSION, AND RESEARCH
Moderators: Joseph A. Caprini, MD
            Mark A. Adelman, MD

2:54 – 2:59 How To Properly Design And Interpret Clinical Trials
   Thomas W. Wakefield, MD

3:00 – 3:05 Neovascularization After Endo-Venous Laser Ablation: A Cause Of Truncal Recurrence
   Irwin V. Mohan, MBBS, MD

3:06 – 3:11 Creating WAVES: First U.S. Post Market Results Using Cyanoacrylate Adhesive Closure Without Compression
   Kathleen D. Gibson, MD

3:12 – 3:17 What Should You Advise Patients Undergoing Truncal Ablation And Flying
   Alan M. Dietzek, MD, RPVI

3:18 – 3:23 Cyanoacrylate Adhesive For The Treatment Of Saphenous Vein Incompetence: 3-Year Follow-Up In The First-in- Human Feasibility Trial
   Jose I. Almeida, MD, RPVI, RVT

3:24 – 3:29 Does The Absence Of The GSV In The Saphenous Compartment At The Thigh Have An Influence On Chronic Venous Insufficiency
   Sylvain Chastanet, MD

3:30 – 3:35 The SECURE Trial: Update On Perforator Ablation
   Mark A. Adelman, MD

3:36 – 3:41 When Should We Use Prophylactic Anticoagulation In Saphenous Ablation
   Joseph A. Caprini, MD

3:42 – 3:47 Newer Diagnostic Modalities In The Evaluation Of Lymphedema
   Thomas F. O’Donnell, Jr., MD
SESSION 69
THURSDAY / FRIDAY
SESSIONS 69–70
FRIDAY, NOVEMBER 17, 2017
3:48 – 3:53
Which Patients Benefit From A Lymphedema Pump
Thomas S. Maldonado, MD

3:54 – 4:00
When To Use Inelastic Compression
Joseph A. Caprini, MD

4:00 – 4:06
Hypothyroidism: Association With Chronic Venous Disease
Jorge H. Ulloa, MD

4:06 – 4:11
Which DOAC For Which DVT: Can We Stratify Yet
Timothy K. Liem, MD, MBA

4:12 – 4:17
Panel Discussion

SESSION 70
(Trianon Ballroom, 3rd Floor)
VENOUS PRACTICE MANAGEMENT . . . AND A LITTLE FUN
Moderators: Thomas F. O’Donnell, Jr., MD
Bo G. Eklof, MD, PhD

4:18 – 4:23
Non-Thermal Devices Are Available For Truncal Ablation: How To Implement In Practice Without Dedicated CPT Codes
Steve Elias, MD

4:24 – 4:29
DEBATE: C2 Disease Should Not Be A Covered Insurance Benefit
Jose I. Almeida, MD, RPVI, RVT

4:30 – 4:35
DEBATE: C2 Disease Should Be A Covered Insurance Benefit
Alan H. Davies, MA, DM, DSc

4:36 – 4:41
The Future Of Venous Reimbursement In A Non-Fee For Service Environment
Thomas F. O’Donnell, Jr., MD

4:42 – 4:47
Response To MEDCAC: Mining Combined Multicenter EMR
Peter J. Pappas, MD

4:48 – 4:53
For Learners: New And Different Learning Experiences
Bo G. Eklof, MD, PhD

4:54 – 4:59
Advantages And Disadvantages Of Joining A Venous Conglomerate
Peter J. Pappas, MD

5:00 – 5:05
What Separates One Vein Center From Another
Christopher M. Banoub, MPA

5:06 – 5:11
Panel Discussion
End of Program J

FRIDAY, NOVEMBER 17, 2017
6:00 A.M. General Registration — Rhinelander Gallery, 2nd Floor
6:00 A.M. Faculty Registration — Morgan Suite, 2nd Floor
6:00 A.M. Continental Breakfast — Rhinelander Gallery, 2nd Floor

CONCURRENT FRIDAY PROGRAMS
PROGRAM K: SESSIONS 71-78
New And Improved Old Techniques; Carotid Related Topics; New Developments In Spinal Cord Ischemia (SCI); Updates And Continuing Controversies; New Techniques, Updates And Concepts; Advances In Wound Care And PEVAR
6:40 A.M. – 6:00 P.M.
Grand Ballroom East, 3rd Floor
PROGRAM L: SESSIONS 79-87
New Developments In Popliteal Aneurysms And Disease; Management Of Infected Arteries, Prosthetic Grafts And Endografts; Advances In Imaging, Guidance, Hybrid Suites, Thoracic Outlet Syndromes, Medical Diseases And Treatment, Vascular Trauma Treatment And Radiation Safety
6:40 A.M. – 5:25 P.M.
Grand Ballroom West, 3rd Floor

PROGRAM M: SESSIONS 88-92
Deep Venous Disease
7:55 A.M. – 5:06 P.M.
Trianon Ballroom, 3rd Floor
Course Leaders: Jose I. Almeida, MD, RPVI, RVT
Lowell S. Kabnick, MD, RPhS
Kenneth Ouriel, MD, MBA
Thomas W. Wakefield, MD

PROGRAM K (SESSIONS 71-78)
NEW AND IMPROVED OLD TECHNIQUES; CAROTID RELATED TOPICS; NEW DEVELOPMENTS IN SPINAL CORD ISCHEMIA (SCI); UPDATES AND CONTINUING CONTROVERSIES; NEW TECHNIQUES, UPDATES AND CONCEPTS; ADVANCES IN WOUND CARE AND PEVAR
Grand Ballroom East, 3rd Floor

SESSION 71 (Grand Ballroom East, 3rd Floor)
NEW AND IMPROVED OLD TECHNIQUES; CAROTID TOPICS RELATED TO RADIATION STENOSIS, RISK ASSESSMENT, COMBINED CAROTID/CORONARY DISEASE AND IMPROVED OPEN TREATMENT TECHNIQUES (5-MINUTE TALKS)
Moderators: Enrico Ascher, MD
Mark A. Adelman, MD

6:40 – 6:45
Radial Access For Interventional Treatment Of Non-Coronary Lesions: Which Can Be Treated And Which Not: Equipment Needed: Technical Tips And Advantages
Marcelo Guimaraes, MD

6:46 – 6:51
How To Prevent Complications And Disasters With Femoral Arterial Access: Avoiding Improper Punctures And Those Above The Inguinal Ligament: Duplex Guidance Is A Must
Scott L. Stevens, MD

6:52 – 6:57
Post Radiation Carotid Stenosis: Treatment Strategies: CAS vs. CEA And Their Outcomes: Technical Tips And Precautions
Robyn A. Macsata, MD

6:58 – 7:03
How Is 3D Volumetric Analysis Of Carotid Plaques A "Game Changer": Why Is Carotid Plaque Morphology Only Relevant In Symptomatic Patients
Henrik Sillesen, MD, DMSc

7:04 – 7:09
Hybrid Open/Endo Carotid Treatment For Long Diffuse Or Multilevel Disease: Technical Tips And Indications
Martin R. Back, MD

7:10 – 7:15
Gore Hybrid Grafts Or Stents As Rescue Procedures For Problems With CEA: Technical Tips And Results
Domenico Valenti, DMChir, PhD
Best Current Management Options For Patients With Combined Coronary And Carotid Disease When One Or Both Require Treatment: An Interventional Cardiologist’s View
D. Christopher Metzger, MD

Update On Carotid Treatment Prior To CABG: Prophylactic CAS Or CEA Is Unnecessary In Asymptomatic Patients; What Is Best For Symptomatic Patients: A Vascular Surgeon’s View
Ross Naylor, MD

UPDATE ON OPEN SURGICAL APPROACHES TO NECK ARTERIES

Unusual Open Surgical Approaches To Arteries In The Neck
Ramon Berguer, MD, PhD

Optimal Surgical Technique For Subclavian Transposition And Its Advantages Over Carotid-To-Subclavian Bypass: When Is The Latter Indicated
Mark D. Morasch, MD, RPVI

Panel Discussion

SESSION 72 (Grand Ballroom East, 3rd Floor)

SPINAL CORD ISCHEMIA (SCI) WITH TREATMENT OF THORACIC ANEURYSMS, TAAA And COMPLEX AAA; NEW DEVELOPMENTS IN PATHOGENESIS PREVENTION AND TREATMENT

Moderators: Hazim J. Safi, MD Michael J. Jacobs, MD

Real Incidence And Consequences Of Spinal Cord Ischemic Injury After Endovascular TAAA And Complex AAA Repairs
Nicholas J.W. Cheshire, MD

New Developments In Prevention Of SCI With TAAA Repairs: Systolic BP Should Be Maintained Over 140 mmHg; SCI Is Associated With A High Mortality Even With Neurological Recovery
Hazim J. Safi, MD Anthony L. Estrera, MD

Advances In The Prevention And Treatment Of SCI During TAAA Repairs
Germano Melissano, MD Roberto Chiesa, MD

New Developments In The Prevention And Treatment Of SCI: Minimally Invasive Staged Segmental Artery Coil Embolization (MIS²ACE) And Its Role In Ischemic Preconditioning To Improve Collateral Circulation And SCI With TAAAs: The PAPA-ARTIS Trial
Christian D. Etz, MD, PhD

Preconditioning By Segmental Intercostal Artery Embolization To Prevent SCI With Endovascular TAAA Repairs: Initial Clinical Experience
Daniela Branzan, MD Andrej Schmidt, MD Christian D. Etz, MD, PhD

Near Infrared Spectrometry (NIRS) Monitoring Of Paraspinal Muscles To Reflect SCI: How Does It Work And Results Of This New Method
Christian D. Etz, MD, PhD
FRIDAY

SESSIONS 72–73

8:24 – 8:29 Current Improved Strategies Using Motor Evoked Potentials (MEPs), Sac Pressure Measurements And Angiography To Reduce SCI With Endovascular TAAA Repairs
Geert Willem H. Schurink, MD, PhD

8:30 – 8:35 The Importance Of Optimization Of Blood Pressure And Cardiac Function In Preventing SCI With TAAA Repairs
Armando Mansilha, MD, PhD

8:36 – 8:41 Preoperative Risk Score Model For Predicting SCI With TEVAR And TAAA Repairs: How Accurate Is It
Albeir Y. Mousa, MD
Ali F. AbuRahma, MD

8:42 – 8:49 Panel Discussion

8:50 – 9:06 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSIONS 73 (Grand Ballroom East, 3rd Floor)

NEW DEVELOPMENTS IN CAROTID TOPICS RELATED TO RISK FACTORS, CAUSES OF STROKES, COGNITIVE DECLINE, SIGNIFICANCE OF MICROEMBOLI, PATCH CLOSURES AND ANEURYSMS

Moderators: Frank J. Veith, MD Jon S. Matsumura, MD

9:06 – 9:11 Patients With Stenotic Carotid Plaques Can Get Strokes From Causes Other Than Their Carotid Plaque: What Are These Other Causes: What Impact Should They Have On Our Decision Making
Thomas G. Brott, MD
James F. Meschia, MD

9:12 – 9:17 Is Patch Closure Always Needed With CEA: Why Are All The RCTs Misleading
Anthony J. Comerota, MD

9:18 – 9:23 Complications From Carotid Patches With CEA: They Are Not Always Indicated Despite The RCTs
Sherif A.H. Sultan, MD

9:24 – 9:29 Optimal Treatment For Infected Carotid Patches With And Without False Aneurysm Formation: Vein Grafts May Not Always Be The Best Treatment
Mark K. Eskandari, MD

9:30 – 9:35 Tips And Tricks In The Treatment Of Carotid Aneurysm: A Surgeon’s Perspective
Laurent Chiche, MD

