Tuesday - Saturday, November 17–21, 2015

Vascular Endovascular Issues Techniques Horizons

Symposium Chairman
Frank J. Veith, MD

Symposium Co-Chairmen
Enrico Ascher, MD
Kenneth Ouriel, MD, MBA
Daniel G. Clair, MD

Sponsored by
Cleveland Clinic
Hilton

www.VEITHsymposium.org
TUESDAY PROGRAMS
Program A: (Sessions 1-8)
6:40 A.M. – 5:50 P.M.
(9.75 CME Credits)
Progress In Valve, Aortic And Carotid Diseases And Their Treatment
Location: Grand Ballroom East, 3rd Floor

Program B: (Sessions 9-16)
6:40 A.M. – 6:03 P.M.
(10.25 CME Credits)
New Developments In Treatment Of AAA's, EVAR, Aortic Branch Lesions (Including Iliac Arteries), Laparoscopic Techniques, Outpatient Vascular Centers And Open Surgery
Location: Grand Ballroom West, 3rd Floor

Program C: (PART 1 - Sessions 17-18)
7:00 A.M. – 12:00 P.M.
(4.5 CME Credits)
New Developments In Management Options For Pulmonary Embolism
Location: Trianon Ballroom, 3rd Floor

Program C: (PART 2 - Sessions 19-22)
1:00 P.M. – 5:00 P.M.
(3.5 CME Credits)
Management Of Acute And Chronic Large Vein Occlusion
Location: Trianon Ballroom, 3rd Floor

WEDNESDAY PROGRAMS
Program D: (Sessions 23-30)
6:40 A.M. – 5:58 P.M.
(10 CME Credits)
Lower Extremity Arterial Disease And Its Treatment
Location: Grand Ballroom East, 3rd Floor

Program E: (Sessions 31-38)
6:43 A.M. – 6:25 P.M.
(10.5 CME Credits)
Natural History, Anti-Atherogenic And Medical Treatments, Renal Denervation, Endoleaks, Complications And Important Issues In Ethics, Government And Vascular Business, Key Carotid Topic
Location: Grand Ballroom West, 3rd Floor

Program F: (Sessions 39-46)
6:45 A.M. – 5:55 P.M.
(9.75 CME Credits)
More On Aortic Dissection, TEVAR, TAAAs, Juxta- And Pararenal AAs, Parallel Grafts, Fenestrated And Branched EVAR (F/BEVAR), Multilayer Flow Modulating (MLFM) Stents, Recorded Live Cases, Abdominal Aorta And EVAR
Location: Trianon Ballroom, 3rd Floor

THURSDAY PROGRAMS
Program G: (Sessions 47-54)
6:45 A.M. – 5:55 P.M.
(9.75 CME Credits)
New Techniques And Technology, Parallel Grafts, F/BEVAR, Military Topics, Ruptured AAs, Robotics, Guidance, New Concepts And Controversies With Fenestration, EVAS, Embolization, Training Trauma Surgeons
Location: Grand Ballroom East, 3rd Floor

Program H: (Sessions 55-62)
6:45 A.M. – 5:44 P.M.
(9.5 CME Credits)
New Devices For Abdominal Aorta And EVAR; Thoracic Aorta And TEVAR; Lower Extremity And Stents And Stent-Grafts; Preventing And Treating Migration And Endoleaks; EndoAnchors; Embolization And Thrombectomy
Location: Grand Ballroom West, 3rd Floor

Program I: (Sessions 63-70)
7:30 A.M. – 5:00 P.M.
(8.5 CME Credits)
Superficial Venous Disease
Location: Trianon Ballroom, 3rd Floor

Program J: (Sessions 71-76)
8:00 A.M. – 5:30 P.M.
(9.25 CME Credits)
AIMsymposium Multidisciplinary Acute Stroke Management
Location: Murray Hill Suites East and West, 2nd Floor

FRIDAY PROGRAMS
Program K: (Sessions 77-84)
6:46 A.M. – 5:55 P.M.
(10 CME Credits)
New Techniques, Technology And Concepts; Carotid, Thoracic And Abdominal Aneurysm Disease; Spinal Cord Ischemia (SCI); CAS And CEA; Updates And New Concepts
Location: Grand Ballroom East, 3rd Floor

Program L: (Sessions 85-92)
6:45 A.M. – 5:56 P.M.
(9.25 CME Credits)
Popliteal Disease; Arterial Graft And Aneurysm Infection; Progress In Imaging And Hybrid ORs; Medical Treatment; Updates; Vascular Trauma; Thoracic Outlet Syndrome (TOS); Recorded Live Aneurysm Cases; Radiation Safety
Location: Grand Ballroom West, 3rd Floor

Program M: (Sessions 93-97)
7:00 A.M. – 5:00 P.M.
(9 CME Credits)
Deep Venous Disease
Location: Trianon Ballroom, 3rd Floor

Program N: (Sessions 98-101)
7:55 A.M. – 5:15 P.M.
(7.5 CME Credits)
Complex Vascular Malformations And Vascular Tumors
Location: Gramercy Suites East and West, 2nd Floor

SATURDAY PROGRAMS
Program O: (Sessions 102-109)
6:45 A.M. – 4:50 P.M.
(7.75 CME Credits)
New Developments In Treatment Of Diseases Of The Abdominal And Thoracic Aorta, TAAAs, TBADs And Lower Extremities; More Updates And New Concepts
Location: Grand Ballroom East, 3rd Floor

Program P: (Sessions 110-114)
7:55 A.M. – 4:25 P.M.
(7.25 CME Credits)
Improving Outcomes In Hemodialysis Access
Location: Grand Ballroom West, 2nd Floor

Program Q: (Sessions 115-120)
6:54 A.M. – 3:40 P.M.
(7.75 CME Credits)
New Developments In Treatment Of Diseases Of The Abdominal And Thoracic Aorta, TAAAs, TBADs And Lower Extremities; More Updates And New Concepts
Location: Trianon Ballroom, 3rd Floor
Welcome to the 42nd Global VEITH
Vascular Endovascular Issues Techniques Horizons
November 2015

Dear Colleague:

Welcome to our 42nd annual meeting. We hope that you will find this year’s symposium better than ever. To this end we will continue to have component meetings on Hemodialysis Access and AV Malformations. We have special expanded sessions on Emerging Management Options for Pulmonary Embolism, Contemporary Management of Large Vein Occlusive Disease, Lower Extremity Occlusive Disease, New Developments in Chimney, Periscope and Sandwich Grafts, and the Multilayer Stent. In addition, we will expand our emphasis on all aspects of Venous Disease and Associate Faculty Podium Sessions to facilitate all vascular surgeons playing a more active role in our meeting.

Although the basic format of our meeting in 2014 worked well, we have made some changes. One change this year is that we will have more concurrent sessions to get in all the new hot items that are out there. We know you cannot be in two places at once. However, you can simply check off in your program brochure the talks you would like to hear but cannot. Then when you get your web-based version of the entire 2014 meeting, you can watch these talks and related discussion on your computer at home within 2 weeks of the meeting. All talks will be indexed in the online version of the meeting to correspond exactly to the program brochure. There will be a nominal fee for our attendees and our faculty for unlimited access to the 2015 web-based version of our meeting. This will be a most valuable resource for reference and learning.

Thanks for coming this year. Please enjoy the meeting and please save the dates November 15-19, 2016 so you can return next year.

Cordially,

Frank J. Veith, MD
Enrico Ascher, MD
Kenneth Ouriel, MD, MBA
Daniel G. Clair, MD
GENERAL INFORMATION

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 (5-6 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 and all others interested in the management of vascular disease.

ASSOCIATE FACULTY 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 web site under the regions Asia, Latin America, Worldwide and International Society for Vascular Surgery (ISVS). The Associate Faculty Podium Presentations Program will be held in the Madison Suite, 2nd floor on Wednesday and Thursday. The Awards Presentation will be held on Friday, November 20, 2015 at 11:55 a.m. in the Grand Ballroom East, 3rd floor.
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:

AIMsymposium Multidisciplinary Acute Stroke Management
Thursday, November 19, 2015
**Location:** Murray Hill Suites East and West, 2nd Floor
VEITHsymposium registrants are welcome to attend at no additional cost.

Hemodialysis Access
Saturday, November 21, 2015
**Location:** Grand Ballroom West, 3rd Floor

Associate Faculty Podium Presentations
Wednesday - Thursday, November 18-19, 2015
**Location:** Madison Suite, 2nd Floor

The Awards Presentation will be held on Friday, November 20, 2015 at 11:55 a.m. in the Grand Ballroom East, 3rd floor.

Innovation and Investment Arena
Monday, November 16, 2015 - 9:00 A.M. - 12:00 P.M.
**Location:** Gramercy Suites East and West, 2nd Floor

In the last 20 years, Vascular Surgery is a field that has seen a tremendous amount of innovation. Physicians who either had the vision to see a need and a better or alternate way of doing things, brought much of these discoveries to the table. However, it has become much more challenging to bring new ideas to fruition without the support of an industry partner. At this year’s VEITHsymposium, we are offering innovators an opportunity to present an idea to a panel of venture capitalists and industry partners. The hope would be that an industry partner or venture capitalist would find interest in supporting the proposal and bringing it to market. For those ideas selected as the top innovations, an opportunity will be given to the presenters for more in depth discussions with marketing and engineering experts in the medical industry. In order to protect the innovators and medical device companies we will require that all ideas are protected prior to being presented and that all participants sign a non-disclosure agreement. We envisage a very exciting and fruitful interaction in this session. The top three ideas will be awarded the Innovators of Caduceus, which garners a cash prize of $1000. Presented by: Jean Bismuth, MD. (This is a Non-CME Activity.)

Innovation and Investment Roundtable
Monday, November 16, 2015 - 1:00 A.M. - 5:00 P.M.
**Location:** Gramercy Suites East and West, 2nd floor

Medical device, pharmaceutical and diagnostics companies will present their newest, most interesting and most innovative products to the investment community. Participants will include thought leaders, physicians, scientists, engineers and leadership from manufacturers with products in the cardiovascular arena. The audience will include individuals from the financial services industry – venture capitalists, private equity investors, investment management people and others. Interested physicians are welcome to attend. Presented by: Kenneth Ouriel, MD, MBA (This is a Non-CME Activity.)

NEW THIS YEAR!
VENOUS VENOUS VENOUSTM WORKSHOPS At VEITHsymposium
Wednesday, November 17, 2015
**Location:** Americas Hall 1, 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.
Vascular International Hands-On At VEITHsymposium
Thursday, November 19, 2015
Location: Americas Hall 1, 3rd Floor

Vascular International has been performing vascular surgical workshops, also known as "Pontresina courses", for more than 20 year and has become the number one platform for practical hands-on training and education in open and endovascular techniques on lifelike simulators.

The Vascular International Open Vascular Surgery Course offers 2 sessions:

Morning Session: 8:00 A.M. - 12:30 P.M. (Course in Open Surgery for AAA)
Afternoon Session: 1:00 P.M. - 5:30 P.M. (Course for Open Carotid Surgery)

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 49.75 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.

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 29, 2016.

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 this 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 advise a staff member in the registration area in the Rhinelander Gallery on the 2nd floor.

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

ONLINE CONFERENCE LIBRARY
The entire program with all the talks, all the slides, all the videos - fully synchronized - and all 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.
FOOD SERVICE
Continental breakfast will be served in the Rhinelander Gallery on the 2nd floor on Tuesday to Friday, and in the Grand Ballroom Foyer/Promenade on Saturday. Lunch and refreshment breaks will be served on the 2nd floor Promenade and in other designated areas on Tuesday, Wednesday, Thursday and Friday, and in the Grand Ballroom Foyer/Promenade and in other designated areas on Saturday.

EXHIBITS/PAVILIONS
Exhibitors will display their products on the 2nd and 3rd floors from Tuesday to Saturday.

NAME BADGES
For the convenience of our exhibitors and attendees, the bar code on your name badge includes your name, address, telephone and fax numbers, and e-mail address. Exhibitors can scan your name badge for this information. Please wear your name badge at all times.

FLOOR PLAN
A Floor Plan of the New York Hilton-Midtown is included in this syllabus to help you find your way more easily.

HOSPITALITY DESK
The staff will be happy to answer any questions you have, or to make any arrangements that you may require. Staff members are located in the Rhinelander Gallery on the 2nd floor.

CELL PHONES AND PAGERS
As a courtesy to other attendees, please turn off your cell phones and pagers, or set to vibrate.

COAT CHECK
Coat Check is located on the 2nd floor.

DISCLAIMER
The information in this educational activity is provided for general medical education purposes only and not meant to substitute for the independent medical judgment of a physician relative to diagnostic and treatment options of a specific patient’s medical condition. The viewpoints expressed in this CME activity are those of the authors/faculty. They do not represent an endorsement by The Cleveland Clinic Foundation or VEITHsymposium LLC. In no event will The Cleveland Clinic Foundation or VEITHsymposium LLC be liable for any decision made or action taken in reliance upon the information provided through this CME activity.

We have made every effort to ensure that the syllabus is accurate. We cannot take responsibility for errors, deletions or omissions.

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20th European Vascular Course

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Maastricht, The Netherlands

Learning by training

20th ANNIVERSARY 1997-2016

100 invited lectures
Interactive case discussions
Hands-on training sessions
Arterial, Venous & Access
Master Classes & textbooks

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Vascular & Endovascular Challenges Update

26–29 APRIL 2016
OLYMPIA GRAND • LONDON • UNITED KINGDOM

Peripheral Challenges
Aortic Challenges
Venous Challenges
Stroke Challenges

Register at
WWW.CXSYMPOSIUM.COM
NON CME ACTIVITIES
AT VEITHsymposium
Abbott Innovation Pavilion
Nassau Suite, 2nd Floor

PASSIONATE about PERIPHERAL

Ongoing Activities
Hands-on product testing
Next-generation Supera®
Tuesday, November 17 – Friday, November 20

Lunch Symposia, Tuesday, November 17, 12:00 pm – 1:00 pm

Treating Below the Knee Disease: What does the future hold?

Presented by:
Dr. Brian DeRubertis
Dr. Ramon Varcoe
Dr. Andrej Schmidt

This is a non-CME activity
Tuesday, November 17th

12:00 pm       Lunch Symposium

*Denali® Vena Cava Filter*

*Dr. William Stavropoulos*

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Wednesday, November 18th

12:00 pm       Lunch Symposium

*Lutonix® Drug Coated Balloon*

*Dr. Jihad Mustapha*

*Dr. Elena Ladich*

*Dr. Robert Beasley*

*Dr. Michael Lichtenberg*
Redefining the Management of Complex Aortic Disease: MFM®

Cardiatis Lunch Symposium at VEITH 2015

The Clinton Suite
2nd Floor - The Hilton
Tuesday 17th November
12 - 2pm

Chairman: Dr Clifford Buckley & Prof Sherif Sultan

Introduction
Dr Clifford J. Buckley
Why the current shortcomings of Thoracoabdominal aortic repair?

Dr Ralf R. Kolvenbach
Do we need a new solution for complex aortic pathologies?

Real-world experiences
1. Prof. Victor Costache - The benefits of flow optimization. Preliminary results with the Phantom Device.
2. Prof. Domenico Palombo - Lessons Learned from Italian Registry!
3. Prof. Ivo Petrov - How MFM treated the most challenging cases in my country?
5. Prof. Daniel Benitti - Brazilian experience with more than 200 cases with no paraplegia.
6. Prof Claude Vaislic - Why Strato trial support the use of the MFM?
7. Prof. Sherif Sultan - When to use and when not to use the SMFM in TAA Pathology. Results from SMFM Global Registry.

The Session will be followed by questions and answers.

Device not yet available in the United States of America. This session is a non-CME Activities.
**ENDOLOGIX**  
Innovation Pavilion, Sutton Parlor Center, 2nd Floor

**Tuesday, November 17**  
8:00 am – 5:00pm  
- **Nellix® EndoVascular Aneurysm Sealing System** - Hands-on Demos  
- **AFX® Endovascular AAA System** - Hands-on Demos  
- **Intelix™ EVAR & EVAS Procedure Planning Software** - Case Sizing Demos

12:00-1:00pm  
- **T.A.S.T.E of Nellix® Lunch and Learn** - Live Simulated Use Demonstrations

**Wednesday, November 18**  
8:00 am – 5:00pm  
- **Nellix® EndoVascular Aneurysm Sealing System** - Hands-on Demos  
- **AFX® Endovascular AAA System** - Hands-on Demo  
- **Intelix™ EVAR & EVAS Procedure Planning Software** - Case Sizing Demos

12:00-1:00pm  
- **AFX® Endovascular AAA System** - Lunch and Learn Presentation: *New Technology Updates*

**Thursday, November 19**  
8:00 am – 5:00pm  
- **Nellix® EndoVascular Aneurysm Sealing System** - Hands-on Demos  
- **AFX® Endovascular AAA System** - Hands-on Demos  
- **Intelix™ EVAR & EVAS Procedure Planning Software** - Case Sizing Demos

12:00-1:00pm  
- **T.A.S.T.E of Nellix® Lunch and Learn** - Live Simulated Use Demonstration

**Friday, November 21**  
8:00 am – 5:00pm  
- **Nellix® EndoVascular Aneurysm Sealing System** - Hands-on Demos  
- **AFX® Endovascular AAA System** - Hands-on Demos  
- **Intelix™ EVAR & EVAS Procedure Planning Software** - Case Sizing Demos

Non-CME Activities
Tuesday, November 17

6:00 am
Pavilion Opens

Lunch Symposium

- Advanced treatment options for complex disease in peripheral intervention: Rapid-fire case presentations with the experts
  Moderator: Ziv Haskal, MD, Charlottesville, Virginia

  CASE STUDY 1: GORE® VIABAHN® Endoprosthesis
  Complex in-stent restenosis: Best practices and optimal outcomes in relining
  Robert Bersin, MD, Seattle, Washington

  CASE STUDY 2: GORE® TIGRIS® Vascular Stent
  Complex vessel scaffolding with an open endoprosthesis: Integrating device strength and precision in tortuous anatomy

  CASE STUDY 3: GORE® VIABAHN® BX Endoprosthesis
  Early clinical study experience treating advanced iliac disease with the GORE® VIABAHN® BX Endoprosthesis with balloon expandable technology
  Andrew Holden, MD, Auckland, New Zealand

  CASE STUDY 4: GORE® Carotid Stent and GORE® Embolic Filter
  The best of both worlds: Examining the benefits of open-cell flexibility and closed-cell plaque stabilization in complex carotid stenting
  Claudio Schönholz, MD, Charleston, South Carolina

Evening Event
6:00 pm
Pioneers in Performance — North America

Pioneers in Performance is an annual peer-recognition program that honors distinguished physicians for their unrelenting dedication to advancing vascular and endovascular therapy, including aortic and lower-limb bypass, and dialysis access surgery.

Now it’s your turn to decide who among your North American colleagues will be honored in 2016. Stop by our Main Pavilion to learn more about the nominees and the unique collaborations they are spearheading.

Wednesday, November 18

6:00 am
Pavilion Opens

Lunch Symposium

- The current state of bypass for lower-extremity revascularization
  Richard Neville, MD, Washington D.C.

- Early results utilizing the GORE® Hybrid Vascular Graft for iliofemoral bypass procedures
  Jean Bismuth, MD, Houston, Texas

Evening Event
6:15 pm
Emerging trends in healthcare

Please refer to our on-site materials for specifics on this evening symposium.

1 CE Mark Approved.
2 CE Mark Pending.
3 Caution: Investigational Device. Limited by United States law to Investigational Use.
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<tr>
<th>Thursday, November 19</th>
<th>6:00 am Pavilion Opens</th>
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| Lunch Symposium       | An exclusive look at the GORE® EXCLUDER® Conformable AAA Endoprosthesis\(^2, 3\) clinical trial  
                        Robert Rhee, MD, Brooklyn, New York  
                        Branching out: My investigational experience with the GORE® TAG® Thoracic Branch Endoprosthesis\(^1\) and the GORE® EXCLUDER® Iliac Branch Endoprosthesis\(^1, 3\)  
                        Gustavo Oderich, MD, Rochester, Minnesota |
| Evening Event         | Pavilion is in-use for invitation only event. |

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<th>Friday, November 20</th>
<th>6:00 am Pavilion Opens</th>
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| Lunch Symposium       | Latin America Day  
                        Chairman: Pierre Galvagni Silveira, MD, Florianópolis, Brazil  
                        Moderator / Moderator: Gustavo Rubio, MD, Guadalajara, Mexico  
                        The effectiveness of the GORE® Hybrid Vascular Graft in thoracoabdominal debranching  
                        Efetividade na utilizacao do GORE® Hybrid Vascular Graft no Debranching toracoabdominal  
                        Alexandre Batillana, MD, São Paulo, SP, Brazil  
                        Exploring sac behavior after popliteal aneurysm with the GORE® VIABAHN® Endoprosthesis  
                        Explorando o comportamento do saco aneurismatico apos o tratamento do aneurisma de  
                        poplitea com GORE® VIABAHN® Endoprosthesis  
                        Álvaro Razuk, MD, São Paulo, SP, Brasil  
                        Debating the skillset of new surgeons undertaking open aortic repair  
                        Debate: as habilidades dos novos cirurgiões para o tratamento aberto da Aorta  
                        Ronald Fidelis, MD, Salvador, BA, Brazil  
                        A five-year review of the GORE® EXCLUDER® AAA Endoprosthesis featuring  
                        C3® Delivery System  
                        Revisão de 5 anos com o uso da GORE® EXCLUDER® AAA Endoprosthesis featuring  
                        C3® Delivery System  
                        Felippe Beer, MD, Rio de Janeiro, RJ, Brazil |

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<th>Saturday, November 21</th>
<th>6:00 am Pavilion Opens</th>
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| Lunch Symposium       | Examining validated treatment algorithms for dialysis access  
                        GORE® ACUSEAL Vascular Graft  
                        David Kingsmore, MD, FRCS, MB ChB, BMedBiol, Glasgow, Scotland  
                        GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface  
                        Peter Wayne, MD, Louisville, Kentucky |

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\(^1\) CE Mark Approved.  
\(^2\) CE Mark Pending.  
\(^3\) Caution: Investigational Device. Limited by United States law to Investigational Use.
Gore MEDICAL MASTERY Series

Hands-On Simulators for Virtual Training

Simulator Pavilion Hours • 9:00 am – 5:00 pm Tuesday – Friday

Join us in the Sutton Complex South to experience our lifelike virtual environment simulators for the Conformable GORE® TAG® Device, the GORE® EXCLUDER® Device featuring C3® Delivery System, and the GORE® EXCLUDER® Iliac Branch Endoprosthesis.1, 3, 4

1 CE Mark Approved.
2 CE Mark Pending.
3 Caution: Investigational Device. Limited by United States law to Investigational Use.
4 GORE® EXCLUDER® Iliac Branch Endoprosthesis simulation is available only to European physicians and United States IDE study physicians.
Penumbra Events at VEITH

Symposium

Wednesday, November 18th 12–1 pm  Lunch will be provided.
Clinton Suite, 2nd Floor
Speaker Panel: Dr. Frank Arko, Dr. James Benenati

Latest Technology and Techniques for Endoleak Management, Visceral Aneurysms, Vessel Takedowns and Other Embolization Needs
Featuring: Ruby® Coil, POD™

How I do it? - Embolization and Thrombectomy
Frank Arko, MD, Carolinas Medical Center, Charlotte, NC

New Developments in Mechanical Treatment Options for Venous & Arterial Thrombosis
Featuring: Indigo® System CAT8, recently cleared by FDA
James Benenati, MD, Miami Cardiac & Vascular Institute, FL

VENOUS VENOUS VENOUS Workshops

Wednesday, November 18 9 am–12 pm or 1 pm–4 pm
Americas Hall 1, 3rd Floor

These are non-CME activities.
Lunch Symposium: Comprehensive Review of Venous Outflow Obstruction: Diagnosis, Care Pathway, and Treatment

Thursday, November 19, 2015 | 12:00 PM – 1:00 PM
Gramercy Suite East, 2nd Floor
11:50 AM Lunch will be provided buffet style, throughout the event
NON CME Activity

The symposium will offer clinicians a unique opportunity to expand their knowledge of patient pathways and selection, treatment and post-operative protocols for patients suffering from disorders of the deep venous system, specifically venous outflow obstruction.

- Introduction to Venous Outflow Obstruction – *Discussions will focus on the role of venous outflow obstruction in venous disease and the pathophysiology of venous disease.*
- Diagnosis and Care Pathway- *Discussion will center on diagnosis, procedure planning, and patient work up. Venous stenting is not just about the procedure, perioperative care is just as important.*
- Treatment, Acute – *A deeper look on how to approach care for acute patients, if pharmacomechanical thrombectomy is needed and when, and the need for stenting. Review of actual acute procedures.*
- Treatment, Chronic – *A deeper look at the approach to care for chronic patients, picking the right cases, and how to treat. Review of actual chronic procedures.*

The faculty will share their unique experiences, “tips and tricks” and best practices in establishing a deep venous service.

Sponsored by VENITI, Inc.
NEW THIS YEAR!

VENOUS VENOUS VENOUS™ WORKSHOPS At VEITHsymposium, AIMsymposium and AVIDsymposium

Wednesday, November 18, 2015
Americas Hall 1, 3rd Floor

Shift 1: 9 am – 12 pm | Shift 2: 1 pm – 4 pm

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.
VEITHsymposium/AlIMsymposium/AVIDsymposium
November 16 - 21, 2015
Concourse Level
VEITHsymposium/AIMsymposium/AVIDsymposium
November 16 - 21, 2015
2nd Floor Promenade and South Corridor

New York Hilton Midtown
2nd Floor Promenade and South Corridor
VEITHsymposium/ALMsymposium/AVIDsymposium
NOVEMBER 16 - 21, 2015
3rd Floor Promenade and Ballroom Foyer

New York Hilton Midtown
3rd Floor Promenade and Ballroom Foyer
VEITHsymposium/ALMsymposium/AVIDsymposium
November 16 - 21, 2015
4th Floor
EDUCATIONAL GRANT ACKNOWLEDGMENT
EDUCATIONAL GRANT ACKNOWLEDGMENT

The Cleveland Clinic Foundation Center for Continuing Education and VEITHsymposium acknowledge educational grants in support of this activity from:

Abbott Vascular
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EXHIBITS AND PAVILIONS
EXHIBITORS

COMBINED EXHIBIT HALL FOR
VEITHsymposium, AIMsymposium and AVIDsymposium
(MONDAY – FRIDAY/SATURDAY)

We acknowledge the participation of the following companies as exhibitors:

3D Systems, Simbionix Products
Abbott Vascular
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Hansen Medical
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International Society For Vascular Surgery (ISVS)
LeMaitre Vascular
LINC 2016, The Leipzig Interventional Course
Lombard Medical, Inc.
Maquet Medical Systems, USA
Medstreaming
Medtronic
Medtronic
Merck

214 - 2nd Floor Promenade
Pavilion - Nassau Suites East and West - 2nd Floor
216 - 2nd Floor Promenade
402 - 3rd Floor Foyer
117 - South Corridor - 2nd Floor
(Exhibiting on Friday and Saturday Only)
207 - 2nd Floor Promenade
110 - South Corridor - 2nd Floor
430, 431 and 432 - 3rd Floor Foyer
116 - South Corridor - 2nd Floor (Exhibiting on Monday Only)
421 - 3rd Floor Foyer
414 and 415 - 3rd Floor Foyer
304 and 305 - 3rd Floor Promenade
115 - South Corridor - 2nd Floor
113 - South Corridor - 2nd Floor
313 and 314 - 3rd Floor Promenade
420 - 3rd Floor Foyer
217 - 2nd Floor Promenade
107 - South Corridor - 2nd Floor (Exhibiting on Monday Only)
113 - South Corridor - 2nd Floor
(Exhibiting on Friday and Saturday Only)
404 and 405 - 3rd Floor Foyer
202 - 2nd Floor Promenade
408 - 3rd Floor Foyer
Pavilion - Petit Trianon and Rendezvous Trianon - 3rd Floor
108 - South Corridor - 2nd Floor
Pavilion - Gibson Suite - 2nd Floor
412 and 413 - 3rd Floor Foyer
218 - 2nd Floor Promenade
422 - 3rd Floor Foyer (Exhibiting on Saturday Only)
TT3 - 3rd Floor Foyer
200 - 2nd Floor Promenade
201 - 2nd Floor Promenade
Pavilion - Sutton Parlor Center - 2nd Floor
315, 316 and 317 - 3rd Floor Promenade
433 - 3rd Floor Foyer
215 - 2nd Floor Promenade
211 - 2nd Floor Promenade
Pavilion - Mercury Rotunda and Ballroom - 3rd Floor
Simulation Pavilion - Regent Parlor and Sutton Parlor South - 2nd Floor
416 and 417 - 3rd Floor Foyer
TT4 - 3rd Floor Promenade
407 - 3rd Floor Foyer
409 - 3rd Floor Foyer
TT2 - 3rd Floor Foyer
300, 301 and 302 - 3rd Floor Promenade
427, 428 and 429 - 3rd Floor Foyer
406 - 3rd Floor Foyer
Pavilion - Beekman Parlor and Sutton Parlor North - 2nd Floor
111 - South Corridor - 2nd Floor
213 - 2nd Floor Promenade
Merit Medical Systems, Inc. 107 – South Corridor – 2nd Floor (Exhibiting on Wednesday Only)
Microvention, Inc. 109 - South Corridor - 2nd Floor (Exhibiting on Thursday Only)
Mindray/Zonare Medical Systems 110 – South Corridor – 2nd Floor
(Exhibiting on Friday and Saturday Only)
NeuWave Medical 114 - South Corridor - 2nd Floor
ORSIF TT5 - 3rd Floor Promenade
Oscor Inc. 312 - 3rd Floor Promenade
Parks Medical Electronics 109 - South Corridor - 2nd Floor
(Exhibiting on Friday and Saturday Only)
Penumbra, Inc. 310 and 311 - 3rd Floor Promenade
SAGE TT1 - 3rd Floor Foyer
Scanlan International, Inc. 220 - 2nd Floor Promenade
Siemens Medical Solutions USA Inc. 422 and 423 - 3rd Floor Foyer
Silk Road Medical 418 and 419 - 3rd Floor Foyer
Sirtex Medical Inc. 109 - South Corridor - 2nd Floor
Spectranetics 403 - 3rd Floor Foyer
Stryker Neurovascular 106 - South Corridor - 2nd Floor
Surefire Medical, Inc. 108 – South Corridor – 2nd Floor (Exhibiting on Tuesday Only)
Tactile Medical 210 - 2nd Floor Promenade
Teleflex Medical 112 - South Corridor - 2nd Floor
TriVascular, Inc. 400 and 401 - 3rd Floor Foyer
Vascular Flow Technologies 418 - 3rd Floor Foyer (Exhibiting on Saturday Only)
Vascular Insights 303 - 3rd Floor Promenade
Vascutek Ltd. 306 and 307 - 3rd Floor Promenade
Veniti, Inc. 219 - 2nd Floor Promenade
Vital Access Corp. 419 - 3rd Floor Foyer (Exhibiting on Saturday Only)
Volcano/Philips 425 and 426 - 3rd Floor Foyer
Ziehm Imaging 410 and 411 - 3rd Floor Foyer
PAVILIONS

VEITHsymposium, AIMsymposium and AVIDsymposium
(TUESDAY – FRIDAY/SATURDAY)

COMPANY
Abbott Vascular
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LOCATION
Nassau Suites East and West, 2nd Floor
Rendezvous and Petit Trianon, 3rd Floor
Gibson Suite, 2nd Floor
Sutton Parlor Center, 2nd Floor
Mercury Rotunda and Mercury Ballroom, 3rd Floor
Sutton Parlor South and Regent Parlor, 2nd Floor
Beekman Parlor and Sutton Parlor North, 2nd Floor
TUESDAY, NOVEMBER 17, 2015

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 TUESDAY PROGRAMS

PROGRAM A:  SESSIONS 1-8
Progress In Valve, Aortic And Carotid Diseases And Their Treatment
6:45 A.M. – 5:50 P.M.
Grand Ballroom East, 3rd Floor

PROGRAM B:  SESSIONS 9-16
New Developments In Treatment Of AAAs, EVAR, Aortic Branch Lesions (Including Iliac Arteries), Laparoscopic Techniques, Outpatient Vascular Centers And Open Surgery
6:40 A.M. – 6:03 P.M.
Grand Ballroom West, 3rd Floor

PROGRAM C:  SESSIONS 17-18 (PART 1)
New Developments In Management Options For Pulmonary Embolism
7:00 A.M. – 12:00 P.M.
Trianon Ballroom, 3rd Floor
Course Leader:  Michael R. Jaff, DO

PROGRAM C:  SESSIONS 19-22 (PART 2)
Management Of Acute And Chronic Large Vein Occlusion
1:00 P.M. – 5:00 P.M.
Trianon Ballroom, 3rd Floor
Course Leader:  Kenneth Ouriel, MD, MBA

PROGRAM A (SESSIONS 1-8)
PROGRESS IN VALVE, AORTIC AND CAROTID DISEASES AND THEIR TREATMENT
Grand Ballroom East, 3rd Floor

6:45 – 6:49  Opening Remarks  
Frank J. Veith, MD

SESSION 1  (Grand Ballroom East, 3rd Floor)
PROGRESS IN TRANSCATHETER HEART VALVES AND NEW APPROACHES TO ASCENDING AORTIC DISEASE

Moderators:  Lars G. Svensson, MD, PhD  
Nicholas J.W. Cheshire, MD

6:50 – 6:55  Valve-In-Valve Transcatheter Aortic Valve Implantation (TAVI) And Mitral Valve-In-Valve Endovascular Repair: How Well Do They Work  
Dietmar H. Koschyk, MD

6:56 – 7:01  Current Status Of Transcatheter Mitral Valve Repair: New Technology And Techniques  
Ted Feldman, MD

7:02 – 7:07  Current Status And Future Prospects For TAVI: A Cardiac Surgeon’s Perspective  
Allan Stewart, MD

7:08 – 7:13  Current Status And Future Prospects For TAVI: An Interventional Cardiologist’s Perspective  
Ted Feldman, MD

ASCENDING AORTIC ENDOGRAFTING

7:14 – 7:19  Ascending Aortic Endografting: Where Are We And What Are The Issues  
Ralf R. Kolvenbach, MD

7:20 – 7:25  Endograft Repair Of Ascending Aortic Lesions And Type A Dissections With A Physician Sponsored IDE (PSIDE) For A Modified Valiant Device: Lessons Learned And What Are The Prospects For An Endograft-Valve Combined Device  
Carlos E. Donayre, MD  
Rodney A. White, MD
SESSION 2
(Grand Ballroom East, 3rd Floor)
NEW DEVELOPMENTS IN TREATMENT OF AORTIC ARCH LESIONS AND DISSECTIONS
Moderators: Hazim J. Safi, MD
Timothy A.M. Chuter, DM

7:44 – 7:49 Aortic Arch Hybrid Repair With Supra-Aortic Trunks Rerouting: Current Indications, Long-Term Results And Complication Management In Patients With Degenerative Aneurysms And Dissections
Roberto Chiesa, MD
Germano Melissano, MD

7:50 – 7:55 Current Management Of Aortic Arch Lesions With Hybrid Procedures: What Are Key Details And Precautions
Eric E. Roselli, MD

7:56 – 8:01 Redo Procedures For Aortic Arch Lesions: When Open; When Endo
Michael J. Jacobs, MD

8:02 – 8:07 Update On Endovascular Repair Of Arch Aneurysms Using The Internally Branched Endograft (Cook): Advantages, Limitations And 3-Center Midterm Results
Stephan Haulon, MD

8:08 – 8:13 What Are The Best Endovascular Techniques For Managing Arch Lesions — Including Branched Endografts And In Situ Fenestration
Timothy A. Roselli, MD, Ph.D
Björn Sonesson, MD, Ph.D
Martin Malina, MD, Ph.D

8:14 – 8:19 Status Of Sandwich (Parallel) Grafts For Total Endovascular Arch Replacement
Armando C. Lobato, MD, Ph.D

8:20 – 8:25 Parallel Grafts (Chimney And Periscope Grafts) For Arch Lesions: Advantages And Limitations
Ralf R. Kolvenbach, MD

8:26 – 8:31 What Is The Future For Endovascular Repair Of Aortic Arch Lesions: Advantages And Limitations Of Two Different Techniques Of Endograft Repair
Tilo Köhlbl, MD, Ph.D

8:32 – 8:37 Update On Advantages Of Custom-Made Precurved Fenestrated Endograft (NAGUTA) For Arch Lesions: Durable Long-Term Results Are Better Than With Other Endo Techniques
Yoshihiko Yokoi, MD

8:38 – 8:43 Value And 3-Year Results With Branched Endograft From Bolton For Treating Complex Arch Lesions
Toru Kuratani, MD, Ph.D

8:44 – 8:49 Branched Endograft vs. Chimney Techniques For Treating Complex Arch Lesions: Which Is Best: When And Why
Qingsheng Lu, MD
Zaiping Jing, MD

8:50 – 8:58 Panel Discussion

SESSION 3
(Grand Ballroom East, 3rd Floor)
TYPE B AORTIC DISSECTIONS (TBADs) AND THEIR TREATMENT: THORACIC AORTIC TOPICS
Moderators: Christoph A. Nienaber, MD, PhD
Joseph S. Coselli, MD

8:58 – 9:03 What Do We Know About Intensive Medical Treatment For Acute TBADs: How Well Does It Work
Frank A. Lederle, MD

9:04 – 9:09 Natural History Of TBAD Patients Treated Medically: Predictors Of Deterioration And Which TBAD Patients Benefit Most From TEVAR (Based On 5-Year Results)
Mark Conrad, MD, MMSc
9:10 – 9:15 4D Magnetic Resonance Imaging (MRI) In TBADs: Will It Enable Prediction Of Behavior (Aneurysm Formation, Etc.), Individualization Of Treatment And Assessment Of Its Effectiveness
Rachel E. Clough, MD, PhD

9:16 – 9:21 With Uncomplicated Acute TBAD Patients, What Factors Point To Deterioration On Medical Treatment And The Need For TEVAR: When Should TEVAR Be Performed: Based On New Data From The IRAD Registry
Santi Trimarchi, MD, PhD
Christoph A. Nienaber, MD, PhD

Weiguo Fu, MD

9:28 – 9:33 Early Predictors Of Late Complications Including Aneurysm Formation In Patients With Acute TBADs
Jean-Marc Alsac, MD, PhD

9:34 – 9:39 Management Of Complications Of TBADs Before And After TEVAR: Intestinal, Spinal Cord And/Or Limb Ischemia
Chang Shu, MD

9:40 – 9:45 False Lumen Occlusion Techniques With TBADs: When Are They Needed, How Are They Done, What Are The Complications: What Is The World Experience
Tilo Köbel, MD, PhD

9:46 – 9:51 Strategies And Devices For Eliminating False Lumen Flows With TBADs And When Are They Needed
Eric E. Roselli, MD

9:52 – 9:58 Panel Discussion

9:58 – 10:10 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 4  (Grand Ballroom East, 3rd Floor)
MORE NEW DEVELOPMENTS IN TEVAR, THE AORTA AND MANAGING TBAD PATIENTS
Moderators: Richard P. Cambria, MD
Roberto Chiesa, MD

10:10 – 10:15 Status Of Brain Embolic Protection Devices For TEVAR And TAVI: How Effective Are The Embrella, Sentinel And Triguard Neuroprotection Devices
Jeffrey P. Carpenter, MD

10:16 – 10:21 Effect Of TEVAR Timing On Freedom From Aortic Events And The Need For Reinterventions In TBADs: TEVAR Before 6 Months Is Better
Toru Kuratani, MD, PhD

10:22 – 10:27 A New Classification System For Aortic Dissections: DISSECT - Duration, Intimal Tear, Size Of Aorta, Segmental Extent, Complications, Thrombosis In False Lumen
Michael D. Dake, MD
Christoph A. Nienaber, MD, PhD

10:28 – 10:33 Correlation Between False Lumen Remodeling And Patent Intercostal Arteries
Wei Guo, MD

10:34 – 10:39 How The Petticoat Technique (Proximal Covered Stent And Distal Bare Stent) Is Better Than Standard TEVAR For TBAD Patients: Update On The STABLE I And II Trials
Joseph V. Lombardi, MD

