VEITH SYMPOSIUM

Connecting The Vascular Community

VASCULAR ENDOVASCULAR ISSUES TECHNIQUES HORIZONS

Tuesday – Saturday, November 19-23, 2019

Symposium Chairman
Frank J. Veith, MD

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

Sponsored by
Cleveland Clinic
Hilton

www.VEITHsymposium.org
TUESDAY PROGRAMS
Program A: (Sessions 1-8)
6:45 A.M. – 6:00 P.M.
Progress In The Treatment Of Diseases Of Heart Valves And Coronary Arteries, And Thoracic And Abdominal Aortic Diseases
Location: Grand Ballroom East, 3rd Floor
Program B: (Sessions 9-16)
6:40 A.M. – 6:00 P.M.
Progress In Vascular Robotics, Guidance Systems, Simulation And Laparoscopy; New Developments In Carotid Disease, Acute Strokes, And Their Treatments; Abdominal Aortic Branch Diseases And Their Treatments; New Concepts, Artificial Intelligence And Telemedicine; Vascular Branding, Recognition And Boards; Open Vascular Surgery And Progress In The Treatment Of Coarctations And Aortic Syndrome
Location: Grand Ballroom West, 3rd Floor
Program C-1: (Sessions 17-18)
7:00 A.M. – 12:00 P.M.
Management Of Pulmonary Embolism: The Ultimate Team Approach
Course Leader: Michael R. Jaff, DO
Location: Trianon Ballroom, 3rd Floor
Program C-2: (Sessions 19-20)
1:00 P.M. – 3:00 P.M.
Introduction To Vascular Malformations
Course Leaders: Wayne F. Yakes, MD, Krassi Ioannou, MD, PhD; Robert L. Vogelzang, MD
Location: Trianon Ballroom, 3rd Floor
Program C-3: (Sessions 21-22)
3:00 P.M. – 6:00 P.M.
Hot New Topics In Lower Extremity Occlusive Disease Treatment
Location: Trianon Ballroom, 3rd Floor
WEDNESDAY PROGRAMS
Program D: (Sessions 23-30)
6:40 A.M. – 6:15 P.M.
Progress In Lower Extremity Occlusive Disease And In Treatments
Location: Grand Ballroom East, 3rd Floor
Program E: (Sessions 31-38)
6:40 A.M. – 6:02 P.M.
Advances In Medical Treatments, New Drugs, Anti-Atherogenic And Anti-Hypertensive Treatments; Management Of Endoleaks And Complications; Recorded Live Cases; A Tribute And Assorted Issues Of Interest; Outpatient Vascular Treatment And Ethical Issues; Topics Related To The FDA, SAVY, VQL, Costs And Reimbursement And The Value Of Vascular Surgeons
Location: Grand Ballroom West, 3rd Floor
Program F: (Sessions 39-46)
6:40 A.M. – 6:00 P.M.
More New Developments In Thoracic Aortic Disease, Aortic Dissections, TAAAs, Juxta- And Pararenal AAs, Parallel Grafts, Fenestrated And Branched EVAR (F/EVAR), Multilayer Branched Stents, Infrarenal AAs And Standard EVAR And Hot New Aortic And Carotid Topics
Location: Trianon Ballroom, 3rd Floor
THURSDAY PROGRAMS
Program G: (Sessions 47-54)
6:45 A.M. – 6:02 P.M.
Exciting New Or Updated Techniques, Concepts And Devices; Advances In F/B/ EVAR And Parallel Grafts For Complex AAs; Tribute To Our Military; New Developments In The Treatment Of Ruptured AAs And TAAAs; More New Developments In New Or Improved Devices, Techniques And Concepts, And Radiation Safety
Location: Grand Ballroom East, 3rd Floor
Program H: (Sessions 55-62)
6:45 A.M. – 5:52 P.M.
New Or Improved Devices For Standard EVAR, EVAS And More Complex AAs; Repair Of Ascending, Arch And The Descending Aorta (TEVAR). New Devices For Treating Lower Extremity Lesions By Endovascular Or Open Techniques; Topics On Endoanchors And Improvements In Their Use; New Or Improved Devices For Removing Clot And Occluding Blood Vessels Endovascularly
Location: Grand Ballroom West, 3rd Floor
Program I: (Sessions 63-70)
7:00 A.M. – 6:05 P.M.
Superficial Venous Disease
Course Leaders: Jose I. Almeida, MD, RPVI, RVT, Lowell S. Kahnik, MD, RPVI, Kenneth Ouriel, MD, MBA, Thomas W. Wakefield, MD
Location: Trianon Ballroom, 3rd Floor
FRIDAY PROGRAMS
Program J: (Sessions 71-78)
6:40 A.M. – 5:42 P.M.
New Developments In The Prevention And Treatment Of Spiral Cord Ischemia (SCI) With TEVAR And TAAA Repairs; Carotid Disease And Treatment Related Topics: New And Improved Devices And Techniques (TCAR And Mesh Covered Stents); Medical Treatment, Infections And Aneurysms; Recorded Live Cases; Cognition, History Of CAS And CAS, Management Of Asymptomatic Carotid Stenosis (ACS), CAS Versus CEA, Improving Outcomes In Hemodialysis Access And Unusual Vascular Diseases And Vascular Trauma
Location: Grand Ballroom East, 3rd Floor
Program K: (Sessions 79-86)
7:00 A.M. – 5:52 P.M.
New Developments In The Treatment Of Popliteal Diseases And Aneurysms; Advances In Treating Arterial And Graft Infections; Improvements In Vascular Imaging And Hybrid Treatment Suites, Thoracic Outlet Syndrome Treatments, Recorded Live Complex Endovascular Cases From Münster, Germany And The Mayo Clinic; Updates On Medical Treatments And Treatment Of Rare Or Unusual Vascular Diseases And Vascular Trauma
Location: Grand Ballroom West, 3rd Floor
Program L: (Sessions 87-94)
7:00 A.M. – 6:00 P.M.
Deep Venous Disease
Course Leaders: Jose I. Almeida, MD, RPVI, RVT, Lowell S. Kahnik, MD, RPVI, Kenneth Ouriel, MD, MBA, Thomas W. Wakefield, MD
Location: Trianon Ballroom, 3rd Floor
SATURDAY PROGRAMS
Program M: (Sessions 95-98)
7:00 A.M. – 12:25 P.M.
Topics Too Important Or Too Hot To Miss: Related To Lower Extremity, Aortic And Carotid Diseases And Their Treatment
Location: Grand Ballroom East, 3rd Floor
Program N: (Sessions 99-103)
8:00 A.M. – 3:40 P.M.
Improving Outcomes In Hemodialysis Access
Course Leaders: Larry A. Scher, MD and Anton N. Sidawy, MD, MPH
Location: Grand Ballroom West, 3rd Floor
Program O: (Sessions 104-109)
8:00 A.M. – 3:50 P.M.
Multidisciplinary Acute Stroke Management
Course Leader: Allan L. Brook, MD
Location: Murray Hill Suites East & West, 2nd Floor
PROGRAM OUTLINE AT A GLANCE
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Arterial Course
Venous Course
Vascular Access Course
Cardiovascular Course

2020

March 22-24
2020
Maastricht
the Netherlands
www.vascular-course.com

24th European Vascular Course

Learning by training
COMPONENT MEETING LEADERS
Jose I. Almeida, MD, RVT
George L. Berdejo, BA, RVT
Allan L. Brook, MD
Jacob Cynamon, MD
Krassi Ivancev, MD, PhD
Michael R. Jaff, MD
Lowell S. Kabnick, MD
Natalie A. Marks, MD, RVT
Larry A. Scher, MD
Anton N. Sidawy, MD, MPH
Robert L. Vogelzang, MD
Thomas W. Wakefield, MD
Haimanot (Monnie) Wasse, MD, MPH
Wayne F. Yakes, MD

ASSOCIATE FACULTY PODIUM PRESENTATIONS COMMITTEE
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Invamed/RD Global Health Inc.
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Medtronic, Inc.
Philips Image Guided Therapy
Silk Road Medical
Vascutek Ltd (trading as Terumo Aortic)
NEEDS ASSESSMENT

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

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

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

FOCUS

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

OBJECTIVES

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

- Explain the practical implications of clinical trial data on new technologies and techniques for endovascular repair of abdominal aortic aneurysm and thoracic aortic disease
- Summarize the impact of data on therapeutic advances for stroke and carotid disease management
- Compare the safety, efficacy, and therapeutic indications of pharmacologic agents to the management of vascular disease
- Assess data on the latest state-of-the-art for the treatment of superficial femoral and tibial artery disease and describe potential implications for clinical care
- Summarize recent data on treatment advances for venous disease and explain their clinical implications
- Provide new information about the latest developments in hemodialysis access and vascular malformations and tumors
TARGET AUDIENCE
Vascular Surgeons, Interventional Radiologists, Interventional Cardiologists, Vascular Medicine Specialists, Cardiac Surgeons and all others interested in the management of vascular disease.

ASSOCIATE FACULTY GLOBAL PODIUM PRESENTATIONS
Tuesday – Friday, November 19-22, 2019
Location: Concourse A, Concourse Level
In order to have more younger and less familiar vascular surgeons and vascular specialists play an active role as Associate Faculty at our meeting, we have initiated programs whereby they can present their scientific work at the podium. Vascular surgeons and vascular specialists participating in these programs will have submitted abstracts for a podium presentation, and these abstracts will be posted on our website. Please visit www.veithsymposium.org for additional information about the Associate Faculty Global Podium Presentations component of VEITHsymposium.

COMPONENT SESSIONS WILL BE HELD AS FOLLOWS:
Hemodialysis Access
Saturday, November 23, 2019
Location: Grand Ballroom West, 3rd Floor
Multidisciplinary Acute Stroke Management
Saturday, November 23, 2019
Location: Murray Hill Suites East and West, 2nd Floor

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 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

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

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

CME CERTIFICATES AND COURSE EVALUATION FORMS
CME certificates will be available online at www.veithsymposium.org. An e-mail with a unique password and instructions on how to obtain the certificate and complete a brief, optional course evaluation will be sent to all registered attendees after the meeting. The e-mail will be sent to the e-mail address that was used to register the attendee. Please note that CME Certificates must be claimed by February 28, 2020.
FACULTY DISCLOSURE
The Cleveland Clinic Foundation Center for Continuing Education has implemented a policy to comply with the current Accreditation Council for Continuing Medical Education Standards for Commercial Support requiring resolution of all faculty conflicts of interest. Faculty declaring a relevant commercial interest will be identified in the activity syllabus.

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

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

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

VEITHsymposium NON-CME ACTIVITIES
VENOUS VENOUS VENOUS® WORKSHOPS AT VEITHsymposium - ASK THE EXPERTS!
Wednesday, November 20, 2019
12:15 P.M. – 5:30 P.M.
Location: Americas Hall 2, 3rd floor

Workshops will include Video Case Presentations, Lectures and Demonstration on vein management by experts, plus Hands-On opportunities where participants can rotate through multiple training stations staffed by professionals to assist with your experience.

Module 1: Current Superficial Venous Treatment, Wounds and Edema
Endothermal Therapy, Cyanoacrylate, MOCA, VTE and Recanalization, Perforators, Sclerotherapy, CVI, Lymphedema, Lipedema, Wound Care and Compression

Module 2: Thrombus Management
Thrombolysis and Thrombectomy, Stents, IVUS, Valves, Nutcracker Syndrome
Visit www.veithsymposium.org for details. (This is a non-CME activity.)
GENERAL INFORMATION

VEITH-TCT INNOVATIONS SUMMIT
Thursday, November 21, 2019
Location: Murray Hill Suites East and West, 2nd Floor

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

CRF ENDOVASCULAR TRAINING PAVILION
Thursday – Friday, November 21-22, 2019
Location: Americas Hall 2, 3rd Floor

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

Thursday, November 21, 2019
Tibiopedal and Radial Access
Times: 8:00 – 9:30 a.m.; 10:00 a.m. – 11:30 a.m.; 2:00 p.m. - 3:30 p.m.; 4:00 p.m. – 5:30 p.m.

Friday, November 22, 2019
SFA Intervention: Complex Lesion Management
Times: 8:00 – 9:30 a.m.; 10:00 a.m. – 11:30 a.m.; 2:00 p.m. - 3:30 p.m.; 4:00 p.m. – 5:30 p.m.

HOTEL AND TRAVEL

A block of rooms has been reserved at the conference rate of $399 plus taxes per night. This rate is available until the block is filled or until October 13, 2019. Please request the VEITH rate when reserving your accommodations.

New York Hilton-Midtown (Symposium Site)
1335 Avenue of the Americas
New York, NY 10019
(212) 586-7000 or 1-800-HILTONS (toll free U.S. only)
American Express Global Business Travel at The Cleveland Clinic
Phone: (216) 444-2564, Extension 62134971
E-mail: diane.m.geneva@amexgbt.com
CONCURRENT TUESDAY PROGRAMS

PROGRAM A: (SESSIONS 1-8)
Progress In The Treatment Of Diseases Of Heart Valves, Coronary Arteries And Thoracic And Abdominal Aortic Diseases
6:45 A.M. – 6:00 P.M.
Grand Ballroom East, 3rd Floor

PROGRAM B: (SESSIONS 9-16)
Progress In Vascular Robotics, Guidance Systems, Simulation And Laparoscopy; New Developments In Carotid Disease, Acute Strokes; And Their Treatments; Abdominal Aortic Branch Diseases And Their Treatments; New Concepts, Artificial Intelligence And Telemedicine; Vascular Branding, Recognition And Boards; Open Vascular Surgery And Progress In The Treatment Of Coarctations And Mid-Aortic Syndrome
6:40 A.M. – 6:00 P.M.
Grand Ballroom West, 3rd Floor

PROGRAM C-1: (SESSIONS 17-18)
Management Of Pulmonary Embolism: The Ultimate Team Approach (VEITH/TCT CO-BRANDED SESSIONS)
7:00 A.M. – 12:00 P.M.
Trianon Ballroom, 3rd Floor
Course Leader: Michael R. Jaff, DO

PROGRAM C-2: (SESSIONS 19-20)
Introduction To Vascular Malformations
1:00 P.M. – 3:00 P.M.
Trianon Ballroom, 3rd Floor
Course Leaders: Wayne F. Yakes, MD
Krassi Ivancev, MD, PhD
Robert L. Vogelzang, MD

PROGRAM C-3: (SESSIONS 21-22)
Hot New Topics In Lower Extremity Occlusive Disease Treatment (VEITH/TCT CO-BRANDED SESSIONS)
3:00 P.M. – 6:00 P.M.
Trianon Ballroom, 3rd Floor

PROGRAM A (SESSIONS 1-8)
PROGRESS IN THE TREATMENT OF DISEASES OF HEART VALVES AND CORONARY ARTERIES, AND THORACIC AND ABDOMINAL AORTIC DISEASES
Grand Ballroom East, 3rd Floor

SESSION 1 (Grand Ballroom East, 3rd Floor)
PROGRESS IN THE TREATMENT OF ASCENDING AORTIC DISEASE, TRANSCATHETER VALVE REPLACEMENT AND CORONARY ARTERY STENTING
Moderators: Hazim J. Safi, MD
Joseph S. Coselli, MD

THE ASCENDING AORTA

6:50 – 6:55
Current Status Of Endovascular Treatment For Ascending Aortic Lesions: What Patients, What Pathology, What Devices Exist
Grayson H. Wheatley, MD
Update On Endovascular Treatment Of Ascending Aortic Lesions: What Is On The Horizon
Christoph A. Nienaber, MD, PhD

Update On Ascending Aortic Endograft Treatment: Indications, Devices, Techniques And Results
Rodney A. White, MD

Status Of Endovascular Combined Device For Repairing Lesions Of The Ascending Aorta And The Aortic Valve: The Endo-Bentall Concept
Ali Khoynezhad, MD, PhD

Alan B. Lumsden, MD

What Is New In Coronary Stenting: Current Status Of Non-Absorbable Stents, Drug Eluting And Bare Metal
Gregg W. Stone, MD

Update Of Bioabsorbable Stents (BRSs) In The Coronary Arteries: Why Did The Absorb Stent Fail: Is There Hope For BRSs In The Future – In Coronary Or Peripheral Arteries
Gregg W. Stone, MD

Progress In Transcatheter Aortic Valve Replacement (TAVR): An Interventional Cardiologist’s View. This presentation will be given by Martin B. Leon, MD on Thursday, Session 47 at 7:03 – 7:08 a.m. in the Grand Ballroom East.

Progress In TAVR: A Cardiac Surgeon’s View: What Is The Current Place For Open Surgical Aortic Valve Replacement
Lars G. Svensson, MD, PhD

Progress In Endovascular Mitral Valve Repair: What Devices Are Appearing And How Well Are They Working
Juan F. Granada, MD

Panel Discussion

With Aortic Arch Lesions (Aneurysms And Dissections), When Should The Treatment Be Fenestrated Or Branched TEVAR (F/B/TEVAR), Chimney TEVAR (Ch/TEVAR), Hybrid Or Fully Open Surgical Repair
Chang Shu, MD

Another View Of Current Optimal Treatment Of Aortic Arch Aneurysms: Total Endovascular, Hybrid, Open And Frozen Elephant Trunk: Which Is Best When
Roberto Chiesa, MD
Germano Melissano, MD

Update On Value And Limitations Of Frozen Elephant Trunk Repairs And The ThoroFlex Graft For Complex Aortic Arch Lesions: Is Spinal Cord Ischemia An Issue
Joseph S. Coselli, MD
6:09 – 6:14 Six-Year Results With Terumo Aortic Relay 2 Branched Device For Aortic Arch Lesions: Indications And Contraindications
Toru Kuratani, MD, PhD

Stephan Haulon, MD

6:21 – 6:26 Total Endovascular Aortic Arch Repairs With The Relay 2- Branched Endograft: The US Experience – Advantages And Limitations
Eric E. Roselli, MD

Ludovic Canaud, MD, PhD

6:33 – 6:38 Experience With Branched Endografts For Treatment Of Aortic Arch Lesions
Zaiping Jia, MD
Qingsheng Lu, MD

6:39 – 6:44 Long-Term Results (>4 Years) Of Parallel Grafts (Chimneys And Periscopes) For Aortic Arch Lesions; Tips To Make Them Work And When Do They Fail
Mario L. Lachat, MD
Nicola Mangiatiard, MD

6:45 – 6:50 Results And Advantages With A Precurved Convertible F/B Endograft For Arch Lesions: How It Compares With Other Arch Grafts And Will It Be Available Outside Japan
Yoshikiko Yokoi, MD

6:51 – 6:56 Real World Experience With Double Branched Endografts For Aortic Arch Lesions: Are They Ready For Prime Time: From The Italian And Dutch Registries
Ciro Ferrer, MD
Piergiorgio Cao, MD

6:57 – 7:04 Panel Discussion

SESSION 3  (Grand Ballroom East, 3rd Floor)
PROGRESS IN THE ENDOVASCULAR TREATMENT OF AORTIC DISSECTIONS: PETTICOAT, STABILISE, FLIRT, FENESTRATIONS AND TEVAR’S EFFECTS ON THE HEART

Moderators: Rodney A. White, MD
Michael J. Jacobs, MD

9:04 – 9:09 Evolving An Optimal Treatment For Type B Aortic Dissections (TBADs) With TEVAR And False Lumen Embolization: Techniques And Results
Weiguo Fu, MD

9:10 – 9:15 New Developments In The Treatment Of TBADs: False Lumen Intervention After TEVAR To Promote Thrombosis And Remodeling (FLIRT): Indications, Techniques And Results
Christoph A. Nienaber, MD, PhD

9:16 – 9:21 Fenestration And Branched EVAR (F/B/VAR) To Treat Post TBAD AAAs: Technical Tips, Results And Limitations
Eric L.G. Verhoeven, MD, PhD
9:22 – 9:27
Update On PETTICOAT TEVAR For TBADs: Why
The Addition Of A Distal Bare Dissection Stent To
A Proximal Covered Stent Facilitates Treatment And
Improves Outcomes
Joseph V. Lombardi, MD

9:28 – 9:33
Impact Of The PETTICOAT Technique (With A
Distal Bare Stent Added To A Proximal Covered Stent)
On Aortic Remodeling With Chronic TBADs:
Indications, Timing Of Treatment And Results
Chun Che Shih, MD, PhD

9:34 – 9:39
The STABILISE Modification Of The PETTICOAT
Technique To Rupture The Dissection Flap And Promote
False Lumen Obliteration To Treat TBADs: Concept,
Indications And Results
Jean-Marc Alsac, MD, PhD

9:40 – 9:45
Another Opinion About The STABILISE Modification
Of The PETTICOAT Technique To Disrupt The
Dissection Flap With A Compliant Balloon In The
Covered Stent And A Non-Compliant Balloon In The
Bare Stent: Precautions And Results
Luca Bertoglio, MD
Germano Melissano, MD
Roberto Chiesa, MD

9:46 – 9:51
Long Stent Grafts For TEVAR Have Bad Effects On
The Heart And Tend To Migrate Proximally Causing
Type 1B Endoleaks: What Are The Mechanisms
Trans L. Moll, MD, PhD

9:52 – 9:57
Update On Extensive Flap Disruption (Fenestration)
To Treat TBADs: Why It Works By Equalizing
Pressure In The 2 Lumens, Indications And Results
Juan C. Parodi, MD
Ramon Berguer, MD, PhD

9:58 – 10:03
Open Surgical Flap Excision In The Abdominal Aorta
to Treat Complex Dissections: Indications, Theory,
Technique, Precautions And Results
Sherif A.H. Sultan, MD, PhD

10:04 – 10:11
Panel Discussion

10:11 – 10:21
Break – Visit Exhibits And Pavilions
(2nd and 3rd Floors)

10:21 – 10:26
Evidence For And Risks Of Endovascular Treatment
Of Asymptomatic Acute Type B Aortic Dissection: Is
TEVAR Really A Good Treatment
Rachel E. Clough, MD, PhD

10:27 – 10:32
Long-Term Successful Treatment Of TBADs With Total
Aortic Remodeling Usually Requires Multiple Re-
Interventions – Many Long After The Original
TEVAR: What Are These Re-Interventions
Götz M. Richter, MD, PhD

10:33 – 10:38
A New Classification System For Aortic Dissections:
Better For Prognosis, Predicting Complications And
Guiding Treatment
Martin Czerny, MD
Bartosz Ryłski, MD, PhD
10:39 – 10:44  F/B/EVAR Treatment Of Chronic TBADs With An Enlarging AAA After TEVAR: A Positive 8-Year Experience; How To Deal With A Small True Lumen And Value Of Inner Branches
Marcelo Ferreira, MD

10:45 – 10:50  How To Manage Re-Entry Sites In The Arch And Visceral Segment Of The Aorta After TEVAR For TBADs
Timothy A. Resch, MD, PhD

10:51 – 10:56  Update On False Lumen Occlusion Techniques And Value After TEVAR For TBADs: New Devices; When Indicated; Results And When Preferred Over F/B/EVAR In Patients With AAA
Tilo Kölbl, MD, PhD

10:57 – 11:02  Effectiveness Of False Lumen Embolization For Chronic TBADs With Progressive Aortic Enlargement: Devices, Techniques And Results
Herve Rousseau, MD, PhD

11.03 – 11.08  A New Modular Branched Stent-Graft For Aortic Arch Reconstruction: Advantages And Limitations From A First In Man Study
Wei Guo, MD
(Power Point Presentation With Synched Audio)

11.09 – 11.15  Panel Discussion

11.15 – 11.20  Improvements In Techniques And Grafts For Open TAAA Repair: In Virginal Cases And After Failed Endovascular Procedures
Hazim J. Safi, MD

11.21 – 11.26  Open TAAA Repair After Failed TEVAR Or Endovascular TAAA Repair: Technical Advances And Results: Who Should Do These Redo Procedures
Santi Trimarchi, MD, PhD

11.27 – 11.32  Importance Of A Type III Aortic Arch And Descending Aorta Tortuosity In Determining Outcomes Of TEVAR And Treating TBADs: How To Deal With These Issues
Germano Melissano, MD

11.33 – 11.38  Current Status Of Cerebral Protection For TEVAR And TAVR: What Are The Devices, When Can They Help And When Not
Jeffrey P. Carpenter, MD

11.39 – 11.44  Staged Endovascular And Open TAAA Repairs Reduces Morbidity And Mortality: When And How To Do It And Results
Michael J. Jacobs, MD

11.45 – 11.50  TEVAR Has Better Long-Term Survival (>5 Years) Than Open Repair For Intact Descending Thoracic Aortic Aneurysms: TEVAR Should Be The Standard Of Care; Randomized Trials (RCTs) Are Not Needed
Michael D. Dake, MD

11.51 – 11.56  Short And Long-Term Comparison In Canada Of Open And Endo TAAA Repair Regarding Outcomes And Cost: Endo Is Best
Thomas F. Lindsay, MDCM

11.57 – 12.03  Panel Discussion

12.03 – 1.00  Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 5 (Grand Ballroom East, 3rd Floor)
NEW DEVELOPMENTS IN ABDOMINAL AORTIC ANEURYSM (AAA) TREATMENT, EVAR AND EVAS (ENDOVASCULAR ANEURYSM SEALING)

Moderators: Kim J. Hodgson, MD
Ronald L. Dalman, MD

1:00 – 1:05
How And Why Is AAA Disease Different In Diabetics: How Do These Differences Impact Treatment
Ronald L. Dalman, MD

1:06 – 1:11
Update On The Nellix Graft And EVAS: Will Nellix Be A Failure Or A Phoenix Surmounting Its Problems
Matt M. Thompson, MD

1:12 – 1:17
Jes S. Lindholt, MD

1:18 – 1:23
Value Of Metformin And Ticagrelor In Inhibiting The Growth Of Small AAs: What Is The Long-Term Fate Of 25-29 mm Abdominal Aortas: How Many Will Become AAs
Anders Wanhainen, MD, PhD

SHORT SUMMARY TOPICS (3-4 MINUTES)
1:24 – 1:28
Influence Of Metformin On AAA Derived Cells In Culture: A Clue To How Metformin Slows AAA Growth
Kak Khee Yeung, MD, PhD

1:28 – 1:32
Update On The Value Of And Indications For Pre EVAR Lumbar And Inferior Mesenteric Artery Embolization
Andrej Schmidt, MD

1:32 – 1:36
DEBATE: There Are Several Good Reasons To Electively Repair AAs <5.5 cm In Maximum Diameter: What Are They
Peter Gloviczki, MD

1:36 – 1:40
DEBATE: Why AAs <5.5 cm Should Not Be Treated Invasively: The Rupture Rate (<1%/Year) Is Less Than Commonly Thought
Jonathan J. Earnshaw, DM, MBBS

1:40 – 1:45
Panel Discussion
Moderators: Mark A. Adelman, MD
Michel Makaroun, MD

1:45 – 1:50
DEBATE: Young Fit AAA Patients Have Better Long-Term Survival With Open Repair (OR) Than EVAR And Should Be Offered OR If They Need Invasive Treatment
Andrew W. Bradbury, MD

1:51 – 1:56
DEBATE: Not So: Survival Is Better In Young Fit AAA Patients After EVAR Than OR
Hence J.M. Verhagen, MD, PhD

1:57 – 2:02
Why Open Repair Of AAs Has Improving Outcomes: When Is OR Indicated And Better For Patients
Thomas C. Bower, MD

2:03 – 2:08
In AAA Patients Suitable For Both OR And EVAR Unfavorable Neck Characteristics (Short, Wide, Angulated Or Cone Shaped) Have More Adverse Outcomes And Higher Mortality After OR As Well As EVAR: From The DREAM RCT: How Should This Impact On AAA Treatment Decisions
Jan D. Blankensteijn, MD
2.09 – 2.14 Migration Patterns In Newer Lower Profile EVAR Stent-Grafts: What Are The Implications For EVAR Planning And Follow-Up
Colin D. Bicknell, MD

2.15 – 2.20 Optimal Current Treatment For Inflammatory AAAs: When Medical; When Endo; When Open
Franco Grego, MD

2.21 – 2.26 EVAS Treated Patients (With Nellix) Have A Lower 3-Year Mortality Than EVAR Treated Patients: What Is The Mechanism And Is This Difference Restricted To Patients With AAAs >5.5 cm
Marc L. Schermerhorn, MD

2.27 – 2.32 Another View Of Why EVAS Treated Patients (With Nellix) Have A Lower Mortality Than EVAR Treated Patients: What Is The Mechanism And Is This Difference Restricted To Patients With AAAs >5.5 cm
Michel M. P. Reijnen, MD, PhD

2.33 – 2.38 Panel Discussion

SESSION 6 (Grand Ballroom East, 3rd Floor)
MORE ABOUT AAA s AND EVAR; THE NICE GUIDELINES AND REACTIONS TO THEM
Moderators: Ali F. AbuRahma, MD Frank J. Veith, MD

2.38 – 2.43 Highlights Of Clinical Practice Guidelines For Endovascular Repair Of Complex AAAs Involving The Paravisceral Aorta
Thomas L. Forbes, MD

2.44 – 2.49 Sac Shrinkage Is A Good Marker Of Durable Success After EVAR: Is There A Difference In This Marker With Different Endografts
Michael C. Stoner, MD

2.50 – 2.55 Long-Term Results Of EVAR Outside Device IFUs Is Not So Bad: When Is It Acceptable To Use EVAR Devices Outside Their IFUs
B. Patrice Mwipatayi, MMEd, MClInEd

2.56 – 3.01 When Is EVAR First The Best Option For Repairing AAAs And When Is Open Repair First The Best Option: Late Failures Raise Questions Especially With Large Diameter Necks And Outside IFUs
Daniel G. Clair, MD

THE UK NICE AAA GUIDELINES AND REACTIONS TO THEM

3.02 – 3.07 Highlights Of The UK NICE Guidelines For Treating Elective And Ruptured AAAs: Why Do They Favor Open Repair Over EVAR And What Was The Influence Of The EVAR 1 Late Results
Andrew W. Bradbury, MD

3.08 – 3.13 Why The Early Survival Benefit For EVAR Versus Open Repair Outweighs The Late Survival Benefit For Open Repair Versus EVAR
Nicholas J. W. Cheshire, MD

MORE COMMENTS ON THE NICE AAA GUIDELINES

3.14 – 3.18 The NICE AAA Guidelines Are Misleading And Unfairly Biased Against EVAR
Michael P. Jenkins, MBBS, BSc, MS
TUESDAY
SESSIONS 6–7

Dittmar Böckler, MD

Alun H. Davies, MA, DM, DSc

3:26 – 3:30 Flaws In The NICE Guidelines For Treating AAAs: How They Were Based On Biases Of The Writing Committee And Why They Will Have An Impact Beyond The UK
Frans L. Moll, MD, PhD

3:30 – 3:36 Panel Discussion

3:36 – 3:46 Break – Visit Exhibits And Pavilions
(2nd and 3rd Floors)

SESSION 7  (Grand Ballroom East, 3rd Floor)
MORE NEW DEVELOPMENTS IN THE TREATMENT OF AORTIC DISSECTIONS AND THORACIC AORTIC PATHOLOGY
Moderators: Ronald L. Dalman, MD
Firas F. Mussa, MD

3:46 – 3:51 Best Medical Therapy For Acute TBAD Patients: What Is It And Strategies To Optimize It: How Effective Can It Be
Colin D. Bicknell, MD