9:36 – 9:41 Endovascular Treatment Of Carotid Aneurysm: When Should It Be The First Option And When Is Open Surgery Required: An Interventionalist’s Perspective
Klaus D. Mathias, MD

9:42 – 9:47 Why Endovascular Treatment Of Carotid Aneurysms May Be A Poor Treatment Option
James May, MD, MS

9:48 – 9:53 Panel Discussion

Moderators: Hans-Henning Eckstein, MD, PhD
Brajesh K. Lal, MD

9:54 – 9:59 How To Perform Minimal Incision (2-3 cm) CEA Safely: Advantages, Limitations And Results
Robert M. Proczka, MD, PhD
10:00 – 10:05
Mini-Incision CEA (MICEA) May Be Better Than CAS Or TCAr (TransCarotid Artery Revascularization): How To Do MICEA Safely
Enrico Ascher, MD

UPDATE ON CAROTID INTERVENTIONS AND COGNITION

10:06 – 10:11
Volume Of Subclinical Microembolization After CAS Or CEA Correlates With Long-Term Cognitive Changes: CAS More So Than CEA: DW MRI Defects Have Consequences
Wei Zhou, MD

10:12 – 10:17
What Is The Impact Of CAS And CEA On Intellectual Function: Does It Correlate With The Embolic Load Produced
Peter L. Faries, MD

10:18 – 10:23
What Is The Significance Of Asymptomatic Microemboli Produced During Carotid Treatments: What Harm Do They Cause
Mark H. Wholey, MD

10:24 – 10:29
In A Patient Needing Treatment For An Ipsilateral Carotid Stenosis, How Should ContraIateral Carotid Occlusion Influence Treatment Decisions: Are Such Patients Different
Cynthia K. Shortell, MD

10:30 – 10:35
The Increased Mortality Risk After Procedural Strokes And MIs Is Equal For 90 Days; After 90 Days The Mortality Risk After An MI Is Worse Than After A Stroke; Why: Data From The CREST Trial
Brajesh K. Lal, MD
Thomas G. Brott, MD

10:36 – 10:41
Panel Discussion

SESSION 74 (Grand Ballroom East, 3rd Floor)
MORE NEW DEVELOPMENTS IN CAROTID TOPICS RELATED TO MEDICAL TREATMENT, PLAQUE CHANGES WITH TREATMENT, CAS/CEA STROKE RISKS, POST CAS ISR AND VERTEBRAL ARTERY DISSECTIONS
Moderators: Ross Naylor, MD
James May, MD, MS

10:42 – 10:47
Periprocedural Statins Decrease Stroke Rates And Early Cognitive Dysfunction After CEA For Asymptomatic Carotid Stenosis, And May Increase Long-Term Patient Survival: What Drug And Dose Is Best
E. Sander Connolly, MD
Eric J. Heyer, MD, PhD

10:48 – 10:53
What Is Optimal Medical Treatment For Patients With Carotid Stenosis: How Low Should LDL-C Go: Value Of Mediterranean And Nordic Diets
J. David Spence, MD

10:54 – 10:59
The Risk Of Stroke In Asymptomatic Carotid Stenosis Patients On Good Medical Management Is So Low That All Should Be Treated Medically: Stratification Of Risk Is Of Little Value: Is Stenosis Or Plaque Progression A Reason To Treat Asymptomatic Patients With CEA Or CAS
Henrik Silesen, MD, DMSc
11:00 – 11:05  How To Predict Procedural Stroke Risk With CEA For Asymptomatic Carotid Stenosis (The ACER Score): What Percentage Of Such Patients Should Undergo CEA Or CAS
Richard Bulbulia, MA, MD

William A. Gray, MD

11:12 – 11:17  CAS In The Real World Has Higher Stroke And Death Rates Than In Reported Trials: National Registry Data Proves It In Both Symptomatic And Asymptomatic Patients
Kosmas I. Paraskevas, MD
Ross Naylor, MD

11:18 – 11:23  Panel Discussion
Moderators: Wesley S. Moore, MD
Enrico Ascher, MD

11:24 – 11:29  Strokes (Clinical And Subclinical) After CAS And Other Interventional Procedures Have Much Greater Cognitive Deficits Than Previously Thought – Even With Full Neurological Recovery: What Are The Implications
L. Nelson Hopkins, MD

11:30 – 11:35  Periprocedural Statin Usage Reduces Mortality After CAS And Promotes Recovery When Complications (Stroke And MI) Occur
Mahmoud B. Malas, MD, MHS

11:36 – 11:41  The Restenosis Rate After CAS Is Probably Higher Than After CEA In The RCTs: When Should Restenosis Be Treated Invasively
Ali F. AbuRahma, MD

11:42 – 11:47  Variations In National Trends For CEA And CAS Indication, Usage And Outcomes In Low And High Risk Patients: What Are The Implications
Mohammad H. Eslami, MD, MPH

11:48 – 11:53  Vertebral Artery Dissections: Etiology, Diagnosis And How To Treat Them
Mark H. Wholey, MD

11:54 – 12:00  Panel Discussion

12:00 – 1:00  Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 75  (Grand Ballroom East, 3rd Floor)
CAROTID TOPICS RELATED TO IMPROVED DEVICES FOR CAS; MEMBRANE OR MESH COVERED STENTS AND TRANSCAROTID ARTERY REVASCULARIZATION (TCAR)
Moderators: Peter A. Schneider, MD
Michel Makaroun, MD

1:00 – 1:05  Relationship Between Carotid Plaque Activity And New DW MRI Ischemic Brain Lesions After CAS With Dual Layer Micromesh Stents: They Make A Difference At 1 And 24 Hours And 30 Days
Maria Antonella Ruffino, MD
1:06 – 1:11  Comparison Of Micromesh Carotid Artery Stents: Characteristics, Specific Indications And Results Of RoadSaver (Terumo) And C-Guard Carotid Stents
Max Amor, MD

1:12 – 1:17  > 1-Year Results With The C-Guard MicroNet Stent (InspireMD) For CAS: Good Results And No ISR Observed: Are There Downsides
Piotr Musialek, MD, DPhil
Christian Wissgott, MD
Francesco Speziale, MD

1:18 – 1:23  Update On Status And Value Of The Scaffold Micromesh 2-Component Stent (Gore) For CAS: Unique Advantages And Results To Date
Claudio J. Schonholz, MD
Peter A. Schneider, MD

1:24 – 1:29  The Silk Road System For Transcervical Access With Reversal Of Flow To Perform CAS-TCAR: Results Of The ROADSTER Trial Demonstrate Safety And Efficacy Of The Enroute Version Of The System: Lessons Learned
Christopher J. Kwolek, MD
Richard P. Cambria, MD

1:30 – 1:35  Recent Modifications Of The TCAR System (Silk Road) And Status Of The ROADSTER 2 Trial To Evaluate Real World Usage And Value Of The FDA Approved Device For TCAR In Normal Risk And High Risk Carotid Stenosis Patients
Vikram S. Kashyap, MD
Peter A. Schneider, MD

1:36 – 1:41  All This Buzz About TCAR Is Unnecessary: Transfemoral Access With Filters Or Flow Cessation (MoMa) Is Still The Best Way To Perform CAS In Most Patients Needing The Procedure
Giancarlo Biamino, MD, PhD

1:42 – 1:47  Technical Tips For Safe, Effective TCAR With The Enroute System (Silk Road): When Is The Procedure Contraindicated
Mahmoud B. Malas, MD, MHS

1:48 – 1:53  Technical Modifications And Other Steps To Facilitate TCAR With The Enroute System (Silk Road) When The Carotid Bifurcation Is Low In The Neck And The Common Carotid Artery Is Short
Michael C. Stoner, MD

1:54 – 2:00  Panel Discussion

SESSION 76  (Grand Ballroom East, 3rd Floor)
CAROTID TOPICS RELATED TO TRIALS, TIMING OF CEA, CONTROVERSIES, DIFFERING RISKS
Moderators: Jon S. Matsumura, MD
Frank J. Veith, MD

2:01 – 2:06  Update On The ACST 2 RCT Comparing CAS And CEA In Patients With Asymptomatic Carotid Stenosis: Will Improvements In CAS Invalidate The Results In The First 2500 Randomized Patients
Alison Halliday, MS
Status Of The ECST 2 RCT Comparing Revascularization (CEA Or CAS) And Best Medical Treatment (BMI) To BMI Alone In Symptomatic And Asymptomatic Carotid Stenosis Patients: What Does It Tell Us To Date And What Will It Tell Us
Jonathan D. Beard, ChM, MEd
Martin M. Brown, MD
Leo H. Bonati, MD

Status Of The CREST 2 Two Armed RCT: 1) CAS With BMI vs. BMI Alone; And 2) CEA With BMI vs. BMI Alone In Asymptomatic Patients With High-Grade (>70%) Carotid Stenosis: What Will It Tell Us And When
Brajesh K. Lal, MD
Thomas G. Brott, MD

Why CREST 2 May Have Little Value In Guiding Treatment Of Carotid Stenosis In Asymptomatic Patients: Especially If Results Are Negative
Anne L. Abbott, MD, PhD

Why CREST 2 May Not Help Us Much With Treatment Decisions In Asymptomatic Carotid Stenosis Patients: But It Still May Be Bad For CAS
Mark H. Wholey, MD

RCTs Comparing CEA And CAS In Symptomatic Patients Are Invalidated By The Delays Between Symptom Onset And Revascularization
Gert J. de Borst, MD, PhD

Panel Discussion

What Valuable Information Has The CREST Trial Provided: What Are The Prospects That CREST 2 Will Be Helpful
Anthony J. Comerota, MD

Single TIAs vs. Multiple Or Crescendo TIAs Are 2 Different Diseases Requiring Different Treatment Strategies: What Are These Strategies
Andrea Stella, MD

DEBATE: Best Medical Treatment With Antiplatelet Agents And Statins Decrease Recurrent Neurological Events After An Index Symptom Event With Carotid Stenosis: But It Does Not Change The Need To Perform Early CEA After Symptom Onset
Ross Naylor, MD

DEBATE: CEA Should Be Delayed At Least 2 Weeks After The Index Symptom Event: Why And What Are The Exceptions
Martin Bjorck, MD, PhD

Delayed vs. Early Intervention (CEA/CAS) In Patients With Carotid Stenosis And Recent Strokes: Patients Should Be Individualized: In What % Is The Stroke Not Due To The Carotid Lesion
Tommaso Donati, MD

Panel Discussion And Break
Visit Exhibits And Pavilions (2nd and 3rd Floors)
3:28 – 3:33
Reconstructive Endovascular Treatment Of Carotid Artery Blowout From Trauma Or Tumor: Techniques And Results
I-Hui Aaron Wu, MD, PhD

3:34 – 3:39
Surgical Exposure Of The Distal Internal Carotid Artery: Technical Tips To Obtain Exposure To The Skull Base
R. Clement Darling III, MD

3:40 – 3:45
How A Physician Can Modify A Blank ZFEN Device To Enable Urgent Treatment Of Complex Juxta And Pararenal Aneurysms: Requirements, Advantages, Results And Limitations
Joshua D. Adams, MD

3:46 – 3:51
Simplified Technique For And 4-Year Results With In Situ Fenestration To Revascularize The Left Subclavian Artery With TEVARs
Björn Sonesson, MD, PhD

3:52 – 3:57
Update On In Situ Laser Fenestration For TEVARs In Or Near The Aortic Arch: Technique, Pitfalls And Results
Jean M. Panneton, MD

3:58 – 4:03
New Developments In The Treatment Of Lower Extremity Ischemia And Trauma In Infants, Children And Adolescents
Jonathan L. Eliason, MD
Dawn M. Coleman, MD
James C. Stanley, MD