10:40 – 10:45 Long-Term Results Of Medical Treatment And TEVAR For TBAD: False Lumen Thrombosis Is Not The End Of The Story: Thus The Need For Long-Term Surveillance And Late Reinterventions
Götz M. Richter, MD, PhD

10:46 – 10:53 Panel Discussion
Moderators: Michael D. Dake, MD
Frank J. Veith, MD

10:53 – 10:58 What Defines Chronic TBAD: When And How Should It Be Treated Conservatively; By Endo Repair; By Open Repair
Joseph E. Bavaria, MD
Fenestrated And Branched EVAR (F/B EVAR) Is The Best Treatment For Thoracoabdominal Aneurysms (TAAAs) After TBADs – Especially Chronic TBADs: Advantages And Limitations
Eric L.G. Verhoeven, MD, PhD

Current Optimal Treatment Of Patients With Chronic TBADs And Associated Complications And Aneurysms From Them
Gustavo S. Oderich, MD

Comparison Of Endovascular And Open Repair Of Degenerative And Dissecting Thoracic Aneurysmal Lesions In Patients Who Are Candidates For Both Types Of Repairs
Yamume Tshomba, MD
Germano Melissano, MD
Roberto Chiesa, MD

Secondary Interventions After TEVAR: Indications, Techniques And Results
Mark K. Eskandari, MD

Size (Diameter) And Normal Growth Rates Of The Aorta From Top To Bottom: At What Thoracic Aortic Size Is There A Real Risk Of Rupture
John A. Elefteriades, MD

The Mechanics Of TEVAR Device Conformability To Aortic And Arch Anatomy: How Do The Various Devices Compare
Ludovic Canaud, MD, PhD

True Lumen Volume/False Lumen Volume Ratio (<.8) On CT Can Predict The Need For TEVAR In Uncomplicated Acute TBAD
Jean M. Panneton, MD

Long-Term Results After TEVAR Are Not So Great: Some Notes Of Caution
Dittmar Boeckler, MD

Antegrade Delivery Of A Stent-Graft Into The Descending Aorta During Open Repair Of A Type A Aortic Dissection With Arch Involvement: A “Frozen Elephant Trunk”: How To Do It
Joseph S. Coselli, MD
Ourania Preventza, MD

Panel Discussion

SESSION 5 (Grand Ballroom East, 3rd Floor)
NEW KEY DEVELOPMENTS IN THE MANAGEMENT OF PATIENTS WITH CAROTID DISEASE
Moderators: Frank J. Veith, MD
Wesley S. Moore, MD

Update On The ACT I Trial Comparing CAS And CEA In Patients With High-Grade Asymptomatic Carotid Stenosis (ACS)
Jon S. Matsumura, MD

DEBATE: CAS Is Equivalent To CEA In Many Circumstances
William A. Gray, MD

DEBATE: Not So: Lessons Learned From US Datasets On Outcomes After CEA And CAS Show CAS Results Are Substantially Worse Than In CREST: The Brighter The Light The Darker The Shadow
Ross Naylor, MD

DEBATE: Late Results Of ICSS Trial Show CAS And CEA To Be Equivalent In Patients With Symptomatic Carotid Stenosis
Jonathan D. Beard, ChM, MEd
Martin M. Brown, MD

DEBATE: Late Results Of ICSS Do Not Show Equivalence Of CAS And CEA: CEA Still Wins For Symptomatic Carotid Stenosis
Anne L. Abbott, MD, PhD
1:30 – 1:35 Stroke And Death Rates (Early And Late) After CAS Are Higher Than The Randomized Controlled Trials (RCTs) Would Indicate: Therefore, We Should Be Less Aggressive With Our Use Of CAS – Especially In The Elderly And Asymptomatic Patients
J. David Spence, MD

1:36 – 1:41 Asymptomatic Carotid Stenosis (ACS) Up To 80% Is Benign: What About Those Stenoses Over 85% - Especially When Associated With A Contralateral Occlusion: Which ACS Patients Should Be Treated Invasively And How
Russell H. Samson, MD, RVT

1:42 – 1:47 Long-Term Results Of The SAMMPRIS (Intracranial Stenting) Trial In Patients With Intracranial Stenoses: What Does It Tell Us About Best Medical Treatment (BMRx); Compliance And Long-Term Benefits: The Recent VISSIT Trial Confirms The Negative Effects Of Intracranial Stenting
Colin P. Derdeyn, MD

1:48 – 1:54 Panel Discussion
Moderators: Giorgio M. Biasi, MD
        Thomas S. Riles, MD

1:55 – 2:00 Why Transcranial Doppler (TCD) Is Essential Before, During And After CAS, CEA And TAVI
Zsolt Garami, MD

2:01 – 2:06 Status Of Endovascular Treatment Of Total Carotid Occlusions: Advantages, Technique, Complications And How To Avoid Them
Paul H.L. Kao, MD

2:07 – 2:12 Diaphragm Of The Internal Carotid Artery: An Underdiagnosed Cause Of Stroke
Emmanuel M. Houdart, MD

2:13 – 2:18 DEBATE: Carotid Plaque Morphology Is Only Important In Symptomatic Patients
Henrik Sillesen, MD, DMSc

Andrew N. Nicolaides, MS
        Stavros Kakkos, MD, PhD

2:25 – 2:30 Risk Stratification Of Patients With Carotid Stenosis: How To Quantify: An Aging Brain Is More Important Than Plaque Characteristics – And Even Symptom Status
Thomas G. Brott, MD

2:31 – 2:36 Importance Of Preoperative And Perioperative Statin Dosage In Patients With Carotid Stenosis:
Can They Change And Shrink Plaque: How Often
Andrew N. Nicolaides, MS
        Stavros Kakkos, MD, PhD

2:37 – 2:42 What Is New In The Effects Of Carotid Disease And Carotid Treatments (CEA And CAS) On Cognitive Function: Are There Differences Between CEA And CAS
Wei Zhou, MD

2:43 – 2:48 Tips And Tricks For Obtaining Distal Exposure Of The Internal Carotid Artery – To The Skull Base:
Your ENT Surgeon Colleagues Can Help
Ross Naylor, MD

2:49 – 2:55 Panel Discussion

2:55 – 3:05 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 6  (Grand Ballroom East, 3rd Floor)

EXCITING PROGRESS IN THE TREATMENT OF ACUTE STROKES
Moderators: Sriram S. Iyer, MD
         Horst Sievert, MD

3:05 – 3:10 Urgent CEA And CAS Are Safe And Without A Bleeding Risk After A Small-To-Moderate Sized Stroke Is Treated By Thrombolysis
Hernan Bazan, MD

R. Clement Darling III, MD
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>3:17</td>
<td>Emergency CEA For Stroke In Evolution: When Is It Indicated And How Should It Be Done</td>
<td>Hans-Henning Eckstein, MD, PhD</td>
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<td>3:23</td>
<td>Recent Progress In Endovascular Intracranial Treatment Of Acute Ischemic Strokes: Dramatic</td>
<td>L. Nelson Hopkins, MD</td>
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<td>Positive Results Of ESCAPE, SWIFT-PRIME, EXTEND – IA, REVASCAT And MR CLEAN Trials: Why Are</td>
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<td>These Trials Positive And When Should Patients Be Treated And When Not</td>
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<td>3:29</td>
<td>Results And Techniques Of The ADAPT-FAST Trial Of A Newer Better Thrombus Removal Method For</td>
<td>Alejandro M. Spiotta, MD</td>
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<td>Treating Acute Strokes</td>
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<td>3:35</td>
<td>New Developments In The Treatment Of Acute Strokes: It Is A New Treatment Horizon: Tips, Tricks,</td>
<td>Klaus D. Mathias, MD</td>
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<td>And Precautions And The Importance Of Balloon Tipped Guide Catheters To Decrease Prograde Flow</td>
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<td>3:41</td>
<td>Critical Elements In Stroke Interventions And Who Should Be In The Game</td>
<td>Colin P. Derdeyn, MD</td>
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<td>3:47</td>
<td>Comments On Acute Stroke Treatment From A Pioneer: Why Others Than Neurointerventionists Must Be</td>
<td>Horst Sievert, MD</td>
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<td>Treated And How Can They Be Trained</td>
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<td>Panel Discussion</td>
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<td>4:00</td>
<td>DEBATE: Stent-Grafts And Endovascular Repair Are Usually A Poor Option For Treating Aneurysm</td>
<td>Michael J. Jacobs, MD</td>
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<td>Patients With Connective Tissue Disorders</td>
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<td>4:06</td>
<td>DEBATE: Stent-Grafts And Endovascular Repair Can Be A Reasonable Option For Treating Aneurysm</td>
<td>Vicente Riambau, MD, PhD</td>
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<td>Patients With Connective Tissue Disorders And Ehlers-Danlos Syndrome</td>
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<td>4:12</td>
<td>How To Fix Endoleaks From 2° Intimal Tears At The Celiac Axis And SMA After Remote TEVAR For TBADs</td>
<td>Ronald M. Fairman, MD</td>
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<td>4:18</td>
<td>F/B EVAR To Treat Thoracoabdominal Dissections And Post Dissection TAAs: Indications,</td>
<td>Stephan Haulon, MD</td>
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<td>Contraindications And Pitfalls</td>
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<td>4:24</td>
<td>Saccular vs. Fusiform Configurations In Thoracic Aortic Aneurysms (TAAs): Does It Matter</td>
<td>Frank J. Criado, MD</td>
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<td>4:30</td>
<td>DEBATE: For Arch And Thoracic Aortic Lesions That Are Embolizing, When Anticoagulation, When</td>
<td>Ramesh K. Tripathi, MD</td>
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<td>Bare Stent, When Endograft</td>
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<td>4:36</td>
<td>DEBATE: For Aortic Lesions That Are Embolizing, Endograft Treatment Is Generally The Best And</td>
<td>Michel Makaroun, MD</td>
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<td>Most Durable Treatment</td>
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<td>4:42</td>
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<td>4:48</td>
<td>Most Patients With Acute/Subacute Uncomplicated TBADs Should Undergo TEVAR: The INSTEAD-XL RCT</td>
<td>Christoph A. Nienaber, MD</td>
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<td>Shows Better Long-Term Survival With TEVAR Than With Medical Treatment</td>
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**SESSION 7**  (Grand Ballroom East, 3rd Floor)

**MORE ABOUT TBADs, THORACIC ANEURYSMS AND TEVAR**

Moderators: Matt M. Thompson, MD
            Ali Khoynezhad, MD, PhD

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<th>Time</th>
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<tr>
<td>4:00</td>
<td>DEBATE: Stent-Grafts And Endovascular Repair Are Usually A Poor Option For Treating Aneurysm</td>
<td>Michael J. Jacobs, MD</td>
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<td>Patients With Connective Tissue Disorders</td>
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<td>4:06</td>
<td>DEBATE: Stent-Grafts And Endovascular Repair Can Be A Reasonable Option For Treating Aneurysm</td>
<td>Vicente Riambau, MD, PhD</td>
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<td>Patients With Connective Tissue Disorders And Ehlers-Danlos Syndrome</td>
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<td>4:12</td>
<td>How To Fix Endoleaks From 2° Intimal Tears At The Celiac Axis And SMA After Remote TEVAR For TBADs</td>
<td>Ronald M. Fairman, MD</td>
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<td>4:18</td>
<td>F/B EVAR To Treat Thoracoabdominal Dissections And Post Dissection TAAs: Indications,</td>
<td>Stephan Haulon, MD</td>
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<td>Contraindications And Pitfalls</td>
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<td>4:24</td>
<td>Saccular vs. Fusiform Configurations In Thoracic Aortic Aneurysms (TAAs): Does It Matter</td>
<td>Frank J. Criado, MD</td>
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<td>4:30</td>
<td>DEBATE: For Arch And Thoracic Aortic Lesions That Are Embolizing, When Anticoagulation, When</td>
<td>Ramesh K. Tripathi, MD</td>
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<td>Bare Stent, When Endograft</td>
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<td>4:36</td>
<td>DEBATE: For Aortic Lesions That Are Embolizing, Endograft Treatment Is Generally The Best And</td>
<td>Michel Makaroun, MD</td>
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<td>Most Durable Treatment</td>
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<td>4:42</td>
<td>Panel Discussion</td>
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**SESSION 8**  (Grand Ballroom East, 3rd Floor)

**HOW SHOULD MOST PATIENTS WITH UNCOMPLICATED ACUTE TBAD BE TREATED: CONTROVERSY EXISTS AND WILL CONTINUE: THE PROS AND CONS OF EARLY TEVAR**

Moderators: Lars G. Svensson, MD, PhD
            Santi Trimarchi, MD, PhD

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<tr>
<td>4:48</td>
<td>Most Patients With Acute/Subacute Uncomplicated TBADs Should Undergo TEVAR: The INSTEAD-XL RCT</td>
<td>Christoph A. Nienaber, MD</td>
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<td></td>
<td>Shows Better Long-Term Survival With TEVAR Than With Medical Treatment</td>
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4:54 – 4:59 Most Patients With Acute Uncomplicated TBAD Should Receive TEVAR Treatment: I Have Said It Before – Now I Know It Is True And No More Trials Are Needed
Rodney A. White, MD

5:00 – 5:05 Most Patients With Uncomplicated Acute TBAD Should Be Treated By TEVAR: Some Immediately And Some After A 6-12-Week Delay: How Can They Be Selected For Each Based On Data From The MOTHER Registry
Matt M. Thompson, MD

5:06 – 5:11 With Uncomplicated Acute TBAD There Is A High Risk Group That Should Be Treated By TEVAR: How Can They Be Selected And When Should They Be Treated
Michael D. Dake, MD

FOR MEDICAL TREATMENT AND CAREFUL OBSERVATION

5:12 – 5:17 Medical Treatment Is Adequate For Most Patients With Uncomplicated TBAD Based On Current Long-Term Results
John A. Elefteriades, MD

5:18 – 5:23 The ADSORB Trial Tells Us What We Need To Know About Treating Uncomplicated TBADs: We Don’t Need Further Trials
Jan S. Brunkwall, MD, PhD

5:24 – 5:29 We Still Need More Evidence Before We Treat Most Uncomplicated Acute/Subacute TBAD Patients With TEVAR
Michel Makaroun, MD

5:30 – 5:35 Why Wider Use Of TEVAR For Uncomplicated TBADs Right Now May Not Be So Good
Frank J. Criado, MD

5:36 – 5:41 The INTACT-AD RCT Comparing TEVAR With Medical Treatment Will Give The Final Answer About The Best Treatment For Uncomplicated Acute/Subacute TBAD Patients: We Need This International Trial And How Will It Be Structured
Firas F. Mussa, MD
Christoph A. Nienaber, MD, PhD

5:42 – 5:50 Panel Discussion
End of Program A

PROGRAM B (SESSIONS 9-16)
NEW DEVELOPMENTS IN THE TREATMENT OF AAAs, EVAR, AORTIC BRANCH LESIONS (INCLUDING ILIAC ARTERIES), LAPAROSCOPIC TECHNIQUES, OUTPATIENT VASCULAR CENTERS AND OPEN SURGERY
Grand Ballroom West, 3rd Floor

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

SESSION 9 (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS IN AAAs AND EVAR
Moderators: Enrico Ascher, MD
Ali F. AbuRahma, MD

6:45 – 6:50 Can Anything Besides Smoking Cessation Slow AAA Enlargement
Frank A. Lederle, MD

6:51 – 6:56 Redefining Adverse Neck Morphology With Newer EVAR Devices Which Perform Better In Short, Angulated And Large Diameter Necks And Those With A Thrombus Burden: What Are The Limits: From The ENGAGE Registry
Hence J.M. Verhagen, MD, PhD

6:57 – 7:02 Parallel Grafts To Revascularize Critical IMAs And Ectopic Renal Arteries When They Must Be Preserved: How To Do It
Konstantinos P. Donas, MD

7:03 – 7:08 How Will The Decreased Frequency And Increased Complexity Of Open AAA Repair Affect Vascular Surgery Training: What Can Be Done About It
Jeffrey E. Indes, MD
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<th>Time</th>
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<tr>
<td>7:09 - 7:14</td>
<td>World's Largest AAA Repair: All Large AAAs Do Not Rupture</td>
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<td>Dainis K. Krievins, MD</td>
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<td>Christopher K. Zarins, MD</td>
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<td>7:15 - 7:20</td>
<td>EVAR For All AAA Patients: We Are Going Too Far: Some Large Aneurysms Should Not Be Fixed: Some Should Be Fixed By Open Repair</td>
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<td>Frank J. Criado, MD</td>
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<td>7:21 - 7:26</td>
<td>Outcomes Of EVAR For Inflammatory AAAs Are Favorable</td>
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<td>Furuzan Numan, MD</td>
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<td>7:27 - 7:32</td>
<td>Toward 15-Year Results Of The EVAR Trials And Individual Patient Data (IPD) Meta-Analysis With The DREAM, ACE And OVER Trials</td>
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<td>Roger M. Greenhalgh, MD</td>
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<td>7:33 - 7:38</td>
<td>Long-Term Results Of EVAR Are Better Than We Thought – Particularly With The Newer EVAR Devices</td>
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<td>Timur P. Sarac, MD</td>
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<td>7:39 - 7:46</td>
<td>Panel Discussion</td>
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**SESSION 10** (Grand Ballroom West, 3rd Floor)

**NEW DEVELOPMENTS IN THE TREATMENT OF AORTIC BRANCH LESIONS – ESPECIALLY OF THE AORTO-ILIAC SEGMENT - AND TRAUMATIC AORTIC INJURY**

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

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<tr>
<td>7:46 - 7:51</td>
<td>Iliac Artery Endofibrosis In Hardcore Cyclists: Is Endovascular Treatment Ever Effective If They Won't Give Up Their Sport Or Is Surgery The Only Effective Treatment: What Should The Operative Treatment Be</td>
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<td>Kenneth J. Cherry, MD</td>
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<td>7:52 - 7:57</td>
<td>Retrograde Open Superior Mesenteric Artery Stenting For Acute Mesenteric Ischemia: Indications, Techniques And Results</td>
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<td>Richard J. Powell, MD</td>
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<td>7:58 - 8:03</td>
<td>Parallel Grafts For Hypogastric Artery Revascularization During EVAR: Techniques, Advantages And Disadvantages</td>
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<td>Ronald L. Dalman, MD</td>
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<td>8:04 - 8:09</td>
<td>What Factors Predict When Treatment Of Blunt Traumatic Aortic Injuries Can Safely Be Delayed</td>
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<td>Robert S. Crawford, MD</td>
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<td>Donald G. Harris, MD</td>
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<td>8:10 - 8:14</td>
<td>Panel Discussion</td>
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<td>Barry T. Katzen, MD</td>
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<td>Kenneth Ouriel, MD, MBA</td>
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**TREATMENT OF AORTO-ILIAC OCCLUSIVE DISEASE**

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<th>Time</th>
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<tr>
<td>8:14 - 8:19</td>
<td>In Claudication Due To Aorto-Iliac Disease, Supervised Exercise Is As Effective As Stenting When Added To BMRX: What Can Make Exercise Work And Why It Is Good Treatment: The CLEVER RCT Results</td>
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<td>Alan T. Hirsch, MD</td>
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<td>8:20 - 8:25</td>
<td>With Juxtarenal Aorto-Iliac Occlusions Open Surgical Treatment Is Best And Safest: What Precautions May Be Needed</td>
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<td>Giustino Marcucci, MD</td>
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<td>8:26 - 8:31</td>
<td>Most Aorto-Iliac Occlusions Should Be Treated Endovascularly With Stents: But There Are Limits That Require Open Surgery</td>
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<td>George H. Meier III, MD</td>
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<td>8:32 - 8:37</td>
<td>All Aorto-Iliac Occlusions Can Be Treated Endovascularly By Stents – If Certain Precautions Are Taken To Prevent Renal And Visceral Embolization</td>
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<td>Sonia Ronchey, MD, PhD</td>
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<td>Nicola Mangialardi, MD</td>
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8:38 – 8:43  Complex Juxtarenal Aorto-Iliac Occlusions Can Be Treated Safely And Effectively With Covered Stents (The CERAB Technique) – However Renal Chimney Endografts May Be Required: Technique For Doing Them Without Risking Renal Or Visceral Embolization
   Peter C.J. Goverde, MD
   Michel M.P. Reijnen, MD, PhD

8:44 – 8:49  The CERAB Technique Using Covered Stents Is Better Treatment For Complex Aorto-Iliac Occlusions Than Bare Stents: Based On Flow Characteristics In An In Vitro Model
   Michel M.P. Reijnen, MD, PhD
   Peter C.J. Goverde, MD

8:50 – 8:55  Value Of Fusion Imaging To Facilitate Treatment Of Complex Aorto-Iliac Occlusions
   Klaus Overbeck, MD, MPhil

8:56 – 9:01  Treatment Of TASC C And D Aorto-Iliac Occlusions With A Bifurcated Unibody Endograft (AFX – Endologix) Rather Than Kissing Stents Or Stent-Grafts: Technique And Early Results
   Thomas S. Maldonado, MD
   Michel M.P. Reijnen, MD, PhD

9:02 – 9:09  Panel Discussion

SESSION 11  (Grand Ballroom West, 3rd Floor)
VASCULAR LAPAROSCOPY, SOME ROBOTICS AND OPEN SURGERY SKILLS
Moderators: Nicholas J.W. Cheshire, MD
            Alan B. Lumsden, MD

9:09 – 9:14  The Da Vinci Robot Facilitates Laparoscopic Aorto-Femoral Bypass For Occlusive Disease: Will It Displace Endovascular Techniques
   Jean-Marc Alsac, MD, PhD
   Salma El Batti, MD

9:15 – 9:20  Status Of Retroperitoneoscopic Techniques In Vascular Surgery: They Have Value But Will They Catch On
   Bernard J. Segers, MD

9:21 – 9:26  A Propensity Score Matched Comparison Of Laparoscopic And Open Repair Of AAAs In Poor Candidates For EVAR: Is Laparoscopic Repair Better And Worth Learning
   Jean-Baptiste Ricco, MD, PhD

9:27 – 9:32  DEBATE: Laparoscopy And Articulated Robots For Aortic Surgery Is A Failed Experiment
   Willem Wisselink, MD

   Fabien Thaveau, MD, PhD

9:39 – 9:44  Open AAA Repair Is Becoming A Lost Art: Why And What Can Be Done About It: Tips And Tricks For Learning It And For Doing It Well
   Edward Y. Woo, MD

9:45 – 9:51  Panel Discussion

9:51 – 10:05  Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 12  (Grand Ballroom West, 3rd Floor)
UPDATE ON OPTIMAL TREATMENT METHODS FOR JUXTARENAL AND PARARENAL AAAs:
IT IS STILL CONTROVERSIAL AND OTHER NEW DEVELOPMENTS IN TAAA TREATMENT, TEVAR AND TBAD
Moderators: Giovanni Torsello, MD
            Matthew J. Eagleton, MD

10:05 – 10:10  Open Repair Is The Procedure Of Choice For Juxta-And Pararenal AAAs: By What Approach
   Michael S. Conte, MD

10:11 – 10:16  Fenestrated And Branched Grafts With EVAR (F/B EVAR) Is The Best Approach For Juxta- And Pararenal AAAs
   Timothy A.M. Chuter, DM
Endografts With Parallel Grafts (Chimneys Or Periscopes) To The Renovisceral Arteries Are The Best Treatment For Juxta- Or Pararenal AAAs: Tips And Tricks For Doing Them Right
Zoran Rancic, MD, PhD
Mario L. Lachat, MD

For Juxta- And Pararenal AAAs Sometimes Chimney EVAR Is Best And When; Sometimes Fenestrated EVAR (F/EVAR With Z-Fen Endograft) Is Best And When: The Two Techniques Are Complementary
Jason T. Lee, MD

Use Of Parallel Grafts With EVAR To Treat Juxta- And Pararenal AAAs: A Simple Safe Technique
David J. Minion, MD

For Juxta- And Pararenal AAAs And Failed Standard EVARs Chimney EVAR Is Effective Midterm: Technical Tips And Tricks For Performing With Endurant Aortic Endografts: From The PROTAGORAS Registry
Konstantinos P. Donas, MD
Giovanni Torsello, MD

Late Results Of Parallel Grafts (Chimneys) For Juxta-And Pararenal AAAs Can Be Good If Done Right: Self-Expanding vs. Balloon-Expanding Branch Stents: Which Is Best
Ralf R. Kolvenbach, MD

New Concepts And Improvements In Fenestrated Aortic Endografts And Improvements In Imaging For F/BEVAR With Fusion And IVUS
Mark A. Farber, MD

Perils Of The Widespread Use Of FEVAR: All Results Are Not Good
Christopher J. Abularrage, MD

Tips For Decreasing The Learning Curve For Performing F/BEVAR
Andres Schanzer, MD

Value Of Ultrasound (Duplex) In Surveillance Of Renal Artery Branches After B/FEVAR For Juxta- And Pararenal AAAs
Martin R. Back, MD

Panel Discussion

Moderators: Mark A. Farber, MD
James F. McKinsey, MD

Novel Simplified Endograft Device With Off-The-Shelf Potential For Treatment Of TAAAs: The Gore TAMBE Device: How It Works And Early Clinical Results
Pierre Galvagni Silveira, MD, PhD

Avoiding Pitfalls In Sizing The Diameter Of Endografts For TEVAR: The Timing Of Gated CT Scans Matters
Juan C. Parodi, MD

Goals Of Treatment For Complicated And Uncomplicated TBAD: Value Of IVUS And Other Tips And Tricks For Getting Good Outcomes: From A Large Single Center Experience
Ali Azizzadeh, MD
Hazim J. Safi, MD

Value Of Chimney Grafts In Aortic Arch Repairs For Dissections And For Aneurysms: Pros And Cons
Jan S. Brunkwall, MD, PhD

Open And Endovascular Treatment Of Lusorian Artery (Ectopic Right SCA) And Associated Aneurysms (Kommerell's Diverticulum)
Michael J. Jacobs, MD

Panel Discussion

Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 13  (Grand Ballroom West, 3rd Floor)
OUTPATIENT VASCULAR AND BUSINESS ISSUES

Moderators: Richard J. Powell, MD
Enrico Ascher, MD

1:00 – 1:05 Midterm Results Of Endovascular Treatment Of Common Femoral Artery Occlusive Disease Performed In An Outpatient Setting: It Works And Why
Sam S. Ahn, MD, MBA

1:06 – 1:11 Advantages And Limitations Of Same Day Discharge For Patients Undergoing EVAR: When Is It Safely Possible And When Not
Maciej L. Dryjski, MD, PhD
Linda Harris, MD

1:12 – 1:17 Office Based Lower Extremity Endovascular Treatment Is Safe, Effective And Cost-Saving: How To Prevent Operator Conflict Of Interest And Patient Abuse: The NY Times Is Not Always Right
Miguel F. Montero-Baker, MD

1:18 – 1:23 4-French Infrainguinal Interventions In An Outpatient Setting Are Safer And Effective: What Equipment Is Needed
Jos C. van den Berg, MD, PhD

1:24 – 1:29 With Lower Extremity Revascularization Procedures Increased Cost Does Not Improve Outcomes: What Risk Factors Increase Costs And How Should This Influence Treatment
Richard J. Powell, MD

1:30 – 1:35 Outpatient Vascular (Angio) Centers: Are They Leading To Unethical Vascular Practices And Harming Patients: What Can Be Done About It
Stephen M. Bauer, MD

1:36 – 1:41 Importance Of An Office Based Practice To SVS Members And Vascular Surgeons: How Can The Conflict Of Interest (COI) Issue Be Dealt With Fairly
Kim J. Hodgson, MD

1:42 – 1:47 Assuring Quality Care In An Office Based Setting: Tips And Tricks For Opening An Outpatient Vascular Center And Doing It Right To Avoid Unmonitored And Unnecessary Procedures – As Described In The NY Times
Krishna Jain, MD

Richard F. Neville, MD

1:54 – 2:00 Panel Discussion

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

Moderators: Kim J. Hodgson, MD
Daniel G. Clair, MD

2:00 – 2:05 Can Spiral Intermittent Limb Compression Be An Effective Treatment For CLI And Heart Failure
Magdiel Trinidad Vazquez, MD

2:06 – 2:11 Role Of Increased Shear Stress In Leading To Thrombosis: Mechanism And Significance For Vascular Devices And Reconstructions
David H. Deaton, MD

Clifford M. Sales, MD, MBA
Jonathan Levison, MD

2:18 – 2:23 Impact Of Delay In Treatment On Outcomes For CLI: For AAAs
Katariina M. Noronen, MD

2:24 – 2:29 Pneumatic Compression And Other Tricks For Brachial Access Hemostasis After Large Sheath Insertion
Rajiv Parakh, MBBS, MS

2:30 – 2:35 Transradial Access For Renal, Visceral And Lower Extremity Interventions: Equipment Needed, Tips And Tricks
Robert A. Lookstein, MD
2:36 – 2:41  Horizon And Nexus Endografts:  A New Concept For Branch Endografting In The Thoracic And Abdominal Aorta  
Mario L. Lachat, MD

2:42 – 2:47 OCT (Optical Coherence Tomography) To Improve Crossing Of CTOs And Treatment By OCT Directed Atherectomy:  The Avinger Pantheris Device And Its Results And How They Correlate With Plaque Histology  
Patrick E. Muck, MD  
John B. Simpson, MD, PhD

Ali Khoynezhad, MD, PhD

2:54 – 2:59 Arteries And Grafts On Fire:  Value And Limitations Of 18F-FDG PET CT In Diagnosing Arteritis And Graft Infections  
Hisham Rashid, FRCS

3:00 – 3:05 Update On Gaining Arterial Access For EVAR And TEVAR With Challenging Aorto-Iliac Anatomy:  Tips And Tricks For Conduits And Direct Aortic Or Common Iliac Sheath Placement  
Jeffrey P. Carpenter, MD

3:06 – 3:20 Panel Discussion And Break  
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 15 (Grand Ballroom West, 3rd Floor)

RENAL AND VISCERAL ARTERY ISSUES

Moderators:  
Timur P. Sarac, MD  
James C. Stanley, MD

RENAL ARTERY ISSUES

3:20 – 3:25 Current Status Of Renal Artery Stenting In Children And Adults:  When Is It The Treatment Of Choice And What Is Its Future  
Thomas A. Sos, MD

3:26 – 3:31 IV DSA Is The Best Way To Assess Occlusive Disease Of The Aorta And Its Branches In Children:  Embolization May Be Best Treatment For Segmental Renal Artery Stenosis Causing Hypertension  
Kyung Cho, MD

3:32 – 3:37 Value Of DEBs To Treat Renal Artery Lesions, Recurrent Lesions And ISR  
Fabrizio Fanelli, MD

3:38 – 3:43 Open Renal Revascularization Can Salvage Failed Renal PTAs And Stents And Do So Durably:  Tips And Tricks For These Operations  
Thomas C. Bower, MD

3:44 – 3:49 Acute Renal Artery Occlusions:  Causes; How To Treat And How Long After An Acute Occlusion Can Kidneys Be Salvaged With Good Function:  Mechanism For Such Salvage After Long Delays  
Samy S. Nitecki, MD

3:50 – 3:55 Renal Artery Aneurysms Rarely Rupture EVEN When >2 cm:  How Fast Do They Grow:  When And How Should They Be Fixed  
Peter F. Lawrence, MD

VISCERAL ARTERY ISSUES

3:56 – 4:01 10-Year Natural History Study Of Splanchnic Aneurysms (Splenic, Hepatic, Gastroduodenal And Mesenteric):  When Should They Be Fixed And How  
Mark Conrad, MD, MMSc

4:02 – 4:07 Endovascular Approaches To Treatment Of Giant Visceral Aneurysms (Up To 10 cm)  
Michele Rossi, MD

4:08 – 4:13 Best Current Treatment For Mesenteric Ischemia:  When Endo, When Open, When Hybrid  
Timur P. Sarac, MD

4:14 – 4:19 Median Arcuate Ligament Syndrome:  How To Diagnose And When And How To Treat Open, Laparoscopic Or Endovascularly:  Does Treatment Work And How Should The Celiac Axis Be Managed  
Alan M. Dietzek, MD, RPVI  
Keith D. Calligaro, MD

4:20 – 4:26 Panel Discussion
SESSION 16  (Grand Ballroom West, 3rd Floor)

TOPICS RELATED TO OPEN SURGERY AND THE TREATMENT OF AORTIC COARCTATIONS

Moderators:  Richard P. Cambria, MD  
Hans-Henning Eckstein, MD, PhD

OPEN SURGERY TOPICS

4:26 – 4:31 New Improved Techniques For Open TAAA Repair: Better Organ Protection And Using Hybrid (Gore) Stent Graft For Faster Branch Revascularization  
Roberto Chiesa, MD  
Enrico M. Marone, MD

4:32 – 4:37 An Important Role For Open Surgery Exists For AAAs In 2015 And It Will In The Future  
Arno von Ristow, MD

4:38 – 4:43 Prevention Of Incisional Hernias After Open AAA Repairs Via A Midline Laparotomy Incision By Mesh Augmented Primary Closure (The PRIMAAT Trial): Technique And Material  
Isabelle Van Herzeel, MD, PhD  
Frederik Berrevoet, MD  
Filip Muysems, MD

4:44 – 4:49 The Worst Patients For EVAR Are The Best For A Mini-Laparotomy Open Repair: How Is It Done  
Francesco Spinelli, MD

Bauer E. Sumpio, MD, PhD

4:56 – 5:01 Open Retroperitoneal Exposure Of The Entire Abdominal Aorta And Its Branches Via A Left Retroperitoneal Approach (Video Presentation)  
William J. Quinones-Baldrich, MD

5:02 – 5:07 Advantages And Disadvantages Of Hybrid Repair For Thoracoabdominal Aortic Aneurysms (TAAAs): Tips And Tricks For Doing It Right  
Sebastian E. Debus, MD, PhD

5:08 – 5:13 Challenges And Results Of Open Repairs Of Residual TAAAs Distal To Prior TEVAR For TBADs  
Manju Kalra, MBBS

5:14 – 5:19 Some CLI In Hemodialysis Patients Is Best Treated By Open Bypass Rather Than An Endovascular Procedure: Which Patients With What Anatomy  
Mark G. Davies, MD

5:20 – 5:26 Panel Discussion

Moderators:  Hazim J. Safi, MD  
Elchanan Bruckheimer, MBBS

AORTIC COARCTATION TOPICS

5:26 – 5:31 DEBATE: For Adult Coarctations And Their Complications When Is Endo OK And When Is Open Surgery Needed: What Are The Best And Safest Procedures  
Joseph E. Bavaria, MD

5:32 – 5:37 DEBATE: Adult Coarctations And Complications Of Previous Coarctation Repairs Are Best Treated Endovascularly But One Must Be Innovative  
Jan S. Brunkwall, MD, PhD

5:38 – 5:43 5-Year Results With Balloon-Expandable Stent-Grafts In The Treatment Of Adult Aortic Coarctations  
Elchanan Bruckheimer, MBBS

5:44 – 5:49 TEVAR Treatment Of Patch Aneurysms And Other Complications Of Prior Open Repairs: Advantages, Limitations And Precautions  
Dittmar Boeckler, MD

Colin D. Bicknell, MD

5:56 – 6:03 Panel Discussion

End of Program B
NEW DEVELOPMENTS IN MANAGEMENT OPTIONS FOR PULMONARY EMBOLISM

SESSION 17 (Trianon Ballroom, 3rd Floor)

MANAGEMENT OF PULMONARY EMBOLISM: THE MOMENTUM FOR EFFECTIVE TREATMENT IS REAL – 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?
    Ido Weinberg, MD, MSc

7:25 – 7:35 The Basics Of Echocardiography For PE: What Must The Vascular Specialist Know, And Is An Emergent Echo Necessary
    David M. Dudzinski, MD

7:35 – 7:50 What Is State-Of-The-Art Medical Therapy For PE
    Geno J. Merli, MD, MACP

7:50 – 8:00 Intravenous Thrombolytic Therapy For PE: Does It Work Acutely
    Christopher Kabrhel, MD, MPH

8:00 – 8:10 Catheter-Directed Thrombolysis For PE: What Are The Long-Term Outcomes
    Rabih A. Chaer, MD

8:10 – 8:25 Percutaneous Pharmacomechanical Intervention For PE: Do We Really Know About The Hows And Whens
    Nils Kucher, MD

8:25 – 8:35 Lysis For PE - What About The Nuts And Bolts: Heparin, PTT And Fibrinogen Monitoring, And How Do You Know When You Are Done
    Raghu Kolluri, MD

8:35 – 8:45 Technical Tips For Pharmacomechanical Intervention For PE: How Do I Do It
    Jeffrey Y. Wang, MD

8:45 – 9:15 Case Presentations/Discussion/Questions And Answers
    Panelists: Rabih A. Chaer, MD
               Christopher Kabrhel, MD, MPH
               Raghu Kolluri, MD
               Nils Kucher, MD
               Geno J. Merli, MD, MACP
               Jeffrey Y. Wang, MD
               Ido Weinberg, MD, MSc

9:15 – 9:45 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 18 (Trianon Ballroom, 3rd Floor)

MANAGEMENT OF PULMONARY EMBOLISM: THE MOMENTUM FOR EFFECTIVE TREATMENT IS REAL – PART 2

Moderator: Michael R. Jaff, DO

9:45 – 9:55 PE Without DVT: What Does It Mean And Does It Matter
    Anil P. Hingorani, MD

9:55 – 10:10 Percutaneous Thrombolysis And Thromboaspiration: The Impact Of Combination Therapy
    Narendra N. Khanna, MD, DM

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

10:20 – 10:30 ECMO And Surgical Thromboembolectomy For Massive PE: When, How And Why
    Nicholas G. Smedira, MD
10:30 – 10:45  What Is The Modern Algorithm For Management Of Massive And Submassive PE  
Nils Kucher, MD

10:45 – 11:00  Vena Cava Filters In PE Treatment: Do We Need To Do This, And If So, When  
Robert A. Lookstein, MD

11:00 – 11:15  And Now For Something Completely Different: Catheter-Directed Thrombolysis In The Pediatric Population  
Peter H. Lin, MD

11:15 – 11:30  The Team Approach To PE Management: The Emergence Of National PERT Centers  
Kenneth Rosenfield, MD

11:30 – 11:45  Challenging Cases And “PERT” Decisions  
Panelists: Anil P. Hingorani, MD  
Nils Kucher, MD  
Christopher J. Kwolek, MD  
Peter H. Lin, MD  
Robert A. Lookstein, MD  
Kenneth Rosenfield, MD  
Nicholas G. Smedira, MD

11:45 – 12:00  Questions And Answers

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

PROGRAM C  (PART 2 – SESSIONS 19-22)  
MANAGEMENT OF ACUTE AND CHRONIC LARGE VEIN OCCLUSION  
Trianon Ballroom, 3rd Floor

SESSION 19  (Trianon Ballroom, 3rd Floor)  
RAPID EXPANSION OF OPPORTUNITIES FOR EFFECTIVE TREATMENT OF LARGE VEIN STENOSIS, THROMBOSIS, AND OCCLUSION  
Moderators: Kenneth Ouriel, MD, MBA  
Peter Gloviczki, MD

1:00 – 1:05  Lower Extremity Venous Occlusive Disease: A Rapidly Progressing Field With Major Opportunities For Improving Clinical Outcomes  
Peter Gloviczki, MD

1:06 – 1:11  Large Vein Occlusive Disease: A Global Health Issue In 2015 And Beyond  
Manj S. Gohel, MD, RCS

1:12 – 1:17  Quality Of Life Surveys In Patients Undergoing Intervention For Chronic Venous Disease: The Good, The Bad, And The Ugly  
Cees H.A. Wittens, MD, PhD

1:18 – 1:23  Non-Thrombotic May-Thurner Syndrome: Defining Pathology Mandating Treatment From Normal Anatomy  
Brian G. DeRubertis, MD

1:24 – 1:29  When And How Should Pelvic Venous Compression Syndromes Be Treated  
David L. Gillespie, MD

1:30 – 1:35  Treating Iliofemoral DVT In Pregnancy: Anticoagulation Alone Is No Longer Acceptable In Most Patients  
Anthony J. Comerota, MD

