Tuesday – Saturday, November 19-23, 2019
New York Hilton - Midtown | 1335 Avenue of the Americas | New York, NY 10019

VEITHsymposium
Frank J. Veith, MD
Symposium Chairman

VEITHsymposium Co-Chairmen
Enrico Ascher, MD
Kenneth Ouriel, MD, MBA
Sean P. Lyden, MD

TCT Endovascular Steering Committee
Juan F. Granada, MD
Sahil A. Parikh, MD
Michael R. Jaff, DO
Ehrin Armstrong, MD

This activity has been approved for AMA PRA Category 1 Credits™.
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

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

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 31.5 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.

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.

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.

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, 2020.

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 13, 2019. Please request the VEITH rate when reserving your accommodations.

New York Hilton-Midtown (Symposium Site)
1335 Avenue of the Americas
New York, NY 10019 / (212) 586-7000 or 1-800-HILTONS (toll free U.S. only)

American Express Global Business Travel at The Cleveland Clinic
Phone: (216) 444-2564, Extension 62134971
E-mail: diane.m.geneva@amexgbt.com
INTRODUCTION AND SUMMARY

VEITHsymposium and the Cardiovascular Research Foundation (CRF) are pleased to announce an alliance between Transcatheter Cardiovascular Therapeutics (TCT) and the VEITHsymposium. TCT is the annual scientific symposium of CRF and the world’s premier educational meeting specializing in interventional cardiovascular medicine. VEITHsymposium is the leading global conference covering all aspects of vascular medicine, vascular surgery and endovascular intervention. As part of this alliance, the two organizations have closely collaborated on creating co-branded (VEITHsymposium-TCT) educational content specifically designed for interventional cardiologists, vascular surgeons and other vascular specialists.

It is our sincere belief that each specialty in this multidisciplinary group provides unique and valuable input to all vascular specialists. At this year’s VEITHsymposium, sessions thought to be of particular interest to a wide array of practicing physicians – including Interventional Cardiologists - have been highlighted by bearing the brand of VEITH-TCT. These include specific content on Lower Extremity Intervention, Pulmonary Embolism, and Medical Therapy spread throughout the meeting. (For details of Co-Branded VEITHsymposium Sessions see pages 5-16 below.)

CRF-TCT PROGRAMS

In addition, new to the meeting this year, attendees can register for specific hands-on training sessions that offer focused small group technical skill building workshops. Thursday’s sessions focus on Tibiopedal and Radial access while Friday’s sessions focus on SFA technologies for managing complex lesions. Pre-Registration is recommended as these sessions can only accommodate a limited number of attendees. (For details of the CRF Training Pavilion see pages 17-18 below.)

The TCT-VEITH Innovation Summit embraces role of clinical unmet needs driving new technology development. In each one-hour session, a clinical case will be presented demonstrating significant clinical challenges that are currently vexing followed by a panel discussion. Next, a State-of-the-Art lecture will highlight all the contemporary techniques relevant to the unmet clinical need, and then two or more technologies will be featured as potential breakthrough technologies or approaches. Extended panel discussion will ensue. Audience members will be engaged in all aspects of the program along with multidisciplinary expert panelists from the clinical and business worlds. (For details of the Innovation Summit Program see pages 18 and 19 below.)

For Interventional Cardiologists interested in PAD who could not make it to TCT this year, VEITHsymposium, held in New York City from November 19-23, should be an attractive alternative to attend. Please visit www.veithsymposium.org for further information and to register online. Limited registration for Co-Branded Sessions and Programs for Practicing Interventional Cardiologists: $899. Also Available - Registration for entire meeting: $1399. Daily registration rates available on-site.
VEITH-TCT CO-BRANDED SESSIONS
MANAGEMENT OF PULMONARY EMBOLISM: THE ULTIMATE TEAM APPROACH
Trianon Ballroom, 3rd Floor
Course Leader: Michael R. Jaff, DO

MANAGEMENT OF PULMONARY EMBOLISM: THE ULTIMATE TEAM APPROACH – 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  Do We Need An Echo To Manage Acute Submassive PE
David M. Dudzinski, MD

7:35 – 7:45  Advanced Imaging For PE: What Is The Optimal Strategy For The Diagnosis Of Acute And Chronic PE
Brian B. Ghoshhajra, MD, MBA

7:45 – 8:00  Medical Treatment Of PE: When, Why, For How Long, And How Can I Remember
Geno J. Merli, MD, MACP

8:00 – 8:10  Testing For Cancer And Other Hypercoagulable States In PE
Rachel Rosovsky, MD, MPH

8:10 – 8:20  The First Opportunity—The Emergency Physician Algorithm For Acute PE Management
D. Mark Courtney, MD

8:20 – 8:35  Intravenous Thrombolytic Therapy For PE: No Need For Catheter-Based Intervention
Jay Giri, MD, MPH

8:35 – 8:45  Advancing The Science In PE Treatment—What Do We Need To Know, And How Will We Learn
Akilesh K. Sista, MD

8:45 – 8:55  Ultrasound-Assisted Pharmacomechanical Thrombectomy—Does This Really Work
Robert A. Lookstein, MD, MHCDL

8:55 – 9:05  What Device Is Best For Acute PE Intervention
James F. Benenati, MD

9:05 – 9:15  Step-By-Step Technical Tips For Pharmacomechanical Intervention For PE
Gary M. Ansel, MD

9:15 – 9:25  Percutaneous Mechanical Thrombectomy Without Lytics: The Results Of The FLARE Study
Thomas M. Tu, MD

9:25 – 9:45  Panel Discussion
Moderator: Michael R. Jaff, DO

10.00 – 10.10  Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)

MANAGEMENT OF PULMONARY EMBOLISM: THE ULTIMATE TEAM APPROACH – PART 2
Moderator: Michael R. Jaff, DO

10:10 – 10:20  Technical Tips For Pharmacomechanical Intervention For PE: How Do I Do It?
Gary M. Ansel, MD

10:20 – 10:30  Vortex Strategy For Massive PE
Christopher J. Kwolek, MD

10:30 – 10:40  ECMO And Surgical Thromboembolectomy For Massive PE: When, How, And Why
Mark G. Davies, MD

10:40 – 10:55  Putting It All Together: What Is The Modern Algorithm For Management Of Massive And Submassive PE
Ido Weinberg, MD, MSc

10:55 – 11:10  Vena Cava Filters In PE Treatment—Do We Need To Do This, And If So, When
Robert A. Lookstein, MD, MHCDL

11:10 – 11:25  Balloon Angioplasty For Chronic Thromboembolic Pulmonary Hypertension—Has This Become Mainstream
Kenneth Rosenfield, MD

11:25 – 11:35  The Team Approach To PE Management: The National PERT Consortium
Richard Channick, MD

11:35 – 12:00  Challenging Cases And “PERT” Decisions
Moderator: Michael R. Jaff, DO

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

HOT NEW TOPICS IN LOWER EXTREMITY OCCLUSIVE DISEASE TREATMENT
Trianon Ballroom, 3rd Floor

HOT NEW SHORT SUMMARY TOPICS RELATED TO LOWER EXTREMITY OCCLUSIVE DISEASE AND CLTI (ALL TALKS ARE 4 ¾ MINUTES)
Moderators: Evan C. Lipsitz, MD, MBA, Neal S. Cayne, MD

3:00 – 3:05  New Performance Goals For SFA Endovascular Treatments: How Good Are Current Devices: From The RAPID Multispecialty Registry
Jack L. Cronenwett, MD

3:05 – 3:10  12 Commandments For Successful BTK Endovascular Interventions In Patients With Chronic Limb Threatening Ischemia (CLTI)
Ali Amin, MD, RVT
TUESDAY, NOVEMBER 19, 2019

3:10 – 3:15
DEBATE: With Extensive Foot Gangrene From CLTI, Multivessel Endo Intervention Is The Best Treatment
Vikram S. Kashyap, MD
Norman Kumins, MD
Mehdi H. Shishehbor, DO, MPH, PhD

3:15 – 3:20
DEBATE: Not So: With Extensive Foot Gangrene From CLTI A Vein Bypass To A Single Good Outflow Artery Is The Best Treatment
Richard F. Neville, MD

3:20 – 3:25
Optimal Treatment Of Diabetics With CLTI And Extensive Ulceration/Gangrene: When Endo, When Open Bypass: What Is The Best Timing For Foot Debridement
Katarina M. Noronen, MD, PhD

3:25 – 3:30
Panel Discussion

3:30 – 3:35
Where Do We Stand With Below The Knee (BTK) Drug Coated Balloons (DCBs): What Is Their Future And What Are Open Questions
Marc Bosiers, MD

3:35 – 3:40
New Devices To Facilitate Lower Extremity Endo Treatments And Crossing Of Chronic Total Occlusions (CTOs): A 4 Fr Catheter With A Retractable Needle – The Go Back Crossing Catheter (Upstream Peripheral) And The Bullfrog Device For Injecting Local Anesthesia In The Artery Wall: How Do They Work
Andrej Schmidt, MD