David M. Williams, MD

3:58 – 4:03 Technical Tips To Improve Or Increase The Use And Safety Of The Cook T-Branch Off-The-Shelf (OTS) Device For TAAAs
Marcelo Ferreira, MD

4:04 – 4:09 Aortic Arch Anomalies, Especially Bovine Arches: What Are Their Bad Implications For Patients And Treatment Outcomes
Frank J. Criado, MD

4:10 – 4:15 Update On The Natural History Of Penetrating Aortic Ulcers (PAUs) And Intramural Hematomas (IMHs) With And Without TEVAR Treatment: Medical Treatment Has A High Failure Rate: So When And How Should They Be Treated
Jean M. Panneton, MD

4:16 – 4:21 Making EVAR Safer Long-Term Using Ultrasound Made Simple To Measure AAA Sac Diameter Annually At Home
Roger M. Greenhalgh, MD

TIMING OF EVAR FOR UNCOMPLICATED TBAD

4:22 – 4:27 TEVAR Can Be Performed Safely Soon After Symptom Onset With TBADs Under Certain Conditions
Edward Y. Woo, MD
Tareq Massimi, MD

4:28 – 4:33 With Uncomplicated TBADs TEVAR Should Be Performed As Soon As Possible After Onset Of Symptoms: For These Reasons And With These Precautions
Ali Khoynezhad, MD, PhD
Not So: With Uncomplicated Acute TBADs TEVAR Should Be Delayed 2 Weeks To 3 Months For These Reasons
Matt M. Thompson, MD

With Uncomplicated Acute TBADs TEVAR Should Be Delayed For 1-3 Months After Symptom Onset And Why
Mark A. Farber, MD

Panel Discussion

SESSION 8 (Grand Ballroom East, 3rd Floor)
MORE NEW DEVELOPMENTS RELATING TO TEVAR AND TBADs: CAUSES AND PREVENTION OF STROKE COMPLICATIONS; CONTROVERSIES OVER THE NEED FOR TEVAR IN SOME OR ALL ACUTE UNCOMPROMICATED TBAD PATIENTS, AND OVER THE EXTENT OF TEVAR COVERAGE
Moderators: Timur P. Sarac, MD
Mark A. Farber, MD

Status Of Stroke Prevention During TEVAR: What Percent Are Due To Particulate Emboli And What Percent Due To Air Emboli: Techniques To Prevent Both
Tilo Köböl, MD, PhD

Causes Of Stroke During TEVAR: Gaseous Emboli Are Important And Some But Not All Can Be Prevented By CO2 Flushing Of Delivery Systems
Richard G.J. Gibbs, FRCS

The STEP Registry: A Global Network To Decrease Strokes Associated With Thoracic Aortic Endografting Procedures: How Will It Work
Fiona Rohlffs, MD
Stephan Haulon, MD
Tilo Köböl, MD, PhD

IVUS Need Not Be Mandatory To Treat TBADs By TEVAR Safely: How So
Frank J. Criado, MD

DEBATE: Most Acute Uncomplicated TBADs Need To Be Treated By TEVAR: The INSTEAD RCT Proves It: We Do Not Need Further RCTs
Christoph A. Nienaber, MD, PhD

DEBATE: Not So: Controversy Lingers: We Do Need A RCT Comparing TEVAR With Best Medical Treatment (BMT) To BMT Alone For Acute Uncomplicated TBADs: How Could Such A Trial Be Structured And Financed
Firas F. Mussa, MD

Why TEVAR For Acute Uncomplicated TBADs Is Imperfect: The Case For Using It Selectively
Joseph V. Lombardi, MD

DEBATE: Treating More Acute Uncomplicated TBAD Patients With Extended TEVAR Coverage Almost To The Celiac Artery Will Improve Outcomes: It Is The Way To Go
William D. Jordan, Jr., MD

DEBATE: Not So: Limited Coverage Of The Thoracic Aortic By TEVAR Is Safer And Better
Michel Makaroun, MD

A Decision-Making Algorithm For Optimally Treating Uncomplicated Acute TBAD Patients
Dittmar Böckler, MD
TUESDAY
SESSIONS 8–9

5:53 – 6:00
Panel Discussion

End of Program A

PROGRAM B (SESSIONS 9–16)
PROGRESS IN VASCULAR ROBOTICS, GUIDANCE SYSTEMS, SIMULATION AND LAPAROSCOPY; NEW DEVELOPMENTS IN CAROTID DISEASE, ACUTE STROKES; AND THEIR TREATMENTS; ABDOMINAL AORTIC BRANCH DISEASES AND THEIR TREATMENTS; NEW CONCEPTS, ARTIFICIAL INTELLIGENCE AND TELEMEDICINE; VASCULAR BRANDING, RECOGNITION AND BOARDS; OPEN VASCULAR SURGERY AND PROGRESS IN THE TREATMENT OF COARCTATIONS AND MID-AORTIC SYNDROME
Grand Ballroom West, 3rd Floor

6:40 – 6:44
Opening Remarks
Enrico Ascher, MD

SESSION 9  (Grand Ballroom West, 3rd Floor)
PROGRESS IN VASCULAR ROBOTICS, GUIDANCE SYSTEMS, SIMULATION AND LAPAROSCOPY
Moderators: Alan B. Lumsden, MD, Jean-Baptiste Ricco, MD, PhD

VASCULAR ROBOTICS
6:45 – 6:50
A New Vascular Robotic System From Corindus: How Does It Work: What Does It Do: Clinical Experience And Value
Joseph J. Ricotta II, MD, MS

6:51 – 6:56
Current Status Of Endovascular Catheter Robotics: What Is Here And What Is Coming
Jean Bismuth, MD
Alan B. Lumsden, MD

6:57 – 7:02
Will Newer Technology And Platforms Lead To More Widespread Use Of Vascular Robotics: What Is On The Horizon And Beyond
Willem Wisselink, MD

7:03 – 7:08
A New Vascular Robotic System From China: How Does It Work: Advantages: Cost And When Will It Be Available
Qingsheng Lu, MD
Zaiping Jing, MD

7:09 – 7:14
Ravi K. Veeraswamy, MD

VASCULAR GUIDANCE

7:15 – 7:20
Machine Learning Based Measurement Of AAA Diameter With Contrast CT: A New And Better Way
Stephan Haulon, MD

7:21 – 7:26
Update On An Emerging Radiation Free 3D Endovascular Guiding System (IOPS) From Centerline (BIOM) Medical: How Does It Work; When Will We Have It; How Much Will It Cost
Matthew J. Eagleton, MD
TUESDAY
SESSIONS 9–10

7:27 – 7:32 A New 3D Device Guidance Technology Within The Vascular Tree: Fiber Optic RealShape (FORS Technology): How Does It Work And Initial Results
Joost A. van Herwaarden, MD, PhD

Alan H. Davies, MA, DM, DSc

LAPAROSCOPY

7:39 – 7:44 Laparoscopic Median Arcuate Ligament Release: The Best Way To Treat Celiac Artery Compression Syndrome: Advantages And Limitations And Who Should Do It
Joseph S. Giglia, MD
George H. Meier III, MD

7:45 – 7:50 Why I Stopped Doing Laparoscopic Aortic Surgery After Performing 160 Cases
Laurent Chiche, MD

7:51 – 7:59 Panel Discussion

SESSION 10 (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS IN THE MANAGEMENT OF CAROTID DISEASE: UNRESOLVED CONTROVERSIES

Moderators: Bruce A. Perler, MD, MBA
L. Nelson Hopkins, MD

7:59 – 8:04 Role And Value Of Biomarkers Of Brain Injury In CAS And CEA Procedures: How Can They Help Decision Making
Christos D. Liapis, MD

8:05 – 8:10 Systemic Biomarkers Can Predict The Volume Of Cerebral Infarct Associated With Carotid Interventions: Is There A Difference Between CAS And CEA
Wei Zhou, MD

8:11 – 8:16 Cerebral Hyperfusion Syndrome After CAS Procedures: Etiology, Diagnosis, Optimal Treatment And Prevention
Gert J. de Borst, MD, PhD

8:17 – 8:22 Intracranial Artery Dissection: An Unrecognized Cause Of Strokes: How To Diagnose And Treat It
Emmanuel M. Houdart, MD

8:23 – 8:28 Eversion CEA: Technical Tips, When Is It The Best Method For CEA And When Not
Timothy M. Sullivan, MD

8:29 – 8:34 New Developments In Best Medical Treatment For Carotid Patients: Can Carotid Plaques Be Stabilized Or Shrunken: Will Strokes And MIs Become Rare Or Eliminated
Andrew N. Nicolaides, MS, FRCS

8:35 – 8:40 DEBATE: CEA Must Include Completion Imaging With Duplex Or Angiography
Hans-Henning Eckstein, MD, PhD

8:41 – 8:46 DEBATE: Not So: Completion Duplex Can Be Misleading And Angiography Can Be Harmful And Misleading: Completion Imaging Causes More Harm Than Benefit
R. Clement Darling III, MD
TUESDAY
SESSIONS 10–11

8.47 – 8.54 Panel Discussion
Avoiding And Managing Complications During Transfemoral CAS
Horst Sievert, MD

8.54 – 8.59
Optimal Contemporary Treatment Of Carotid Artery Aneurysms, Pseudoaneurysms And Patch Infections: When Endo, When Open
Peter L. Faries, MD

9.00 – 9.05
How Best In 2019 To Pick Asymptomatic Patients With Unstable Plaques At High Risk Of Having A Stroke: Are There New Duplex Techniques Which Can Help
Andrew N. Nicolaides, MS, FRCS

UPDATE ON CAROTID PATCHES

9.12 – 9.17
Careful Primary Closure Of CEA Arteriotomies (Without A Patch) Is Not Inferior To Patch Closures: In A Propensity Matched Analysis: Why Did TheRCTs Get It Wrong
Dong-ik Kim, MD

9.18 – 9.23
All Patches For CEA Closure Are Not Equal: Which Patch Material Is Best: How Big Should The Patch Be: Disadvantages And Complications Of Carotid Patches
Vikram S. Kashyap, MD
Norman Kamins, MD

9.24 – 9.29
Should All CEA Closures Be Patched: Could TheRCTs Indicating That All CEA Patients Should Have Patch Closures Be Misleading
Ali F. AbuRahma, MD

9.30 – 9.35
Femoral Vein Interposition Grafts Are The Best Treatment For Patch Infections After CEA: Technical Tips
Salvatore T. Scali, MD
Thomas S. Huber, MD, PhD

9.36 – 9.41
Carotid Interventions CEA And CAS Will Become Obsolete: Why And When
Alan H. Davies, MA, DM, DSc

9.42 – 9.48 Panel Discussion

9.48 – 9.58 Break – Visit Exhibits And Pavilions
(2nd and 3rd Floors)

SESSION 11
(Grand Ballroom West, 3rd Floor)
MORE NEW DEVELOPMENTS IN CAROTID DISEASE AND ITS TREATMENT; PROGRESS IN THE INTERVENTIONAL MANAGEMENT OF ACUTE STROKES (5 AND SOME 4-MINUTE SHORT SUMMARY [SS] TALKS)
Moderators: Allan L. Brook, MD
Horst Sievert, MD

9.58 – 10.03
Carotid Plaque Characteristics With Duplex, CT And MRI Can Predict High Stroke Risk Patients With Asymptomatic Carotid Stenosis
Chrisos D. Liapis, MD

10.04 – 10.08
[SS] DEBATE: Long-Term Results Of Transfemoral CAS Are Equivalent To Those Of CEA – Maybe Even Better
Klaus D. Mathias, MD

10.08 – 10.12
[SS] DEBATE: Not So: Long-Term Results Of CAS Are Not Equal To Those Of CEA
Anne L. Abbott, MD, PhD
TUESDAY
SESSIONS 11–12

Christos D. Liapis, MD

10:16 – 10:21 Value Of CAS In Treating Chronically Totally Occluded ICAs: Indications, Technical Tips, Results
Piotr Myrcha, MD, PhD

10:22 – 10:26 [SS] Limb Shaking TIAs: What Are They, What Imaging Should Be Performed And How Should They Be Treated
Bruce A. Perler, MD, MBA

MANAGEMENT OF ACUTE STROKES

10:26 – 10:31 Merit Of MRI vs. CTA To Evaluate Acute Strokes And Their Treatment: MRI Is Better Than CTA
Emmanuel M. Houdart, MD

10:32 – 10:37 Urgent Interventional Treatment Of Strokes Complicating Cardiac Surgery, TEVAR And Other Endo Interventions: What Should Be Done Diagnostically And Therapeutically: Results
L. Nelson Hopkins, MD

10:38 – 10:43 For Acute Strokes Later Thrombus Removal From Intracranial Arteries Can Be Beneficial Even 6-16 Hours After Symptom Onset: What Are The Conditions For Success And In Which Patients
Colin P. Derdeyn, MD

10:44 – 10:49 Mechanical Intracranial Thrombectomy For Acute Strokes Has Worse Results At Low Volume Centers: What Are The Implications And Which Physicians Should Be Performing These Procedures
L. Nelson Hopkins, MD
Colin P. Derdeyn, MD

10:50 – 10:55 Value Of Suction Thrombectomy Versus Stentrievers To Remove Intracranial Arterial Clot: Advantages Of Penumbra Devices (Jet 7 And Jet D) For Acute Stroke Treatment
Colin P. Derdeyn, MD

10:56 – 11:00 [SS] What Is The Role Of The Vascular Surgeon In The Treatment Of Acute Strokes
Laura Capoccia, MD, PhD

11:00 – 11:06 Panel Discussion

SESSION 12 (Grand Ballroom West, 3rd Floor)
PROGRESS IN THE TREATMENT OF AORTO-ILIAC AND ILIAC OCCLUSIVE DISEASE
Moderators: Keith D. Calligaro, MD Daniel G. Clair, MD

11:06 – 11:11 Optimal Endovascular Treatment Of Aorto-Iliac Occlusive Disease: Proper Stent Or Stent-Graft Selection And Technical Tips
Jean Bismuth, MD

11:12 – 11:17 When Are Covered Stents The Best Treatment For Aorto-Iliac Occlusive Disease: Which Is The Best Stent-Graft For This: What Are The Long-Term Results
B. Patrice Mwipatayi, MMed, M ClinEd
SESSIONS 12–13

TUESDAY

11:18 – 11:23  Update On The CERAB Procedure (Covered Endovascular Reconstruction of Aortic Bifurcation) For Aorto-Iliac Occlusive Disease: Technical Tips, 4-Year Results, What Is The Best Stent-Graft For This Procedure
  Peter C.J. Goverde, MD
  Michel M.P. Reijnen, MD, PhD

11:24 – 11:29  Value Of The CERAB Procedure For Failed Iliac Stents: Technical Tips And Best Stent-Graft
  Maria Antonella Ruffino, MD

11:30 – 11:35  Value Of Aortic (AAA) Endografts For Treatment Of Aorto-Iliac Occlusive Disease: Which Device Is Best And Results
  Thomas S. Maldonado, MD

11:36 – 11:41  What Is The Best Endovascular Device For Aorto-Iliac Occlusive Lesions: When Self-Expanding Stent; When Balloon Expandable Stent; Which Covered Stent And For Which Lesion
  Michel M.P. Reijnen, MD, PhD
  Peter C.J. Goverde, MD

11:42 – 11:47  Thoraco-Bifemoral Bypass Is A Good Solution When Other Techniques Fail Or Are Contraindicated: Technical Tips And Results
  Manju Kalra, MBBS

11:48 – 11:53  When Limb Occlusion Occurs After An EVAR, Endovascular Solutions Are The Way To Go: Technical Tips To Make Them Safe And Effective
  Klaus M. Overbeck, MD, MPhil

11:54 – 12:00  Panel Discussion

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

SESSION 13 (Grand Ballroom West, 3rd Floor)

NEW OR UPDATED CONCEPTS AND TECHNIQUES; IMPORTANCE OF ARTIFICIAL INTELLIGENCE (AI) IN VASCULAR TREATMENT (5 AND ONE 4-MINUTE SHORT SUMMARY [SS] TALKS)

Moderators: Barry T. Katzen, MD
  Ron Waksman, MD

1:00 – 1:05  The Evidence Base For Clinical Decision Making In Lower Extremity Treatments Is Poor: Guidelines Are Often Based On Shaky Foundations: What Is Needed And Are Things Improving
  Michael R. Jaff, DO

1:06 – 1:11  Innovation In The Hybrid Operating Room And Angio Suite: What Future Developments Should We Expect: The Philips Azurion Flex C-Arm Fluoroscope Is One Example
  Barry T. Katzen, MD

1:12 – 1:17  Advances In Transradial Access For Treating Non-Cardiac Arterial Lesions: Supplies Needed Like Sheathless Systems And 7 Key Technical Pillars To Make Radial Access Procedures Safe And Successful
  Marcelo Guimaraes, MD

1:18 – 1:23  Update After 2 Years Of The BATTLE RCT Showing Equivalence Of The Silver PTX DES (Cook) And Misago Bare Stent (Terumo) For Fempop Lesions: Despite The Misago’s Suitability For Deployment Via Radial Access: How Is This Possible
  Yann Goueffic, MD, PhD
Vicente Riumbau, MD, PhD

1:28 – 1:33 The Untethered Vascular Patient: How Sensor Technology And Telemedicine Will Improve Care And The Need For Doctor Visits
Tony S. Das, MD

1:34 – 1:39 New Evidence That Telehealth Virtual Visits Can Change Patient Behavior And Be Beneficial
John (Jeb) W. Hallett, MD

1:40 – 1:45 Lessons Learned By A Creative Physician-Inventor And How Artificial Intelligence Will Change Vascular Practice And The World
Lindsay Machan, MD

1:46 – 1:51 Relevance Of Cybersecurity And Artificial Intelligence To Endovascular Treatments
Ron Waksman, MD

1:52 – 1:57 How To Use Apps To Improve Vascular Surgery And A Vascular Surgeon’s Practice
Keith D. Calligaro, MD

1:58 – 2:06 Panel Discussion

SESSION 14 (Grand Ballroom West, 3rd Floor)
VASCULAR SURGERY BRANDING, RECOGNITION, TRAINING AND GOVERNING BODIES (BOARD AND RESIDENCY REVIEW COMMITTEE [RRC])
Moderators: Alan M. Dietzek, MD, RPVI
Benjamin W. Starnes, MD

2:06 – 2:11 Vascular Surgeons Should Be Complete Vascular Doctors And Not Just Proceduralists: They Should Be Knowledgeable In And Manage All Aspects Of Non-Cardiac Vascular Disease Care
Jerry Goldstone, MD

2:12 – 2:17 Update On Vascular Surgery Training Programs: Number Of 0+5 Positions; Number Of 5+2 Programs: How Many More Of Each Are In The Pipeline
Murray L. Shames, MD

2:18 – 2:23 How Medical/Hospital Executives Perceive Vascular Surgery: It Is Not As A Separate Specialty: Why We Need To Be A Separate Specialty And To Have The Recognition That Goes With It
Jeffrey H. Hsu, MD

2:24 – 2:29 Are Interventional Cardiologists Competing With Vascular Surgeons: What Are Their Advantages And Disadvantages: What Can Be Done About This Competition
Timur P. Sarac, MD

Alan M. Dietzek, MD, RPVI

2:36 – 2:41 The Reasons Why Vascular Surgery Needs To Be An Independent Specialty With Its Own Separate Board And RRC: It Is Time To Move From Being A Colony To A Nation, Or A Territory To A State
David H. Deaton, MD
Vascular Surgery Needs An Independent ABMS Approved Board And RRC To Thrive As A Specialty In The Medical Hierarchy And To Have Its Value Appropriately Recognized

Timothy M. Sullivan, MD

Vascular Surgery Needs Its Own Separate Approved Board And Qualifies For It In Every Way: However, To Get It The Specialty’s Leadership Represented By The SVS Executive Committee Must Recognize This Need And Go After It With Full Force

O. William Brown, MD, JD

What Is Wrong With The American Board of Surgery’s MOC (Maintenance Of Certification) System For Vascular Surgeons And What Can Be Done To Fix It

K. Craig Kent, MD

The Present MOC System Is Flawed And Does Not Help Patients: MOC Should Be Abolished And Replaced By A Lifelong Learning System: How To Do It

Gilbert R. Upchurch, MD

Panel Discussion

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

NEW DEVELOPMENTS IN THE TREATMENT OF RENAL AND VISCERAL ARTERY DISEASE (5 AND SOME 4-MINUTE SHORT SUMMARY [SS] TALKS)

Moderators: Ronald M. Fairman, MD Kenneth Ouriel, MD, MBA

[SS] Endovascular Treatment Of Large Renal Aneurysms With An Uncovered Stent Excludes The Aneurysm While Preserving Branch Flow: Does It Work

Jacques Busquet, MD

[SS] An Occluded Renal Artery Does Not Mean A Lost Kidney Due To Collaterals Maintaining Its Viability: Revascularization Can Restore Function

Wei Zhou, MD

Renal Artery Aneurysms: When Are They Dangerous: Endovascular Techniques For Treatment: When Is Open Repair Indicated

Armando Mansilha, MD, PhD

Endovascular Versus Open Treatment For Renal And Visceral Artery Aneurysms: When Is Each Treatment Best; Technical Tips

Timur P. Sarac, MD

Update On Optimal Treatment For Acute Mesenteric Ischemia: When Endo; When Open: Technical Tips

Guillermo A. Escobar, MD

Isolated Dissection Of The Celiac Axis Or Superior Mesenteric Artery (SMA) May Be Symptomatic Or Asymptomatic: Natural History And How Best To Treat

I-Hui Wu, MD, PhD

Panel Discussion

[SS] DEBATE: Open Surgery Has An Important Role In The Treatment Of Mesenteric Aneurysms

Timur P. Sarac, MD
4:08 – 4:12 [SS] DEBATE: Not So: Mesenteric And Renal Aneurysms Can All Be Treated Endovascularly: Technical Tips
Robert A. Morgan, MD

4:13 – 4:18 Pancreatocaduodenal Artery Aneurysms: New Insights Into Their Natural History And Treatment: Endo Versus Open
Benjamin M. Jackson, MD
Ronald M. Fairman, MD

4:19 – 4:24 Embolization Treatment For Splenic Artery Aneurysms: When, When Not, Technical Tips And Long-Term Results
Robert A. Lookstein, MD, MHCDL

4:25 – 4:30 Indications And Technical Tips For Safe Retrograde SMA Stenting In Acute Mesenteric Ischemia: Best Access Is Via A Small SMA Branch
Cynthia K. Shertell, MD

4:31 – 4:35 [SS] Direct Percutaneous Approach To Treat Visceral Artery Aneurysms Difficult To Approach Intraluminally: How To Do It Safely
Jacob Cynamon, MD

4:36 – 4:42 Panel Discussion

SESSION 16 (Grand Ballroom West, 3rd Floor)
UPDATE ON OPEN SURGICAL AND HYBRID PROCEDURES; NEW DEVELOPMENTS IN THE TREATMENT OF AORTIC COARCTATION
Moderators: Enrico Ascher, MD
Sebastian E. Debus, MD, PhD

4:42 – 4:47 Can Simulation Substitute For The Decrease In Open Aortic Cases In Training And Practice
Ashraf Mansour, MD

4:48 – 4:53 When Is Open Surgery The Best Treatment For Visceral Occlusive Disease And Aneurysms And Why
Laurent Chiche, MD

4:54 – 4:59 Technical Tips For Obtaining Open Retroperitoneal Exposure For Treating Complex AAA As Involving The Pararenal And Visceral Aorta
R. Clement Darling III, MD

5:00 – 5:05 Long-Term Results Of Open Juxta- And Pararenal AAA Repair: From A Large Multicenter National Database With Mean Follow-Up Of 4 Years
Jean-Baptiste Ricco, MD, PhD

5:06 – 5:11 Durability And Late Results Of TAAA Repairs For Type IV And Types I-III TAAAs: When Should Open Repair Be The Preferred Treatment In The Current Endo World
Hazim J. Safi, MD

5:12 – 5:17 Minimal Incisions For Open Aortobifemoral And Fempop Bypasses: Technical Tips And Advantages
Robert M. Proczka, MD, PhD

5:18 – 5:23 Panel Discussion

5:24 – 5:29 Is There Still A Role For Hybrid Procedures In The Endo Era: Why And In What Conditions And Vascular Beds
Oscar L. Ojeda, MD
**MID-AORTIC SYNDROME**

5:30 – 5:35
Update On Revascularization For Renovascular Hypertension And Mid-Aortic Syndrome: It Is Almost Always Best Treated By Open Surgery
Dawn M. Coleman, MD

5:36 – 5:41
Renovascular Hypertension And Mid-Aortic Syndrome: There Is A Role For Endovascular As Well As Open Treatments: Which Treatment Is Best At What Ages
George Hamilton, MD

**ADVANCES IN COARCTATION TREATMENT**

5:42 – 5:47
Advances In Covered Stent Treatment Of Aortic Coarctation: Value Of New Balloon Expandable Stent-Grafts: Are Bare Stents Ever Indicated
Elchanan Bruckheimer, MBBS

5:48 – 5:53
Tips And Tricks For Endo Treatment Of Aortic Coarctation With Aneurysmal Degeneration As A Complication Of A Chronic TBAD
Marcelo Ferreira, MD

5:54 – 6:00
Panel Discussion

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

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

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

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

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

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

9:25 – 9:45 Panel Discussion
  Moderator: Michael R. Jaff, DO
  Panelists: Gary M. Ansel, MD
  James F. Benenati, MD
  D. Mark Courtney, MD
  David M. Dudzsinski, MD
  Brian B. Ghoshhajra, MD
  Jay Giri, MD, MPH
  Raghu Kolluri, MD
  Robert A. Lookstein, MD, MHCDL
  Geno J. Merli, MACP
  Rachel Rosovsky, MD, MPH
  Akhilesh K. Sista, MD
  Thomas M. Tu, MD

9:45 – 10:10 Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 18 (Trianon Ballroom, 3rd Floor)
MANAGEMENT OF PULMONARY EMBOLISM: THE ULTIMATE TEAM APPROACH – PART 2
(VEITH/TCT CO-BRANDED SESSION)
  Moderator: Michael R. Jaff, DO

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

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

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

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

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

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

11:25 – 11:35 The Team Approach To PE Management: The National PERT Consortium
  Richard Channick, MD
### Challenging Cases And “PERT” Decisions

**Moderator:** Michael R. Jaff, DO  
**Panelists:**  
- Gary M. Ansel, MD  
- Richard Channick, MD  
- Mark G. Davies, MD  
- Christopher J. Kwolek, MD  
- Robert A. Lookstein, MD, MHCDL  
- Kenneth Rosenfeld, MD  
- Ido Weinberg, MD, MSc

### Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

### End of Program C-1

### Program C-2 (SESSIONS 19-20)
**INTRODUCTION TO VASCULAR MALFORMATIONS**  
Trianon Ballroom, 3rd Floor  
**Course Leaders:** Wayne F. Yakes, MD  
Krassi Ivancev, MD, PhD  
Robert L. Vogelzang, MD

#### SESSION 19 (Trianon Ballroom, 3rd Floor)
**INTRODUCTION TO VASCULAR MALFORMATIONS**

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>1:00</td>
<td>Welcome</td>
<td>Krassi Ivancev, MD, PhD</td>
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<tr>
<td>1:02</td>
<td>The International Society for the Study of Vascular Anomalies Classification System for Vascular Malformations</td>
<td>Fiona Rohlfis, MD</td>
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<tr>
<td>1:08</td>
<td>Pediatric Hemangioma And Propranolol Medical Management</td>
<td>Laurence M. Boon, MD, PhD</td>
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<tr>
<td>1:14</td>
<td>The Palliative Role Of Sirolimus In Vascular Malformation Management</td>
<td>Laurence M. Boon, MD, PhD</td>
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<td>1:20</td>
<td>Ethanol Sclerotherapy Of Hepatic Venous Malformations</td>
<td>Krassi Ivancev, MD, PhD</td>
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<tr>
<td>1:29</td>
<td>Ethanol Sclerotherapy Of Complex Peripheral Venous And Lymphatic Malformations</td>
<td>Wayne F. Yakes, MD</td>
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#### SESSION 20 (Trianon Ballroom, 3rd Floor)
**HEAD AND NECK VASCULAR MALFORMATION MANAGEMENT; HIGH-FLOW AVMs MANAGEMENT ISSUES**

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<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>1:38</td>
<td>Endovascular Ethanol Sclerotherapy Of Complex Head &amp; Neck Venous And Lymphatic Malformations</td>
<td>Krassi Ivancev, MD, PhD</td>
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<tr>
<td>1:47</td>
<td>Combined Endovascular And Surgical Management Of Head &amp; Neck Vascular Malformations</td>
<td>Laurence M. Boon, MD, PhD</td>
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<td>1:56</td>
<td>Direct Laryngoscopy In The Diagnosis And Treatment Of Vascular Malformations</td>
<td>Edward Hepworth, MD</td>
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</table>
**TUESDAY**  
**SESSIONS 20–21**

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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Moderator(s)</th>
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<tbody>
<tr>
<td>2:05 – 2:13</td>
<td>Curative Endovascular Management Strategies Of Complex/Multiple Head &amp; Neck AVMs</td>
<td>Tarek M.S. Radwan, FRCS, Edward J. Hepworth, MD</td>
</tr>
<tr>
<td>2:14 – 2:25</td>
<td>The Yakes AVM Classification System: A Guide To Curative Endovascular Treatment Strategies</td>
<td>Fiona Rohlffs, MD</td>
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<td>2:26 – 2:33</td>
<td>Where Is The AVM Nidus</td>
<td>Robert L. Vogelzang, MD</td>
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<tr>
<td>2:34 – 2:41</td>
<td>Complex Capillary-Venous Malformations And Their Endovascular Management</td>
<td>Tarek M.S. Radwan, FRCS</td>
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<tr>
<td>2:42 – 2:49</td>
<td>The Retrograde Vein Approach For Curative Endovascular Treatment Of AVMs</td>
<td>Robert L. Vogelzang, MD</td>
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<tr>
<td>2:50 – 3:00</td>
<td>Endovascular Treatment Of Intraosseous Vascular Malformations</td>
<td>Fiona Rohlffs, MD</td>
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**End of Program C-2**

**PROGRAM C-3 (SESSIONS 21-22)**  
**HOT NEW TOPICS IN LOWER EXTREMITY OCCLUSIVE DISEASE TREATMENT**  
**(VEITH/TCT CO-BRANDED SESSIONS)**

**Trianon Ballroom, 3rd Floor**

**SESSION 21 (Trianon Ballroom, 3rd Floor)**  
**HOT NEW SHORT SUMMARY TOPICS RELATED TO LOWER EXTREMITY OCCLUSIVE DISEASE AND CLTI (ALL TALKS ARE 4 ¾ MINUTES)**  
**(VEITH/TCT CO-BRANDED SESSION)**

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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Moderator(s)</th>
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<tbody>
<tr>
<td>3:00 – 3:05</td>
<td>New Performance Goals For SFA Endovascular Treatments: How Good Are Current Devices: From The RAPID Multispecialty Registry</td>
<td>Jack L. Cronenwett, MD</td>
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<tr>
<td>3:05 – 3:10</td>
<td>12 Commandments For Successful BTK Endovascular Interventions In Patients With Chronic Limb Threatening Ischemia (CLTI)</td>
<td>Ali Amin, MD, RVT</td>
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<td>3:10 – 3:15</td>
<td>DEBATE: With Extensive Foot Gangrene From CLTI, Multivessel Endo Intervention Is The Best Treatment</td>
<td>Vikram S. Kashyap, MD, Norman Kaminis, MD, Mehdi H. Shishehbor, DO, MPH, PhD</td>
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<tr>
<td>3:15 – 3:20</td>
<td>DEBATE: Not So: With Extensive Foot Gangrene From CLTI A Vein Bypass To A Single Good Outflow Artery Is The Best Treatment</td>
<td>Richard F. Neville, MD</td>
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<tr>
<td>3:25 – 3:30</td>
<td>Panel Discussion</td>
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TUESDAY
SESSIONS 21–22