1:36 – 1:41  Role Of Inflammation In DVT: Its Relationship With Thrombosis  
Thomas W. Wakefield, MD

1:42 – 1:47  Hemodynamics Of Venous Disease: Toward A Better Understanding And Consensus  
Byung-Boong Lee, MD

1:48 – 1:53  Third Party Payment For Venous Interventions: Current Deliberations And Gazing Into The Crystal Ball  
Sean P. Roddy, MD

1:54 – 1:59  Panel Discussion
SESSION 20  (Trianon Ballroom, 3rd Floor)
ENDOVASCULAR INTERVENTIONS AND PHARMACOLOGIC REGIMENS FOR ACUTE LOWER EXTREMITY DVT: NEW EVIDENCE FOR CLINICAL SAFETY AND EFFECTIVENESS

Moderators:
Thomas W. Wakefield, MD
Mark J. Garcia, MD

2:00 – 2:05 ATTRACT Study Of rt-PA For Acute DVT: Almost 7 Years And Almost 700 Patients, Almost Done: What Will We Find
Anthony J. Comerota, MD

2:06 – 2:11 Acute DVT Should Be Managed With An Aggressive Interventional Approach: Large Experience From South Asia
Narendra N. Khanna, MD, DM

2:12 – 2:17 Thrombolysis For DVT: Predictors Of Success
Rabih A. Chaer, MD

2:18 – 2:22 BERNUTIFUL: A Beautifully Designed Trial To Evaluate Ultrasound-Assisted Thrombolysis For DVT
Nils Kucher, MD
Iris Baumgartner, MD

2:23 – 2:28 How Long To Anticoagulate After DVT: Duplex Imaging Guides Treatment Duration
Timothy K. Liem, MD, MBA

2:29 – 2:34 Understanding The Genetics Of Warfarin Dosing And Implications For Safer Anticoagulant Therapy
Karthikeshwar Kastrajan, MD

2:35 – 2:40 New Oral Anticoagulants For Extending Treatment Of DVT: Do They Alter The Risk/Benefit Ratio
Anthony J. Comerota, MD

2:41 – 2:50 Panel Discussion

2:51 – 3:15 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 21  (Trianon Ballroom, 3rd Floor)
NEW DEVICES FOR TREATING LARGE VEIN OCCLUSIVE DISEASE

Moderators:
Cees H.A. Wittens, MD, PhD
Robert A. Lookstein, MD

3:16 – 3:21 The First Comparative Study Of Four Dedicated Stents For The Venous System
Rick De Graaf, MD, PhD

3:22 – 3:27 DEBATE: Marketed Stents Designed For Arteries Are More Than Adequate For Treating Venous Disease
Mark J. Garcia, MD

3:28 – 3:33 DEBATE: Arterial Stents Are Suboptimal In Veins: Newer Stents Designed For The Venous Side Are Mandatory
Seshadri Raju, MD

3:34 – 3:39 Cutting Balloon Angioplasty For Symptomatic Femoropopliteal Vein Stenoses
Thomas O. McNamara, MD

3:40 – 3:45 The Cook Zilver Vena Venous Stent: Update From The VIVO Trial
Anthony J. Comerota, MD

3:46 – 3:51 Early Experience With The Veniti VICI Venous Stent And Update On The VIRTUS Trial
William A. Marston, MD

3:52 – 3:57 Rapid Clearance Of Acute Thrombus From The Large Veins: The AngioVac System
David J. Dexter, MD

3:58 – 4:03 Ultrasound-Enhanced Thrombolysis For Older DVT: Update From The ACCESS Study
Mark J. Garcia, MD

4:04 – 4:09 Panel Discussion
SESSION 22  (Trianon Ballroom, 3rd Floor)
THE INFERIOR VENA CAVA: CHALLENGES AND OPPORTUNITIES
Moderators:  Timur P. Sarac, MD
Seshadri Raju, MD

4:10 – 4:15  Surgical Reconstruction Of The Iliocaval Segment: When And How
Peter Gloviczki, MD

4:16 – 4:21  Recanalization Of The Inferior Vena Cava: Technique And Results
Erin H. Murphy, MD
Seshadri Raju, MD

4:22 – 4:27  Advantages Of Robotic Vena Cava Surgery Over Traditional Techniques
Samuel R. Money, MD, MBA

4:28 – 4:33  Acute And Chronic IVC Occlusion: Why It Occurs And Options For Treatment
David L. Gillespie, MD

4:34 – 4:39  Massive DVT And Pulmonary Embolism: Early Institution Of ECMO And Aggressive Anticoagulant
Improves Survival
Mark G. Davies, MD

4:40 – 4:45  Embolic Risk Of Percutaneous Thrombectomy And Thrombolysis For DVT: An IVC Filter Is Not
Necessary
Peter H. Lin, MD

4:46 – 4:51  Newer, Safer Retrievable IVC Filter Designs Alter Risks And Rewards And Will Expand Applicability
Indications
Richard G. McWilliams, FRCR

4:52 – 5:00  Panel Discussion
End of Program C

WEDNESDAY, NOVEMBER 18, 2015

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 WEDNESDAY PROGRAMS

PROGRAM D:  SESSIONS 23-30
Lower Extremity Arterial Disease And Its Treatment
6:40 A.M. – 5:58 P.M.
Grand Ballroom East, 3rd Floor

PROGRAM E:  SESSIONS 31-38
Natural History, Anti-Atherogenic And Medical Treatments, Renal Denervation, Endoleaks, Complications And
Important Issues In Ethics, Government And Vascular Business, Key Carotid Topic
6:45 A.M. – 6:25 P.M.
Grand Ballroom West, 3rd Floor

PROGRAM F:  SESSIONS 39-46
Aortic Dissection, TEVAR, TAAAs, Juxta- And Pararenal AAAs, Parallel Grafts, Fenestrated And Branched EVAR
(F/BEVAR), Multilayer Flow Modulating (MLFM) Stents, Recorded Live Cases, Abdominal Aorta And EVAR
6:45 A.M. – 5:55 P.M.
Trianon Ballroom, 3rd Floor

PROGRAM D  (SESSIONS 23-30)
LOWER EXTREMITY ARTERIAL DISEASE AND ITS TREATMENT
Grand Ballroom East, 3rd Floor

SESSION 23  (Grand Ballroom East, 3rd Floor)
LOWER EXTREMITY OCCLUSIVE DISEASE MANAGEMENT – HOT TOPICS AND NEW
DEVELOPMENTS
Moderators:  Enrico Ascher, MD
Craig M. Walker, MD
6:40 – 6:45 Prosthetic (PTFE) Grafts Are As Good Or Better Than Non-Greater Saphenous Autologous Vein Grafts For Below The Knee (BTK) Bypasses  
Rabih A. Chaer, MD

6:46 – 6:51 12 Commandments To Make BTK Interventions For CLI Succeed  
Ali Amin, MD, RVT

6:52 – 6:57 What Is The Best Way To Deal Endovascularly With SFA Occlusions To Its Origin  
George H. Meier III, MD

6:58 – 7:03 12-Month Results With The Endovascular Tacking Device (Tack-It) For Treating Flow Limiting Post PTA Dissections: The TOBA Trial  
David H. Deaton, MD

7:04 – 7:09 New Approaches To Limb Salvage In CLI Due To Very Distal Disease: Pedal Loop, Transcollateral And Small Artery Access In The Foot: Techniques, Tips And Tricks  
Roberto Ferraresi, MD

7:10 – 7:15 Fast, Cheap Way To Cross Tibial CTOs Antegrade And When It Doesn't Work, Improved Pedal Access Is Available: Techniques And Equipment  
Gary M. Ansel, MD

7:16 – 7:21 Technical Tips, Pitfalls And Midterm Results With Pedal Access Procedures  
Hosam F. El Sayed, MD

Marc Bosiers, MD  
Koen Deloose, MD

7:28 – 7:33 DEBATE: Based On 5-Year Results, The Zilver PTX Stent Is The Treatment Of Choice For SFA Occlusive Disease  
Michael D. Dake, MD

7:34 – 7:39 DEBATE: Zilver PTX Stents Are Effective For Long Or Calcified SFA Lesions: But All Other SFA Lesions Should Be Treated With Drug Eluting Balloons (DEBs)  
Thomas Zeller, MD

7:40 – 7:46 Panel Discussion

SESSION 24  (Grand Ballroom East, 3rd Floor)
MORE LOWER EXTREMITY HOT TOPICS AND NEW DEVELOPMENTS
Moderators: Giancarlo Biamino, MD, PhD  
Kenneth Ouriel, MD, MBA

7:46 – 7:51 Comparison Of Tibial Bypasses With Saphenous Vein vs. Heparin Bonded PTFE (Propaten): Current Indications For Prosthetic Tibial Bypasses And New Developments For Limb Salvage  
Richard F. Neville, MD

7:52 – 7:57 In Patients With Extensive Gangrene From CLI (Rutherford 5 And 6), Limited Vein And Occlusive Disease Of The SFA And Distal Arteries, Endovascular Treatment Of The SFA And A Short Vein Distal Bypass Is The Best Way To Achieve Limb And Patient Survival  
Francesco Spinelli, MD

7:58 – 8:03 Below The Ankle And Perimalleolar Occlusive Disease With CLI: Tips And Tricks For Treating It Endovascularly And When They Should Be Used: Hydrodynamic Boost To Re-Enter The Tibial Artery True Lumen And Venous Arterialization  
Roberto Ferraresi, MD

8:04 – 8:09 New Tips, Tricks And Devices For Pedal And Other Distal Access Procedures  
Andrej Schmidt, MD

8:10 – 8:15 Importance Of Trial Design And Other Factors In Evaluating The Differing Results With DEBs  
Kenneth Rosenfield, MD

8:16 – 8:21 Under What Conditions Should DEBs Be Used Preferentially: Diabetics, Calcified Lesions, Extensive Foot Necrosis: What Does It Take To Make DEBs Work Optimally  
Francesco Liistro, MD
8:22 – 8:27  2-Year Results With The Lutonix (Bard) DEB vs. Uncoated Balloon Angioplasty (POBA): The LEVANT II Trial In The SFA And BTK Lesions
Dierk Scheinert, MD
Kenneth Rosenfield, MD
Marianne Brodmann, MD
Thomas Zeller, MD

8:28 – 8:33 In Femoropopliteal Stenting Does Drug Elution Make A Difference vs. Uncoated Stents: New Data From The MAJESTIC Trial
Stefan Müller-Hülsbeck, MD

8:34 – 8:39 Access For BTK Interventions Via Puncture Through Totally Occluded SFAs (With Or Without A Previous Stent): How To Do It
Luigi Inglese, MD

8:40 – 8:45 What The Surgeon Should NOT Do To Preserve Options For Future Endovascular Therapy And Vice Versa
Sigrid Nikol, MD

8:46 – 8:52 Panel Discussion

SESSION 25   (Grand Ballroom East, 3rd Floor)
MORE LOWER EXTREMITY NEW DEVELOPMENTS AND HOT TOPICS
Moderators:  Dierk Scheinert, MD
Frank J. Veith, MD

8:52 – 8:57 DEBATE: What Percent Of CLI Patients Will Require An Open Surgical Procedure At Some Point In Their Course: An Interventionist’s Point Of View
Giancarlo Biamino, MD, PhD

8:58 – 9:03 DEBATE: What Percent Of CLI Patients Will Require An Open Procedure At Some Point In Their Course: An Endovascularly Oriented Vascular Surgeon’s Point Of View
Joseph L. Mills, MD

9:04 – 9:09 2-Year Positive Results With The In.Pact Admiral DEB To Treat SFA And Popliteal Lesions: The In.Pact SFA RCT Shows Better Patency And Decreased Reintervention Rates Compared To POBA
Peter A. Schneider, MD
Gunnar Tepe, MD
John R. Laird, MD

9:10 – 9:15 Value Of The In.Pact DEB To Treat Long TASC C And D Lesions: From The In.Pact SFA Trial Long Lesion Cohort
Gunnar Tepe, MD

Thomas Zeller, MD

Edward Y. Woo, MD

TREATMENT OF LEG AND FOOT ARTERY OCCLUSIVE DISEASE

9:28 – 9:33 Foot Artery Disease In CLI: Innocent Bystander Or Leading Villain: When Should It Be Treated; When Should It Not Be Treated; And When Can It Not Be Treated: Some Patent Arteries In Leg And Foot Are Not Seen On DSA: How They Can Be Visualized
Roberto Ferraresi, MD

9:34 – 9:39 Future Of Pedal Access And Interventions: What Are Its Limits And Potential: Can It Be Achieved With Duplex Guidance And Can It Be Used For Atherectomy (With The Diamond Back Device): Technical Tips
Jihad A. Mustapha, MD

9:40 – 9:45 DEBs And Drug Eluting Stents (DESs) For BTK Arteries: Where Are We And What Is The Future
Konstantinos Katsanos, MD, MSc, PhD
9:46 – 9:51 Novel Hybrid Technique For Treating Complex Disease Involving CFA, SFA And Tibial Disease: Distal Access, Retrograde Wire Passage To A Common Femoral Arteriotomy Facilitates Complex Prograde Endovascular Treatments
Joshua D. Adams, MD
Claudio J. Schönholz, MD

9:52 – 9:59 Panel Discussion
9:59 – 10:12 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 26   (Grand Ballroom East, 3rd Floor)
MORE LOWER EXTREMITY NEW DEVELOPMENTS AND HOT TOPICS
Moderators: Daniel G. Clair, MD
Michael B. Silva, Jr., MD

10:12 – 10:17 DEBATE: An Endovascular First Approach To All CLI Patients Results In Better Limb Salvage: Based On Long-Term Follow-Up Of A Single Vascular Surgical Center
Ramon L. Varcoe, MD

10:18 – 10:23 DEBATE: Not So: Some CLI Patients Are Still Best Treated First By An Open Bypass: Which Ones And An Endovascular First Policy Can Harm Such Patients
Michael S. Conte, MD

10:24 – 10:29 Consequences Of An “Endovascular First Policy For All CLI Patients”: They Are Real – Especially With TASC C And D Lesions
Ross Milner, MD

10:30 – 10:35 Consequences Of Failed Tibial Angioplasty: How Often Is The Distal Target Vessel Altered Or Symptoms Increased: Open Bypass As The Initial Treatment Is Better For CLI Patients With TASC D Lesions
Marc L. Schermerhorn, MD

10:36 – 10:41 Endovascular Treatments For TASC C And D Lesions Have Improved And Justifies Their Use With Such Lesions: Do Results Support This Use
Gary M. Ansel, MD

NEW STENT DEVELOPMENTS

10:42 – 10:47 5-Year Results With The Supera Interwoven Stent Are Better Than Other Bare Metal Stents (BMSs) And DEBs In A Propensity Matched Comparison
Dierk Scheinert, MD
Sabine Steiner, MD

10:48 – 10:53 3-Year Results From The US IDE Trial With The Supera Stent: How Does The Deployment Technique Influence Midterm Patency
Lawrence A. Garcia, MD

10:54 – 10:59 Real World Experience With The Supera Stent For Long Challenging SFA/Pop Lesions: Deployment Tips And Mode Of Failure
D. Christopher Metzger, MD

11:00 – 11:05 1-2-Year Good Results With The Xience Prime Balloon Expandable Everolimus DES For Long BTK Lesions Are Good: From The DESTINY 2 Trial
Marc Bosiers, MD
Patrick Peeters, MD

11:06 – 11:12 Panel Discussion
Moderators: Peter A. Schneider, MD
Darren B. Schneider, MD

NEW DEVELOPMENTS IN DEBs

11:12 – 11:17 Role Of DEBs For Infringuinal Lesions (SFA/Pop/BTK) In 2015 And The Future: What Is It And What Will It Be In Primary And Recurrent Lesions And ISR
Giancarlo Biamino, MD, PhD

11:18 – 11:23 DEBATE: Why We Should Stay Away From DEBs For BTK Interventions
Erich Minar, MD
11:24 – 11:29 **DEBATE:** DEBs For BTK Lesions Have A Bright Future: Why The In.Pact Deep Trial Did Not Work And Lessons Learned That Should Make DEBs Effective BTK Including In Crural Arteries  
*Francesco Liistro, MD*

11:30 – 11:35 Ongoing Trials Of Drug Delivery Techniques And Improved Stents For BTK Arteries: The Future Is Bright  
*Andrej Schmidt, MD*  
*Dierk Scheinert, MD*

11:36 – 11:41 Late Patency And Limb Salvage Results After Plantar And Pedal Loop PTAs For CLI: How Do They Differ In Patients With Gangrene And Ulceration And Those With Rest Pain  
*Roberto Ferraresi, MD*

11:42 – 11:47 Infrainguinal Artery Calcification In Fem/Pop And Tibial Arteries: What Is Its Location And Nature And How Does It Impact On Endovascular Treatments In The Thigh, Leg And Foot  
*Jihad A. Mustapha, MD*

11:48 – 11:53 Meta-Analysis Of Results With Venous Arterialization For Limb Salvage: When Does It Work And Why: Properly Done It Offers A Hope For Limb Salvage In Otherwise Hopeless Circumstances  
*Pramook Mutirangura, FRCS*

11:54 – 12:00 Panel Discussion

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

**SESSION 27**  (Grand Ballroom East, 3rd Floor)  
**LOWER EXTREMITY NEW DEVELOPMENTS RELATED TO TREATMENT OF IN STENT RESTENOSIS (ISR)**  
*Moderators:*  
*Andrej Schmidt, MD*  
*Marc Bosiers, MD*

1:00 – 1:05 How Can ISR Be Classified And What Is Currently The Best Treatment For Each Class  
*Peter A. Schneider, MD*

1:06 – 1:11 The Spectranetics Excimer Laser Plus Balloon Angioplasty Is The Best Treatment For ISR: Based On The EXCITE-ISR Trial: Should The Balloon Be A DEB  
*Craig M. Walker, MD*  
*D. Christopher Metzger, MD*

1:12 – 1:17 Atherectomy (Silverhawk) Plus DEB Is The Best Treatment For ISR And Is Cost Effective: Based On The DEFINITIVE AR Trial  
*Thomas Zeller, MD*  
*Gunnar Tepe, MD*

1:18 – 1:23 Viabahn Relining Is Usually The Best Treatment For ISR: Based On Updated 2-Year Results Of The RELINE Trial: When Is It Not The Best  
*Patrick Peeters, MD*  
*Marc Bosiers, MD*  
*Koen Deloose, MD*

1:24 – 1:29 Viabahn Stent-Grafts Are Good Treatment For ISR: When Are They The Best: What Is The Pattern Of Failure And What Can Be Done To Prevent It  
*Johannes Lammer, MD*

1:30 – 1:35 DEB With The Cotavance Balloon vs. POBA For ISR: Good 1-Year Results: The COPA CABANA Trial  
*Gunnar Tepe, MD*

1:36 – 1:41 Panel Discussion

**SESSION 28**  (Grand Ballroom East, 3rd Floor)  
**NEW DEVELOPMENTS IN LOWER EXTREMITY STENT-GRAFTS, POPLITEAL ANEURYSMS AND OTHER CLI TOPICS OF INTEREST**  
*Moderators:*  
*Wesley S. Moore, MD*  
*Craig M. Walker, MD*

1:42 – 1:47 Emergency Treatment Of Vascular Injuries With Stent-Grafts (Covered Stents): Which Stent-Graft For Which Injuries And Other Tips And Tricks In Their Use  
*Maria Antonella Ruffino, MD*
1:48 – 1:53 What Is The Best Current Treatment For Long SFA Occlusions: BMSs, DESs, DEBs, Atherectomy And PTA Or Viabahn Stent-Grafts
Johannes Lammer, MD

1:54 – 1:59 3-Year Results With Heparin Bonded Viabahn Stent-Grafts To Treat Long SFA Occlusions
Michel M. P. Reijnen, MD, PhD

2:00 – 2:05 Heparin Bonding Probably Does Not Improve Results With PTFE Stent-Grafts Or Open PTFE Bypasses
Jonathan D. Beard, ChM, MEd

POPLITEAL ANEURYSM HOT TOPICS (SEE ALSO SESSION 85)

2:06 – 2:11 Endoluminal Bypasses With Stent-Grafts For Thrombosed Popliteal Aneurysms: When Can It Work And How To Do It
Giovanni Pratesi, MD

2:12 – 2:17 DEBATE: Most Popliteal Aneurysms Should Be Treated Endovascularly: What Are The Exceptions And What Is Their Proportion
Irwin V. Mohan, MBBS, MD

2:18 – 2:23 DEBATE: Not So: Endovascular Repair Of Popliteal Aneurysms May Not Be As Good As It’s Cracked Up To Be – Especially In Certain Circumstances: Open Repair Via A Posterior Approach Is Best For Most
Martin Björck, MD, PhD

2:24 – 2:29 Endovascular Stent-Graft Repair Is The Best Treatment For Most Popliteal Aneurysms: What Are The Exceptions
Franco Grego, MD

2:30 – 2:35 Open vs. Endo Repair For Popliteal Aneurysms: Which Is Best: From A Real World National Italian Registry
Walter Dorigo, MD

2:36 – 2:41 Surveillance Duplex Ultrasound Is Not Reliable For Predicting Stent-Graft Failure After Popliteal Aneurysm Repair But Is Reliable For Predicting Failure Of SFA Stent-Grafts For Occlusive Disease
Keith D. Calligaro, MD
Matthew J. Dougherty, MD

2:42 – 2:48 Panel Discussion

Moderators: Joseph L. Mills, MD
Patrick J. Lamparello, MD

OTHER LOWER EXTREMITY TOPICS OF INTEREST

2:48 – 2:53 Value Of Prostaglandins In CLI For Diabetics And Non-Diabetics: Beneficial Effects Can Be Documented By Flow Measurements
Afshin Assadian, MD

2:54 – 2:59 Myths Concerning Pedal Bypasses: Their Bad Reputation Is Undeserved: With Them And Pedal Loop Endovascular Techniques No Patient With CLI Should Be Untreatable
Hisham Rashid, FRCS

3:00 – 3:05 Failure Modes For Pedal Access Endovascular Interventions
Rabih A. Chaer, MD

Nicolas A. Diehm, MD

3:12 – 3:17 Distal (Pedal) Bypasses vs. PTAs For The Treatment Of Tibial And Pedal Occlusive Lesions: Pros And Cons Of Each
Hany Zayed, MD

3:18 – 3:23 Panel Discussion

3:23 – 3:33 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 29  (Grand Ballroom East, 3rd Floor)
ADVANCES IN THE TREATMENT OF ACUTE LIMB ISCHEMIA (ALI) AND INTERMITTENT CLAUDICATION (IC)

Moderators: Keith D. Calligaro, MD
Michael S. Conte, MD

ACUTE LIMB ISCHEMIA (SEE ALSO SESSION 62)

Ali Amin, MD, RVT

3:39 – 3:44 DEBATE: Some Patients With ALI Need Open Surgical Techniques: Who Are They And Why Are The Open Techniques Needed And Beneficial
Joseph L. Mills, MD

3:45 – 3:50 Update On Thrombosisuction For ALI: What Are The Best Techniques: How To Do It And What Are The Results
Athanasios Katsargyris, MD
Eric L.G. Verhoeven, MD, PhD

3:51 – 3:56 Intraoperative Venous Drainage Through A Hemodialysis System Can Be A Limb And Life Saving Technique For Patients With Late Stage ALI And Reperfusion Injury: How To Do It
Pramook Mutirangura, FRCS

NEW DEVELOPMENTS IN THE MANAGEMENT OF INTERMITTENT CLAUDICATION (IC) AND OTHER CONDITIONS

3:57 – 4:02 DEBATE: How Should Most Patients With IC Be Treated: An Interventional Cardiologist’s View
William A. Gray, MD

4:03 – 4:08 DEBATE: How Should Most Patients With IC Be Treated: A Vascular Surgeon’s View
Frank B. Pomposelli, MD

4:09 – 4:14 With Supervised Exercise For IC When Is Stenting Needed: Never? Rarely?
Konstantinos Katsanos, MD, MSc, PhD

4:15 – 4:20 Patients With IC Should Have A Trial Of Exercise Treatment And Be Informed About Risks And Benefits Before They Are Treated Interventionally
Jonathan D. Beard, ChM, MEd

4:21 – 4:26 Use Of Electronic Devices Like Fitbits To Improve IC Treatment
Robyn A. Macsata, MD

4:27 – 4:32 New Automated Device For Rapid Percutaneous Insertion Of Femoral Artery Sheath In Emergent Situations
Rajabrata Sarkar, MD, PhD

4:33 – 4:39 Panel Discussion

SESSION 30  (Grand Ballroom East, 3rd Floor)
CLI AND THE ANGIOSOME CONCEPT; REOPERATIONS AND REINTERVENTION; OTHER NEW CONCEPTS AND TECHNIQUES

Moderators: Timur P. Sarac, MD
Cynthia K. Shortell, MD

DIFFERING VIEWS ON THE ANGIOSOME CONCEPT

4:39 – 4:44 DEBATE: The Angiosome Concept Has Been Proven Helpful With Open Surgical And Endovascular Treatments Of CLI With Gangrenous Or Ulcerated Lesions
Richard F. Neville, MD

4:45 – 4:50 DEBATE: The Angiosome Concept Has Not Been Proven Helpful In The Treatment Of CLI With Gangrenous Or Ulcerated Lesions
Bauer E. Sumpio, MD, PhD

Maarit Venermo, MD, PhD
4:57 – 5:02 Critique Of The Angiosome Concept: It Is Not Simple: Outcomes Depend More On The Distribution System In The Foot Than Angiosomes

Roberto Ferraresi, MD

5:03 – 5:08 Is The Angiosome Concept Worthwhile And How Should It Be Used

Peter A. Schneider, MD

5:09 – 5:14 Update On The Angiosome Concept: It’s Not All It’s Cracked Up To Be: What Other Factors Are More Important

Hisham Rashid, FRCS

5:15 – 5:20 The Angiosome Concept Is Not Necessary To Achieve Limb Salvage With Ischemic Gangrenous Foot Lesions

Ignacio Escotto, MD

5:21 – 5:26 Angiosomes Of The Foot Have Tremendous Variability As Indicated By Laser-Assisted Indocyanine Green Imaging Using The SPY SYSTEM

Werner Lang, MD

REOPERATIONS AND REINTERVENTIONS

5:27 – 5:32 The Importance Of Reintervention When A Primary Intervention Or Operation For CLI Fails And The Limb Is Rethreatened: An Interventionalist’s View

Nils Kucher, MD
Iris Baumgartner, MD

5:33 – 5:38 The Importance Of Reoperation Or Reintervention When A Primary Procedure For CLI Fails And The Limb Is Rethreatened: 1, 2, 3, 4 And More Procedures Can Be Worthwhile: A Vascular Surgeon’s View

Evan C. Lipsitz, MD

NEW CONCEPTS AND TECHNIQUES

5:39 – 5:44 Vorapaxar - A New PAR-1 Receptor Blocker, Improves Cardiovascular And Limb Outcomes In PAD Patients: The FDA Agrees

Anthony J. Comerota, MD

5:45 – 5:50 When And How Should Distal Embolic Protection Devices Be Used With Lower Extremity Interventions

D. Christopher Metzger, MD

5:51 – 5:58 Panel Discussion

End of Program D

PROGRAM E  (SESSIONS 31-38)
NATURAL HISTORY, ANTI-ATHEROGENIC AND MEDICAL TREATMENTS, RENAL DENERVATION, ENDOLEAKS, COMPLICATIONS AND IMPORTANT ISSUES IN ETHICS, GOVERNMENT AND VASCULAR BUSINESS
Grand Ballroom West, 3rd Floor

SESSION 31  (Grand Ballroom West, 3rd Floor)
NATURAL HISTORY, MEDICAL TREATMENTS AND ANTI-ATHEROSCLEROTIC MEDICATIONS

Moderators:
Keith D. Calligaro, MD
Hans-Henning Eckstein, MD, PhD

6:45 – 6:50 Is The Metabolic Syndrome A Marker Of Adverse Outcomes After Vascular Procedures: What Can Be Done To Improve The Situation

Alan Dardik, MD, PhD


Todd R. Vogel, MD, MPH

6:57 – 7:03 How Should Beta Blockers Be Used In Vascular Patients Undergoing Procedures: Use And Overuse Can Harm Patients And Their Use Should Not Be A Quality Metric

Michael C. Stoner, MD
7:04 – 7:09 How Do Patient Risk Factors And Antiplatelet Medications Influence Myocardial Ischemia And Infarction In Patients Undergoing Open Arterial Operations: What Can Be Done To Decrease These Adverse Events
Caron B. Rockman, MD
Jeffrey S. Berger, MD, MS

Richard Bulbulia, MA, MD

7:16 – 7:21 What Is Happening With The AHA Cholesterol Guidelines: Should We Measure Serum Cholesterol: How Low Should The LDL Be Pushed To And Can It Get There
Jeffrey S. Berger, MD, MS

Don Poldermans, MD

7:28 – 7:33 Status Of The New Cholesterol Lowering Drugs: The PCSK 9 Inhibitors (Evolucumab [Amgen] And Alirocumab [Sanofi]): Do They Decrease Cardiovascular Events: How Are They Given; What Are Their Downsides; What Will Their Role Be And When Will They Be Available
Ron Waksman, MD

7:34 – 7:39 Statins And Dual Antiplatelet Drugs Reduce Amputations: What Is The Evidence
Konstantinos Katsanos, MD, MSc, PhD

7:40 – 7:48 Panel Discussion

SESSION 32 (Grand Ballroom West, 3rd Floor)

RENAI DENERVATION AND OTHER TREATMENTS FOR RESISTANT HYPERTENSION: BLACK BOX WARNINGS: KEY CAROTID TOPIC
Moderators: Ronald L. Dalman, MD
Ali F. AbuRahma, MD

7:48 – 7:53 Current Status Of Catheter Based Renal Radiofrequency Denervation For Hypertension: Where Is It Going
Horst Sievert, MD

7:54 – 7:59 Why The Renal Denervation RCTs Have Not Shown A Positive Effect: Does The Treatment Concept Have A Future
Michael R. Jaff, DO
Krishna J. Rocha-Singh, MD

8:00 – 8:05 What Is The Future For Renal Denervation: What Are Its Assets Beyond Lowering BP: Will It Become A Mainstream Treatment
Melvin D. Lobo, MBChB, PhD

8:06 – 8:11 Does Surgical Renal Denervation Work: Why Does It Fail Long-Term: Is There A Bright Future For Renal Denervation
Juan C. Parodi, MD

8:12 – 8:17 Newer Methods To Achieve Renal Denervation: Can Catheter Based Ultrasound (Surround Sound) Be Effective And Safe For Lowering BP, For Treating Heart Failure (The RETREAT Trial): What About Catheter Chemical Denervation With Alcohol And DW 2013: How Are They Delivered
Horst Sievert, MD

OTHER TREATMENTS FOR RESISTANT HYPERTENSION

8:18 – 8:23 Update On Chronic Carotid Sinus Stimulation With An Implantable Device To Treat Resistant Hypertension
Fred A. Weaver, MD

8:24 – 8:29 Treatment Of Resistant Hypertension By The ROX AV Coupling Device: An Endovascular Technique To Create An Iliac A-V Fistula: Technique, Results And Risks
David H. Deaton, MD
Paul A. Sobotka, MD

8:30 – 8:35 Vascular Specialists Ignore Black Box Warnings About Certain Drugs And Their Optimal Usage Resulting In Poor Patient Care: What Can Be Done About It
Karthikeshwar Kasirajan, MD
8:36 – 8:41 What Is Best Medical Treatment (BMRx) For Patients With Carotid Disease
J. David Spence, MD

8:42 – 8:49 Panel Discussion

SESSION 33  (Grand Ballroom West, 3rd Floor)
TREATMENT AND PREVENTION OF COMPLICATIONS; ENDOTENSION AND ENDOLEAKS
Moderators: Neal S. Cayne, MD
Timur P. Sarac, MD

8:49 – 8:54 Value Of Measuring Troponins Before And After Open Vascular Operations: When And How Does It Help In Patient Management
Caron B. Rockman, MD
Jeffrey S. Berger, MD, MS

8:55 – 9:00 Open And Endo Rescue Procedures When The Initial Procedure Goes Awry Or Has A Complication: Tips And Tricks For Getting Out Of Trouble
Michael B. Silva, Jr., MD

ENDOTENSION

Jacques Busquet, MD

9:07 – 9:12 Strategies For Managing A Patient With A Growing AAA Sac After EVAR But No Apparent Endoleak: Open Or Laparoscopic, Fenestrated Cuff Or Relining Or Observe
Michael P. Jenkins, MBBS, BSc, MS

ENDOLEAKS

9:13 – 9:18 Better Imaging Of Endoleaks (Type I) With Contrast MRI Permits Better Diagnosis And Treatment Leading To Better Outcomes
Frans L. Moll, MD, PhD

9:19 – 9:24 Aneurysm Sac Filling: A New Endovascular Technique To Eliminate Any Kind Of Endoleak
Michael J. Jacobs, MD

9:25 – 9:30 Partial Conversion To Treat Persistent Type 2 Endoleaks: When And How To Do It
Nicola Mangialardi, MD
Sonia Ronchey, MD, PhD

9:31 – 9:36 Diagnosis And Treatment Of Endoleaks With Nellix Endografts (EVAS): Much Is Different
Fabio Verzini, MD, PhD

9:37 – 9:42 Type 2 Endoleak Embolization By Laser-Assisted Transendograft Micropuncture: How To Do It And Results
Mark W. Mewissen, MD

9:43 – 9:48 Keys To Success With Embolic Treatment Of Complex Recalcitrant Type 2 Endoleaks After EVAR
Martin R. Back, MD

9:49 – 9:54 DEBATE: Fenestrated Cuffs Are The Best Way To Treat Persistent Type 1A Endoleaks After EVAR
Timothy A.M. Chuter, DM

9:55 – 10:00 DEBATE: Not So: Chimney Techniques Are The Best Way To Treat Persistent Type 1A Endoleaks After EVAR
Konstantinos P. Donas, MD

10:01 – 10:08 Panel Discussion
10:08 – 10:20 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 34  (Grand Ballroom West, 3rd Floor)
HISTORY, MEDICAL/SURGICAL TOPICS AND IMPORTANT ISSUES
Moderators: Herbert Dardik, MD
Bruce A. Perler, MD, MBA

Christopher K. Zarins, MD
10:26 – 10:31 The First Published Report On CAS In 1977: An Interesting Story: How Was It Received
Klaus D. Mathias, MD

MEDICAL/SURGICAL TOPICS

10:32 – 10:37 Tests For The Hypercoaguable State Are Overused And Unnecessary In Most Vascular Patients: When Are They Needed And Helpful
Elna M. Masuda, MD

Ralph G. DePalma, MD

10:44 – 10:49 Value Of Frailty Indices In Vascular Surgical Procedures: What Are They And How Can They Be Helpful
Gregory L. Moneta, MD

10:50 – 10:55 Tips And Tricks In The Management Of Pediatric Vascular Trauma
Meryl E. Davis, FRCS
George Hamilton, MD

10:56 – 11:01 Panel Discussion

Moderators: Ramon Berguer, MD, PhD
Enrico Ascher, MD

IMPORTANT ISSUES

11:01 – 11:06 How Can Vascular Surgeons Reconcile Work And Family Responsibilities And Time Commitments And Succeed With Both
Marshall E. Benjamin, MD

11:07 – 11:12 Patient Benefit From Meetings Of The Vascular Community For Education, Innovation And Evidence With Active Collaboration Of CME And Industry Regulatory Bodies
Roger M. Greenhalgh, MD

John F. Eidt, MD

11:19 – 11:24 Variability In Operating Time For The Same Procedure By Different Vascular Surgeons: How Does It Correlate With Outcomes: Do Slow Surgeons Get Better Or Worse Results
Jack L. Cronenwett, MD

11:25 – 11:30 How Should Academic Activity Be Rated And Rewarded: Should There Be Academic RVUs To Define And Quantitate Academic Activity And Productivity: How To Set Up Such A System
Mark G. Davies, MD
Alan B. Lumsden, MD

11:31 – 11:36 Lessons Learned From 2 Disasters: 9-11 And Superstorm Sandy
Mark A. Adelman, MD

11:37 – 11:42 Why Should Vascular Surgeons Get An MBA Or Other Advanced Degree
Robert B. McLafferty, MD, MBA

11:43 – 11:48 What Is The Value Of Vascular And Endovascular Societies: What Should They Do For Us And Our Specialty: Which Ones Should We Join And Why
Donald B. Reid, MD

11:49 – 11:59 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)
ISSUES, ETHICS, HEALTH CARE REFORM AND THE AFFORDABLE CARE ACT (ACA)

Moderators: Robert M. Zwolak, MD, PhD
Ronald L. Dalman, MD

1:00 – 1:05 The Importance Of Dynasties In Vascular Surgery: Why They Develop And Why They Fall
Jerry Goldstone, MD

1:06 – 1:11 An Ethicist Looks At Overuse Of Procedures And Admissions By Doctors And Hospitals: Why Our Health Care System Incentivizes Such Overuse In Every Institution
James W. Jones, MD, PhD, MHA
1:12 – 1:17 The Battle Of Quality vs. Quantity In Hospital Administration: Quantity Wins All Too Often
Clifford M. Sales, MD, MBA

1:18 – 1:23 How Patients (And Their Medical Doctors) Should Be Aware Of Unnecessary Tests And Procedures On Their Veins And Arteries: Such Procedural Overuse Can Harm Patients And Increase Health Care Costs
Russell H. Samson, MD, RVT

1:24 – 1:29 How To Survive In An ACO-ACA Environment: Is Our Health Care System Crumbling
Bruce A. Perler, MD, MBA

1:30 – 1:35 What Is Happening With The Device Tax Component Of The ACA: What Are The Detrimental Effects Of The ACA On Industry
Nicky James
Pete R. Yonkman
Kem Hawkins, MBA

1:36 – 1:41 The Negative Impact Of The ACA On The Country And Health Care Is Worse Than We Thought It Would Be
Clifford J. Buckley, MD

1:42 – 1:47 There Are Some Good Parts To The ACA That Should Be Preserved: How Can That Be Done
Timothy F. Kresowik, MD

1:48 – 1:53 Perils Of The ACA For Patients: Health Care Exchanges Or Short Changes
James H. Black III, MD

Michael R. Jaff, DO

2:00 – 2:05 Medical Decision Making Should Be Shared With The Patient Especially With Vascular Patients: It Can Improve Care
Dirk T. Ubbink, MD, PhD

2:06 – 2:11 It Is An Imperfect World For Everyone – But Especially For Physicians And Super-Especially For Vascular Surgeons/Specialists
David H. Deaton, MD

2:12 – 2:20 Panel Discussion

SESSION 36   (Grand Ballroom West, 3rd Floor)
ACOs, GOVERNING BODIES (BOARDS/RRC), INDEPENDENCE, EDUCATION, REIMBURSEMENTS, TRAINING, SIMULATION
Moderators:	Peter F. Lawrence, MD
Michel Makaroun, MD

2:20 – 2:25 Strategies To Allow Us To Confront The Changing Health Care System And ACOs
John H. Furtek, BS, RT(r)

2:26 – 2:31 Why ACOs Have Not And Will Not Decrease Health Spending In Cardiovascular Care
Philip P. Goodney, MD, MS

2:32 – 2:37 Is The RRC-S (Residency Review Committee-Surgery) Working Well For Vascular Surgery: Should We Have An Independent RRC-VS
Ronald L. Dalman, MD

2:38 – 2:43 Current Impact Of The 0+5 Vascular Surgery Residency Programs: Should Vascular Surgery Now Become An Independent Specialty As It Is In Most Other Civilized Countries
John F. Eidt, MD

2:44 – 2:49 The Need For Continuing Evolution And Recognition Of Vascular Surgery As An Independent Specialty
James C. Stanley, MD

2:50 – 2:55 Role Of Our Vascular Journals In Dealing With Political, Training And Governance Issues Facing Vascular Surgery
Timothy M. Sullivan, MD

2:56 – 3:01 Update On 0+5 Vascular Residencies: Numbers, Levels Of Resident Satisfaction And Incidence Of Dropouts
Murray L. Shames, MD
3:02 – 3:07  Comparison Of Knowledge Base, Surgical Skills And Other Characteristics Of 5+2 And 0+5 Vascular Surgery Residents  
Robyn A. Macsata, MD