3:40 – 3:45
Spot Stenting Using Multiple Short Stents For Long SFA/Pop Lesions (Vasculox Multiloc Device From B. Braun Medical): How Does It Work And Results
Thomas Zeller, MD

3:45 – 3:50
Dierk Scheinert, MD

3:50 – 3:55
The Challenge Of Treating Extensively Calcified Lesions In CLTI Patients And How To Overcome The Problem
Brian G. DeRubertis, MD

3:55 – 4:00
Panel Discussion

4:00 – 4:05
DEBATE: An Endo First Approach Is Best For All CLTI Patients And Does Not Burn Bridges If An Open Bypass Is Required Later
D. Christopher Metzger, MD

4:05 – 4:10
DEBATE: Not True: Patient First Is Better: Endo First Does Not Work For All CLTI Patients: Target Arteries For Later Open Bypass Can Be Damaged (Bridges Burned)
Philip P. Goodney, MD, MS

4:10 – 4:15
Long-Term (5 Years) Effectiveness Of Zilver PTX Drug Eluting Stents (DESs) For Fempop In Stent Restenosis (ISR): From The Japanese Post Market Surveillance Study
Kimihiro Komori, MD, PhD

4:15 – 4:20
The “Balloon Wrap” Issue As A Cause Of Dissections With Balloon Angioplasty (PTA): What Is It And Which Balloons Are Least Affected By It
Jos C. van den Berg, MD, PhD

4:20 – 4:25
Update On The Value Of Toe Pressures, Statins And Clopidogrel In CLTI: Why They Matter
Maurit Venermo, MD, PhD

4:25 – 4:30
Panel Discussion

4:30 – 4:35
Character And Localization Of Arterial Calcification Pathologically: What Are The Implications For Endo Treatments
Renu Virmani, MD

4:35 – 4:40
Significance Of Calcification In Lower Extremity Arteries Clinically: How To Evaluate It: What Does It Mean For Endo Treatments
Yann Gouëffic, MD, PhD

4:40 – 4:45
DESs Versus DCBs: Which Is Best When: Which Is More Cost Effective
Mohammad H. Eslami, MD, MPH

4:45 – 4:50
DEBATE: When Common Femoral Artery (CFA) Lesions Need Treatment, Open Endarterectomy Is The Procedure Of Choice
Matthew T. Menard, MD

4:50 – 4:55
DEBATE: Not So: CFA Lesions Are Best Treated By Angioplasty And Stenting: 2-Year Results With The Supera Stent (Vasculomimetic Implant [VMI] From Abbott)
Yann Gouëffic, MD, PhD
Koen R. Deloose, MD

4:55 – 5:00
Stenting Of CFA Lesions Compares Favorably To Endarterectomy In A RCT (TECCO Trial) Even When The Distal Bifurcation Is Involved: The Culotte Technique For Stenting Both CFA Branches
Yann Gouëffic, MD, PhD
Koen R. Deloose, MD

5:00 – 5:05
2-Year Results Of The ZILVER PASS RCT Comparing Zilver PTX DES Treatment To Open Prosthetic Bypasses For Long Fempop Lesions: Patency Is Equal But Complications And Length Of Stay Less With Zilver PTX
Marc Bosiers, MD
Koen R. Deloose, MD

5:05 – 5:10
Distal Bypasses Can Save Limbs With Extensive Gangrene And Calcified Arteries In Dialysis Patients: Key Technical Tips
Nobuyoshi Azuma, MD

5:10 – 5:15
Panel Discussion

5:15 – 5:20
5-Year Follow-Up Outcomes And Lessons Learned From The In.Pact Deep DCB RCT For BTK Lesions: Managing CLTI Patients Is Challenging
Thomas Zeller, MD

5:20 – 5:25
Role Of New Stem Cell Therapies In Treating Lower Extremity Ischemia
Marianne Brodmann, MD

5:25 – 5:30
How To Use CO2 As A Contrast Agent To Visualize Patent Foot Arteries In CLTI Patients
Jim Caridi, MD

5:30 – 5:35
Technical Tips For Using CO2 As A Contrast Agent To Image Patent Tibial And Foot Arteries Better And Safely
Palma M. Shaw, MD

5:35 – 5:40
Value Of Adequate Vessel Prep And Duplex Imaging In Optimizing Results Of Balloon And DCB Angioplasty In Crural (Tibial) Arteries – Especially With Long Lesions
Francesco Liistro, MD

MORE HOT NEW SHORT SUMMARY TOPICS RELATED TO LOWER EXTREMITY OCCLUSIVE DISEASE AND CLTI (ALL TALKS ARE 4 ¾ MINUTES)
Moderators: Craig M. Walker, MD
Peter A. Schneider, MD
5:40 – 5:45  Nanotechnology: A New Frontier In The Imaging And Treatment Of CLTI  
Sean C. Morris, MD

5:45 – 5:50  Infrainguinal Bypasses After Failed Endovascular Treatments Have Lower Patency And Higher Amputation Rates Than Primary Bypasses  
Alik Farber, MD

5:50 – 5:55  Extensive Heel Gangrene With CLTI Is Not A Contraindication To Limb Salvage: How To Save The Limb In This Setting  
Alun H. Davies, MA, DM, DSc

5:55 – 6:00  Panel Discussion

WEDNESDAY, NOVEMBER 20, 2019

PROGRESS IN LOWER EXTREMIT Y OCCLUSIVE DISEASE AND ITS TREATMENT  
Grand Ballroom East, 3rd Floor

GENERALITIES IN THE ENDOVASCULAR AND OPEN TREATMENT OF LOWER EXTREMIT Y OCCLUSIVE LESIONS

Moderators: Enrico Ascher, MD  
Craig M. Walker, MD  
Frank J. Veith, MD

Patrick J. Geraghty, MD

6:46 – 6:51  Optimal Techniques For Vessel Preparation Before Deployment Of A Drug Coated Or Uncoated Balloon Or Stent  
Erwin Blessing, MD

6:52 – 6:57  Value Of IVUS In Lower Extremity Endovascular Treatments: It Is A Management-Altering, Must Have Game Changer  
Fabrizio Fanelli, MD

Craig M. Walker, MD

7:04 – 7:09  Endovascular Treatment Is Appropriate For CLTI Patients With Heel Gangrene Involving The Os Calcis And Achilles Tendon: Limb Salvage With Function Can Be Achieved And How  
Iris Baumgartner, MD

Marc Bosters, MD  
Koen R. Deloose, MD

SOME COMMENTS ON ENDOVASCULAR TREATMENTS OF ARTERIAL LESIONS IN THE FOOT

Marco G. Manzi, MD

7:22 – 7:27  Should We Treat Foot Vessel Lesions Or Is Such Treatment Fanciful Or Harmful: How Should We Monitor Such Treatment: What Is The End Point And When Is Open Surgery Better  
Marianne Brodmann, MD

7:28 – 7:33  Small Artery Disease (SAD) And Medial Artery Calcification (MAC) In The Foot: What Is Its Role In Severe CLTI And How Is It Best Treated  
Roberto Ferraresi, MD

7:34 – 7:39  Open Bypass To Foot Arteries Can Save Limbs If Foot Arteries And Arches Have Not Been Instrumented: A Note Of Caution  
Francesco Spinelli, MD

7:40 – 7:45  Role Of Distal Bypass In CLTI With Severe Gangrene: What % Of Such Patients Will Need One At Some Time In Their Course: When Are Pedal Bypasses Better Than Pedal Loop Procedures  
Richard F. Neville, MD

7:46 – 7:52  Panel Discussion

PROGRESS IN STENT BASED TREATMENTS, ATERECTOMY AND LITHOPLASTY (LITHOTRIPSY)FOR LOWER EXTREMIT Y OCCLUSIVE LESIONS

Moderators: Patrick J. Geraghty, MD  
Kenneth Rosenfield, MD

7:52 – 7:57  DCBs Versus DESs: Advantages And Disadvantages Of Each: Why DCBs Should Be First Line Therapy For Most Lesions In Most Patients  
Thomas Zeller, MD

7:58 – 8:03  For Fempop Lesions, Zilver PTX DESs Are Durable Effective Treatment: 5-Year Results Show It Even In Adverse Circumstances: New Findings From The Zilver PTX RCT  
Michael D. Dake, MD

8:04 – 8:09  Which Patients With Fempop Occlusive Lesions Are Not Candidates For DCB Treatment: How Should They Be Treated  
Fabrizio Fanelli, MD
0.10 – 0.15 New Findings From The IMPERIAL RCT Comparing Zilver PTX DESs With Eluvia DESs For Fempop Lesions: Do Differences In Technology And Results In High Risk Subgroups Suggest That Eluvia Is A Better Stent
William A. Gray, MD
Stefan Müller-Hulsbeck, MD

0.16 – 0.21 Not Sure That IMPERIAL RCT To Date Shows Differences That Are Important: Zilver PTX Is Still A Good DES With Favorable Longer-Term Results And Both Stents Produced Equal Improvement In Symptoms
Gary M. Ansel, MD

0.22 – 0.27 Another View On When To Use Which Stent For Fempop Lesions: Supera, Zilver PTX, Eluvia Or Others
Iris Baumgartner, MD