4:04 – 4:09
2-Year Results With The Supra Stent (Abbott Vascular) In Non SFA-Pop Territories: Advantages And Limitations
Rajiv Parakh, MBBS, MS

4:10 – 4:15
Transfemoral, Transcaval Liver Biopsy And Portal Pressure Measurement: Technique And Experience In > 100 Patients
Jacob Cynamon, MD

4:16 – 4:21
Progress In Medical Treatments To Delay The Growth Of AAAs: Does Anything Work In Patients
Frank A. Lederle, MD

4:22 – 4:27
Regional Differences In AAA Morphology And EVAR Outcomes Around The World
Tulio P. Navarro, MD, PhD

4:28 – 4:34
Panel Discussion

SESSION 78 (Gr and Ballroom East, 3rd Floor)
NEW CONCEPTS; UPDATES IN WOUND CARE AND PERCUTANEOUS EVAR (PEVAR) (4 ½-MINUTE TALKS)
Moderators: William J. Quinones-Baldrich, MD
Clifford M. Sales, MD, MBA

4:35 – 4:40
Predicting Perioperative Myocardial Infarctions (MIs) With A Smart Phone VQI App
Jack L. Cronenwett, MD

4:40 – 4:45
Insights On Failure To Heal Ischemic Wounds After Revascularization In CLTI Patients: What Can Predict It And What To Do About It
Robert B. McLafferty, MD

NEW DEVELOPMENTS IN WOUND HEALING

4:40 – 4:45
Insights On Failure To Heal Ischemic Wounds After Revascularization In CLTI Patients: What Can Predict It And What To Do About It
Robert B. McLafferty, MD
4:45 – 4:50 Healing Can Be Achieved With Gangrenous Infected Heel Wounds Involving The Achilles Tendon And Part Of The Os Calcis (Calcaneus): Both Can Be Excised Without Disabling Walking Ability
Palma M. Shaw, MD

4:50 – 4:55 Patients Can Walk Effectively After Excision Of A Necrotic Or Infected Achilles Tendon And Calcaneal Tuberosity
Wayne J. Caputo, DPM

4:55 – 5:00 Optimal Treatment Of Wounds Due To Combined Venous And Arterial Disease: How Best To Achieve Healing
Katherine A. Gallagher, MD

5:00 – 5:05 What Factors, Conditions And Treatments Can Enhance Tissue Regeneration In Ischemic Foot Wounds After Revascularization
Magdiel Trinidad Vasquez, MD

5:05 – 5:10 Pedal Bypass vs. Endovascular Tibial Interventions: Which Is Better To Heal Ischemic Foot Wounds
Rabih A. Chaer, MD

5:10 – 5:15 RCT Of Negative Pressure Wound Treatment vs. Standard Wound Care In Chronic Diabetic Foot Wounds
Martin Storck, MD, PhD

5:15 – 5:20 Value And Cost Effectiveness Of Hyperbaric Oxygen In The Treatment Of Diabetic Ulcers: The DAMOCLES Trial
Katrien T.B. Santema, MD, PhD

5:20 – 5:25 Panel Discussion

PERCUTANEOUS TECHNIQUES FOR EVAR (PEVAR) AND TEVAR (PTEVAR)

5:25 – 5:30 Update On Large Bore Sheath Closure Devices: What New Devices Are Coming And Will They Be Better: The MANTA Trial
Zvonimir Krajcer, MD

5:30 – 5:35 PEVAR Is Cheaper And Safer Than Open Surgical Femoral Exposure: Why The Resistance And Can It Be Used In All Cases
Afshin Assadian, MD

5:35 – 5:40 Endovascular Management Of Failed 2-Device PEVAR With A Third Device: Technical Tips (Video)
Ross Milner, MD

5:40 – 5:45 How To Do A PEVAR Through A Surgical Graft To Or From The Femoral Artery: Technical Tips
Mario L. Lachat, MD

5:45 – 5:50 How To Do PEVAR In 100% Of EVAR Patients: Technical Tips And Predictor Of Good Outcomes
Giovanni Pratesi, MD

5:50 – 5:55 Percutaneous Axillary Artery Access For Fenestrated And Branched Thoracoabdominal Endovascular Repair
Germano Melissano, MD
Roberto Chiesa, MD

5:55 – 6:00 Panel Discussion
End of Program K
PROGRAM L (SESSIONS 79–87)
NEW DEVELOPMENTS IN POPLITEAL ANEURYSMS AND DISEASE; MANAGEMENT OF INFECTED ARTERIES, PROSTHETIC GRAFTS AND ENDOGRAFTS; ADVANCES IN IMAGING, GUIDANCE, HYBRID SUITES, THORACIC OUTLET SYNDROMES, MEDICAL DISEASES AND TREATMENT, VASCULAR TRAUMA TREATMENT AND RADIATION SAFETY
Grand Ballroom West, 3rd Floor

SESSION 79 (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS IN POPLITEAL ENTRAPMENTS, ANEURYSMS AND OCCLUSIVE LESIONS AND THEIR TREATMENT
Moderators: Peter Gloviczi, MD
Cynthia K. Shortell, MD

ENTRAPMENT SYNDROMES

6:40 – 6:45
New Developments In Popliteal Entrapment Syndromes And Their Treatment
Niten Singh, MD

POPLITEAL ANEURYSMS

6:46 – 6:51
Endograft Or Bypass For Popliteal Aneurysms: Which Is Best And When
Fred A. Weaver, MD

6:52 – 6:57
When And How Can Endografts Be Used To Treat Thrombosed Popliteal Aneurysms: Technical Tips
Giovanni Pratesi, MD

6:58 – 7:03
DEBATE: Is Endovascular Repair Of Popliteal Aneurysms A Failed Experiment? Technical Tips For Open Repair And When Is It Clearly Better Than Endo Repairs
Martin Björck, MD, PhD

7:04 – 7:09
DEBATE: Not So: An Endovascular Approach Is Better In Most Cases
Eric L.G. Verhoeven, MD, PhD
Athanasios Katsargyris, MD

POPLITEAL OCCLUSIVE DISEASE

7:10 – 7:15
Value Of In.Pact DCBs For The Treatment Of Popliteal Lesions: From The FLEXION Trial
Patrick Peeters, MD
Marc Bosiers, MD

7:16 – 7:21
Have Improved Stents (Supera [Abbott] And Tigris [Gore]) Changed The Outlook For Treatment Of Complex Popliteal Occlusive Lesions
Maxime M.S. Sihe, MD

7:22 – 7:27
Panel Discussion

SESSION 80 (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS IN THE TREATMENT OF INFECTED ANEURYSMS, PROSTHETIC ARTERIAL GRAFTS AND AORTIC ENDOGRAFTS
Moderators: Keith D. Calligaro, MD
Thomas C. Bower, MD
### MYCOTIC ANEURYSMS

7:28 – 7:33 With Mycotic AAAs There Has Been A Paradigm Shift In Treatment: A Propensity Matched Multicenter Study Shows That EVAR Is Better Than Open Repair As A Durable Or Bridge Treatment

**Anders Wanhainen, MD, PhD**  
**Martin Björck, MD, PhD**

7:34 – 7:39 Intraabdominal Extra-Anatomic Bypass For Para- Or Supra-Renal Aortic Infections: Techniques And Results

**Manju Kalra, MBBS**

7:40 – 7:45 Role Of EVAR For Mycotic AAAs: How Does The Bacteriology Matter

**Fred A. Weaver, MD**

7:46 – 7:51 **DEBATE**: EVAR Should Be The First Choice In Treating Mycotic AAAs: Based On A 10-Year Experience

**Boonprasit Kritpracha, MD**

7:52 – 7:57 **DEBATE**: Not So: Why Open Repair Should Be The First Choice In Treating Most Mycotic AAAs

**Thomas C. Bower, MD**

7:58 – 8:03 Technical Tips For Facilitating Deep Vein Grafts For Aortoiliac Arterial And Graft Infections: The NAIS Procedure

**James H. Black III, MD**

8:04 – 8:09 Panel Discussion

**Moderators:**  
**Martin Malina, MD, PhD**  
**Thomas S. Riles, MD**

### ARTERIAL GRAFT AND ENDOGRAFT INFECTIONS

8:10 – 8:15 In Situ Repair Of Infected Prosthetic Arterial Grafts: New Techniques And Possibilities In The Era Of Negative Pressure Wound Therapy (NPWT)

**Max Zegelman, MD**

8:16 – 8:21 Diagnosis And Treatment Of Infected Endografts After EVAR: Is Graft Excision Mandatory

**Jean-Baptiste Ricco, MD, PhD**

8:22 – 8:27 **DEBATE**: definitive excisional graft removal is a must for all infected aortic grafts and endografts

**Colin D. Bicknell, MD**

8:28 – 8:33 **DEBATE**: Not So: More Conservative Graft Saving May Sometimes Be The Best Treatment For Infected Aortic Grafts And Endografts If Certain Technical Steps And Adjuncts Are Used

**Keith D. Calligaro, MD**

8:34 – 8:39 How To Treat Infected Endografts After EVAR And When Are Endografts Effective Treatment For Mycotic AAAs

**Kamphol Laohapensang, MD**

8:40 – 8:45 Update On Advances In The Treatment Of Infections Of The Native Aorta And TEVAR Endografts

**Germano Melissano, MD**  
**Roberto Chiesa, MD**

8:46 – 8:51 Aortic Endograft Infection Is A New Epidemic: What Are The Best Treatment Options

**Peter F. Lawrence, MD**

8:52 – 8:57 How Can 18F-FDB PET/CT Help In The Management Of Patients With Possible Infected Endografts After EVAR And TEVAR

**Natzi Sakalihasan, MD, PhD**
SESSION 81 (Grand Ballroom West, 3rd Floor)

ADVANCES IN IMAGING, GUIDANCE SYSTEMS, HYBRID SUITES AND FLUOROSCOPY EQUIPMENT

Moderators: Stephan Haulon, MD
Matthew J. Eagleton, MD

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<th>Topic</th>
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<td>9:04 – 9:09</td>
<td>Progress In Imaging For Vascular And Endovascular Surgery: What Other Advances Are On The Horizon</td>
<td>Alan B. Lumsden, MD</td>
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<tr>
<td>9:10 – 9:15</td>
<td>New Dynamic Imaging Technology And Techniques To Help In The Management Of Thoracic Aortic Disease</td>
<td>Rachel E. Clough, MD, PhD</td>
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<td>9:16 – 9:21</td>
<td>Advantages Of Biplane Imaging Plus Fusion (Siemens Zee System) For Complex AAA And Thoracic Aneurysm Repairs: How Does It Decrease X-ray Exposure And Contrast Use</td>
<td>Christoph A. Nienaber, MD, PhD</td>
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<td>9:28 – 9:33</td>
<td>The Philips Allura Xper FD20 Imaging System Halves The Radiation Dose During EVAR And Lower Extremity Endovascular Procedures</td>
<td>Maria Antonella Kuffino, MD</td>
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<td>9:34 – 9:39</td>
<td>Modern Non-Contrast MRA: One Stop Complete Anatomic And Hemodynamic Evaluation Of All Lower Extremity Arteries: Advantages And Limitations</td>
<td>Konstantinos Katsanos, MSc, MD, PhD</td>
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<td>9:40 – 9:45</td>
<td>How The Vessel Navigator System (Philips) Can Facilitate TEVAR And EVAR Procedures: And How It Can Reduce Radiation Exposure For Patients And Operators</td>
<td>Jan S. Brunkwall, MD, PhD</td>
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<td>9:52 – 10:06</td>
<td>Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)</td>
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SESSION 82 (Grand Ballroom West, 3rd Floor)