3:08 – 3:13  Importance Of Promoting The Careers Of Junior Faculty Vascular Surgeons (As Well As Residents And Fellows): A System For Doing It  
Karl A. Illig, MD  
John F. Eidt, MD

3:14 – 3:19  Panel Discussion

REIMBURSEMENT ISSUES
Moderators:  
Ramon Berguer, MD, PhD  
Kim J. Hodgson, MD

Sean P. Roddy, MD

3:25 – 3:30  Financial Impact Of The ACA To Date And In The Future: What Will It Mean To Vascular Surgeons  
Robert M. Zwolak, MD, PhD

SIMULATION ISSUES

3:31 – 3:36  How To Shift The Learning Curve For Vascular Surgery From The Patient To A Model: The Vascular International Training Course Helps To Do This  
Hans-Henning Eckstein, MD, PhD

3:37 – 3:42  Advantages In Patient Specific Simulation For EVAR For Elective And Ruptured AAAs  
Isabelle Van Herzeele, MD, PhD  
Mario L. Lachat, MD

3:43 – 3:48  The Introduction Of New Technology For Treating Vascular Lesions May Lead To Unnecessary Adverse Events: Many Of These Can Be Avoided By Simulation And Team Training  
Colin D. Bicknell, MD

3:49 – 4:00  Panel Discussion And Break  
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 37  (Grand Ballroom West, 3rd Floor)
VASCULAR CARE, MALPRACTICE LAW, CONTRACTS,COSTS, REIMBURSEMENT AND THE FDA
Moderators:  
Russell H. Samson, MD, RVT  
Sean P. Roddy, MD

4:00 – 4:05  The Indications And Results For EVAR Differ Widely In Different Regions: What Is The Reason  
Barend M.E. Mees, MD, PhD

4:06 – 4:11  Health Care Literacy In Vascular Patients Is Inadequate: Do We Need Better Ways To Inform Patients  
Olivier H.J. Koning, MD, PhD

4:12 – 4:17  What Is The Patient’s Compensation System Law: Where Is It In Effect; How Will It Help End The Malpractice Problem, Help Patients And Doctors To Be Treated Fairly And Cut Health Care Costs  
O. William Brown, MD, JD

Hillel Presser, Esq., MBA

Peter Henke, MD

4:30 – 4:35  How To Make EVAR More Cost Effective And Profitable For Hospitals In Today’s Health Care Environment  
W. Charles Sternbergh III, MD

4:36 – 4:41  Tips And Tricks On How Vascular Surgeons Can Fairly Maximize Collections And Income In A Practice Or An Academic Setting  
Alan M. Graham, MD
4:42 – 4:47 What The FDA Is Doing To Facilitate Access To New Devices Rapidly And With Assured Safety And Effectiveness – In Both The Civilian And Military Spheres
Kenneth J. Cavanaugh, Jr., PhD
J. Pablo Morales, MD
Brian Pullin, MD

4:48 – 4:53 When Do I Need A Physician Sponsored Investigative Device Exemption (PSIDE) And How Do I Get It
Dorothy B. Abel, BSBME

4:54 – 4:59 Tips And Tricks To Make A PSIDE Affordable
Carlos H. Timaran, MD

5:00 – 5:06 Panel Discussion

SESSION 38   (Grand Ballroom West, 3rd Floor)
ISSUES: PUBLISHING MDs’ RESULTS; RESEARCH TIPS; EVIDENCE BASED MEDICINE; RCTs; GUIDELINES; ACA; DISHONEST WITNESSES; VQIs AND SOCIETIES

Moderators:		Anton N. Sidawy, MD, MPH
Ronald M. Fairman, MD

5:06 – 5:11 Publishing Vascular Surgeons’ Mortality Results In The Public Press Can Be A Disaster For The Surgeon And Bad For Patient Care: The UK Experience
Ian Loftus, MD

5:12 – 5:17 Issues In Planning And Interpreting Small Trials: How To Make Their Data Meaningful
Charles C. Miller, PhD

5:18 – 5:23 How To Get Access To Population Based Datasets
Todd R. Vogel, MD, MPH

5:24 – 5:29 The Tyranny Of p Values: The Importance Of Knowing The Details And Flaws In The Holy Grail Of RCTs
Jerry Goldstone, MD

5:30 – 5:35 The New SVS Practice Guidelines For Lower Extremity Occlusive Disease: Key Take Home Messages And How They Prevent Over Usage Of SFA Stents
Frank B. Pomposelli, MD
Michael S. Conte, MD

5:36 – 5:41 Validity Of The New SVS Lower Extremity Threatened Limb Classification System: The WIFI System (Wound Ischemia And Foot Infection): It Allows Prediction Of Poor Outcomes With CLI Treatment
Marc L. Schermerhorn, MD
Joseph L. Mills, MD

5:42 – 5:47 Preferential Funding For Primary Care vs. Specialty Care And Penalties For Readmissions (As Promoted In The ACA) Are Bad For Patients And Society And Will Not Decrease Costs
Bruce A. Perler, MD, MBA

5:48 – 5:53 What To Do When Physician Expert Witnesses Provide False Testimony Against You
O. William Brown, MD, JD

5:54 – 5:59 VQI In A Community Hospital: How It Succeeded In Improving Vascular Care And Resolving Harmful Turf Issues
Tej M. Singh, MD, MBA

6:00 – 6:05 DEBATE: Positive Value Of VQI Initiatives
Larry W. Kraiss, MD

6:06 – 6:11 DEBATE: Limitations And Possible Downsides Of VQI Initiatives
Kenneth Ouriel, MD, MBA

6:12 – 6:17 How Vascular Societies Should Prevent Risk Averse Behavior Of Surgeons And Gaming The System For The Benefit Of Surgeons And To The Detriment Of Patients: Do The Societies Do It Well
Jonathan D. Beard, ChB, MEd

6:18 – 6:25 Panel Discussion
End of Program E
PROGRAM F  (SESSIONS 39-46)
MORE ON AORTIC DISSECTION, TEVAR, TAAAs, JUXTA- AND PARARENAL AAAs, PARALLEL
GRAFTS, FENESTRATED AND BRANCHED EVAR (F/BEVAR), MULTILAYER FLOW
MODULATING (MLFM) STENTS, RECORDED LIVE CASES, ABDOMINAL AORTA AND EVAR
Trianon Ballroom, 3rd Floor

SESSION 39   (Trianon Ballroom, 3rd Floor)
MORE NEW DEVELOPMENTS RELATING TO THORACIC AORTA AND AORTIC
DISSECTIONS
Moderators:  Germano Melissano, MD
               Michael J. Jacobs, MD

6:45 – 6:50 How Often Are Additional Procedures (Open Or Endo) Required After An Open Ascending Aortic
Repair Of A Type A Aortic Dissection (TAAD)
Ross Milner, MD

6:51 – 6:56 Clinical Outcomes Of TBADs In Patients With Connective Tissue Diseases (Marfans, Loeys-Dietz,
Etc.) Are Worse Than In Those Without
Richard G.J. Gibbs, FRCS

6:57 – 7:02 Open Retrograde Access To Branch Arteries As A Bailout For Failed Antegrade Access During F/BEVAR
Eric L.G. Verhoeven, MD, PhD

7:03 – 7:08 Total Arch Replacement For Aortic Dissections: Value Of Frozen Elephant Trunk Procedures With
EVITA, Jotec Or Thoraflex Hybrid (Vascutek) Grafts
Ali Khoynezhad, MD, PhD

7:09 – 7:14 MR Elastography To Characterize The Aortic Wall: Implications For The Design And Sizing Of
Ascending Aortic Devices
Rachel E. Clough, MD, PhD

7:15 – 7:20 DEBATE: Branched Grafts Are The Best Endovascular Method To Treat Arch Aneurysms And TAAAs:
Parallel Grafts Have Disadvantages
Stephan Haulon, MD

7:21 – 7:26 DEBATE: Disadvantages Of Off-The-Shelf And Patient Specific Branched Grafts: Parallel Grafts Are
Better Solutions
Armando C. Lobato, MD, PhD

7:27 – 7:32 Pitfalls In F/BEVAR And How To Deal With Them
Götz M. Richter, MD, PhD

7:33 – 7:38 PET CT With 18F-FDG Can Predict Late Aortic Complications After TEVAR For TBADs
Natzi Sakalihasan, MD, PhD

7:39 – 7:44 Influence Of Respiratory And Cardiac Induced Movement On Precise Aortic Arch Endograft
Deployment
Geert Willem H. Schurink, MD, PhD

7:45 – 7:51 Panel Discussion

SESSION 40   (Trianon Ballroom, 3rd Floor)
MORE TOPICS RELATING TO THE ASCENDING AORTA, THE ARCH AND PARALLEL GRAFTS
Moderators:  Ali Khoynezhad, MD, PhD
               Mario L. Lachat, MD

7:52 – 7:57 Further Experience With Longer Follow-Up On Arch Chimney Grafts: When Do They Work And
Pitfalls To Avoid So They Do Not Fail
Nicola Mangialardi, MD
Sonia Ronchey, MD, PhD

7:58 – 8:03 In Vitro Analysis Of Parallel Grafts: How They Work And Why They Fail: New Lessons Learned
Jan D. Blankensteijn, MD

8:04 – 8:09 Tips And Tricks To Facilitate Successful Use Of Branched Endografts And Pitfalls To Avoid
Martin J. Austermann, MD
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>8:10</td>
<td>Use Of The VORTEC Technique – A Clampless, Sutureless Anastomosis Using An Endograft Connector To Revascularize The Supra-Aortic Branches Simplifies Hybrid Arch Repairs: Technique And Results</td>
<td>Zoran Rancic, MD, PhD; Mario L. Lachat, MD</td>
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<td>8:16</td>
<td>Single Innominate Chimney Grafts: When Is It A Good Choice And When Is It Not</td>
<td>Boonprasit Kritpracha, MD</td>
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<td>8:22</td>
<td>Various Cardiac Access Routes To Treat Ascending Aortic And Arch Lesions: Advantages And Limitations</td>
<td>Tilo Kölbel, MD, PhD</td>
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<td>8:28</td>
<td>Redo Procedures After TEVAR: Why Needed; Tips, Tricks And Results; Value Of A Self-Expanding Extra Large Stent (Jotec E-XL)</td>
<td>Germano Melissano, MD; Roberto Chiesa, MD</td>
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<td>8:34</td>
<td>Retrograde Aortic Dissection After TEVAR: Incidence, Risk Factors, Precautions And Treatment</td>
<td>Joseph S. Coselli, MD; Qurania Preventza, MD</td>
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<td>8:40</td>
<td>Panel Discussion</td>
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<td>8:46</td>
<td>Optimal Choice Of Bridging Stent-Grafts For F/BEVAR: What Is Available And Which Is Best</td>
<td>Richard G. McWilliams, FRCR</td>
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<td>8:52</td>
<td>3 Or 4 FEVAR vs. Standard FEVAR With 2 Fenestrations And A Scallop For The SMA: Advantages, Limitations And Differing Results</td>
<td>Athanasios Katsargyris, MD; Eric L.G. Verhoeven, MD, PhD</td>
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<td>8:58</td>
<td>How To Avoid Brachial Or Axillary Access With Complex AAA Repairs: Tips And Tricks</td>
<td>Joshua D. Adams, MD; Claudio J. Schönholz, MD</td>
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<td>9:04</td>
<td><strong>DEBATE:</strong> EVAR With Short (8-15 mm) Necks Are Best Treated With Standard EVAR Using Newer Endograft Devices</td>
<td>Hence J.M. Verhagen, MD</td>
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<td>9:10</td>
<td><strong>DEBATE:</strong> EVAR With Short (8-15 mm) Necks Are Best Treated By FEVAR</td>
<td>Matthew J. Eagleton, MD</td>
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<td>9:16</td>
<td>Strategies And Techniques To Treat Short Proximal Neck AAs</td>
<td>Giovanni Torsello, MD</td>
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<td>9:22</td>
<td>Panel Discussion</td>
<td>Jason T. Lee, MD; Stephan Haulon, MD</td>
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<td>9:28</td>
<td><strong>DEBATE:</strong> Endovascular Methods Are Now The Best Treatment For Most TAAAs</td>
<td>Timothy A.M. Chuter, DM</td>
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<td>9:34</td>
<td><strong>DEBATE:</strong> Not So: Open Repair Is Still The Best Treatment For Many (Possibly Most) TAAAs</td>
<td>Hazim J. Safi, MD</td>
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<td>9:40</td>
<td>Eight Simple Markers That Can Suggest The Presence Of A Thoracic Aneurysm</td>
<td>John A. Elefteriades, MD</td>
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<td>9:46</td>
<td>With Complicated TBADs, Are The Hard Indications For Treatment (Rupture And Malperfusion) Associated With Higher Mortality And Morbidity Than The Soft Indications (Pain And Persistent Hypertension)</td>
<td>Matt M. Thompson, MD</td>
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<td>9:52</td>
<td>Update On Tips And Tricks For Treating Arterial Complications Of Ehlers-Danlos Syndrome, Marfan's And Other Connective Tissue Disorders: Endografts Can Be Valuable</td>
<td>James H. Black III, MD</td>
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</table>
9:58 – 10:03 Accurate Placement Of Thoracic Endografts Parallel To The Aortic Arch By Controlling Device Angulation Improves Outcomes: Techniques For Doing So
Ali Azizzadeh, MD

10:04 – 10:09 Purse-String Temporary Closure Of Femoral Access Sites During Complex EVARs (B/FEVAR) To Decrease Limb And Spinal Cord Ischemia
Athanasios Katsargyris, MD
Eric L.G. Verhoeven, MD, PhD

10:10 – 10:15 How To Identify Healthy Aorta To Land The Ends Of Aortic Endografts With Complex AAAs: Is It Always Necessary To Do So
Matthew J. Eagleton, MD

10:16 – 10:23 Panel Discussion

10:23 – 10:38 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 42 (Trianon Ballroom, 3rd Floor)
UPDATE ON THE STATUS OF MULTILAYER FLOW MODULATING (MLFM) STENTS FOR THE TREATMENT OF AORTIC ANEURYSMS AND DISSECTIONS
Moderators: Frank J. Veith, MD
Clifford J. Buckley, MD

10:38 – 10:43 The MLFM Stent Is A Better Treatment For TAAAs Than F/BEVAR, Parallel Grafts, Hybrid Repairs And Full Open Repair And Here Is The Data
Sherif Sultan, MD

10:44 – 10:49 4-Year Experience With MLFM Stents For The Treatment Of Complex Aortic Aneurysms: When They Do Not Work
Thomas Larzon, MD, PhD

10:50 – 10:55 4-Year Results Of The MLFM Stent For The Treatment Of Complex Aortic Aneurysms: From The French Registry
Claude D. Vaislic, MD

10:56 – 11:01 Why I Am Still Somewhat Skeptical
Mark F. Fillinger, MD

11:02 – 11:07 For What Aortic Lesions Is The MLFM Stent An Effective Treatment: Tips And Tricks To Make It Work
Presenters: Erno Remsey-Semmelweis, MD

11:08 – 11:13 When Is The MLFM Stent An Effective Treatment Of Arch And Ascending Aortic Aneurysms And When Is It Not: A Partly Positive View And Experience
Ralf R. Kolvenbach, MD

11:14 – 11:19 Treatment Of Aortic Dissection And Complex TAAAs With The MLFM Stent: Experience In More Than 30 Patients
Presenters: Victor S. Costache, MD, PhD

11:20 – 11:25 Update On The MLFM Stent For Treatment Of Complex Aortic Aneurysms: Is Its Star Rising
Frans L. Moll, MD, PhD

11:26 – 11:31 Role Of Multilayer Uncovered Stents For The Successful Treatment Of TAAAs: The Concept Works: When And How
Qingsheng Lu, MD
Zaiping Jing, MD

11:32 – 11:37 Is The MLFM Stent A Valid Treatment In High Risk 80- And 90-Year Olds With Paravisceral And TAAAs
Arno von Ristow, MD

11:38 – 11:43 The MLFM Stent Has A Role In The Treatment Of Complex Aortic Aneurysms: What Is It And What More Do We Need To Know
Christos D. Liapis, MD

11:44 – 11:49 Histopathological Findings In Patients And Animals After Implantation Of MLFM Stents: Characteristics Of Endothelialization And Thrombus Formation
Antoine Alves, MD

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 TOPICS RELATED TO AAAs, THE ABDOMINAL AORTA AND EVAR
Moderators:  Roger M. Greenhalgh, MD
Kenneth Ouriel, MD, MBA

1:00 – 1:05  Comparative Changes In Aortic Neck Morphology After EVAR And Open AAA Repair: Is Open Repair Really That Good: From The DREAM Trial
Jan D. Blankensteijn, MD

1:06 – 1:11  EVAR Strategy To Deal With A Proximal Neck Over 35 mm In Diameter
Jacques Busquet, MD

1:12 – 1:17  Patterns Of Rupture Of AAAs After EVAR: How Does It Differ From Rupture Patterns In Untreated AAAs
Markus K. Furrer, MD

1:18 – 1:23  Differences In AAA Size At Rupture Between Patients Treated By EVAR And Those Not So Treated
James May, MD, MS

1:24 – 1:29  Progress In 18F-FDG Uptake On PET CT And Other Markers In Predicting AAA Rupture Risk
Natzi Sakalihasan, MD, PhD

1:30 – 1:35  Current Indications For Repairing Small AAAs (<5 cm) By EVAR; By Open Repair: Has Anything Changed
Ronald M. Fairman, MD

1:36 – 1:42  Panel Discussion

SESSION 44  (Trianon Ballroom, 3rd Floor)
RECORDED LIVE COMPLEX ENDOVASCULAR CASES: COMPLICATIONS WITH SOLUTIONS
Moderators:  Plinio Rossi, MD
Andrew Holden, MBChB
Carlo Setacci, MD
Frank J. Veith, MD

1:42 – 1:54  Single Session Pharmacomechanical Venous Thrombolysis
Gerard J. O’Sullivan, MD

1:54 – 2:06  Stent Graft-Induced New Entry (SINE) After TEVAR For Stanford Type B Aortic Dissection
Donald D. Lee, MD

2:06 – 2:18  Extensive Aorto-Iliac Occlusive Disease: A Modified CERAB Technique
Andrew Holden, MBChB

2:18 – 2:30  Hydrodynamic Boost: A Novel Re-Entry Technique In Distal BTK Vessel: When And How To Do It
Roberto Ferraresi, MD

2:30 – 2:42  CLI Patient Following 2 Failed Bypass Surgery Procedures Who Was Told The Next Step Would Be Amputation
Thomas Zeller, MD

2:42 – 2:54  Endovascular Techniques To Restore The Femoral Artery After Failed Bypass
Andrej Schmidt, MD

2:54 – 3:02  General Discussion

3:02 – 3:17  Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 45  (Trianon Ballroom, 3rd Floor)
RECORDED LIVE COMPLEX ENDOVASCULAR CASES FROM LEIPZIG AND LINC, EXCITING TECHNICAL CHALLENGES AND SOLUTIONS
Moderator:  Dierk Scheinert, MD

3:17 – 3:25  Latest Techniques For Aortoiliac Reconstruction Of TASC C And D Lesions: Are Covered Stents The Solution
Koen Deloose, MD

3:25 – 3:37  Recorded Case: Chimney Reconstruction Of A Complete Aortoiliac Occlusion (Leriche Syndrome)
Peter C.J. Goverde, MD
Andrej Schmidt, MD
3:37 – 3:45 Patient Specific Approaches For Femoropopliteal Lesions: Stents, Atherectomy And Drug-Eluting Devices
D. Christopher Metzger, MD

3:45 – 3:57 Recorded Case: Recanalization Of A Severely Calcified SFA Occlusion With Interwoven Nitinol Stents
M. Ulrich, MD
Andrej Schmidt, MD

3:57 – 4:05 The Angiosome Concept For BTK Interventions: How To Translate It Into Clinical Practice
Giancarlo Biamino, MD, PhD

4:05 – 4:17 Recorded Case: Recanalization Of A Tibioperoneal Trunc Occlusion With DES Via Retrograde Peroneal Access
Andrej Schmidt, MD
C. Piorkowski, MD

4:17 – 4:25 Current And Future Concepts To Improve Outcome Of BTK-Interventions In CLI
Ramon L. Varcoe, MD

4:25 – 4:37 Panel Discussion

SESSION 46   (Trianon Ballroom, 3rd Floor)
MORE TOPICS RELATED TO AAAs, THE AORTA AND EVAR
Moderators: James May, MD, MS
Enrico Ascher, MD

4:37 – 4:42 How To Manage EVAR With Small Distal Aortas: When Are Bifurcated Grafts OK And When Is An Aorto-Uni-Iliac Device Needed
David J. Minion, MD

4:43 – 4:48 Screening For AAAs In Women: When Should They Be Screened And When Should They Not Be
Andrew N. Nicolaides, MS
Mohsen Chabok, MD, MSc

4:49 – 4:54 Is EVAR Good Treatment For Young (<60) AAA Patients: When Is Open Repair The Best Option
Thomas L. Forbes, MD

4:55 – 5:00 DEBATE: Off-Label Use Of EVAR Devices May Have Satisfactory Early Outcomes, But Long-Term Outcomes Are Guarded
Ali F. AbuRahma, MD

5:01 – 5:06 DEBATE: Not So: Off-Label Use Of EVAR Devices Is Sometimes Justified And Does Not Yield Higher Long-Term Failure Rates If Certain Requirements Are Fulfilled
B. Patrice Mwipatayi, FRACS

Andres Schanzer, MD

5:13 – 5:19 Panel Discussion
Moderators: Thomas L. Forbes, MD
Ali F. AbuRahma, MD

5:19 – 5:24 Has EVAR Led To A Decrease In AAA Rupture Over The Last 2 Decades Or Has It Just Led To More Unnecessary AAA Repairs
James May, MD, MS

5:25 – 5:30 The Iliac Seal Zone In EVAR: Its Dynamics And Clinical Consequences
Hence J.M. Verhagen, MD, PhD

5:31 – 5:36 Diminished Sexual Function In AAA Patients Occurs After EVAR As Well As Open Repair
Jan S. Brunkwall, MD, PhD

5:37 – 5:42 Are Newer EVAR Devices Better Than The Previous Ones: Do They Produce Better Results Or Are They Just Easier To Use
Marc R.H.M. van Sambeek, MD, PhD

Robert J. Hinchcliffe, MD

5:49 – 5:55 Panel Discussion
End of Program F
THURSDAY, NOVEMBER 19, 2015

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 G: SESSIONS 47-54
New Techniques And Technology, Parallel Grafts, F/BEVAR, Military Topics, Ruptured AAAs, Robotics, Guidance, New Concepts And Controversies With Fenestration, EVAS, Embolization, Training Trauma Surgeons
6:45 A.M. – 5:55 P.M.
Grand Ballroom East, 3rd Floor

PROGRAM H: SESSIONS 55-62
New Devices For Abdominal Aorta And EVAR; Thoracic Aorta And TEVAR; Lower Extremity And Stents And Stent-Grafts; EndoAnchors; Embolization And Thrombectomy
6:45 A.M. – 5:44 P.M.
Grand Ballroom West, 3rd Floor

PROGRAM I: SESSIONS 63-70
Superficial Venous Disease
7:30 A.M. – 5:00 P.M.
Trianon Ballroom, 3rd Floor
Course Leaders: Jose I. Almeida, MD, RVT, RPVI
Lowell S. Kabnick, MD, RPhS
Thomas W. Wakefield, MD

PROGRAM J: SESSIONS 71-76
AIMSymposium Multidisciplinary Acute Stroke Management
8:00 A.M. – 5:30 P.M.
Murray Hill Suites East and West, 2nd Floor
Course Leader: Allan L. Brook, MD

PROGRAM G  (SESSIONS 47-54)
NEW TECHNIQUES AND TECHNOLOGY, PARALLEL GRAFTS, F/BEVAR, MILITARY TOPICS, RUPTURED AAAs, ROBOTICS, GUIDANCE, NEW CONCEPTS AND CONTROVERSIES WITH FENESTRATION, EVAS, EMBOLIZATION, TRAINING TRAUMA SURGEONS
Grand Ballroom East, 3rd Floor

SESSION 47  (Grand Ballroom East, 3rd Floor)
NEW TECHNIQUES, TECHNOLOGY AND CONCEPTS
Moderators: Keith D. Calligaro, MD
Nicholas J.W. Cheshire, MD

6:45 – 6:50 Implantable Microtechnology To Remotely Monitor Bypass Function
Richard F. Neville, MD

Jos C. van den Berg, MD, PhD

6:57 – 7:02 Innovative Approaches To Cell Therapy For CLI And Bold MRI To Measure Calf Perfusion To Monitor Its Effects
Bijan Modarai, MD, PhD

7:03 – 7:08 Percussion Crossing Device (The Piculet Hammer) To Facilitate Crossing Heavily Calcified CTOs
Max Amor, MD

7:09 – 7:14 Shockwave Lithoplasty: A Balloon That Transmits Shockwaves To Crack Heavily Calcified Lesions And Then Dilate Them (PTA)
Andrew Holden, MBChB
Marianne Brodmann, MD

7:15 – 7:20 Variable Curve Directable Guide Sheath From Aptus To Facilitate Other Challenging Endovascular Procedures
Joshua D. Adams, MD
Claudio J. Schönholz, MD
7:21 – 7:26 What Has Anatomy And Pathology Taught Us About Renal Denervation: Where Are The Nerves That Need To Be Destroyed And What Damage Can Radiofrequency Do To The Renal Artery
Renu Virmani, MD

Jeffrey H. Lawson, MD, PhD

7:33 – 7:38 What Is New In Better Balloon Angioplasty Catheters: Can They Inflate In A Curved Configuration
Timothy A.M. Chuter, DM

7:39 – 7:44 Value Of 3D Printing To Create A Vascular Phantom To Facilitate And Improve Complex AAA Repairs
Benjamin W. Starnes, MD

7:45 – 7:50 How To Non-Invasively Measure Blood Flow And Lesion Significance In Coronary Arteries With CTA: Fractional Flow Reserve (FFR) Is Valuable There: Will It Be In Other Arterial Beds And How Will It Work
Christopher K. Zarins, MD

7:51 – 7:58 Panel Discussion

SESSION 48 (Grand Ballroom East, 3rd Floor)

ADVANCES IN BRANCHED AND FENESTRATED EVAR (F/BEVAR) AND PARALLEL GRAFTS FOR LESIONS NEAR TO OR IN THE VISCERAL AORTA

Moderators: Timothy A.M. Chuter, DM
Frank J. Veith, MD

7:58 – 8:03 How Durable Are F/B Endografts For Various Aortic Lesions Including TAAAs
Tara M. Mastracci, MD

8:04 – 8:09 How Durable Are Parallel Grafts (Chimney And Periscope Grafts) For Various Aortic Lesions Including TAAAs
Mario L. Lachat, MD

8:10 – 8:15 Parallel Grafts (Chimneys, Etc.) Do Work As Proven By The PERICLES Registry: Midterm Results With A Variety Of Devices
Konstantinos P. Donas, MD
Jason T. Lee, MD

8:16 – 8:21 Parallel Grafts Are Valuable Even If F/BEVAR Is Available
Frank J. Criado, MD

8:22 – 8:27 Status Of Sandwich Grafts For Aneurysms Involving The Visceral Segment: What Are The Midterm Results – Single Center And Multicenter
Armando C. Lobato, MD, PhD

8:28 – 8:33 Sandwich (Parallel) Grafts Work For TAAAs: How Much Oversizing Of The Main Endograft And Overlap Of The Branch Grafts Are Required
Ralf R. Kolvenbach, MD

8:34 – 8:39 Failure Modes Of Chimney And Other Parallel Grafts And How They May Be Overcome
Claude Mialhe, MD

8:40 – 8:45 Inner Branched Endografts: A Better Solution For F/BEVAR Than Other Configurations For Treating Visceral Aortic Segment Lesions
Marcelo Ferreira, MD

8:46 – 8:51 Role Of Off-The-Shelf Fenestrated And Branched Grafts For Treating AAAs Involving The Visceral Segment Of The Aorta (Cook P-Branch And T-Branch) Devices: What Percent Of Patients Are Suitable
Mark A. Farber, MD

8:52 – 8:57 Patient Specific And Off-The-Shelf Devices Will Not Sufice For Many Patients With AAAs Involving The Visceral Aortic Segment: What Is The Solution
David J. Minion, MD

8:58 – 9:05 Panel Discussion

9:05 – 9:20 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
MORE TOPICS RELATED TO F/BEVAR AND PARALLEL GRAFTS FOR TREATMENT OF AAAs AND TAAAs

Moderators: Mark A. Adelman, MD
Frans L. Moll, MD, PhD

MORE ON THORACOABDOMINAL ANEURYSMS (TAAAs)

9:20 – 9:25 For Which TAAA Patient Is No Repair The Best Option: Better Than A B/FEVAR
Gustavo S. Oderich, MD

9:26 – 9:31 For Which TAAA Patient Is An Open Repair The Right Option: In What Type Of Institution
Richard P. Cambria, MD

9:32 – 9:37 For Which TAAA Patient Is A F/BEVAR The Best Option: In What Type Of Institution
Stephan Haulon, MD

9:38 – 9:43 In Which TAAA Patient Is A Parallel Graft Procedure With All Chimney And Periscope Grafts Or A Partially Hybrid Procedure The Best Treatment: What Are The Disadvantages Or Limitations
Mario L. Lachat, MD

9:44 – 9:49 In Which TAAA Patient Is A Sandwich Graft The Best Option: Advantages, Disadvantages And Limitations
Armando C. Lobato, MD, PhD

9:50 – 9:55 How To Detect And Best Manage Complications Of F/BEVAR: They Are Part Of The Game
Luis A. Sanchez, MD

9:56 – 10:01 Update On The French Countrywide Comparison Of Open Repair vs. F/BEVAR For The Treatment Of AAAs Involving The Visceral Aortic Segment: New 4-Year Results
Jean-Pierre Becquemin, MD

10:02 – 10:10 Panel Discussion
Moderators: Evan C. Lipsitz, MD
ShenMing Wang, MD, PhD

10:11 – 10:16 Staged Hybrid Repair Of Extensive TAAA Especially Those Associated With Aortic Dissections: Another Option With Advantages
Gilbert R. Upchurch, Jr., MD

10:17 – 10:22 A New Manifold Branched Endograft Device For Treating TAAAs And Other Complex Aortic Lesions: Concept, Advantages, Initial Clinical Experience Under A PSIDE
Patrick W. Kelly, MD

10:23 – 10:28 Tips And Tricks To Facilitate Upper Extremity Access For F/BEVAR And Parallel Graft Insertion And How To Avoid Complications
Carlos H. Timaran, MD

10:29 – 10:34 How Physicians Can Modify Gore C3 Devices To Facilitate F/BEVAR In Urgent TAAAs And Pararenal AAAs: Midterm Clinical Results
Wayne W. Zhang, MD

10:35 – 10:40 Can Parallel Graft EVAR Work In A Community Hospital Setting: Advantages And Limitations
Jeffrey Y. Wang, MD

10:41 – 10:46 Advances In Fenestrated And Branched Endografts To Simplify Their Use And Improve Results Including Methods To Minimize Lower Extremity Ischemia With Prolonged Sheath Insertion
Gustavo S. Oderich, MD

10:47 – 10:52 Midterm Results Following Hybrid (Octopus) Repair Of Complex TAAAs With And Without CT Disorders: It Is Still An Option In Experienced Centers
Sebastian E. Debus, MD, PhD

10:53 – 11:00 Panel Discussion
SESSION 50

(Grand Ballroom East, 3rd Floor)

IN TRIBUTE TO OUR MILITARY: TOPICS RELATED TO MILITARY TRAUMA AND VASCULAR SURGERY (7 AND 10-MINUTE TALKS)

Moderators:
Norman M. Rich, MD, DMCC
Eric Elster, MD

11:00 – 11:07 Long-Term Results Of Vascular Injuries And Repairs After The Lebanon-Israel War
Samy S. Niteck, MD

11:08 – 11:15 Implementation Of A Vascular Trauma Course For Military And Civilian Surgeons In Germany: Important For Dealing With Combat And Terror Situations
Michael Engelhardt, MD
Afshin Assadian, MD

Todd E. Rasmussen, MD

11:24 – 11:34 Medical Lessons From War: Turning Past Data Into Future Decisions And Guidelines
Eric Elster, MD

11:35 – 11:50 A Serious And Possible Limiting Problem With Visual Impairment From Protracted Space Flights: Increased Intracranial Pressure As A Possible Cause And What Can Be Done About It
Lee M. Morin, 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 51

(Grand Ballroom East, 3rd Floor)

NEW DEVELOPMENTS IN THE MANAGEMENT OF RUPTURED AAAs (RAAAs): IT’S STILL CONTROVERSIAL

Moderators:
Benjamin W. Starnes, MD
Jean-Pierre Becquemin, MD

THE RAAA CONTROVERSY

1:00 – 1:05 Level 1 Evidence (IMPROVE Trial, Etc.) Shows That EVAR Has No Survival Advantage Over Open Repair For RAAAs: The Outcome Of Treatment Depends On Bad Neck Anatomy More Than Treatment Method
Janet T. Powell, MD, PhD
Robert J. Hinchliffe, MD

1:06 – 1:11 Open Repair Is As Good As EVAR For RAAAs: The AJAX Trial Proves It
Willem Wisselink, MD

1:12 – 1:17 The IMPROVE And Other RCTs Reach A Misleading Main Conclusion – EVAR Has A Lower Mortality Than Open Repair For RAAAs If It Can Be Done
Frank J. Veith, MD
Martin Malina, MD, PhD

1:18 – 1:23 The Main Conclusions Of IMPROVE AJAX And ECAR - RCTs Comparing EVAR And Open Repair For RAAAs Are Incorrect: The Proof: 100% Of RAAAs Can Be Treated By EVAR Or Chimney EVAR With Low Early Mortality And Turn Down Rates
Thomas Larzon, MD, PhD
Dieter O. Mayer, MD
Mario L. Lachat, MD
Johnny Steuer, MD, PhD

1:24 – 1:29 With RAAAs, Patients With Hostile Neck Anatomy Do Not Have Worse Outcomes Than Those With Favorable Anatomy: Our Data Differs From Those In The IMPROVE Trial
Marc R.H.M. van Sambeek, MD, PhD

1:30 – 1:35 DEBATE: Midterm Re-Interventions And Survival Is No Better After EVAR For RAAAs Than After Open Repair
Willem Wisselink, MD
DEBATE: Midterm And Late Survival And Quality Of Life After EVAR For RAAAs Are Better Than After Open Repair
Dieter O. Mayer, MD
Zoran Rancic, MD, PhD
Mario L. Lachat, MD

Improving Nationwide Care For RAAAs: Lessons From The US And The UK: The Proportion Of Patients Reaching The Hospital But Not Treated Invasively (The Turn Down Rate) Is Shocking!
Matt M. Thompson, MD

Late Breaking (1-Year) Results From The IMPROVE Trial Shows That An EVAR Strategy May Be Better In Some Ways Than Open Repair For RAAAs
Robert J. Hinchliffe, MD
Janet T. Powell, MD, PhD

Panel Discussion

SESSION 52  (Grand Ballroom East, 3rd Floor)
MORE TOPICS RELATED TO RAAAs AND TAAAs
Moderators: Gregg S. Landis, MD
Alan B. Lumsden, MD

RAAA RELATED TOPICS

Asthma And The Drugs Used In Its Treatment Increases The Rupture Risk Of AAAs
Jes S. Lindholt, MD

What Are The Risk Factors For AAA Expansion And Rupture: Do Statins Help
Janet T. Powell, MD, PhD

Which Patients With RAAAs Benefit The Most From EVAR: Tips And Tricks For Doing It Well
Manish Mehta, MD, MPH

Acute Renal Failure Is More Common After Open Repair For RAAAs Than After EVAR
Jonathan R. Boyle, MD

Nellix Endografts Can Be Used Effectively To Treat RAAAs: Tips, Tricks, Advantages And Limitations
Michel M.P. Reijnen, MD, PhD

Emergency EVAR Should Be The New And Best Standard Of Care For RAAAs: Why
Hans-Henning Eckstein, MD, PhD

Open Repair Of RAAAs Is A Bad Option And Here Is Why
Sherif Sultan, MD

TAAA RELATED TOPICS

A New Preloaded Wire System To Simplify TAAA Branched Endograft Repairs
Timothy A. Resch, MD, PhD

What Is The Role Of Open Surgery For TAAAs And Thoracic Aneurysms In 2015 And Beyond
Michael J. Jacobs, MD

Panel Discussion

SESSION 53  (Grand Ballroom East, 3rd Floor)
VASCULAR ROBOTICS AND GUIDANCE SYSTEMS
Moderators: Frans L. Moll, MD, PhD
Vicente Riambau, MD, PhD

Progress In The Hansen Magellan Robot Technology For Catheter/Sheath Guidance: Results And How It Improves Procedural Success And Safety To The Patient And Operator
Nicholas J.W. Cheshire, MD

The Magellan Robot System Is Valuable For FEVAR, Carotid And Embolization Procedures
Celia Riga, BSc, MBBS, MD
Colin D. Bicknell, MD
Alan B. Lumsden, MD

Barry T. Katzen, MD

Jean Bismuth, MD

3:40 – 3:45 How The Magellan Robotic System Helps In A Vascular Practice: And How It Improves Results And Efficiency
Joseph J. Ricotta II, MD, MS

Patrick E. Muck, MD

Hans M.E. Coveliers, MD, MBA

3:58 – 4:03 Duplex Guidance For Endovascular Interventions In Patients With Renal Insufficiency: Tips And Tricks To Make It Work
Natalie A. Marks, MD, RVT, RPVI
Enrico Ascher, MD
Anil P. Hingorani, MD

4:04 – 4:10 Panel Discussion

SESSION 54 (Grand Ballroom East, 3rd Floor)
MORE CONTROVERSIES, UPDATES AND NEW CONCEPTS – FENESTRATION IN TBADs; EVAS FOR EVAR; PRE-EVAR EMBOLIZATION; TRAINING TRAUMA SURGEONS, ETC.
Moderators: Luis A. Sanchez, MD
Firas F. Mussa, MD

FENESTRATION IN TBAD

4:10 – 4:15 A New Concept For Treating TBAD After TEVAR By Extensive Fenestration To Equalize True And False Lumen Pressures: And A Special New Instrument To Do It Endovascularly: Theory, Technique, Results
Juan C. Parodi, MD
Ramon Berguer, MD, PhD

4:16 – 4:21 Role Of Fenestration For TBAD In The TEVAR Era: Management Of TBAD Patients Is Not Simple: Fenestration Is An Important Option For Some Patients: When And How To Do It
David M. Williams, MD

4:22 – 4:27 Cheese Wire Technique To Eliminate An Aortic Dissection Flap In Chronic TBAD Patient: When Needed; Advantages And Limitations
Ronald L. Dalman, MD

4:28 – 4:33 An Endovascular Flap Cutting Device To Fenestrate Chronic TBADs: When Is It Needed
Jean-Marc Alsac, MD, PhD

4:34 – 4:39 Possible Long-Term Disadvantages Of A Suprarenal Bare Stent With AAA EVAR Endografts
Claude Mialhe, MD

4:40 – 4:45 DEBATE: EVAS (Endovascular Aneurysm Sealing) With The Nellix Device Is A Game Changer For Endo AAA Repair
Matt M. Thompson, MD

4:46 – 4:51 DEBATE: EVAS With The Nellix Device Is Not A Game Changer For Endo AAA Repair
Hence J.M. Verhagen, MD, PhD

4:52 – 4:58 Panel Discussion
Moderators: Michel Makaroun, MD
John B. Chang, MD
4:59 – 5:04 Clinical Significance In Macrophage Types And Changes In Macrophage Types With Vascular Disease
John P. Fletcher, MD

5:05 – 5:10 New Approach To Median Arcuate Ligament Syndrome: Transthoracic Ligament Release And Mesenteric Revascularization: When Should It Be Done (Diagnosis), Technique And Results
Enrique Criado, MD