0.28 – 0.33 Eluvia (Boston Scientific) Is The Only Polymer Based Paclitaxel DES Technology, And It Is Now Being Studied For BTK Lesions In The SAVAL RCT
Patrick J. Geraghty, MD
Jihad A. Mustapha, MD

0.34 – 0.39 Bioresorbable Everolimus DESs For Treating BTK Lesions: The Results With The Absorb Stent (Abbott) Were Favorable For 5 Years; What Does The Future Hold For Such Stents
Steven Kim, MD
Ramon L. Varcoe, MBBS, MS, PhD

0.40 – 0.45 Current Status And Improvements In Atherectomy Devices: Which One Or Ones Are Best And Why: For Stand-Alone Treatment Or For Vessel Preparation For Other Treatments
Lawrence A. Garcia, MD

0.46 – 0.51 Which Atherectomy Device Is Best And Why: A European Perspective And Shockwave Based Technology With A Jack-Hammer Effect To Facilitate CTO Wire Crossing (From Soundbite Medical Solutions); How It Works
Marianne Brodmann, MD

0.52 – 0.57 Update On Intravascular Lithotripsy (Lithoplasty) To Treat Calcified Occlusive Lesions: When Is It Worthwhile And When Not: From The DISRUPT PAD Trials And The REAL World Registry
Andrew Holden, MBChB

0.58 – 0.90 Panel Discussion And Break
Visit Exhibits And Pavilions (2nd and 3rd Floors)

NEW DEVELOPMENTS IN LOWER EXTREMITY RELATED TOPICS: DOWNSIDE OF DCBs: THE PACLITAXEL COATED DEVICES INCREASE MORTALITY ISSUE
Moderators: Kenneth Ouriel, MD, MBA
Gary M. Ansel, MD

9.10 – 9.15 Introductory Remarks And Overview
Gary M. Ansel, MD

9.16 – 9.21 The Downsides To DCBs: Cost; Distal Embolization; Increased Mortality: Are They Substantive
Andrew Holden, MBChB

9.22 – 9.27 Update On The Meta-Analysis Showing An Increased Mortality In Patients Treated With Drug (Paclitaxel) Coated Lower Extremity Devices (DCBs And DESs): What Is The Current Interpretation
Konstantinos Katsanos, MSc, MD, PhD

Juan F. Granada, MD

9.34 – 9.39 Is The Increased Mortality Risk Of Paclitaxel Coated Lower Extremity Devices Observed In The Meta-Analysis Real And Meaningful: Update From The VIVA Leaders Analysis: Currently How Should It Influence Use Of These Devices: Where Is This Issue Going
Peter A. Schneider, MD

9.40 – 9.45 Current Status Of The Discussion On Paclitaxel Coated Lower Extremity Devices And Their Impact On Patient Mortality: Another View And Where Does The FDA Stand And Why
Michael R. Jaff, DO

9.46 – 9.51 What Is The Society For Vascular Surgery (SVS) Doing About This Issue And Where Does It Stand On It
Kim J. Hodgson, MD

9.52 – 9.57 What Is The Response To And Position Of An Industry Partner (Medtronic) Which Is Vested In Drug Eluting Technology
Jason R. Weidman, MS, MBA

9.58 – 10.03 Update On The Late Results (>5 Years) Of The Zilver PTX DES Trials That Are Relevant To This Issue: Including The Corrected Late Patient Mortality Data
Michael D. Dake, MD

10.04 – 10.09 Long-Term Safety And Effectiveness Of Paclitaxel Coated Devices Versus Non-Coated Devices For Fempop Occlusive Lesions: From Japanese RCTs And Registries: How Do These Data Bear On The Paclitaxel-Mortality Issue
Osamu Iida, MD
Hiroyoshi Yokoi, MD

10.10 – 10.15 6-Year Comparison Of Mortality And Its Causes In 1500 Patients Treated With Paclitaxel Coated DCBs Or DESs Versus Bare Metal Stents (BMSs) Or Plain Old Balloon Angioplasty (POBA)
Francesco Liistro, MD

10.16 – 10.19 Large Population Based Multicenter German Study Indicates Paclitaxel Coated Devices May Be Associated With Lower Late Mortality Than Uncoated Devices In Some Patient Subgroups
Christian A. Behrendt, MD

10.19 – 10.25 Panel Discussion

NEW DEVELOPMENTS IN DRUG COATED BALLOONS (DCBs) AND OTHER DEVICES FOR TREATING LOWER EXTREMITY OCCLUSIVE LESIONS; RANDOMIZED CONTROLLED TRIALS (RCTs) AND BTK TREATMENTS (5- AND 4-MINUTE SHORT SUMMARY [SS] TALKS)
Moderators: Sean P. Lyden, MD
Michael D. Dake, MD

Gunnar Tepe, MD

10.31 – 10.36 Best Current Treatment For Long Complex Lesions Is DCBs With Provisional Stenting: What Is The Evidence
John R. Laird, MD

10.37 – 10.42 The REAL PTX RCT Compares DESs Versus DCBs For Treating Fempop Lesions, Some Long And Complex: At 2 Years, Results Are Better With DESs
Andrej Schmidt, MD
Yvonne Bausback, MD
5-Year Results From The IN.PACT SFA RCTs Shows Maintained Benefit Of In.Pact DCB Versus POBA For Treatment Of SFA Lesions With No Increase In Complications Or Mortality

Peter A. Schneider, MD
John R. Laird, MD

The Real World GLOBAL REGISTRY Confirms The Value Of The In.Pact DCB For Treating More Complex SFA Lesions Including In Stent Restenosis (ISR)

Marianne Brodmann, MD
Gary M. Ansel, MD
Jos C. van den Berg, MD, PhD

2-Year Results Of The COMPARE PILOT RCT Comparing The Ranger DCB (Boston Scientific) With The In.Pact DCB (Medtronic) For Treating Complex Femop Lesions And 12-Month Results Of Ranger II Trial

Dierk Scheinert, MD
Thomas Zeller, MD
Marianne Brodmann, MD

Safety And Effectiveness Of The Stellarex DCB (Philips) With Low Dose Paclitaxel Up To 3 Years In The Treatment Of Fempop Occlusive Lesions

Fabrizio Fanelli, MD
Sean P. Lyden, MD

Panel Discussion

BELOW THE KNEE DCBs

The ACO ART II RCT Shows Favorable Results With The Orchid DCB To Treat BTK Lesions: With The Right DCB Technology The Future For BTK DCBs Is Brighter Than The Past

Francesco Liistro, MD
Wei Guo, MD

Results Of A RCT Show The Lutonix DCB (Becton Dickinson/ Bard) To Be Better Than POBA For BTK Occlusive Lesions

Patrick J. Geraghty, MD
Jihad A. Mustapha, MD
Marianne Brodmann, MD

Value Of The Stellarex DCB (Philips) For Treating BTK Occlusive Lesions: The ILLUMINATE BTK Trial

Craig M. Walker, MD
Mahmood Razavi, MD

Update On SurVeil DCBs (Surmodics/Abbott) For Treating BTK Lesions: What Makes This DCB Different: 1-Year Safety And Efficacy From The PreVail Trial

Kenneth Rosenfield, MD

Economic Factors In The Treatment Of CLTI: AreDrug Coated Balloons (DCBs) DESs Stents Cost Effective: How Can The Costs Of Devices Be Met

Gary M. Ansel, MD

What Is The Importance Of Dual Antiplatelet Agents To The Success Of DCBs And What Is The Current Status Of DCBs With Drugs Other Than Paclitaxel

Gunmar Tepe, MD

SHORT SUMMARY 4-MINUTE TALKS

[SS] Value Of A Scoring Balloon (Ultrascore From Becton Dickinson/Bard) In Vessel Preparation Before DCB Use In Fempop Lesions: How It Works And Experience To Date

Dierk Scheinert, MD

Panel Discussion

How To Gain Retrograde Arterial Access Via Leg Arteries: The Tibioperoneal Trunk, Peroneal, Posterior Tibial And Anterior Tibial: Equipment And Technical Tips

Miguel F. Montero-Baker, MD

‘Fancy’ Techniques For Getting A Guidewire Across Difficult Chronic Total Occlusions – Especially Those In BTK Arteries In CLTI Patients

Osamu Iida, MD

No Option CLTI: The “Desert Foot”: An Increasing Epidemic: An Overview Of Solutions For It And How To Salvage Some Of These Limbs

Marco G. Manzi, MD

Extreme Distal Lower Limb Revascularization: Durable Solution Or Technical Show Off: Distant Access, Planter Loop Procedures And Subintimal Angioplasty In Foot Arteries: What Is Their Impact On Mid And Long-Term Results

Michele Rossi, MD

Treatment Possibilities For “No Option”Patients: Including The Pros And Cons Of Venous Arterialization

Erwin Blessing, MD

Surgical Arterialization Of Foot Veins For No Option CLTI: How To Do It And Long-Term Outcomes: From A Pioneer