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

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

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

3:45 – 3:50
Dierk Scheinert, MD

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

3:55 – 4:00
Panel Discussion

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

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

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

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

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

4:25 – 4:30
Panel Discussion

SESSION 22 (Trianon Ballroom, 3rd Floor)
MORE HOT NEW SHORT SUMMARY TOPICS RELATED TO LOWER EXTREMITY OCCLUSIVE DISEASE AND CLTI (ALL TALKS ARE 4 ¾ MINUTES)
(VEITH/TCT CO-BRANDED SESSION)
Moderators: Craig M. Walker, MD Peter A. Schneider, MD

4:30 – 4:35
Character And Localization Of Arterial Calcification Pathologically: What Are The Implications For Endo Treatments
Renu Virmani, MD
33

TUESDAY
SESSION 22

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

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

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

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

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

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

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

5:10 – 5:15 Panel Discussion

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

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

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

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

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

5:40 – 5:45 Nanotechnology: A New Frontier In The Imaging And Treatment Of CLTI
Sean C. Morris, MD

5:45 – 5:50 Infrainguinal Bypasses After Failed Endovascular Treatments Have Lower Patency And Higher Amputation Rates Than Primary Bypasses
Alik Farber, MD
5:50 – 5:55 Extensive Heel Gangrene With CLTI Is Not A Contraindication To Limb Salvage: How To Save The Limb In This Setting
Alun H. Davies, MA, DM, DSc

5:55 – 6:00 Panel Discussion
End of Program C-3

WEDNESDAY, NOVEMBER 20, 2019

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

CONCURRENT WEDNESDAY PROGRAMS

PROGRAM D: SESSIONS 23-30
Progress In Lower Extremity Occlusive Disease And Its Treatments
(VEITH/TCT CO-BRANDED SESSIONS)
6:40 A.M. – 6:15 P.M.
Grand Ballroom East, 3rd Floor

PROGRAM E: SESSIONS 31-38
Advances In Medical Treatments, New Drugs, Anti-Atherogenic And Anti-Hypertensive Treatments; Management Of Endoleaks And Complications; Recorded Live Cases; A Tribute And Assorted Issues Of Interest; Outpatient Vascular Treatment And Ethical Issues; Topics Related To The FDA, SVS, VQI, Costs And Reimbursement And The Value Of Vascular Surgeons
6:40 A.M. – 6:02 P.M.
Grand Ballroom West, 3rd Floor

PROGRAM F: SESSIONS 39-46
More New Developments In Thoracic Aortic Disease, Aortic Dissections, TAAAs, Juxta- And Pararenal AAAs, Parallel Grafts, Fenestrated And Branched EVAR (F/B/EVAR), Multilayer Bare Stents, Infrarenal AAAs And Standard EVAR And Hot New Aortic And Carotid Topics
6:40 A.M. – 6:00 P.M.
Trianon Ballroom, 3rd Floor

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

SESSION 23 (Grand Ballroom East, 3rd Floor)
GENERALITIES IN THE ENDOVASCULAR AND OPEN TREATMENT OF LOWER EXTREMITY OCCLUSIVE LESIONS
(VEITH/TCT CO-BRANDED SESSION)
Moderators: Enrico Ascher, MD
Craig M. Walker, MD
Frank J. Veith, MD

Patrick J. Geraghty, MD

6:46 – 6:51 Optimal Techniques For Vessel Preparation Before Deployment Of A Drug Coated Or Uncoated Balloon Or Stent
Erwin Blessing, MD
WEDNESDAY
SESSIONS 23–24

6.52 – 6.57 Value Of IVUS In Lower Extremity Endovascular Treatments: It Is A Management-Altering, Must Have Game Changer
Fabrizio Fanelli, MD

6.58 – 7.03 Which Wires And Catheters Are Best To Reach Infragenual Arteries Via A Radial Approach: Innovative New Wire Engineering Designs To Improve Performance Of 104 Wires: What Is A Twist Wire And How Does It Work
Craig M. Walker, MD

7.04 – 7.09 Endovascular Treatment Is Appropriate For CLTI Patients With Heel Gangrene Involving The Os Calcisc And Achilles Tendon: Limb Salvage With Function Can Be Achieved And How
Iris Baumgartner, MD

Marc Bosiers, MD
Koen R. Deloose, MD

7.16 – 7.21 How Durable Is The Patency Of Balloon Angioplasty Of Foot Arteries And Plantar Loop Procedures: Why It May Not Matter
Marco G. Manzi, MD

7.22 – 7.27 Should We Treat Foot Vessel Lesions Or Is Such Treatment Fanciful Or Harmful: How Should We Monitor Such Treatment: What Is The End Point And When Is Open Surgery Better
Marianne Brodmann, MD

7.28 – 7.33 Small Artery Disease (SAD) And Medial Artery Calcification (MAC) In The Foot: What Is Its Role In Severe CLTI And How Is It Best Treated
Roberto Ferraresi, MD

7.34 – 7.39 Open Bypass To Foot Arteries Can Save Limbs If Foot Arteries And Arches Have Not Been Instrumented: A Note Of Caution
Francesco Spinelli, MD

7.40 – 7.45 Role Of Distal Bypass In CLTI With Severe Gangrene: What % Of Such Patients Will Need One At Some Time In Their Course: When Are Pedal Bypasses Better Than Pedal Loop Procedures
Richard F. Neville, MD

7.46 – 7.52 Panel Discussion

SESSION 24 (Grand Ballroom East, 3rd Floor)
PROGRESS IN STENT BASED TREATMENTS, ATERECTOMY AND LITHOPLASTY (LITHOTRIPSY) FOR LOWER EXTREMITY OCCLUSIVE LESIONS (VEITH/TCT CO-BRANDED SESSION)
Moderators: Patrick J. Geraghty, MD, Kenneth Rosenfield, MD

7.52 – 7.57 DCBs Versus DEs: Advantages And Disadvantages Of Each: Why DCBs Should Be First Line Therapy For Most Lesions In Most Patients
Thomas Zeller, MD
For Fempop Lesions, Zilver PTX DESs Are Durable Effective Treatment: 5-Year Results Show It Even In Adverse Circumstances: New Findings From The Zilver PTX RCT
Michael D. Dake, MD

Which Patients With Fempop Occlusive Lesions Are Not Candidates For DCB Treatment: How Should They Be Treated
Fabrizio Fanelli, MD

New Findings From The IMPERIAL RCT Comparing Zilver PTX DESs With Eluvia DESs For Fempop Lesions: Do Differences In Technology And Results In High Risk Subgroups Suggest That Eluvia Is A Better Stent
William A. Gray, MD Stefan Müller-Hulsbeck, MD

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

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

Eluvia Is The Only Polymer Based Paclitaxel DES Technology (Boston Scientific) Now Being Studied For BTK Lesions In The SAVAL RCT: And The Temporary Spur Stent System (Reflow Medical) For Delivering Non-Proliferative Drug To The Arterial Wall Before DCB Angioplasty: How Does It Work
Patrick J. Geraghty, MD Jihad A. Mustapha, MD

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

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

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

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

Panel Discussion And Break
Visit Exhibits And Pavilions (2nd and 3rd Floors)
NEW DEVELOPMENTS IN LOWER EXTREMITY RELATED TOPICS: DOWNSIDE OF DCBs: THE PACLITAXEL COATED DEVICES INCREASE MORTALITY ISSUE

(VEITH/TCT CO-BRANDED SESSION)

Moderators: Kenneth Ouriel, MD, MBA
Gary M. Ansel, MD

9:10 – 9:15 Introductory Remarks And Overview
Gary M. Ansel, MD

9:16 – 9:21 The Downsides To DCBs: Cost; Distal Embolization; Increased Mortality: Are They Substantive
Andrew Holden, MBChB

Konstantinos Katsanos, MSc, MD, PhD

Juan F. Granada, MD

9:34 – 9:39 Is The Increased Mortality Risk Of Paclitaxel Coated Lower Extremity Devices Observed In The Meta-Analysis Real And Meaningful: Update From The VIVA Leaders Analysis: Currently How Should It Influence Use Of These Devices: Where Is This Issue Going
Peter A. Schneider, MD

9:40 – 9:45 Current Status Of The Discussion On Paclitaxel Coated Lower Extremity Devices And Their Impact On Patient Mortality: Another View And Where Does The FDA Stand And Why
Michael R. Jaff, DO

Kim J. Hodgson, MD

9:52 – 9:57 What Is The Response To And Position Of An Industry Partner (Medtronic) Which Is Vested In Drug Eluting Technology
Jason R. Weidman, MS, MBA

9:58 – 10:03 Update On The Late Results (>5 Years) Of The Zilver PTX DES Trials That Are Relevant To This Issue: Including The Corrected Late Patient Mortality Data
Michael D. Dake, MD

10:04 – 10:09 Long-Term Safety And Effectiveness Of Paclitaxel Coated Devices Versus Non-Coated Devices For Fempop Occlusive Lesions: From Japanese RCTs And Registries: How Do These Data Bear On The Paclitaxel-Mortality Issue
Osamu Iida, MD
Hiroyoshi Yokoi, MD

10:10 – 10:15 6-Year Comparison Of Mortality And Its Causes In 1500 Patients Treated With Paclitaxel Coated DCBs Or DESs Versus Bare Metal Stents (BMSs) Or Plain Old Balloon Angioplasty (POBA)
Francesco Liistro, MD

10:16 – 10:22 Panel Discussion
SESSION 26 (Grand Ballroom East, 3rd Floor)
NEW DEVELOPMENTS IN DRUG COATED BALLOONS (DCBs) AND OTHER DEVICES FOR TREATING LOWER EXTREMITY OCCLUSIVE LESIONS; RANDOMIZED CONTROLLED TRIALS (RCTs) AND BTK TREATMENTS (5- AND 4-MINUTE SHORT SUMMARY [SS] TALKS)
(VEITH/TCT CO-BRANDING SESSION)

Moderators: Sean P. Lyden, MD
Michael D. Dake, MD

Gunnar Tepe, MD

John R. Laird, MD

10:34 – 10:39 The REAL PTX RCT Compares DESs Versus DCBs For Treating Fempop Lesions, Some Long And Complex: At 2 Years, Results Are Better With DESs
Andreu Schmidt, MD
Yvonne Bausback, MD

10:40 – 10:45 5-Year Results From The IN.PACT SFA RCTs Shows Maintained Benefit Of In.Pact DCB Versus POBA For Treatment Of SFA Lesions With No Increase In Complications Or Mortality
Peter A. Schneider, MD
John R. Laird, MD

10:46 – 10:51 The Real World GLOBAL REGISTRY Confirms The Value Of The In.Pact DCB For Treating More Complex SFA Lesions Including In Stent Restenosis (ISR)
Marianne Brodmann, MD
Gary M. Ansel, MD
Jos C. van den Berg, MD, PhD

10:52 – 10:57 2-Year Results Of The COMPARE PILOT RCT Comparing The Ranger DCB (Boston Scientific) With The In.Pact DCB (Medtronic) For Treating Complex Fempop Lesions
Dierk Scheinert, MD
Thomas Zeller, MD

10:58 – 11:03 Safety And Effectiveness Of The Stellarex DCB (Philips) With Low Dose Paclitaxel Up To 3 Years In The Treatment Of Fempop Occlusive Lesions
Fabrizio Fanelli, MD
Sean P. Lyden, MD

11:04 – 11:10 Panel Discussion

BELOW THE KNEE DCBs

11:10 – 11:15 The ACO ART II RCT Shows Favorable Results With The Orchid DCB To Treat BTK Lesions: With The Right DCB Technology The Future For BTK DCBs Is Brighter Than The Past
Francesco Listol, MD
Wei Guo, MD

11:16 – 11:21 Results Of A RCT Show The Lutonix DCB (Becton Dickinson/Bard) To Be Better Than POBA For BTK Occlusive Lesions
Patrick J. Geraghty, MD
Jihad A. Mustapha, MD
Marianne Brodmann, MD
11:22 – 11:27 Value Of The Stellarex DCB (Philips) For Treating BTK Occlusive Lesions: The ILLUMINATE BTK Trial
Craig M. Walker, MD
Mahmood Razavi, MD

Kenneth Rosenfield, MD

11:34 – 11:39 Economic Factors In The Treatment Of CLTI: Are Drug Coated Balloons (DCBs) DESs Stents Cost Effective: How Can The Costs Of Devices Be Met
Gary M. Ansell, MD

11:40 – 11:45 What Is The Importance Of Dual Antiplatelet Agents To The Success Of DCBs And What Is The Current Status Of DCBs With Drugs Other Than Paclitaxel
Gunnar Tepe, MD

11:46 – 11:50 [SS] Value Of A Scoring Balloon (Ultrascore From Becton Dickinson/Bard) In Vessel Preparation Before DCB Use In Fempop Lesions: How It Works And Experience To Date
Dierk Scheinert, MD

Lawrence A. Garcia, MD

11:56 – 12.00 [SS] DEBATE: Not So: Drug Elution Is Essential For SFA Endovascular Treatments To Be Effective And Durable
Thomas Zeller, MD
Andreas Schmidt, MD

12.00 – 12.05 Panel Discussion

12.05 – 1.00 Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 27 (Grand Ballroom East, 3rd Floor)
EXOTIC AND EXTREME NEW TREATMENTS FOR VERY DISTAL LOWER EXTREMITY OCCLUSIVE DISEASE CAUSING SEVERE CHRONIC LIMB THREATENING ISCHEMIA (CLTI): HOW TO SAVE THE “NO OPTION FOR TREATMENT” LIMB AND THE “DESERT FOOT” WITH NO PATENT TARGET ARTERIES
(VEITH/TCT CO-BRANDED SESSION)
Moderators: Daniel G. Clair, MD
Giancarlo Biamino, MD, PhD
Frank J. Veith, MD

1.00 – 1.05 How To Gain Retrograde Arterial Access Via Leg Arteries: The Tibioperoneal Trunk, Peroneal, Posterior Tibial And Anterior Tibial: Equipment And Technical Tips
Miguel P. Montero-Baker, MD

1.06 – 1.11 ‘Fancy’ Techniques For Getting A Guidewire Across Difficult Chronic Total Occlusions – Especially Those In BTK Arteries In CLTI Patients
Osamu Iida, MD
1:12 – 1:17 No Option CLTI: The “Desert Foot”: An Increasing Epidemic: An Overview Of Solutions For It And How To Salvage Some Of These Limbs
Marco G. Manzi, MD

1:18 – 1:23 Extreme Distal Lower Limb Revascularization: Durable Solution Or Technical Show Off: Distal Access, Planter Loop Procedures And Subintimal Angioplasty In Foot Arteries: What Is Their Impact On Mid And Long-Term Results
Michele Rossi, MD

1:24 – 1:29 Treatment Possibilities For “No Option” Patients: Including The Pros And Cons Of Venous Arterialization
Erwin Blessing, MD

UPDATE ON VENOUS ARTERIALIZATION

1:30 – 1:35 Surgical ArterIALIZation Of Foot Veins For No Option CLTI: How To Do It And Long-Term Outcomes: From A Pioneer
Pramook Mattrangura, FRCS

1:36 – 1:41 ArterIALIZation Of Foot Veins Can Save Limbs With No Option CLTI: How And Why Does It Work And Why Does It Fail: What Is Hybrid ArterIALIZation Of Foot Veins: How Does It Compare To The LimFlow Totally Endo Procedure
Roberto Ferraresi, MD

1:42 – 1:47 Update On Percutaneous Deep Vein ArterIALIZation (pDVA) With The LimFlow Device For No Option CLTI: Techniques And Results
Steven Kum, MD
Daniel G. Clair, MD
Jihad A. Mustapha, MD

1:48 – 1:53 Panel Discussion

1:53 – 1:58 Tibial Bypasses With PTFE Grafts Are Worthwhile (When Autologous Vein Is Lacking) In Hopelessly Threatened Limbs And Can Save A Functional Limb For Many Years: They Deserve A Better Reputation Than They Have
Gregg S. Lands, MD
Richard F. Neville, MD
Neal S. Cayne, MD
Evan C. Lipsitz, MD, MBA
Nicholas J. Gargiulo III, MD, RPVI, RVT, RDMS
Frank J. Veith, MD

1:59 – 2:04 Ultradistal Bypasses To Below The Ankle Arteries Can Save Limbs With CLTI And Gangrene: How Distal In The Foot Can One Go: No Option CLTI Is Usually A Mismemer
Hisham Rashid, FRCS

2:05 – 2:10 Extended Open Techniques To Save Threatened Feet When All Endovascular Attempts Have Failed
Enrico Ascher, MD

2:11 – 2:16 Below The Ankle Angioplasty And Stenting For CLTI: Technical Tips, Indications And Challenges: Poor Palancy Rates May Not Hamper Limb Salvage
Konstantinos Katsanos, MSc, MD, PhD

2:17 – 2:22 Panel Discussion
**NEW DEVELOPMENTS IN LOWER EXTREMITY IN STENT RESTENOSIS (ISR): SELF-EXPANDING STENT-GRAFTS (VIABAHN); HEPARIN BONDING; ARTERIAL CALCIFICATION; UNUSUAL LOWER EXTREMITY STENTS AND THE IMPORTANCE OF HEPARIN BONDING TO PTFE GRAFTS AND DCB INFLATION PRESSURES (SEE ALSO SESSION 59)**

(VEITH/TCT CO-BRANDED SESSION)

**Moderators:** Richard F. Neville, MD  
Neal S. Cayne, MD

### IN STENT RESTENOSIS (ISR)

2:22 – 2:27  
**Update On Best Current Treatment For In Stent Restenosis (ISR): A European Perspective**  
Jos C. van den Berg, MD, PhD

2:28 – 2:33  
**Update On The Best Current Treatment For ISR Of Varying Grades: A US Perspective**  
Brian G. DeRubertis, MD

2:34 – 2:39  
**A Different View Of Optimal Treatment For Varying Grades Of ISR: When Is A Stent-Graft The Best Treatment**  
Marc Bosiers, MD

### NEW DEVELOPMENTS IN VALUE OF SELF-EXPANDING STENT GRAPHTS (VIABAHN)

2:40 – 2:45  
**Update On Value And Indications Of The Viabahn Self-Expanding Stent-Graft For Fempop Occlusive Disease: Evolution Of The Device: Technical Tips And 5-Year Results From Japan**  
Osamu Iida, MD

2:46 – 2:51  
**Value Of Viabahn Stent-Grafts To Treat Failing And Failed Fempop Grafts: Technical Tips And Results**  
Naoki Fujimura, MD, PhD

2:52 – 2:57  
**Comparison Of Endoluminal Bypass With Viabahn Stent-Grafts Versus Supera Vasculomimetic Stents For Treating Fempop Occlusive Lesions: Indications For And Advantages And Limitations Of Each: When Is An Open Bypass Necessary**  
Brian G. DeRubertis, MD

2:58 – 3:03  
**Panel Discussion**

### PTFE-HEPARIN BONDING

3:03 – 3:08  
**Comparison Of Heparin Bonded PTFE Grafts To Those Without Heparin Bonding**  
Yann Goueffic, MD, PhD

### THE DETOUR PROCEDURE

3:09 – 3:14  
**Percutaneous (PQ) Transvenous Endovascular Fempop Arterial Bypass For Treating Long (30-40 cm) SEA Occlusions: How Does It Work And 2-Year Results: From The DETOUR Trials**  
Sean P. Lyden, MD

3:15 – 3:20  
**Will The Detour Procedure For PQ Endovenous Fempop Arterial Bypass Eliminate The Need For Open Surgery: When Will It And When Won't It**  
Dains K. Krievins, MD
ARTERIAL CALCIFICATION

3:21 – 3:26
Types Of Arterial Calcification And How They Impede Balloon Angioplasty Of Occluded Tibial Arteries: How Can It Be Overcome: The DEKIAP (Direct Extravascular Calcium Interruption Arterial Procedure): Technique And Results
Steven Kum, MD

UNUSUAL LOWER EXTREMITY STENTS

3:27 – 3:32
Initial Experience With A 3 French Compatible Microstent For Antegrade Or Retrograde Treatment Of Tibial Artery Lesions (From Micro Medical Solutions)
Robert E. Beasley, MD

3:33 – 3:38
Advantages And Durability Of The Supera Vasculomimetic Stent (Abbott Vascular) For Treating Lesions In Tortuous Arteries Other Than The SFA
Rajiv Parakh, MBBS, MS

3:39 – 3:44
2-Year Results With The 3D Helical Stent That Induces Swirling Flow: The MIMICS-2 Trial Shows This Stent Works Well For Complex SFA Lesions (From Vypen Medical)
Timothy M. Sullivan, MD
Peter Gaines, MD
Michael K.W. Lichtenberg, MD

3:45 – 3:50
Panel Discussion

3:50 – 4:00
Break – Visit Exhibits And Pavilions
(2nd and 3rd Floors)

SESSION 29 (Grand Ballroom East, 3rd Floor)
UPDATES ON LOWER EXTREMITY CLTI GUIDELINES, RCTs AND FOOT PERFUSION INDICATORS
(VEITH/TCT CO-BRANDED SESSION)
Moderators: Joseph L. Mills, MD
Thomas Zeller, MD

4:00 – 4:10
What Is New And Good About The Recent Multispecialty Global Vascular Guidelines For CLTI: What Are Their Limitations And Why Is TASC Outdated
Michael S. Conte, MD
Andrew Bradbury, MD
Philippe Kolh, MD

4:11 – 4:16
Update On The BASIL 2 And 3 RCTs: 2 Compares Crural Vein Bypasses With Endovascular Treatments; 3 Compares DCBs And DESs With POBA And Uncoated Stents
Andrew W. Bradbury, MD

4:17 – 4:22
DEBATE: Progress In The BEST-CLI RCT Comparing Open And Endo Treatments: This Trial Will Provide Important New Information On The Best Treatment For CLTI
Alik Farber, MD
Matthew T. Menard, MD
Kenneth Rosenfield, MD

4:23 – 4:28
DEBATE: Sorry, BEST-CLI Does Not Reflect Real World Practice And Will Have Little Value In Guiding Best Treatment For CLTI Which Must Be Individualized
George L. Adams, MD
Miguel F. Montero-Baker, MD
4:29 – 4:34 The SPINACH Registry Shows That Open Bypass Is Better In CLTI With Extensive Gangrene: On The Other Hand, Endo First Is Better In High Risk Patients Nobuyoshi Azuma, MD

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

4:41 – 4:46 Surgery Guided Revascularization And Flow Guided Surgery: What Do They Mean And Why They Are Important To Saving Limbs: Optimal Timing And Type Of Surgery For Gangrene In CLTI: How To Get A Functional Limb Giacomo Clerici, MD Roberto Ferraresi, MD

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


5:05 – 5:11 Panel Discussion SESSION 30 (Grand Ballroom East, 3rd Floor) NEW DEVELOPMENTS IN THE TREATMENT OF LOWER EXTREMITY INTERMITTENT CLAUDICATION (IC) AND ACUTE LIMB ISCHEMIA (ALI) (VEITH/TCT CO-BRA NDED SESSION) Moderators: John R. Laird, MD Michael S. Conte, MD INTERMITTENT CLAUDICATION (IC)

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

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

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

ACUTE LIMB ISCHEMIA (ALI)

5:29 – 5:34 Update On Newer Endovascular Thrombosuction Devices For ALI: When Is Open Treatment Required Athanasios Katsargyris, MD
5:35 – 5:40  Thrombolysis For ALI: Is Its Use Increasing Or Decreasing: Tips In Its Use To Make It Safer By Coupling It With Mechanical Thrombectomy Devices
Marcus Thieme, MD

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

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

Joseph L. Mills, MD

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

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

6:11 – 6:20  Panel Discussion
End of Program D

PROGRAM E (SESSIONS 31-38)
ADVANCES IN MEDICAL TREATMENTS, NEW DRUGS, ANTI-ATHEROGENIC AND ANTI-HYPERTENSIVE TREATMENTS; MANAGEMENT OF ENDOLEAKS AND COMPLICATIONS; RECORDED LIVE CASES; A TRIBUTE AND ASSORTED ISSUES OF INTEREST; OUTPATIENT VASCULAR TREATMENT AND ETHICAL ISSUES; TOPICS RELATED TO THE FDA, SVS, VQI, COSTS AND REIMBURSEMENT AND THE VALUE OF VASCULAR SURGEONS
Grand Ballroom West, 3rd Floor

SESSION 31 (Grand Ballroom West, 3rd Floor)
ADVANCES IN MEDICAL TREATMENTS, ANTI-ATHEROGENIC DRUGS AND CARDIAC AND CORONARY ARTERY RISK EVALUATION IN PATIENTS WITH VASCULAR DISEASE
(VEITH/TCT CO-BRANDED SESSION)
Moderators: Ido Weinberg, MD, MSc
Caron B. Rockman, MD

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

Gregg W. Stone, MD

6:52 – 6:57  Value Of Non-Invasive FFRCT In Decreasing Cardiac Complications In Patients Undergoing Lower Extremity Revascularization (Bypasses) And CEAs: It Allows High Risk Asymptomatic Patients To Be Detected Proactively And Treat Better
Christopher K. Zarins, MD
Dainis K. Krievins, MD
6:58 – 7:03 Improvements In And What Is Coming In Medical Treatment To Prevent Death And Complications From Arteriosclerosis: Update On PCSK-9 Inhibitors Including Inclisiran, Ezetembe, Anti-Inflammatory Drugs And Treating High Lp(a) Levels
Michael R. Jaff, DO

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

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

Jeffrey S. Berger, MD, MS

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

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

Ron Waksman, MD

7:40 – 7:47 Panel Discussion

WEDNESDAY SESSIONS 31–32

SESSION 32 (Grand Ballroom West, 3rd Floor)
MORE ADVANCES IN MEDICAL TREATMENTS; MORE ABOUT NEW DRUGS; STEM CELL TREATMENTS; CATHETER BASED TREATMENTS FOR RESISTANT HYPERTENSION
(VEITH/TCT CO-BRANDED SESSION)
Moderators: Michael R. Jaff, DO
Kim J. Hodgson, MD

MORE ABOUT NEW DRUG TREATMENTS

7:47 – 7:52 New RCT Evidence Shows That An Omega 3 Fatty Acid Formula, Vascepa, Reduces By 25% Major Adverse Cardiac Events In Patients With High Triglycerides (The REDUCE-IT Trial): Bempedoic Acid Reduces LDL-C And C-Reactive Protein: Improved Best Medical Treatment Will Sharply Decrease The Need For Interventional Treatments
Jeffrey S. Berger, MD
7:53 – 7:58
Optimal Use Of Direct Oral Anticoagulants (DOACs) After Open Bypasses And After Endovascular Procedures
Peter Henke, MD

7:59 – 8:04
Christos D. Liapis, MD

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

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

ADVANCES IN CATHETER BASED TREATMENT OF RESISTANT HYPERTENSION
8:17 – 8:22
Current Status And Future Potential Of Endovascular Devices In The Treatment Of Resistant Hypertension: Does Renal Denervation Work
Sahil A. Parikh, MD

8:23 – 8:28
Status Of RCTs And Other Trials Showing The Comparative Value Of Different Catheter Based Techniques For Renal Denervation For Alleviating Resistant Hypertension: Radiofrequency (Spyral – Medtronic), Ultrasound Paradise Catheter (ReCor Medical), And Alcohol Infusion Into Renal Artery Adventitia (Peregrine Catheter, Ablative Solutions); They All Work
Horst Sievert, MD

8:29 – 8:34
Value Of A Stent-Like Mobius HD Device (From Vascular Dynamics) To Reshape The Carotid Sinus, Amplify The Baroreflex And Lower Blood Pressure In Drug Resistant Hypertension
Gregg W. Stone, MD
Kim J. Hodgson, MD

8:35 – 8:40
Update On Value Of ROX Coupler Device To Create An Iliac A-V Fistula And Control Blood Pressure In Resistant Hypertension: How It Works And Results Of A Sham Controlled RCT
David H. Deaton, MD
Krishna J. Rocha-Singh, MD

8:41 – 8:46
Late Breaking Results Cast Doubt On The Katsanos Meta-Analysis: A Multicenter Study In 2071 Propensity Matched Patients (With CTLI And IC) Shows No Mortality Effect Of Paclitaxel Coated Devices 2 Years After Treatment
Hany Zayed, MD, MSc

8:47 – 8:54
Panel Discussion

8:54 – 9:04
Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 33 (Grand Ballroom West, 3rd Floor)
PROGRESS IN MANAGING COMPLICATIONS AND ENDOLEAKS AFTER EVAR AND TEVAR
Moderators: Juan C. Parodi, MD
Michel Makaroun, MD
Total Aortic Occlusion With Worsening Visceral And Renal Ischemia After TEVAR For Acute TBAD Can Be Due To Complete Dissection Flap Detachment And Distal Migration: Causes And Diagnosis: Urgent Open Flap Excision Is Life-Saving
Mark K. Eskandari, MD
Heron E. Rodriguez, MD

Major Trauma Can Lead To High Flow Endoleaks In EVAR Patients: What Is The Mechanism: What Is The Best Treatment
Carlo Setacci, MD

Endoleaks After TEVAR: Incidence, Nature, Etiology, Diagnosis And Treatment
Maciej L. Dryjski, MD, PhD

Natural History Of Type 2 Endoleaks With And Without Treatment: From A 1000 Patient Study
Carlo Pratesi, MD
Raffaele Pulli, MD

Little Known Facts About Endoleaks After EVAR: Natural History Of Late Type 1 Endoleaks Is Not Benign – Urgent Treatment Is Required: An Enlarging AAA Sac With A Type 2 Endoleak Usually Indicates The Presence Of An Associated Type 1 Endoleak
O. William Brown, MD, JD

Value Of CT Fusion Guidance And Liquid Embolic Agents To Treat Type 2 Endoleaks: Technical Tips And How To Do It With The Best Chance Of Success
Neal S. Cayne, MD

How Common Are Failures Of Interventions For Type 2 Endoleaks: What Are The Reasons And When Is Open Treatment Indicated: What Should That Open Treatment Be
Ronald M. Fairman, MD

Minimizing Type 2 Endoleaks With Careful Imaging And Pre-EVAR Side Branch Coiling: It Works: Technical Tips
Götz M. Richter, MD, PhD

Panel Discussion

Transgraft Access And Onyx Embolization For Type 2 Endoleaks Difficult To Approach And Treat: Technique And Results
Mark W. Mewissen, MD, RVT

Optimal Strategy For And Results Of Treating Type 2 Endoleaks: It Is Not Simple
Sonia Ronchey, MD, PhD

Role Of Anticoagulation And Endogenous Thrombolysis In The Occurrence And Resolution Of Late Type 2 Endoleaks: How Should They Influence Treatment
Natzi Sakalihasan, MD, PhD

Value Of Fibrin Glue Sac Filling With EVAR To Prevent Type 2 Endoleaks: Technique, Value And Limitations
Qingsheng Lu, MD
Zaiping Jing, MD