ADDITIONAL LOWER EXTREMITY, MEDICAL AND OTHER TOPICS

Moderators: Enrico Ascher, MD
Rabih A. Chaer, MD

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<td>10:06 – 10:11</td>
<td>Duplex Ultrasound As An Imaging Modality To Replace Angiography And Fluoroscopy In EVAR And Lower Extremity Interventions: Advantages And Limitations</td>
<td>Attila G. Krasznai, MD</td>
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<td>10:12 – 10:17</td>
<td>Tibial Artery Duplex Derived Peak Systolic Velocities To Evaluate The Effectiveness Of Endovascular Treatments</td>
<td>Gregory L. Moneta, MD</td>
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<td>10:18 – 10:23</td>
<td>Viabahn (Gore) Stent-Grafts For Long Complex SFA Lesions: When And Why Are They Better Than Other Emerging Endovascular Treatments</td>
<td>Thomas Zeller, MD</td>
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When Is A Distal Embolic Filter Required During Lower Extremity Procedures: Equipment Needed And How To Do It
Marcelo Guimaraes, MD

Current Status Of Perioperative Beta Blockade In Vascular Surgery Patients: When Is It Beneficial, When Harmful: Optimal Dosing
Salvatore T. Scali, MD

There Is No Evidence That Dual Antiplatelet Treatment Is Beneficial After Lower Extremity Interventions Or Operations: What Drug Should Be Given And When
Gert J. de Borst, MD, PhD

Is Statin Intolerance In Patients Always Real: How To Confirm It And How Best To Manage It When Patients Need Statins
Don Poldermans, MD

Computational Fluid Dynamic Studies To Predict Aneurysm Formation After TBADs Treated With TEVAR
Benjamin M. Jackson, MD

New Developments In The Management Of Thoracic Outlet Syndromes (TOSs): Neurogenic, Venous And Arterial
Karl A. Illig, MD

Robotic First Rib Resection For TOSs: Advantages And How To Do It
Hans M.E. Covelliers, MD, PhD, MBA

Differing Presentations Of Arterial TOS: Optimal Approach To Treatment
Enrique Criado, MD

Treatment Strategies, Approaches, Technical Tips And Outcomes With Subclavian Artery Aneurysms
Robyn A. Macsata, MD

DEBATE: Why Is Transaxillary First Rib Resection The Preferred Approach For Venous TOS: Rarely Does The Subclavian Vein Need To Be Reconstructed
Benjamin M. Jackson, MD

DEBATE: Not So: Advantages And Limitations Of The Supraclavicular And Infraclavicular Approaches For Venous TOS: Which Approach And When But Never Transaxillary
Robert W. Thompson, MD

The Value Of The Infraclavicular Approach For Venous TOS: Technical Tips
Joseph J. Ricotta II, MD, MS

New Developments In The Treatment Of Venous TOS: When Is Stenting Helpful: Diagnosis And Treatment Of Compression By The Pectoralis Minor
Michael J. Singh, MD
FRIDAY
SESSIONS 83–84

11:50 – 12.00 Panel Discussion
12.00 – 1.00 Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 84 (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS IN THE MANAGEMENT OF VASCULAR TRAUMA AND TAKAYASU’S DISEASE

Moderators: Todd E. Rasmussen, MD
Benjamin W. Starnes, MD

1.00 – 1.05 Tips And Tricks For Gaining Arterial Access In Unstable Hypotensive Trauma Patients
Martin Malina, MD, PhD

1.06 – 1.11 New Developments In Resuscitative Endovascular Balloon Occlusion Of The Aorta (REBOA): Improved Technology (Smaller Profile Balloon): How Can REBOA Be Done Reliably Without Imaging: Value Of Partial Aortic Control
Tal M. Horer, MD, PhD
Joseph J. DuBose, MD
Todd E. Rasmussen, MD

1.12 – 1.17 Advances In REBOA Around The World: Should Unskilled Personnel Be Trained To Do It Without Imaging And How: What Is Its Role In The Military
Todd E. Rasmussen, MD

1.18 – 1.23 What Can Go Wrong When Unskilled Personnel Perform REBOA: Such Usage Should Be Approached With Caution: Is There A Solution
Charles J. Fox, MD

1.24 – 1.29 Can Arterial Access And REBOA Be Automated To Facilitate Usage By Unskilled Or Less Skilled Personnel: Concept And Device Description
Rajabrata Sarkar, MD, PhD

1.30 – 1.35 New Findings From The Aortic Trauma Foundation (An International Registry) On Blunt Traumatic Aortic Injury (BTAI)
Joseph J. DuBose, MD

1.36 – 1.41 DEBATE: Non-Operative, Non-Interventional Management Of Grade III BTAI (Aortic Pseudoaneurysm) Is Appropriate In Selected Patients: TEVAR Has No Better Results
John F. Eidt, MD

1.42 – 1.47 DEBATE: Not So: TEVAR Is Indicated In All Patients With Grade III BTAIs And Some With Grade II BTAIs: How Durable Is TEVAR For These Indications
Ali Azizzadeh, MD

1.48 – 1.53 Delayed TEVAR Is The Best Treatment For Some BTAIs - Even Some With Grade III: Why Is This So
Robert S. Crawford, MD

1.54 – 1.59 With Takayasu’s Disease When Is Interventional Treatment Indicated, Justified And Predictive Of A Good Outcome
Zoubida Tazi Mezalek, MD

2.00 – 2.06 Panel Discussion
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<th>Time</th>
<th>Session</th>
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</table>
| 2:07 – 2:12 | Why ACE Inhibitors And Angiotension Receptor Blockers Should Be Stopped 24 Hours Before Vascular Surgery And What Is Optimal Antiplatelet Drug Therapy In Vascular Patients: Based On The EUCLID Trial  
Caron B. Rockman, MD  
Jeffrey S. Berger, MD, MS        |
| 2:13 – 2:18 | Cilostazol Improves Outcomes After Lower Extremity Endo And Open Procedures: When And How Should It Be Used  
Anthony J. Comerota, MD        |
Jeffrey S. Berger, MD, MS  
Caron B. Rockman, MD        |
Roxana Mehran, MD        |
| 2:31 – 2:36 | How Do PCSK-9 Inhibitors Work: When And How Should They Currently Be Used: Advantages And Limitations  
Natalie A. Marks, MD, RPVI, RVT        |
| 2:37 – 2:42 | Importance Of Tight Glucose Control To Minimize Neurological Complications Of Branched Endografts For TAAAs And TEVAR  
Jade S. Hiramoto, MD        |
Philip P. Goodney, MD, MS        |
| 2:49 – 2:54 | New Biomarkers (Advanced Glycation End Product) To Identify High Risk Vascular Patients Who Need Intensified Lipid Lowering Treatment  
Clark J. Zeebregts, MD, PhD        |
| 2:55 – 3:00 | Segmental Arterial Mediolysis: What Is It: How To Diagnose And Treat It  
Samuel R. Money, MD, MBA        |
| 3:01 – 3:06 | 8 Markers Or Indicators To Make One Look For Asymptomatic Thoracic Aneurysm Disease  
John A. Elefteriades, MD        |
| 3:07 – 3:12 | Does Raising HDL-Cholesterol (HDL-C) Levels Help To Prevent Cardiovascular Events In High Risk Patients: New Results From Recent HDL-Raising Trials  
Richard Bulbulia, MA, MD        |
| 3:13 – 3:25 | Panel Discussion And Break  
Visit Exhibits And Pavilions (2nd and 3rd Floors) |
SESSION 86 (Grand Ballroom West, 3rd Floor)

INTERESTING TOPICS RELATED TO RADIATION SAFETY, AORTIC OR LOWER EXTREMITY DISEASE

Moderators: Nicholas J.W. Cheshire, MD
Lars B. Lönn, MD, PhD

3:25 – 3:30
How To Achieve Optimal Imaging And Reduce Radiation Exposure In A Hybrid Operating Room
Stephan Haulon, MD

3:31 – 3:36
How Operator Behavior During EVAR Can Minimize Radiation Exposure: When And Why Does Most Unnecessary Exposure Occur
Bijan Modarai, PhD

3:37 – 3:42
Real Time Measurement Of Radiation Dose To Endovascular Operators: New Devices And Their Value
Celia Riga, BSc, MBBS, MD

AORTA RELATED TOPICS

3:43 – 3:48
Inflammatory Responses To EVAR And How To Minimize Them: What Is The Benefit
Edmo A. Gabriel, MD, PhD

3:49 – 3:54
Declining World Incidence Of AAAs, AAA Rupture And AAA Mortality Is Mainly Related To A Decline In Smoking
Frank A. Lederle, MD

3:55 – 4:00
How To Avoid Limb Ischemia During Prolonged Sheath Insertion For Complex Aneurysm Repairs
Thomas Larzon, MD, PhD

LOWER EXTREMITY RELATED TOPICS

4:01 – 4:06
Prevention And Treatment Of Complications During Endovascular Treatment Of Complex High Risk Lower Extremity Lesions
Andrew Holden, MBChB

4:07 – 4:12
Passeo-18 Lux DCBs; The Latest 1-Year Results In CLI Patients
Thomas Zeller, MD
Marianne Brodmann, MD

4:13 – 4:18
Value Of Frailty Assessment In Vascular Surgical Patients: What Can Be Done To Decrease Morbidity And Mortality In Frail Patients
Anton N. Sidawy, MD, MPH

4:19 – 4:25
Panel Discussion

SESSION 87 (Grand Ballroom West, 3rd Floor)

RECORDED LIVE CASES OF COMPLEX ENDOVASCULAR AORTIC ANEURYSM TREATMENT FROM MÜNSTER AND THE MAYO CLINIC

Moderators: Giovanni Torsello, MD
Martin J. Austermann, MD

4:25 – 4:55
Complex Cases From Münster With Questions And Discussion
Martin J. Austermann, MD
Giovanni Torsello, MD

4:55 – 5:25
Complex Cases From The Mayo Clinic With Questions And Discussion
Gustavo S. Oderich, MD
End of Program L
SESSION 88 (Trianon Ballroom, 3rd Floor)

PELVIC VENOUS DISORDERS

Moderators: Jose I. Almeida, MD, RPVI, RVT
Lowell S. Kabnick, MD, RPhS
Thomas W. Wakefield, MD

7:55 – 7:58 Introduction: Deep System
Lowell S. Kabnick, MD, RPhS

7:59 – 8:04 Reasons New Nomenclature Is Needed For Pelvic Venous Disorders
Mark H. Meissner, MD

8:05 – 8:10 Building Your Pelvic Congestion Practice: Educating The Community And Using Large Volume Coils For Efficient Embolizations
Joseph J. Ricotta II, MD, MS

8:11 – 8:16 Venographic Techniques To Identify Pelvic Anatomy And Escape Points
Mark H. Meissner, MD

8:17 – 8:22 Approaches To Pelvic Venous Congestion: Evidence Based
Melvin Rosenblatt, MD

8:23 – 8:28 Ovarian Vein Incompetence Or Renal Vein Compression
Jose I. Almeida, MD, RPVI, RVT

8:29 – 8:34 Acute Or Chronic Ovarian Vein Thrombosis: What To Do
Mikel Sadek, MD

8:35 – 8:40 DEBATE: Renal Vein Transposition (With Patch) Is The Ideal Treatment For Nutcracker Syndrome, Not Stenting
Olivier Hartung, MD

8:41 – 8:46 DEBATE: Gonadal Vein Transposition Is The Ideal Treatment For Nutcracker Syndrome
Cynthia K. Shortell, MD

8:47 – 8:52 DEBATE: Stenting Is The Ideal Treatment For Nutcracker Syndrome
Thomas S. Maldonado, MD

8:53 – 8:58 DEBATE: Hybrid Endo-Open Surgery Is The Ideal Treatment For Nutcracker Syndrome
Manju Kastra, MBBS