Pramook Mutirangura, FRCS

Arterialization Of Foot Veins Can Save Limbs With No Option CLTI: How And Why Does It Work And Why Does It Fail: What Is Hybrid Arterialization Of Foot Veins: How Does It Compare To The LimFlow Totally Endo Procedure

Roberto Ferraresi, MD

Update On Percutaneous Deep Vein Arterialization (pDV A) With The LimFlow Device For No Option CLTI: Techniques And Results

Steven Kum, MD
Daniel G. Clair, MD
Jihad A. Mustapha, MD
Tibial Bypasses With PTFE Grafts Are Worthwhile (When Autologous Vein Is Lacking) In Hopelessly Threatened Limbs And Can Save A Functional Limb For Many Years: They Deserve A Better Reputation Than They Have
Gregg S. Landis, MD
Richard F. Neville, MD
Neal S. Cayne, MD
Evan C. Lipsitz, MD, MBA
Nicholas J. Gargiulo III, MD, RPVI, RVT, RDMS
Frank J. Veith, MD

Ultradistal Bypasses To Below The Ankle Arteries Can Save Limbs With CLTI And Gangrene: How Distal In The Foot Can One Go: No Option CLTI Is Usually A Misnomer
Hisham Rashid, FRCS

Extended Open Techniques To Save Threatened Feet When All Endovascular Attempts Have Failed
Enrico Ascher, MD

Below The Ankle Angioplasty And Stenting For CLTI: Technical Tips, Indications And Challenges: Poor Patency Rates May Not Hamper Limb Salvage
Konstantinos Katsanos, MSc, MD, PhD

NEW DEVELOPMENTS IN LOWER EXTREMITY IN STENT RESTENOSIS (ISR); SELF-EXPANDING STENT-GRAFTS (VIABAHN); HEPARIN BONDING; ARTERIAL CALCIFICATION; UNUSUAL LOWER EXTREMITY STENTS AND THE IMPORTANCE OF HEPARIN BONDING TO PTFE GRAFTS AND DCB INFLATION PressURES (SEE ALSO SESSION 59)
Moderators: Richard F. Neville, MD
Neal S. Cayne, MD

IN STENT RESTENOSIS (ISR)
2.22 – 2.27
Update On Best Current Treatment For In Stent Restenosis (ISR): A European Perspective
Jos C. van den Berg, MD, PhD

2.28 – 2.33
Update On The Best Current Treatment For ISR Of Varying Grades: A US Perspective
Brian G. DeRubertis, MD

2.34 – 2.39
A Different View Of Optimal Treatment For Varying Grades Of ISR: When Is A Stent-Graft The Best Treatment
Marc Bosiers, MD

NEW DEVELOPMENTS IN VALUE OF SELF-EXPANDING STENT GRAFTS (VIABAHN)
2.40 – 2.45
Update On Value And Indications Of The Viabahn Self-Expanding Stent-Graft For Fempop Occlusive Disease: Evolution Of The Device: Technical Tips And 5-Year Results From Japan
Osamu Iida, MD

2.46 – 2.51
Value Of Viabahn Stent-Grafts To Treat Failing And Failed Fempop Grafts: Technical Tips And Results
Naoki Fujimura, MD, PhD

2.52 – 2.57
Comparison Of Endoluminal Bypass With Viabahn Stent-Grafts Versus Supera Vasculomimetic Stents For Treating Fempop Occlusive Lesions: Indications For And Advantages And Limitations Of Each: When Is An Open Bypass Necessary
Brian G. DeRubertis, MD

Panel Discussion

PTFE-HEPARIN BONDING
3.03 – 3.08
Comparison Of Heparin Bonded PTFE Grafts To Those Without Heparin Bonding
Yann Gouёffic, MD, PhD

THE DETOUR PROCEDURE
3.09 – 3.14
Percutaneous (PQ) Transvenous Endovascular Fempop Arterial Bypass For Treating Long (30-40 cm) SFA Occlusions: How Does It Work And 2-Year Results: From The DETOUR Trials
Sean P. Lyden, MD

Will The Detour Procedure For PQ Endovenous Fempop Arterial Bypass Eliminate The Need For Open Surgery: When Will It And When Won’t It
Dainis K. Krievins, MD

ARTERIAL CALCIFICATION
3.21 – 3.26
Types Of Arterial Calcification And How They Impede Balloon Angioplasty Of Occluded Tibial Arteries: How Can It Be Overcome: The DEKIAP (Direct Extravascular Kalcium Interruption Arterial Procedure): Technique And Results
Steven Kum, MD

UNUSUAL LOWER EXTREMITY STENTS
3.27 – 3.32
Initial Experience With A 3 French Compatible Microstent For Antegrade Or Retrograde Treatment Of Tibial Artery Lesions (From Micro Medical Solutions)
Robert E. Beasley, MD

3.33 – 3.38
Advantages And Durability Of The Supera Vasculomimetic Stent (Abbott Vascular) For Treating Lesions In Tortuous Arteries Other Than The SFA
Rajiv Parakh, MBBS, MS

3.39 – 3.44
2-Year Results With The 3D Helical Stent That Induces Swirling Flow: The MIMICS-2 Trial Shows This Stent Works Well For Complex SFA Lesions (From Veryan Medical)
Timothy M. Sullivan, MD
Peter Gaines, MD
Michael K.W. Lichtenberg, MD

Panel Discussion

3.50 – 4.00
Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

UPDATES ON LOWER EXTREMITY CLTI GUIDELINES, RCTs AND FOOT PERFUSION INDICATORS
Moderators: Joseph L. Mills, MD
Thomas Zeller, MD

4.00 – 4.10
What Is New And Good About The Recent Multispecialty Global Vascular Guidelines For CLTI; What Are Their Limitations And Why Is TASC Outdated
Michael S. Conte, MD
Andrew Bradbury, MD
Philippe Kohl, MD

4.11 – 4.16
Update On The BASIL 2 And 3 RCTs: 2 Compares Crural Vein Bypasses With Endovascular Treatments; 3 Compares DCBs And DESs With POBA And Uncoated Stents
Andrew W. Bradbury, MD
4:17 – 4:22 DEBATE: Progress In The BEST-CLI RCT Comparing Open And Endo Treatments: This Trial Will Provide Important New Information On The Best Treatment For CLTI
Alik Farber, MD
Matthew T. Menard, MD
Kenneth Rosenfield, MD

4:23 – 4:28 DEBATE: Sorry, BEST-CLI Does Not Reflect Real World Practice And Will Have Little Value In Guiding Best Treatment For CLTI Which Must Be Individualized
George L. Adams, MD
Miguel F. Montero-Baker, MD

4:29 – 4:34 The SPINACH Registry Shows That Open Bypass Is Better In CLTI With Extensive Gangrene: On The Other Hand, Endo First Is Better In High Risk Patients
Nobuyoshi Azuma, MD

4:35 – 4:40 How To Evaluate Below The Ankle Arteries And Occlusions: CTA And Standard Arteriography Is Inadequate And Some Patent Arteries Will Not Be Seen; Need Distal Interventional Arteriography: How To Do It
Roberto Ferraresi, MD

Giacomo Clerici, MD
Roberto Ferraresi, MD

4:47 – 4:52 How To Optimize Endovascular Treatment To Achieve Adequate Foot Perfusion To Heal Foot Wounds In CLTI: How To Measure It; What Are The Variables
Vikram S. Kashyap, MD
Mehdi H. Shishehbor, DO, MPH, PhD

Maarit Venermo, MD, PhD

4:59 – 5:04 Pedal Temperature Measurements After Revascularization Will Indicate Healing Potential And Optimal Time For Foot Surgery: How To Standardize These Measurements And Make Them Valid
Wayne J. Caputo, DPM

5:05 – 5:11 Panel Discussion

NEW DEVELOPMENTS IN THE TREATMENT OF LOWER EXTREMITY INTERMITTENT CLAUDICATION (IC) AND ACUTE LIMB ISCHEMIA (ALI)
Moderators: Michael S. Conte, MD
Neal S. Cayne, MD

INTERMITTENT CLAUDICATION (IC)
5:11 – 5:16 In Patients With IC From SFA Lesions, Stenting Plus Best Medical Treatment (BMT) Improved Quality Of Life And ABI More Than BMT Alone For 2 Years In An RCT
Hans I.V. Lindgren, MD

5:17 – 5:22 Why Most Patients With IC Due To SFA Lesions Should Not Undergo Stenting
Neal S. Cayne, MD

5:23 – 5:28 Endovascular Treatments For IC Can Lead To CLTI And Burn Bridges: Causes And Remedies
Niten Singh, MD

ACUTE LIMB ISCHEMIA (ALI)
5:29 – 5:34 Update On Newer Endovascular Thromboscution Devices For ALI: When Is Open Treatment Required
Athanasios Katsargyris, MD

5:35 – 5:40 Thrombolysis For ALI: Is Its Use Increasing Or Decreasing: Tips In Its Use To Make It Safer By Coupling It With Mechanical Thrombectomy Devices
Marcus Thieme, MD

5:41 – 5:46 Mechanical Endothrombectomy Is Eliminating The Need For Lytic Agents And Making The Treatment Of ALI Safer
Patrick E. Muck, MD