Sac Access Routes To Treat Type 2 Endoleaks: Techniques, Advantages And Limitations Of Each
Claudio J. Schonholz, MD
Joshua D. Adams, MD

Treating Type 2 Endoleaks By A Paragraft Approach: Indications, Technique And Results
Peter A. Schneider, MD
10:35 – 10:40 How Does Endograft Covering Material (Polyester vs. PTFE) Influence Type 2 Endoleak Rates And Behavior After EVAR
Ross Milner, MD

10:41 – 10:46 Value Of Liquid Embolic Agents And Onyx In Treating Type 1 And Type 2 Endoleaks: Technical Tips And Results
Robert A. Morgan, MD

10:47 – 10:52 Importance Of Recognizing Visceral Artery Occlusive Disease Before Performing EVAR: How To Diagnose And Treat
Karan Garg, MD
Neal S. Cayne, MD
Carlos H. Timaran, MD
Frank J. Veith, MD

10:53 – 11:00 Panel Discussion

SESSION 34 (Grand Ballroom West, 3rd Floor)
RECORDED LIVE CHALLENGING AND COMPLEX CASES FROM LINC AND LEIPZIG
Moderators: Dierk Scheinert, MD
Giancarlo Biamino, MD, PhD
Andrej Schmidt, MD

11:00 – 12:00 Program To Be Determined. Please visit www.veithsymposium.org for updates.
12:00 – 12:50 Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 35 (Grand Ballroom West, 3rd Floor)
CHALLENGING RECORDED LIVE CASES AND THOSE EMPLOYING INNOVATIVE TECHNIQUES
Course Leader: Plinio Rossi, MD
Moderators: Plinio Rossi, MD
Fabrizio Fanelli, MD
Andrew Holden, MBChB
Carlo Setacci, MD
Frank J. Veith, MD

12:50 – 12:57 When Is A Technically Successful Arterialization Of The Foot Veins Effective In Preventing Amputation In No-Option CLI Patients
Roberto Ferraresi, MD

12:57 – 12:59 Discussion

12:59 – 1:06 Open Surgery For Infra- And Juxtrarenal AAA In The Endovascular Era
Dittmar Böckler, MD

1:06 – 1:08 Discussion

1:08 – 1:15 Unexpected Initial And Final Completion Angiogram For A First In Human Fenestrated Endograft
Vicente Riaimbau, MD, PhD

1:15 – 1:17 Discussion

1:17 – 1:24 Single Session Venous Thrombectomy For Acute Ilio-Femoral Deep Vein Thrombosis: The Advantages Of ZERO Thrombolysis
Gerard J. O’Sullivan, MD

1:24 – 1:26 Discussion

1:26 – 1:33 Most Successful Tools For Complex Femoropopliteal CTO Recanalizations
Andrej Schmidt, MD
WEDNESDAY
SESSIONS 35–36

1.33 – 1.35 Discussion
1.35 – 1.42 Endovascular Management Of Complex Fem-Pop And Below Lesions In 2019
Fabrizio Fanelli, MD

1.42 – 1.44 Discussion
1.44 – 1.51 Vessel Preparation – Is It Relevant In The Tibial Arteries
Andrew Holden, MBChB

1.51 – 1.53 Discussion
1.53 – 1.59 Panel Discussion

SESSION 36 (Grand Ballroom West, 3rd Floor)
TRIBUTE TO A VALUED PARTNER; IMPORTANT ISSUES RELATED TO VASCULAR PRACTICE AND VASCULAR SURGEONS

Moderators: Michael L. Marin, MD
Ronald L. Dalman, MD

2:00 – 2:05 A Tribute To Sushil K. Gupta, MD, MBA (1949-2019) – A Creative And Talented Surgeon, A Brilliant Innovator And A Treasured Colleague And Friend
Larry A. Scher, MD

2:06 – 2:11 Trials And RCTs Versus Registries: Advantages And Disadvantages Of Each: How Can We Reach The Truth
Charles C. Miller, PhD

2:12 – 2:17 Keys To A Successful Career In Vascular Surgery
Ronald L. Dalman, MD

2:18 – 2:23 How Vascular Surgeons Can Develop Leadership Skills
Robert B. McCafferty, MD, MBA

2:24 – 2:29 How Women Vascular Surgeons Look Differently At Gender Differences In Procedural Results Than Their Male Counterparts And Why This Is Advantageous For Female Patients
Rebecca Reachi Lugo, MD

2:30 – 2:35 How To Teach Competent Open Surgery In The Endovascular Era
R. Clement Darling III, MD

Samuel R. Money, MD, MBA

2:42 – 2:47 What Constitutes Futility In Our Present Health Care System: When Is Enough Too Much
James W. Jones, MD, PhD, MHA

2:48 – 2:53 Panel Discussion

2:53 – 2:58 Lessons Learned By A Creative Physician-Inventor: How To Avoid The Pitfalls In Bringing An Idea To Fruition Without Losing Your Idea Or Your Shirt
Lindsay Machan, MD

2:59 – 3:04 How Are Silicon Valley Giants And Entrepreneurs Planning To Disrupt Health Care: Will It Improve Things For Patients; For Doctors; For Vascular Specialists
Ido Weinberg, MD, MSc

3:05 – 3:10 Screening For Vascular Diseases Can Cause More Harm Than Benefit: How To Avoid This Problem
Anders Wanhainen, MD, PhD
Jack L. Cronenwett, MD

3:17 – 3:22 Are There Problems With The Appropriateness Of Invasive Treatment By Vascular Surgeons, By Other Vascular Specialists
Peter F. Lawrence, MD

3:23 – 3:28 The Hospital Readmission Reduction Program And Its Incentives Have Led To Increased Morbidity And Mortality For Vascular Patients: How Can It Be Fixed To Make It Safe
Philip P. Goodney, MD, MS
Richard J. Powell, MD

3:29 – 3:34 What Is The Impact Of The New AAA DRGs On Hospital Reimbursement: Does More Have To Be Done
W. Charles Sternbergh III, MD

3:35 – 3:40 Panel Discussion

3:40 – 3:48 Break – Visit Exhibits And Pavilions
(2nd and 3rd Floors)

SESSION 37 (Grand Ballroom West, 3rd Floor)

ISSUES RELATED TO VASCULAR OUTPATIENT CENTERS, OFFICE BASED LABS AND MEDICAL ETHICS
Moderators: Enrico Ascher, MD
Glenn Jacobowitz, MD

3:48 – 3:53 Why Outpatient Centers And Office Based Labs (OBLs) Are The Best Place To Do Which Endovascular Procedures: Best For Patients And Best For Operators: When Can Atherectomies Be Performed Safely There; When Not
Krishna Jain, MD

3:54 – 3:59 Real World Results Of Lower Extremity Atherectomy (Mostly In Outpatient Centers) From Medicare Billing Data Is Much Worse Than Favorable Registry Data: Where Lies The Truth
Dipankar Mukherjee, MD

4:00 – 4:05 How To Avoid Unethical Practices In An Outpatient Center Or Office Based Lab (OBL): The Temptation And Incentives To Overtreat Is Great
Stephen M. Bauer, MD

4:06 – 4:11 Characteristics Of Physicians Who Are Suited To Work In An OBL And Characteristics Of Those Who Are Not
Sam S. Ahn, MD, MBA

4:12 – 4:17 Office Based Versus Hospital Based Vascular Care: Impact On Indications, Physician Income And Overall Costs
Clifford M. Sales, MD, MBA

4:18 – 4:23 Another View Of The Impact Of Office Based Vascular Practice Patterns On Indications, Physician Incomes And Outcomes
Matthew W. Mell, MD, MS

4:24 – 4:29 A Propensity Matched Comparison Of Paclitaxel Coated DCBs Versus POBA In Patients With Intermittent Claudication: 5-Year Results Show No Increased Mortality Signal For DCBs
Konstantinos P. Donas, MD
### Wednesday Sessions 37–38

**4:30 – 4:35**
Vascular Screening Is Often Unnecessary, Possibly Harmful And Largely Driven By Financial Gain: When Is It Justified And Beneficial To Patients
Frank J. Criado, MD

**4:36 – 4:41**
Advantages To A Vascular Practice Of Having A Wound Care Center
Venita Chandra, MD

**4:42 – 4:47**
Benefits To A Vascular Practice And Hospital Of Having A Limb Salvage Program: How To Set One Up And Make It Work
Joseph J. Ricotta II, MD, MS

**4:48 – 4:55**
Panel Discussion

**SESSION 38** (Grand Ballroom West, 3rd Floor)

**TOPICS RELATED TO THE FDA, VALUE OF A VASCULAR SURGEON, VASCULAR PRACTICE, THE SVS, VQI AND GOVERNMENTAL REGULATIONS AND REIMBURSEMENT**

**Moderators:** Ali F. AbuRahma, MD
Keith D. Calligaro, MD

**4:55 – 5:00**
How Innovative Vascular Devices Can Get To Market: What Is The De Novo Pathway
Dorothy B. Abel, BSBME

**5:01 – 5:06**
What Is The Value Of A Vascular Surgeon To A Health Care System In And Out Of The Operating Room: In Many Ways It Is Priceless But Under-Rewarded
Richard J. Powell, MD
Fred A. Weaver, MD

**5:07 – 5:12**
Robert M. Zwolak, MD, PhD

**5:13 – 5:18**
How Is On The Horizon For Vascular Surgeons And Vascular Specialists Reimbursement: Will Income Go Up Or Down For The Same Amount Of Work
Sean P. Roddy, MD

**5:19 – 5:24**
Opposite Trends In Reimbursement By CMS For Arterial And Venous Procedures: Implications For Vascular Surgery Practices
Tom F. O’Donnell, Jr., MD

**5:25 – 5:30**
Revascularization For CLTI By Endovascular Treatments Or Open Surgery Is Cost Effective And Saves Lives Compared To Major Amputations
Richard F. Neville, MD
Jihad A. Mustapha, MD

**5:31 – 5:36**
How To Shorten Lengths Of Stay After Vascular Open Surgery Or Interventions: It Is Not Easy, But It Is Doable
Fred A. Weaver, MD

**5:37 – 5:42**
Progress In And Value Of The SVS VQI Program: Where Is It Going And Why Will It Become Increasingly Important
Jack L. Cronenwett, MD

**5:43 – 5:48**
Improvements In Vascular Specialist, The SVS Newspaper: Opportunities And Challenges And How It Can Benefit Vascular Surgeons And Others
Malachi G. Sheahan III, MD
WEDNESDAY
SESSIONS 38–39

5:49 – 5:54 Recent Improvements In The JVS: How To Get A Paper Accepted In The JVS: How Best To Review A Paper For The JVS
Peter Gloviczki, MD
Peter F. Lawrence, MD

5:55 – 6:02 Panel Discussion

End of Program E

PROGRAM F (SESSIONS 39-46)
MORE NEW DEVELOPMENTS IN THORACIC AORTIC DISEASE, AORTIC DISSECIONS, TAAAs, JUXTA- AND PARARENAL AAAs, PARALLEL GRAFTS, FENESTRATED AND BRANCHED EVAR (F/B/EVAR), MULTILAYER BARE STENTS, INFRArenal AAAs AND STANDARD EVAR AND HOT NEW AORTIC AND CAROTID TOPICS

SESSION 39 (Trianon Ballroom, 3rd Floor)
MORE TOPICS RELATED TO NEW DEVELOPMENTS IN TREATING AORTIC DISSECIONS AND ITS COMPLICATIONS
Moderators: Ramon Berguer, MD, PhD
Zhong Chen, MD

6:40 – 6:45 Retrograde SMA Stenting May Be The Best Way To Treat Mesenteric Compromise From Malperfusion With Aortic Dissections: How To Do It And Results
Dipankar Mukherjee, MD

6:46 – 6:51 When Can The Celiac Trunk Orifice Be Covered Safely During TEVAR And When Not: From A New Meta-Analysis
Wayne W. Zhang, MD

6:52 – 6:57 Left Subclavian Revascularization During Zone 2 TEVARs: Comparison Of Open Surgical Bypass Versus Endovascular Revascularization With Parallel Grafts (Chimney Or Periscope)
Giovanni Pratesi, MD

6:58 – 7:03 When Should False Lumen Thrombosing Techniques Be Used In Patients With TBADs: How Best To Do It
Cherrie Z. Abraham, MD

7:04 – 7:09 New Technique For False Lumen Occlusion In Chronic Aortic Dissections: Using A Physician Modified Device: How To Do It And Results
I-Hui Wu, MD, PhD

7:10 – 7:15 New Proximal And Distal Re-Entry Tears After TEVAR: What Are The Causative Mechanisms, Risk Factors And Treatments
Ludovic Canaud, MD, PhD

7:16 – 7:21 Another View On Endograft Induced Distal Re-Entry Tears After TEVAR: Strategies To Prevent, Diagnose And Treat
Martin Czerny, MD
Bartosz Bylski, MD, PhD

7:22 – 7:27 Best Treatment Options For Aortic Dissections In Patients With Connective Tissue Disorders: When Endo; When Open; When Hybrid
Roberto Chiesa, MD
Germano Melissano, MD
EVAR And TEVAR Can Work Surprisingly Well In Some Aneurysm Patients With Connective Tissue Disorders; When And When Not: Technical Tips
Tilo Kölbl, MD, PhD

With TBADs, What Are The Flow/Pressure Dynamics That Explain Why TEVAR Can Make Things Worse
Firas F. Mussa, MD

Advantages To Hybrid Approaches To Complex Aortic And Aortovisceral Artery Pathology: Indications And Technical Tips
William J. Quinones-Baldrich, MD

Panel Discussion

SESSION 40 (Trianon Ballroom, 3rd Floor)
MORE NEW DEVELOPMENTS RELATED TO THE ASCENDING AORTA, AORTIC ARCH, F/B/TEVAR AND PARALLEL GRAFTS FOR TREATMENT OF LESIONS IN OR NEAR THE AORTIC ARCH

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

Wrapping Of The Dilated Ascending Aorta To Avoid More Complex Procedures And Facilitate Placement Of Grafts To Arch Branches: Indications, Contraindications, Technical Tips And Results
Mario L. Lachat, MD
Ralf R. Kolvenbach, MD

Variations In The Morphology Of Proximal Entry Tears In TBADs: Importance Of These Variations And How Should They Influence Treatment
Ali Azizzadeh, MD

Significance Of Aortic Arch Anomalies: What Are They Associated With: When Do They Require Treatment: What Is The Best Current Treatment
Erik E. Debing, MD, PhD

What Do Fluid Dynamics Tell Us About The Durability And Long-Term Results Of Aortic Arch Branch And Fenestrated Endografts
Santi Trimarchi, MD, PhD

Unusual Branched Endograft Solutions For Aortic Arch Lesions When Industry-Made Commercial Devices Are Unavailable Or Unsuitable
Osvaria Preventza, MD
Joseph S. Coselli, MD

How Best To Treat TBADs Extending Into The Arch And Ascending Aorta
I-Hui Wu, MD, PhD

Value Of Chimney TEVAR (Ch/TEVAR) To Treat Elective And Ruptured Aneurysms Involving The Aortic Arch: A 15-Year Experience And Results
Thomas Larzon, MD, PhD
Tal M. Hörer, MD, PhD

Ch/TEVAR In The Aortic Arch If Done Right Is As Good As F/B/TEVAR And Safer Than Open Surgery: Technical Tips And Results
Armando Lobato, MD
Jan S. Brunkwall, MD, PhD
Update On Sandwich Grafts For Zone 0 Aortic Arch Lesions: 8-Year Results And Technical Tips
Armando C. Lobato, MD, PhD

Panel Discussion

SESSION 41 (Trianon Ballroom, 3rd Floor)
MORE ABOUT JUXTA- AND PARARENAL AAAs, TAAAs, F/B/EVAR AND PARALLEL GRAFTS (CHIMNEY EVAR [CH/EVAR])

Moderators: Matthew J. Eagleton, MD
Giovanni Torsello, MD

A New And Better Way To Define And Classify AAA Neck Anatomy And Indicate Best Treatment
David J. Minion, MD

For Juxta- And Pararenal AAAs Ch/EVAR Can Yield Dependably Good And Durable Results If Certain Technical Requirements Are Followed And Certain Standardized Device Combinations Are Used: Results From The ENCHANT Registry
Konstantinos P. Donas, MD
Giovanni Torsello, MD

Ch/EVAR For Juxta And Pararenal AAA: Technical Tips To Assure Good Long-Term Results: A 9-Year Experience
Nicole Mangialardi, MD
Sonia Ronchey, MD, PhD

Indications For Chimney And Sandwich Grafts In The F/B/EVAR Era: Yes They Exist
Martin Malina, MD, PhD

Repair Of Juxta- And Pararenal AAAs Using A Combination Of Fenestrations And Chimney Grafts: Advantages, Techniques And Results
Mark W. Mewissen, MD, RVT

How To Rescue A F/EVAR Procedure When The Fenestrations Are Poorly Aligned With Branch Orifices: Why Does It Happen
Gustavo S. Oderich, MD

Main Graft Body Alignment With Branch Orifices Is Not An Issue With Parallel Grafts (Ch/EVAR) And How Do Variable Curvature Sheaths Help With Both F/EVAR And Ch/EVAR
Jason T. Lee, MD

DEBATE: Long-Term Results Of F/B/EVAR For Pararenal AAAs Show That It Should Be The Procedure Of Choice And TAAAs In Anatomically Suited Patients Which Is Most Of The Time
Piergiorgio Cao, MD

DEBATE: Not So: Open Repair Still Has A Major Role For Treating Many Patients With Pararenal AAAs And TAAAs
Thomas C. Bower, MD

United Kingdom Assessment Of Countrywide Outcomes And Cost For Treating Complex AAAs: Is Endo Equal To Or Better Than Open Repair In Any Way
Michael P. Jenkins, MBBS, BSc, MS

Panel Discussion

Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
**UPDATE ON MULTILAYER FLOW MODULATING BARE STENTS FOR TREATING ANEURYSMS AND DISSECTIONS; NEW DEVELOPMENTS IN TREATING ILIAC ANEURYSMS AND REVASCULARIZING HYPOGASTRIC ARTERIES**

**Moderators:** Eric L.G. Verhoeven, MD, PhD  
Rodney A. White, MD

### 10:20 – 10:25
**Multilayer Flow Modulating (MLFM) Uncovered Stents (From Cardiatis): Indications, Contraindications, Advantages And Results**  
Rodney A. White, MD

### 10:26 – 10:31
**Why MLFM Uncovered Stents Should Be The First Choice For Treating Renal, Visceral And Popliteal Aneurysms And Possibly Other Lesions: Results Show That These Stents Preserve Branch Flow And Prevent Aneurysm Rupture**  
Michel Henry, MD

### 10:32 – 10:37
**Role Of MLFM Uncovered Stents To Treat Type A Aortic Dissections: Indications, Advantages, Limitations And Results**  
Victor S. Costache, MD, PhD

### 10:38 – 10:43
**Value Of MLFM Uncovered Stents To Treat Aortic Dissections And Recurrent Emboli From Paroxysmal Atrial Fibrillation: They Prevent Emboli From Going To The Brain**  
Ralf R. Kolvenbach, MD

### 10:44 – 10:49
**Role Of MLFM Stents For Treating Type A And B Aortic Dissections: Indications And Results: What About For Complex Aneurysm Treatment**  
Zoran Stankov, MD  
Ivo Petrov, MD, PhD

### 10:50 – 10:55
**MLFM Uncovered Stents For Treating Complex AAAs And TAAAs: What Do The Longer-Term Results From The Multicenter DRAGON Trial Show: Do These Stents Prevent Rupture**  
Claude D. Vaislic, MD

### 10:56 – 11:01
**Long-Term Follow-Up Of Multilayer Bare Stent Treatment Of TAAAs, Complex AAAs And Type B Aortic Dissections: The Moroccan Experience**  
Amira Benjelloun, MD

### 11:02 – 11:07
**Panel Discussion**

### 11:07 – 11:12
**Comparing The Various Industry-Made Iliac Branch Devices (IBDs) For Treating Common And Internal Iliac Aneurysms: Advantages And Limitations Of Each: When To Use Which One**  
Fabio Verzini, MD, PhD

### 11:13 – 11:18
**Advantages, Limitations And Results Of Unilateral And Bilateral Gore IBD To Treat AAAs With Iliac Aneurysms: Early Results From The International ICEBERG Registry**  
Michel M.P. Reijnen, MD, PhD  
Thomas S. Maldonado, MD

**SESSION 42 (Trianon Ballroom, 3rd Floor)**
How To Prevent Complications And Failure With The Gore IBD When The Anatomy Is Tortuous: What Is The Iliac Tortuosity Index And How Does It Help
Jon S. Matsumura, MD

Value Of IBDs To Treat Isolated (No AAA) Common And Internal Iliac Aneurysms: At What Size Should They Be Treated: Which Device Is Best
Giovanni Pratesi, MD

Advantages And Limitations Of The Jotec-Cryolite IBD For Treating Common And Internal Iliac Aneurysms; This Device Works Well With The Endurant Endograft (Medtronic)
Lee H. Bouwman, MD

Sandwich Grafts To Treat Common Iliac Aneurysms And Preserve Hypogastric Flow: Advantages, Technical Tips And Results In 151 Cases
Jan S. Brunkwall, MD, PhD
Vicente Riambau, MD, PhD

Martin R. Back, MD

How Common Iliac Aneurysms (CIAs) Have An Impact On Aortic Morphology: Why A New Classification System For CIAs Will Be Helpful
Janet T. Powell, MD, PhD

Panel Discussion

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

AAA Sac Shrinkage Is A Good Marker Of Durable Success After EVAR: Which Endografts Have The Best Rates Of Sac Shrinkage
Michael C. Stoner, MD

Large Diameter Of The Flow Lumen In AAAs Is A Risk Factor For A Poor Outcome After EVAR Just Like Large Proximal Neck Diameter: What Are The Reasons For These Observations
Hence J.M. Verhagen, MD, PhD

Large Proximal Necks (>28 mm In Diameter) Are Predictive Of A Poor Outcome From EVAR: Based On A Meta-Analysis
Matt M. Thompson, MD

Sebastian E. Debus, MD, PhD
Anders Wanhainen, MD, PhD

Comparison Of The US (SVS) And ESVS AAA Guidelines: Why Are The US Guidelines Better
Ronald L. Dalman, MD
1:30 – 1:35 Increasing Disparity Between The SVS Guideline AAA Indications For AAA Repair And Real World Practice: Are The Guidelines Relevant Currently

Alan M. Dietzek, MD, RPVI

1:36 – 1:41 DEBATE: Increasing Volume Of Mural Clot Within An AAA Sac Does Not Increase The Rupture Risk

Athanasios D. Giamnonoukas, MSc, MD, PhD


David H. Deaton, MD

1:48 – 1:53 A New Classification System For AAAs Helps In Understanding Their Behavior, In Determining Treatments And Evaluating Them

Claude Mialhe, MD

1:54 – 1:59 Does Preprocedure Steroid Administration Before EVAR Produce A More Benign Postprocedure Course And Facilitate Earlier Discharge: What Is The Mechanism

Lars B. Lønn, MD, PhD

1:54 – 1:59

2:00 – 2:06 Panel Discussion

SESSION 44 (Trianon Ballroom, 3rd Floor)
MORE NEW DEVELOPMENTS IN AAA PATHOGENESIS, NATURAL HISTORY AND TREATMENT

Moderators: Ali F. AbuRahma, MD Juan C. Parodi, MD

2:06 – 2:11 Inflammatory AAAs: Medical Treatment With Steroids Is Adequate For Many Patients With Them: What Is The Regimen And Results: When Is Invasive Treatment Needed – Open Or Endo

Julien G. Sfeir, MD

2:12 – 2:17 How Long Can Patients With Moderate Sized AAAs Safely Wait For Elective Repair: Rupture Risk For AAAs <6.0 cm In Diameter Is Low And Overemphasized

Richard G.J. Gibbs, FRCS

2:18 – 2:23 Acceptable Results Can Be Achieved With EVAR Devices Used Outside IFU Requirements If Certain Precautions Are Followed: What Are They And What Are The Limitations

Francesco Speziale, MD

2:24 – 2:29 Depleted Nutritional Status And Muscle Mass Increases The Risk Of Open AAA Repair: What About With EVAR

Kimihito Komori, MD, PhD

2:30 – 2:35 Why F/EVAR For Failed EVAR Is Not Simple: Technical Tips To Make It Work

Barend M.E. Mees, MD, PhD

2:36 – 2:41 A New Gene Family That May Be Vital In Causing AAAs: The Gene Can Be Identified From Skin Biopsies: How Can They Help In Diagnosis And Treatment

Kak Khee Yeung, MD, PhD

2:42 – 2:47 Comparison Of Aortic Neck Dilatation After AAA Repair In Patients Undergoing EVAR Versus Open Repair: From The DREAM Trial Which Allows This Comparison To Be Made In Patients Suitable For Both Procedures

Jan D. Blankensteijn, MD
How Should AAA Shape (With An Eccentric Sac Or Two Sacs) Influence Indications For Repair: How Should Diameter Measurements Be Made In These Circumstances
Jacques Busquet, MD

Increasing Requirement For Open Conversion Following EVAR: Reasons For And Technical Tips: Why Is It More Often Required For A Persistent Type 2 Endoleak With An Enlarging AAA Sac
Michel Makaroun, MD

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

SESSION 45 (Trianon Ballroom, 3rd Floor)
SHORT HOT NEW TOPICS RELATED TO AORTIC DISEASES AND THEIR TREATMENT (4 ¾-MINUTE FAST PACED TALKS)
Moderators: Mark A. Adelman, MD
Michael L. Marin, MD

EVAR AND AAA RELATED TOPICS

3.15 – 3.20 External Iliac To Internal Iliac Artery Bypass: Does It Have A Role In Preserving Hypogastric Flow In The Endo Era: Technical Tips
Heron E. Rodriguez, MD

3.20 – 3.25 Increasing Role Of Endovascular Treatments And EVAR For Vascular Complications Of Connective Tissue Disorders
Anders Wanhainen, MD, PhD

3.25 – 3.30 Value And Indications For Preprocedural Embolization Of The IMA And Lumbar Arteries Before EVAR
Timothy M. Sullivan, MD
Jesse Manungu, MD

3.30 – 3.35 Why Should Aortic AAA Neck Dilatation Differ After EVAR And After F/EVAR: Does It
Thomas S. Maldonado, MD

3.35 – 3.40 EVAR Treatment Of Atypical AAAs: Technical Tips And Special Precautions
Furuzan Numan, MD

3.40 – 3.45 5 Years After AAA Repair The Quality Of Life Is Better In Those Having EVAR Than In Those Having Open Repair
Mauro Gargiulo, MD
Gianluca Faggioni, MD

3.45 – 3.50 Why Do Fluoroquin Drugs Increase The Risk Of Aortic Aneurysms And Dissections
Natzi Sakalihasan, MD, PhD

3.50 – 3.55 Panel Discussion

F/B/EVAR AND PARALLEL GRAFT RELATED TOPICS

3.55 – 4.00 When With F/EVAR Should A Renal Or Mesenteric Branch Not Be Stented
Benjamin W. Starnes, MD

4.00 – 4.05 How To Avoid Complications And Problems From Parallel Grafts And How To Make Them Work Safely And Effectively
Murray L. Shames, MD
Update On In Situ Fenestration For Branch Revascularization: How To Use It For Renal And Mesenteric Branches In Urgent TAAA Repairs: Imaging Is Key And It Is Not Simple
Jean M. Panneton, MD

Multicenter Results Of The t-Branch Off-The-Shelf Graft (From Cook) For TAAA Repairs: Advantages, Technical Tips, Limitations
Martin J. Austermann, MD

**AORTIC DISSECTION RELATED TOPICS**

The SKIRT Stent-Graft To Prevent Endoleaks From Fenestrated And Chimney TEVARs: How Does It Work
Chang Shu, MD

Troubleshooting Challenging TBADs During Endovascular Treatment And Making TEVAR Work Safely And Effectively
Rami Tadros, MD, Michael L. Martin, MD

Branched Endografts For Treating Aortic Dissections: Which Graft For Which Patient And Anatomy: Technical Tips
Luis A. Sanchez, MD

Panel Discussion

**SESSION 46 (Trianon Ballroom, 3rd Floor)**

MORE SHORT HOT NEW TOPICS RELATED TO AORTIC AND CAROTID DISEASES AND THEIR TREATMENT (4 ¾-MINUTE FAST PACED TALKS)

Moderators: Luis A. Sanchez, MD, K. Wayne Johnston, MD

**AORTA RELATED TOPICS**

International Comparison Of How AAAs Are Treated And How It Influences Results
Pete Holt, MD, PhD

Long-Term Outcomes From The OVER RCT Comparing AAA Treatment With EVAR Versus Open Repair: How Are Results Similar And How Do They Differ From The EVAR I And DREAM RCTs And Why
Jon S. Matsumura, MD

At What Size Do Hypogastric Aneurysm Need To Be Treated: How Best To Do It And Technical Tips
Darren B. Schneider, MD

Safe F/B/EVAR In Patients With Chronic Kidney Disease: Intravascular Ultrasound (IVUS) Helps: Technical Tips
Carlos H. Timaran, MD

Acute Kidney Injury During F/B/EVAR: What Are The Long-Term Consequences And What Can Be Done To Prevent Or Treat It Better
Andres Schanzer, MD

Why Outcomes Of F/B/EVAR For Women Are Different Than Those For Men: What Are The Implications
Tara M. Mastracci, MD

Progress And Improvements In F/B/EVAR Decrease Complications And Improve Results
Federico E. Parodi, MD
WEDNESDAY/THURSDAY
SESSION 46

5:10 – 5:15 New Developments In The Treatment And Results Of Aorto-Enteric Fistulas: From The Low Frequency Vascular Disease Consortium
Peter F. Lawrence, MD

5:15 – 5:20 Technical Tips For AAA Sac Branch Embolization During EVAR: When And How To Do It And What Is Its Value
Eric Allaire, MD, PhD

5:20 – 5:25 Panel Discussion

CAROTID RELATED TOPICS

5:25 – 5:30 Mini-Incision CEA Is Safer, Cheaper And More Effective Than TCAR: How To Do It In Most Patients Needing Invasive Treatment
Enrico Ascher, MD

5:30 – 5:35 Update On Current Outcomes Of CEA And CAS In Women: What Are The Implications
Caron B. Rockman, MD

5:35 – 5:40 DEBATE: Screening For Carotid Disease Will Prevent Strokes And Should Be Expanded: To Whom
George S. Lavenson, MD

5:40 – 5:45 DEBATE: Not So: Screening More Widely For Carotid Disease Will Cause More Harm Than Benefit: Why
Anne L. Abbott, MD, PhD

5:45 – 5:50 Safety Of CEA And CAS In Patients With A History Of Coronary Artery Disease: From The 4 RCTs
Gert J. de Borst, MD, PhD

5:50 – 5:55 Technical Tips And Indications For Eversion CEA: When Is It Best And When Not
Timothy M. Sullivan, MD

5:55 – 6:00 Panel Discussion

End of Program F

THURSDAY, NOVEMBER 21, 2019

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

CONCURRENT THURSDAY PROGRAMS

PROGRAM G: SESSIONS 47-54
Exciting New Or Updated Techniques, Concepts And Devices; Advances In F/B/EVAR And Parallel grafts For Complex AAAs; Tribute To Our Military; New Developments In The Treatment Of Ruptured AAAs And TAAAs; More New Developments In New Or Improved Devices, Techniques And Concepts, And Radiation Safety
6:45 A.M. – 6:02 P.M.
Grand Ballroom East, 3rd Floor