8:59 – 9:04 Panel Discussion
FRIDAY
SESSION 89

9:11 – 9:16  Contralateral Limb Improvement After Venous Stenting Suggests a Limited Need for Initial Bilateral Stenting
Erin H. Murphy, MD

9:17 – 9:22  Hyperdilatation As A Reinterventional Technique
Seshadri Raju, MD

9:23 – 9:28  Endovenectomy And Iliac Vein Stent Placement - How I Do It (Video Technique Demonstration)
Ramesh K. Tripathi, MD

9:29 – 9:34  Surgical Reconstruction Of Deep Veins: Do I Do It To Improve Inflow Of Obstructive Disease Or To Control Reflux
Stephen A. Black, MD

Moderators: Anthony J. Comerota, MD
Paul Gagne, MD
Christopher Cheng, PhD

STENTS AND STENT TRIALS

9:35 – 9:40  Veins Are Not Round: Diagnostic And Stenting Implications Of Elliptical Structures
Erin H. Murphy, MD

9:41 – 9:46  Patency Rates And Clinical Results Of The Veniti VICI Stent For The Treatment Of Iliac Vein Lesion
Michael K.W. Lichtenberg, MD

9:47 – 9:52  Abre: Stent And Trial Design
Erin H. Murphy, MD

9:53 – 9:58  Patency Rates And Clinical Results Of The Venovo Venous Stent In Complicated Cases
Michael K.W. Lichtenberg, MD

9:59 – 10:04  Does Stent Lumen Shape Matter: A Look At The VIRTUS Feasibility Study Examines Measurement Methods Of Area vs. Diameter For Impact On Clinical Outcomes
Lowell S. Kabnick, MD, RPhS

10:05 – 10:10  Panel Discussion
Moderators: Jose I. Almeida, MD, RPVI, RVT
Marzia Lugli, MD

OFF-LABEL STENT USE

10:11 – 10:16  Z-Stent Extension Into The Cava: Less Contra-Iliac Thrombosis: Short Term Data
Seshadri Raju, MD

10:17 – 10:22  Crossing Femoro-Iliacovval Chronic Total Occlusions: From Soft Wires To Sharp Harpoons
Jose I. Almeida, MD, RPVI, RVT

10:23 – 10:28  Confluence Stenting, Technical Considerations
Rick De Graaf, MD, PhD

10:29 – 10:34  Femoral Vein Stenting Lessons Learned
Jose I. Almeida, MD, RPVI, RVT

10:35 – 10:40  Recurrent Obstruction After Hybrid Deep Venous Interventions, Single Inflow Vein Stenting
Rick De Graaf, MD, PhD

10:41 – 10:46  Panel Discussion
SESSION 90 (Trianon Ballroom, 3rd Floor)
STRATEGIES FOR CORRECTING SEVERE DEEP VENOUS REFLUX AND/OR OBSTRUCTION, WOUNDS AND NEW HORIZONS FOR VENOUS DISEASE MANAGEMENT

Moderators: Lowell S. Kabnick, MD, RPhS
Stephen A. Black, MD

10:47 – 10:52
Improved Deep Venous Flow Using The Geko System
In Patients With A Deep Venous Obstruction
Cees H.A. Wittens, MD, PhD

10:53 – 10:58
Why Are So Many Venous Stents Deployed For Swollen Legs
Lowell S. Kabnick, MD, RPhS

10:59 – 11:04
Venous Nitinol Series With Data Subset Of Stents Placed Under The Inguinal Ligament
Stephen A. Black, MD

11:05 – 11:10
When Venous Stents Are Not Enough
Marzia Lugli, MD

11:11 – 11:16
Panel Discussion

Moderators: Peter F. Lawrence, MD
William A. Marston, MD

WOUNDS AND NEW HORIZONS

11:17 – 11:22
Venous Ulcers - An Algorithm For Treating Deep And Superficial Venous Occlusion And Incompetence - Study Completed
Peter F. Lawrence, MD

11:23 – 11:28
What Do We Know About The Pathophysiology Of Venous Ulcers
Peter J. Pappas, MD

11:29 – 11:34
Different Biochemical Profiles In Inflammatory And Granulating Wounds
Joseph D. Raffetto, MD

11:35 – 11:40
Important RCTs For Venous Wound Healing
William A. Marston, MD

11:41 – 11:46
Surgical Intervention On Venous Ulcer Based On Cost-Effectiveness: Is It Different Than C2
Thomas F. O'Donnell, Jr., MD

11:47 – 11:52
Proteomics And Degradomics In Venous Leg Ulcers
Joseph D. Raffetto, MD

11:53 – 11:58
Not All Leg Ulcers Are Venous
Raghu Kolluri, MD

11:59 – 12:04
Panel Discussion

12:05 – 1:00
Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd And 3rd Floors)

SESSION 91 (Trianon Ballroom, 3rd Floor)
STRATEGIES FOR THROMBOEMBOLIC EVENTS IN THE VENOUS SYSTEM INCLUDING THE AXILLOSUBCLAVIAN SYSTEM

Moderators: Thomas W. Wakefield, MD
Joann Lohr, MD

VTE MEDICAL

1:00 – 1:05
Are There Still Any Valid Indications For Thrombophilia Screening In DVT
Joann Lohr, MD
<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
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</table>
| 1:06   | Update On The Latest RCTs For Calf Vein Thrombosis  
Elna M. Masuda, MD |
| 1:12   | Anti-Selectin Therapy For Treatment Of DVT: First Clinical Treatment  
Thomas W. Wakefield, MD |
| 1:18   | Update On Reversal Agents For The DOACs  
Timothy K. Liem, MD, MBA |
| 1:24   | How Should We Manage Extrinsic Compression, Venous Aneurysms And Other Incidental Venous Anomalies  
Manj S. Gohel, MD |
| 1:30   | Biomarkers Of Venous Thromboembolism: Do They Have A Current Role  
Peter Henke, MD |
| 1:36   | Experimental Insights In Acute DVT And Post-Thrombotic Syndrome  
Peter Henke, MD |
| 1:42   | How Should We Manage Extrinsic Compression, Venous Aneurysms And Other Incidental Venous Anomalies  
Manj S. Gohel, MD |
| 1:48   | Compression To Prevent PTS - The Evidence Is Flimsy  
Alun H. Davies, MA, DM, DSc |
| 1:54   | Panel Discussion |

**Moderators:** Mikel Sadek, MD  
Mark J. Garcia, MD

### VTE INTERVENTIONAL

<table>
<thead>
<tr>
<th>Time</th>
<th>Presentation</th>
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| 1:55   | Use Of Indigo Device For All Acute DVT Including Occluded IVC Filters  
Patrick E. Muck, MD |
| 2:01   | Novel Up And Over Approach For Managing Acute Extensive Thrombosis From The Tibials To The Common Iliac Veins  
Enrico Ascher, MD |
| 2:07   | Thrombolysis For Acute DVT: Utilization And Guidance From Current Clinical Trials  
Brian G. DeRubertis, MD |
| 2:13   | More Thrombus Removal Can Lead To Better Outcomes - My DVT Patient Selection Criteria, And Techniques  
Michael K.W. Lichtenberg, MD |
| 2:19   | Ultrasound-Accelerated Thrombolysis For Chronic DVT: The ACCESS Trial  
Mark J. Garcia, MD |
| 2:25   | Treatment Of Complex Central Venous Occlusions: Tips And Tricks To Improve Outcomes And Reduce Complications  
Marcelo Guimaraes, MD |
| 2:31   | Angiovac Venous Thrombectomy: Where, When, And How  
Mikel Sadek, MD |
| 2:37   | Endovascular Thrombus Removal In Patients With Paget-Schroetter Syndrome - Use Of The Indigo System  
Thomas S. Maldonado, MD |
| 2:43   | Venous Issues in Thoracic Outlet Syndrome: Lysis, Venoplasty, First Rib Resection: Staged Or Same Setting  
Enrique Criado, MD |
| 2:49   | Interventional Treatment Of Iliofemoral And Caval DVT In The Office Based Lab  
Jeffrey Y. Wang, MD |
Evolution Of Venous In-Stent Stenosis: Do Anti-Platelet Agents Help Mitigate
David M. Williams, MD

Treating Venous Thromboembolism Without Lytic Medications
Constantino Pena, MD

Panel Discussion

SESSION 92 (Trianon Ballroom, 3rd Floor)
ENDOVASCULAR AND OPEN SOLUTIONS FOR INFERIOR VENA CAVA TUMORS AND OCCLUSIONS, VENA CAVA FILTRATION STRATEGIES, PITFALLS, AND COMPLICATIONS AND MORE ABOUT Iliac VEIN STENTING
Moderators: Jose I. Almeida, MD, RPVI, RVT
Seshadri Raju, MD

How Does Compliance Affect Peripheral Venous Pressure
Seshadri Raju, MD

QALY Gain After Deep Venous Reconstructions: A Four-Year Follow-Up
Cees H.A. Wittens, MD, PhD

How Important Is Rapid Flow Restoration In DVT
Robert A. Lookstein, MD, MHCDL

Thrombosed IVC Filter: How To Recanalize The Cava And Manage The Filter
Jose I. Almeida, MD, RPVI, RVT

Long-Term Patency Of Primary Inferior Vena Cava Reconstructions
Mark K. Eskandari, MD

IVC Replacement For Malignancy: How I Do It
R. Clement Darling III, MD

15-Year Experience With Renal Cell Carcinoma Cava l Tumor Thrombus
Mark K. Eskandari, MD

Panel Discussion
Moderators: John E. Rectenwald, MD, MS
David L. Gillespie, MD

Update On The PRESERVE Vena Cava Filter Study
David L. Gillespie, MD

Indications For IVC Filters – Are They Being Observed
John E. Rectenwald, MD, MS

Surveillance, Anticoagulation, Or Filter In Calf Vein Thrombosis
Heron E. Rodriguez, MD

The PREPIC Trial – Fact Or Fiction
John E. Rectenwald, MD, MS

Why Temporary Filters Are Not Removed: Clinical Predictors In 1,000 Consecutive Cases
Heron E. Rodriguez, MD

Inferior Vena Cava Filters For Prevention Of Venous Thromboembolism In Obese Patients Undergoing Bariatric Surgery – What Is The Evidence
Alun H. Davies, MA, DM, DSc
4:37 – 4:42 The NOVATE SENTRY Trial With A Novel Bio-Convertible IVC Filter: 130 Patients Enrolled With CTIV Follow-Up At 1-Year
Michael D. Dake, MD
David Rosenthal, MD

4:43 – 4:48 Major Complications After IVC Filter Placement And How To Avoid Them
Clifford M. Sales, MD, MBA

4:49 – 4:54 Difficult Caval Filter Retrieval: Tips And Tools
Brian G. DeRubertis, MD

4:55 – 5:00 What To Do With Fractured Filters And Embolic Filter Fragments
Constantino Pena, MD

5:01 – 5:06 Panel Discussion
End of Program M

6:15 A.M. General Registration – 2nd Floor Promenade
6:15 A.M. Faculty Registration – Morgan Suite – 2nd Floor
6:15 A.M. Continental Breakfast – 3rd Floor Promenade/Foyer

CONCURRENT SATURDAY PROGRAMS

PROGRAM N: SESSIONS 93-100
New Developments And Hot Topics In The Treatment Of Lower Extremity, Carotid And Aortic Disease; Vascular Trauma And Key Miscellaneous Hot Topics
6:50 A.M. – 4:25 P.M.
Grand Ballroom East, 3rd Floor

SESSION 93
LOWER EXTREMITY NEW DEVELOPMENTS AND FAST PACED HOT TOPICS (4 ½-MINUTE TALKS)
Moderators: Kenneth Ouriel, MD, MBA
Frank J. Veith, MD