5:47 – 5:52 DEBATE: All Patients With ALI Can And Should Be Treated Endovascularly
Ali Amin, MD, RVT

Joseph L. Mills, MD

5:59 – 6:04 New Findings In The Treatment Of ALI: From The Recently Updated European Guidelines: Paradigms Are Changing
Martin Björck, MD, PhD

6:05 – 6:10 Aspiration Thrombectomy For ALI Due To Thrombosed Popliteal Aneurysms: A Better Way To Treat: Technical Tips And Results
Frank R. Arko, MD

6:11 – 6:20 Panel Discussion
ADVANCES IN MEDICAL TREATMENTS, NEW DRUGS, ANTI-ATHEROGENIC AND ANTI-HYPERTENSIVE TREATMENTS
Grand Ballroom West, 3rd Floor

ADVANCES IN MEDICAL TREATMENTS, ANTI-ATHEROGENIC DRUGS AND CARDIAC AND CORONARY ARTERY RISK EVALUATION IN PATIENTS WITH VASCULAR DISEASE
Moderators: Ido Weinberg, MD, MSc Caron B. Rockman, MD

6:40 – 6:45 What Is Currently The Best Way To Assess Cardiac Risk In Open Vascular Surgery Patients; In Endovascular Treatment Patients
Peter Henke, MD

Gregg W. Stone, MD

6:52 – 6:57 Value Of Non-Invasive FFRCT In Decreasing Cardiac Complications In Patients Undergoing Lower Extremity Revascularization (Bypasses) And CEAs: It Allows High Risk Asymptomatic Patients To Be Detected Proactively And Treat Better
Christopher K. Zarins, MD Dainis K. Krievins, MD

6:58 – 7:03 Improvements In And What Is Coming In Medical Treatment To Prevent Death And Complications From Arteriosclerosis: Update On PCSK-9 Inhibitors Including Inclisiran, Ezetemibe, Anti-Inflammatory Drugs And Treating High Lp(a) Levels
Michael R. Jaff, DO

7:04 – 7:09 DEBATE: Adherence To Statin Therapy With Attention To Increase Dosage Of High Potency Statins (Atorvastatin And Ruvostatin) Boosts Survival And Is Valuable In The Elderly (>75): Adverse Effects Are Rare
Richard Ballbula, MA, MD

7:10 – 7:15 DEBATE: Statins Are Not A Miracle Drug And Have Been Overvalued: They Have Unrecognized Harmful Effects As Does Excessive Lowering Of LDL Cholesterol (LDL-C): Have We Been Misled And By Whom
Sherif A.H. Sultan, MD, PhD

Jeffrey S. Berger, MD, MS

7:22 – 7:27 Value Of Lipid Lowering For Treating Plaques In Coronary And Other Arteries: Best Drug Combination And Benefit Of PCSK-9 Inhibitors: How Low Should LDL-C Be Driven: Can Plaques Be Made Smaller And Less Dangerous
Ron Waksman, MD

7:28 – 7:33 Current Value Of Antithrombotic And Antiplatelet Therapy In Vascular Patients: What Drugs Should They Be On – When And Why: The COMPASS RCT Shows That Low Dose Rivaroxaban And Aspirin Decreases Death, Stroke And MI In Vascular Patients: What About Aspirin Alone
Jeffrey S. Berger, MD, MS

7:34 – 7:39 How To Detect Vulnerable Plaque (Lipid Rich Plaque [LRP]) And Mortality Risk With New Infrared Spectroscopy (NIRS); How Does It Work: What Can Be Done About LRPs
Ron Waksman, MD

7:40 – 7:47 Panel Discussion

MORE ADVANCES IN MEDICAL TREATMENTS; MORE ABOUT NEW DRUGS; STEM CELL TREATMENTS; CATHETER BASED TREATMENTS FOR RESISTANT HYPERTENSION
Moderators: Michael R. Jaff, DO Kim J. Hodgson, MD

7:47 – 7:52 New RCT Evidence Shows That An Omega 3 Fatty Acid Formula, Vascepa, Reduces By 25% Major Adverse Cardiac Events In Patients With High Triglycerides (The REDUCE-IT Trial): Bempedoic Acid Reduces LDL-C And C-Reactive Protein: Improved Best Medical Treatment Will Sharply Decrease The Need For Interventional Treatments
Jeffrey S. Berger, MD

7:53 – 7:58 Optimal Use Of Direct Oral Anticoagulants (DOACs) After Open Bypasses And After Endovascular Procedures
Peter Henke, MD

Christos D. Liapis, MD

8:05 – 8:10 Does Stem Cell Therapy Have A Future In The Treatment Of Ischemic Vascular Disease
Dong-ik Kim, MD

8:11 – 8:16 Update On The Value Of Autologous Stem Cell Therapy To Treat Lower Extremity Ischemia: Many Studies Indicate It Helps, But Not Much
Sigrid Nikol, MD

ADVANCES IN CATHETER BASED TREATMENT OF RESISTANT HYPERTENSION

8:17 – 8:22 Current Status And Future Potential Of Endovascular Devices In The Treatment Of Resistant Hypertension: Does Renal Denervation Work
Sahil A. Parikh, MD
NEW OR UPDATED DEVICES FOR LOWER EXTREMITY TREATMENTS: STENTS, BALLOONS, TACKS AND ATERECTOMY DEVICES

**Moderators:** Dierk Scheinert, MD
Fred A. Weaver, MD

**1.48 – 1.53**
2-Year Follow-Up Findings And Results From The Lutonix BTK DCB Global Registry
Michael K.W. Lichtenberg, MD
Dierk Scheinert, MD

**1.53 – 1.58**
Novel Angioplasty Balloon With Integrated Distal Embolic Protection Filter (Vanguard System From Contego Medical) For Use With Lesions Having High Embolic Potential: How It Works And Results Of The ENTRAP Study
Thomas Zeller, MD

**1.58 – 2.03**
Update On Results And Value Of The Chocolate Touch DCB (QT Vascular - Medtronic) To Minimize Dissection During Balloon Angioplasty
Jos C. van den Berg, MD, PhD
Mehdi H. Shishehbor, DO, MPH, PhD

**2.03 – 2.08**
The Biomimics 3D Helical Swirling Flow Inducing Stent (From Veryan Medical): 2-Year Results Of The MIMICS-2 Trial Show It Works Well For Complex Fempop Lesions: Now FDA Approved
Timothy M. Sullivan, MD
Peter Gaines, MD
Michael K.W. Lichtenberg, MD

**2.08 – 2.13**
What Is The Ideal Stent To Use When Fempop Angioplasty With A DCB Fails Early; Late
Stefan Müller-Hülsbeck, MD

**2.13 – 2.18**
4-Year Results With The Smart Flex Stent (From Cordis-Cardinal Health): Advantages And Tips For Use With Complex Fempop Lesions: From The REALISTIC Trial
Peter C.J. Goverde, MD

**2.18 – 2.23**
The Tigris Dual Component Stent (PTFE/Nitinol – From Gore): Is It Better And Why: Results From Multicenter Registries
Maria Antonella Ruffino, MD
Martin Werner, MD

**2.23 – 2.29**
Panel Discussion

**2.29 – 2.34**
Tack Optimized Balloon Angioplasty With The Tack Endovascular System (From Intact Vascular) To Eliminate Dissections After Angioplasty: How Does This Device Work; Why It Is Better Than Stents; The TOBA Trials Show It Works Above The Knee: Now FDA Approved
Peter A. Schneider, MD
Marianne Brodmann, MD

**2.34 – 2.39**
How Well Does The Tack Endovascular System Work With BTK Balloon Angioplasty: TOBA II BTK-Pivotal Trial Results For A BTK Tack Implant
Patrick J. Geraghty, MD
George L. Adams, MD

**2.39 – 2.44**
Management Of Arterial Dissections Following PTA Is Cost Effective: Results Of An Analysis With The Intact (Tack) Vascular Device
Michael R. Jaff, DO

**PROGRESS IN ATERECTOMY**

**2.44 – 2.49**
The Phoenix Atherectomy System (From Volcano-Philips): What Makes It Different And Possibly Better Than Other Aterectomy Devices
Miguel F. Montero-Baker, MD

**2.49 – 2.54**
IVUS Directed Atherectomy Of BTK Lesions With The Phoenix Atherectomy (ATX) Device: Why It Works Better Than Other ATX Devices: Technical Tips And Results Of The PRESTIGE PILOT Trial
Michael K.W. Lichtenberg, MD
Thomas Zeller, MD

**2.54 – 2.59**
Jetstream Atherectomy (Boston Scientific) With Active Aspiration And DCBs For Use With DCBs For Complex SFA Lesions: What Makes It Different And Advantageous: Technical Tips
Richard J. Powell, MD

**2.59 – 3.04**
Value Of Lithotripsy, Orbital Atherectomy (From CSI) And DCBs For Long Calcified BTK Occlusive Lesions: How Do They Work In Concert And Why Do They Promise Good Results
Erwin Blessing, MD