PROGRAM H: SESSIONS 55-62
New Or Improved Devices For: Standard EVAR, EVAS And More Complex AAAs; Repair Of TAAAs, The aortic Arch And The Descending Aorta (TEVAR): New Devices For Treating Lower Extremity Lesions By Endovascular Or Open Techniques; Updates On Endoanchors And Improvements In Their Usage; And New Or Improved Devices For Removing Clot And Ocluding Blood Vessels Endovascularly
6:45 A.M. – 5:52 P.M.
Grand Ballroom West, 3rd Floor

60
THURSDAY
SESSION 47

PROGRAM I: SESSIONS 63-70
Superficial Venous Disease
7:00 A.M. – 6:05 P.M.
Triano Ballroom, 3rd Floor
Course Leaders: Jose I. Almeida, MD, RPVI, RVT
Lowell S. Kabnick, MD, RPhS
Kenneth Ouriel, MD, MBA
Thomas W. Wakefield, MD

PROGRAM G (SESSIONS 47-54)
EXCITING NEW OR UPDATED TECHNIQUES, CONCEPTS AND DEVICES; ADVANCES IN F/B/ EVAR AND PARALLEL GRAFTS FOR COMPLEX AAAs; TRIBUTE TO OUR MILITARY: NEW DEVELOPMENTS IN THE TREATMENT OF RUPTURED AAas AND TAAas; MORE NEW DEVELOPMENTS IN NEW OR IMPROVED DEVICES, TECHNIQUES AND CONCEPTS, AND RADIATION SAFETY
Grand Ballroom East, 3rd Floor

SESSION 47 (Grand Ballroom East, 3rd Floor)
EXCITING NEW OR UPDATED CONCEPTS, TECHNIQUES OR DEVICES
Moderators: Frans L. Moll, MD, PhD
Frank J. Veith, MD

6:45 – 6:50
Theoretically Promising Technologies Don’t Always Work Out: Reasons And Implications For Creative Vascular Surgeons And Specialists
S. Rao Vallabhaneni, MD

6:51 – 6:56
Lumee Implantable O2 Sensors; How Do They Work; How Accurate Are They And How Can They Help During And After Foot Revascularization Procedures: The OMNIA Trial
Miguel F. Montero-Baker, MD

6:57 – 7:02
Iliac Artery Endofibrosis: External Iliac Occlusive Disease In Young Athletes (Especially Cyclists): Pathogenesis And Optimal Treatment – Endo Treatments Don’t Work
Kenneth J. Cherry, MD

7:03 – 7:08
Progress In Transcatheter Aortic Valve Replacement (TAVR): An Interventional Cardiologist’s View
Martin B. Leon, MD

7:09 – 7:14
Can Increased H20 Intake (>2 liters/day) Improve Symptoms And Heal Lesions In Patients With Claudication And CLI: What Is The Evidence: What Is The Mechanism: Will It Replace Some Invasive Therapy
Juan C. Parodi, MD

7:15 – 7:20
Restricting Needed Transfusion In Patients Undergoing Vascular Procedures Is Bad Practice: So-Called Permissive Anemia After Vascular Operations Or Procedures Increases Morbidity And Mortality
Panagiotis Kougias, MD
Joseph L. Mills, MD

7:21 – 7:26
Advantages Of Curved Balloons (Curved When Inflated) In Endovascular Procedures: How Do They Work And When Will They Be Available
Timothy A.M. Chuter, DM
A FEVAR Device Automatically Computer Generated From CTA Images With Compensation For Device Induced Anatomic Changes And A Specialized Stent-Graft (BoulEVARd) For FEVAR Branches
Benjamin W. Starnes, MD

Non-Invasive Measurement Of Intra-Arterial Pressure Gradients And Vector Flow Imaging: Current Status And Value In Endovascular Treatments
Lars B. Lönn, MD, PhD

A New Retrievable Stent Device (The Rescue Stent) To Control Massive Aortic And Caval Bleeding Without Fluoroscopy: How Does It Work And Experience To Date
Bryan W. Tillman, MD, PhD
Michel Makaroun, MD

Update On The Art-Assist Device To Provide Pneumatic Sequential Compression For Ischemia: It Is The Best Treatment For Many CLI Patients: How It Works And Results From A 20-Year Experience
Sherif A.H. Sultan, MD, PhD

Panel Discussion

NEW DEVELOPMENTS IN FENESTRATED AND BRANCHED EVAR (F/B/EVAR AND PARALLEL GRAFTS FOR COMPLEX AAAs AND TAAAs)
Moderators: Matthew J. Eagleton, MD
Mark A. Farber, MD

New Findings From The UK Complex AAA Multicenter Study Comparing Outcomes And Cost For F/B/EVAR Versus Open Repair For Juxta- And Pararenal AAAs And TAAAs
S. Rao Vallabhaneni, MD

Update On The Results Of The French Multicenter Study Comparing Outcomes And Costs Of F/EVAR And Open Repair For Complex AAAs
Stephan Haulon, MD

Update On Improving Results With F/B/EVAR For Complex AAAs: How Are The New Bridging Stent-Grafts And Inner Branched Grafts Helping And Making Procedures More Effective
Eric L.G. Verhoeven, MD, PhD
Athanasios Katsergiris, MD

Expanded Use Of Preloaded Catheters And Wires For F/B/EVAR Treatment Of Complex AAAs And TAAAs: How Do They Work: Advantages And Limitations
Carlos H. Timaran, MD

DEBATE: Longer Follow-Up And Good Outcomes Support The Continued And Wider Use Of Parallel Graft Repairs Of Complex AAAs
Edward Y. Woo, MD

DEBATE: Not So: Parallel Graft Use Should Be Decreasing; F/B/EVAR Is Best For Complex AAAs And TAAAs
Stephan Haulon, MD

Long-Term Results Of Chimney EVAR (Ch/EVAR) From The PERICLES Registry Show Good Results Comparable To F/EVAR: How Can These Results Be Duplicated And Devices Gain Approval For This Usage
Jason T. Lee, MD
Konstantinos P. Donas, MD
THURSDAY
SESSIONS 48–49

8:42 – 8:47
Endovascular Docking Station To Make Parallel Graft TAAA Repair Safe And Dependable And Avoid Gutter Endoleaks With 4-Parallel Grafts (2 Chimney And 2 Sandwich Grafts)
Manish Mehta, MD, MPH
James F. McKinsey, MD

8:48 – 8:53
3-Vessel Parallel Grafts Can Yield Good Results For Complex AAA Repair If Certain Techniques Are Used: From The PERICLES Registry: Technical Tips
Konstantinos P. Donas, MD
Gergana Taneva, MD

8:54 – 8:59
How To Prevent Gutter Endoleaks With Parallel Grafts By The “Eye Of The Tiger” Technique: When Is It Needed And How To Do It
David J. Minion, MD

9:00 – 9:05
TAAA Repair With An Off-The-Shelf Multibranched Manifold Device: 7-Year Experience In <100 Patients: Advantages, Limitations, Complications And Device Modifications To Avoid Them
Patrick W. Kelly, MD

9:06 – 9:15
Panel Discussion

9:15 – 9:30
Break – Visit Exhibits And Pavilions
(2nd and 3rd Floors)

SESSION 49 (Grand Ballroom East, 3rd Floor)
MORE ABOUT F/B/EVAR AND PARALLEL GRAFTS TO TREAT COMPLEX AAAs AND TAAAs
Moderators: James F. McKinsey, MD
Frank J. Veith, MD

9:30 – 9:35
DEBATE: Why 2-Vessel F/EVAR Is Different And Less Complex Than 3 Or 4-Vessel F/EVAR: The Latter Requires Different Techniques, Has More Complications And Worse Results
Geert Willem H. Schurink, MD, PhD
Michael J. Jacobs, MD

9:36 – 9:41
DEBATE: Not So: 4-Vessel FEVARs Have Many Advantages In Many Patients And Are Not Substantially More Difficult
Eric L.G. Verhoeven, MD, PhD

9:42 – 9:47
Many Bridging Stent-Grafts Are Now Available For F/B/EVAR Renal And Visceral Branches: Advantages And Limitations Of Each: Which Is Best In What Circumstance
Giovanni F. Torsello, MD
Giovanni Torsello, MD

9:48 – 9:53
For F/B/EVAR Treatment Of Complex AAAs And TAAAs What Are The Indications For And The Value And Disadvantages Of Fenestrations, Outer Branches And Inner Branches: Comparison Of Cook And Jotec Devices
Piergiorgio Cao, MD
Ciro Ferrer, MD

9:54 – 9:59
F/B/EVAR To Treat Failed EVARs: What Are The Challenges: Technical Tips To Make A Difficult Procedure Easier
Andres Schanzer, MD
DEBATE: The Evidence To Support The Success And Durability Of Ch/EVAR For Complex AAAs Is Solid: If Done Right, Ch/EVAR Is Equal To F/EVAR And Has Real Advantages
Konstantinos P. Donas, MD
Jason T. Lee, MD

DEBATE: Not So: F/EVAR Is The Gold Standard For Complex AAAs And Has Better Outcomes: Ch/EVAR Is A Dying Procedure
Tara M. Mastracci, MD

What Anatomy Is Unsuitable For F/EVAR With The Cook Z-FEN Device: When Can This Device Be Used Successfully Outside Its IFU
Martin R. Back, MD

Technique For Safe Percutaneous Axillary Access For F/B/EVAR And Ch/EVAR Using Ultrasound, Closure Devices, Through And Through Wire And Balloon Control
Germano Melissano, MD
Luca Bertoglio, MD
Roberto Chiesa, MD

Update On The Value Of Variable Curvature Sheaths For F/B/EVAR: They Make Upper Extremity Access Largely Unnecessary And Decrease Radiation Exposure, Contrast Dose And Procedure Time
Joshua D. Adams, MD

Importance Of Secondary Procedures After F/B/EVAR: Indications, Type Of Interventions And Impact On Outcomes
Salvatore T. Scali, MD

Panel Discussion

SESSION 50 (Grand Ballroom East, 3rd Floor)
A TRIBUTE TO OUR MILITARY AND SERVICE PHYSICIANS: MILITARY HISTORY, CONTROL AND TREATMENT OF MILITARY AND CIVILIAN VASCULAR INJURIES, CURRENT COMBAT CONDITIONS AND VALUE OF A TISSUE ENGINEERED VASCULAR GRAFT (6-MINUTE TALKS)
Moderators: Norman M. Rich, MD, DMCC
Eric A. Elster, MD

A Tribute To J. Leonel Villavicencio, MD (1927-2019): A Vascular Surgery Star And An Outstanding Military Surgeon
Norman M. Rich, MD, DMCC

A Heroic Rescue And Battle From The War In Afghanistan: 20 US Airborne Army Rangers And 7 Navy SEALS Take On 400 Taliban Attackers And Win At Takurghar
Wayne F. Yakes, MD

What A Military Vascular Surgeon Is Currently Doing In Afghanistan And Why US Forces Must Stay There
Zachary M. Arthurs, MD

Comparison Of Current Treatments Of Combat And Civilian Vascular Injuries In Israel: When Open; When Endovascular
Samy S. Nitecki, MD
Role Of Military Medicine In Improving National Preparedness: Advances In Homeland Security And Department Of Defense Combat Casualty Care
Todd E. Rasmussen, MD
Eric A. Elster, MD

Advantages And Limitations Of Tourniquet Use In Military And Civilian Limb Vascular Trauma: Tourniquets Saves Lives If Used Properly
Michael Engelhardt, MD

The Humacyte Bioengineered Arterial Substitute For Traumatic Injuries And Other Vascular Lesions: Current Status Update And Value Of A Civilian-Military Partnership
Jeffrey H. Lawson, MD, PhD

Updated Military Experience With REBOA (Resuscitative Endovascular Balloon Occlusion of the Aorta) And Endovascular Resuscitation
Joseph J. DuBose, MD

The Humacyte Bioengineered Arterial Substitute For Traumatic Injuries And Other Vascular Lesions: Current Status Update And Value Of A Civilian-Military Partnership
Jeffrey H. Lawson, MD, PhD

Upated Military Experience With REBOA (Resuscitative Endovascular Balloon Occlusion of the Aorta) And Endovascular Resuscitation
Joseph J. DuBose, MD

Update On Civilian Use Of REBOA In Trauma And Other Conditions Including Cardiac Arrest: Advantages And Disadvantages
Tal M. Höver, MD, PhD

Panel Discussion

Value Of Telemedicine In The Management Of Patients With RAAAs
Nobuyoshi Azuma, MD

Risk Evaluation Scores And Systems Are Inaccurate And Do Not Help In The Management Of RAAA Patients: They Cannot Predict Patients Who Should Be Denied Treatment
Janet T. Powell, MD, PhD

With Adjuncts Such As Chimney Grafts And Onyx, 100% Of RAAA Patients Can And Should Be Treated By EVAR
Thomas Larzon, MD, PhD
Mario L. Lachat, MD

The Debate Is Over: EVAR Is The Best Treatment For RAAA Patients – Even If TheRCTs Show Otherwise
Martin Malina, MD, PhD

The IMPROVE RCT Comparing EVAR To Open Repair For RAAAs Finally Showed Late Survival Is Better For EVAR: What Did The AJAX RCT Show Regarding Late Survival After RAAA Repair
Willem Wisselink, MD

EVAR Outcomes Are Improving In RAAA Patients: EVAR Should Be The Standard Of Care In Most RAAA Patients: Which RAAA Patients Currently Should Get Open Repair
Anders Wanhainen, MD, PhD

NEW DEVELOPMENTS IN THE TREATMENT OF RUPTURED ABDOMINAL AORTIC ANEURYSMS (RAAAs)

Moderators: Timur P. Sarac, MD
Mario L. Lachat, MD
Frank J. Veith, MD
THURSDAY
SESSIONS 51–52

1:36 – 1:41
Techniques For Rapid Percutaneous Access And Quick Contralateral Gate Cannulation In RAAA Patients: Technical Tips
Felice Pecoraro, MD
Mario L. Lachat, MD

1:42 – 1:47
How Should Aortic Endografts Be Sized In Hypotensive RAAA Patients: CTA Measurements May Be Misleading
Zoran Rancic, MD, PhD

1:48 – 1:53
Why Have Survival Rates For RAAA Patients Improved In Recent Years: It Is Not Just The Increasing Use Of EVAR
Martin Björck, MD, PhD
Kevin Mani, MD, PhD

1:54 – 2:00
Why The Endologix Ovation Alto Device Has Advantages For EVAR Treatment Of RAAAs: It Eliminates The Need For Supraceliac Aortic Balloon Control: How So
Benjamin W. Starnes, MD

Panel Discussion

SESSION 52 (Grand Ballroom East, 3rd Floor)
MORE NEW DEVELOPMENTS IN THE TREATMENT OF RAAAS AND RUPTURED JUXTA- AND PARARENAL AAAS AND TAAAs

Moderators: Manish Mehta, MD, MPH
Sebastian E. Debus, MD, PhD

2:08 – 2:13
After EVAR For RAAAs Sac Shrinkage Is Greater Than After Elective EVAR: But Survival Is Similar: What Are The Explanations
Hence J.M. Verhagen, MD, PhD

2:14 – 2:19
Update On Improvements In The Diagnosis And Treatment Of Abdominal Compartment Syndrome (ACS) After EVAR For RAAAs
Martin Björck, MD, PhD
Mario L. Lachat, MD

2:20 – 2:25
DEBATE: Surgeon Modified Endografts Or Off-The-Shelf Devices Are The Best Way To Treat Ruptured Complex AAAs (Juxta- Or Pararenal)
Nikolaos Tsilimparis, MD, PhD

2:26 – 2:31
DEBATE: Not So: Ch/EVAR Is The Best Way To Treat Ruptured Complex AAAs
Mario L. Lachat, MD
Konstantinos P. Donas, MD
Drosos Kotelis, MD

2:32 – 2:37
Peridontal Inflammatory Disease With Gram Negative Pockets May Cause Rapid AAA Growth And Instability: How Should It Be Treated In Patients With Small AAAs
Natzi Sakalihasan, MD, PhD

2:38 – 2:43
Finnish Nationwide Study Shows That Most RAAA Patients Never Reach A Hospital And Many RAAA Patients Are Not Picked Up By AAA Screening: Are These Findings True In Other Countries And How Can They Be Fixed
Maarit Venermo, MD, PhD

2:44 – 2:49
In Japan: EVAR Is The Best Treatment For RAAAs: The Surprising Significance Of Retroperitoneal Hematoma Volume
Naoki Fujimura, MD, PhD
2:50 – 2:55 Total Endovascular Repair Of Ruptured TAAAs: What Graft Is Best: Why These Ruptures Are Usually Contained And Slowly Evolving: Technical Tips Gianluca Faggioli, MD Mauro Gargiulo, MD Andrea Stella, MD

2:56 – 3:01 Endovascular Repair Of Ruptured TAAAs: European Multicenter Results: What Endografts Were Used: Management And Technical Tips Athanasios Katsargyris, MD Eric L.G. Verhoeven, MD, PhD

3:02 – 3:10 Panel Discussion

3:10 – 3:20 Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 53 (Grand Ballroom East, 3rd Floor) EXCITING NEW OR IMPROVED TECHNIQUES, CONCEPTS AND DEVICES; UPDATES ON EVOLVING ENDOVASCULAR TREATMENTS Moderators: Reese A. Wain, MD Patrick J. Lamparello, MD

3:20 – 3:25 Improved Less Invasive Technique For Anterior Lumbar Spine Exposure For Interbody Fusion: Complications And How To Avoid Them Christian Ochoa, MD

3:26 – 3:31 Endovascular Treatment Of Vascular Complications Of Kidney Transplantation: These Complications Are More Frequent Than One Might Think Maria Antonella Ruffino, MD

3:32 – 3:37 How Computational Fluid Dynamic Analyses Can Help In Determining The Optimal Treatment Of Aortic Lesions James C. Stanley, MD C. Alberto Figueroa, PhD Christopher Tossas, BS Theodorus van Bakel, MD, PhD

3:38 – 3:43 Use Of Thoracic Stent-Grafts To Control Major Iliac Vein Or Caval Bleeding From Trauma Or During Open Surgery: How To Do It Geert Willem H. Scharink, MD, PhD


3:50 – 3:55 The Aortyx Patch: What Is It And How Does It Work To Repair Focal Aortic Defects With Loss Of Tissue Vicente Riambau, MD, PhD

3:56 – 4:01 A Sirolimus External Patch To Prevent Anastomotic Intimal Hyperplasia When Placed Around The Distal Anastomosis Of A PTFE Fempop Arterial Graft Sriram S. Iyer, MD

4:02 – 4:07 Panel Discussion

4:07 – 4:12 Left Gastric Embolization To Treat Obesity: Indications, Technique And How Effective Is It Robert Beasley, MD
4:13 – 4:18  Current Status Of Prostate Artery Embolization For Benign Prostatic Hypertrophy: Will It Replace Surgery; Technical Requirements And Results From A Meta-Analysis
Lars B. Lönö, MD, PhD

4:19 – 4:24  Occlusion Perfusion Catheter (From Advanced Catheter Therapies) To Inject Paclitaxel Or Other Drugs Into The Arterial Wall After Atherectomy: How Does It Work And 1-Year Results
Lawrence A. Garcia, MD
George L. Adams, MD

4:25 – 4:30  Preservation Of A Favorable Aortic Bifurcation During AAA Repair (Open And Endo) To Facilitate Later Contralateral Approaches For Lower Extremity Occlusive Disease: How To Do It
Sigrid Nikol, MD

4:31 – 4:36  Mini-Incision Open AAA Repair: When And How To Do It
Kamphol Laohapensang, MD

4:37 – 4:42  External Support Of Vein Grafts For Lower Extremity Bypasses: When Is It Helpful And How To Do It
Francesco Spinelli, MD

4:43 – 4:48  Panel Discussion

SESSION 54  (Grand Ballroom East, 3rd Floor)
MORE ABOUT NEW CONCEPTS, DEVICES AND TECHNIQUES; PROGRESS IN RADIATION SAFETY
Moderators: Barry T. Katzen, MD Robert A. Lookstein, MD, MHCDL

4:48 – 4:53  V-Healthy And V-Awareness Programs To Enhance Public Awareness Of Vascular Diseases And What Can Be Currently Done To Treat It Effectively
Manish Mehta, MD, MPH

4:54 – 4:59  Status Of Credentialing For Vascular Outpatient Centers And OBLS: What Organization Or Society Is Leading The Initiative
Anton N. Sidawy, MD, MPH

5:00 – 5:05  How To Do Perfusion Angiography To Assess Foot Circulation And Adequacy Of Treatment: Value In Diabetic Gangrene And Ulceration
Jim Reekers, MD, PhD

5:06 – 5:11  How To Create A Poor Man’s Variable Curve/Deflection Sheath That Is Stable: How To Make It And Value In F/B/EVAR: It Can Minimize The Need For Axillary Access
Tilo Kölbel, MD, PhD

5:12 – 5:17  A New EVAR Endograft With Thrombogenic Fibers: It Decreases Endoleaks And Promotes Sac Shrinkage: How Does It Work And Favorable 2-Year Results (Kardiozis From Affluent Medical)
Dominique Fabre, MD

ADVANCES IN RADIATION SAFETY

5:18 – 5:23  New Developments In Radiation Safety To Decrease Exposure To The Staff And Patients: What Is Claimed To Work But Does Not And What Works
Lindsay Machan, MD

5:24 – 5:29  How Can Simulation Help To Promote Radiation Safety For Operators And Staff Members
Lars B. Lönö, MD, PhD
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| 5:30 – 5:35 | New Methods To Quantitate And Minimize Radiation Exposure To Personnel During Endovascular Procedures: Why Consequences From Given Exposure Vary Between Individuals: Can This Variability Be Determined  
Bijan Modarai, PhD, FRCS |
| 5:36 – 5:41 | What Is New In Radiation Protection For Pregnant Physicians, Other Staff Members And Patients  
Palma M. Shaw, MD |
Götz M. Richter, MD, PhD |
| 5:48 – 5:53 | Radiation Treatment For Lung Or Esophageal Cancer Can Cause Aortic Ruptures: Endografts Can Prevent Or Treat The Problem  
Maciej L. Dryjski, MD, PhD |
| 5:54 – 6:02 | Panel Discussion |

**End of Program G**

**New Or Improved Devices For Standard EVAR, EVAS And More Complex AAAs; Repair Of TAAAs, The Aortic Arch And The Descending Aorta (TEVAR); New Devices For Treating Lower Extremity Lesions By Endovascular Or Open Techniques; Updates On Endoanchors And Improvements In Their Usage; And New Or Improved Devices For Removing Clot And Occluding Blood Vessels Endovascularly**

**Grand Ballroom West, 3rd Floor**

**SESSION 55 (Grand Ballroom West, 3rd Floor)**

**NEW OR IMPROVED DEVICES FOR STANDARD INFRARENAL EVAR PROCEDURES AND STRATEGIES FOR OPEN AAA REPAIR TRAINING**

**Moderators:** Wesley S. Moore, MD  
Mark A. Adelman, MD

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| 6:45 – 6:50 | Current Status Of The Treo Endograft (Terumo Aortic) For EVAR In Europe And The US: Advantages And Limitations  
Matthew J. Eagleton, MD |
| 6:51 – 6:56 | The Altura Endograft For EVAR Repairs Of Standard Infrarenal AAAs: It Has A Double D Configuration In The Proximal Neck: Advantages, Limitations And 5-Year Results  
Dainis K. Krievins, MD  
Albrecht H. Krämer, MD |
| 6:57 – 7:02 | Updated 2-Year Results Of The LEOPARD RCT Comparing The AFX (Endologix) Endograft To Other Standard Endografts For AAA Repair  
Christopher J. Kwolek, MD |
| 7:03 – 7:08 | Will Newer Lower Profile EVAR Devices Make A Positive Or Negative Difference On Outcomes And Availability Of EVAR  
David H. Deaton, MD |
THURSDAY
SESSIONS 55–56

7:09 – 7:14 There Are Fewer Type 2 Endoleaks With The Gore Excluder Endograft Than Other EVAR Devices: What Is The Reason
Sherif A.H. Sultan, MD, PhD

7:15 – 7:20 Update On The Ovation Polymer Based Endograft (Endologix) Without And With Chimney Grafts: Advantages, Limitations And 5-Year Results
Venkatesh G. Ramaiah, MD

7:21 – 7:26 Why The ALTO (Ovation) Endograft Has Advantages For AAA Repair: How Does Raising Its Polymer Proximal Sealing Ring Improve EVAR Applicability Based On Early Results
Sean P. Lyden, MD

7:27 – 7:33 Panel Discussion

7:33 – 7:38 Long-Term (10-Year) Follow-Up After EVAR With The Cook Zenith Endograft Shows It To Be Durable And Effective: Are There Any Downsides
Timothy A. Resch, MD, PhD

7:39 – 7:44 Update On The Cook Alpha Device For EVAR: Advantages, Limitations And Results
Eric L.G. Verhoeven, MD, PhD
Athanassios Katsarygris, MD

7:45 – 7:50 The Gore Conformable Excluder With Active Proximal (Neck) Angulation Control: Results Of US IDE Trial To Date: Advantages And Limitations
Robert Y. Rhee, MD

7:51 – 7:56 European Results With The Gore Conformable AAA Endograft With Active Proximal Angulation Control
Marc R.H.M. van Sambeek, MD, PhD

7:57 – 8:02 The Low Profile Incraft (From Cordis-Cardinal Health) For EVAR Has Real Advantages Based On Midterm Results From The Italian Multicenter Experience: The Device Is Now FDA Approved
Matteo Orrico, MD
Nicola Mangiardi, MD
Franco Grego, MD

8:03 – 8:08 How Use Of Regional Referral Centers Can Remedy The Shortfall Of Vascular Surgical Training In Open AAA Repair In The EVAR, FEVAR Era
Lee Kirsky, MD, MBA

8:09 – 8:15 Panel Discussion

SESSION 56 (Grand Ballroom West, 3rd Floor)
MORE NEW OR UPDATED INFORMATION ABOUT NON-STANDARD DEVICES FOR EVAR OR ENDOVASCULAR ANEURYSM SEALING (EVAS) (TALKS ARE 4 ¾ OR 5 MINUTES)
Moderators: Jerry Goldstone, MD
Nicholas J.W. Cheshire, MD

8:15 – 8:20 Why AAA Sac Filling Endografts Like Nellix May Be Better Devices For Endo AAA Repair: What Are Their Disadvantages
Venkatesh G. Ramaiah, MD

8:21 – 8:26 Prevention Of Endoleaks After EVAR With A New Sac Filling Polymer Based Device: How It Works And What Is Its Status
Michael J. Jacobs, MD
Advantages Of The Ovation Endograft (Endologix) For AAA Repair: Why The Polymer Filled Sealing Rings Are A Better Way To Secure And Maintain A Proximal Seal: Value Of The New Alto Modification
David J. Minion, MD

Status Report On The Endologix Nellix Endograft For EVAS: Advantages, Limitations, Precautions And When Should It Be Used
Jeffrey P. Carpenter, MD

Evolution Of Nellix And EVAS: From A Single Center 295-Patient Experience: Advantages And Limitations
Pete Holt, MD, PhD
Ian Loftus, MD

Panel Discussion

Pros And Cons Of Nellix EVAS: From An Early Enthusiast: What Is Its Future And How Does It Decrease Post-Procedure Mortality
Andrew Holden, MBChB

Current Role And Value Of Nellix EVAS In A Busy EVAR Practice: How Best To Detect And Manage Failures
Michel M.P. Reijnen, MD, PhD

Nellix In Nellix Procedure For Failed EVAS: Technical Challenges And Tips To Overcome Them
Piotr Szopinski, MD, PhD

What Are The Definitive Advantages Of EVAS That Prompt Its Continued Use
Daniel G. Clair, MD

Chimney EVAS: When Should It Be Used: Advantages And Technical Tips To Do It Safely And Effectively
William J. Quinones-Baldrich, MD

Panel Discussion

Break – Visit Exhibits And Pavilions

NEW OR UPDATED ENDOVASCULAR DEVICES FOR TREATING ANEURYSMS AND OTHER LESIONS IN OR NEAR THE AORTIC ARCH (5-MINUTE TALKS)
Moderators: Rodney A. White, MD Ali Khoynezhad, MD, PhD

Update On The Nexus Off-The-Shelf Single Branch Device For Treating Lesions Involving The Entire Aortic Arch (Zone 0 Lesions): Unique Advantages, Precautions And Midterm Results
Mario L. Lachat, MD Nicola Mangialardi, MD

Terumo Aortic 2 Inner Branched Relay Device For Treating Aortic Arch Lesions: Advantages, Limitations And Early Registry Results
Ciro Ferrer, MD Piergiorgio Cao, MD

Gore Single Branched Device For Revascularizing The Left Subclavian Artery For Aortic Lesions Near The Arch Or More Complex Arch Lesions: Current Status, Advantages, Precautions And Results
Michael D. Duke, MD Michel Makaroun, MD
Medtronic Valiant Mona LSA Single Branch Endograft For TEVAR Treatment Of Aortic Lesion Involving Or Near To The Left Subclavian Artery: Advantages, Precautions And Midterm Results
Frank R. Arko, MD

More About The Valiant Mona LSA Single Branched TEVAR Device: Why Use It In Preference To A Chimney Or Periscope Parallel Graft
Herve Rousseau, MD, PhD

Custom-Made Scallops In Relay TEVAR: Results Of The French “REP” Study: A Step Forward To An Off-The-Shelf Device
Jean-Marc Alsac, MD, PhD

Panel Discussion

SESSION 58 (Grand Ballroom West, 3rd Floor)
NEW OR UPDATED ENDOVASCULAR DEVICES FOR TREATING DESCENDING AORTIC LESIONS (TEVAR) AND TAAAs (5-MINUTE TALKS)
Moderators: Ramon Berguer, MD, PhD
Thomas S. Maldonado, MD

Is TEVAR Device Integrity Compromised By Low Profile Devices
James H. Black III, MD

Long-Term Outcomes Of TEVAR With Low Profile Devices: Which Ones Are Durable; Which Are Not
Giovanni F. Torsello, MD
Giovanni Torsello, MD
Martin J. Austermann, MD

How Does The New Valiant Navion Low Profile Endograft Expand The Therapeutic Options For TEVAR: Early Experience
Ali Azizzadeh, MD

Valiant Navion Low Profile And Captiva Devices (From Medtronic) For TEVAR: Advantages For Various Aortic Lesions
Fabio Verzini, MD, PhD

Value Of The New Low Profile Relay Pro Endograft (From Terumo Aortic) For TEVAR In Patients With Thoracic Aortic Aneurysms And Dissections: Advantages Over The Relay Plus Device
Edward Y. Woo, MD
Vicente Riambau, MD, PhD

Advantages Of The Relay Plus Endograft For TEVAR: Why Does It Have A Lower Stroke Rate Than Other TEVAR Devices
Mahmoud B. Malas, MD, MHS
Vicente Riambau, MD, PhD

Value Of The Relay Pro Low Profile Device For TEVAR In Blunt Thoracic Aortic Injuries: Why It Is Advantageous
Benjamin W. Starnes, MD