6:50 – 6:55 Real World Results In The First 1000 US Patients Treated With The Lutonix (Bard) DCB
Edward Y. Woo, MD
1-Year Results With The B-Laser Mechanical Atherectomy System For Lower Extremity Lesions: Why Is It Different
John R. Laird, MD

2-Year Japanese Results Of The Heparin Bonded Viabahn (Gore) Graft: Indications And How To Make It More Effective
Hiroyoshi Yokoi, MD

Complex BTK Revascularization For Limb Salvage Is Worthwhile In Patients > 80 And > 90: Endovascular vs. Bypass – Which Is Better And When
Hosam F. El Sayed, MD

Role Of Tibial Bypass In The Era Of Tibial And Pedal PTA
Ramesh K. Tripathi, MD

High Intensity Usage Of Statins Periop And Periprocedurally Decreases Amputation And Death Rates In CTLI Patients: What Dosage And When
Caron B. Rockman, MD, Jeffrey S. Berger, MD, MS

Complex BTK Revascularization For Limb Salvage Is Worthwhile In Patients > 80 And > 90: Endovascular vs. Bypass – Which Is Better And When
Hosam F. El Sayed, MD

High Intensity Usage Of Statins Periop And Periprocedurally Decreases Amputation And Death Rates In CTLI Patients: What Dosage And When
Caron B. Rockman, MD, Jeffrey S. Berger, MD, MS

Dorsalis Pedis Artery Entrapment – What Is It: Role In CLTI; How To Diagnose And Treat It
Roberto Ferraresi, MD

Delay In Treatment And Overuse Of Endovascular Techniques Leads To Disaster With Ischemic Diabetic Foot Ulcers And Gangrene: Open Bypasses Have Better Wound Healing And Limb Salvage Outcomes
Katarina M. Noronen, MD, PhD

Diabetes Does Not Worsen The Outcomes Of BTK Bypasses Or Endo Interventions For CLTI: But The Cost Of Readmissions For Diabetic Foot Wounds Is High
Christopher J. Abularrage, MD

Close Follow-Up After Endo Revascularizations For CLTI With Gangrene And Ulceration Is Essential: Duplex Ultrasound Is Best: How To Do It
Francesco Liistro, MD

Multivessel Revascularization For Infrapopliteal Disease Causing CLTI Yields Better Outcomes Than Single Artery Revascularization
Craig M. Walker, MD

Multiple Artery Revascularization For CLTI From Infrapopliteal Disease Is No Better Than Single Artery Revascularization: The Data Prove It
Marc L. Schermerhorn, MD

Poor Pedal Run-Off Does Not Matter In Limb Salvage Situations: Salvage Is Almost Always Possible
Mark G. Davies, MD

Panel Discussion
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<tr>
<td>8:10 - 8:15</td>
<td>Variation In The Treatment Of Carotid Stenosis Between Centers And Between Countries Is Enormous: From The Interventional Consortium Of Vascular Registries (ICVR): What Are The Implications Maarit Venermo, MD, PhD</td>
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<tr>
<td>8:15 - 8:20</td>
<td>In Patients Undergoing CAS Or CEA, Blood Pressure In The 2 Arms Should Be Checked: What Is The Significance If There Is A Difference Gert J. de Borst, MD, PhD</td>
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<td>8:20 - 8:25</td>
<td>What Is A Carotid String Sign And When Should Patients With It Be Treated By CEA Or CAS Christos D. Lapias, MD</td>
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<tr>
<td>8:25 - 8:30</td>
<td>DEBATE: With CEAs Completion Quality Control With Duplex Or Angiography Is Indicated And Decreases Stroke Risk Hans-Henning Eckstein, MD, PhD</td>
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<td>8:30 - 8:35</td>
<td>DEBATE: Not So: If Careful Technique Is Used, Completion Duplex Or Angiography Control Is Unnecessary And May Be Misleading Russell H. Samson, MD, RVT</td>
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<td>8:35 - 8:40</td>
<td>When Is Supplemental Carotid Stenting An Aid To Safe CEA And A Rescue Technique For Operative Mishaps: How To Do It Yves Alimi, MD</td>
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<td>8:40 - 8:45</td>
<td>Panel Discussion</td>
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<td>8:45 - 8:50</td>
<td>Invasive Treatment Is Almost Never Needed For Asymptomatic Restenosis After CEA Or CAS: It Is A Benign Condition Ross Naylor, MD</td>
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<td>8:55 - 9:00</td>
<td>Which Patient With An Asymptomatic Carotid Stenosis Should Be Treated Invastively: Which By CEA; Which By CAS Carlo Setacci, MD</td>
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<td>9:00 - 9:05</td>
<td>Silent Cerebral Infarcts On CT Or MRI Influence Outcomes Of CEA: How About Outcomes With CAS: Should All Asymptomatic Carotid Stenosis Patients Get A Head CT Gianluca Faggioli, MD</td>
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<tr>
<td>9:05 - 9:10</td>
<td>Indications For CEA Should Not Be Based On Consensus Statement Velocity Criteria Or Duplex Alone: They Lead To Unnecessary Procedures Mark F. Fillinger, MD</td>
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<td>9:10 - 9:15</td>
<td>A New Model For Evaluating Stroke And Other Risks In Patients With Asymptomatic Carotid Stenosis Alison Halliday, MS</td>
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<td>9:15 - 9:20</td>
<td>Panel Discussion</td>
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<tr>
<td>9:20 - 9:30</td>
<td>Break – Visit Exhibits And Pavilions (3rd Floor)</td>
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NEW DEVELOPMENTS AND HOT TOPICS IN
DISEASES OF THE AORTA AND ITS BRANCHES
(4 ½-MINUTE TALKS)

Moderators: Bauer E. Sumpio, MD, PhD
Caron B. Rockman, MD

9:30 – 9:35
What Is The Physics And Physiology Underlying
Intimal Tears Leading To Type A And B Aortic
Dissections
Erno Remsey-Semmelweis, MD

9:35 – 9:40
Do New Low Profile Endografts For EVAR Have
Higher Complication Rates Than Standard EVAR
Devices
Giovanni Pratesi, MD

9:40 – 9:45
Negative Impact Of MIs On Life Expectancy After
AAA Repair: What Can Be Done To Improve It
Bijan Modarai, PhD

9:45 – 9:50
Tips And Tricks To Perform EVAR, TEVAR And TAVI
In Patients With Disadvantaged Access: Conduits,
Transaortic And Transcaval Access Techniques
Jeffrey P. Carpenter, MD

9:50 – 9:55
Does Ticagrelor Inhibit The Growth Of Small AAAs:
Results Of A Recent RCT
Anders Wanhainen, MD, PhD

9:55 – 10:00
Long-Term Estimation Of Aortic Risk (LEAR) After
EVAR Can Safely Guide The Frequency Of Surveillance
Peter J.E. Holt, MD, PhD
Ian Loftus, MD

10:00 – 10:05
The Future Of Aortic Endografts May Be Low Profile
But We Have To Get The Technology Right
Hence J.M. Verhagen, MD, PhD

10:05 – 10:10
Panel Discussion

10:10 – 10:15
Value Of Upper Extremity And Femoral Access
During Difficult Mesenteric Endovascular
Interventions: Technical Tips
Jade S. Hiramoto, MD

10:15 – 10:20
Technical Tips For Hepatic Artery Interventions After
Liver Transplantation: Results, Complications And
How To Deal With Them
W. Charles Sternbergh III, MD

10:20 – 10:25
Unexpected Complications During EVAR And How
To Deal With Them To Reduce Morbidity And
Mortality
Andrea Stella, MD

10:25 – 10:30
Role Of Aortofemoral Bypasses In The Endovascular
ERA: When Is It Really The Best Option
Michael Belkin, MD

10:30 – 10:35
Ascending Aortic Wrapping To Treat Smaller
Aneurysms: Technique, Advantages And Results
Ralf R. Kolvenbach, MD
Mario L. Lachat, MD

10:35 – 10:40
The Descending Aorta As An Inflow Source: It Has
Multiple Applications: Technical Tips
Enrique Criado, MD

10:40 – 10:45
Panel Discussion
SESSION 96 (Grand Ballroom East, 3rd Floor)
MISCELLANEOUS HOT TOPICS IN MEDICAL TREATMENT AND VASCULAR DISEASE
(4½-MINUTETALKS)
Moderators: Alan Dardik, MD, PhD
Gustavo S. Oderich, MD

10:45 – 10:50  
Update On The Endovascular Treatment Of Chronic Cerebrospinal Venous Insufficiency (CCSVI) To Improve Multiple Sclerosis Symptoms: Status And Results Of The BRAVE DREAMS Randomized Sham Controlled Trial  
Paolo Zamboni, MD

10:50 – 10:55  
4D Ultrasound As A Means To Evaluate Wall Stress And To Predict Rupture In AAAs  
Marc R.H.M. van Sambeek, MD, PhD

10:55 – 11:00  
Retroperitoneal Hematomas Are A Big Deal: Etiology, Demographics, Presentation, Treatment And Outcomes  
Carol B. Rockman, MD

11:00 – 11:05  
The Guidewire Fixator: A New Tool To Facilitate Treatment Of Complex AAAs And F/EVAR: How Does It Work  
Krister C.B. Liungman, PhD

11:05 – 11:10  
Use, Validation And Value Of A Frailty Index To Estimate Perioperative Risk In Vascular Patients  
Christopher J. Abularrage, MD

11:10 – 11:15  
Technical Tips And Equipment For Pedal Access: Update On The Value Of The Vasostat Device To Aid Hemostasis After Tibial, Pedal And Radial Access  
Timothy W.I. Clark, MD

11:15 – 11:20  
Does Berger’s Disease Really Exist: What Is The Current Best Treatment: Do Bypasses Or Endo Treatments Work  
Kamphol Laohapensang, MD

11:20 – 11:25  
Panel Discussion

11:25 – 11:30  
What Is Happening With Exercise Programs For Intermittent Claudication: How Well Do They Work And How To Make Them Work Better  
Jonathan D. Beard, ChM, MEd

11:30 – 11:35  
Diagnosis And Treatment Of Arterial Injuries During Hip And Knee Replacement Surgery: They Can Be Catastrophic And Easily Missed  
Matthew J. Dougherty, MD
Keith D. Calligaro, MD

11:35 – 11:40  
Endovascular Treatment Of Celiac Artery Aneurysms: Technique And When Is Open Repair Necessary  
Jacques Busquet, MD

11:40 – 11:45  
Value Of Embolic Protection Devices During Mesenteric Artery Stenting: How To Do It  
Gustavo S. Oderich, MD

11:45 – 11:50  
A Better Approach To Treat Complex Type 2 Endoleaks After EVAR: Transfemoral Inside The Artery And Outside The Endograft: How To Do It  
Peter A. Schneider, MD

11:50 – 11:55  
Value Of Chemical Sympathectomy: Indications, Technique And Results  
Donald B. Reid, MD

11:55 – 12:00  
Panel Discussion
SESSION 97 (Grand Ballroom East, 3rd Floor)
MORE FAST-PACED LOWER EXTREMITY HOT TOPICS (4 ½-MINUTE TALKS)
Moderators: Joseph L. Mills, MD
Michael S. Conte, MD

1.00 – 1.05
Technical Tips To Treat Iliac Occlusive Disease And
To Cross Chronically Occluded Iliac Arteries Safely
Ali Amin, MD, RVT

1.05 – 1.10
Zilver PTX DESs (Cook) Are Effective Treatment For Fem-Pop Occlusive Lesions In Patients With Poor Or
Absent Tibial Runoff And Those With Chronic Renal Failure: From The Japanese Zilver PTX Trial
Kimihiro Komori, MD, PhD