**3.04 – 3.09**
Improvements In The Turbohawk Turbopowered Laser Atherectomy Device (From Medtronic): What Makes It Different: How Does It Work With Various Lesion Pathologies: 12-Month Results And IVUS Evaluations
George L. Adams, MD

**3.09 – 3.15**
Panel Discussion

**3.15 – 3.25**
Break – Visit Exhibits And Pavilions
(2nd and 3rd Floors)
IMPORTANT NEW DEVELOPMENTS IN MEDICAL AND ANTI-ATHEROGENIC AND ANTICOAGULANT DRUG TREATMENTS; UPDATES ON UNUSUAL DISEASES AND THEIR INTERVENTIONAL VASCULAR TREATMENT; MANAGEMENT OF TAVR ARTERIAL ACCESS COMPLICATIONS

Moderators: Michael R. Jaff, DO
Kenneth Ouriel, MD, MBA

2:34 – 2:39 Statin Intolerance In Vascular Patients: Incidence, Management Techniques And Their Outcomes: From The VQI
Adam Beck, MD

2:40 – 2:45 Optimal Current Antiplatelet Treatment In Patients With Vascular Disease And After Interventional Or Open Treatment: When Is Aspirin Indicated And When Not
Roxana Mehran, MD

2:46 – 2:51 Value Of Protamine Use With Transfemoral CAS, TCAR And CEA: It Decreases Strokes And Postprocedural Bleeding
Marc L. Schermerhorn, MD

2:52 – 2:57 Why Clopidogrel Testing Is Important In CAS Trials And Other Vascular Trials
Karthikeshwar Kasirajan, MD

George H. Meter III, MD

3:04 – 3:09 Newer Oral Anticoagulants Are Not Helpful In Improving Outcomes After Lower Extremity Bypasses: However, Warfarin Is Helpful: What Is The Evidence
William P. Robinson, MD

3:10 – 3:15 Why EVAR Patients Must Be Given Statins Or Have Their Statin Dose Increased Perioperatively: Cardiac Complications Are The Main Cause Of Complications And Readmissions And Statins Decrease These
Bruce A. Perler, MD, MBA

3:16 – 3:22 Panel Discussion

3:22 – 3:32 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

Moderators: Ronald M. Fairman, MD
Roxana Mehran, MD

UPDATE ON ENDOVASCULAR TREATMENT OF MULTIPLE SCLEROSIS AND OTHER HOT TOPICS

3:32 – 3:37 Is There Any Hope That There Will Be Evidence To Support The Value Of Venous Angioplasty To Treat Multiple Sclerosis – Despite Negative Level 1 Evidence
Paolo Zamboni, MD

3:38 – 3:43 What Is The Evidence That Venous Obstruction Contributes To Multiple Sclerosis And That Relieving This Obstruction Can Help Some Patients: Which Patients And How To Select Them
Donald B. Reid, MD

Todd R. Vogel, MD, MPH

3:50 – 3:55 Natural History Of Penetrating Ulcers Of The Abdominal Aorta: How Should They Be Treated
Caron B. Rockman, MD

3:56 – 4:01 Natural History Of Common Iliac And Internal Iliac Artery Aneurysms: They Are Benign When ≤4 cm And Do Not Require Treatment Until >4 cm
Nicos Labropoulos, BSc, PhD, DIC, PhD

4:02 – 4:07 Current Endovascular Treatment Of Buerger’s Disease: What Is Possible And What Is Not
Kamphal Laohapensang, MD

4:08 – 4:13 Vascular Complications Of TAVR And How Are They Best Managed
Ashraf Mansour, MD

4:14 – 4:20 Panel Discussion

LOWER EXTREMITY TOPICS TOO IMPORTANT OR TOO HOT TO MISS (4 ¾-MINUTE TALKS)

Moderators: Keith D. Calligaro, MD
Frank J. Veith, MD

7:00 – 7:05 In Patients With CLTI And Major Gangrene And/ Or Infection, Is More Than 1 Crural Revascularization Better: If Treating Endo; If Treating With Open Bypass
Ignacio Escotto, MD

7:05 – 7:10 Tips For Treating CLTI With Extensive Gangrene And Necrosis (Rutherford 6): Which Is Better – Bypass Or Multilevel Endo Revascularization
Peter A. Schneider, MD

7:10 – 7:15 Long-Term Results Of Coronary DESs In Treating Lower Extremity Occlusive Lesions And Failing Lower Extremity Bypasses: When Are They The Best Treatment
Christopher J. Abularrage, MD

7:15 – 7:20 Value Of Everolimus DESs For Treating Long Infrapopliteal Disease Causing CLTI: They Deserve Wider Use: Which Stent And Technical Tips
Robert A. Lookstein, MD, MHCDL

7:20 – 7:25 Endovascular Interventions With Stents And Atherectomy On The Common And Deep Femoral Arteries Are Safe, Effective And Durable: They Do Not Preclude Use Of The CFA For Access For Other Interventions
Karthikeshwar Kasirajan, MD

7:25 – 7:30 Real World Experience With DESs And Bare Metal Stents (BMSs) In Lower Extremity Occlusive Disease: Does Metformin Influence DES Or BMS Patency
Anil P. Hingorani, MD

7:30 – 7:35 Panel Discussion

7:35 – 7:40 Value Of Toe Pressures And Toe/Brachial Index In Evaluating Lower Extremity Occlusive Disease And Healing Potential: What Are Normal Values And Values That Indicate Healing Is Likely
Gabriel Szendro, MD

7:40 – 7:45 Lower Extremity Bypasses Are Money Losers For Hospitals And Poorly Reimbursed For Vascular Surgeons: At Least In The US: What Can Be Done About It
Richard J. Powell, MD

SATURDAY, NOVEMBER 23, 2019
Outcomes Of Isolated Inframalleolar (Pedal) Artery Interventions: When Are They Worthwhile
Alun H. Davies, MA, DM, DSc

How Can WiFi (Wound, Ischemia, and foot Infection) Classification Help To Identify CLTI Patients Most Likely To Benefit From Revascularization; From An Open Bypass
Joseph L. Mills, MD
Miguel F. Montero-Baker, MD

Outcomes Of Peroneal Artery Revascularization For CLTI: Open And Endo: When They Work And When They Don’t
Rabih A. Chaer, MD

Real World Experience With DCBs Is Not As Favorable As The Trials Might Suggest: Why Is This So
Ali F. AbuRahma, MD

Panel Discussion

MORE LOWER EXTREMITY TOPICS TOO IMPORTANT OR TOO HOT TO MISS (4 ¾-MINUTE TALKS)
Moderators: Ali F. AbuRahma, MD
Enrico Ascher, MD

BEST CLI LEADERS’ VIEWS ON WHICH TREATMENT SHOULD BE USED FIRST – ENDO OR OPEN

DEBATE: Durable Good Results With Tibial Artery Bypasses Support Their Use As First Treatment In Many Diabetics With CLTI
Alik Farber, MD

DEBATE: Not So: Endo First Is Best In Most Diabetic Patients With CLTI
Matthew T. Menard, MD

A Critical Appraisal Of Endovascular Treatments For Infrapopliteal Occlusive Disease: Bringing Reason To The Jumble Of Claims (10-Minute Talk)
Iris Baumgartner, MD

Modifications In The Surgical Technique Of The Standard BTK Amputation To Facilitate Easier Walking Functions With The New Improved High-Tech Prostheses
Michael E. Barfield, MD

Pitfalls In Upper Extremity Access For Lower Extremity Procedures And How To Avoid Them
Matthew W. Mell, MD, MS

Panel Discussion

Supera Stents Versus DESs For Treating SFA-Pop Lesions: A Propensity Analysis Indicates Which Stent Is Best For Which Lesion: How Does Calcification Matter
Hany Zayed, MD, MSc

Value Of IVUS (Intravascular Ultrasound) In Vascular Diagnosis And Treatments: New Technical Advances And Which Device System Is Best
Donald B. Reid, MD

Value Of Stent-Grafts To Treat Access Site Complications From TAVR In The Femoral Or Iliac Arteries: Technical Tips And Long-Term Results
Lars B. Lonn, MD, PhD

The Serranator Balloon Angioplasty Device (From Cagent Vascular) For Lesion Prep And Minimizing Dissections: How It Works, Current Status And Results
Peter A. Schneider, MD

Lithoplasty (Shockwave Medical) Plus DCB For Treating CFA Occlusive Lesions: Technique And Results
Aravinda Nanjundappa, MD

Pulsed B-Mode Laser Atherectomy For Treating SFA Occlusive Lesions: Why It Is Better Than Other Atherectomy Devices: From The EXIMO Trial
John H. Rundback, MD

Panel Discussion

Break – Visit Exhibits And Pavilions (3rd Floor)

AORTIC TOPICS TOO IMPORTANT OR TOO HOT TO MISS (4 ¾-MINUTE TALKS)
Moderators: Timur P. Sarac, MD
Kenneth Ouriel, MD, MBA

Combining Endografts From Different Companies Can Solve Problems And Has Few Downsides: Some Positive Examples
Sigrid Nikol, MD