Advantages Of A New Gore Conformable C-Tag Endograft For TEVAR: It Has Active Proximal Angulation Control To Deal With Complex Aortic Arch Angles; And Staged Deployment To Avoid Aortic Flow Interruption And Get Accurate Positioning Without The Need For Rapid Pacing
Dittmar Böckler, MD
Giovanni Torsello, MD

Panel Discussion
THURSDAY SESSIONS 58–59

11:17 – 11:22 Update On Worldwide Results With The Anaconda Fenestrated Endograft For Repair Of Juxta- And Pararenal AAAs: Advantages And Limitations: From The FACT Registry
Clark J. Zeebregts, MD, PhD

NEW ENDOVASCULAR DEVICES TO TREAT TAAAs

11:23 – 11:28 New Hybrid Device (Open And Endo) To Treat TAAAs: ThoracoFlo From Terumo Aortic: How It Works, Advantages And Early Clinical Results
Sebastian E. Debus, MD, PhD

11:29 – 11:34 The Gore TAMBE Endovascular Device To Treat TAAAs: Device Evolution, Current Status, Advantages And Results
Mark A. Farber, MD
Gustavo S. Oderich, MD

11:35 – 11:40 The Valiant Off-The-Shelf Manifold Device (From Medtronic) For Treating TAAAs: How Does It Work, Advantages, Early Clinical Experience And Present Status
Murray L. Shames, MD
Patrick W. Kelly, MD

11:41 – 11:46 Update On The Colt Multibranched Manifold Device For Treating TAAAs: Clinical Experience And Present Status
Piotr Szopinski, MD, PhD

11:47 – 11:52 Physician Modifications To The Excluder Endograft To Make It Effective For Treating TAAAs: Technique And Results
Wayne W. Zhang, MD

11:53 – 12:00 Panel Discussion

SESSION 59 (Grand Ballroom West, 3rd Floor)
NEW OR UPDATED INFORMATION ON LOWER EXTREMIT Y PROSTHETIC GRAFTS OR STENT-GRAFTS FOR TREATMENT OF OCCLUSIVE DISEASE AND OTHER USES; VALUE OF HYBRID GR AFTS (PARTIALLY STENTED) FOR RENAL-VISCERAL DEBRANCHING (SEE ALSO SESSION 28)

Moderators: Enrico Ascher, MD Keith D. Calligaro, MD

1.00 – 1.05 Cryopreserved Vein Allografts For Lower Extremity Bypasses: Indications, Value, Advantages And Limitations
Robyn A. Macsata, MD

1.06 – 1.11 Increasing Usage And Value Of Covered Stents Are Facilitated By Newly Available Devices: What Are The New Devices And What Benefits Do They Provide
Paulo E. Ocke Reis, MD, PhD

1.12 – 1.17 Broadening Applications And Value Of Balloon Expandable Covered Stents: The VBX Covered Stent From Gore
W. Anthony Lee, MD

1.18 – 1.23 Value Of The VBX Balloon Expandable Stent-Graft In Treating Challenging Aorto-Iliac Occlusive Lesions: 3-Year Results, Advantages And Limitations
Jean M. Panneton, MD

12:00 – 1:00 Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)
1:24 – 1:29 Advantages Of Balloon Expandable Covered Bridging Stents In F/B/EVAR Procedures: Which One Is Best And Why
Mauro Gargiulo, MD
Gianluca Faggioli, MD
Andrea Stella, MD

1:30 – 1:35 Positive 3-Year Results With The iCAST Balloon Expandable Covered Stents For Iliac Occlusive Disease: From The iCARUS Trial Comparing Them To VBX FLEX And Bolster Covered Stents
John R. Laird, MD

1:36 – 1:41 Value Of Gore Hybrid Partially Stented PTFE Stent-Graft For Renal And Visceral Debranching Procedures To Treat Complex AAAs: How To Use Them
Francesco Setacci, MD

1:42 – 1:48 Panel Discussion

SESSION 60 (Grand Ballroom West, 3rd Floor)
NEW OR UPDATED DEVICES FOR LOWER EXTREMITY TREATMENTS: STENTS, BALLOONS, TACKS AND AHERECTOMY DEVICES (VEITH/TCT CO-BRANDED SESSION)
Moderators: Dierk Scheinert, MD
Fred A. Weaver, MD

1:48 – 1:53 2-Year Follow-Up Findings And Results From The Lutonix BTK DCB Global Registry
Michael K.W. Lichtenberg, MD
Dierk Scheinert, MD

1:53 – 1:58 Novel Angioplasty Balloon With Integrated Distal Embolic Protection Filter (Vanguard System From Contego Medical) For Use With Lesions Having High Embolic Potential: How It Works And Results Of The ENTRAP Study
Thomas Zeller, MD

1:58 – 2:03 Update On Results And Value Of The Chocolate Touch DCB (QT Vascular - Medtronic) To Minimize Dissection During Balloon Angioplasty
Jos C. van den Berg, MD, PhD
Mehdi H. Shishehbor, DO, MPH, PhD

2:03 – 2:08 The Biomimics 3D Helical Swirling Flow Inducing Stent (From Veryan Medical): 2-Year Results Of The MIMICS-2 Trial Show It Works Well For Complex Fempop Lesions: Now FDA Approved
Timothy M. Sullivan, MD
Peter Gaines, MD
Michael K.W. Lichtenberg, MD

2:08 – 2:13 What Is The Ideal Stent To Use When Fempop Angioplasty With A DCB Fails Early; Late
Stefan Müller-Hulsbeck, MD

2:13 – 2:18 4-Year Results With The Smart Flex Stent (From Cordis-Cardinal Health): Advantages And Tips For Use With Complex Fempop Lesions: From The REALISTIC Trial
Peter C.J. Goverde, MD

2:18 – 2:23 The Tigris Dual Component Stent (PTFE/Nitinol – From Gore): Is It Better And Why: Results From Multicenter Registries
Maria Antonella Ruffino, MD
Martin Werner, MD

2:23 – 2:29 Panel Discussion
2:29 – 2:34 Tack Optimized Balloon Angioplasty With The Tack Endovascular System (From Intact Vascular) To Eliminate Dissections After Angioplasty: How Does This Device Work; Why It Is Better Than Stents; The TOBA Trials Show It Works Above The Knee: Now FDA Approved
Peter A. Schneider, MD
Marianne Brodmann, MD

2:34 – 2:39 How Well Does The Tack Endovascular System Work With BTK Balloon Angioplasty: TOBA II BTK-Pivotal Trial Results For A BTK Tack Implant
Patrick J. Geraghty, MD
George L. Adams, MD

2:39 – 2:44 Management Of Arterial Dissections Following PTA Is Cost Effective: Results Of An Analysis With The Intact (Tack) Vascular Device
Michael R. Jaff, DO

PROGRESS IN AHERECTOMY

2:44 – 2:49 The Phoenix Atherectomy System (From Volcano-Philips): What Makes It Different And Possibly Better Than Other Atherectomy Devices
Miguel F. Montero-Baker, MD

2:49 – 2:54 IVUS Directed Atherectomy Of BTK Lesions With The Phoenix Atherectomy (ATX) Device: Why It Works Better Than Other ATX Devices: Technical Tips And Results Of The PRESTIGE PILOT TRIAL
Michael K.W. Lichtenberg, MD
Thomas Zeller, MD

2:54 – 2:59 Jetstream Atherectomy (Boston Scientific) With Active Aspiration And DCBs For Use With DCBs For Complex SFA Lesions: What Makes It Different And Advantageous: Technical Tips
Richard J. Powell, MD

2:59 – 3:04 Value Of Lithotripsy, Orbital Atherectomy (From CSI) And DCBs For Long Calcified BTK Occlusive Lesions: How Do They Work In Concert And Why Do They Promise Good Results
Erwin Blessing, MD

3:04 – 3:09 Improvements In The Turbohawk Turbopowered Laser Atherectomy Device (From Medtronic): What Makes It Different: How Does It Work With Various Lesion Pathologies: 12-Month Results And IVUS Evaluations
George L. Adams, MD

3:09 – 3:15 Panel Discussion

3:15 – 3:25 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
ENDOANCHORS AND EVAR

3:25 – 3:30
New Developments With Endoanchors (Aptus-Medtronic): New Evidence That Endoanchors Can Facilitate And Maintain Successful Standard EVAR For AAAs With Short Or Angulated Necks Without Increasing Costs: From The ANCHOR Registry
William D. Jordan, Jr., MD

3:31 – 3:36
When Are Endoanchors Indicated And When Are They Contraindicated: Causes Of Failure And Technical Tips For Optimal Use
Jean-Paul de Vries, MD, PhD

3:37 – 3:42
Computational Analysis Of AAA Neck Seal Zone Preservation With EVAR And Predicting The Need For Endoanchors To Prevent Migration With Imperfect Necks: Is It Valid
Ross Milner, MD

3:43 – 3:48
Sac Regression Is Important, And EndoAnchors May Be Of Benefit In Hostile Necks
Marc L. Schermerhorn, MD

3:49 – 3:54
How Can 3D Fusion Imaging Help In Precision Deployment Of Endoanchors: Does It Improve Outcomes
Giovanni Pratesi, MD

3:55 – 4:00
Apostolos K. Tassiopoulos, MD

4:01 – 4:06
When Can Endoanchors Placed Secondarily Fix Established Type 1A Endoleaks After EVAR: And When Can’t They: What Is The Durability Of Endoanchor Fixes
Jean-Paul de Vries, MD, PhD

ENDOANCHORS AND TEVAR

4:07 – 4:12
Value Of Endoanchors To Fix Type 1 Endoleaks After TEVAR
Piotr M. Kasprzak, MD

4:13 – 4:18
Value Of Endoanchors With TEVAR: They Decrease The Incidence Of Type 1 Endoleaks And Migration: When Should They Be Used
Jean M. Panneton, MD

4:19 – 4:25
Panel Discussion

SESSION 62 (Grand Ballroom West, 3rd Floor)
NEW OR IMPROVED DEVICES FOR REMOVING DISEASE RELATED OR IATROGENIC CLOT; NEW DEVICES FOR INTRA-ARTERIAL EMBOLIZATION (4 ¾-MINUTE TALKS)
Moderators: Frank R. Arko, MD
James F. Benenati, MD

CLOT REMOVING DEVICES

4:25 – 4:30
Inari ClotTriever Device For Quick Removal Of Large Amounts Of Intravascular Clot From Large Arteries And Veins: How Does It Work And Advantages
Thomas S. Maldonado, MD
4:30 – 4:35 Value Of The Rotarex Device (Straub Medical) For Removing Thrombus And Atheromatous Material From Fempop Occlusions: Advantages, Limitations And Technical Tips
Michael K.W. Lichtenberg, MD
Christian Wissgott, MD

4:35 – 4:40 New Findings For Removing Clot With Microbubbles Ultrasound And Thrombolytic Drugs: Its Safer And More Efficient Than Other Lytic Methods
Kak Khee Yeung, MD, PhD

4:40 – 4:45 Latest Innovations And Advances In Endovascular Power Clot Removal/Aspiration: How They Work And Why They Work Better Than Older Devices
James F. Benenati, MD

4:45 – 4:50 Pros And Cons Of Percutaneous Clot Removal Techniques: When Do They Work And When Don't They
Michele Rossi, MD

4:50 – 4:55 Update On The Treatment Of Acute Limb Ischemia: Advantages And Limitations Of The New Endovascular Devices: Are Open Techniques Ever Required
Jos C. van den Berg, MD, PhD

4:55 – 5:00 The New Endovascular Pharmaco-Mechanical Thrombectomy Devices: How Each Works And Advantages Of Each Device And When Is Each Best
Guillermo A. Escobar, MD

5:00 – 5:06 Panel Discussion

5:06 – 5:11 Update On New Technologies For Percutaneous Arterial Clot Aspiration: How Each Works And How Best To Use It: Technical Tips And Limitations
Claudio I. Schonholz, MD
Joshua D. Adams, MD

5:11 – 5:16 Multiple Uses Of The Indigo Percutaneous Clot Aspiration System (From Penumbra): How It Works And Why It Simplifies Treatment And Improves Outcomes
Frank R. Arko, MD

5:16 – 5:21 Value Of Arterial Thrombolysis In Patients With Contraindications: How To Do It With Reasonable Safety
Anil P. Hingorani, MD

5:21 – 5:26 Improving Outcomes Of Treatment Of Long Segment Fempop Chronic Occlusions (CTOs) With Initial Indigo Clot Aspiration Before Definitive Use Of A DCB Or Stent
Mazin Foteh, MD

ADVANCES IN ENMBOLOTHERAPY

5:27 – 5:32 Mechanical Percutaneous Aspiration Thrombectomy With The Indigo System Is Safe And Effective In Treating Acute Limb Ischemia: When Is It Not: From the Multicenter INDIAN Registry
Gianmarco de Donato, MD
Carlo Setacci, MD

5:33 – 5:38 Endovascular Treatment Of Visceral And Renal Aneurysms With Detachable Coils: Technical Tips, Limitations And Results
Ripal T. Gandhi, MD

5:39 – 5:44 How To Manage Serious Hemorrhage With Newer Coils And Liquid Embolic Agents
Jacob Cynamon, MD
THURSDAY
SESSIONS 62–64

5:45 – 5:52  Panel Discussion

End of Program II

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

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

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

7:00 – 7:04  Introduction To Veins At VEITH
Jose I. Almeida, MD, RPVI, RVT

7:05 – 7:10  Classification Of Chronic Venous Disease: CEAP, VCSS And Beyond
Marc A. Passman, MD

7:11 – 7:16  VCSS Versus Villata – Pros And Cons As An Outcome Measure
Alun H. Davies, MA, DM, DSc

7:17 – 7:22  Physiology Of Venous Return
Brajesh K. Lal, MD

7:23 – 7:28  Analysis Of Biofluids From Patients With CVD
Sarah Onida, MD, PhD

7:29 – 7:34  Lower Limb Venous Kinetics And Impact On Venous Drainage
Sergio Gianesini, MD, PhD

7:35 – 7:40  An Algorithm To Predict Disease Severity In C2 Patients
Lowell S. Kabnick, MD, RPhS

7:41 – 7:46  Evidence Summary On The Pathophysiology Of Varicose Veins
Thomas W. Wakefield, MD

7:47 – 7:52  Understanding Effects Of External Positive And Negative Pressure On The Venous System
Seshadri Raju, MD

7:53 – 7:58  Non-Venous Causes Of The Swollen Extremity
Andrea T. Obi, MD

7:59 – 8:04  Superficial Reflux With Obstructed Deep Veins: When And When Not To Treat
Jose I. Almeida, MD, RPVI, RVT

8:05 – 8:10  Quality Of Life Tools Reflect Disease Severity, But They Can Be Improved
Alun H. Davies, MA, DM, DSc

8:11 – 8:16  Panel Discussion

SESSION 64 (Trianon Ballroom, 3rd Floor)
VENOUS IMAGING TECHNIQUES

Moderators: Jose I. Almeida, MD, RPVI, RVT
Paul J. Gagne, MD

8:17 – 8:22  Identifying Reflux Pathways With Duplex Ultrasound Mapping
Neil M. Khilnani, MD
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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>8:23</td>
<td>Iliocaval Duplex Ultrasound With Image Optimization</td>
<td>Jan M. Sloves, RVT</td>
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<tr>
<td>8:29</td>
<td>Getting A Look At Inflow With Duplex Ultrasound Prior To Endovascular Reconstruction Of Post-Thrombotic Iliocaval Disease</td>
<td>Jose I. Almeida, MD, RPVI, RVT</td>
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<tr>
<td>8:35</td>
<td>MRV And Major Venous Interventions</td>
<td>Mark G. Davies, MD</td>
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<td>8:41</td>
<td>Single Center Retrospective Review Of Patients With Iliac Thrombosis Who Underwent CT And DUS ... Showing The Limitations Of DUS</td>
<td>Heron E. Rodriguez, MD</td>
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<td>8:47</td>
<td>Value Of IVUS And Other Techniques To Improve The Diagnosis And Treatment Of Iliofemoral Occlusion</td>
<td>Erin H. Murphy, MD</td>
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<td>8:53</td>
<td>Detailed Anatomy Of The Gastrocnemius And Soleus Veins Based On CT-Venography</td>
<td>Evgeny Shaydakov, MD, PhD</td>
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<td>8:59</td>
<td>The VIDIO Trial Comparing IVUS Versus Multplanar Venogram For Diagnosing Iliofemoral Vein Obstruction</td>
<td>Paul J. Gagne, MD</td>
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<td>9:05</td>
<td>Transillumination Phlebosity: What Do We Need To Avoid</td>
<td>Gutenberg A. Gurgel, MD</td>
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<td>9:11</td>
<td>Ambulatory Venous Pressure, Air Plethysmography, And The Role Of Calf Venous Pump In Chronic Venous Disease</td>
<td>Seshadri Raju, MD</td>
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<td>9:17</td>
<td>Panel Discussion</td>
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**SESSION 65 (Trianon Ballroom, 3rd Floor)**

**SUPERFICIAL VEIN TREATMENT STRATEGIES AND TECHNIQUES**

**Moderators:** Lowell S. Kabnick, MD, RPhS
Saum A. Rahimi, MD

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<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>9:23</td>
<td>Venous Drugs And Do They Work – The Colombian Experience</td>
<td>Jorge H. Ulloa, MD</td>
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<td>9:29</td>
<td>What Drugs Do I Recommend For Symptomatic Venous Disease</td>
<td>Alberto C. Duque, MD</td>
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<td>9:35</td>
<td>“Choosing Wisely” Items For Chemical Or Thermal Ablation In The Treatment Of The Incompetent Saphenous Veins And Recurrence</td>
<td>Claudine Hamel-Desnos, MD</td>
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<td>9:41</td>
<td>Truncal Vein Diameters Should Not Be Used As A Rationing Tool</td>
<td>Sarah Onida, MD, PhD</td>
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<td>9:47</td>
<td>Combined Ablation Plus Phlebectomy Is Associated With Improvements In Venous Outcomes</td>
<td>Nicholas H. Osborne, MD, MS</td>
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<td>9:53</td>
<td>Long-Term (25 Years) Results Of Venopreserving Operations</td>
<td>Evgeny Shaydakov, MD, PhD</td>
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<td>9:59</td>
<td>Polidocanol Foam Sclerotherapy Of Lymphoceles After Varicose Vein Surgery: An Effective And Safe First-Choice Treatment</td>
<td>Lourdes Reina, MD</td>
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10:05 – 10:10 Do You Need To Treat EHIT 2
Lowell S. Kabnick, MD, RPhS

10:11 – 10:16 SVT In The Pregnant Patient
Ellen D. Dillavou, MD

10:17 – 10:22 Saphenous Vein Histopathology 5.5 Years After Cyanoacrylate Closure
Jose I. Almeida, MD, RPVI, RVT

10:23 – 10:28 Radiofrequency And Laser Vein Ablation For Patients On Anticoagulation Is Safe, Effective, And Durable
Glenn Jacobowitz, MD

10:29 – 10:34 Panel Discussion

SESSION 66 (Trianon Ballroom, 3rd Floor)
THERMAL AND NON-THERMAL ABLATION
Moderators: Lowell S. Kabnick, MD, RPhS, Kathleen D. Gibson, MD

10:35 – 10:40 Ultrasound Guided Foam Sclerotherapy: What We Should Know
Jean Luc Gerard, MD

10:41 – 10:46 Is Thermal Ablation Obsolete
Kathleen D. Gibson, MD

10:47 – 10:52 Radiofrequency Ablation: Something New
Lowell S. Kabnick, MD, RPhS

10:53 – 10:58 VenaSeal™ Closure System Post Procedure Care
Brian Lee Ferris, MD

10:59 – 11:04 Proprietary Polidocanol Microfoam: What We Should Know
Lowell S. Kabnick, MD, RPhS

11:05 – 11:10 SECURE Trial Update
Mark A. Adelman, MD

11:11 – 11:16 New Venous Closure Devices: Mechanical
Lowell S. Kabnick, MD, RPhS

11:17 – 11:22 Contraindications And Limits: MOCA
Michel M.P. Reijnen, MD, PhD

11:23 – 11:28 Contraindications And Limits: Laser
Jose I. Almeida, MD, RPVI, RVT

11:29 – 11:34 Contraindications And Limits: Radiofrequency Ablation
Alan M. Dietzek, MD, RPVI

11:35 – 11:40 Panel Discussion

SESSION 67 (Trianon Ballroom, 3rd Floor)
SPIIDER VEINS, TRUNCAL VEINS, TRIBUTARY VEINS, EXOTIC VEIN TREATMENT
Moderators: Edward G. Mackay, MD, Jean Luc Gerard, MD

11:41 – 11:46 Morel Lavallée Syndrome
Jean Luc Gerard, MD

11:47 – 11:52 Laser Or Ohmic Devices For Telangiectasia: When And Why
Edward G. Mackay, MD

11:53 – 11:58 Phlebectomy: Step By Step
Saum Rahimi, MD

Sarah Onida, MD, PhD
12:05 – 12:10 Foam Therapies (PCF Vs PEM): When To Use And Does It Make A Difference
Edward G. Mackay, MD

12:11 – 12:16 How To Treat Labial Varices: Sclerotherapy, USG Sclerotherapy And/Or Phlebectomy
Ellen D. Dillavou, MD

12:17 – 12:22 Should All Saphenous Recanalizations Be Treated
Kathleen D. Gibson, MD

12:23 – 12:28 Laser And/Or Sclerosant For Cosmetic Veins: How And Why
Gutenberg A. Gurgel, MD

12:29 – 12:34 Panel Discussion

12:35 – 1:00 Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 68 (Trianon Ballroom, 3rd Floor)
VENOUS SOCIETAL AND GOVERNANCE
Moderators: Kathleen J. Ozsvath, MD
Harold J. Welch, MD

1:00 – 1:05 CMS Policy Update On Nonthermal Ablation
Harold J. Welch, MD

1:06 – 1:11 The Future Of Venous Reimbursement In A Non-Fee For Service Environment
Thomas F. O’Donnell, Jr., MD

1:12 – 1:17 What Are The Next Venous Trials
Manj S. Gohel, MD

1:18 – 1:23 Diametrical Opposite CMS Trends In Arterial And Venous Procedures: Implications For Manpower And Training
Thomas F. O’Donnell, Jr., MD

1:24 – 1:29 Is The Vein Center Accreditation Important For MACRA
Kathleen J. Ozsvath, MD

1:30 – 1:35 Update On Deep Venous Accreditation
Stephen F. Daugherty, MD, RVT, RPhS

1:36 – 1:41 Appropriateness In Venous Surgery - What’s The Problem
Peter F. Lawrence, MD

1:42 – 1:47 Results Of Appropriateness Criteria (AVF) I
Elina M. Masuda, MD

1:48 – 1:53 Results Of Appropriateness Criteria (AVF) II
Kathleen J. Ozsvath, MD

1:54 – 1:59 Can VQI Be Used As A Benchmark For Setting Ethical Standards
Nicholas H. Osborne, MD, MS

2:00 – 2:05 Should There Be A CPT Code For Physician Compounded Foam
Stephen F. Daugherty, MD, RVT, RPhS

2:06 – 2:11 Panel Discussion

SESSION 69 (Trianon Ballroom, 3rd Floor)
TRUNCAL ABLATION: TIPS AND TRICKS (VIDEOS)
Moderators: Jose I. Almeida, MD, RPVI, RVT
Kursat A. Bozkurt, MD

2:12 – 2:17 VenaSeal™ Truncal Ablation
Kathleen D. Gibson, MD

2:18 – 2:23 Turkish Glue
Kursat A. Bozkurt, MD
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<tr>
<td>2:24</td>
<td>Laser Perforator Ablation</td>
<td>Jose I. Almeida, MD, RPVI, RVT</td>
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<td>2:30</td>
<td>RF Ablation</td>
<td>Jose I. Almeida, MD, RPVI, RVT</td>
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<tr>
<td>2:36</td>
<td>Laser Truncal Ablation</td>
<td>Lowell S. Kabnick, MD, RPhS</td>
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<td>2:42</td>
<td>Varithena Truncal Ablation</td>
<td>Edward G. Mackay, MD</td>
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<td>2:48</td>
<td>Clarivein Truncal Ablation</td>
<td>Edward G. Mackay, MD</td>
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**SESSION 70 (Trianon Ballroom, 3rd Floor)**

VENOUS CLINICAL TRIALS, LYMPHATIC, SUPERFICIAL VEIN TREATMENT STRATEGIES

**Moderators:** Thomas F. O’Donnell, Jr., MD  
Raghu Kolluri, MD

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<th>Time</th>
<th>Session</th>
<th>Speaker/Institution</th>
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<tr>
<td>3:00</td>
<td>Why Graduated Compression Hose Should Not Be An Insurance Requirement</td>
<td>Thomas F. O’Donnell, Jr., MD</td>
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<td>3:06</td>
<td>Thrombosis Prophylaxis Following Venous Ablation</td>
<td>Joseph A. Caprini, MD</td>
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<td>3:12</td>
<td>RCT Reviews Using Turkish Glue</td>
<td>Kursat A. Bozkurt, MD</td>
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<td>3:18</td>
<td>Varithena* VLU Registry: The Effects Of Polidocanol Endovenous Microfoam On Wound Healing And Recurrence</td>
<td>Raghu Kolluri, MD</td>
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<td>3:24</td>
<td>RFA Versus GSV Stripping In Spain: 3-Year Follow-Up</td>
<td>Lourdes Reina, MD</td>
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<td>3:30</td>
<td>Summary Of Thermal Ablation</td>
<td>Bo G. Eklof, MD, PhD</td>
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<td>3:36</td>
<td>Randomized Controlled Study Of EVLA And Foam In The SSV - Fovless Study: 2-Year Results</td>
<td>Claudine Hamel-Desnos, MD</td>
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<td>3:42</td>
<td>Results Of The EVRA Randomized Clinical Trial</td>
<td>Alun H. Davies, MA, DM, DSc</td>
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<td>3:48</td>
<td>Overview Of Lymphatic Imaging Techniques</td>
<td>Maxim Itkin, MD</td>
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<td>3:54</td>
<td>Evidence Based Compression Recommendations For Lymphedema</td>
<td>Joseph A. Caprini, MD</td>
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<td>4:00</td>
<td>Phlebolymphedema: Hallmark Of Combined Insufficiency Of Venous-Lymphatic System</td>
<td>Byung-Boong (B.B.) Lee, MD</td>
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<td>4:06</td>
<td>Pneumatic Compression For Lymphedema: Continued Benefits</td>
<td>Thomas S. Maldonado, MD</td>
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<td>4:12</td>
<td>Panel Discussion</td>
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**Moderators:** Peter J. Pappas, MD  
Joseph A. Caprini, MD
THURSDAY
SESSION 70

EXAMINING THE EVIDENCE I

4:18 – 4:23 When To Use Inelastic Compression
Joseph A. Caprini, MD

4:24 – 4:29 Preliminary Data: HIFU For Venous Disease Treatment
Alfred M. Obermayer, MD

4:30 – 4:35 Varicose Vein Procedures In The Very Elderly Patients: How To Do It And Avoid Complications
Alberto C. Duque, MD

4:36 – 4:41 Chronic Venous Insufficiencies Outcomes Based On BMI And CEAP
Peter J. Pappas, MD

4:42 – 4:47 Is Saphenous Vein Stripping A Cost-Effective Treatment
Lourdes Reina, MD

4:48 – 4:53 Clinical Effectiveness Of MOCA Versus RF For Symptomatic GSV Or SSV Reflux
Peter J. Pappas, MD

4:54 – 4:59 ABRE IDE STUDY: Overview Of Baseline Demographics
Erin H. Murphy, MD

5:00 – 5:05 A Pathologic Perforator May Predict The Recurrence Of An Ipsilateral Central Venous Stenosis
Mikel Sadek, MD

5:06 – 5:11 Panel Discussion
Moderators: Anil P. Hingorani MD Mark H. Meissner, MD

EXAMINING THE EVIDENCE II

5:12 – 5:17 Can We Predict And Avoid The Evolution Of Chronic Venous Disease
Armando Mansilha, MD, PhD

5:18 – 5:23 Investigating Venous Elasticity As A Biomarker In Lower Extremity Veins Using Shear-Wave Elastography And Force-Controlled Ultrasound
Joseph D. Raffetto, MD

5:24 – 5:29 C2 Progressive
Mark H. Meissner, MD

5:30 – 5:35 Should We Consider Diagnostic Deep Venous IVUS During Saphenous Vein Ablation
Todd Berland, MD

5:36 – 5:41 Looking For Reflux In All The Wrong Places
Seshadri Raju, MD

5:42 – 5:47 Turkish Glue Versus RFA: 5-Year Results
Fatih Islamoglu, MD

5:48 – 5:53 Success Rate And Factors Predictive Of Redo RFA Of Perforator Veins
Anil P. Hingorani, MD

5:54 – 5:59 Lymphocele Development And Treatment After Varicose Vein Intervention
Joann Lohr, MD

6:00 – 6:05 Panel Discussion

End of Program I
FRIDAY, NOVEMBER 22, 2019

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

CONCURRENT FRIDAY PROGRAMS

PROGRAM J: SESSIONS 71-78
New Developments In The Prevention And Treatment Of Spinal Cord Ischemia (SCI) With TEVAR And TAAA Repairs; Carotid Disease And Treatment Related Topics: New And Improved Devices And Techniques (TCAR And Mesh Covered Stents), Medical Treatment, Influence On Cognition, History Of CAS, Timing Of CEA And CAS, Management Of Asymptomatic Carotid Stenosis (ACS), CAS Versus CEA, Improved Carotid Techniques, RCT Updates, Continuing Controversies; Endo Treatment For Erectile Dysfunction; Carotid Patch Infections And Aneurysms; Percutaneous Closure Devices And Wound Care
6:40 A.M. – 5:42 P.M.
Grand Ballroom East, 3rd Floor

PROGRAM K: SESSIONS 79-86
New Developments In The Treatment Of Popliteal Diseases And Aneurysms; Advances In Treating Arterial And Graft Infections; Improvements In: Vascular Imaging And Hybrid Treatment Suites; Thoracic Outlet Syndrome Treatments; Recorded Live Complex Endovascular Cases From Münster, Germany And The Mayo Clinic; Updates On Medical Treatments And Treatment Of Rare Or Unusual Vascular Diseases And Vascular Trauma
7:00 A.M. – 5:52 P.M.
Grand Ballroom West, 3rd Floor

PROGRAM L: SESSIONS 87-94
Deep Venous Disease
7:00 A.M. – 6:00 P.M.
Trianon Ballroom, 3rd Floor
Course Leaders: Jose I. Almeida, MD, RPVI, RVT
Lowell S. Kabnick, MD, RPhS
Kenneth Ouriel, MD, MBA
Thomas W. Wakefield, MD