VALUE OF PRE-EVAR BRANCH EMBOLIZATION

5:11 – 5:16 DEBATE: AAA Branch (Lumbar And IMA) Before EVAR Is Seldom Worth The Effort And Has Downsides
Richard G. McWilliams, FRCR

5:17 – 5:22 DEBATE: Branch Coil Embolization During EVAR Is Worthwhile And Decreases Type 2 Endoleaks: When Should It Be Done
Dominique Fabre, MD

5:23 – 5:28 AAA Branch Embolization Before EVAR: Does It Have Value And When Should It Be Done
Franco Grego, MD

TRAINING TRAUMA SURGEONS

5:29 – 5:34 DEBATE: Why Trauma Surgeons Should Be Trained In Vascular And Endovascular Techniques
Charles J. Fox, MD

5:35 – 5:40 DEBATE: Nonsense: We Don’t Train Trauma Surgeons To Do Procedures For Head Trauma And Should Not Train Them To Do Vascular And Endovascular Procedures
Mark A. Adelman, MD

5:41 – 5:46 I Have Changed My Mind: Chimney Grafts And Other Parallel Grafts Have A Role In The Era Of Fenestrated And Branched Endografts: What Is This Role
Martin Malina, MD, PhD

5:47 – 5:55 Panel Discussion
End of Program G

PROGRAM H [SESSIONS 55-62]
NEW DEVICES FOR ABDOMINAL AORTA AND EVAR; THORACIC AORTA AND TEVAR; LOWER EXTREMITY AND STENTS AND STENT-GRAFTS; PREVENTING AND TREATING MIGRATION AND ENDOLEAKS; ENDOANCHORS; EMBOLIZATION AND THROMBECTOMY
Grand Ballroom West, 3rd Floor

SESSION 55 (Grand Ballroom West, 3rd Floor)
NEW OR IMPROVED DEVICES FOR EVAR AND JUXTARENAL AAA REPAIR
(4 1/2-MINUTE TALKS)
Moderators: Michel Makaroun, MD
Gilbert R. Upchurch, Jr., MD

DESCRIPTIONS OF NOVEL ASPECTS OF DEVICES, TECHNIQUES FOR INSERTION AND CLINICAL RESULTS

6:45 – 6:50 Aorfix Endograft With The New IntelliFlex Delivery System For EVAR: Technique And Advantages
Andrew Holden, MBChB

6:50 – 6:55 Aorfix Endograft For EVAR: Interim Results Of The ARCHYTAS Post Market Registry Experience With On-Label And Off-Label Use Of The Graft With Unfavorable Anatomy
Vicente Rimbau, MD, PhD

6:55 – 7:00 Aorfix Endograft For EVAR: 3-Year Results Of PYTHAGORAS Pivotal PMA Trial In Standard And Angulated Neck AAAs
Mark F. Fillinger, MD

7:00 – 7:05 Gore C3 Excluder Endograft With C3 Delivery System Which Allows Graft Repositioning: Advantages And Experience In >200 AAA Patients
Athanasios Katsargyris, MD
Eric L.G. Verhoeven, MD, PhD

7:05 – 7:10 Gore Excluder Endograft For EVAR: 10-Year Experience Demonstrates Endograft Durability
Giovanni Pratesi, MD
7:10 – 7:15 Gore Conformable CEXC Excluder Endograft For EVAR: The Angle Of The Proximal Graft Body Can Be Actively Changed To Conform To AAA Neck Angulation: How Does It Work And Early Results
Marc R.H.M. van Sambeek, MD, PhD
Dittmar Boeckler, MD
Hence J.M. Verhagen, MD, PhD

7:15 – 7:20 Cordis Incraft Endograft For EVAR: 4-Year Experience: Advantages And European Trial Results
Giovanni Torsello, MD

7:20 – 7:31 Panel Discussion
Moderators: ShenMing Wang, MD, PhD
James F. McKinsey, MD

7:31 – 7:36 Fenestrated Anaconda Endograft (Vascutek) For Juxtarenal AAA Repairs And Type 1A Endoleaks: Advantages And European Multicenter Results To Date
Donald B. Reid, MD
Clark J. Zeebregts, MD, PhD
Afshin Assadian, MD

7:36 – 7:41 Anaconda ONE-LOK Endograft (Vascutek) For EVAR: Technical Advantages And 1 Year US Results
Christopher J. Kwolek, MD

7:41 – 7:46 Update On The Medtronic Fenestrated Endovascular Graft System For Juxtarenal EVAR: Technical Aspects And Advantages
Willem Wisselink, MD

7:46 – 7:51 Newly Modified Medtronic Endurant (EVO) Endograft: Initial Clinical Experience And Advantages
Gilbert R. Upchurch, Jr., MD

7:51 – 7:56 Ovation Endograft From TriVascular For EVAR: Advantages And Tips And Tricks For Use
David J. Minion, MD

7:56 – 8:01 Ovation Endograft From TriVascular: The Real World European Experience And Advantages
Patrick Peeters, MD

8:01 – 8:06 Ovation Prime Endograft From TriVascular: Midterm Results And Advantages
Carlo Setacci, MD
Francesco Setacci, MD

8:06 – 8:12 Panel Discussion

SESSION 56   (Grand Ballroom West, 3rd Floor)
MORE NEW OR IMPROVED DEVICES FOR EVAR
(5-MINUTE TALKS)
Moderators: Peter L. Faries, MD
Gary Giangola, MD

DESCRIPTION OF NOVEL ASPECTS OF DEVICES, TECHNIQUES FOR INSERTION AND CLINICAL RESULTS

8:12 – 8:17 Aorfix Endograft Can Be Effective In Badly Angled AAA Necks: Tips And Tricks To Make It Work And When It Will Not
Mahmoud B. Malas, MD, MHS

8:18 – 8:23 Treovance Endograft (Bolton Medical) For EVAR: Experience To Date And Advantages
Matthew J. Eagleton, MD

8:24 – 8:29 New Cook Zenith Alpha Endograft System For EVAR: Why It Is Better
Eric L.G. Verhoeven, MD, PhD

8:30 – 8:35 Nellix Endograft System From Endologix For Endovascular Aneurysm Sealing (EVAS): Clinical Experience To Date: Type 1A Endoleaks Can Occur And Can Cause Rupture But They Can Be Detected And Fixed: How To Do So
Dittmar Boeckler, MD

8:36 – 8:41 Nellix Endograft System For EVAS: Key Points From The Global Registry And How To Prevent, Diagnose And Treat Type IA Endoleaks
Andrew Holden, MBChB
Jean-Paul de Vries, MD, PhD
8:42 – 8:47 Nellix Endograft System For EVAS: What Are The Anatomic Restrictions: Can Chimney Grafts Be Used With It: How To Detect And Fix Gutter Endoleaks
Ian Loftus, MD

8:48 – 8:53 In Vitro Model Shows That Sac And Gutter Sealing Is Achieved With Chimney Graft And The Nellix Device If Certain Conditions Are Fulfilled
Jan D. Blankensteijn, MD

8:54 – 8:59 How The Nellix Device Can Be Used To Treat AAAs With Iliac Aneurysms: Tips And Tricks
Dainis K. Krievins, MD

9:00 – 9:05 Gore Excluder Iliac Branched Endograft Device For Hypogastric Revascularization: The Initial European Experience: Advantages And Limitations
Michel M.P. Reijnen, MD, PhD

9:06 – 9:11 1-Year US Results Of Gore Iliac Branched Endograft: Advantages And Limitations
Darren B. Schneider, MD

9:12 – 9:17 Cook Iliac Branched Device For Hypogastric Revascularization: Advantages And Long-Term Durability: Failure Rates And Contraindications
Fabio Verzini, MD, PhD

9:18 – 9:25 Panel Discussion

9:25 – 9:40 Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 57 (Grand Ballroom West, 3rd Floor)
NEW OR IMPROVED DEVICES FOR TEVAR OR BRANCHED EVAR FOR TAAAs

Moderators: Michael L. Marin, MD
Palma M. Shaw, MD

9:40 – 9:45 The Bolton Ascending Aortic Endovascular Endograft Device: Technical Aspects, Advantages And Limitations
Carlos E. Donayre, MD
Rodney A. White, MD

9:46 – 9:51 Bolton Relay Endograft System For TEVAR: Technical Description, Unique Advantages And Clinical Experience To Date
Vicente Riambau, MD, PhD

9:52 – 9:57 Bolton Aortic Arch Endograft Device: Technical Description, Advantages And Clinical Results
W. Anthony Lee, MD

9:58 – 10:03 Proximal Scalloped Endografts (Bolton) For TEVAR To Maintain Left Subclavian Flow: Advantages, Limitations And Midterm Results
Michael P. Jenkins, MBBS, BSc, MS

10:04 – 10:09 Advantages Of The Bolton Relay TEVAR Device With A Proximal Scallop: Can It Serve As An Off-The-Shelf Device
Jean-Marc Alsac, MD, PhD

10:10 – 10:15 Gore Conformable TAG (CTAG) Device For TEVAR: 2-Year Multicenter Trial Results
William D. Jordan, Jr., MD

Grayson H. Wheatley, MD

10:22 – 10:27 Cook Zenith Low Profile Alpha Endograft System For TEVAR: Advantages And Clinical Results
Germano Melissano, MD
Roberto Chiesa, MD

10:28 – 10:33 Cook Zenith Alpha Endograft Device For TEVAR: Advantages And Clinical Experience
Jean-Pierre Becquemin, MD

10:34 – 10:39 Cook T-Branch Off-The-Shelf Branched Endograft System For TAAAs: Extending Its Applicability
Marcelo Ferreira, MD

10:40 – 10:49 Panel Discussion
SESSION 58   (Grand Ballroom West, 3rd Floor)
NEW THORACIC AORTIC AND TAAA DEVICES

Moderators:  Eric E. Roselli, MD
             Luis A. Sanchez, MD

Clifford J. Buckley, MD

10:56 – 11:01 The Value And Limitations Of The New Lower Profile Devices For TEVAR
Giovanni Torsello, MD

11:02 – 11:07 A New Simplified Endovascular Graft For TAAAs: It Needs Only A Single Measurement: Neck Diameter For Planning And Graft Selection
Juan C. Parodi, MD

11:08 – 11:13 Update On The Zenith TX2-LP Endograft System For Treatment Of Blunt Thoracic Aortic Injuries: Advantages, Limitations And Results
Benjamin W. Starnes, MD

11:14 – 11:19 For Treating Ischemic Complications Of TBADs, The Petticoat Concept Using A Proximal Bolton Relay Or E-Vita (Jotec) TEVAR And Distal Jotec E-XL Bare Stent Is Valuable But 50% Of Patients Also Require Aortic Branch Stents: Clinical Results
Burkhart Zipfel, MD, PhD

LEFT SUBCLAVIAN ARTERY REVASCULARIZATION

11:20 – 11:25 Laser In Situ Fenestration Is The Best Way To Preserve LSA Flow When Its Origin Must Be Covered: Techniques, Limitations And Midterm Results
Jean M. Panneton, MD

11:26 – 11:31 The Medtronic Branched TEVAR Endograft – The Valiant Mona LSA System: Technique, Advantages And Results
Frank R. Arko, MD
Eric E. Roselli, MD

11:32 – 11:37 Gore Branched Endograft For Treating Arch Lesions: Technique, Early Results With The LSA And Future Potential For Treating Other Arch Branches
Michael D. Dake, MD

11:38 – 11:43 Will The Benefits Of LSA Branched TEVAR Devices Justify The Costs
Frank J. Criado, MD

11:44 – 11:49 New Developments In In Situ Fenestration: How Can It Be Made To Work In Complex Aortic And Arch Endografting
Björn Sonesson, 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 59   (Grand Ballroom West, 3rd Floor)
NEW DEVICES FOR TREATMENT OF LOWER EXTREMITY DISEASE

Moderators:  Gregory L. Moneta, MD
             Palma M. Shaw, MD

PROSTHETIC ARTERIAL GRAFTS

1:00 – 1:05 1-Year Results Of The FINAST RCT Comparing The Fusion Bioline Heparin Coated Prosthetic Graft vs. A Standard PTFE Graft For Femoropopliteal Bypasses: The Fusion Graft Had Better Patency And Less Suture Line Bleeding
Alan B. Lumsden, MD

1:06 – 1:11 Update On The Advantages Of Spiral Flow Prosthetic Grafts In Decreasing Intimal Hyperplasia After Bypasses
Sebastian E. Debus, MD, PhD
Christian A. Behrendt, MD
Hosam F. El Sayed, MD
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<td>Are Propaten-Bonded PTFE Arterial Femopop Grafts Cost Effective: How Well Does Their Improved Patency Persist</td>
<td>Jes S. Lindholt, MD</td>
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<td>1:18</td>
<td>Interesting Uses For The Gore Hybrid PTFE Graft Which Combines A Covered Self-Expanding Stent At One End With A Standard Vascular Graft At The Other End: Advantages And Limitations</td>
<td>Edward Y. Woo, MD</td>
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<td>1:24</td>
<td>Present Status Of Drug Eluting Devices In Tibial Artery Endovascular Treatments</td>
<td>Mark G. Davies, MD</td>
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<td>1:30</td>
<td>The Value Of DEBs In Infrapopliteal Arteries Is Promising: Why The In.Pact Deep Trial Failed To Show A Benefit And What Is Being Done To Make DEBs Work Better In Leg Arteries</td>
<td>Andrej Schmidt, MD</td>
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<td>1:36</td>
<td>A New Concept For Local Drug Delivery To Arteries Using The Bullfrog Catheter Technology From Mercator</td>
<td>Dierk Scheinert, MD</td>
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<td>1:42</td>
<td>Update On The Chocolate PTA Balloon: Mode Of Action, Advantages And Clinical Results</td>
<td>Jihad A. Mustapha, MD</td>
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<td>1:48</td>
<td>Value Of Bioabsorbable Antibiotic Impregnated Beads In Treating Vascular Graft Infections</td>
<td>Rabih A. Chaer, MD</td>
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**SESSION 60** (Grand Ballroom West, 3rd Floor)

**NEW STENT AND STENT-GRAFT DEVICES AND CONCEPTS**

**Moderators:** Peter A. Schneider, MD
Timur P. Sarac, MD

**BIODEGRADABLE STENTS**

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<tr>
<td>2:00</td>
<td>The ABSORB III Trial Results: The Pivotal US Approval Randomized Trial Of Bioabsorbable Scaffolds vs. Metallic Drug-Eluting Stents In Coronary Artery Disease</td>
<td>Gregg W. Stone, MD</td>
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<td>2:06</td>
<td>How Well Do Biodegradable Stents Work In The Coronary Arteries: Where Are They Going In Other Arteries – Especially Smaller Ones</td>
<td>Ron Waksman, MD</td>
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<td>2:12</td>
<td>1-Year Experience With Drug Eluting (Everolimus) Bioabsorbable Stents (ABSORB BVS From Abbott) In The BTK Arteries Including The Tibials</td>
<td>Ramon L. Varcoe, MD</td>
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<td>2:18</td>
<td>The ESPRIT Bioabsorbable DES In The SFA: 2-Year Results Are Promising</td>
<td>Johannes Lammer, MD</td>
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**OTHER NEW STENT TOPICS**

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<tr>
<td>2:24</td>
<td>New Approaches For DESs: The NITI DES Program: What Clever Ideas Are On The Horizon: We Are Just At The Beginning Of Better Endovascular Technology</td>
<td>Dierk Scheinert, MD</td>
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<td>2:30</td>
<td>Rethinking Stent Designs And Techniques For Use In The SFA: What Does The Future Hold</td>
<td>Brian G. DeRubertis, MD</td>
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<td>2:36</td>
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<td>2:43</td>
<td>New Nitinol Stents (Like SMART CONTROL From Cordis) In The SFA: Are They Better Than The Old Ones For Patency And Effectiveness – Especially For More Complex Lesions</td>
<td>Daniel G. Clair, MD</td>
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<td>2:49</td>
<td>Pulsar Nitinol Stent In Combination With Other Adjunctive Techniques (DEBs, Scoring Balloons, Debulking Devices): 12-Month Results Of The BIOFLEX Registry Are Promising</td>
<td>Michael K.W. Lichtenberg, MD</td>
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2:55 – 3:00  > 1 Year Experience With The Unique Two Component Gore Tigris Stent In The SFA And Popliteal Artery: What Are Its Unique Advantages And Limitations
   Andrej Schmidt, MD

3:01 – 3:06  Self-Expanding Thin Strut Nitinol Stents (Pulsar) Plus DEBs: 2-Year Results From The DEBAS Trial Are Promising
   B. Patrice Mwipatayi, FRACS

3:07 – 3:12  A Long Self-Expanding Bare Metal Stent (EverFlex From Covidien) Can Be Effective In Treating Complex Fempop Lesions: 3-Year Results From The DURABILITY II Trial
   Jon S. Matsumura, MD
   Krishna J. Rocha-Singh, MD

   Werner Lang, MD

3:19 – 3:26  Panel Discussion

3:26 – 3:40  Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 61  (Grand Ballroom West, 3rd Floor)
PREVENTING AND TREATING MIGRATION AND ENDOLEAKS: UPDATE ON HELI-FX ENDOANCHORS
Moderators:  Mark A. Farber, MD
            Gregg S. Landis, MD

3:40 – 3:45  How Effective Is Embolization (With Coils And Onyx) For Otherwise Untreatable Proximal Type 1 Endoleaks After EVAR: Techniques, Midterm Outcomes, Pitfalls And Patient Selection
   Robert A. Morgan, MD

3:46 – 3:51  When Do Aptus EndoAnchors Work In EVAR And When Don’t They: Update On ANCHOR Registry: Do EndoAnchors Prevent Type 1A Endoleaks
   William D. Jordan, Jr., MD

3:52 – 3:57  Can EndoAnchors Fix Early And Late Type 1A Endoleaks: Do They Prevent Migration
   Jean-Paul de Vries, MD, PhD

3:58 – 4:03  Treatment Of Endograft Migration With Type 1A Endoleak With Chimney Grafts: Technical Tips And Results
   Ignacio Escotto, MD

4:04 – 4:09  EndoAnchors Can Increase EVAR Durability: Comparison Of Matched Patients With And Without EndoAnchors
   Bart E. Muhs, MD, PhD

4:10 – 4:15  Do EndoAnchors Stop Or Delay AAA Neck Dilatation After EVAR
   Apostolos K. Tassiopoulos, MD

4:16 – 4:21  Tips And Tricks For EndoAnchor Use During TEVAR: When Are They Indicated
   Grayson H. Wheatley, MD

4:22 – 4:27  Technique Of EndoAnchor Placement During TEVAR: Indications And Results
   Jean M. Panneton, MD

4:28 – 4:33  Use Of EndoAnchors To Seal Gutter Endoleaks After Parallel Grafts With TEVAR And EVAR: Technical Consideration And How To Place Them
   Zvonimir Krajcer, MD

4:34 – 4:39  Value Of EndoAnchors In Complex TEVARs And F/B EVARs: Indications And Technical Tips
   Piotr M. Kasprzak, MD

4:40 – 4:47  Panel Discussion
NEW DEVICES AND CONCEPTS FOR EMBOLIZATION, THROMBECTOMY AND THROMBOLYSIS

Moderators: Christopher J. Kwolek, MD
            Nicholas J. Morrissey, MD

4:48 – 4:53 POD Coils From Penumbra: A New Better Coil Embolization Device Which Fixes Coils To Vessel Wall And Permits Tighter Packing: Technical Aspects And Clinical Experience
            Frank R. Arko, MD

4:54 – 4:59 Clinical Experience With PODCOIL Embolization In The ACE Multicenter Study
            Claudio J. Schönholz, MD

CATHETER THROMBECTOMY AND THROMBOLYSIS (SEE ALSO SESSION 29)

5:00 – 5:05 Indigo Catheter Thrombectomy System From Penumbra: A Novel Endovascular Way To Remove Clot From Medium-Sized And Small Arteries: What Makes It Different And Better And Multicenter Clinical Results From The PRISM Trial
            James F. Benenati, MD

5:06 – 5:11 Advantages Of The Indigo Thrombectomy Device For Treating ALI: How Does It Work And Why Does It Get Fresh And Old Clot Out More Effectively Than Other Systems
            Patrick E. Muck, MD

5:12 – 5:17 The Indigo Thrombectomy System Reduces The Need For Thrombolitics And Decreases The Risk And Cost Of Treatment For ALI
            Frank R. Arko, MD

            Thomas O. McNamara, MD

5:24 – 5:29 How To Decrease Bleeding Associated With Catheter Directed Thrombolysis And Improve Clot Lysis And Safety With A Microbubble Technique: Technical Aspects And Results
            Kak Khee Yeung, MD, PhD

5:30 – 5:35 There Is No Advantage To Giving Heparin With Intra-arterial Thrombolysis: How To Prevent Clot Formation On Catheters And Sheaths
            Martin Björck, MD, PhD

5:36 – 5:44 Panel Discussion

End of Program H

PROGRAM I (SESSIONS 63-70)
SUPERFICIAL VENOUS DISEASE
Trianon Ballroom, 3rd Floor

SESSION 63 (Trianon Ballroom, 3rd Floor)
VENOUS CLINICAL EXAMINATION AND HEMODYNAMICS

Moderators: Jose I. Almeida, MD, RVT, RPVI
            Lowell S. Kabnick, MD, RPhS
            Thomas W. Wakefield, MD

7:30 – 7:31 Introduction To Veins At VEITH
            Jose I. Almeida, MD, RVT, RPVI

7:31 – 7:36 Establishing The Treatment Plan With CEAP & VCSS
            Jose I. Almeida, MD, RVT, RPVI

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

7:43 – 7:48 Identifying Reflux Pathways With Duplex Ultrasound Mapping
            Neil M. Khilnani, MD

7:49 – 7:54 Symptoms Of Chronic Venous Disease: Definition And Significance
            Raghu Kolluri, MD

7:55 – 8:00 Veins: Beginning Or End Of Circulation: Differences In Physiology And Pathology
            Seshadri Raju, MD

8:01 – 8:06 Air Plethysmography For Beginners
            Andrew N. Nicolaides, MS
8:07 – 8:12 Hemodynamic Approach On Superficial Venous Reflux (ASVAL): Does It Work
Sylvain Chastanet, MD

8:13 – 8:18 Hemodynamic Approach On Superficial Venous Reflux (CHIVA): Does It Work
Paolo Zamboni, MD

8:19 – 8:24 A New Look At Venous Hemodynamics: Measuring Reflux And Venous Outflow Obstruction
Andrew N. Nicolaides, MS

8:25 – 8:30 Panel Discussion

SESSION 64  (Trianon Ballroom, 3rd Floor)
VENOUS IMAGING TECHNIQUES
Moderators:	Jose I. Almeida, MD, RVT, RPVI
Mark H. Meissner, MD

8:31 – 8:36 Duplex Mapping: Tweaking The Buttons For Image Optimization
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 Reflux Exam In The Standing Position: Why Is This Still Controversial
Mark H. Meissner, MD

8:49 – 8:54 The Argument Against Routine Duplex Ultrasound After Truncal Ablation: An Evidence-Based Cost-Benefit Analysis
Thomas F. O'Donnell, Jr., 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 The Use Of Wound Planimetry To Guide Decisions About Superficial And Perforator Ablations
Peter F. Lawrence, MD

9:07 – 9:12 CI Disease And Truncal Incompetence: To Ablate Or Not To Ablate
Jose I. Almeida, MD, RVT, RPVI

9:13 – 9:18 Panel Discussion

SESSION 65  (Trianon Ballroom, 3rd Floor)
SUPERFICIAL VEIN TREATMENT STRATEGIES AND TECHNIQUES
Moderators:	Lowell S. Kabnick, MD, RPhS
Alun H. Davies, MA, DM, DSc

9:19 – 9:24 Staged Phlebectomy: Why
Jean Luc Gerard, MD

9:25 – 9:30 Concomitant Treatment Of Truncal Reflux And Varicose Tributaries Is The Gold Standard
Alun H. Davies, MA, DM, DSc

9:31 – 9:36 Lessons Learned: RF Ablation
Mark S. Whiteley, MS

9:37 – 9:42 Lessons Learned: Laser Ablation
Jean Luc Gerard, MD

9:43 – 9:48 Lessons Learned: MOCA Ablation
Steve Elias, MS

9:49 – 9:54 Step By Step: Cyanoacrylate Embolic Adhesive
Ian J. Franklin, Mr., MS

9:55 – 10:00 Step By Step: Proprietary Foam
Kathleen D. Gibson, MD

10:01 – 10:06 Step By Step: Phlebectomy
Lowell S. Kabnick, MD, RPhS

Ian J. Franklin, Mr., MS

10:13 – 10:18 A Strategy For Treatment Of Complex And Extensive Venous Burden
Barrie A. Price, Mr., MD, MS
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<td>10:19 – 10:24</td>
<td>Superficial Reflux With Obstructed Deep Veins: When And When Not To Treat</td>
<td>Manj S. Gohel, MD, RCS</td>
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<td>10:25 – 10:30</td>
<td>Incidence, Causes, And Treatment Of Recurrent Varicose Veins Following Endovenous Thermal Ablation</td>
<td>Edward G. Mackay, MD</td>
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<td>10:31 – 10:36</td>
<td>Will The 1920nm Laser Be The Best</td>
<td>Lowell S. Kabnick, MD, RPhS</td>
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<td>10:37 – 10:42</td>
<td>Concomitant Truncal Venous Incompetence And Lymphedema: To Ablate Or Not To Ablate</td>
<td>Paul Pittaluga, MD</td>
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<td>10:43 – 10:48</td>
<td>Reflux Extending To The Ankle: When And How To Treat</td>
<td>Steve Elias, MD</td>
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<td>10:55 – 11:00</td>
<td>25 Years Of IAC-VL And Still No Link To Reimbursement: Should I Continue Spending Money To Re-Accredit</td>
<td>Mark H. Meissner, MD</td>
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<td>11:01 – 11:06</td>
<td>IAC Vein Center: Importance And Update</td>
<td>Alan M. Dietzek, MD, RPVI</td>
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<td>11:07 – 11:12</td>
<td>How To Deal With LCDs</td>
<td>Harold J. Welch, MD</td>
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<td>11:13 – 11:18</td>
<td>Medicare Policy, Payments And Pitfalls</td>
<td>Harold J. Welch, MD</td>
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<td>11:19 – 11:24</td>
<td>How Should Reflux Testing Be Performed According To IAC-VL</td>
<td>Ellen D. Dillavou, MD</td>
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<td>11:25 – 11:30</td>
<td>Outpatient Interventions: Are Controls Needed</td>
<td>Paul J. Gagne, MD</td>
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<td>11:31 – 11:36</td>
<td>Update On The SVS-PSO VQI Venous Registry</td>
<td>Jose I. Almeida, MD, RVT, RPVI</td>
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<td>11:37 – 11:42</td>
<td>What Is The Future Of Venous Reimbursement</td>
<td>Glenn Jacobowitz, MD</td>
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<td>11:49 – 11:54</td>
<td>Economic Forecast And Recommendations For Venous Intervention</td>
<td>Peter F. Lawrence, MD</td>
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<td>11:55 – 12:00</td>
<td>Panel Discussion</td>
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<td>12:00 – 12:59</td>
<td>Lunch Break – 2nd Floor Promenade</td>
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**SESSION 67** (Trianon Ballroom, 3rd Floor)

**EXAMINING THE EVIDENCE**

**Moderators:**

- Thomas W. Wakefield, MD
- Bo G. Eklof, MD, PhD

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<td>C6 Disease: Is Superficial Surgery A Cost Benefit</td>
<td>Thomas F. O'Donnell, Jr., MD</td>
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<tr>
<td>1:06 – 1:11</td>
<td>C6 Disease: When To Ablate A Refluxing Saphenous Vein</td>
<td>Brajesh K. Lal, MD</td>
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<tr>
<td>1:12 – 1:17</td>
<td>C5 Or C6 With Arterial Claudication: Which Comes First</td>
<td>Marc A. Passman, MD</td>
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</table>
1:18 – 1:23  C6: Treat Central Venous Occlusion First  
Lowell S. Kabnick, MD, RPhS

1:24 – 1:29  Perforator Ablation For C3 Or C4  
John Blebea, MD, MBA

1:30 – 1:35  Is Accessory Saphenous Vein Ablation Experimental  
Elna M. Masuda, MD

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:  
Thomas W. Wakefield, MD  
Lowell S. Kabnick, MD, RPhS

1:54 – 1:59  Is The Saphenous Vein Sacred  
Paul Pittaluga, MD

2:00 – 2:05  Sclerotherapy Pearls  
Neil M. Khilnani, MD

2:06 – 2:11  Should You Use Foam For Telangiectasia Or Reticular Veins: Where Is The Evidence  
Ellen D. Dillavou, MD

2:12 – 2:17  Neurological Complications Of Sclerotherapy For Varicose Veins  
Edward G. Mackay, MD

2:18 – 2:23  Why Not Use Homemade Foam For The GSV  
Lowell S. Kabnick, MD, RPhS

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

2:30 – 2:35  Superficial Vein Thrombophlebitis: To Treat Or Not To Treat  
Dawn M. Coleman, MD

2:36 – 2:41  SVT In The Pregnant Patient  
Joann Lohr, MD

2:42 – 2:47  Panel Discussion

SESSION 69  (Trianon Ballroom, 3rd Floor)
SUPERFICIAL VENOUS ABLATION, COMPRESSION AND RESEARCH

Moderators:  
John Blebea, MD, MBA  
Mark A. Adelman, MD

2:48 – 2:53  How To Properly Design And Interpret Clinical Trials  
Thomas W. Wakefield, MD

2:54 – 2:59  Thermal Ablation On Anticoagulated Patients: Is It Safe And Effective  
Glenn Jacobowitz, MD

3:00 – 3:05  VeClose Randomized Clinical Trial: 12-Month Follow-Up Results - VenaSeal vs. RFT (ClosureFast)  
Kathleen D. Gibson, MD

Thomas W. Wakefield, MD

3:13 – 3:18  Biological Differences And Similarities Between 147nm And 1920nm On The Vein Wall: Using Immunocytochemistry  
Mark S. Whiteley, MS

3:19 – 3:24  Varithena: Summary Phase 3 Trials  
Lowell S. Kabnick, MD, RPhS
3:25 – 3:30 The SECURE Trial: Update On Perforator Ablation  
Mark A. Adelman, MD

3:31 – 3:36 Endovenous Thermal Ablation RCTs: Do We Know Enough  
Peter Gloviczki, MD

3:37 – 3:42 Can Real World Experience Contradict RCTs (e.g., ESCHAR Trial)  
Alfred M. Obermayer, MD

3:43 – 3:48 Shocking: All Companies’ Graduated Compression Measurements Are Not The Same  
John Blebea, MD, MBA

3:49 – 3:54 What To Do When Stockings Fail To Control Swelling  
Mark H. Meissner, MD

3:55 – 4:00 What Does Compression Add To Thermal Ablation  
Todd Berland, MD

4:01 – 4:06 What Is Short-Stretch Compression And Why Is That Important For Vascular Surgeons  
Fedor Lurie, MD, PhD

4:07 – 4:12 Panel Discussion

SESSION 70  (Triannon Ballroom, 3rd Floor)  
VENOUS PRACTICE MANAGEMENT  
Moderators: Lowell S. Kabnick, MD, RPhS  
Peter F. Lawrence, MD

4:13 – 4:18 Five Things Your Office Manager Should Be Doing  
Barrie A. Price, Mr., MD, MS

4:19 – 4:24 Non-Thermal Devices Are Available For Truncal Ablation: How To Implement In Practice Without Dedicated CPT Codes  
Steve Elias, MD

4:25 – 4:30 Venous EMR Trials And Tribulations  
Edward G. Mackay, MD

4:31 – 4:36 Marketing Your Vein Practice  
Mark S. Whiteley, MS

4:37 – 4:42 Optimizing Patient Throughput And Increasing Patient Satisfaction: Lean Six Sigma  
Christopher M. Banoub, MPA

4:43 – 4:48 Practice Building Tips For Venous Specialists  
Edward G. Mackay, MD

4:49 – 4:54 How To Get Vascular Surgeons Engaged In Venous Disease  
Peter F. Lawrence, MD

4:55 – 5:00 Panel Discussion

End of Program I

PROGRAM J  (SESSIONS 71-76)  
AIMsymposium MULTIDISCIPLINARY ACUTE STROKE MANAGEMENT  
Murray Hill Suites East and West, 2nd Floor  
(Please visit AIMsymposium.org for complete Program details.)

SESSION 71  (Murray Hill Suites East and West, 2nd Floor)  
THE OPENING OF A NEW ERA: STROKE TRIALS AND EVIDENCE

8:00 – 8:05 Introduction

8:06 – 8:16 Stroke Demographics And Epidemiology

8:17 – 8:27 Recent Negative NEJM Trials: What Did We Learn

8:28 – 8:38 MR CLEAN

8:39 – 8:49 ESCAPE

8:50 – 9:00 SWIFT PRIME

9:01 – 9:11 Innovative Endovascular Therapy: From Trials To Practice

9:12 – 9:22 REVASCAT
9:23 – 9:33 THERAPY
9:34 – 9:44 Evidence Shared By Trials
9:45 – 9:55 Important Differences In Trials
9:56 – 10:05 Panel Discussion
10:05 – 10:25 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 72  (Murray Hill Suites East and West, 2nd Floor)
TRIAGE STRATEGIES THAT NEED TO BE ADDRESSED
10:26 – 10:36 Prior To The ER And Transport Issues
10:37 – 10:47 Emergency Room Issues And Solutions
10:48 – 10:58 Telestroke Implementation And Problems
10:59 – 11:09 Data: We Should Require Documenting Time Points: AKA Cardiology
11:10 – 11:20 DEBATE: Cardiologists Can Do This: Why I Agree
11:21 – 11:31 DEBATE: Interventional Neuro Specialists Are Plentiful And The Appropriate Standard Of Care
11:32 – 11:42 Stroke Care Organization: Rural vs. City
11:43 – 11:53 Wake Up Strokes: Do We Have Any Data Or Not
11:54 – 12:04 Panel Discussion

SESSION 73  (Murray Hill Suites East and West, 2nd Floor)
LUNCHEON SESSION: NEW FRONTIERS IN BRAIN HEMORRHAGE EVACUATION
12:05 – 12:17 The Rationale For Minimally Invasive Surgery For The Evacuation Of Intracranial Hemorrhage
12:18 – 12:30 Minimally Invasive Access Surgery For Intracerebral Hemorrhage: Early Results And Future Directions
12:31 – 12:43 Minimally Invasive Surgery With Apollo: Experience To Date And Next Steps
12:44 – 12:59 Panel Discussion

SESSION 74  (Murray Hill Suites East and West, 2nd Floor)
PATIENT SELECTION AND STATE-OF-THE-ART IMAGING
1:00 – 1:10 Basics Of Imaging For Stroke And The Latest Tools
1:11 – 1:21 Clinical Triage Basics
1:22 – 1:32 CT/CTA Is The Standard And All I Need
1:33 – 1:43 Perfusion Is A Necessity For Best Practice And I Can Prove It
1:44 – 1:54 Size Of The Core And The Physiology Of Progression: My Pearls
1:55 – 2:05 Collateral Imaging At Its Best

SESSION 75  (Murray Hill Suites East and West, 2nd Floor)
HEMORRHAGIC STROKE
2:06 – 2:16 Intraparenchymal Hemorrhage: When To Decompress
2:17 – 2:27 Imaging Of Parenchymal Clots: Signs That Make You Worry
2:50 – 3:00 Wide Neck Aneurysms: New Devices And Strategies
3:01 – 3:11 Flow Diversion: Next Generation Ideas
3:12 – 3:22 Managing Complications Of Aneurysm Therapy
3:23 – 3:33 AVM Treatment Options And Why
3:34 – 3:44 Dural Fistula: Venous Approaches
3:45 – 3:55 Dural Sinus Stenosis: When And Why I Treat
3:56 – 4:06 Direct Radial, Carotid And Venous Access
SESSION 76  (Murray Hill Suites East and West, 2nd Floor)
LATEST SCIENCE, LITERATURE AND NEWEST DEVICES

4:07  –  4:17  Suction Thrombectomy: Distal And Proximal
4:18  –  4:28  Stent Retrievers Are The Standard Of Care: The Evidence
4:29  –  4:39  Treating Stroke After The Time Window Closes: Physiology And Practical Issues
4:40  –  4:50  Posterior Circulation Ischemia: Is There A Role For Thrombectomy
4:51  –  5:01  Posterior Circulation Stroke: Strategies
5:02  –  5:12  Economics Of Stroke Therapy
5:13  –  5:23  Comprehensive Stroke Centers: Is It Going To Be Required For Treatment
5:24  –  5:30  Panel Discussion

End of Program

FRIDAY, NOVEMBER 20, 2015

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 77-84)
New Techniques, Technology And Concepts; Carotid, Thoracic And Abdominal Aneurysm Disease; Spinal Cord Ischemia (SCI); CAS And CEA; Updates And New Concepts
6:40 A.M. – 5:55 P.M.
Grand Ballroom East, 3rd Floor

PROGRAM L:  (SESSIONS 85-92)
Popliteal Disease; Arterial Graft And Aneurysm Infection; Progress In Imaging And Hybrid ORs; Medical Treatment; Updates; Vascular Trauma; Thoracic Outlet Syndrome (TOS); Recorded Live Aneurysm Cases; Radiation Safety
6:45 A.M. – 5:56 P.M.
Grand Ballroom West, 3rd Floor

PROGRAM M:  (SESSIONS 93-97)
Deep Venous Disease
7:00 A.M. – 5:00 P.M.
Trianon Ballroom, 3rd Floor
Course Leaders: Jose J. Almeida, MD, RVT, RPVI
Lowell S. Kabnick, MD, RPhS
Thomas W. Wakefield, MD

PROGRAM N:  (SESSIONS 98-101)
Complex Vascular Malformations And Vascular Tumors
7:55 A.M. – 5:15 P.M.
Gramercy Suites East and West, 2nd Floor
Course Leaders: Krassi Ivancev, MD, PhD
Robert L. Vogelzang, MD

PROGRAM K  (SESSIONS 77-84)
NEW TECHNIQUES, TECHNOLOGY AND CONCEPTS; CAROTID, THORACIC AND ABDOMINAL ANEURYSM DISEASE; SPINAL CORD ISCHEMIA (SCI); CAS AND CEA; UPDATES AND NEW CONCEPTS
Grand Ballroom East, 3rd Floor

SESSION 77  (Grand Ballroom East, 3rd Floor)
NEW TECHNIQUES, TECHNOLOGIES, CONCEPTS – CAROTID RELATED
Moderators: Claudio J. Schönholz, MD
Sriram S. Iyer, MD
6:46 – 6:51 Current Optimal Methods To Evaluate Plaque Instability With Asymptomatic Carotid Stenosis (ACS)
Clark J. Zeebregts, MD, PhD

6:52 – 6:57 Juxtaluminal Black Area (JBA) On Duplex Determines Stroke Risk In ACS Patients: How To Determine And Quantitate It: Can It Be Changed: What Other Factors Quantitate Risk
Andrew N. Nicolaides, MS
Stavros Kakkos, MD, PhD

6:58 – 7:03 DEBATE: Patch Closure After CEA Should Be Used Most Of The Time: The Level 1 Evidence Shows It
Ali F. AbuRahma, MD

7:04 – 7:09 DEBATE: Patch Closure After CEA Is Usually Not Needed Despite The Level 1 Evidence
Nicholas J. Gargiulo III, MD

7:10 – 7:15 DEBATE: If Certain Techniques Are Employed, Patch Closure After CEA Is Not Always Needed And Patch Closures Have Complications: What Are They
Glenn M. LaMuraglia, MD

7:16 – 7:21 Is Preop Coronary Angiography Before CEA Beneficial Over The Long-Term: Based On A RCT
Jean-Baptiste Ricco, MD, PhD

MESH COVERED CAROTID STENTS

7:22 – 7:27 Midterm Results With A Micromesh Covered Stent For CAS (The Roadsaver Stent From Terumo); What Are The Differences Between The 3 Available Mesh Covered Stents
Max Amor, MD

7:28 – 7:33 Technical Aspects And Results With The Gore Scaffold Mesh Covered Stent For CAS: Are Any Of These Mesh Covered Stents Ready For Prime Time
Peter A. Schneider, MD
Claudio J. Schönholz, MD