Predicting Visceral Segment Aortic Growth After Infrarenal AAA Repair By EVAR And Open Surgery: What Factors Are Involved And Why It Matters
Sean P. Lyden, MD

Invasive Treatment Of Takayasu’s Disease Should Be Mostly By Open Surgery: Late Results Prove It: Value Of Endo Treatments Is Minimal
Thomas C. Bower, MD

Endovascular Treatments Have A Major Role In The Treatment Of Takayasu’s Lesions: What Is That Role: When Is Open Surgery Required
Ramesh K. Tripathi, MD

Aortic Stump Blow Out After Removal Of An Infected Aortic Graft: How To Prevent It And How To Treat It So As To Save Some Patients
Alan B. Lumsden, MD

Giant AAA Causing Gastric Outlet Obstruction: Rare But Real And How To Treat It
Gabriel Szendro, MD

Why 3D Ultrasound Is Better Than CTA For EVAR Follow-Up: What Equipment Is Required
Henrik Sillesen, MD, DMSc
Panel Discussion

10:10 – 10:15
Value of Terumo Aortic Relay Plus TEVAR Graft For Very Tortuous Anatomy: What Are Its Advantages Over Other Grafts And Long-Term Results
Patrick E. Mack, MD

10:15 – 10:20
Isolated Common And Internal Iliac Aneurysms Without An Aortic Aneurysm: At What Size Should They Be Fixed: What Iliac Branched Device (IBD) Should Be Used And When
Fabio Verzini, MD, PhD

10:20 – 10:25
AAA Shrinkage Can Occur When A Massive Endoleak Is Present With An Aorto caval Fistula: What Is The Mechanism And What Are The Implications For Treating Endoleaks
Martin Malina, MD, PhD

10:25 – 10:30
How To Treat Substantial Type IA Endoleak After A Standard EVAR: Cuff, Chimney, Embolization, P/EVAR, Conversion: When Is Each Best
Nicola Manguardo, MD
Sonia Ronchey, MD, PhD

10:30 – 10:35
AAAs With Aorto-Iliac Occlusive Disease: What Is Its Significance And How Is It Best Treated
Christopher J. Smolock, MD

10:35 – 10:40
Prophylactic Sac Embolization To Prevent Type 2 Endoleaks: When And How To Do It And How 3D AAA Modeling Can Help
Andrew Barleben, MD, MPH

10:40 – 10:45
TEVAR Treatment For Infected Thoracic Aortic Aneurysms: Lessons Learned And Tips And Tricks For Secondary Interventions: From An Experience With >130 Cases
Boonprasit Kritpracha, MD

10:45 – 10:50
Endovascular Treatment Of Ruptured And Intact Visceral Aneurysms: When Is It Possible And When Is It Not: Technical Tips
Rabih A. Chaer, MD

11:00 – 11:05
Endovascular Treatment Of EVAR Limb Occlusion: Technical Tips And Precautions: Is A Fem-Fem Bypass Ever Needed
Klaus M. Overbeck, MD, MPhil

11:05 – 11:10
Endovascular Rescue After Inadvertent False Lumen Stent-Graft Deployment During TEVAR For TBAD
Sukgu M. Han, MD
Fred A. Weaver, MD
Timothy A.M. Chuter, DM

11:10 – 11:15
Endovascular Procedures Fail, Axillofemoral Bypass Is Better Than Aortofemoral Bypass In Most Patients: Technical Tips, Contraindications And Results
Russell H. Samson, MD, RVT

11:15 – 11:20
Why Randomized Controlled Vascular Trials Do Not Always Reflect Reality
Kosmas I. Paraskevas, MD
Gert J. de Borst, MD, PhD
Frank J. Veith, MD
(Power Point Presentation With Synced Audio)

11:20 – 11:25
Panel Discussion

CAROTID RELATED TOPICS

11:25 – 11:30
Piotr Szopinski, MD, PhD

11:30 – 11:35
Update On Current Optimal Treatment Of Carotid Body Tumors: Technical Tips And Adjuncts
Ross Naylor, MD

11:35 – 11:40
Guidelines For Carotid Disease Management – Why We Need A Fresh Approach: The Asymptomatic Disease Challenge
Jose Fernandes e Fernandes, MD, PhD

11:40 – 11:45
How Does Carotid Plaque Morphology Differ Between Acutely Symptomatic Patients And Asymptomatic Patients: What Does Adequate Statin Treatment Do To Plaque Morphology
Henrik Sillesen, MD, DMSc

11:45 – 11:50
The Incidence Of In Stent Restenosis (ISR) After CAS Is Underestimated: What Are The Clinical Implications
Ali F. AbuRahma, MD

11:50 – 11:55
Why Is Surveillance Necessary After CAS Since ISR Is Rare And Benign
William A. Gray, MD

11:55 – 12:00
How To Avoid Problems With TCAR: When Is The Procedure Contraindicated
Michael C. Stoner, MD

12:00 – 12:05
How To Perform TCAR Safely: Technical Tips: What Are The Pitfalls
Glenn M. LaMuraglia, MD

12:05 – 12:10
What Risk Factors Predict When A Patient With Asymptomatic Carotid Stenosis (ACS) Has A Good Chance Of Having A Stroke And Should Be Treated Invasively
Richard P. Cambria, MD

12:10 – 12:15
What Are The Real Differences Between Open And Closed Cell Stents For CAS: When Are Closed Cell Stents Worse: From SVS VQI Data
Mahmoud B. Malas, MD, MHS

12:15 – 12:25
Panel Discussion
VEITH-TCT NON-CME ACTIVITIES
CRF ENDOVASCULAR TRAINING PAVILION

Expert guided professional education is the lifeblood of all medical training. The VEITH-TCT Alliance seeks to capture the essence of this type of education by providing small group, expert proctored educational sessions at this year’s meeting. All hands-on training workshops will be held in the Americas Hall 2 on the 3rd Floor. These are NON-CME programs concentrated to 90 minutes in which attendees will have intensive exposure to cutting edge techniques. Registration is first come, first served. There will be 4 sessions each day, and participants may only register for ONE workshop each day.

The first day (Thursday, November 21st) focuses on the core competency of obtaining alternate vascular access in the tibial and pedal vessels as well in the radial artery. In this small group workshop, attendees will work in groups of 4-5 with a faculty preceptor to perform ultrasound guided tibiopedal access and radial access using contemporary access techniques and devices. Faculty will review tips and tricks for successful access and hemostasis.

The second day (Friday November 22nd) focuses on best in class technologies to manage complex femoropopliteal disease. Each of our sessions will feature four different groups of technologies required to address management of complex lesions such as long segment disease, CTO, and heavy calcification. After an introduction, small groups will rotate through each of the four workstations where expert faculty proctors will review indications and lead attendees through hands-on demonstrations of key technologies including guidewires, atherectomy devices, stents and balloons.

THURSDAY, NOVEMBER 21, 2019 – TIBIOPEDAL AND RADIAL ACCESS

Hands-On Demonstrations With Cadaveric Legs And Radial Models, Equipment/Devices, And Imaging Featuring Cadaveric Legs (Led By Expert Faculty)

In this small group workshop, attendees will work in groups of 4-5 with a faculty preceptor to perform ultrasound guided tibiopedal access and radial access using contemporary access techniques and devices. Faculty will review tips and tricks for successful access and hemostasis. Hands-on workshops are restricted to 40 attendees. Attendees MUST pre-register for these sessions, as on-site registration will be limited. Registrants can only attend ONE workshop each day.

Overview

Learning Objectives:

Upon completion of this activity, the attendee should be able to:
1. Understand the anatomic location of vascular access sites in the lower extremity and in the radial artery
2. Apply real-time 2D ultrasound imaging to identify alternate access sites
3. Perform ultrasound guided vascular access in cadaveric limbs and vascular models with expert proctors

Target Audience: Physicians and Fellows
NON-CME ACTIVITIES

TRAINING: ENDOVASCULAR PAVILION - TIBIOPEDAL AND RADIAL ACCESS

**DAY 1**
CRF Endovascular Training Pavilion  
Location: America’s Hall 2, 3rd Floor  
8:00 AM - 9:30 AM, 10:00 AM – 11:30 AM, 2:00 PM – 3:30 PM, 4:00 PM – 5:30 PM  
90 Minutes  
Training Pavilion Faculty: TBD

**10 Minutes**  
Introduction: The Need for Guided Alternate Access (Tibiopedal and Radial)

80 Minutes (2 - 40 Minute Rotations)

**Rotation #1 (40 Minutes)**  
Hands-On Demonstrations with Cadaveric Legs Equipment/Devices, and Imaging Featuring Cadaveric Legs Led by Expert Faculty  
• Access Devices  
• Imaging Devices

**Rotation #2 (40 Minutes)**  
Hands-On Demonstrations Radial Models, Equipment/Devices, and Imaging Lead by Expert Faculty  
• Access Devices  
• Imaging Devices

FRIDAY, NOVEMBER 22, 2019

**DAY 2**
CRF Endovascular Training Pavilion  
Location: America’s Hall 2, 3rd Floor  
8:00 AM - 9:30 AM, 10:00 AM – 11:30 AM, 2:00 PM – 3:30 PM, 4:00 PM – 5:30 PM