PROGRAM J (SESSIONS 71-78)
NEW DEVELOPMENTS IN THE PREVENTION AND TREATMENT OF SPINAL CORD ISCHEMIA (SCI) WITH TEVAR AND TAAA REPAIRS; CAROTID DISEASE AND TREATMENT RELATED TOPICS: NEW AND IMPROVED DEVICES AND TECHNIQUES (TCAR AND MESH COVERED STENTS), MEDICAL TREATMENT, INFLUENCE ON COGNITION, HISTORY OF CAS, TIMING OF CEA AND CAS, MANAGEMENT OF ASYMPTOMATIC CAROTID STENOSIS (ACS), CAS VERSUS CEA, IMPROVED CAROTID TECHNIQUES, RCT UPDATES, CONTINUING CONTROVERSIES; ENDO TREATMENT FOR ERECTILE DYSFUNCTION; CAROTID PATCH INFECTIONS AND ANEURYSMS; PERCUTANEOUS CLOSURE DEVICES AND WOUND CARE
Grand Ballroom East, 3rd Floor
SESSION 71  (Grand Ballroom East, 3rd Floor)
NEW DEVELOPMENTS IN THE PREVENTION AND TREATMENT OF SPINAL CORD ISCHEMIA (SCI) ASSOCIATED WITH TEVAR AND THE TREATMENT OF TAAAs (5-MINUTE TALKS)
Moderators: Richard P Cambria, MD
Hazim J. Safi, MD

Hamdy Awad, MD

6:46 – 6:51 SCI In The Physician-Sponsored IDEs For F/BEVAR To Treat Complex AAA And TAAAs: Incidence, Optimal Prevention Techniques And Lessons Learned
Adam Beck, MD

6:52 – 6:57 Maintaining Euglycemia During Endovascular TAAA Repairs Seems To Decrease The Incidence And Severity Of SCI: What Is The Evidence And What Is The Mechanism
Jade S. Hiramoto, MD

6:58 – 7:03 Update On Minimally Invasive Intercostal Segmental Artery Coil Embolization (MIS2ACE) To Produce Ischemic Preconditioning To Prevent SCI With TAAA Repair: Clinical Experience And Status Of The PAPA-ARTIS RCT
Christian D. Etz, MD, PhD
Daniela Branzan, MD

7:04 – 7:09 Oversized EMBO Aortic Stent-Graft To Occlude The Origins Of Intercostal Arteries To Produce Ischemic Preconditioning Of The Spinal Cord Prior To TAAA Repair And Prevent SCI: How Does It Work And Updated Experience
Björn Sonesson, MD, PhD

7:10 – 7:15 How Can Cerebrospinal (CSF) Fluid Analysis Help In The Management Of SCI After TAAA Repair: Can It Indicate Prognosis
Bijan Modarai, PhD, FRCS

Michel J. Bosiers, MD

7:22 – 7:27 What Is New In The Prevention Of SCI During Open And Endo TAAA Repairs: When CSF Drainage: When Not And How To Make It Safe
Ger mano Melissano, MD
Roberto Chiesa, MD

7:28 – 7:33 Preoperative Spinal Drain Placement Does Prevent SCI In Endovascular TAAA And Thoracic Aneurysm Repairs Based On The Results Of A Larger Multicenter Propensity Matched Analysis
James H. Black III, MD

Michael J. Jacobs, MD
Geert Willem H. Schurink, MD, PhD
7:40 – 7:45 Value Of Near Infrared Spectrometry (NIRS) Monitoring Of Spinal Muscles Oxygenation To Reflect SCI During TAAA Repairs: How It Works And Updated Experience
Christian D. Etz, MD, PhD

7:46 – 7:51 Progress In Preventing SCI During Endo TAAA Repairs: Value Of NIRS Monitoring To Guide Temporary Sac Perfusion And Staging: Complications Of Spinal Fluid Drainage And How To Minimize Them
Gustavo S. Oderich, MD

7:52 – 8:00 Panel Discussion

SESSION 72  (Grand Ballroom East, 3rd Floor)
ADVANCES IN THE TREATMENT OF CAROTID STENOSIS: MESH COVERED STENTS FOR CAROTID ARTERY STENTING (CAS) AND UPDATE ON TRANSCERVICAL CAROTID ARTERY REVASCULARIZATION (TCAR) FOR CAS
Moderators: Frank J. Veith, MD Klaus D. Mathias, MD

NEW DEVELOPMENTS IN MESH COVERED STENTS

8:00 – 8:05 Update On The 3 Mesh Covered Stents For CAS: What Are The Differences Between Them And Overview Of The Status Of Their Safety And Efficacy
Max Amor, MD

8:06 – 8:11 Update On The C-Guard Micronet Mesh Covered Stent For CAS: Longer Term Results: Advantages And Are There Late Downsides Like ISR Or Late Thrombosis
Piotr Musialek, MD, DPhil

8:12 – 8:17 Value And Limitations Of Mesh Covered Stents For CAS In Symptomatic And Asymptomatic Patients: 6-Year Results: Are ISR And Thrombotic Occlusions A Problem: Technical Tips To Optimize Their Use
Stefan Müller-Hülsbeck, MD

8:18 – 8:23 Randomized Controlled Trial (RCT) Of CAS With C-Guard Mesh Covered Stent Versus Wallstent: Is There A Difference In Perioperative Strokes Or DW-MRI Brain Lesions Up To 12 Months: The IRON-GUARD Study
Laura Capoccia, MD, PhD

8:24 – 8:29 What Value Will Mesh Covered Stents Have In Improving CAS Outcomes: Is There A Downside
L. Nelson Hopkins, MD

8:30 – 8:35 Panel Discussion

TCAR RELATED TOPICS

8:36 – 8:41 ROADSTER 2 Trial Shows Low Stroke Risk (0.7%) With TCAR (Silk Road Medical) Even With Inexperienced Operators And In High Risk Patients With High Risk Lesions
Vikram S. Kashyap, Christopher J. Kwolek, MD Peter A. Schneider, MD Richard P. Cambria, MD
TCAR Outcomes Compare Favorably With Those Of CEA Even In Symptomatic Medically High Risk Patients: A Propensity Matched Study Of 5160 Patients From The SVS VQI Registry
Mahmoud B. Malas, MD, MHS
Marc L. Schermerhorn, MD

DEBATE: TCAR Is Not Safer Than Transfemoral CAS: Based On Results From A Multicenter Registry
Thomas G. Brott, MD

DEBATE: Not So: TCAR Is Safer Than Transfemoral CAS Especially In Older (>77) High Risk Patients With High Risk Lesions: TCAR Should Be The Standard Of Care For Invasive Treatment
Mahmoud B. Malas, MD, MHS

DEBATE: Not So: In Experienced Hands And With Appropriate Precautions Transfemoral CAS Will Be The Best Invasive Treatment For Most Patients Giancarlo Biamino, MD, PhD

Why TCAR Should Replace Transfemoral CAS And Why It Won’t
Venkatesh G. Ramaiah, MD

DEBATE: Why TCAR Should Replace CEA And Transfemoral CAS For Carotid Stenosis Patients Justifiably Requiring Invasive Treatment
Wesley S. Moore, MD

DEBATE: Not So: Why CEA Should Remain The Standard Of Care For Carotid Stenosis Patients Requiring Invasive Treatments
Ross Naylor, MD

Panel Discussion

Technical Tips For Optimal Performance Of TCAR: Pitfalls Of And Contraindications To TCAR
Vikram S. Kashyap, MD
Richard P. Cambria, MD

Favorable TCAR Results In Patients Over 80
Joseph J. Ricotta II, MD, MS

Cost Comparison Of TCAR, CEA And Transfemoral CAS
Richard J. Powell, MD

Good Medical Treatment (With PCSK-9 Inhibitors) Can Control And Shrink Carotid Plaques: How Low Should The LDL-C Be Pushed: Will Patients Really Needing CAS Or CEA Vanish
Thomas G. Brott, MD
What Is Best Medical Treatment For Patients And Arteries With Carotid Stenosis: How To Render Most Plaques Harmless: Value Of Statins, Ezetimibe And Diet; Optimal LDL-C Level To Strive For
J. David Spence, MD

CAROTID STENOSIS AND COGNITION

Asymptomatic Carotid Stenosis (ACS) Is Associated With Cognitive Dysfunction, Impaired Mobility And Increased Fall Rates: Is There Any Evidence That CEA Or CAS Will Improve These Impairments: Will CREST 2 Provide Answers
Brajesh K. Lal, MD

Does CEA For ACS Prevent Dementia 10-25 Years Later: Findings From The ACST RCT
Alison Halliday, MS, FRCS

Panel Discussion

SESSION 74  (Grand Ballroom East, 3rd Floor)
MORE CAROTID RELATED TOPICS:
CONTROVERSIES OVER INVASIVE TREATMENTS OF ASYMPTOMATIC PATIENTS WITH CAROTID STENOSIS (ACS) AND OPTIMAL TIMING OF INVASIVE CAROTID TREATMENTS AFTER SYMPTOM ONSET
Moderators: Ali F. AbuRahma, MD
Frank J. Veith, MD

TREATMENT OF ACS – A MEGA-DEBATE

DEBATE: What % Of Patients With ACS Need Invasive Treatment With CEA Or CAS: 0% - Such Treatment Causes More Harm Than Providing Benefit
Anne L. Abbott, MD, PhD

DEBATE: Which Patients With ACS Can Justifiably Be Treated Invasively: It Is A Small Percentage (<5%): How Can They Be Identified
J. David Spence, MD

DEBATE: The Low Stroke Risk (~1% Per Year) In Patients With Severe ACS Prior To Intervention Or Only Treated Medically In A Large Health Care System Study (3855 Patients) Indicates That CEA And CAS Cannot Do Better
Robert W. Chang, MD
Jeffrey H. Hsu, MD

DEBATE: The Case For Treating ~20% Of High Grade ACS Patients With CEA, TCAR Or CAS: How Can They Be Identified
Richard P. Cambria, MD

DEBATE: The Case For Treating >20% Of Patients With High Grade ACS Invasively By CEA, TCAR Or CAS: How Can They Be Selected
Peter A. Schneider, MD

Panel Discussion
OPTIMAL TIMING OF CEA AND CAS AFTER SYMPTOM ONSET

11:06 – 11:11
In Stroke Patients With A Large Cerebral Infarct On CT From Carotid Stenosis, CEA Should Be Performed But Only After A Delay Of 4-6 Weeks
Gianluca Faggioli, MD
Mauro Gargiulo, MD
Andrea Stella, MD

11:12 – 11:17
Optimal Timing Of CEA After A TIA Or Small Stroke: Why Is It Controversial And What Delay Is Best Under Varying Circumstances
Mohammad H. Eslami, MD, MPH

11:18 – 11:23
DEBATE: Optimal Timing For CEA After A TIA Or Small Stroke Is 7-14 Days: But CAS Is Unsafe Within That Window
Ross Naylor, MD

11:24 – 11:29
DEBATE: Not So: If Done Right, CAS Is Equally Safe Within That 7-14-Day Window: Technical Precautions
Klaus D. Mathias, MD

11:30 – 11:35
CEA For A TIA Or Small Stroke Is Safely Performed 2-5 Days After The Event, Not So For CAS: When Is CAS Equally Safe Based On A Large German Registry Study
Hans-Henning Eckstein, MD, PhD

11:36 – 11:41
DEBATE: CEA Is Relatively Safe Within 48 Hours After A TIA Or Minor Stroke: What Precautions Are Necessary
R. Clement Darling III, MD

11:42 – 11:47
DEBATE: Not So: CEA Within 48 Hours Of Stroke Symptom Onset Has High Risks: After 48 Hours The Risk Between 3-14 Days Is The Same As After 14 Days: So Optimal Time For CAS Is 3-14 Days After Symptom Onset
Peter Glavicki, MD
Thomas C. Bower, MD

11:48 – 11:53
The Value Of Early CEA Within 7 Days Of The Index TIA Or Small Stroke Is Neutralized By Aggressive Treatment With High Dose Statins
Gert J. de Borst, MD, PhD

11:54 – 12.00
Panel Discussion

12.00 – 1.00
Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 75 (Grand Ballroom East, 3rd Floor)
NEW DEVELOPMENTS IN THE CAS VERSUS CEA CONTROVERSY: NEED FOR CEA/CAS WITH OTHER SURGERY; AND OTHER UNUSUAL BUT IMPORTANT CAROTID RELATED TOPICS AND A HISTORICAL NOTE ON CAS
Moderators: Keith D. Calligaro, MD
Hans-Henning Eckstein, MD, PhD

1.00 – 1.05
DEBATE: CEA Is Currently Superior To CAS, But The Paradigm Could Shift And Why
J. David Spence, MD

1.06 – 1.11
DEBATE: Not So: The Paradigm Has Already Shifted: CAS Is Better Than CEA – Especially In Patients <70 Years Of Age: What Are Future Expectations
D. Christopher Metzger, MD
1.12 – 1.17 CAS Versus CEA: Why The Debate Will Never End: Bias Overwhelms Facts And Logic
Carlo Setacci, MD

1.18 – 1.23 CEA Or CAS Are Rarely If Ever Justified For ACS In Patients About To Undergo A Coronary Artery Bypass, Coronary Stenting Or Other Major Surgery: What Is The Evidence
Ross Naylor, MD

1.24 – 1.29 How To Decide The Timing Of Intervention After An Acute Carotid Lesion Related Stroke: Role Of Telemedicine: What Imaging Helps: How To Decide CEA Versus CAS
Hernan A. Bazan, MD

1.30 – 1.35 Value And Limitations Of Intraoperative Duplex Scanning During CEA And Value Of Gore Hybrid (Partially Stented) Graft For Bailout Of Difficult Technical Problems During CEA
Domenico Valenti, DMChir, PhD

1.36 – 1.41 Carotid Webs Are A Cause Of Serious Strokes: How To Diagnose And Treat Them
Bruce A. Perler, MD, MBA

1.42 – 1.47 Concomitant CEA And Carotid-Subclavian Bypass Indications, Technical Tips And Results: Based On A 40-Year Experience
Ali F. AbuRahma, MD

1.48 – 1.53 Surveillance Is Rarely Needed After CEA And CAS Because Reintervention Is Rarely Needed: When Is Surveillance Justified
Ross Naylor, MD

AN HISTORICAL NOTE
1.54 – 1.59 40 Years Of CAS: A Pioneer’s Look Back
Klaus D. Mathias, MD

2.00 – 2.07 Panel Discussion
SESSION 76 (Grand Ballroom East, 3rd Floor)
UPDATES ON THE COMPLETED AND ONGOING CAROTID RCTS AND THEIR PITFALLS; NEED FOR POST CEA/CAS SURVEILLANCE; IMPLICATIONS OF FILTER DEBRIS
Moderators: Wesley S. Moore, MD Peter L. Farries, MD

2.07 – 2.12 Pooled Analysis Of ACT 1 And CREST In Asymptomatic Carotid Stenosis (ACS) Patients Under 80 Years Of Age: How It Can Help In Decision Making
Jon S. Matsumura, MD
(Power Point Presentation With Synched Audio)

2.13 – 2.18 Stroke And TIA Rates After 1 Year In SPACE 2: A Stopped RCT Comparing CEA Versus CAS Versus Best Medical Treatment In ACS Patients: What Hint Do They Give Us
Hans-Henning Eckstein, MD, PhD

2.19 – 2.24 DEBATE: Update On Progress In CREST 2: It Will Produce Valuable Results, Conclusions And Answers: Interesting Findings To Date
Brajesh K. Lal, MD Thomas G. Brott, MD
2:25 – 2:30  
**DEBATE:** Not So: A Skeptic’s View: Why CREST 2, A Good RCT, May Produce Interesting Information But Will Not Answer Key Questions Or Settle Existing Controversy  
**Anne L. Abbott, MD, PhD**

2:31 – 2:36  
What Impact Will CREST 2 Have On CEA And CAS And The Controversy Surrounding The Treatment Of Patients With ACS: Predictions For The Future Of Carotid Treatment - Invasive And Otherwise  
**L. Nelson Hopkins, MD**

2:37 – 2:42  
Current Status Of ECST 2: What Is This RCT Comparing: What Will It Tell Us And What Is Its Progress  
**Richard Bulbulia, MA, MD**

2:43 – 2:48  
Update On ACST 2: When Will This RCT Complete Recruitment: What Has It Told Us Thus Far: What Are Its Limitations  
**Alison Halliday, MS, FRCS**

2:49 – 2:54  
Pitfalls And Limitations Of The Esteemed And Often Quoted CAS Versus CEA RCTs: Why They May Be Misleading  
**Ali F. AbuRahma, MD**

2:55 – 3:00  
Addition To CEA Of A Proximal Intervention (To Common Carotid Or Innominate Arteries) Increases The Risk Of Stroke Or Death: From SVS VQI Data  
**Mark Conrad, MD, MMSc**

3:01 – 3:06  
Qualitative Analysis Of Embolic Debris Caught In Different Filters During CAS: What Is Their Nature And What Are The Implications  
**Franco Grego, MD**

3:07 – 3:14  
Panel Discussion

3:14 – 3:24  
Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

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**SESSION 77  (Grand Ballroom East, 3rd Floor)**

**A CAROTID CONTROVERSY AND MORE CAROTID UPDATES; OTHER HOT NEW OR UPDATED TOPICS**

**Moderators:** Mark A. Adelman, MD  
Caron B. Rockman, MD

3:24 – 3:29  
Carotid Body Tumors: Recent Advances In Treatments; Importance Of Adjunctive Measures And Endovascular Aids In Advanced Cases  
**Martin Björck, MD, PhD**

3:30 – 3:35  
**DEBATE:** CAS Is The Best Treatment For Carotid Pseudo-Occlusions Or String Sign: When And When Not To Treat  
**Sonia Ronchey, MD, PhD**

3:36 – 3:41  
**DEBATE:** Not So: No Intervention Or CEA Are The Best Treatments For A Carotid String Sign: When Is Each Best  
**Ross Naylor, MD**

3:42 – 3:47  
Update On The Value And Safety Of Protamine Use In CEA: It Should Be Used, How And Precautions: From The New England VQI  
**David H. Stone, MD**

3:48 – 3:53  
Why Duplex Findings Can Be Misleading For Carotid And Lower Extremity Lesions: When Should Treatment Decisions Not Be Based Solely On Them  
**Ido Weinberg, MD, MSc**
CEA In Patients With Neck Irradiation Has No Higher Risks Of Stroke, Death Or MI Than Standard CEA: What Are The Technical Challenges And When Should CAS Or Medical Treatment Be Preferred
Mark Conrad, MD, MMSc

PTFE Grafts Work As Well Long-Term As Vein Grafts For Carotid Reconstructions After Carotid Degenerative Aneurysm Excision
Jean-Baptiste Ricco, MD, PhD
(Power Point Presentation With Synched Audio)

Panel Discussion

OTHER EXCITING TOPICS AND UPDATES

The Real Origin Of The Flow Reversal Concept For Cerebral Protection During CAS
Juan C. Parodi, MD

Update On Endovascular Treatment Of Erectile Dysfunction: Diagnosis, Indications, Techniques And Results
Nicolas A. Diehm, MD

Difference In Cancer Rates After Open AAA Repair And EVAR: What Are The Reasons For These Differences
Matt M. Thompson, MD

Can Oral Anticoagulation Treatment With TBADs Promote Remodeling And Healing; What Is The Evidence And Possible Mechanisms
Mario L. Lachat, MD

Panel Discussion

SESSION 78 (Grand Ballroom East, 3rd Floor)
Percutaneous Closure Devices: New Developments In Established Devices And New Devices: Advances In Wound Care
Moderators: Zvonimir Krajcer, MD Gregg S. Landis, MD

Update On Perclose And Proglide Devices For Large Sheath Access Site Closure; Why They Are Better Than Open Closure And Hard To Beat: What Is The Early Bird Sheath Technology (From Saranas) To Detect Access Site Bleeding
Zvonimir Krajcer, MD

Facial Closure Of Large Sheath Percutaneous Access Has Its Limitations: Open Surgical Access Is Better
Nikolaos Tsilimparis, MD, PhD

Fancy And Unusual Methods To Overcome Disadvantaged Routine Access For EVAR, TEVAR And TAVR: Direct Aortic Sheath Placement, Transcaval Access, External And Endo Conduits, And More
Jeffrey P. Carpenter, MD

Next Generation Access Site Closure Devices: Manta, Per Q Seal, In Seal, Cross-Stitch, And NXT: How Do They Work: How Good Will They Be: Advantages And Limitations
Zvonimir Krajcer, MD

Panel Discussion
ADVANCES IN WOUND CARE

5.12 – 5.17 Good And Durable Results Of Negative Pressure Non-Graft-Excisional Wound Care Treatment Of Prosthetic Arterial Graft Infection: It Is A Game Changer But Excision Of Infected Tissue Is Still Required
Zoran Rancic, MD, PhD

5.18 – 5.23 Rectus Femoris Muscle Flap For Non-Healing Groin Wounds With Arterial Grafts: It Is Better Than A Sartorius Flap: It Is Easy And How To Do It
Jan-Willem W.M. Elshof, MD

Wayne J. Caputo, DPM

5.30 – 5.35 Another View Of Hyperbaric O2: What Is The Evidence That It Improves Wound Healing Or Does It Just Provide Good Wound Care
Robert B. McLafferty, MD, MBA

5.36 – 5.42 Panel Discussion
End of Program
FRIDAY
SESSIONS 79–80

7:18 – 7:23  DEBATE: Open Surgical Repair Of Popliteal Aneurysms Yields Better Results Than Stent-Graft Endo Repair In A Large Case Matched Swedish Study: The Differences Are Not Due To Tortuosity, Outflow Arteries Or Other Anatomic Variables
Martin Björck, MD, PhD

7:24 – 7:29  DEBATE: New Developments In Stent Graft Treatment Make Me Disagree: Endovascular Treatment Is Better In Many Cases: When Is It Not
Irwin V. Mohan, MBBS, MD

NEW DEVELOPMENTS IN POPLITEAL ENTRAPMENTS

7:30 – 7:35  Progress In The Treatment Of Popliteal Entrapment Syndromes: An Algorithm To Help With Successful Treatment
Niten Singh, MD

Katherine A. Gallagher, MD
Thomas W. Wakefield, MD

7:42 – 7:47  Non-Atherosclerotic Popliteal Artery Occlusive Disease: What Can It Be Due To And What Is The Best Treatment
Ramesh K. Tripathi, MD

7:48 – 7:53  Duplex Findings In Non-Atherosclerotic Popliteal Artery Occlusive Disease: What Other Imaging May Be Needed
Michael R. Jaff, DO

7:54 – 8:02  Panel Discussion

SESSION 80 (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS AND CONTROVERSIES IN THE OPTIMAL TREATMENT FOR INFECTED ARTERIES, AAAAs, ARTERIAL GRAFTS AND ENDOGRAFTS
Moderators: Keith D. Calligaro, MD
Peter F. Lawrence, MD

MYCOTIC INFECTED ANEURYSMS

8:02 – 8:07  Mythic Peripheral Arterial Aneurysms: Etiology And Best Current Treatment: When And How To Revascularize And When Not To
Mohammad H. Eslami, MD, MPH

8:08 – 8:13  How Valuable Is EVAR For The Treatment Of Mycotic AAAAs: When Does It Work: Technical Tips And When Will It Not Work
Fred A. Weaver, MD

8:14 – 8:19  For Mycotic AAAAs, Why Is EVAR Better Than Open Repair: It Provides Better Short-Term Survival With No Long-Term Disadvantages: Technical Tips
Anders Wanhainen, MD, PhD
INFECTED ARTERIAL GRAFTS AND ENDOGRAFTS

Samy S. Nitecki, MD

8:26 – 8:31 DEBATE: With Infected Arterial Grafts And Endografts, Removal Of The Graft Is Mandatory With Some Form Of Revascularization: How To Do It
Werner Lang, MD

8:32 – 8:37 DEBATE: Not So: Non-Excisional Treatment Is Better And Safer In Most Instances: How To Do It And Technical Requirements: When Must The Graft Be Removed
Martin Malina, MD, PhD

8:38 – 8:43 Value Of PET/CT Scans In Detecting And Treating Vascular Graft Infections: What Are Their Limitations
Zoran Rancic, MD, PhD

Patrick A. Stone, MD

8:50 – 8:58 Panel Discussion

8:58 – 9:03 Obturator Bypass Remains An Option For Revascularization With Multi-Operated Infected Grafts: Tips And Tricks: However, There Are Other Options – What Are They
Frederic Cochennec, PhD

9:04 – 9:09 Staging Classification For Treating Infected Arterial Prosthetic Grafts: When Can All Or A Portion Of An Infected Graft Be Left In Place: Technical Requirements
Russell H. Samson, MD, RVT
Keith D. Calligaro, MD
Frank J. Veith, MD

Michael B. Silva, Jr., MD

SUPRARENAL AORTIC GRAFT AND ENDOGRAFT INFECTIONS

9:16 – 9:21 Excision And Replacement Of Infected Suprarenal Open Or Endo Infected Grafts Is Feasible But Challenging: How To Do It
Thomas C. Bower, MD

9:22 – 9:27 Optimal Treatment Of Infected Aortic Grafts – Infrarenal And Suprarenal; Open And Endo
Germano Melissano, MD
Roberto Chiesa, MD

9:28 – 9:33 New Developments And Long-Term Experience With The Treatment Of Infected AAAs And Aortic Endografts
Kamphol Laohapensang, MD
Optimal Treatment Of Aortobronchial And Aortoesophageal Fistulas After TEVAR: Neither Is Hopeless: Technical Tips

Germano Melissano, MD
Roberto Chiesa, MD

Panel Discussion

Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
11:00 – 11:07  Future Advances In Hybrid Operating Suites: What Is On The Horizon And Beyond  
Alan B. Lumsden, MD

11:08 – 11:18  Panel Discussion

SESSION 82  (Grand Ballroom West, 3rd Floor)  
CHALLENGING RECORDED LIVE CASES FROM MÜNSTER  
Moderators: Giovanni Torsello, MD  
Martin J. Austermann, MD

11:18 – 12:00  Complex Cases From Münster With Questions And Discussion  
Giovanni Torsello, MD  
Martin J. Austermann, MD

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

SESSION 83  (Grand Ballroom West, 3rd Floor)  
CHALLENGING RECORDED LIVE CASES FROM THE MAYO CLINIC  
Moderators: Gustavo S. Oderich, MD  
Bernardo C. Mendes, MD

1:00 – 1:40  Complex Cases From The Mayo Clinic With Questions And Discussion  
Gustavo S. Oderich, MD  
Bernardo C. Mendes, MD

SESSION 84  (Grand Ballroom West, 3rd Floor)  
NEW DEVELOPMENTS IN THE TREATMENT OF THORACIC OUTLET SYNDROMES (TOSs)  
Moderators: Mark A. Adelman, MD  
Karl A. Illig, MD

1:40 – 1:45  Current Fair Indications For Surgical Treatment Of Neurogenic TOS: Objective Outcome Measures To Determine Treatment Success  
Karl A. Illig, MD

Francesco Spinelli, MD

1:52 – 1:57  DEBATE: Not So: The Supraclavicular Approach Is Best For Surgical Treatment Of Most Patients With TOS: Technical Tips And When Is It Not  
Ramesh K. Tripathi, MD

1:58 – 2:03  Two New Developments In TOS: 1) A Paradigm Shift In Venous TOS Treatment: Open Decompression Combined With Selective Stenting Is The Way To Go; And 2) The Pectoralis Minor Syndrome Can Cause Recurrent Neurogenic TOS; How To Diagnose And Treat  
Michael J. Singh, MD

VENOUS TOS

2:04 – 2:09  The Value Of Balloon Angioplasty For Venous TOS: When Is It Helpful And When Not: First Rib Removal Is Not Always Necessary: When Is It  
Sam S. Ahn, MD, MBA
 SESSION 85 (Grand Ballroom West, 3rd Floor)

IMPORTANT NEW DEVELOPMENTS IN MEDICAL AND ANTI-ATHEROGENIC AND ANTI COAGULANT DRUG TREATMENTS; UPDATES ON UNUSUAL DISEASES AND THEIR INTERVENTIONAL VASCULAR TREATMENT; MANAGEMENT OF TAVR ARTERIAL ACCESS COMPLICATIONS (VEITH/TCT BRANDED SESSION)

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

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

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

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

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

George H. Meier III, MD

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

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

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

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

UPDATE ON ENDOVASCULAR TREATMENT OF MULTIPLE SCLEROSIS AND OTHER HOT TOPICS

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

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

3:44 – 3:49
Biomarkers Can Predict Poor Outcomes Of Vascular
Surgery: Which Biomarkers; Which Procedures
Todd R. Vogel, MD, MPH

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

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

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

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

4:14 – 4:20
Panel Discussion

SESSION 86 (Grand Ballroom West, 3rd Floor)

NEW DEVELOPMENTS IN THE MANAGEMENT OF VASCULAR TRAUMA: PROS AND CONS OF REBOA: ENDO VERSUS OPEN TREATMENTS

Moderators: Michael B. Silva, Jr., MD
Todd E. Rasmussen, MD

4:20 – 4:25
Why And How Vascular Surgeons Need To Take
The Lead In Supporting Excellence In Trauma
Management And Treatment Of Vascular Injuries:
There Is No Valid Competition
Joseph J. DuBose, MD
Todd E. Rasmussen, MD

4:26 – 4:31
New Developments From An International
Collaboration On Endovascular Techniques For
Resuscitation And Trauma Management: The EVTM
Group: What Is It And How Is It Helping Society,
Patients And Doctors
Tal M. Hörer, MD, PhD

4:32 – 4:37
A Balanced View About REBOA (Resuscitative
Endovascular Balloon Occlusion of the Aorta): What
Is Good About It: And What Might Be Not So Good
Gilbert R. Upchurch, MD

4:38 – 4:43
REBOA Is A Double-Edged Sword: The SOROKA
Experience From Israel
Gabriel Szendro, MD
Endovascular Access In Untrained Hands Can Fail: This Has Led To A Declining Use Of REBOA: How Can This Be Fixed
Charles J. Fox, MD

Endovascular Versus Open Surgery For Vascular Trauma: When Is Each Approach Necessary And Appropriate: How Is The Field Changing
James W. Dennis, MD

How Endovascular Procedures Are Saving Patients With Vascular Emergencies: Why Vascular Surgeons Need To Take Advantage Of Them And Incorporate Them In Their Practice
Todd R. Vogel, MD, MPH

Panel Discussion

BLUNT THORACIC AORTIC INJURIES (BTAIs)

Long-Term (>5 Years) Follow-Up Of TEVAR For BTAIs: It Is A Very Durable Procedure
Johnny Steuer, MD, PhD

Optimal Management Of Patients With BTAIs And Intracranial Bleeding: Timing Of Treatments, Use Of Heparin And Other Tips
Elina Quiroga, MD

Shorter Than Usual Proximal Landing Zones For TEVAR Are Acceptable For BTAIs Because Aortas Are Usually Smaller And Healthier In These Patients: What Are The Limits And Technical Tips
Shang A. Loh, MD

In TEVAR For BTAIs It Is Safe To Cover The Left Subclavian Artery Without Revascularizing It If The Left Vertebral Artery Is Patent
Michael C. Stoner, MD

Treatment Priorities In Combined Orthopedic And Vascular Extremity Injuries: It Is Not Simple: Technical Tips
Markus K. Furrer, MD

Tips And Tricks For Damage Control In Vascular Surgery: Value Of Embolic Agents In Vascular Trauma: Which Is Best And Other Technical Tips
Ravi Rajani, MD

Panel Discussion

End of Program K

PROGRAM L (SESSIONS 87-94)
DEEP VENOUS DISEASE
Trianon Ballroom, 3rd Floor
Course Leaders: Jose I. Almeida, MD, RPVI, RVT
Lowell S. Kabnick, MD, RPhS
Kenneth Ouriel, MD, MBA
Thomas W. Wakefield, MD