7:34 – 7:39 MicroNet Covered Embolic Prevention Carotid Stent System: From CARENET And PARADIGM Studies To Routine Clinical Practice
Piotr Musialek, MD, DPhil

7:40 – 7:45 Update On Value Of Contrast Enhanced 3D Duplex And Carotid Artery Flow Dynamics To Detect Plaque Changes And Identify High Risk ACS Patients For Invasive Treatment
Brajesh K. Lal, MD

7:46 – 7:51 MRI Can Determine Carotid Plaque Characteristics And Embolic Risk Prospectively: These MRI Findings Correlate With Symptoms, TCD Hits And Cognitive Changes
Peter L. Faries, MD

7:52 – 8:00 Panel Discussion

SESSION 78   (Grand Ballroom East, 3rd Floor)
MORE ABOUT COMPLEX ANEURYSM TREATMENT AND SPINAL CORD ISCHEMIA (SCI)
Moderators: Gustavo S. Oderich, MD
Christian D. Etz, MD, PhD

SPINAL CORD ISCHEMIA (SCI) AND ITS PREVENTION

8:00 – 8:05 Mechanisms Of Neuronal Death In SCI With Aortic Repairs And What Can Be Done To Minimize It: CSF Drainage And High BP Will Not Stop All SCI: An Anesthesiologist’s Perspective
Hamdy Awad, MD

8:06 – 8:11 Pitfalls And Safeguards In Spinal Cord Protection During And After TEVAR
Vicente Riaimbau, MD, PhD

8:12 – 8:17 Institutional And Administrative Barriers To Adequate Spinal Cord Protection Treatment After TAAA Repair – Open And Endo
Charles W. Acher, MD

8:18 – 8:23 New Concepts In Causes And Treatment Of SCI With TAAA Repairs – Open And Endo: Why Preemptive Ischemic Preconditioning With Coil Embolization Of Intercostals May Help Prevent SCI
Christian D. Etz, MD, PhD

8:24 – 8:29 Optimal Approaches To Decrease SCI After TEVAR And Open TAAA Repair
Michael J. Jacobs, MD
8:30 – 8:35 2 Staging B/FEVAR Procedures For Complex TAAAs Is A Better Way Than Leaving A Patent Branch To Prevent SCI: Why
Matthew J. Eagleton, MD

Geert Willem H. Schurink, MD, PhD

8:42 – 8:47 Impact Of Early Pelvic And Lower Extremity Reperfusion In Preventing SCI During TAAA Endovascular Repairs: Techniques To Achieve It
Stephan Haulon, MD

8:48 – 8:53 Predictors Of SCI During TEVAR For TBAD And Strategies To Prevent It
Chang Shu, MD

8:54 – 8:59 Paraplegia After TEVAR: Etiology And Strategies To Prevent It
Germano Melissano, MD
Yamume Tshomba, MD
Roberto Chiesa, MD

9:00 – 9:07 Panel Discussion

9:07 – 9:23 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 79   (Grand Ballroom East, 3rd Floor)
CAROTID RELATED TOPICS

Moderators: Giorgio M. Biasi, MD
Enrico Ascher, MD

9:23 – 9:28 Safety And Effectiveness Of CAS With Radiation Induced Carotid Stenosis: Review Of A Multicenter Experience
Peter L. Faries, MD

Beatrice R. Amann-Vesti, MD

9:35 – 9:40 Carotid Artery Aneurysms: Is Open Surgery The Best Treatment For Most: When Are Endovascular Techniques Indicated
Gregg S. Landis, MD

9:41 – 9:46 How To Increase Intelligence By Increasing Cerebral Blood Flow: Can A Pill Do It
Juan C. Parodi, MD

Brajesh K. Lal, MD

9:53 – 9:58 Implications Of The 2014 Revisions Of The AHA Carotid Guidelines For Symptomatic Patients: What Was Changed And What Should Have Been Changed
Kosmas I. Paraskevas, MD

9:59 – 10:05 Panel Discussion

Moderators: Peter L. Faries, MD
Juan C. Parodi, MD

PROGRESS IN EMBOLIC BRAIN PROTECTION DURING CAS

10:05 – 10:10 What Is New In Cerebral Embolic Protection Devices
Mark H. Wholey, MD

10:11 – 10:16 Some Form Of Proximal Brain Protection Should Be The Method Of Choice With CAS And Why
Sumaira Macdonald, MBChB, PhD
Horst Sievert, MD

10:17 – 10:22 CAS In High Risk Patients Has A Lower Embolic Stroke Risk With The Silk Road Cervical Access And Reversal Of Flow System: Outcomes Can Be As Good As With CEA (From The PROOF Trial)
Ralf R. Kolvenbach, MD
10:23 – 10:28 Transcervical Carotid Open Exposure And CAS With The Silk Road System And Flow Reversal: Favorable Results Of The ROADSTER Trial In High Risk Patients
Christopher J. Kwolek, MD
Richard P. Cambria, MD

10:29 – 10:34 **DEBATE:** A Surgeon’s View Of The Silk Road System Of Cervical Access And Reversal Of Flow For CAS
*L. Nelson Hopkins, MD*

10:35 – 10:40 **DEBATE:** An Interventionalists’s View Of The Silk Road System Of Cervical Access And Reversal Of Flow For CAS
*Klaus D. Mathias, MD*

10:41 – 10:47 Panel Discussion

**SESSION 80** (Grand Ballroom East, 3rd Floor)
MORE CAROTID RELATED TOPICS: CAS vs. CEA
*Moderators: L. Nelson Hopkins, MD Frank J. Veith, MD*

10:47 – 10:52 Double Filtration Embolic Brain Protection During CAS Improves Outcomes: A Novel PTA Balloon With An Integrated Filter Helps To Do This: The Paladin Balloon
*Ravish Sachar, MD*

10:53 – 10:58 Effect Of Statins On Restenosis And Late Patient Survival After CEA
*Ali F. AbuRahma, MD*

10:59 – 11:04 How Enlightened Surgeons Should Select Asymptomatic Carotid Stenosis (ACS) Patients For CEA; For CAS; For BMRx Alone: All ACS Patients Should Get BMRx
*Anthony J. Comerota, MD*

11:05 – 11:10 Striking Variability In Preop Carotid Imaging Before Invasive Treatment In Different Locations And Why It’s Bad For Patient Care
*Andres Schanzer, MD*

11:11 – 11:16 **DEBATE:** Early CEA In Symptomatic Carotid Stenosis Patients Within <2 Weeks Of The First Symptom Carries No Increased Risk Even If The Patient Is On Dual Antiplatelet Agents
*Ross Naylor, MD*

11:17 – 11:22 **DEBATE:** Not So: Early CEA After Symptom Onset Has A Higher Risk Of Adverse Events (Death/Stroke) Than Delayed Operation: How Long Should CEA Be Delayed
*Thomas C. Bower, MD*

11:23 – 11:28 Current Optimal Ways To Manage Infected Carotid Patches When There Is No False Aneurysm And When There Is One
*Patrick A. Stone, MD*

11:29 – 11:34 **DEBATE:** CMS Data Based Studies Tell Us Correctly About CEA And CAS Results In Real World Practice
*Thomas G. Brott, MD*

11:35 – 11:40 **DEBATE:** Not So: CMS Data Based Studies Are Flawed Models Sinking In The Quicksand Of Pseudo-Data
*Richard P. Cambria, MD*

*Alison Halliday, MS*

11:47 – 11:52 Panel Discussion

11:55 – 12:00 Associate Faculty Awards Presentation
*Enrico Ascher, MD Alan Dardik, MD, PhD*

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

**SESSION 81** (Grand Ballroom East, 3rd Floor)
MORE NEW DEVELOPMENTS IN CAROTID DISEASE, ONGOING TRIALS AND CONTROVERSIES
*Moderators: Brajesh K. Lal, MD Frank J. Veith, MD*
1:00 – 1:05 Predictors Of Stroke And Death After CAS: Post-Stent Ballooning Is Bad And Proper Use Of Beta Blockers Is Good: Data From The SVS VQI
Mahmoud B. Malas, MD, MHS

1:06 – 1:11 Guidelines For Management Of Carotid Stenosis Are Outdated, Inconsistent And Flawed: It Is Time For An Overhaul And Update
Anne L. Abbott, MD, PhD

1:12 – 1:17 How Do The SVS Guidelines For Management Of Extracranial Carotid Disease Impact On Clinical Practice: Do They Need To Be Updated
Enrico Ascher, MD

1:18 – 1:23 What Are The Ongoing Carotid Trials (CREST-2, SPACE-2, ACST-2, ACT-1, ECST-2) Telling Us And Going To Tell Us
Alison Halliday, MS

1:24 – 1:29 Status Of The SPACE-2 Trial: Although Patient Enrollment Has Been Stopped, What Useful Information Will It Provide
Hans-Henning Eckstein, MD, PhD

1:30 – 1:35 What Is Happening With CREST-2: When Will We Have Answers
Thomas G. Brott, MD
Brajesh K. Lal, MD

1:36 – 1:41 Why CREST-2 May Be A Bad Deal For CAS
Mark H. Wholey, MD

1:42 – 1:48 Panel Discussion
Moderators: Thomas G. Brott, MD
Mark H. Wholey, MD

1:48 – 1:53 DEBATE: Which Carotid Stenosis Patients Are Candidates For CAS In 2015: An Interventionist’s View
Klaus D. Mathias, MD

1:54 – 1:59 DEBATE: Which Carotid Stenosis Patients Are Appropriate Candidates For CAS In 2015: A Vascular Surgeon’s View
Bruce A. Perler, MD, MBA

2:00 – 2:05 What Lesion Characteristics Are Higher Risk For CAS Than CEA: How Should They Influence The Choice Of Treatment In Symptomatic And Asymptomatic Patients: Data From CREST
Wesley S. Moore, MD

2:06 – 2:11 DEBATE: Screening For Asymptomatic Carotid Stenosis (ACS) Is Justified In Some Patients: Which Ones And For What Reason
Glenn Jacobowitz, MD

2:12 – 2:17 DEBATE: Screening For ACS Is Not Justified For Any Reason
Erich Minar, MD

2:18 – 2:23 CEA, CAS And Best Medical Treatment (BMRx) Alone: Which Treatment For Which Patient
R. Clement Darling III, MD

2:24 – 2:29 Early Intervention After Symptom Onset Is Safe With CEA But Not With CAS
Hans-Henning Eckstein, MD, PhD

2:30 – 2:36 Panel Discussion

SESSION 82 (Grand Ballroom East, 3rd Floor)
LATE BREAKING IMPORTANT INFORMATION, KEY UPDATES AND PEVAR
Moderators: Pedro P. Komlos, MD
Mark A. Adelman, MD

2:36 – 2:41 Statins Are Safe, Cheap And Effective And Should Be Used More Widely: Late Breaking Long-Term Results Of The MRC/BHF HEART PROTECTION Study Of Statins vs. Placebo
Richard Bulbulia, MA, MD

2:42 – 2:47 Do ACE Inhibitors Slow AAA Growth: The AARDVARK Trial
Janet T. Powell, MD, PhD

2:48 – 2:53 What’s New With Stem Cell Treatment For Unfixable CLI: What About For Myocardial Ischemia
Alan Dardik, MD, PhD
2:54 – 2:59  Active Smoking Increases The Risk Of Limb Loss After Infringuinal Bypass For Intermittent Claudication
Raghuveer Vallabhaneni, MD

3:00 – 3:05  Dual Antiplatelet Drugs Are Better Than One Drug For All Lower Extremity Arterial Interventions – Endo And Open
Marc L. Schermerhorn, MD

UPDATE ON PEVAR

Zvonimir Krajcer, MD

3:12 – 3:17  Benefits Of PEVAR In More Than 3000 EVAR Cases: Technical Tips And How Can Costs Be Minimized
Giovanni Pratesi, MD
Bruno Freitas, MD
Dierk Scheinert, MD

3:18 – 3:23  Real World Results With PEVAR vs. Open Femoral Approaches For EVAR: They Are Not What Might Be Expected
Dipankar Mukherjee, MD

3:24 – 3:29  Do Closure Devices Accelerate Femoral Artery Atherosclerosis
Luis R. Leon, MD, RVT

3:30 – 3:35  Update On Facial Suture Technique For Minimally Invasive Sheath Insertion: Is It Better Than PEVAR: Tips And Tricks For Doing It Right
Thomas Larzon, MD, PhD

3:36 – 3:41  Endovascular AV Fistula Creation For Hemodialysis Access: Technique And Early Trial (NEAT) Results
Charmaine Lok, MD

3:42 – 3:55  Panel Discussion And Break
Visits Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 83  (Grand Ballroom East, 3rd Floor)
NEW CONCEPTS AND UPDATES RELATED TO CAROTID DISEASE AND ITS TREATMENT
Moderators:  Gregory L. Moneta, MD
Klaus D. Mathias, MD

3:55 – 4:00  Current Optimal Management Of Infected Carotid Patches Without And With Pseudoaneurysms
Joseph S. Giglia, MD

4:01 – 4:06  Radial Or Brachial Access As A Primary Choice For CAS With A Bovine Arch: Technical Tips
Luigi Inglese, MD

4:07 – 4:12  Screening For ACS Is Important: Not To Increase Invasive Treatments But To Lead To Better Medical Treatment: Which Patients Should Be Screened
Henrik Sillesen, MD, DMSc

Cynthia K. Shortell, MD

Thomas G. Brott, MD

4:25 – 4:30  Carotid Artery Replacement With Resection Of Recurrent Neck Cancer: When Yes And When No Based On A RCT: Tips And Tricks
Jean-Baptiste Rico, MD, PhD

Mark A. Adelman, MD

4:37 – 4:42  Will Transcarotid Approaches For CAS Be A Game Changer Even Without Any Specialized Devices And Why
Patrice F. Bergeron, MD

4:43 – 4:49  Panel Discussion
SESSION 84  (Grand Ballroom East, 3rd Floor)
NEW CONCEPTS AND UPDATES IN AORTIC DISEASE AND ITS TREATMENT
Moderators:  Evan C. Lipsitz, MD
Benjamin W. Starnes, MD

4:49 – 4:54  Recognition And Surgical Management Of Non-Aortic Pediatric Arterial Aneurysms
James C. Stanley, MD
Frank M. Davis, MD
Dawn M. Coleman, MD
Jonathan L. Eliason, MD

4:55 – 5:00  Comparative Performance Of FEVAR, Open Repair And Off-Label EVAR For Juxtarenal AAAs Not Suitable For Standard On-Label EVAR: Beyond A Single Center Experience
S. Rao Vallabhaneni, MD

5:01 – 5:06  Chimney EVAR For Juxtarenal AAAs Has A Less Deleterious Effect On Renal Function Than Open Repair
Zoran Rancic, MD, PhD

5:07 – 5:12  When Do Parallel Grafts Work And When Don’t They And Why
William D. Jordan, Jr., MD

5:13 – 5:18  Surgical Infrarenal Aortic Graft Replacement As An Adjunct To Other Procedures: It Can Be A Useful Part Of A Hybrid Approach To Complex Aortic Pathology
William J. Quinones-Baldrich, MD

5:19 – 5:24  Status Of The LEOPARD Trial To Compare Outcomes Of On-The-Bifurcation Fixation With The Endologix AFX EVAR Device To Current Proximally-Fixed EVAR Endografts
Christopher J. Kwolek, MD
Benjamin W. Starnes, MD

5:25 – 5:30  Why Is The Right Axillary Approach The Best For Inserting Chimney Grafts: Tips And Tricks For Inserting Multiple Chimneys Safely
Ross Milner, MD

5:31 – 5:36  DEBATE: Severely Angled Aortic Necks May Remodel Beneficially After EVAR, Minimizing The Need For Open Repair
Boonprasit Kritpracha, MD

Francesco Spinelli, MD

5:43 – 5:48  For Aortic Operations On Scarred Or Heavily Calcified Aortas An Anastomotic Technique Using An Endograft Connector Avoids The Need For Difficult Aortic Dissection, Clamping And Suturing: The VORTEC Technique
Mario L. Lachat, MD

5:49 – 5:55  Panel Discussion
End of Program K

PROGRAM L  (SESSIONS 85-92)
POPLITEAL DISEASE; ARTERIAL GRAFT AND ANEURYSM INFECTION; PROGRESS IN IMAGING AND HYBRID ORs; MEDICAL TREATMENT; UPDATES; VASCULAR TRAUMA; THORACIC OUTLET SYNDROME (TOS); RECORDED LIVE ANEURYSM CASES; RADIATION SAFETY
Grand Ballroom West, 3rd Floor

SESSION 85  (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS IN DISEASES OF THE POPLITEAL ARTERY; ANEURYSMS, OCCLUSIONS AND ENTRAPMENT
Moderators:  Cynthia K. Shortell, MD
Ali F. AbuRahma, MD

POPLITEAL ANEURYSM RELATED TOPICS (SEE ALSO SESSION 28)

6:45 – 6:50  Is Totally Endovascular Treatment A Good Option For Ruptured Popliteal Artery Aneurysms: Tips And Tricks
Francesco Setacci, MD
6:51 – 6:56 Is Totally Endovascular Treatment A Good Option For A Thrombosed Popliteal Aneurysm: Tips On How To Do It
Giovanni Pratesi, MD

6:57 – 7:02 Open Repair Of Asymptomatic Popliteal Aneurysm Is Associated With Better Outcomes Than Endo Repair: When Should Endo Repair Be Used
Mohammad H. Eslami, MD, RVT

7:03 – 7:08 DEBATE: What Have I Learned About Repairing Popliteal Aneurysms Since Peter Gloviczki And I Treated A Famous Popliteal Aneurysm Patient Almost 10 Years Ago
Barry T. Katzen, MD

7:09 – 7:14 DEBATE: What Have I Learned About Popliteal Aneurysms Since Barry Katzen And I Treated A Famous Popliteal Aneurysm Patient Almost 10 Years Ago
Peter Gloviczki, MD

POPLITEAL OCCLUSIVE DISEASE

7:15 – 7:20 What Is The Best Treatment For Treating Popliteal Occlusive Disease: PTA With Plain Balloons Or DEBs, When Stenting (Bare Or DES), When Atherectomy Or When Bypass
Jörg O. Balzer, MD, PhD

7:21 – 7:26 Effectiveness Of Zilver PTX DESs Placed Across The Knee Joint For Occlusive Disease: Long-Term Results
Marcelo Ferreira, MD

POPLITEAL ENTRAPMENT SYNDROMES

7:27 – 7:32 Popliteal Entrapment Syndromes: Optimizing Diagnosis And Treatment In 2015 And Beyond
Niten Singh, MD

7:33 – 7:38 Functional Popliteal Entrapment In High Performance Athletes: How To Diagnose It And How To Treat It By Partial Medial Gastrocnemius Resection: Why Does It Work
Jason T. Lee, MD

7:39 – 7:45 Panel Discussion

SESSION 86 (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS IN THE MANAGEMENT OF INFECTED ARTERIAL GRAFTS, EVARs, TEVARs AND MYCOTIC AAAs; USE OF ENDOGRAFTS TO TREAT AORTIC INFECTION AND AORTO-ENTERIC FISTULAS
Moderators: R. James Valentine, MD
Timur P. Sarac, MD

TREATMENT OF INFECTED EVARs AND TEVARs

7:45 – 7:50 Surgical Treatment Of Infected Abdominal Endografts (EVARs): Techniques And Results From A Multicenter Study
Samuel R. Money, MD, MBA

Thomas C. Bower, MD

7:57 – 8:02 DEBATE: Not So: New Concepts For Treating Infected EVARs And Aortic Grafts Less Invasively Can Work: Leaving The Graft In Place But Treating The Infected AAA Sac With Drainage/Irrigation Or Excision Can Be Effective And Less Morbid
Martin Malina, MD, PhD

8:03 – 8:08 How To Treat Infected FEVARs And TEVARs: What Strategies Work
Piotr M. Kasprzak, MD

8:09 – 8:14 Treatment Strategies For Infected Thoracic Endografts: The Graft Must Come Out: What If It Can’t
Christos D. Liapis, MD

8:15 – 8:20 EVAR Is Durable Treatment For Mycotic AAAs – Sometimes: Other Adjuncts And Surveillance Are Vital: Results Of European Multicenter Study
Anders Wanhainen, MD, PhD
<table>
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<tr>
<th>Time</th>
<th>Session</th>
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<tr>
<td>8:21 - 8:26</td>
<td>With Infected AAAs, EVAR Should Be The First Choice Treatment: Based On Over 80 Patients – Some Followed Over 10 Years: What Problems Can Arise And How Can They Be Managed  &lt;br&gt; Boonprasit Kritpracha, MD</td>
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<tr>
<td>8:27 - 8:33</td>
<td>Panel Discussion  &lt;br&gt; Moderators: Thomas C. Bower, MD  &lt;br&gt; Samuel R. Money, MD, MBA</td>
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<td>8:33 - 8:38</td>
<td>EVAR And TEVAR Can Be Definitive Treatment For Aorto-Enteric Fistulas: What Is Required  &lt;br&gt; Furuzan Numan, MD</td>
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<td>8:39 - 8:44</td>
<td>Successful Radical And Semi-Radical Treatment Of Aortobronchial And Aortoesophageal Fistulas After TEVAR: What Is Required For Survival – Which Is Possible  &lt;br&gt; Ludovic Canaud, MD, PhD</td>
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<td>8:45 - 8:50</td>
<td>New Developments In The Treatment Of Infected Aortic Grafts And Mycotic AAAs: What Strategies Work  &lt;br&gt; Kamphol Laohapensang, MD</td>
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<td>8:51 - 8:56</td>
<td>New Developments In The Treatment Of Aortic Graft Infection: How Do Silver Impregnated Grafts And Negative Wound Pressure Help To Preserve Infected Grafts And When Won't These Measures Work  &lt;br&gt; Max Zegelman, MD</td>
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<tr>
<td>8:57 - 9:02</td>
<td>Tips And Tricks To Deal With Infected Groin Wounds Containing Infected Grafts  &lt;br&gt; Joseph S. Giglia, MD</td>
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<td>9:03 - 9:08</td>
<td>How To Recognize Complications Of Femoral Vein Grafts Used To Treat Aortic Graft Infections And How To Manage These Complications  &lt;br&gt; R. James Valentine, MD</td>
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<tr>
<td>9:09 - 9:16</td>
<td>Panel Discussion</td>
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<td>9:17 - 9:37</td>
<td>Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)</td>
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**SESSION 87** (Grand Ballroom West, 3rd Floor)  <br> NEW DEVELOPMENTS IN HYBRID OPERATING SUITES AND IMPROVEMENTS IN IMAGING  <br> Moderators: Daniel G. Clair, MD  <br> Frans L. Moll, MD, PhD |
| 9:37 - 9:42 | Advantages Of Fusion And How It Reduces Contrast And X-ray Dosage For Complex AAA Repairs: How To Eliminate Registration Errors Due To Changes In Anatomy From Vascular Devices, Sheaths And Wires  <br> Neal S. Cayne, MD |
| 9:43 - 9:48 | Advances In Fusion Techniques To Make Them More Accurate: Use Of Vascular Calcium To Correct For Aortic Distortion From Sheaths And Wires And Automatic Fusion Registration And Re-Registration  <br> Alan B. Lumsden, MD |
| 9:49 - 9:54 | A New System For Automated 3D Fusion Overlay Which Works With All Digital Fluoroscopes – Fixed And MOBILE From All Manufacturers And Which Re-Registers With Patient And Table Movement  <br> Tom Carrell, MD, MChir |
| 9:55 - 10:00 | A Modern Hybrid Room Will Reduce Radiation Dose And Protect Patients’ Kidneys: Tips And Tricks To Use Such Rooms Optimally  <br> Lieven F. Maene, MD |
| 10:01 - 10:06 | Rotation Angio-CT: What Is It And How Can It Improve Complex Endovascular Treatments Compared To Standard DSA And Pressure Measurements  <br> Timothy A. Resch, MD, PhD |
| 10:07 - 10:12 | Update On New Assets In Hybrid Suites And How They Help Get Better Results  <br> Stephan Haulon, MD |
| 10:13 - 10:18 | How To Train Hybrid Suite Staff Optimally For Complex Aortic Procedures: It’s Essential They Know About All Equipment  <br> Rodney A. White, MD |
| 10:19 - 10:27 | Panel Discussion |
Moderators: Rodney A. White, MD
Alan B. Lumsden, MD

10:27 – 10:32 Mobile C-Arm (Ziehm Vision RFT Hybrid) And Stille Mobile Floating Table Has Many Of The
Advantages Of A Hybrid Room At A Lower Cost And They Can Function In Multiple ORs
Peter C.J. Goverde, MD

To Fix This Problem
Nicolas A. Diehm, MD

Superior And Should Be Used Routinely
Patrick A. Stone, MD

10:45 – 10:50 Can Optical Techniques Replace X-ray For Interventional Guidance: Some Specifics
Frans L. Moll, MD, PhD

10:51 – 10:56 Value Of Optical Coherence Tomography (OCT) In The Treatment Of Lower Extremity And Other
Arteries: How Does It Work And What Are The Limitations
Vikram S. Kashyap, MD

10:57 – 11:02 Value Of IVUS To Evaluate Residual Stenoses After SFA Interventions And SPY To Evaluate Foot Tissue
Perfusion To Assess Procedure Effectiveness: How Do They Work
Wei Zhou, MD

11:03 – 11:11 Panel Discussion

SESSION 88 (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS IN THORACIC OUTLET SYNDROME (TOS)

Moderators: Karl A. Illig, MD
Robert W. Thompson, MD

11:11 – 11:16 What's New In The Treatment Of TOS
Robert W. Thompson, MD

11:17 – 11:22 New SVS Reporting Standards For TOS: Highlights And What Is New And Different
Karl A. Illig, MD

11:23 – 11:28 Value Of Supraclavicular Approach To TOS And First Rib Resection: Technical Tips And Tricks To
Simplify The Approach
Ramesh K. Tripathi, MD

11:29 – 11:34 Robot Assisted Thoroscopic First Rib Resection Is The Approach Of Choice For TOS: Why And What
Equipment And Skills Are Required
Hans M.E. Coveliers, MD, MBA

11:35 – 11:40 Treatment Of TOS In Competitive Athletes: When Is Surgical Treatment Indicated: Technical Tips And
Tricks
Jason T. Lee, MD

Fred A. Weaver, MD

11:47 – 11:52 Outpatient Surgery For TOS Is Safe And Effective: Technical Details, Precautions, And Requirements
Sam S. Ahn, MD, MBA

11:53 – 12:00 Panel Discussion

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

SESSION 89 (Grand Ballroom West, 3rd Floor)
NEW OR UPDATED CONCEPTS REGARDING VASCULAR TRAUMA, TAKAYASU’S DISEASE;
AND MEDICAL TOPICS

Moderators: Richard J. Powell, MD
Vivian Gahtan, MD

1:00 – 1:05 Improving Outcomes Of Treatment For Major Trauma (Vascular And Other) With Aortic Balloon
Control And Other Over The Wire Endovascular Techniques: The REBOA Registry And How Aortic
Balloon Control Should Work
Tal M. Hörer, MD, PhD
1:06 – 1:11 Resuscitative Endovascular Balloon Occlusion Of The Aorta (REBOA) With A Low Profile Not Over-A-Guide Wire: How Does It Work And Value In Military And Civilian Injuries
Todd E. Rasmussen, MD

1:12 – 1:17 Update On A Simplified Aortic Occlusion Balloon System For RAAA, Major Vascular Or Other Hemorrhagic Trauma: Does It Require Fluoro And Who Can Use It
Benjamin W. Starnes, MD

TAKAYASU’S DISEASE

1:18 – 1:23 What Is The Role Of Endovascular Treatments In Takayasu’s Disease Of The Aorta And Its Branches
Narendra N. Khanna, MD, DM

1:24 – 1:29 Pitfalls In The Endovascular Treatment Of Takayasu’s Disease: Should They Ever Be Used And When
Byung-Boong Lee, MD

1:30 – 1:35 DEBATE: Endovascular Treatments Should Be Used In Many Patients With Intermittent Claudication
Ali Amin, MD, RVT

1:36 – 1:41 DEBATE: Not So: Exercise And Medical Therapy Are The Best Treatment For Almost All Patients With Intermittent Claudication
Erich Minar, MD

Cynthia K. Shortell, MD

1:48 – 1:53 DEBATE: Statins Are Disruptive Safe Miracle Drugs And Should Be Used More Widely: Which Drug, What Dose And For Whom
Don Poldermans, MD

1:54 – 1:59 DEBATE: Not So: Statin Benefits Are Overblown And They Are Dangerous: They Should Be Used Less
Sherif Sultan, MD

2:00 – 2:06 Panel Discussion

SESSION 90   (Grand Ballroom West, 3rd Floor)

PROGRESS AND UPDATES ON MEDICAL TREATMENTS AND OTHER SUBJECTS

Moderators: Elliot L. Chaikof, MD, PhD
Andrew N. Nicolaides, MS

MEDICAL TREATMENTS

2:06 – 2:11 How To Incorporate A Dedicated Cardiovascular Disease Prevention Program Into A Vascular Practice And Make It Work
Sam S. Ahn, MD, MBA

2:12 – 2:17 Value Of Cilostazol (Pletal) In Vascular Patients: It’s Not Just For Claudication: Beneficial Effects, Who Should Get And At What Dose
Richard J. Powell, MD

2:18 – 2:23 With Vascular Patients And Vascular Procedures, When Are Beta Blockers Helpful: In What Dose And With What Precautions
Mark L. Friedell, MD

2:24 – 2:29 Preoperative Beta Blockers Reduce Operative Mortality (30-Day) And Non-Cardiac Morbidity After Elective Open AAA Repair
Mahmoud B. Malas, MD, MHS

2:30 – 2:35 What Is New In Best Medical Therapy For Vascular Patients: How Can Its Effectiveness Be Measured: What LDL Level Should We Strive For; Can The LDL Level Ever Be Too Low
Russell H. Samson, MD, RVT

2:36 – 2:41 When And Why Should Vascular Surgeons Prescribe Maximal Dose Statins: What Dose Is This And What Are The Risks
Anthony J. Comerota, MD

2:42 – 2:47 High Dose Ruvostatin (Crestor) Leads To Decreased Renal Damage After Contrast Arteriography: Should It Be Used More Widely As A Renal Protective Agent
Olivier H.J. Koning, MD, PhD
2:48 – 2:53 When After Coronary Stenting With A DES Or BMS Is It Safe To Stop Clopidogrel And Perform An Open Operation: The Latest Update  
Don Poldermans, MD

2:54 – 3:02 Panel Discussion  
Moderators: Anthony J. Comerota, MD  
Russell H. Samson, MD, RVT

Andrew N. Nicolaides, MS

3:08 – 3:13 Postoperative And Post-Procedural Myocardial Infarctions (MIs): Evaluation, Risk Factors And Optimal Prevention And Treatment: We Can Do More  
Peter Henke, MD  
CCSVI (SEE ALSO SESSION 97)

3:14 – 3:19 Update On CCSVI And Interventions For MS: Role Of Autonomic Nervous System And Is There Still A Role For Angioplasty Of Vein Stenoses  
Donald B. Reid, MD

Jos C. van den Berg, MD, PhD

3:26 – 3:31 When Is Duplex Ultrasound Surveillance A Safe Alternative For CT Or MR – After EVAR; After Lower Extremity Revascularizations: What Are The Requirements  
Keith D. Calligaro, MD  
Matthew J. Dougherty, MD

3:32 – 3:39 Panel Discussion

3:40 – 4:00 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 91 (Grand Ballroom West, 3rd Floor)  
RECORDED LIVE CASES ON COMPLEX AAA AND TAAA REPAIRS WITH FENESTRATED AND BRANCHED ENDOGRAFTS

Moderators: Giovanni Torsello, MD  
Martin J. Austermann, MD  
Gustavo S. Oderich, MD

4:00 – 4:20 Complex Cases From Münster  
Martin J. Austermann, MD  
Giovanni Torsello, MD

4:20 – 4:27 Questions And Discussion

4:28 – 4:48 Complex Cases From The Mayo Clinic  
Gustavo S. Oderich, MD

4:48 – 4:55 Questions And Discussion

SESSION 92 (Grand Ballroom West, 3rd Floor)  
NEW CONCEPTS AND TECHNIQUES AND RADIATION SAFETY

Moderators: Lindsay Machan, MD  
Barry T. Katzen, MD

4:55 – 5:00 Innovative Approach To Angiogenic Cell Therapy For CLI: Hope For The Future And BOLD MRI: A New Method To Measure Calf Perfusion To Monitor Its Effects  
Bijan Modarai, MD, PhD

5:01 – 5:06 Duplex Imaging Is The Best Surveillance Method After EVAR With Chimney Grafts  
Ross Milner, MD

RADIATION SAFETY

5:07 – 5:12 Radiation Protection Training And Coaching In A Simulated Hybrid Suite Markedly Reduces Radiation Exposure To Patients And Staff  
Lars B. Lönn, MD, PhD
New Developments In Radiation Safety: Proper C-Arm Angulation, Dynamic Computer Assisted Collimation (Ikomed Technologies), Radiation Reducing Cap (No Brainer) And Avoiding Mag Views
Lindsay Machan, MD

Disposable Radiation Absorbing Surgical Drapes Reduces X-ray Exposure To Operators And Nurses
Marc R.H.M. van Sambeek, MD, PhD

Fixed vs. Mobile Imaging For Endovascular Procedures: Comparative Radiation Exposure To Staff Members: How Should Staff Dosage Best Be Quantitated
Vikram S. Kashyap, MD

New Dose Aware System For Monitoring Staff Radiation Exposure As It Occurs
Mario L. Lachat, MD

Carlos H. Timaran, MD

How To Reduce Radiation Exposure With Endovascular Procedures
Barry T. Katzen, MD

Panel Discussion
End of Program L

PROGRAM M [SESSIONS 93-97]
DEEP VENOUS DISEASE
Trianon Ballroom, 3rd Floor

SESSION 93 (Trianon Ballroom, 3rd Floor)
VENOUS CROSS-SECTIONAL IMAGING TECHNIQUES, PELVIC VENOUS INCOMPETENCE
Moderators: Jose I. Almeida, MD, RVT, RPVI
Lowell S. Kabnick, MD, RPhS

Introduction
Lowell S. Kabnick, MD, RPhS

The Use Of IVUS To Document May-Thurner Anatomy
Lowell S. Kabnick, MD, RPhS

How To Measure Iliac Vein Stenosis
Seshadri Raju, MD

Compare IVUS And Multi-Planar Venography For Proper Characterization Of The Occlusive Disease In The Iliac Veins And CFV
Paul J. Gagne, MD

Novel Imaging Techniques With MRI For Thrombus Aging
Stephen A. Black, MD

MRV And CTV In Imaging Of Pelvic And Abdominal Venous Compressive Syndromes: Which Is Better And Why
Barry Stein, MD

Image Fusion With MRV For 3D Guidance Of Deep Venous Interventions
Rick De Graaf, MD, PhD

Cone Beam CT vs. IVUS In Iliac Venous Stenting
Gerard J. O'Sullivan, MD

Panel Discussion
PELVIC VENOUS INCOMPETENCE

Pelvic Venous Duplex: How To Find The Pathology
Jan M. Sloves, RVT

Anatomy Of Pelvic Pathology
Mikel Sadek, MD

How To Treat Vulvar Veins Before Or After Pelvic Embolization
Barrie A. Price, Mr., MD, MS

How To Treat Peroneal Varicosities With Pelvic Symptoms: Combined Approach
Melvin Rosenblatt, MD
8:17 – 8:22 Embolization Has A Major Role In The Treatment Of Varicocele And Pelvic Congestion Syndrome
Lindsay Machan, MD

8:23 – 8:28 The Safety Of Coil Embolization Of Pelvic Veins And Subsequent Pregnancy
Mark S. Whiteley, MS

8:29 – 8:34 Ovarian Vein, Hypogastric Vein Incompetence Or Compression Syndrome: Coil, Stent, Both, Neither
Constantino Pena, MD

8:35 – 8:40 Should You Worry About The Left Renal Vein When Occluding The Left Ovarian Vein
Jose I. Almeida, MD, RVT, RPVI

8:41 – 8:46 Acute Or Chronic Ovarian Vein Thrombosis: What To Do
Mikel Sadek, MD

8:47 – 8:52 Nutcracker Syndrome: Favorable Outcomes With Endovascular Intervention (Over Open Repair)
Thomas S. Maldonado, MD

8:53 – 8:58 Panel Discussion

SESSION 94  (Trianon Ballroom, 3rd Floor)
FEMORO-ILIOLCAVAL INTERVENTIONAL STRATEGIES TO REDUCE VENOUS HYPERTENSION, HOT IDEAS FOR RECANALIZING CHRONIC TOTAL OCCLUSIONS
Moderators: Jose I. Almeida, MD, RVT, RPVI
William A. Marston, MD

8:59 – 9:04 Quality Of Life Assessment After Iliac Vein Stenting For DVT From May-Thurner Syndrome
Todd Berland, MD

9:05 – 9:10 Classification Of Anatomic Involvement Of The Iliocaval Venous Outflow Tract And Its Relationship To Outcomes After Iliocaval Venous Stenting
William A. Marston, MD

9:11 – 9:16 Should Venous Interventions Be Performed In Patients With Right Heart Failure
Raghu Kolluri, MD

9:17 – 9:22 Crossing Femoro-Iliocaval Chronic Total Occlusions: Graduated Support And Tinkering
Jose I. Almeida, MD, RVT, RPVI

9:23 – 9:28 Occluded Iliac Venous Stents: How I Recanalize
Seshadri Raju, MD
Erin H. Murphy, MD

9:29 – 9:34 Cutting Balloon Angioplasty For Femoropopliteal Stenoses/Synechiae Causing Venous Post-Thrombotic Syndrome
Thomas O. McNamara, MD

9:35 – 9:40 Technical Considerations And Emerging Technology For Chronic Venous Occlusions
Brian G. DeRubertis, MD

9:41 – 9:46 Update On EKOS “ACCESS DVT” Trial For Post-Thrombotic Syndrome
Mark J. Garcia, MD

9:47 – 9:52 What To Do When Inflow To Groin Is Poor
Gerard J. O’Sullivan, MD

9:53 – 9:58 Selection Criteria For Venous Angioplasty To Treat Post-Thrombotic Syndrome
Thomas O. McNamara, MD

9:59 – 10:04 An Update On VIVO-EU – The Zilver Vena Venous Stent Study In Europe
Gerard J. O’Sullivan, MD

10:05 – 10:10 VIRTUS: An Evaluation Of The VICI Venous Stent System In Patients With Chronic Iliofemoral Venous Outflow Obstruction
Mikel Sadek, MD

10:11 – 10:16 The UK Iliac Vein Stent Experience
Stephen A. Black, MD

10:17 – 10:22 When And How To Use Sharp Devices For Iliocaval Recanalization
Mark J. Garcia, MD

10:23 – 10:28 Stent Fenestration, Z-Stents, Or Use Of The Azygous For Difficult Iliocaval Outflow
Jose I. Almeida, MD, RVT, RPVI
10:29 – 10:34 What Is The Ideal Venous Stent
   Lowell S. Kabnick, MD, RPhS

10:35 – 10:40 Panel Discussion

SESSION 95 (Trianon Ballroom, 3rd Floor)
STRATEGIES FOR CORRECTING SEVERE DEEP VENOUS REFUX AND/OR OBSTRUCTION,
WOUNDS AND NEW HORIZONS FOR VENOUS DISEASE MANAGEMENT
Moderators: Joseph D. Raffetto, MD
           Ramesh K. Tripathi, MD

10:41 – 10:46 Surgical Reconstruction Of The Deep Veins
   Stephen A. Black, MD

10:47 – 10:52 Chronic Deep Venous Occlusive Disease: What Is The True Extent Of The Problem; Do We Know;
Optimal Anticoagulation After Deep Venous Stenting
   Manj S. Gohel, MD, RCS

10:53 – 10:58 Causes Of Failure Of Iliac Vein Stenting And What To Do About Them
   Ramesh K. Tripathi, MD

   Thomas F. O’Donnell, Jr., MD

11:05 – 11:10 Deep Venous Valve Treatment: When And Why
   Ramesh K. Tripathi, MD