**Hands-on Training Workshops are non-CME accredited.**

**Objectives:**  
Upon completion of this non-CME activity, the attendee should be able to:

1. Understand challenging anatomic and clinical scenarios in femoropopliteal intervention  
2. Review Options for complex lesion crossing  
3. Identify scenarios and techniques for optimal debulking of calcified and complex lesions  
4. Demonstrate competency in delivering optimal definitive therapy including stents and drug delivery technologies

**SFA Intervention: Complex Lesion Management**

**10 Minutes Introduction:**  
Introducing Unmet Needs – Complex Lesions, Definitive Treatment Options, And Debunking – Sahil A. Parikh, MD

**Rotation #1**  
20 Minutes  
Wires and Definitive Treatment Options  
Faculty TBD.

**Rotation #2**  
20 Minutes  
Wires and Debunking and Definitive Treatment Options

**Rotation #3**  
20 Minutes  
Definitive Treatment Options, Debunking, and Complex Lesions

**Rotation #4**  
20 Minutes  
Calcium Management Techniques
TCT-VEITH INNOVATION SUMMIT

Location: Murray Hill Suites, 2nd Floor

The Innovation Summit at VEITH-TCT embrace the central role of clinical unmet needs driving innovation. In each one-hour session, a clinical case will be presented demonstrating significant clinical challenges that are currently vexing followed by a panel discussion. Next, a State-of-the-Art lecture will highlight all the contemporary techniques relevant to the unmet clinical need, and then two technologies will be featured as potential breakthrough technologies or approaches. Extended panel discussion will ensue. Audience members will be engaged in all aspects of the program along with multidisciplinary expert panelists from the clinical and business worlds.

SESSION 1
ALTERNATE ACCESS – RADIAL, PEDAL AND BEYOND

Moderators: Robert A. Lookstein, MD, MHCDL
Sahil A. Parikh, MD

Panelists:
Tak Kwan, MD
Mehdi H. Shishehbor, DO, MPH, PhD
Jean Bismuth, MD

8:00 – 8:05 Case Presentation: Complex Radial and Pedal CLI Case
Tak Kwan, MD

8:05 – 8:10 Case Discussion

8:10 – 8:25 State of the Art Lecture: The Radial and Pedal Revolution: Lessons Learned from an Interventional Cardiologist
Mehdi H. Shishehbor, DO, MPH, PhD

8:25 – 8:35 Featured Technology 1: Terumo R2P
David O’Connor, MD

8:35 – 8:45 5 Featured Technology 2: Radial Access Sleeve (RAS) to Mitigate Ergonomic Issues with Left Radial Artery Approach to Cardiac Catheterization
Richard Casazza, MD

8:45 – 8:55 Panel Discussion

8:55 – 9:00 Case Conclusion

SESSION 2
LARGE BORE ACCESS AND CLOSURE

Moderators: Alan B. Lumsden, MD
Martin B. Leon, MD

Panelists:
Mathew Williams, MD
Tamin Nazif, MD
Zvonimir Krajcer, MD

9:00 – 9:05 Case Presentation: TAVR Large Bore Access
Mathew Williams, MD

9:05 – 9:10 Case Discussion

Tamin M. Nazif, MD

Phillipe Genereux, MD

9:35 – 9:46 Featured Technology 2: Next Generation Large Bore Closure Device: VivaSure
Azeez Latib, MD

9:46 – 9:55 Discussion

9:55 – 10:00 Case Conclusion
SESSION 3
CLI - PERFUSION CHALLENGES
Moderators: Miguel F. Montero-Baker, MD
Kenneth Ouriel, MD, MBA
Panelists:
Jos C. van den Berg, MD, PhD
Jean Bismuth, MD
Michael K.W. Lichtenberg, MD
10:00–10:04 Case Presentation: CLI Case
Venita Chandra, MD
10:05–10:09 Case Discussion
10:10–10:24 State-of-the-Art Lecture: Assessment of Tissue Perfusion in CLI
Vikram Kashyap, MD
10:25–10:32 Featured Technology 1: Tissue Perfusion Technologies I: Lazar Associated Sciences
Mahmood Razavi, MD
Kareen Looi, MD
10:39–10:55 Discussion
10:55–11:00 Case Conclusion

SESSION 4
CLI - NO OPTION PATIENTS
Moderators: Daniel G. Clair, MD
Craig M. Walker, MD
Panelists:
Steven Kum, MD
Patrick J. Geraghty, MD
Nelson Bernardo, MD
Mariano Palena, MD
11:00–11:05 Case Presentation: Desert Foot
Mariano Palena, MD
11:05–11:10 Case Discussion
11:10–11:25 State-of-the-Art Lecture: CLI Therapy in the No Option Patient
George L. Adams, MD
11:25–11:35 Featured Technology 1: Percutaneous Deep Vein Arterialization for the Treatment of Late Stage Critical Limb Ischemia (LimFlow)
Steven Henao, MD
11:35–11:45 Featured Technology 2: SPUR Temporary Stent System (Reflow Medical)
Andrew Holden, MBChB
11:45–11:55 Discussion
11:55–12:00 Case Conclusion

SESSION 5
SFA - ENSURING LONG-TERM PATENCY
Moderators: Daniel G. Clair, MD
Sahil A. Parikh, MD
Panelists:
William A. Gray, MD
Prakash Krishnan, MD
Sean P. Lyden, MD
Christopher Cheng, PhD
12:00–12:05 Case Presentation: "Particularly High Risk for Restenosis"
Prakash Krishnan, MD
12:05–12:10 Case Discussion
12:10–12:25 State-of-the-Art Lecture: Drug Elution after the FDA Panel
William A. Gray, MD
12:25–12:32 Featured Technology 1: Sirolimus Eluting Balloon
(Sirolimus Eluting Balloon)
Sahil A. Parikh, MD
Limus Alternatives and Beyond
Mahmood Razavi, MD
12:39–12:45 Featured Technology 3: Natural Vascular Scaffold
(Alucent Biomedical)
Gary M. Ansel, MD
12:45–12:55 Discussion
12:55–1:00 Case Conclusion

SESSION 6
PULMONARY EMBOLISM INTERVENTION
Moderators: Robert A. Lookstein, MD, MHCDL
Kenneth Rosenfield, MD
Panelists:
Akhilesh K. Sista, MD
Anthony J. Comerota, MD
1:00 – 1:05 Case Presentation: Submassive PE: When Do We Go or Not
Sanjum Sethi, MD
1:05 – 1:10 Case Discussion
NON-CME ACTIVITIES

THURSDAY, NOVEMBER 21, 2019

SESSION 7
VENOUS OCCLUSIVE DISEASE
Moderators: Mahmood Razavi, MD
Anthony J. Comerota, MD

Panelists: Sanjiv Lakhanpal, MD
Mitch Silver, MD
David J. Dexter, MD
Mikel Sadek, MD
Christopher Cheng, PhD

1.10 – 1.25 State-of-the-Art Lecture: Catheter-Based Technologies for Submassive PE: What’s All the Hype About?
Kenneth Rosenfield, MD

1.25 – 1.32 Featured Technology 1: Flow Retrieval-Aspiration System for PE Treatment (Inari)
Mitch Silver, MD

1.32 – 1.39 Featured Technology 2: Combining Mechanical and Pharmacological Management of Large Thrombus (Thrombolex)
Riyaz Bashir, MD

1.39 – 1.45 Featured Technology 3: Penumbra
Akhilesh K. Sista, MD

1.45 – 1.55 Discussion

1.55 – 2.00 Case Conclusion

SESSION 8
TAVR - STEP BY STEP
Moderators: Susheel Kodali, MD
Vinayak Bapat, MD

Panelists: David Adams, MD
Lars G. Svensson, MD, PhD
Mathew Williams, MD

3.00 – 3.05 Case Presentation: TAVR 101
Tamim M. Nazif, MD

3.05 – 3.10 Case Discussion

3.10 – 3.25 State-of-the-Art Lecture: The Safest TAVRs Ever Conducted
Martin B. Leon, MD

3.25 – 3.35 Featured Technology 1: Expanding the Indications of TAVR: JenaValve
Torsten Vahl, MD

3.35 – 3.45 Featured Technology 2: Next Generation Cerebral Protection: Keystone Medical
Tamim M. Nazif, MD

3.45 – 3.55 Discussion

3.55 – 4.00 Case Conclusion
The vascular world is coming together in New York this November. And you’re invited.

Save the Dates

VEITHsymposium  Tuesday, November 17 - Saturday, November 21, 2020
AIMsymposium    Monday, November 16 - Thursday, November 19, 2020
AVIDsymposium   Friday, November 20 - Saturday, November 21, 2020

These activities have been approved for AMA PRA Category 1 Credits™.

LOCATION: New York Hilton - Midtown
1335 Avenue of the Americas
(between 53rd and 54th Streets)

Sponsored by

Cleveland Clinic

Para la información en Español, visita por favor: www.VEITHsymposium.org/Español
View the Complete 2019 VEITHsymposium Conference On-Line: https://www.veithondemand.com