1.10 – 1.15
Patients With Intermittent Claudication Who
Smoke Have Higher Rates Of Major Adverse Limb
Events After Infrainguinal Bypasses Than Former
Smokers Or Non-Smokers: Is This Also True With Endo Treatments
Raghuveer Vallubhaneni, MD

1.15 – 1.20
DEBATE: In Patients With Lower Extremity Ischemia
Endovascular Treatment Is Associated With Improved
Amputation Free Survival But Higher Reintervention
Rates At 30 Days And 4 Years: From A Population
Based Study
K. Craig Kent, MD

1.20 – 1.25
DEBATE: This Study Is Misleading Because Many
Patients Benefit From An Open Revascularization
First Policy And Are Harmed By An All Endo First Policy
Michael S. Conte, MD

1.25 – 1.30
Technical Tips To Treat Aorto-Iliac Disease With
Covered Stents: What Devices Are Available And
Which Work Best
Michel M.P. Reijnen, MD, PhD
Peter C.J. Goverde, MD

1.30 – 1.35
Step By Step Technical Approach To Extreme Tibial
Interventions
Mahmood Razavi, MD

1.35 – 1.40
Value Of Gore Hybrid Graft For Simplifying The
Distal Anastomosis Of An Open Fem-Pop Bypass
Gianmarco de Donato, MD
Carlo Setacci, MD

1.40 – 1.49
Panel Discussion

SESSION 98 (Grand Ballroom East, 3rd Floor)
MORE FAST-PACED AORTA AND AORTIC BRANCH
RELATED TOPICS (4 ½-MINUTE TALKS)
Moderators: Nicholas J.W. Cheshire, MD
Kenneth Ouriel, MD, MBA

1.50 – 1.55
Supraceliac Aorta To Hepatic Artery And SMA Bypass
For Chronic Mesenteric Ischemia (Operative Video)
Keith D. Calligaro, MD

1.55 – 2.00
Laser Transgraft Access For Treating Type 2
Endoleaks: Technique, Advantages And Results
Mark W. Mewissen, MD, RVT
2:00 – 2:05  A Method To Define Type 2 Endoleak Risk Before EVAR: Can It Direct Intra- or Pre-Procedural Treatment: Does Such Treatment Work  
Franco Grego, MD

2:05 – 2:10  Equipment And Technical Tips For Transcaval Access To Treat Type 2 Endoleaks: Indications, Advantages And Results  
Edward Y. Woo, MD  
Tareq H. Massimi, MD

2:10 – 2:15  Long-Term Outcomes Of TEVAR For Traumatic Aortic Injuries In A Closely Followed Cohort Of Patients  
Johnny Steuer, MD, PhD

2:15 – 2:20  Moderately Hostile Necks (Conical, Angulated, Calcified And With Thrombus) Do Not Negatively Influence EVAR Outcomes With Newer Endografts (Endurant – Medtronic): 4-Year Results  
Hence J.M. Verhagen, MD, PhD

2:20 – 2:30  Panel Discussion (Refreshments Available)

SESSION 99 (Grand Ballroom East, 3rd Floor)
MORE FAST-PACED AORTA RELATED HOT TOPICS (4 ½-MINUTE TALKS)
Moderators: Ronald M. Fairman, MD  
James H. Black III, MD

2:30 – 2:35  Open Surgical vs. Endovascular Revascularization For Subclavian Artery Atherosclerotic Occlusive Disease: Which And When  
Theodosios Biasias, MD  
Giovanni Torsello, MD

2:35 – 2:40  IVUS Or Other 4D Imaging Techniques Are The Only Ways To Accurately Assess Aortic Dissection Flap Mobility  
Ross Milner, MD

2:40 – 2:45  Surgeon Modified Fenestrated Endograft For Aortic Arch Repairs: Technique, Results And Limitations  
Ludovic Canaud, MD, PhD

2:45 – 2:50  When Do Stent-Grafts Have Value In Marfan’s Disease And Other Connective Tissue Disorders  
James H. Black III, MD

2:50 – 2:55  Why Chimney And Especially Periscope Grafts For Left SCA Revascularization May Be A Better Option Than Cervical Bypasses And Perhaps Branched Grafts  
Frank J. Criado, MD

2:55 – 3:00  Changing Spectrum Of Secondary Procedures Required After TEVAR: When Is Open Conversion Necessary  
Ronald M. Fairman, MD

3:00 – 3:05  Panel Discussion

3:05 – 3:10  There Is Great Variability In AAA Treatment Within And Between Countries: Key Findings, Causes And Implications: From The International Consortium Of Vascular Registries (ICVR)  
Adam Beck, MD

3:10 – 3:15  Can Earthquakes Trigger AAA Ruptures  
Gianmarco de Donato, MD  
Carlo Setacci, MD
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<tr>
<th>Time</th>
<th>Session Description</th>
<th>Speaker/Authors</th>
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<tr>
<td>3:15 – 3:20</td>
<td>Double-Barreled Stent-Grafts (In The True And False Lumens) To Treat Chronic TBADs: When Can It Work: Advantages And Limitations</td>
<td>Mahmoud B. Malas, MD, MHS</td>
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<tr>
<td>3:20 – 3:25</td>
<td>A Small Diameter Aortic Bifurcation Increases The Chances Of Serious Type 2 Endoleaks After EVAR: Possible Mechanisms</td>
<td>Ross Milner, MD</td>
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<td>3:25 – 3:30</td>
<td>Treatment Of Median Arcuate Ligament Syndrome With Celiac Artery Involvement: Supraceliac Aorta-To-Celiac-Bypass (Operative Video)</td>
<td>Joseph L. Mills, MD</td>
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<td>3:30 – 3:35</td>
<td>Panel Discussion</td>
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<td>3:35 – 3:40</td>
<td>Endovascular Treatment For Pediatric Vascular Trauma: When Is It Indicated And How Well Does It Work</td>
<td>Michael J. Singh, MD</td>
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<td>3:40 – 3:45</td>
<td>REBOA For Exsanguinating Bleeding In Pelvic Trauma: How Well Does It Work</td>
<td>Charles J. Fox, MD</td>
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<td>3:45 – 3:50</td>
<td>New Developments In The Treatment Of Vascular Trauma</td>
<td>R. Clement Darling III, MD</td>
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<td>3:50 – 3:55</td>
<td>Can Biomarkers Help Predict Endovascular Treatment Failure And The Need For Amputation In Diabetics With CTLI And Extensive Gangrene Or Ulceration</td>
<td>Ignacio Escotto, MD</td>
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<td>3:55 – 4:00</td>
<td>Novel Strategy For Percutaneous Access Closure In Patients With Zero Tolerance For Bleeding</td>
<td>Dipankar Mukherjee, MD</td>
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<td>4:00 – 4:05</td>
<td>Role Of Digital And Tibial Artery Calcification In The Treatment Of Patients With CTLI: It Is Not All Bad</td>
<td>Wei Zhou, MD</td>
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<td>4:05 – 4:10</td>
<td>Post-Procedure Duplex Volume Flow In The Popliteal Artery Is The Best Predictor Of Early And Late Patency After Fem-Pop PTAs</td>
<td>Natalie A. Marks, MD, MD, RPVI, RVT, Enrico Ascher, MD</td>
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<td>4:10 – 4:15</td>
<td>A Novel Front-Cutting Atherectomy Device With Plaque Fragment Aspiration: How Does It Work And Value In Crossing CTOs And Lowering Plaque Burden</td>
<td>Miguel F. Montero-Baker, MD</td>
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<td>4:15 – 4:25</td>
<td>Panel Discussion</td>
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SESSIONS 101–102

PROGRAM O (SESSIONS 101–105)
NEW DEVELOPMENTS IN VASCULAR ACCESS FOR HEMODIALYSIS
Grand Ballroom West, 3rd Floor
Course Leaders: Larry A. Scher, MD
Anton N. Sidawy, MD, MPH

7:55 – 8.00  Introduction
Anton N. Sidawy, MD, MPH
Larry A. Scher, MD

SESSION 101 (Grand Ballroom West, 3rd Floor)
IMPORTANT ISSUES IN HEMODIALYSIS ACCESS (7-MINUTE TALKS)
Moderators: Larry A. Scher, MD
Anton N. Sidawy, MD, MPH

8:00 – 8:07  Review Of The 2016 And 2017 Hemodialysis Literature: What’s Really New
Jack Work, MD

8:08 – 8:15  Impact Of CKD Stage 4 And 5 On Cognitive Function And Memory: Why Do Patients Get Lost To Follow-Up
Dori Schatell, MS

8:16 – 8:23  Kidney Health International: Advancing The Science Of Vascular Access
Prabir Roy-Chaudhury, MD, PhD

8:24 – 8:31  The Importance Of Measuring Cardiac Output In The Dialysis Center: Making Dialysis Safer For The Patient
Deborah Brouwer-Maier, RN, CNN

8:32 – 8:39  Importance Of Blood Flow And Pump Speed To Achieve Effective Hemodialysis: Why Is The United States Different
Dori Schatell, MS

8:40 – 8:47  Panel Discussion

8:52 – 8:59  What Are The Most Important Factors Affecting AV Fistula Maturation
Prabir Roy-Chaudhury, MD, PhD

9:00 – 9:07  Use Of Ultrasound For Preoperative Planning And Postoperative Assessment In Hemodialysis Access Surgery
Surendra Shenoy, MD, PhD

9:08 – 9:15  Use Of A Handheld Ultrasound Device To Optimize Vascular Access Cannulation
Seth Johnson, MSN, RN

9:16 – 9:23  Hospital Readmissions After Outpatient Access Creation
Alik Farber, MD

9:24 – 9:31  Panel Discussion

9:36 – 10.00  Break - Visit Exhibits And Pavilions (3rd Floor)

SESSION 102 (Grand Ballroom West, 3rd Floor)
OPTIMIZING OUTCOMES IN HEMODIALYSIS ACCESS (7-MINUTE TALKS)
Moderators: Clifford M. Sales, MD, MBA
Haimanot (Monnie) Wasse, MD, MPH

10:01 – 10:08  Role Of IVUS In Dialysis Access Interventions
David Fox, MD, RPVI
10:09 – 10:16 Percutaneous Salvage Of The Thrombosed And Immature Fistula
Gregg A. Miller, MD

10:17 – 10:24 Is There A Role For Drug Eluting Balloons And Stents In Dialysis Access
Theodore F. Saad, MD

10:25 – 10:32 Early Use Of Stent Grafts For Failed Or Failing AV Fistulas And Grafts
John E. Aruny, MD

10:33 – 10:40 Outcomes Of Interventions For Cephalic Arch Stenosis
Mark G. Davies, MD

10:41 – 10:48 Repeated Endovascular Interventions Can Increase Life Span Of Autogenous Fistulas
Alan M. Dietzek, MD, RPVI

10:49 – 11:00 Panel Discussion

11:01 – 11:08 Central Venous Catheter Exchange For Infection: When And How
Haimanot (Monnie) Wasse, MD, MPH

11:09 – 11:16 Placement Issues For Hemodialysis Catheters In Patients With Preexisting Central Lines Or Implantable Cardiac Devices
Anil P. Hingorani, MD

11:17 – 11:24 Importance Of Measuring Access Flow In The Interventional Suite
John E. Aruny, MD

11:25 – 11:32 Update On The HeRO And Super HeRO For Challenging Hemodialysis Access
Eric K. Peden, MD

11:33 – 11:40 Femoral Vein Transposition
Alik Farber, MD

11:41 – 11:55 Panel Discussion

11:55 – 12:00 Lunch Break – Visit Exhibits And Pavilions (3rd Floor)