11:11 – 11:16 A Novel Solution For Deep Venous Reflux: Endovenous Neovalve
   Fedor Lurie, MD, PhD

WOUNDS AND NEW HORIZONS

11:17 – 11:22 RCT Demonstrating The Efficacy And Benefits Of Sulodexide Treatment In Patients With Venous Ulcers
   Joseph D. Raffetto, MD

11:23 – 11:28 Definition Of Venous Ulcer: Clinical Evaluation Wound Care, Compression, Surgical Treatment,
Ancillary Measures And Primary Prevention
   Marc A. Passman, MD

11:29 – 11:34 Important RCTs For Venous Wound Healing
   William A. Marston, MD

11:35 – 11:40 The Argument For Surgical Intervention In Patients With Venous Ulcer, Based On Healthcare Savings
   Thomas F. O’Donnell, Jr., MD

11:41 – 11:46 Proteomics And Degradomics In Venous Leg Ulcers
   Joseph D. Raffetto, MD

11:47 – 11:52 Not All Leg Ulcers Are Venous
   Ragu Kolluri, MD

11:53 – 11:58 Panel Discussion

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

SESSION 96 (Trianon Ballroom, 3rd Floor)
STRATEGIES FOR THROMBOEMBOLIC EVENTS IN THE VENOUS SYSTEM, INCLUDING THE
AXILLOSUBCLAVIAN SYSTEM
Moderators: Joann Lohr, MD
           Gregory L. Moneta, MD

VTE MEDICAL

1:00 – 1:05 Do The NOACs Have Anti-Inflammatory Effects
   Dawn M. Coleman, MD

1:06 – 1:11 Update On Reversal Agents For The NOACs
   Timothy K. Liem, MD, MBA

1:12 – 1:17 Economy Class Syndrome: Air Travel-Related DVT And PE
   Bo G. Eklof, MD, PhD
1:18 – 1:23 Isolated Soleal And Gastrocnemius Vein Thrombosis
Clifford M. Sales, MD, MBA

1:24 – 1:29 Neurological Presentation Of IVC Occlusion During Pregnancy With No Visible Changes Of Venous Hypertension
Joann Lohr, MD

1:30 – 1:35 Biomarkers Of Venous Thromboembolism
Thomas W. Wakefield, MD

1:36 – 1:41 Unusual Presentation/Complications Of Undiagnosed Thrombophilia
Joann Lohr, MD

1:42 – 1:48 Infection/Inflammation Associated With Acute DVT: From The Clinic To Bench
Peter Henke, MD

1:49 – 1:54 Experimental Insights Into PTS
Peter Henke, MD

VTE INTERVENTIONAL

1:55 – 2:00 Endovascular Management Of Ilio-Femoral DVT With Percutaneous Thrombectomy And Thrombolysis: Indications, Techniques And Results
Ali Amin, MD, RVT

2:01 – 2:06 Pharmacomechanical Thrombolysis Of Large Volume (Extensive) DVT Using The Rapid Lysis Technique
Mark J. Garcia, MD

2:07 – 2:12 ATTRACT Study: A Multicenter Randomized Trial To Evaluate Pharmacomechanical Catheter-Directed Thrombolysis
Constantino Pena, MD

2:13 – 2:18 First In Human Analysis Of The Aspirex Rotational Thrombectomy Catheter For Iliofemoral DVT
Michael K.W. Lichtenberg, MD

2:19 – 2:23 D-Dimer And/or Duplex Findings To Manage DVT
Timothy K. Liem, MD, MBA

2:24 – 2:29 Impact Of Caval Occlusion On The Outcomes Of Thrombolysis For Iliofemoral DVT
Rabih A. Chaer, MD

2:30 – 2:35 Venous Issues In Thoracic Outlet Syndrome: Lysis, Venoplasty, First Rib Resection: Staged Or Same Setting
Enrique Criado, MD

2:36 – 2:41 Management Of Paget Schroetter Syndrome In Athletes
Handel R. Robinson, MD

2:42 – 2:47 Incidence Of Upper Extremity DVT After Central Venous Catheterization And What To Do
Gregory L. Moneta, MD

2:48 – 2:53 Panel Discussion

SESSION 97 (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: Peter Gloviczki, MD
William J. Quinones-Baldrich, MD

MORE FEMORAL-ILIOCAVAL FLOW ISSUES

2:54 – 2:59 IVC Agenesis: Is This A Real Entity
David M. Williams, MD

3:00 – 3:05 Caval Tumors
William A. Marston, MD

3:06 – 3:11 Evolution Of Venous In-Stent Stenosis: Do Anti-Platelet Agents Help Mitigate
David M. Williams, MD

3:12 – 3:17 QOL After Deep Venous Recanalization Procedures: Any Relation To Patency
Cees H.A. Wittens, MD, PhD
3:18 – 3:23 Conduit Choices For In-Line Caval Reconstruction  
Peter Gloviczki, MD

3:24 – 3:29 IVC Replacement For Malignancy: How To Do It And What Is The Best Graft  
Thomas C. Bower, MD

3:30 – 3:35 Difficult Femoral And Iliocaval Endovascular Reconstructions: Lessons Learned  
Jose I. Almeida, MD, RVT, RPVI

3:36 – 3:41 Patient Selection For In-Line Caval Reconstruction  
William J. Quinones-Baldrich, MD

3:42 – 3:47 Endovascular Treatment Of Superior Vena Cava Syndrome Because Of Central Vein Occlusion  
Narendra N. Khanna, MD, DM

3:48 – 3:53 Venous Atherectomy: Just Saying  
Jose I. Almeida, MD, RVT, RPVI

3:54 – 3:59 Open Surgery For CCSVI Reduces The Brain Ventricles Volume  
Paolo Zamboni, MD

CAVAL FILTRATION ISSUES

4:00 – 4:05 Indications For IVC Filters: Are They Being Observed  
John E. Rectenwald, MD, MS

4:06 – 4:11 Update On The Sentry Bioconvertible Non-Retrieval IVC Filter  
David Rosenthal, MD

4:12 – 4:17 Robotic Vena Cava Surgery  
Samuel R. Money, MD, MBA

4:18 – 4:23 The PREPIC Trial: Fact Or Fiction  
John E. Rectenwald, MD, MS

4:24 – 4:29 Update On The PRESERVE Vena Cava Filter Study  
David L. Gillespie, MD

4:30 – 4:35 Early Clinical Experience With The Celect Platinum Filter, With Focused Pre-Retrieval Imaging Planning  
Atul Gupta, MD

4:36 – 4:41 Major Complications After IVC Filter Placement And How To Avoid Them  
Clifford M. Sales, MD, MBA

4:42 – 4:47 IVC Filter Retrieval Rates: The Influence Of Filter Design, Practice Administration And The Operator  
Richard G. McWilliams, FRCR

4:48 – 4:53 IVC Recanalization In The Presence Of A Thrombosed IVC Filter  
David M. Williams, MD

4:54 – 5:00 Panel Discussion

End of Program M

PROGRAM N (SESSIONS 98-101)
COMPLEX VASCULAR MALFORMATIONS AND VASCULAR TUMORS
Gramercy Suites East and West, 2nd Floor

SESSION 98 (Gramercy Suites East and West, 2nd Floor)
CLASSIFICATION, IMAGING, AND PHARMCO-THERAPY

Moderators: Krassi Ivancev, MD, PhD   Francine Blei, MD, MBA   Byung-Boong Lee, MD

7:55 – 8:00 Introduction   Krassi Ivancev, MD, PhD

8:00 – 8:10 Current Classification And Nomenclature Of Vascular Malformations   Patricia E. Burrows, MD

8:10 – 8:20 The Hamburg Classification In Vascular Malformations: Clinical Applications Of The System   Byung-Boong Lee, MD

8:20 – 8:30 2015 ISSVA Classification Update   Francine Blei, MD, MBA
8:30 – 8:40 Vascular Tumors Confused With Vascular Malformations
Francine Blei, MD, MBA

8:40 – 8:50 New Imaging Modalities Essential For Accurate Diagnosis Of Vascular Malformations
Cynthia K. Shortell, MD

8:50 – 9:00 The Houdart CNS AVM Classification, The Do Peripheral AVM Classification, And The Yakes AVM Classification And Its Therapeutic Implications
Krassi Ivancev, MD, PhD

9:00 – 9:10 Update On the Role Of Pharmacotherapy In Vascular Malformations
Gresham T. Richter, MD

9:10 – 9:20 The Role Of Medical Therapies For Pediatric Hemangioma And Vascular Malformations
Francine Blei, MD, MBA

9:20 – 9:40 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 99 (Gramercy Suites East and West, 2nd Floor)
HEAD AND NECK VASCULAR MALFORMATION TREATMENT ISSUES
Moderators: Guilherme Dabus, MD
Gresham T. Richter, MD
Philip M. Meyers, MD
Pierre Gobin, MD

9:40 – 9:50 Dangerous Arterial Connections In The Head And Neck: Avoiding Vascular Neurological Complications And The Judicious Use Of Embolic Agents
Guilherme Dabus, MD

9:50 – 10:00 Endovascular Treatment Of Retinoblastoma: A Primary Form Of Therapy
Peter Gobin, MD

10:00 – 10:10 Endovascular Treatment Of Dural AVF: A Complex Acquired Vascular Lesion With Microfistulae Involving The Dural Sinuses
Philip M. Meyers, MD

10:10 – 10:20 Liquid Embolic Agents In The Treatment Of Craniofacial AVMs And AVSs: Techniques And Results
Guilherme Dabus, MD

10:20 – 10:30 Management Of Complex Head And Neck Low-Flow Venous And Lymphatic Malformations
Robert L. Vogelzang, MD

10:30 – 10:40 AVMs: Staged Multimodal Therapy For the Most Aggressive Head And Neck Vascular Malformations
Gresham T. Richter, MD

10:40 – 10:50 The Otolaryngologist’s Distinct Role In The Multidisciplinary Vascular Malformation Management Team
Edward J. Hepworth, MD

10:50 – 11:00 Current Surgical Indications For Infantile Hemangioma In The Era Of Propranolol
Gresham T. Richter, MD

11:00 – 11:10 Surgical Reconstructive Techniques Post-Endovascular Ablation Of Head And Neck Vascular Malformation
Randolph C. Robinson, MD, DDS

11:10 – 11:15 Onyx AVM Embolotherapy: The Histologic Tissue Changes, Tissue Inflammatory Response, Fluoroscopy Issues, And Endovascular Issues With Its Use
Mollie Meek, MD

11:15 – 11:25 Laser Therapy For Cutaneous Vascular Anomalies
Gresham T. Richter, MD

11:25 – 11:35 Curative Endovascular Treatment Of Complex Multiple AVMs Of The Head And Neck
Robert L. Vogelzang, MD

11:35 – 12:55 Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>12:55 – 1:05</td>
<td>Pitfalls In Superficial Vascular Malformation Endovascular Management</td>
<td>Emmanuel M. Houdart, MD</td>
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<tr>
<td>1:05 – 1:15</td>
<td>Management Of Vascular Anomalies In Genetic And Syndromic Disorders</td>
<td>Ahmad Alomari, MD, MSc</td>
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<td>1:15 – 1:25</td>
<td>Treatment Of Vascular Malformations In Infants</td>
<td>Patricia E. Burrows, MD</td>
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<td>1:25 – 1:35</td>
<td>Special Diagnostic Considerations In Vascular Malformation Patients</td>
<td>Cynthia K. Shortell, MD</td>
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<td>1:35 – 1:45</td>
<td>Treatment Of Intramuscular Venous Malformations Of The Extremities</td>
<td>Robert J. Rosen, MD</td>
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<td>1:45 – 1:55</td>
<td>Ethanol Ablation Of Venous Malformations Of The Chest, Abdomen, And Buttocks</td>
<td>Krassi Ivancev, MD, PhD</td>
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<td>1:55 – 2:05</td>
<td>Surgical Approaches To Vascular Malformation Management: Triumphs And Pitfalls</td>
<td>Christopher J. Morin, MD</td>
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<td>2:05 – 2:15</td>
<td>Surgical Concepts To Treat The Lateral Marginal Vein Of The Lower Extremity</td>
<td>Byung-Boong Lee, MD</td>
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<td>2:15 – 2:25</td>
<td>Imaging And Management Of Chylous Leak</td>
<td>Ahmad Alomari, MD, MSc</td>
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<td>2:25 – 2:35</td>
<td>Extensive Venous Malformations: How To Proceed With Low Platelets, Low Fibrinogen, And High D-Dimers</td>
<td>Iris Baumgartner, MD</td>
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<td>2:35 – 2:45</td>
<td>Venous Malformations Of The Lower Extremity: Long-Term Follow-Up</td>
<td>Patricia E. Burrows, MD</td>
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<tr>
<td>2:45 – 3:05</td>
<td>Break – Visits Exhibits And Pavilions (2nd and 3rd Floors)</td>
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<tr>
<th>Time</th>
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<tr>
<td>3:05 – 3:15</td>
<td>Common Femoral And Iliac Arterial Sparing Endovascular Techniques In Neonates</td>
<td>Patricia E. Burrows, MD</td>
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<td>3:15 – 3:25</td>
<td>Non-Traumatic Acquired AVMs: More Common Than We Realize</td>
<td>Robert L. Vogelzang, MD</td>
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<td>3:25 – 3:35</td>
<td>Fibro-Adipose Vascular Anomaly (FAVA) Of The Extremities: A Clinical-Radiological-Pathologic Review</td>
<td>Ahmad Alomari, MD, MSc, FSIR</td>
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<td>3:35 – 3:45</td>
<td>Curative Treatment Of Complex And Multiple Intraosseous AVMs</td>
<td>Robert L. Vogelzang, MD</td>
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<td>3:45 – 3:55</td>
<td>Long-Term Outcomes For The Treatment Of Vascular Malformations: The Chicago Northwestern Experience</td>
<td>Robert L. Vogelzang, MD</td>
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<td>3:55 – 4:05</td>
<td>Staged Endovascular Management Of Pelvic AVMs With nBCA</td>
<td>Robert J. Rosen, MD</td>
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<td>4:05 – 4:15</td>
<td>Transvenous Endovascular And Percutaneous Treatment Of AVMs: Determining The Pathologic Aneurysmal Vein</td>
<td>Robert L. Vogelzang, MD</td>
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4:15 – 4:25 Vascular Malformation Repair Procedures: An International Road Show – Lessons Learned
Krassi Ivancev, MD, PhD

4:25 – 4:35 Endovascular Management Of Thoracic, Abdominal, And Mesenteric/Small Bowel AVMs
Krassi Ivancev, MD, PhD

4:35 – 4:45 Current Percutaneous Embolotherapy Techniques For Curative Treatment Of AVMs Of The Foot
Iris Baumgartner, MD

4:45 – 4:55 Intralipomatous Capillary-Venous Malformations: Endovascular And Surgical Considerations Of A Challenging New Entity
Christopher J. Morin, MD

4:55 – 5:05 Curative Endovascular Management Strategies For Yakes Types Iib, Ila, And IIb AVMs
Krassi Ivancev, MD, PhD

5:05 – 5:10 The Yakes Type IV AVM (Characterized By Total Tissue AVM Infiltration Complicated By Capillaries Admixed Within The Innumerable AVFs): Angio-Architecture Features And Curative Endovascular Treatment Strategies To Preserve The Involved Tissue
Robert L. Vogelzang, MD

5:10 – 5:15 Closing Remarks
Robert L. Vogelzang, MD

End of Program N

SATURDAY, NOVEMBER 21, 2015

6:00 A.M. General Registration – 2nd Floor Promenade
6:00 A.M. Faculty Registration – Morgan Suite, 2nd Floor
6:15 A.M. Continental Breakfast – 3rd Floor Foyer/Promenade

CONCURRENT SATURDAY PROGRAMS

PROGRAM O: SESSIONS 102-109
Important New Developments In Vascular Disease Of The Lower Extremities, Carotids And Aorta; Vascular Trauma
6:45 A.M. – 4:50 P.M.
Grand Ballroom East, 3rd Floor

PROGRAM P: SESSIONS 110-114
Improving Outcomes In Hemodialysis Access
7:55 A.M. – 4:25 P.M.
Grand Ballroom West, 3rd Floor

PROGRAM Q: SESSIONS 115-120
New Developments In Treatment Of Diseases Of The Abdominal And Thoracic Aorta, TAAAs, TBADs And Lower Extremities; More Updates And New Concepts
6:54 A.M. – 3:40 P.M.
Trianon Ballroom, 3rd Floor

PROGRAM O (SESSIONS 102-109)
IMPORTANT NEW DEVELOPMENTS IN VASCULAR DISEASES OF THE LOWER EXTREMITIES, CAROTIDS AND AORTA; VASCULAR TRAUMA
Grand Ballroom East, 3rd Floor

SESSION 102 (Grand Ballroom East, 3rd Floor)
NEW DEVELOPMENTS IN DISEASES OF THE LOWER EXTREMITY, ILIAC AND RENAL ARTERIES (4 ½-MINUTE HIT THE HIGHLIGHTS TALKS)
Moderators: Patrice F. Bergeron, MD
Frank J. Veith, MD

6:45 – 6:50 Why Your Patient's Primary Care Physician And Internist Are As Responsible As You For The Outcome Of Your Lower Extremity Revascularization
Philip P. Goodney, MD, MS
6:50 – 6:55 Health Care Benefits One Year After Invasive Treatment For Lower Extremity Ischemia: The Patient's Baseline Status Is Key
Jan M.M. Heyligers, MD, PhD

6:55 – 7:00 DEBATE: Endo First Approach For Lower Extremity Ischemia Does Not Compromise Later Open Bypass Procedures Or Their Results
Craig M. Walker, MD

7:00 – 7:05 DEBATE: Endo First Approach For All Lower Extremity Ischemia Sometimes Leads To Worse Outcomes If A Subsequent Bypass Is Required – Especially With TASC C And D Lesions: Some Patients Should Have A Bypass First
Fred A. Weaver, MD

7:05 – 7:10 With The Supera Stent Proper Artery Preparation And Deployment Techniques Are Important To Getting Good Results – Especially With Long Or Calcified Lesions: A Real World Experience
Donald L. Jacobs, MD

7:10 – 7:15 The Supera Stent And Vasculomimetic Technology: Why It Works So Well
Peter C.J. Goverde, MD

7:15 – 7:20 Endovascular Treatment Of A Large Aorta-To-Renal Vein Fistula (AVF): It's Not Simple
Jos C. van den Berg, MD, PhD

7:20 – 7:25 Long-Term Results Of The COBEST Trial Comparing Covered And Bare Metal Stents For Treatment Of Complex Aortoiliac Occlusive Lesions
B. Patrice Mwipatayi, FRACS

7:25 – 7:30 Panel Discussion
Moderators: Enrico Ascher, MD
John B. Chang, MD

7:30 – 7:35 Advantages Of Intraluminal vs. Subintimal Routes For Recanalization Of SFA CTOs: How To Achieve Them
Enrico M. Marone, MD

7:35 – 7:40 Should Transpedal Access Be Used More Widely For Lower Extremity Revascularizations: Pluses And Minuses
Michael H. Wholey, MD, MBA

7:40 – 7:45 Limitations Of Pedal And Other Retrograde Approaches For Lower Extremity Revascularizations
Fabrizio Fanelli, MD

7:45 – 7:50 Lower Extremity Interventions And CAS Can Be Improved And Made Easier By New Better Imaging
Koen Deloose, MD

7:50 – 7:55 What Intervention Can Be Done For Failed SFA Stents: Minimally Invasive Lesion And Stent Removal With Long Endarterectomy Followed By PTFE Lining: Another Option Before Open Surgery –
Technique And Results
Patrice F. Bergeron, MD
Dieter Raithel, MD, PhD

7:55 – 8:00 Puncture Of The Occluded SFA As A Better Access Route For Treatment Of TASC D Lesions
Aravinda Nanjundappa, MD

8:00 – 8:05 Panel Discussion

SESSION 103 (Grand Ballroom East, 3rd Floor)
MORE EXCITING NEW DEVELOPMENTS IN LOWER EXTREMITY DISEASE AND ITS TREATMENT
(4 1/2-MINUTE HIT THE HIGHLIGHTS TALKS)
Moderators: Iris Baumgartner, MD
Kenneth Ouriel, MD, MBA

8:05 – 8:10 Special Considerations In Treating CLI In ESRD-Dialysis Patients Endovascularly
Roberto Ferraresi, MD

8:10 – 8:15 Objective Performance Goals For Lower Extremity CLI Bypasses With And Without ESRD
Mark Conrad, MD, MMSc

8:15 – 8:20 With Severe CLI (Rutherford 5 And 6) Patient Survival After Endo Treatment Is Poor And Better With Open Surgery Treatment
Francesco Spinelli, MD
8:20 – 8:25 The Positive Correlation Between Osteoporosis And Arterial Disease: What Is Its Significance
Caron B. Rockman, MD

8:25 – 8:30 Micro-Oxygen Sensors (MOXYs) On Feet To Monitor The Effectiveness In Real Time Of Endovascular Treatments In CLI Patients
Miguel F. Montero-Baker, MD

8:30 – 8:35 DEBATE: How To Deal With Occluded Fempop Grafts Endovascularly: No Open Treatment Is Ever Needed
Marcelo Guimaraes, MD

8:35 – 8:40 DEBATE: Not So: There Is A Hybrid (Open/Endo) Technique Which Works Well When Endo Treatments Fail: Technique And Results
Neal S. Cayne, MD

8:40 – 8:45 Panel Discussion
Moderators: Caron B. Rockman, MD
Daniel G. Clair, MD

8:45 – 8:50 DEBATE: Statins After Infringuinal Treatments For CLI Improves Patient Survival But With No Improved Patency
 Philip P. Goodney, MD, MS

8:50 – 8:55 DEBATE: Statins After Infringuinal Treatments For CLI Improves Patency As Well As Patient Survival
Iris Baumgartner, MD

8:55 – 9:00 DEBATE: Statins After Infringuinal Treatments For CLI Improves Patency As Well As Patient Survival
Iris Baumgartner, MD

9:00 – 9:05 Shockwave Lithoplasty: An Effective Treatment For Difficult BTK Lesions: Technical Tips And Results
Marianne Brodmann, MD

9:05 – 9:10 Not All ISR Lesions Need To Be Treated And Duplex Surveillance Predict ISR Lesions Requiring Treatment: Lesions >80% Require Treatment; Those <80% Can Be Observed
Miguel F. Montero-Baker, MD

9:10 – 9:15 Pathologic Insight Into The Safety And Efficacy Of Various Endovascular Treatments For ISR And CLI
Renu Virmani, MD

9:15 – 9:20 Durable Value Of DESs In Tibial Arteries For CLI: 3-4 Year Results: Indications And Contraindications
Michael J. Wilderman, MD

9:20 – 9:30 Panel Discussion And Break
Visit Exhibits And Pavilions (3rd Floor)

SESSION 104 (Grand Ballroom East, 3rd Floor)
MORE EXCITING NEW DEVELOPMENTS IN LOWER EXTREMITY DISEASE AND ITS TREATMENT (4 ½-MINUTE HIT THE HIGHLIGHTS TALKS)
Moderators: James F. McKinsey, MD
Neal S. Cayne, MD

9:30 – 9:35 Treatment Algorithm For Fempop Occlusive Disease: Which Treatment For Which Patient And Which Disease Pattern
Gary M. Ansel, MD

9:35 – 9:40 Value Of Sequential Biomechanical Compression Therapy In CLI: Does It Really Help In Patients With Rest Pain; With Ulceration And Gangrene
Sherif Sultan, MD

9:40 – 9:45 Novel Endovascular Method For Percutaneous Fempop Bypass Via The Venous System
Albrecht H. Krämer, MD
James D. Joye, DO

9:45 – 9:50 Status Of The SPINACH Registry From Japan Comparing Endo With Open Treatment For CLI: When Will We Have Answers
Nobuyoshi Azuma, MD
Osamu Iida, MD

9:50 – 9:55 DESs vs. DEBs: Which Is Best In What Setting
Thomas Zeller, MD
9:55 – 10:00  When Are DESs (Zilver PTX) Needed For CTOs In The SFA: Will Its New Delivery System Be Helpful
Fabrizio Fanelli, MD

10:00 – 10:05  Panel Discussion
Moderators:  Fabrizio Fanelli, MD
Gary M. Ansel, MD

10:05 – 10:10  New Results With DESs For BTK Lesions For CLI: Results From The PES BTK-70 Trial (Stentys Stent With Paclitaxel); The PREVENT Trial (Promus Stent With Everolimus) And The DESTINY 2 Trial (XIENCE-PRIME Stent With Everolimus)
Koen Deloose, MD
Marc Bosiers, MD

10:10 – 10:15  Present Status Of Atherectomy Devices For Lower Limb Ischemia: Advantages Of The Different Devices: An Interventionalist’s View
John R. Laird, MD

James F. McKinsey, MD

10:20 – 10:25  Use Of Directional Atherectomy Via Retrograde Access From Pedal Or Popliteal Sites: Technique And Advantages
Syed M. Hussain, MD

10:25 – 10:30  Distal Embolic Protection For Lower Extremity Interventions: When, Why And How
Robert A. Lookstein, MD

10:30 – 10:35  Panel Discussion

SESSION 105  (Grand Ballroom East, 3rd Floor)
MORE EXCITING NEW DEVELOPMENTS IN LOWER EXTREMITY DISEASE AND ITS TREATMENT  (4 ½-MINUTE HIT THE HIGHLIGHTS TALKS)
Moderators:  Andrej Schmidt, MD
Amman Bolia, MD

10:35 – 10:40  Sustained >1 Year Effectiveness Of Interventions For CLI Is Improving: The Data Prove It And Why
Iris Baumgartner, MD

10:40 – 10:45  Overview Of Lower Extremity Occlusive Disease Treatment In Germany: Claudication vs. CLI; Endo vs. Open
Sebastian E. Debus, MD, PhD

10:45 – 10:50  Does The In.Pact Admiral DEB Work For TASC C And D Lesions And For ISR
Gary M. Ansel, MD

10:50 – 10:55  What Treatment Currently Works Best For Long Or Complex SFA Lesions
Koen Deloose, MD
Marc Bosiers, MD
Patrick Peeters, MD

10:55 – 11:00  DEBATE: Open Surgery Is The Best Treatment For Common Femoral Artery (CFA) Lesions
Sebastian E. Debus, MD, PhD

11:00 – 11:05  DEBATE: Techniques That Work For The Endovascular Treatment Of SFA Lesions: Midterm Results Justify Their Use
Thomas Zeller, MD

11:05 – 11:10  Panel Discussion
Moderators:  Thomas Zeller, MD
Sebastian E. Debus, MD, PhD

11:10 – 11:15  DEBATE: Subintimal Guidewire Passage And Treatment Is The Best And Cheapest Technique For Fempop And BTK Lesions: How To Leave And Re-Enter The Lumen
Amman Bolia, MD

11:15 – 11:20  DEBATE: Intraluminal Guidewire Passage And Treatment Is The Best Technique For Most Lesions: How To Stay Intraluminal And Know It
Roberto Ferraresi, MD
11:20 – 11:25 **DEBATE:** Both Techniques Are Useful And Sometimes Required: Tips And Tricks  
*Andrej Schmidt, MD*

11:25 – 11:30 **Status Of The BEST Trial Comparing Endo And Open Treatments For Lower Extremity Occlusive Disease: Number Of Patients Recruited And When Will It Have Answers**  
*Matthew T. Menard, MD*  
*Alik Farber, MD*  
*Kenneth Rosenfield, MD*

11:30 – 11:35 **The Truth About The BEST Trial**  
*Mehdi H. Shishehbor, DO, MPH, PhD*

11:35 – 11:40 **In Young Patients With Intermittent Claudication: Some Uncommon Etiologies And How They Should Be Treated**  
*Brian G. DeRubertis, MD*

11:40 – 11:45 Panel Discussion

11:45 – 12:40 Lunch Break – 3rd Floor Foyer/Promenade  
Visit Exhibits And Pavilions (3rd Floor)

**SESSION 106 (Grand Ballroom East, 3rd Floor)**  
**NEW DEVELOPMENTS IN CAROTID DISEASE AND ITS TREATMENT (4 ½-MINUTE HIT THE HIGHLIGHTS TALKS)**  
*Moderators:* Peter F. Lawrence, MD  
Ali F. AbuRahma, MD

12:40 – 12:45 **CEA Outcomes Are Improving Over The Years: How Much**  
*Alun H. Davies, MA, DM, DSc*

12:45 – 12:50 **Comparative Learning Curves And Procedural Times For Transfemoral CAS And Transcervical CAS Via An Open Exposure Of The Common Carotid: The Latter Is Easier**  
*Sumaira Macdonald, MBChB, PhD*

*Giustino Marcucci, MD*

12:55 – 1:00 **Pitfalls In Carotid Duplex Exams: How They Can Lead To False Positive And False Negative Results**  
*Nicos Labropoulos, BS (Med), PhD, DIC, RVT*

1:00 – 1:05 **CEA Is Safe When Done Early After Thrombolytic Treatment For Acute Stroke**  
*Martin Bjärck, MD, PhD*

1:05 – 1:10 **CAS Early After Symptom Onset Can Be Safe Under Certain Circumstances And With Specific Technical Precautions**  
*Gioachino Coppi, MD*

1:10 – 1:15 Panel Discussion  
*Moderators:* Alun H. Davies, MD, DM, DSc  
Sumaira Macdonald, MBChB, PhD

1:15 – 1:20 **Carotid Duplex Surveillance Is Not Necessary After CEA With Patch Closure**  
*Ali F. AbuRahma, MD*

1:20 – 1:25 **Tips And Tricks For Performing CAS With Proximal Embolic Protection**  
*D. Christopher Metzger, MD*

1:25 – 1:30 **Retinal Embolization After Carotid Interventions (CEA Or CAS): Should It Be Used As A Surrogate End-Point In Asymptomatic Carotid Trials**  
*Athanasios D. Giannoukas, MD, MSc, PhD*

1:30 – 1:35 **Effect Of Statins On Early And Late Outcomes Of CAS: Drug Dosage And Timing Of Administration Matter**  
*Fabio Verzini, MD, PhD*  
*Paola De Rango, MD*  
*Piergiorgio Cao, MD*

1:35 – 1:40 **A Novel Frailty Risk Score Improves The Ability To Predict Outcomes Of CEA In Asymptomatic Carotid Stenosis Patients**  
*Anton N. Sidawy, MD, MPH*
1:40 – 1:45 Carotid Body Tumors: Update On Methods To Evaluate And Treat Including The Role Of Preop Embolization
Peter F. Lawrence, MD

1:45 – 1:50 Panel Discussion

SESSION 107  (Grand Ballroom East, 3rd Floor)
MORE NEW DEVELOPMENTS IN CAROTID DISEASE AND ITS TREATMENT
(4 ½-MINUTE HIT THE HIGHLIGHTS TALKS)

Moderators: Ross Naylor, MD
Carlo Setacci, MD

1:50 – 1:55 After Thrombolysis For Acute Stroke, Which Is A Better And Safer Way To Treat Carotid Stenosis – CEA Or CAS
Alun H. Davies, MA, DM, DSc

1:55 – 2:00 Value Of Carotid Interposition PTFE Grafts For Failed, Difficult Or Redo CEA Procedures: Technical Tips, Precautions And Results
Dieter Raithel, MD, PhD

2:00 – 2:05 Gore Hybrid Vascular Grafts For Bailout Or Rescue For Intraoperative Problems During CEA
Dominico Valenti, DMChir, PhD

2:05 – 2:10 What Are The Current Duplex Velocities For Performing CEA In Asymptomatic Carotid Stenosis Patients: Why Other Imaging Should Be Obtained Preoperatively
Jack L. Cronenwett, MD

2:10 – 2:15 Long-Term Comparative Results Of CEA With A Patch And Eversion Endarterectomy: Which Is Better And When
Ashraf Mansour, MD

2:15 – 2:20 Technical And Other Tips To Improve CAS Results
L. Nelson Hopkins, MD

2:20 – 2:25 Panel Discussion
Moderators: L. Nelson Hopkins, MD
Jack L. Cronenwett, MD

2:25 – 2:30 Interventionists And Surgeons Do Equally Well With CAS: But Experience Matters: What Are Valid Minimum Numbers Of Cases
Roy M. Fujitani, MD, MBA

2:30 – 2:35 Lessons Learned From US Datasets With Outcomes After CEA And CAS: CAS Results Are Much Worse Than In CREST And Why
Ross Naylor, MD

2:35 – 2:40 Tips And Tricks For Vertebral Interventions: When Are They Needed
D. Christopher Metzger, MD

2:40 – 2:45 New Transcranial Doppler Technology And How It Can Help In Carotid Treatment
Gioachino Coppi, MD

2:45 – 2:50 Optimal Treatment Of Carotid Restenosis After CEA; And After CAS
Carlo Setacci, MD

2:50 – 2:55 Octogenarians With Asymptomatic Carotid Stenosis Rarely Benefit From CEA Or CAS
Michael Belkin, MD

2:55 – 3:05 Panel Discussion And Break

SESSION 108  (Grand Ballroom East, 3rd Floor)
NEW DEVELOPMENTS IN DISEASES OF THE AORTA AND THEIR TREATMENT
(4½-MINUTE HIT THE HIGHLIGHTS TALKS)

Moderators: Nicholas J.W. Cheshire, MD
Thomas S. Maldonado, MD

3:05 – 3:10 Quantitation Of Aortic (AAA) Neck And Sac Thrombosis: What It Tells Us; Is Neck Thrombosis A Risk Factor For Unsuccessful EVAR
Thomas S. Maldonado, MD
3:30 – 3:15 Should Saccular AAAs Be Treated Differently From Other AAAs: What Are The Size Criteria
Benjamin M. Jackson, MD

3:15 – 3:20 Back Table Reversed Limb Endografts (Zenith And Endurant) Help In The Treatment Of Challenging
Aorto-Iliac Pathology: Technique And Indications
Berend M.E. Mees, MD, PhD

3:20 – 3:25 There Is No Seasonality To Ruptured AAAs
Irwin V. Mohan, MBBS, MD

3:25 – 3:30 Dedicated Workshop To Improve Treatment Of Ruptured AAAs: What Is Involved And What Benefits
Are Derived
Zoran Rancic, MD, PhD
Dieter O. Mayer, MD
Mario L. Lachat, MD

3:30 – 3:35 Blunt Abdominal Aortic Injury: Incidence, Etiology, Diagnosis And Treatment
Zachary M. Arthurs, MD

3:35 – 3:45 Panel Discussion

SESSION 109    (Grand Ballroom East, 3rd Floor)
MORE NEW DEVELOPMENTS IN AORTIC DISEASE, TRAUMA AND INTRAMURAL
HEMATOMAS  (4 ½-MINUTE HIT THE HIGHLIGHTS TALKS)
Moderators: Ronald M. Fairman, MD
Edward Y. Woo, MD

3:45 – 3:50 Blunt Aortic Traumas: When Not To Use Endovascular Treatments
Joseph S. Giglia, MD

3:50 – 3:55 DEBATE: Significance Of Intramural Aortic Hematomas With Trauma And Dissections: They Are A
Real Entity: How Should They Be Treated
Michael D. Dake, MD

3:55 – 4:00 DEBATE: Intramural Hematomas After Trauma Are A Myth – Rarely If Ever Seen
Benjamin W. Starnes, MD

4:00 – 4:05 Retroperitoneal Approach For Complex AAAs Unsuitable For EVAR Or FEVAR Or CHEVAR: Tips And
Tricks
R. Clement Darling III, MD

4:05 – 4:10 Renal Insufficiency Is Not A Contraindication To TEVAR, FEVAR Or CHEVAR: How Should Such
Patients Be Managed
Giovanni Torsello, MD

4:10 – 4:15 EVAR Or Open Repair For AAA Patients With Renal Insufficiency: On Dialysis
Vicente Riambau, MD, PhD

4:15 – 4:20 Panel Discussion
Moderators: R. Clement Darling III, MD
Benjamin W. Starnes, MD

4:20 – 4:25 Failure Modes Of EVAR After 10 Years: When Can They Be Treated Endovascularly
Ronald M. Fairman, MD

4:25 – 4:30 The Scandal Of High Late Mortality After EVAR: What Causes It And How To Prevent It
Ciro Ferrer, MD
Piergiorgio Cao, MD

4:30 – 4:35 A Normal AAA Screening Does Not Rule Out An AAA 5 Years Later
Anders Wanhainen, MD, PhD

4:35 – 4:40 Contralateral Leg Cannulization In EVAR: Is It An Issue And How To Facilitate It
Willem Wisselink, MD

4:40 – 4:45 Isolated Infrarenal Aortic Dissection And Penetrating Aortic Ulcer: Non-Morbid Conditions:
Indications For Treatment And How Should They Be Treated
Edward Y. Woo, MD

4:45 – 4:50 Panel Discussion
End of Program O
PROGRAM P  (SESSIONS 110-114)
IMPROVING OUTCOMES IN HEMODIALYSIS ACCESS
Grand Ballroom West, 3rd Floor

7:55 – 8:00  Introduction
Anton N. Sidawy, MD, MPH
Larry A. Scher, MD

SESSION 110
PLANNING FOR HEMODIALYSIS ACCESS
Moderators: Larry A. Scher, MD
Anton N. Sidawy, MD, MPH

8:00 – 8:07  Predialysis Care of the Patient With Chronic Kidney Disease
Theodore F. Saad, MD

8:08 – 8:15  Choosing the Right Access for the Right Patient
Ingemar J.A. Davidson, MD, PhD

8:16 – 8:23  Role of Vessel Mapping in Planning for Vascular Access
Surendra Shenoy, MD, PhD

8:24 – 8:31  Vascular Access in the UK: What Lessons Can We Learn in the US
Eric Chemla, MD

8:32 – 8:39  Results of the RAND Survey of Optimal Practice Patterns in Dialysis Access
David L. Cull, MD

8:40 – 8:50  Panel Discussion

8:51 – 8:58  Do We Need Standardized Training and Certification in Dialysis Access
John R. Ross, Sr., MD

8:59 – 9:06  Preoperative Predictive Factors for AV Access Success or Failure
Robyn A. Macsata, MD

9:07 – 9:14  DEBATE: Availability of Ultrasound in the Dialysis Unit Is Essential
Eric Chemla, MD

9:15 – 9:22  DEBATE: Availability of Ultrasound in the Dialysis Unit Is Not Practical
Deborah Brouwer-Maier, RN, CNN

9:23 – 9:35  Panel Discussion

9:36 – 10:00  Break – Visit Exhibits and Pavilions (3rd Floor)

SESSION 111
OPTIMIZING OUTCOMES IN HEMODIALYSIS ACCESS
Moderators: Haimanot (Monnie) Wasse, MD, MPH
Clifford M. Sales, MD, MBA

10:01 – 10:08  Should AV Fistulas Be Ligated or Preserved Following Renal Transplantation
David Fox, MD

10:09 – 10:16  Strategies to Optimize Hemodialysis Catheter Dysfunction
Michele H. Mokrzycki, MD, MS

10:17 – 10:24  Algorithms for Maturation of AV Fistulas
John E. Aruny, MD

10:25 – 10:32  Hemodynamic Significance of Access Stenosis: A Fluid Dynamic Analysis
Surendra Shenoy, MD, PhD

10:33 – 10:40  Novel Therapies for Hemodialysis Vascular Access Dysfunction
Jeffrey H. Lawson, MD, PhD

10:41 – 10:48  Why Do We Need a Vascular Access Coordinator
Deborah Brouwer-Maier, RN, CNN

10:49 – 11:00  Panel Discussion

11:01 – 11:08  Algorithms for Management of Acute and Chronic Steal Syndrome
David L. Cull, MD
11:17 – 11:25 Does Balloon Assisted Maturation Increase The Risk Of Steal Syndrome
Gregg A. Miller, MD

11:26 – 11:33 Cost Effectiveness Of Early Cannulation Grafts
David Kingsmore, MD, MBChB, BMedBiol

11:33 – 11:40 Expanding Role For Endoluminal Anastomosis In Vascular Access Surgery
Jeffrey H. Lawson, MD, PhD

11:41 – 11:55 Panel Discussion

11:55 – 12:40 Lunch Break – 3rd Floor Foyer/Promenade
Visit Exhibits And Pavilions (3rd Floor)

SESSION 112
POLITICAL, ECONOMIC AND LEGAL ISSUES IN HEMODIALYSIS ACCESS
Moderators: Theodore F. Saad, MD
Robert Provenzano, MD

12:40 – 12:47 End Stage Renal Disease Seamless Care Organizations (ESCO): Accepting Risk In A Dialysis Facility
Robert Provenzano, MD

12:48 – 12:55 Clinical Implications Of Healthcare Reform On Hospital Services
John Wigneswaran, MD, MBA

12:56 – 1:03 Financial Implications Of A Vascular Access Surveillance Program
Robert Provenzano, MD

1:04 – 1:11 Legal Implications Of The KDOQI And SVS Guidelines For Vascular Access
O. William Brown, MD, JD

1:12 – 1:19 What’s New In Dialysis Access Coding: What Is Happening To The Bundle
Sean P. Roddy, MD

1:20 – 1:27 Affordable Care Act: Are We Willing To Pay For Prevention
Clifford M. Sales, MD, MBA

1:28 – 1:38 Panel Discussion

SESSION 113
NEW TECHNOLOGIES AND CONCEPTS IN HEMODIALYSIS ACCESS
Moderators: Mitchell L. Henry, MD
Eric Chemla, MD

1:39 – 1:46 Use Of Topical Elastase To Reduce AV Fistula Failure
Keith Ozaki, MD

1:47 – 1:54 Intergraft System For Minimally Invasive Sutureless Anastomosis
John R. Ross, Sr., MD

1:55 – 2:02 Use Of A Novel Pneumatic Compression Device To Improve Fistula Maturation
Tej M. Singh, MD, MBA

2:03 – 2:10 Percutaneous Creation Of Vascular Access: Results Of The NEAT Trial
Marc H. Glickman, MD

2:11 – 2:18 Treatment Of Central Venous Stenosis With The Angiosculpt Balloon
Thomas F. Panetta, MD

2:19 – 2:26 Inside Out Access For Central Vein Occlusions
John C. Gurley, MD

2:27 – 2:34 Results With Flixene IFG With Assisted Delivery In Hemodialysis Access
John R. Ross, Sr., MD

2:35 – 2:42 Use Of A Sirolimus-Eluting Collagen Implant To Improve Fistula Maturation
Sriram S. Iyer, MD, FACC

2:43 – 2:53 Panel Discussion
UPDATE ON CLINICAL ISSUES IN HEMODIALYSIS ACCESS

Moderators: David L. Cull, MD
Marc H. Glickman, MD

2:54 – 3:01 Clinical Experience With An Early Cannulation Graft
Stephen E. Hohmann, MD

3:02 – 3:09 Role Of Biologic Grafts In Hemodialysis Access
Mahmoud B. Malas, MD, MHS

3:10 – 3:17 Advantages Of Spiral Flow Grafts In Reducing Intimal Hyperplasia
Hosam F. El Sayed, MD

3:18 – 3:25 Successes And Failures Of The HeRO Graft
Stephen E. Hohmann, MD

3:26 – 3:33 Modification Of HeRO Graft To Allow Early Cannulation
Christie W. Gooden, MD

3:34 – 3:43 Panel Discussion

3:44 – 3:51 Strategies For Management Of Prosthetic Dialysis Graft Infections
Mitchell L. Henry, MD

Richard F. Neville, MD

4:00 – 4:07 Management Of AV Fistula Aneurysms
Karl A. Illig, MD

4:08 – 4:15 Conversion Of Nonmaturing Fistulas To AV Grafts
Marc H. Glickman, MD

4:16 – 4:25 Panel Discussion

End of Program P

PROGRAM Q (SESSIONS 115-120)
NEW DEVELOPMENTS IN THE TREATMENT OF DISEASES OF THE ABDOMINAL AND THORACIC AORTA, TAAAs, TBADs; MORE UPDATES AND NEW CONCEPTS
Trianon Ballroom, 3rd Floor

SESSION 115 (Trianon Ballroom, 3rd Floor)
INTERESTING TOPICS RELATED TO THE ABDOMINAL AORTA AND ITS BRANCHES

Moderators: Hence J.M. Verhagen, MD, PhD
Richard M. Green, MD

6:54 – 6:59 How To Treat Thrombosed (Occluded) AAAs And Iliac Arteries With Bifurcated Endografts
Giovanni Pratesi, MD

7:00 – 7:05 Use Of Microcatheter Techniques To Treat Acute Occlusions Of EVAR Limbs Or Aortobifemoral Grafts
Michael H. Wholey, MD, MBA

7:06 – 7:11 Causes Of Aortic Endograft Limb Occlusion: What Are The Best Treatment Strategies
Christos D. Liapis, MD

7:12 – 7:17 Contrast Enhanced Ultrasound Eliminates The Need For CT Scans After EVAR
Henrik Sillesen, MD, DMSc

7:18 – 7:23 DEBATE: Internal Iliac Arteries Must Be Revascularized In EVAR Procedures
Fabio Verzini, MD, PhD

7:24 – 7:29 DEBATE: Internal Iliac Arteries May Not Have To Be Revascularized In EVAR Procedures: It Is Usually Safe Not To Do So
Dieter Raithel, MD, PhD

7:30 – 7:35 Update On The Global Endurant Experience: Lessons Learned From The 5-Year Results Of The ENGAGE Registry
Marc R.H.M. van Sambeek, MD, PhD

7:36 – 7:41 Update On Diagnosis And Treatment Of Ischemic Bowel With Ruptured AAAs
Mario L. Lachat, MD
7:42 – 7:47 Management Of SMA Dissections And Total Occlusions  
Eric D. Endean, MD

7:48 – 7:53 Importance Of Endograft Tilt And Sealing In Angulated Aortic Necks: New Software To Predict It And What Can Be Done To Offset It  
Jean-Paul de Vries, MD, PhD

7:54 – 8:03 Panel Discussion

SESSION 116  
(Trianon Ballroom, 3rd Floor)
MORE TOPICS RELATED TO THE ABDOMINAL AORTA, ENDOLEAKS AND INFECTED GRAFTS

Moderators:  
James H. Black III, MD  
Fred A. Weaver, MD

8:04 – 8:09 Aortic Neck Enlargement After EVAR Differs With Self-Expanding And Balloon Expandable Endografts: Why The Difference Is Important  
Dainis K. Krievins, MD  
Christopher K. Zarins, MD

8:10 – 8:15 Contemporary Life Expectancy And Causes Of Death After Repair Of Intact And Ruptured AAAs  
Hence J.M. Verhagen, MD, PhD

8:16 – 8:21 Fate Of 36 mm Endografts For Elective And Emergent (Rupture) Use: Are Such Larger Devices Still A Good Option  
Michael J. Singh, MD

8:22 – 8:27 Endovascular Grafts And VAC Wound Treatment Of Infected Prosthetic Arterial Grafts Is A New Graft Preserving Strategy: Key Elements And Midterm Results  
Anders Wanhainen, MD, PhD

8:28 – 8:33 Value Of PET CT (With 18F-FDB) For Management And Decision-Making In Patients With Concurrent AAAs And Cancer  
Natzi Sakalihasan, MD, PhD

8:34 – 8:39 De Novo Periaortic Inflammatory Response After EVAR: What Is Its Significance  
Andrea Stella, MD

8:40 – 8:45 Management Strategies For Proximal EVAR Failure: With These The Need For Open Conversion Should Be Rare  
Murray L. Shames, MD

8:46 – 8:51 Intra- And Peri-Procedural Perigraft Access To The AAA Sac To Treat Endoleaks: How To Do It And Results  
William J. Quinones-Baldrich, MD

Martin Malina, MD, PhD

8:58 – 9:04 Panel Discussion

SESSION 117  
(Trianon Ballroom, 3rd Floor)
TOPICS RELATED TO THE THORACIC AORTA, THORACIC AND THORACOABDOMINAL ANEURYSMS

Moderators:  
Robert S. Crawford, MD  
Martin Malina, MD, PhD

9:04 – 9:09 Management Of Distal Aortic Failure After TEVAR: Tips And Tricks  
James H. Black III, MD

9:10 – 9:15 What Are The Expansion Rates Of Small Thoracic Aortic Aneurysms And How Should They Influence The Threshold For Repair  
Matt M. Thompson, MD

9:16 – 9:21 Which TAAA Patient Can And Should Be Treated Conservatively: At What Size And Circumstance Should They Be Fixed  
Henrik Sillesen, MD, DMSc

9:22 – 9:27 Tips And Tricks For Simplifying B/FEVAR  
Gustavo S. Oderich, MD
9:28 – 9:33  Use Of Aortic Branch Balloons To Better Align Fenestrations With The Cook Z-FEN Device  
David J. Minion, MD

Christian D. Etz, MD, PhD

9:40 – 9:45  New Developments In The Treatment Of Blunt Aortic Trauma: Is There Any Role For Open Surgery: Is Traumatic Intramural Hematoma Real And How Should It Be Treated  
Ali Azizzadeh, MD

9:46 – 9:58  Panel Discussion And Break  
Visit Exhibits And Pavilions (3rd Floor)

Moderators: Ali Azizzadeh, MD  
David J. Minion, MD

9:58 – 10:03  Effect Of TEVAR On Coronary Perfusion And Cardiac Function As Determined By Quantitative Dynamic MR Imaging  
Rachel E. Clough, MD, PhD

10:04 – 10:09  Value Of PITON (Double Lumen And Double Exit) Guiding Sheaths And Steerable Catheters For TEVAR And B/FEVAR: How They Work  
Gioachino Coppi, MD

10:10 – 10:15  DEBATE: Routine LSA Revascularization Is The Way To Go When TEVAR Covers The LSA Orifice  
Matt M. Thompson, MD

10:16 – 10:21  DEBATE: Selective LSA Revascularization Is The Way To Go When TEVAR Covers The LSA Orifice  
Thomas S. Maldonado, MD

10:22 – 10:27  Impact Of LSA Coverage During TEVAR On Stroke And SCI: From The VQI: Does Revascularization Help  
Fred A. Weaver, MD

10:28 – 10:33  Value Of Vascular Plugs In The Treatment Of Residual Aneurysms After Open And Endovascular Procedures  
Ramesh K. Tripathi, MD

10:34 – 10:39  False Lumen Obliteration Improves Survival After TEVAR For Complex TBADs: How To Do It  
Manish Mehta, MD, MPH

10:40 – 10:47  Panel Discussion

SESSION 118  (Trianon Ballroom, 3rd Floor)
MORE THORACIC AORTIC TOPICS; VISCERAL ARTERY DISSECTIONS; A NEW EVAR DEVICE; NEW CONCEPTS AND UPDATES
Moderators:  Manish Mehta, MD, MPH  
K. Craig Kent, MD

10:47 – 10:52  Hypogastric Revascularization During EVAR: Why Are Parallel Grafts Better Than Branched Endoarfts: Tips And Tricks To Do The Chimney And Sandwich Grafts For This Purpose  
Jean-Pierre Becquemin, MD

10:53 – 10:58  Natural History Of Intramural Hematomas In The Thoracic Aorta: When To Fix And When To Observe  
O. William Brown, MD, JD

10:59 – 11:04  Diagnosis, Prognosis And Treatment Of Isolated Celiac And SMA Dissections  
Enrique Criado, MD

11:05 – 11:10  Use Of Branched Petticoat Devices To Treat Complex TBADs: How To Do Them And Do They Promote Remodeling In The Visceral Aortic Segment  
Lars R. Kock, MD

11:11 – 11:16  The Altura EVAR Device: What Is Special About It And Early Clinical Results  
Albrecht H. Krämer, MD

11:17 – 11:22  Differential Effects Of Various Endograft Fabric Coverings On Arterial Stiffness And EVAR Outcomes  
Christos D. Liapis, MD

11:23 – 11:28  How To Recognize And Safely Manage An Inadvertent Large Sheath Placement In The Subclavian Artery During CVP Line Insertion  
Neal S. Cayne, MD
11:29 – 11:34  Effect Of Increasing Vessel Tortuosity On EVAR Outcomes: How To Quantitate And Offset It
Sharif H. Ellozy, MD

11:35 – 11:40  Through-The-Knee (Gritti-Stokes) Amputation Is Better For The Patient And Leads To More Mobility Than Standard Above-Knee Amputation: How To Do It
Jonathan D. Beard, ChM, MEd

11:41 – 11:50  Panel Discussion

11:50 – 12:45  Lunch Break – 3rd Floor Foyer/Promenade
Visit Exhibits And Pavilions (3rd Floor)

SESSION 119  (Trianon Ballroom, 3rd Floor)
UPDATES AND LATE BREAKING HOT TOPICS RELATED TO EXTREMITY AND OTHER TREATMENTS
Moderators:  Jon S. Matsumura, MD
Luis A. Sanchez, MD

HOT NEW EXTREMITY TOPICS, CONCEPTS AND UPDATES
12:45 – 12:50  Simple Techniques For Crossing CTOs Using Only Catheters And Wires: When And How Often Are Special Techniques Needed
Ali Amin, MD, RVT

12:51 – 12:56  Novel Approaches To Drug Delivery To Vessel Walls To Prevent Restenosis After Open Vascular Surgery
K. Craig Kent, MD

12:57 – 1:02  Effectiveness And Safety Of DEBs In Treating SFA Occlusions: Based On A Chinese RCT
Wei Guo, MD

1:03 – 1:08  Interesting Results From The RAPID Trial: An RCT Comparing POBA With Legflow DEBs For Long Segment SFA Lesions
Jean-Paul de Vries, MD, PhD

1:09 – 1:14  The Need For Dedicated Limb Salvage Teams To Get Optimal Results With CLI: What Are The Essential Components
Christopher J. Abularrage, MD

1:15 – 1:20  Current Status Of Atherectomy Devices For Lower Extremity Occlusive Lesions: Which One(s) Are Best And Why: Are The Costs Justified
Lawrence A. Garcia, MD

1:21 – 1:26  The Disturbing Facts About Diabetic Foot Infections In Brazil: They Carry High Mortality And Amputation Rates: What Can Be Done About It: This Problem Also Probably Applies To Areas In The US
Tulio P. Navarro, MD, PhD

1:27 – 1:33  Panel Discussion
Moderators:  Kenneth Ouriel, MD, MBA
Enrico Ascher, MD

OTHER HOT NEW CONCEPTS OR UPDATES
1:33 – 1:38  Role Of The Vascular Surgeon In Oncologic Resections: Do Endo Skills And Techniques Help
Luis A. Sanchez, MD

1:39 – 1:44  Heparin Dosing During Vascular Procedures Should Be Monitored By ACT Levels To Be Safe And Effective
Arno M. Wiersema, MD, PhD

1:45 – 1:50  Pudendal Artery Angioplasty: Its Role And Results In Complex Drug Resistant Erectile Dysfunction
Narendra N. Khanna, MD, DM

1:51 – 1:56  MRA Data And A Computerized Program Allows Non-Invasive Estimation Of Pressure Gradients Across Equivocal Iliac Stenoses
Jean-Paul de Vries, MD, PhD

1:57 – 2:02  Technology To Convert A Doppler Waveform Non-Invasively Into Mean Blood Pressure And Flow Measurements
Patrick W. Kelly, MD
<table>
<thead>
<tr>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>2:03</td>
<td>Update On Recognition And Treatment Of Abdominal Compartment Syndrome (ACS) – Especially After EVAR Treatment Of Ruptured AAAs</td>
<td>Dieter O. Mayer, MD, Zoran Rancic, MD, PhD, Mario L. Lachat, MD</td>
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<td>2:09</td>
<td>Follow-Up Compliance After EVAR Is &lt;50% At 5 Years: What Can Be Done About It</td>
<td>Andres Schanzer, MD</td>
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<td>2:15</td>
<td>Panel Discussion (Refreshments Available)</td>
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<td><strong>SESSION 120</strong> (Trianon Ballroom, 3rd Floor)</td>
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<td>GAME-CHANGING UPDATES, NEW CONCEPTS OR TECHNIQUES</td>
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<td><strong>Moderators:</strong> Daniel G. Clair, MD, Frank J. Veith, MD</td>
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<td>2:27</td>
<td>When Should Ruptured AAA Patients Be Transferred: Tips And Tricks For Doing It Safely And Effectively</td>
<td>Matthew W. Mell, MD, MS</td>
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<td>2:33</td>
<td>Combined Stent-Graft And Multilayer Bare Stents For Thoracoabdominal Aortic Pathologies</td>
<td>Guangqi Chang, MD, Li Zilun, MD</td>
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<td>2:39</td>
<td>The Case For Urgent Carotid Duplex Scanning Before Starting Thrombolytic Therapy For Acute Strokes: How Can It Help To Determine Optimal Therapy</td>
<td>Laura Capoccia, MD, PhD</td>
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<td>2:45</td>
<td>The Role Of Telemedicine In Vascular Care: Current Status And Future Potential</td>
<td>John (Jeb) W. Hallett, MD</td>
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<td>2:51</td>
<td>How Can Surgeons Succeed As Inventors And Entrepreneurs: Tips And Tricks</td>
<td>Jeffrey P. Carpenter, MD</td>
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<tr>
<td>2:57</td>
<td>How To Prevent Popliteal Artery Injuries During Orthopedic Knee Surgery</td>
<td>Martin Björck, MD, PhD</td>
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<td>3:03</td>
<td>Stem Cell Treatment May Influence AAA Growth And Behavior</td>
<td>Peter L. Faries, MD</td>
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<tr>
<td>3:09</td>
<td>How Can The Hemodynamic Pressure Wire And Quantitative Perfusion Assessment Help In Treating CLI: Standard Methods With ABIs And PVRs Are Not Enough</td>
<td>Mehdi H. Shishehbor, DO, MPH, PhD</td>
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<td>3:15</td>
<td>2-Year Results With The Stellarex DEB Without Pre-Dilatation Show Durable Results With TASC A And B Lesions: The ILLUMENATE FIH Trial</td>
<td>Marianne Brodmann, MD</td>
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<tr>
<td>3:21</td>
<td>Management Of Asymptomatic Thrombus Inside Endografts After EVAR: Should We Treat Or Not Hence J. M. Verhagen, MD, PhD</td>
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<td>3:27</td>
<td>Percutaneous Deep Vein Arterialization (Limflow) As A Minimally Invasive Approach To Create Arterio-Venous Fistulas For The Treatment Of Critical Limb Ischemia: Results Of First Clinical Experience – 1-Year Follow-Up</td>
<td>Daniel G. Clair, MD</td>
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<td>3:33</td>
<td>Panel Discussion</td>
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End of Program Q

Please visit the Grand Ballroom East for additional Hot Topics.
FACULTY LISTING AND
FACULTY DISCLOSURE STATEMENT
### VEITHsymposium 2015 Syllabus

**A**

<table>
<thead>
<tr>
<th>Name</th>
<th>Affiliation</th>
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<tbody>
<tr>
<td>Anne L. Abbott, MD, PhD, FRACP</td>
<td>Melbourne, Australia</td>
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<tr>
<td>Dorothy B. Abel, BSBME</td>
<td>Silver Spring, Maryland</td>
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<td>Christopher J. Abularrage, MD</td>
<td>Baltimore, Maryland</td>
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<td>Ali F. AbuRahma, MD</td>
<td>Charleston, West Virginia</td>
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<td>Charles W. Acher, MD</td>
<td>Madison, Wisconsin</td>
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<td>Joshua D. Adams, MD</td>
<td>Charleston, South Carolina</td>
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<tr>
<td>Mark A. Adelman, MD</td>
<td>New York, New York</td>
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<tr>
<td>Sam S. Ahn, MD, MBA, FACS</td>
<td>Los Angeles, California and Dallas, Texas</td>
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<tr>
<td>Jose I. Almeida, MD, RVT, RPVI, FACS</td>
<td>Miami, Florida</td>
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<tr>
<td>Ahmad Alomari, MD, MSc, FSIR</td>
<td>Boston, Massachusetts</td>
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<td>Jean-Marc Alsac, MD, PhD</td>
<td>Paris, France</td>
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<td>Antoine Alves, Dr.</td>
<td>Chasse Sur Rhone, France</td>
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<tr>
<td>Beatrice R. Amann-Vesti, MD</td>
<td>Zurich, Switzerland</td>
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<tr>
<td>Ali Amin, MD, RVT, FACS, FACC</td>
<td>Reading, Pennsylvania</td>
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<td>Max Amor, MD</td>
<td>Essey-Lès-Nancy, France</td>
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<td>Gary M. Ansel, MD</td>
<td>Columbus, Ohio</td>
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<td>Frank R. Arko, MD</td>
<td>Charlotte, North Carolina</td>
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<td>Zachary M. Arthurs, MD</td>
<td>San Antonio, Texas</td>
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<td>John E. Aruny, MD</td>
<td>New Haven, Connecticut</td>
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<td>Enrico Ascher, MD</td>
<td>Brooklyn, New York</td>
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<td>Afshin Assadian, MD</td>
<td>Vienna, Austria</td>
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<td>Martin J. Austermann, MD</td>
<td>Münster, Germany</td>
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<td>Hamdy Awad, MD</td>
<td>Upper Arlington, Ohio</td>
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<tr>
<td>Ali Azizzadeh, MD</td>
<td>Houston, Texas</td>
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<tr>
<td>Nobuyoshi Azuma, MD</td>
<td>Asahikawa, Hokkaido, Japan</td>
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<td>Christopher M. Banoub, MD</td>
<td>New York, New York</td>
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<td>Stephen M. Bauer, MD</td>
<td>Greenwich, Connecticut</td>
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<td>Iris Baumgartner, MD</td>
<td>Bern, Switzerland</td>
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<td>Joseph E. Bavaria, MD</td>
<td>Philadelphia, Pennsylvania</td>
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<tr>
<td>Hernan Bazan, MD, FACS</td>
<td>New Orleans, Louisiana</td>
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<tr>
<td>Jonathan D. Beard, ChM, MEd, FRCS</td>
<td>London, United Kingdom</td>
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<tr>
<td>Jean-Pierre Becquemin, MD, FRCS</td>
<td>Creteil, France</td>
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<tr>
<td>Michael Belkin, MD</td>
<td>Boston, Massachusetts</td>
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<td>James F. Benenati, MD</td>
<td>Miami, Florida</td>
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<tr>
<td>Marshall E. Benjamin, MD</td>
<td>Baltimore, Maryland</td>
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<td>Jeffrey S. Berger, MD, MS, FAHA, FACC</td>
<td>New York, New York</td>
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<tr>
<td>Patrice F. Bergeron, MD</td>
<td>Marseille, France</td>
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<td>Ramon Berguer, MD, PhD</td>
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FACULTY DISCLOSURE STATEMENT

VASCULAR AND ENDOVASCULAR ISSUES, TECHNIQUES AND HORIZONS
(VEITHsymposium)
NOVEMBER 17-21, 2015

In accordance with the Standards for Commercial Support issued by the Accreditation Council for Continuing Medical Education (ACCMCE), The Cleveland Clinic Foundation Center for Continuing Education requires resolution of all faculty conflicts of interest to ensure CME activities are free of commercial bias.

The following faculty have indicated that they may have a Relationship(s) which, in the context of their presentation(s) could be perceived as a potential conflict of interest:

A

Mark A. Adelman
Company(ies): Vascular Device Partners
Relationship(s): Ownership Interest

Ali Amin
Company(ies): Cordis
Relationship(s): Teaching and Speaking

Gary M. Ansel
Company(ies): CR Bard, Medtronic, Boston Scientific Corporation
Relationship(s): Membership on Advisory Committee or Review Panels
Company(ies): Cook Medical
Relationship(s): Intellectual Property Rights, Teaching and Speaking, Research
Company(ies): Abbott Vascular
Relationship(s): Membership on Advisory Committee or Review Panels

John E. Aruny
Company(ies): W.L. Gore & Associates, Boston Scientific Corporation
Relationship(s): Teaching and Speaking, Membership on Advisory Committee or Review Panels

Ali Azizzadeh
Company(ies): W.L. Gore & Associates, Medtronic
Relationship(s): Consulting

B

Joseph E. Bavaria
Company(ies): W.L. Gore & Associates
Relationship(s): Membership on Advisory Committee or Review Panels, Primary Investigator
Company(ies): Medtronic
Relationship(s): Primary Investigator
Company(ies): Cook
Relationship(s): Sub Primary Investigator

James F. Benenati
Relationship(s): Consulting

Giancarlo Biamino
Company(ies): Spectranetics, Igaki
Relationship(s): Consulting

Jan D. Blankenstein
Company(ies): W.L. Gore & Associates
Relationship(s): Consulting

Francine Blei
Company(ies): Pierre Fabre
Relationship(s): Membership on Advisory Committee or Review Panels

Dittmar Boeckler
Company(ies): W.L. Gore & Associates, Endologix, Medtronic
Relationship(s): Consulting, Teaching and Speaking, Membership on Advisory Committee or Review Panels

Elchanan Bruckheimer
Company(ies): Maquet Getinge
Relationship(s): Consulting

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Company(ies): W.L. Gore & Associates, Vascutek, Jotec, Tikomed, Philips
Relationship(s): Consulting, Teaching and Speaking, Membership on Advisory Committee or Review Panels

Tom Carroll
Company(ies): Cydar Ltd.
Relationship(s): Employment, Ownership Interest, Intellectual Property Rights, Board Membership

Timothy A.M. Chuter
Company(ies): Cook Medical, Inc.
Relationship(s): Intellectual Property Rights, Consulting, Research Grants

Daniel G. Clair
Company(ies): Bard
Relationship(s): Membership on Advisory Committee or Review Panels
Company(ies): Boston Scientific Corporation, Medtronic
Relationship(s): Board Membership
Company(ies): Endologix, Vessix Vascular
Relationship(s): Consulting

Anthony J. Comerota
Company(ies): Cook
Relationship(s): Co-Principal Investigator VIVO Trial
Company(ies): Merck
Relationship(s): Consulting

Gioachino Coppi
Company(ies): Medtronic
Relationship(s): Royalties

Joseph S. Coselli
Company(ies): Vascutek Terumo
Relationship(s): Consulting, Clinical Trials, Spoke at a Sponsored Meeting
Relationship(s): Consulting, Clinical Trials

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Company(ies): W.L. Gore & Associates
Relationship(s): Consulting, Teaching and Speaking

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Company(ies): Medtronic
Relationship(s): Consulting, Teaching and Speaking
Guilherme Dabus
Company(ies): Medtronic
Relationship(s): Consulting, Teaching and Speaking
Company(ies): Microvention/Terumo
Relationship(s): Consulting, Teaching and Speaking

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Company(ies): W. L. Gore & Associates, Abbott Vascular
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Company(ies): Endologix, Inc.
Relationship(s): Employment
Company(ies): BioConnect
Relationship(s): Consulting

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Company(ies): Microvention, Penumbra, Inc., Silk Road Medical
Relationship(s): Consulting
Company(ies): Pulse Therapeutics
Relationship(s): Ownership Interest

David J. Dexter
Company(ies): AngioDynamics
Relationship(s): Consulting

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Relationship(s): Consulting, Teaching and Speaking

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Relationship(s): Consulting

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Company(ies): Vascular Flow Technologies
Relationship(s): Consulting

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Relationship(s): Consulting
Company(ies): Vascular Insights LLC
Relationship(s): Ownership Interest, Consulting

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Company(ies): Cook
Relationship(s): Consulting

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Company(ies): Edwards Life Sciences, Boston Scientific Corporation
Relationship(s): Consulting

Marcelo Ferreira
Company(ies): Cook Medical
Relationship(s): Spouse owns company that distributes Cook Medical in Brazil for 50 years.

Paul J. Gagne
Company(ies): Volcano
Relationship(s): Consulting, Teaching and Speaking

Mark J. Garcia
Company(ies): BTG/EKOS
Relationship(s): Teaching and Speaking, Study PI for ACCESS PTS Trial
Company(ies): Boston Scientific Corporation
Relationship(s): Consulting, Teaching and Speaking
Company(ies): Cook Medical
Relationship(s): Teaching and Speaking, Institutional Research Support

Kathleen D. Gibson
Company(ies): Medtronic, BRG
Relationship(s): Consulting
Company(ies): Bristol Meyers Squib
Relationship(s): Teaching and Speaking

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Relationship(s): Consulting, Membership on Advisory Committee or Review Panels

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Relationship(s): Teaching and Speaking

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Company(ies): Terumo
Relationship(s): Consulting, Membership on Advisory Committee or Review Panels
Company(ies): Cook
Relationship(s): Intellectual Property Rights, Consulting

Atul Gupta
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Relationship(s): Consulting
Company(ies): Philips Healthcare
Relationship(s): Consulting, Membership on Advisory Committee or Review Panels

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Company(ies): GE Healthcare
Relationship(s): Consulting, Teaching and Speaking

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Relationship(s): Teaching and Speaking

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Relationship(s): Consulting
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Relationship(s): Consulting

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Relationship(s): Consulting
Company(ies): PQ Bypass, Primacea, Vascular Therapies, Sano V
Relationship(s): Ownership Interest
Company(ies): Janacare
Relationship(s): Ownership Interest, Consulting
Company(ies): Novella
Relationship(s): Membership on Advisory Committee or Review Panels
Company(ies): VIVA Physicians, Intersocietal Accreditation Commission, CBSET
Relationship(s): Board Membership

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Company(ies): W.L. Gore & Associates, Aptus Endosystems
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Company(ies): Amsel, Vascular Insights
Relationship(s): Ownership Interest, Consulting, Membership on Advisory Committee or Review Panels
Company(ies): BTG
Relationship(s): Consulting
Company(ies): Veniti
Relationship(s): Ownership Interest

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Relationship(s): Intellectual Property Rights
Company(ies): BlueDep
Relationship(s): Ownership Interest, Partnership

Ali Khoynezhad
Company(ies): Atricure
Relationship(s): Consulting, Teaching and Speaking, National PI
Company(ies): Medtronic
Relationship(s): Consulting, Teaching and Speaking, National PI

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Company(ies): W.L. Gore & Associates
Relationship(s): Teaching and Speaking, Investigator-led Small Research Grant

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Company(ies): Silk Road Medical, Endologix, Terumo
Relationship(s): Clinical Research
Company(ies): PQ Bypass
Relationship(s): Consulting

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Company(ies): Cook Medical
Relationship(s): Intellectual Property Rights, Teaching and Speaking, Proctoring

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Company(ies): Humacyte
Relationship(s): Consulting, Membership on Advisory Committee or Review Panels

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Relationship(s): Consulting

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Company(ies): Cook, Inc., Aptus Endosystems
Relationship(s): Consulting, Research at Medical Center

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Relationship(s): Consulting
Company(ies): St. Jude Medical
Relationship(s): Consulting, Teaching and Speaking
Company(ies): Medtronic
Relationship(s): Teaching and Speaking

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Company(ies): TVA Medical, Inc.
Relationship(s): Research Support

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Relationship(s): Consulting
Company(ies): Shockwave Medical
Relationship(s): Membership on Advisory Committee or Review Panels

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Relationship(s): Employment, Ownership Interest

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Company(ies): A4L, Harmonic Medical, Endologix
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Company(ies): Boston Scientific Corporation, Cook, Inc.
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Company(ies): Ikomed
Relationship(s): Ownership Interest, Intellectual Property Rights

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Company(ies): Veniti Inc., Cardinal Healthcare
Relationship(s): Consulting
Company(ies): Vascular Insights
Relationship(s): Education

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Relationship(s): Consulting, Teaching and Speaking

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Relationship(s): Grant/Research Support

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Company(ies): Cook Medical
Relationship(s): Consulting, Educational support
Company(ies): Atricure/Maquet
Relationship(s): Teaching and Speaking
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Company(ies): W.L. Gore & Associates, Medtronic, Aptus Endosystems  
Relationship(s): Teaching and Speaking, Principal Investigator for Clinical Trials  

D. Christopher Metzger  
Company(ies): Abbott Vascular  
Relationship(s): Consulting, Teaching and Speaking  
Company(ies): Boston Scientific Corporation, Bard, TriVascular  
Relationship(s): Teaching and Speaking  

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Company(ies): AnGes, CESCA Therapeutics  
Relationship(s): Membership on Advisory Committee or Review Panels  
Company(ies): W. L. Gore & Associates  
Relationship(s): Consulting, Gave single talk at Gore Bypass Summit on Veni Bypass  

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Relationship(s): Consulting  

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Company(ies): Trivascular  
Relationship(s): Consulting  

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Relationship(s): Teaching and Speaking  

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Company(ies): Hansen Medical  
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Company(ies): Bard Peripheral Vascular, Covidien/Medtronic  
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Company(ies): Cardiovascular Systems, Inc., Terumo Medical, Cook Medical, Spectranetics  
Relationship(s): Consulting, Teaching and Speaking  

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Relationship(s): Board Membership  

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Relationship(s): Consulting - Payment goes to Mayo Clinic  

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Relationship(s): Employment, Ownership Interest  

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Relationship(s): Consulting, Teaching and Speaking  

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Relationship(s): Membership on Advisory Committee or Review Panels  

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Company(ies): Medtronic Inc.  
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Company(ies): Aptus Endosystems  
Relationship(s): Consulting  

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Company(ies): Boston Scientific Corporation  
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Company(ies): CR Bard, Penumbra, Inc.  
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Company(ies): Cook Medical, BTG  
Relationship(s): Teaching and Speaking  

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Company(ies): Veniti Inc.  
Relationship(s): Ownership Interest  

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Company(ies): Medtronic, Vascutek  
Relationship(s): Consulting, Teaching and Speaking  
Company(ies): Cook Medical, Bolton Medical  
Relationship(s): Consulting  

Kenneth Rosenfield  
Company(ies): Lutonix/BARD  
Relationship(s): Research Activities  
Company(ies): Cook, Surmodics  
Relationship(s): Consulting  
Company(ies): Cardinal, Abbott  
Relationship(s): Scientific Advisory Board  
Company(ies): VIVA Physicians, a 501c3 Organization  
Relationship(s): Board Membership  
Company(ies): Micell, Capture Vascular, Eximo, Silk Road Medical, Endospan, Shockwave Medical  
Relationship(s): Ownership Interest, Scientific Advisory Board  
Company(ies): NIH  
Relationship(s): Research Support
Company(ies): Inspire MD  
Relationship(s): Consulting, Scientific Advisory Board

Company(ies): MD Insider  
Relationship(s): Ownership Interest, Consulting, Scientific Advisory Board

Company(ies): ValCare, ICON  
Relationship(s): Ownership Interest, Membership on Advisory Committee or Review Panels

Company(ies): Primacare, CardioMems  
Relationship(s): Ownership Interest

Company(ies): Vortex  
Relationship(s): Residual payout from prior stock ownership.

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Company(ies): Contego Medical  
Relationship(s): Ownership Interest

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Relationship(s): Consulting

Marc L. Schermerhorn  
Company(ies): Medtronic, Endologix, Cordis, Bard  
Relationship(s): Consulting

Andrej Schmidt  
Company(ies): Abbott, Bard, Cook  
Relationship(s): Consulting, Teaching and Speaking  
Company(ies): Cordis  
Relationship(s): Teaching and Speaking  
Company(ies): Spectranetics, Upstream Peripheral  
Relationship(s): Consulting

Darren B. Schneider  
Company(ies): W.L. Gore & Associates, Cook, Bard, Boston Scientific Corporation  
Relationship(s): Consulting

Peter A. Schneider  
Company(ies): Cook  
Relationship(s): Intellectual Property Rights  
Company(ies): Medtronic, Abbott  
Relationship(s): Non-compensated Scientific Advisory Board

Claudio J. Schönholz  
Company(ies): W.L. Gore & Associates  
Relationship(s): Board Membership

Murray L. Shames  
Company(ies): W.L. Gore & Associates, Medtronic, Cook  
Relationship(s): Teaching and Speaking

Horst Sievert  
Company(ies): Abbott, Aptus Endosystems, Atrium, Biosense Webster, Boston Scientific Corporation  
Relationship(s): Study Honoraria, Travel Expenses, Consulting Fees

Henrik Sillesen  
Company(ies): Philips Ultrasound  
Relationship(s): Research Funding

Alejandro M. Spiotta  
Company(ies): Penumbra, Inc.  
Relationship(s): Consulting

Bauer E. Sumpio  
Company(ies): Medtronic Spine  
Relationship(s): Membership on Advisory Committee or Review Panels

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Matt M. Thompson  
Company(ies): Medtronic, Endologix  
Relationship(s): Consulting, Teaching and Speaking, Membership on Advisory Committee or Review Panels

Marc R.H.M. van Sambeek  
Company(ies): Medtronic, W.L. Gore & Associates, Unrestricted Research Grant  
Relationship(s): Teaching and Speaking, Unrestricted Research Grant  
Company(ies): Philips Health Care  
Relationship(s): Independent Contractor

Ramon L. Varcoe  
Company(ies): Abbott Vascular  
Relationship(s): Consulting, Teaching and Speaking, Membership on Advisory Committee or Review Panels

Hence J.M. Verhagen  
Company(ies): Medtronic, W.L. Gore & Associates, Philips, Cook, Endologix  
Relationship(s): Consulting, Teaching and Speaking, Grant for Organizing Conference

Eric L.G. Verhoeven  
Company(ies): Tecmedic - Brazil  
Relationship(s): Consulting, Teaching and Speaking

Ron Waksman  
Company(ies): BIOTRONIK, Medtronic Vascular, Boston Scientific Corporation, Abbott Vascular, AstraZeneca  
Relationship(s): Consulting  
Company(ies): Medtronic Vascular  
Relationship(s): Membership on Advisory Committee or Review Panels

Craig M. Walker  
Company(ies): Abbott  
Relationship(s): Consulting, Teaching and Speaking, Membership on Advisory Committee or Review Panels, PVD Training  
Company(ies): Boston Scientific Corporation  
Relationship(s): Consulting, Membership on Advisory Committee or Review Panels, PVD Training  
Company(ies): Cardiva Medical  
Relationship(s): Ownership Interest, Consulting, Teaching and Speaking  
Company(ies): Cook Medical  
Relationship(s): Consulting, Teaching and Speaking  
Company(ies): Lake Regional Medical, Medtronic  
Relationship(s): Consulting  
Company(ies): Spectranetics  
Relationship(s): Ownership Interest, Consulting, Teaching and Speaking, Membership on Advisory Committee or Review Panels, PVD Training  
Company(ies): Bard  
Relationship(s): Teaching and Speaking, Membership on Advisory Committee or Review Panels, PVD Training
Company(ies): Trireme Medical  
Relationship(s): PVD Training

Company(ies): Vasamed  
Relationship(s): Ownership Interest

**Fred A. Weaver**  
Company(ies): CVRx  
Relationship(s): Membership on Advisory Committee or Review Panels

Company(ies): W.L. Gore & Associates, Endologix  
Relationship(s): Teaching and Speaking

**Rodney A. White**  
Company(ies): Medtronic, Volcano, W.L. Gore & Associates  
Relationship(s): Consulting, Teaching and Speaking, Independent Contractor

**Michael H. Wholey**  
Company(ies): Attache Group LLC  
Relationship(s): Ownership Interest

Company(ies): Heraeus Medical  
Relationship(s): Consulting

**Edward Y. Woo**  
Company(ies): W.L. Gore & Associates, Medtronic, Bard Peripheral Vascular  
Relationship(s): Teaching and Speaking

**Christopher K. Zarins**  
Company(ies): HeartFlow, Inc.  
Relationship(s): Employment, Ownership Interest, Board Membership

**Thomas Zeller**  
Company(ies): Spectranetics, Medtronic, Boston Scientific Corporation, W.L. Gore & Associates  
Relationship(s): Consulting, Teaching and Speaking, Membership on Advisory Committee or Review Panels

Company(ies): Bard, Cook  
Relationship(s): Consulting, Teaching and Speaking

Company(ies): Trireme  
Relationship(s): Consulting, Membership on Advisory Committee or Review Panels

**Burkhart Zipfel**  
Company(ies): Jotec  
Relationship(s): Consulting, Teaching and Speaking, Membership on Advisory Committee or Review Panels, Proctor

Company(ies): Bolton Medical  
Relationship(s): Teaching and Speaking, Proctor
The following faculty have indicated they have no Relationship(s) which, in the context of their presentation(s), could be perceived as a potential conflict of interest:
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SAVE THE DATE

Tuesday – Saturday, November 15–19, 2016

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