SESSION 103 (Grand Ballroom West, 3rd Floor)

POLITICAL, ECONOMIC AND LEGAL ISSUES IN HEMODIALYSIS ACCESS (7 & 15-MINUTE TALKS)

Moderators: Anton Sidawy, MD, MPH
Larry A. Scher, MD

Harold C. Ott, MD

12:56 – 1:03 Impact Of AV Fistula Outcomes On Medicare Costs In US Hemodialysis Patients
Haimanot (Monnie) Wasse, MD, MPH

1:04 – 1:11 Reimbursement Changes For Office Based Access Centers vs. Ambulatory Surgery Centers
Sean P. Roddy, MD

1:12 – 1:19 Training Vascular Access Surgeons: Fellowship Or Apprenticeship
O. William Brown, MD, JD

1:20 – 1:27 Health Economics And Early Cannulation Grafts
Sapan S. Desai, MD, PhD, MBA

1:28 – 1:37 Panel Discussion

Saturdays
SESSIONS 102–103
SESSION 104  (Grand Ballroom West, 3rd Floor)
NEW TECHNOLOGIES AND CONCEPTS IN HEMODIALYSIS ACCESS (7-MINUTE TALKS)
Moderators:  David L. Cull, MD  
                Theodore F. Saad, MD

1.38 – 1.45  Updated Results Of Proteon (Elastase) Clinical Trial  
                C. Keith Ozaki, MD
1.46 – 1.53  Updated Results Of Vascular Therapies (Sirolimus) Trial  
                Sriram S. Iyer, MD
1.54 – 2.01  Updated Results Of VasQ Device To improve AV Fistula Maturation  
                Vladimir Matoussevitch, MD
2.02 – 2.09  Endovascular AV Fistula Creation: Update On Clinical Trials  
                Todd Berland, MD
2.10 – 2.17  Importance Of Hemodynamics In AV Fistula Maturation: Pathophysiology Of The RADAR (Radial Artery Deviation And Reimplantation) Technique  
                Alan Dardik, MD, PhD
2.10 – 2.25  Utilization Of Flow Measurements As A Guide For AV Access Surgery  
                Alexander Meyer, MD
2.26 – 2.33  Noninvasive Remote Monitoring Of AV Fistula And Graft Flow With A GraftWorx Sensor  
                Richard F. Neville, MD
2.34 – 2.43  Panel Discussion

SESSION 105  (Grand Ballroom West, 3rd Floor)
UPDATE ON CLINICAL CHALLENGES IN HEMODIALYSIS ACCESS (7-MINUTE TALKS)
Moderators:  Larry A. Scher, MD  
                Anton N. Sidawy, MD, MPH

2.44 – 2.51  Role Of Biologic Grafts In Hemodialysis Access  
                Matthew J. Dougherty, MD
2.52 – 2.59  Dialysis Access In Challenging Patient Populations: The Obese Patient  
                David L. Cull, MD
3.00 – 3.07  Dialysis Access In Challenging Patient Populations: The Elderly Patient  
                Clifford M. Sales, MD, MBA
3.08 – 3.15  Dialysis Access In Challenging Patient Populations: The Hypercoagulable Patient  
                Jeffrey H. Lawson, MD, PhD
3.16 – 3.23  Dialysis Access In Challenging Patient Populations: The Patient With An Implantable Cardiac Device  
                Theodore F. Saad, MD
3.24 – 3.34  Panel Discussion
3.35 – 3.42  Management Of Dialysis Access Complications: Steal Syndrome  
                Karl A. Ilig, MD
3.43 – 3.50  Management Of Dialysis Access Complications: High Flow Fistulas  
                John R. Ross, Sr., MD
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<tr>
<th>Time</th>
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<th>Speaker/Speaker(s)</th>
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<tr>
<td>3:51</td>
<td>Management Of Dialysis Access Complications: Central Venous Stenosis</td>
<td>Eric K. Peden, MD</td>
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<td>3:59</td>
<td>Management Of Dialysis Access Complications: Aneurysms</td>
<td>Sidney M. Glazer, MD</td>
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<td>4:07</td>
<td>Management Of Dialysis Access Complications: Infection</td>
<td>Surendra Shenoy, MD, PhD</td>
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<td>4:15</td>
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**PROGRAM P (SESSIONS 106-109)**

**MORE HOT VENOUS DISEASE TOPICS**

Trianon Ballroom, 3rd Floor
Course Leaders: Jose I. Almeida, MD, RPVI, RVT, Lowell S. Kabnick, MD, RPhS, Kenneth Ouriel, MD, MBA, Thomas W. Wakefield, MD

**SESSION 106 (Trianon Ballroom, 3rd Floor)**

**VENOUS IMAGING, THROMBOPHILIA**

**Moderators:** Jose I. Almeida, MD, RPVI, RVT, Lowell S. Kabnick, MD, RPhS, Kenneth Ouriel, MD, MBA

**CROSS-SECTIONAL IMAGING**

8:00 – 8:05
- Air Plethysmography: Measuring Reflux And Venous Outflow Obstruction
  - David L. Gillespie, MD

8:06 – 8:11
- Getting A Look At Inflow With Duplex Ultrasound Prior To Endovascular Reconstruction Of Post-Thrombotic Iliocaval Disease
  - Jose I. Almeida, MD, RPVI, RVT

8:12 – 8:17
- How To Grade Iliac Vein Stenosis
  - Seshadri Raju, MD

8:18 – 8:23
- Inflow To CFV: IVUS, CDUS, CTV, MRV
  - Gerard J. O’Sullivan, MD

8:24 – 8:29
- Novel Imaging Techniques With MRI For Thrombus Aging
  - Stephen A. Black, MD

8:30 – 8:35
- Surveillance After Venous Stenting: Venography And Duplex Ultrasound
  - Kenneth Ouriel, MD, MBA

8:36 – 8:41
- The VIDIO Trial Comparing IVUS vs. Multiplanar Venogram For Diagnosing Iliofemoral Vein Obstruction
  - Paul J. Gagne, MD

8:42 – 8:47
- MRV And Major Venous Interventions
  - Mark G. Davies, MD

8:48 – 8:53
- MRV And CTV In Imaging Of Pelvic And Abdominal Venous Compressive Syndromes: Which Is Better And Why
  - Akhilesh K. Sista, MD

8:54 – 8:59
- Diagnostic Venous IVUS During Saphenous Ablation: How, When And Why
  - Todd Berland, MD

9:00 – 9:05
- Panel Discussion
MORE THROMBOPHILIA

Moderators: Timothy K. Liem, MD, MBA
Ian J. Franklin, MS

9:06 – 9:11
Venous Thrombophlebitis: It Is Very Common Yet There Is Much Uncertainty And Variation In Practice Between Primary And Secondary Care: Grading Of Severity
Ian J. Franklin, MS

9:12 – 9:17
Bridging Anticoagulation With The Direct Oral Anticoagulants
Timothy K. Liem, MD, MBA

9:18 – 9:23
Venous Thrombophlebitis: When Is Anticoagulation Necessary And For How Long; Does Compression Help; What Follow-Up Is Indicated
Ian J. Franklin, MS

9:24 – 9:29
Managing Anticoagulation To Avoid Postoperative Hemorrhage
Timothy K. Liem, MD, MBA

9:30 – 9:35
PTS: Do We Know The Predictive Factors
Tomasz Urbanek, MD

9:36 – 9:41
Panel Discussion

SESSION 107 (Trianon Ballroom, 3rd Floor)
HOW THE EXPERTS WOULD MANAGE RETICULAR AND TELANGIECTASIA: CASE DISCUSSION
Moderator: Steve Elias, MD

9:42 – 10:01
Case Discussion
Panelists: Ian J. Franklin, MS
Kathleen D. Gibson, MD
Lowell S. Kabnick, MD, RPhS
Paul Pittaluga, MD
Jorge H. Ulloa, MD

SESSION 108 (Trianon Ballroom, 3rd Floor)
ASK THE EXPERT
Moderator: Steve Elias, MD

10:02 – 10:41
Challenging Cases And “PERT” Decisions
Panelists: Jose I. Almeida, MD, RPVI, RVT
Alan H. Davies, MA, DM, DSc
Alan M. Dietzek, MD, RPVI
Ellen D. Dillavou, MD
Ian J. Franklin, MS
Kathleen D. Gibson, MD
Lowell S. Kabnick, MD, RPhS
Marc A. Passman, MD

SESSION 109 (Trianon Ballroom, 3rd Floor)
DEEP SYSTEM: ATTRACT TRIAL, NEW TECHNOLOGIES, VENOUS STENTING CHALLENGES
Moderators: Jose I. Almeida, MD, RPVI, RVT
Lowell S. Kabnick, MD, RPhS

10:42 – 10:47
Prosthetic Venous Valve Challenges ‘Til Now
Jose I. Almeida, MD, RPVI, RVT
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<th>Time</th>
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<td>10:48</td>
<td>Surgical Creation Of A Monocusp Valve</td>
<td>Marzia Lugli, MD</td>
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<td>10:54</td>
<td>Blue Leaf Endovenous Valve: Potential Benefits Of An All-Autogenous Solution</td>
<td>Mikel Sadek, MD</td>
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<td>11:00</td>
<td>Sail Valve</td>
<td>Steve Elias, MD</td>
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<td>11:06</td>
<td>Panel Discussion</td>
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<td>Moderators: Kenneth Ouriel, MD, MBA</td>
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<td>Thomas W. Wakefield, MD</td>
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<td>11:12</td>
<td>Final Outcome Of The ATTRACT Trial</td>
<td>Suresh Vedantham, MD</td>
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<td>11:18</td>
<td>Why The ATTRACT Trial Failed</td>
<td>Fedor Lurie, MD, PhD</td>
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<td>11:24</td>
<td>The Open Vessel Hypothesis: Applicability To DVT</td>
<td>Kenneth Ouriel, MD, MBA</td>
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<td>DEBATE: ATTRACT- A Well-Designed Trial With Clinically Important Findings – Pro</td>
<td>Suresh Vedantham, MD</td>
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<td>11:36</td>
<td>DEBATE: ATTRACT- A Well-Designed Trial With Clinically Important Findings – Con</td>
<td>Fedor Lurie, MD, PhD</td>
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<td>11:42</td>
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<td>Moderators: Jose J. Almeida, MD, RPVI, RVT</td>
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<td>Lowell S. Kabnick, MD, RPhS</td>
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<td>11:48</td>
<td>Which Stent Would I Use In: Malignancy, Across Inguinal Ligament, IVC, Into PFV</td>
<td>Gerard J. O’Sullivan, MD</td>
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<td>11:54</td>
<td>Crush Resistance For Iliac Stenting: Does It Matter</td>
<td>Lowell S. Kabnick, MD, RPhS</td>
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<td>12:00</td>
<td>In-Stent Restenosis After Venous Stenting: Understanding The Pathology Guides Prevention</td>
<td>Antonios P. Gasparis, MD</td>
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<td>12:06</td>
<td>Venous Stent Fracture</td>
<td>Stephen A. Black, MD</td>
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<td>12:12</td>
<td>Predictors Of And Acceptable Rates For Venous Stent Fracture</td>
<td>Mahmood Razavi, MD</td>
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Reading, Pennsylvania

Max Amor, MD
Essey-Lès-Nancy, France

Gary M. Ansel, MD
Columbus, Ohio

Frank R. Arko, MD
Charlotte, North Carolina

John E. Aruny, MD
New Haven, Connecticut

Enrico Ascher, MD
Brooklyn, New York

Martin R. Back, MD
Gainesville, Florida

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Daniela Branzan, MD
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Marianne Brodmann, MD
Graz, Austria

Allan L. Brook, MD
Brom, New York

Thomas G. Brott, MD
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