SESSION 87 (Grand Ballroom West, 3rd Floor)
PELVIC VENOUS DISORDERS, NUTCRACKER SYNDROME, CHRONIC VENOUS OCCLUSIONS, STRATEGIES TO DIAGNOSE AND INTERVENTE
Moderators: Jose I. Almeida, MD, RPVI, RVT
Lowell S. Kabnick, MD, RPhS
Thomas W. Wakefield, MD
Kenneth Ouriel, MD, MBA
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<tr>
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<td>7:00</td>
<td>Introduction: Deep System</td>
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<td>Lowell S. Kabnick, MD, RPhS</td>
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<td>7:05</td>
<td>ACCESS Trial Data From Chronic DVT: Role Of EKOS And TPA</td>
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<td>Mark J. Garcia, MD</td>
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<td>Venographic Techniques To Identify Pelvic Anatomy And Escape Points</td>
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<td>Mark H. Meissner, MD</td>
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<td>7:17</td>
<td>Pelvic Reflux: Is Coil Embolization The Answer</td>
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<td>Alun H. Davies, MA, DM, DSc</td>
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<td>Complications Of Renal Vein Stenting For Nutcracker Syndrome</td>
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<td>Munir H. Davies, MA, DM, DSc</td>
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<td>Munir H. Davies, MA, DM, DSc</td>
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<td>7:35</td>
<td>Open Surgery For Nutcracker: Techniques And Results</td>
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<td>Cynthia K. Shortell, MD</td>
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<td>Moderators: Peter Gloviczki, MD</td>
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<td>Stephen A. Black, MD</td>
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<td>7:47</td>
<td>Anatomical And Clinical Variations In Patients With Post-Thrombotic</td>
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<td>Venous Outflow Obstruction</td>
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<td>Manj S. Gohel, MD</td>
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<td>7:53</td>
<td>A Good Stent Went Bad: What To Do</td>
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<td>Gerard J. O’Sullivan, MD</td>
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<td>7:59</td>
<td>Recanalizing Occluded Venous Stents</td>
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<td>Akhilesh K. Sista, MD</td>
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<td>8:05</td>
<td>Contralateral Deep Vein Thrombosis After Iliac Vein Stenting: A Clear</td>
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<td>And Present Danger</td>
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<td>Peter Gloviczki, MD</td>
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<td>8:11</td>
<td>Crossing Chronic Femoro-Iliacaval Occlusions With Cone Beam CT</td>
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<td>Jose I. Almeida, MD, RPVI, RVT</td>
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<td>8:17</td>
<td>Endovenectomy And Iliac Vein Stent Placement - How I Do It (Video</td>
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<td>Technique Demonstration)</td>
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<td>Houman Jalaie, MD</td>
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<td>8:23</td>
<td>Abre Venous Self-Expanding Stent System Procedure Video</td>
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<td>Stephen A. Black, MD</td>
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<td>8:29</td>
<td>Challenging Deep Venous Recanalization: Go-To Tools And Approaches</td>
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<td>Kush R. Desai, MD</td>
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<td>Panel Discussion</td>
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**SESSION 88 (Trianon Ballroom, 3rd Floor)**

**ILIACAL STENTS, STENT TRIALS AND STENT SURVEILLANCE**

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<td>8:41</td>
<td>Importance Of Stent Shape And Area On Clinical Outcome After Iliofemoral Venous Stenting (VICI Trial)</td>
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<td>Lowell S. Kabnick, MD, RPhS</td>
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<td>8:47</td>
<td>Venovo Venous Stent Trial: Update</td>
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<td>Michael D. Dake, MD</td>
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<td>8:53</td>
<td>Zilver/Vena Stent Trial: Update</td>
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<td>Gerard J. O’Sullivan, MD</td>
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VI CI Stent Trial Update: 2 Years
Mahmood Razavi, MD

Technical Properties Of Nitinol: The Role Of Venous Stenting
Erin H. Murphy, MD

What You Should Know About The 4 Dedicated Venous US Stents: European Experience
Michael K.W. Lichtenberg, MD

Use Of Biopsy Of Venous In-Stent Stenosis To Guide Post-Operative Management
David M. Williams, MD

What You Should Know About The 4 Dedicated Venous US Stents: European Experience
Michael K.W. Lichtenberg, MD

Use Of Biopsy Of Venous In-Stent Stenosis To Guide Post-Operative Management
David M. Williams, MD

Surveillance After Venous Stenting: How And When
Kenneth Ouriel, MD, MBA

Panel Discussion

SESSION 89 (Trionon Ballroom, 3rd Floor)
MORE ON ILIOCALV STENTS, STENT PROBLEMS POST-IMPLANTATION, MEDICAL AND HYBRID TECHNIQUES TO REDUCE VENOUS HYPERTENSION
Moderators: Houman Jalaie, MD
Michael R. Jaff, DO

A Novel Technique And Outcomes For Iliocaval Extravascular Reconstruction (TIER) For Iliocaval Agenesis
Steven D. Abramowitz, MD
Edward Y. Woo, MD

Neointima Formation Following Venous Placement Of Self-Expanding Nitinol-Stents Of Different Porosity: Clinical And Experimental Results
Houman Jalaie, MD

Predictors Of Failure Of Iliac Vein Stenting
Rabib A. Chaer, MD

New And Validated Classification Of Chronic Venous Obstruction And Its Clinical Implications
Houman Jalaie, MD

What Is The Optimal Anticoagulant/Antithrombotic Regimen For Patients Undergoing Iliac Vein Stent
Michael R. Jaff, DO

Managing Anticoagulation To Avoid Postoperative Hemorrhage
Timothy K. Liem, MD, MBA

Percutaneous, Open Or Hybrid Deep Venous System Surgery: Indications And Results
Ignacio Escotto, MD

Stent Extension Into A Single Inflow Vessel Is A Valuable Option After Endophlebectomy
Rick De Graaf, MD, PhD

Panel Discussion

SESSION 90 (Trionon Ballroom, 3rd Floor)
STRATEGIES FOR CORRECTING SEVERE DEEP VENOUS OBSTRUCTION, VENOUS ULCERS AND NEW HORIZONS IN WOUND CARE
Moderators: Cees H.A. Wittens, MD, PhD
Marzia Lugli, MD
SSAT Trial: Single Session Angioplasty Thrombolysis For Chronic Infrapopliteal Deep Disease  
Steve Elias, MD

Venous Issues In Thoracic Outlet Syndrome: Lysis, Venoplasty, First Rib Resection: Staged Or Same Setting  
Enrique Criado, MD

When Venous Stents Are Not Enough  
Marzia Lugli, MD

90% Well-Recognized Venographic Signs Of Significant Iliac Vein Compression In Asymptomatic Young Volunteers  
Cees H.A. Wittens, MD, PhD

When Venous Stents Are Not Enough  
Marzia Lugli, MD

Non-Invasive 24/7 Flow Augmentation In Deep Venous Pathology  
Cees H.A. Wittens, MD, PhD

Panel Discussion  
Moderators: William A. Marston, MD  
Joseph D. Raffetto, MD

The Use Of Skin Substitutes To Promote Venous Leg Ulcer Healing  
Sarah Onida, MD, PhD

The Link Between Deep Vein Reflux And Non-Healing Ulcers, A Deep Vein Valve Is Sorely Needed  
William A. Marston, MD

Different Biochemical Profiles In Inflammatory And Granulating Wounds  
Joseph D. Raffetto, MD

The True Cost Of Managing Venous Leg Ulcers: An International Review  
Manj S. Gohel, MD

Important RCTs For Venous Wound Healing  
William A. Marston, MD

The Recalcitrant Venous Ulcer: An Analysis Of Factors In 22 Of 60 That Failed To Heal After A 52-Week Period Of Treatment In Our Wound Center  
Thomas F. O’Donnell, Jr., MD

Panel Discussion

VENOUS ULCERS AND NEW HORIZONS IN WOUND CARE

IVC Replacement For Malignancy: How I Do It  
R. Clement Darling III, MD

Long-Term Patency Of Primary Inferior Vena Cava Reconstructions  
Mark K. Eskandari, MD

Optimal PTS Prevention  
Peter Henke, MD

Venous Stent Fractures: Does It Matter  
David J. Dexter, MD

Stent Reconstruction Following IVC Filter-Related Caval Thrombosis  
Akhilesh K. Sista, MD
Thrombosed IVC Filter: How To Recanalize The Cava And Manage The Filter
José I. Almeida, MD, RPVI, RVT

Panel Discussion

Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd And 3rd Floors)

SESSION 92 (Trianon Ballroom, 3rd Floor)
SURGICAL AND INTERVENTIONAL MANAGEMENT STRATEGIES FOR THROMBOEMBOLIC EVENTS IN THE VENOUS SYSTEM
Moderators: Patrick E. Muck, MD
Robert Mendes, MD

12:18 – 12:23
Thrombosed IVC Filter: How To Recanalize The Cava And Manage The Filter
José I. Almeida, MD, RPVI, RVT

12:24 – 12:29
Panel Discussion

12:30 – 12:59
Lunch Break – 2nd Floor Promenade
Visit Exhibits And Pavilions (2nd And 3rd Floors)

SESSION 92 (Trianon Ballroom, 3rd Floor)
SURGICAL AND INTERVENTIONAL MANAGEMENT STRATEGIES FOR THROMBOEMBOLIC EVENTS IN THE VENOUS SYSTEM

1.00 – 1.05
Single Session Continuous Aspiration Thrombectomy
(SSCAT) For All DVT Utilizing Indigo Thrombectomy System
Patrick E. Muck, MD

1.06 – 1.11
Inari CloTriever Device For Acute DVT
William A. Marston, MD

1.12 – 1.17
Thrombolysis For Acute DVT: Utilization And Guidance From Current Clinical Trials
Brian G. DeRubertis, MD

1.18 – 1.23
Sentry Two-Year Data
Robert Mendes, MD

1.24 – 1.29
A Comparison Of Angiogeeer Versus CDT For The Treatment Of Iliofemoral DVT
Stephen A. Black, MD

1.30 – 1.35
Subgroup Analyses Of The ATTRACT Trial
Suresh Vedantham, MD

1.36 – 1.41
Treating Venous Thromboembolism Without Lytic Medications
Constantino Pena, MD

1.42 – 1.47
Angiovac Venous Thrombectomy: Where, When, And How
Mikel Sadek, MD

1.48 – 1.53
Renal Failure In Acute DVT Treatment - Incidence And Strategies For Prevention
Stephen A. Black, MD

1.54 – 1.59
P-Max Study: Mechanical Thrombectomy For Iliofemoral DVT With Aspirin
Michael K.W. Lichtenberg, MD

2.00 – 2.05
Interventional Treatment Of Iliofemoral And Caval DVT In The Office Based Lab
Mark J. Garcia, MD

2.06 – 2.11
Treatment Of Chronic Deep Venous Occlusions: Patient Selection, Procedural Pearls
Kush R. Desai, MD

2.12 – 2.17
Outcome Of Venous Stents In Adolescents, Teenagers, And Pregnancy
Mahmood Razavi, MD

2.18 – 2.23
May-Thurner Syndrome: From Board Question To Epidemic
Clifford M. Sales, MD, MBA

2.24 – 2.29
Pressure Measurements And IVUS In Deep Venous Obstructions, Mandatory Or Fancy
Rick De Graaf, MD, PhD

2.30 – 2.35
Is An Open Popliteal Vein A Prerequisite For Success: Does PMT Now Lead To Over-Stenting
Stephen A. Black, MD
How Important Is Rapid Flow Restoration In DVT
Robert A. Lookstein, MD, MHCDL

Panel Discussion

SESSION 93 (Trianon Ballroom, 3rd Floor)
MEDICAL MANAGEMENT STRATEGIES FOR THROMBOEMBOLIC EVENTS IN THE VENOUS SYSTEM
Moderators: Kenneth Ouriel, MD, MBA
Thomas W. Wakefield, MD

PART 1

The Open Vessel Hypothesis: Applicability To DVT
Kenneth Ouriel, MD, MBA

Inflammation And Venous Thrombosis – An Evidence Summary
Thomas W. Wakefield, MD

Should All Patients With Acute VTE Be Treated With A Statin
Anthony J. Comerota, MD

Update On Reversal Agents For The DOAC
Timothy K. Liem, MD, MBA

Thrombus Aging Using MRI
Stephen A. Black, MD

What Is The Optimal Anticoagulant/Antithrombotic Regimen For Patients Undergoing Iliac Vein Stent
Michael R. Jaff, DO

E-Selecting Inhibition Is Effective To Treat Proximal DVT In A Primate Model
Thomas W. Wakefield, MD

Panel Discussion
Moderators: Peter Henke, MD
Alberto C. Duque, MD

PART 2

Breakthrough DVT: When Thromboprophylaxis Is Not Enough
Andrea T. Obi, MD

Pediatric DVT – An Evidence Summary
Dawn M. Coleman, MD

Provoked Or Unprovoked DVT - Does It Matter Therapeutically
Peter Henke, MD

Heparin Resistance During Thrombolysis For DVT
Jiinsong Wang, MD

MIST Therapy In Warfarin Necrosis
Joann Lohr, MD

Introduction: Chinese DVT Database
Jiinsong Wang, MD

Is Bridging Anticoagulation With The Direct Oral Anticoagulants Necessary
Alberto C. Duque, MD

Panel Discussion
SESSION 94 (Trianon Ballroom, 3rd Floor)
DEEP VEIN VALVE TECHNOLOGIES, CAVAL INTERRUPTION AND IVC FILTER COMPLICATIONS
Moderators: Jorge H. Ulloa, MD
Mikel Sadek, MD

DEEP VALVE PROGRESS

4:24 – 4:29
Safety And Efficacy Report On The Blueleaf Endovenous Valve Formation System Update On International And US Clinical Progress
Mikel Sadek, MD

4:30 – 4:35
Safety And Efficacy Report On The Venovalve (First In Man)
Jorge H. Ulloa, MD

4:36 – 4:41
What Are The Challenges In The Deep System - What Is The Role Of Venous Valves
Fedor Lurie, MD, PhD

4:42 – 4:47
What’s Up With The Sail Valve
Steve Elias, MD

4:48 – 4:53
Surgical Creation Of A Monocusp Valve
Marzia Lugli, MD

4:54 – 4:59
Surgical Creation Of “Rival” Bicuspid Valve And Its Place In The Treatment Of Venous Ulceration
Ramesh K. Tripathi, MD

5:00 – 5:05
Internal Compression Treatment Application For Deep Venous Insufficiency: 1.5-Year Clinical Results
Erdinc Eroglu, MD

5:06 – 5:11
Panel Discussion
Moderators: Timothy K. Liem, MD, MBA
Constantino Pena, MD

CAVAL INTERRUPTION AND IVC FILTER COMPLICATIONS

5:12 – 5:17
The Novate Sentry Trial With A Novel Bio-Convertible IVC Filter: Follow-Up At 2 Years
Michael D. Duke, MD

5:18 – 5:23
Surgical Removal Of Perforated IVC Filters
Timothy K. Liem, MD, MBA

5:24 – 5:29
Avoiding And Managing IVC Disruption During Difficult IVC Filter Removal
Brian G. DeRubertis, MD

5:30 – 5:35
Outcomes And Associated Factors In Malpractice Litigation Involving IVC Filters
Anil P. Hingorani, MD

5:36 – 5:41
The PREPIC Trial: Fact Or Fiction
John E. Rectenwald, MD, MS

5:42 – 5:47
Why Temporary Filters Are Not Removed: Clinical Predictors In 1,000 Consecutive Cases
Heron E. Rodriguez, MD

5:48 – 5:53
What To Do With Fractured Filters And Embolic Filter Fragments
Constantino Pena, MD

5:54 – 6:00
Panel Discussion

End of Program L
SATURDAY, NOVEMBER 23, 2019

6:15 A.M. General Registration — Bryant Suite, 2nd Floor
6:00 A.M. Faculty Registration — Morgan Suite — 2nd Floor
6:30 A.M. Continental Breakfast — 3rd Floor Promenade/Foyer

CONCURRENT SATURDAY PROGRAMS

PROGRAM M: SESSIONS 95-98
Topics Too Important Or Too Hot To Miss: Related To Lower Extremity; Aortic; And Carotid
(VEITH/TCT CO-BRANDED SESSIONS)
7:00 A.M. – 12:25 P.M.,
Grand Ballroom East, 3rd Floor

PROGRAM N: SESSIONS 99-103
Improving Outcomes In Hemodialysis Access
8:00 A.M. – 3:40 P.M.,
Grand Ballroom West, 3rd Floor
Course Leaders: Larry A. Scher, MD
Anton N. Sidawy, MD, MPH

PROGRAM O: SESSIONS 104-109
Multidisciplinary Acute Stroke Management
8:00 A.M. – 3:50 P.M.,
Murray Hill Suites East & West, 2nd Floor
Course Leader: Allan L. Brook, MD

PROGRAM M (SESSIONS 95-98)
TOPICS TOO IMPORTANT OR TOO HOT TO MISS: RELATED TO LOWER EXTREMITY; AORTIC; AND CAROTID DISEASES AND THEIR TREATMENT
Grand Ballroom East, 3rd Floor

SESSION 95 (Grand Ballroom East, 3rd Floor)
LOWER EXTREMITY TOPICS TOO IMPORTANT OR TOO HOT TO MISS (4 ¾-MINUTE TALKS)
(VEITH/TCT CO-BRANDED SESSION)
Moderators: Keith D. Calligaro, MD
Frank J. Veith, MD

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

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

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

7:15 – 7:20
Value Of Everolimus DESs For Treating Long Infraopopliteal Disease Causing CLTI: They Deserve Wider Use: Which Stent And Technical Tips
Robert A. Lookstein, MD, MHCDL
7:20 – 7:25 Endovascular Interventions With Stents And Atherectomy On The Common And Deep Femoral Arteries Are Safe, Effective And Durable: They Do Not Preclude Use Of The CFA For Access For Other Interventions
Karthikeshwar Kasirajan, MD

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

7:30 – 7:35 Panel Discussion

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

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

7:45 – 7:50 Outcomes Of Isolated Infrapopliteal (Pedal) Artery Interventions: When Are They Worthwhile
Alun H. Davies, MA, DM, DSc

7:50 – 7:55 How Can WIFI (Wound, Ischemia, Foot Infection) Classification Help To Identify CLTI Patients Most Likely To Benefit From Revascularization; From An Open Bypass
Joseph L. Mills, MD
Miguel F. Montero-Baker, MD

7:55 – 8:00 Outcomes Of Peroneal Artery Revascularization For CLTI: Open And Endo: When They Work And When They Don't
Rabih A. Chaer, MD

8:00 – 8:05 Real World Experience With DCBs Is Not As Favorable As The Trials Might Suggest: Why Is This So
Ali F. AbuRahma, MD

8:05 – 8:10 Panel Discussion

SESSION 96 (Grand Ballroom East, 3rd Floor)
MORE LOWER EXTREMITY TOPICS TOO IMPORTANT OR TOO HOT TO MISS (4 ¾-MINUTE TALKS)
(VEITH/TCT CO-BRANDED SESSION)

Moderators: Ali F. AbuRahma, MD
Enrico Ascher, MD

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

8:10 – 8:15 DEBATE: Durable Good Results With Tibial Artery Bypasses Support Their Use As First Treatment In Many Diabetics With CLTI
Alrik Farber, MD

8:15 – 8:20 DEBATE: Not So: Endo First Is Best In Most Diabetic Patients With CLTI
Matthew T. Menard, MD

8:20 – 8:30 A Critical Appraisal Of Endovascular Treatments For Infrapopliteal Occlusive Disease: Bringing Reason To The Jumble Of Claims (10-Minute Talk)
Iris Baumgartner, MD
8:30 – 8:35 Modifications In The Surgical Technique Of The Standard BTK Amputation To Facilitate Easier Walking Functions With The New Improved High-Tech Prostheses
Michael E. Barfield, MD

8:35 – 8:40 Pitfalls In Upper Extremity Access For Lower Extremity Procedures And How To Avoid Them
Matthew W. Mell, MD, MS

8:40 – 8:45 Panel Discussion

8:45 – 8:50 Supera Stents Versus DESs For Treating SFA-Pop Lesions: A Propensity Analysis Indicates Which Stent Is Best For Which Lesion: How Does Calcification Matter
Hany Zayed, MD, MSc

8:50 – 8:55 Value Of IVUS (Intravascular Ultrasound) In Vascular Diagnosis And Treatments: New Technical Advances And Which Device System Is Best
Donald B. Reid, MD

8:55 – 9:00 Value Of Stent-Grafts To Treat Access Site Complications From TAVR In The Femoral Or Iliac Arteries: Technical Tips And Long-Term Results
Lars B. Lönn, MD, PhD

9:00 – 9:05 The Serranator Balloon Angioplasty Device (From Cagent Vascular) For Lesion Prep And Minimizing Dissections: How It Works, Current Status And Results
Peter A. Schneider, MD

9:05 – 9:10 Lithoplasty (Shockwave Medical) Plus DCB For Treating CFA Occlusive Lesions: Technique And Results
Aravinda Nanjundappa, MD

John H. Rundback, MD

9:15 – 9:20 Panel Discussion

9:20 – 9:30 Break – Visit Exhibits And Pavilions (3rd Floor)

SESSION 97 (Grand Ballroom East, 3rd Floor)
AORTIC TOPICS TOO IMPORTANT OR TOO HOT TO MISS (4 ¾-MINUTE TALKS) (VEITH/TCT CO-BRANDED SESSION)
Moderators: Timur P. Sarac, MD
Kenneth Ouriel, MD, MBA

9:30 – 9:35 Combining Endografts From Different Companies Can Solve Problems And Has Few Downsides: Some Positive Examples
Sigrid Nikol, MD

9:35 – 9:40 Predicting Visceral Segment Aortic Growth After Infrarenal AAA Repair By EVAR And Open Surgery: What Factors Are Involved And Why It Matters
Sean P. Lyden, MD

9:40 – 9:45 DEBATE: Invasive Treatment Of Takayasu’s Disease Should Be Mostly By Open Surgery: Late Results Prove It: Value Of Endo Treatments Is Minimal
Thomas C. Bower, MD

9:45 – 9:50 DEBATE: Not So: Endovascular Treatments Have A Major Role In The Treatment Of Takayasu’s Lesions: What Is That Role: When Is Open Surgery Required
Ramesh K. Tripathi, MD
Aortic Stump Blow Out After Removal Of An Infected Aortic Graft: How To Prevent It And How To Treat It So As To Save Some Patients
Alan B. Lumsden, MD

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

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

Panel Discussion

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

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

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

How To Treat Substantial Type 1A Endoleak After A Standard EVAR: Cuff, Chimney, Embolization, F/EVAR, Conversion: When Is Each Best
Nicola Mangiardi, MD
Sonia Ronchey, MD, PhD

AAA With Aorto-Iliac Occlusive Disease: What Is Its Significance And How Is It Best Treated
Christopher J.J. Smolock, MD

Creative Alternative Access Sites For TEVAR And TAVR And What Can Go Wrong With Them
Shang A. Loh, MD

Panel Discussion

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

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

Endovascular Treatment Of Ruptured And Intact Visceral Aneurysms: When Is It Possible And When Is It Not: Technical Tips
Rabih A. Chaer, MD
Endovascular Treatment Of EVAR Limb Occlusion: Technical Tips And Precautions: Is A Fem-Fem Bypass Ever Needed
Klaus M. Overbeck, MD, MPhil

Endovascular Rescue After Inadvertent False Lumen Stent-Graft Deployment During TEVAR For TBAD Sukru M. Han, MD
Fred A. Weaver, MD
Timothy A.M. Chuter, DM

When Endovascular Procedures Fail, Axillofemoral Bypass Is Better Than Aorto-femoral Bypass In Most Patients: Technical Tips, Contraindications And Results Russell H. Samson, MD, RVT

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

Panel Discussion

Endovascular Rescue After Inadvertent False Lumen Stent-Graft Deployment During TEVAR For TBAD Sukru M. Han, MD
Fred A. Weaver, MD
Timothy A.M. Chuter, DM

When Endovascular Procedures Fail, Axillofemoral Bypass Is Better Than Aorto-femoral Bypass In Most Patients: Technical Tips, Contraindications And Results Russell H. Samson, MD, RVT

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

Panel Discussion

CAROTID RELATED TOPICS

Optimal Current Treatment Of Extracranial Carotid Aneurysms: When Endo, When Open: Technical Tips Piotr Szopinski, MD, PhD

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

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

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

The Incidence Of In Stent Restenosis (ISR) After CAS Is Underestimated: What Are The Clinical Implications Ali F. Aburahma, MD

Why Is Surveillance Necessary After CAS Since ISR Is Rare And Benign William A. Gray, MD

How To Avoid Problems With TCAR: When Is The Procedure Contraindicated Michael C. Stoner, MD

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

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

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

Panel Discussion

End of Program M
Hemodialysis Access and Multidisciplinary Acute Stroke Management Programs continue in the Grand Ballroom West, 3rd floor and in the Murray Hill Suites, 2nd floor.

PROGRAM N  (SESSIONS 99-103)
IMPROVING OUTCOMES IN HEMODIALYSIS ACCESS
Grand Ballroom West, 3rd Floor
Course Leaders: Larry A. Scher, MD
Anton N. Sidawy, MD, MPH

8.00 – 8.05
Introduction
Anton N. Sidawy, MD, MPH
Larry A. Scher, MD

SESSION 99 (Grand Ballroom East, 3rd Floor)
IMPORTANT ISSUES IN HEMODIALYSIS ACCESS (7-MINUTE TALKS)
Moderators: Larry A. Scher, MD
Anton N. Sidawy, MD, MPH

8.06 – 8.13
The Right Patient With The Right Access: Updated KDOQI Recommendations And How They Will Change Your Practice
Deborah Brouwer-Maier, RN, CNN

8.14 – 8.21
Helping Patients To Advocate For Themselves
Dori Schatell, MS

8.22 – 8.29
How Good Is The Information On Hemodialysis Access That Patients Find On The Internet
Mark G. Davies, MD

8.30 – 8.37
Top 10 Newly Published AV Access Publications You Should Know About
Ziv J. Haskal, MD

8.38 – 8.45
It’s A FACT: Update On The Fist Assist Pre-Surgery Vein Dilatation Study
Tej M. Singhal, MD, MBA

8.46 – 8.54
Panel Discussion

8.55 – 9.02
Strategies To Maintain Hemodialysis Access And Avoid Running Out Of Real Estate
Robyn A. Macsata, MD

9.03 – 9.10
How Do Outflow Venous Valves, Collateral Branches And Arterial Calcification Affect AV Fistula Maturation
Suresh Shenoy, MD, PhD

9.11 – 9.18
Contemporary Evaluation Of Factors Affecting AV Fistula Maturation
Thomas S. Huber, MD, PhD

9.19 – 9.26
The Role Of Duplex Ultrasound In Assessing AV Fistula Maturation
Yana Etkin, MD

9.27 – 9.34
Safe Cannulation Patterns In AV Fistulas: Rope Ladder Versus Buttonhole Versus Area Cannulation To Avoid Fistula Aneurysms
Dori Schatell, MS

9.35 – 9.42
Wearable Device For Continuous Noninvasive Monitoring Of Vascular Access Health In Hemodialysis Patients
Richard F. Neville, MD

9.43 – 9.50
Intervernous Nitinol Stents To Treat Radiocephalic Anastomotic AV Fistula Stenosis
Shannon Thomas, MD

9.51 – 9.59
Panel Discussion
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<th>Time</th>
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<tr>
<td>10:00 – 10:15</td>
<td>Break – Visit Exhibits And Pavilions (3rd Floor)</td>
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| 10:16 – 10:23 | Can Our Understanding Of AV Fistula Stenosis Be Translated To Better Patient Care  
Prabir Roy-Chaudhury, MD, PhD |
| 10:24 – 10:31 | Ultrasound Differentiation Of AV Access Lesions: When To Treat And When Not To Treat  
Kate Steiner, MD |
| 10:32 – 10:39 | Is There Any Current Role For Drug Coated Balloons And Stents In Hemodialysis Access  
Panagiotis M. Kitrou, MD, MSc, PhD |
| 10:40 – 10:47 | Is A Pharmacological Solution The Answer To The Improving Outcomes With AV Fistulas And Crafts  
Sriram S. Iyer, MD |
Haimanot (Monnie) Wasse, MD, MPH |
| 10:56 – 11:04 | Panel Discussion |
| 11:05 – 11:12 | Removal Of Infected AV Grafts Is A Morbid Procedure  
Jeffrey J. Siracuse, MD, RPVI |
| 11:13 – 11:20 | Use And Abuse Of The Outpatient Dialysis Access Center  
Clifford M. Sales, MD, MBA |
| 11:21 – 11:28 | Use Of The In.Pact Balloon In Treating AV Access Stenoses  
Robert A. Lookstein, MD, MHCDL |
| 11:29 – 11:36 | No: We Should Preserve Fistulas For Possible Future Hemodialysis  
Haimanot (Monnie) Wasse, MD, MPH |
| 11:37 – 11:44 | Yes: Cardiac Decompensation Is Potentially Life Threatening: Here’s The Data  
Sriram S. Iyer, MD |
| 11:45 – 11:53 | Panel Discussion |
| 11:53 – 12:30 | Lunch Break - (3rd Floor Foyer) Visit Exhibits And Pavilions (3rd Floor) |
| 12:30 – 12:37 | Is Comprehensive ESRD Care The Responsibility Of A Society  
Prabir Roy-Chaudhury, MD, PhD |
Evan C. Lipsitz, MD, MBA |
| 12:46 – 12:53 | Why The Future Of AV Access Care Must Begin With Collaboration  
Sapan S. Desai, MD, PhD, MBA |
**SESSION 101 – 103**

**12:54 – 1:01** Site Of Service Influence On Stent Utilization For Hemodialysis Interventions  
*Matthew J. Dougherty, MD*

**1:02 – 1:09** Impact Of Changing Reimbursement For Outpatient Hemodialysis Procedures On Hospital IR Workflow  
*Ziv J. Haskal, MD*

**1:10 – 1:18** Panel Discussion

**SESSION 102 (Grand Ballroom West, 3rd Floor)**  
**NEW TECHNOLOGIES AND CONCEPTS IN HEMODIALYSIS ACCESS (7-MINUTE TALKS)**

*Moderators: Larry A. Scher, MD  
Anton N. Sidawy, MD, MPH*

**PERCUTANEOUS AV FISTULAS: WHAT IS THEIR ROLE IN CONTEMPORARY DIALYSIS ACCESS PRACTICE**

**1:19 – 1:26** Update On The Ellipsys Vascular Access System  
*Robert Shahverdyan, MD*

**1:27 – 1:34** Update On The WavelinQ Device  
*Panagiotis M. Kitrou, MD, MSc, PhD*

**1:35 – 1:42** Optimizing Success: Patient Selection For Successful Percutaneous AV Fistula Placement  
*Haimanot (Minnie) Wasse, MD, MPH*

**1:43 – 1:50** Assessment And Cannulation Of Percutaneous AV Fistulas  
*Deborah Brouwer-Maier, RN, CNN*

**1:51 – 1:58** Tips And Tricks For Percutaneous AV Fistula Creation: How Long Is The Learning Curve  
*John E. Aruny, MD*

**1:59 – 2:06** Surgical Revision Of Percutaneous AV Fistula: How Often Is It Necessary  
*John R. Ross, Sr., MD*

**2:07 – 2:17** Kidney X: Accelerating Innovation In The Prevention, Diagnosis And Treatment Of Kidney Diseases (10-Minute Talk)  
*John Sedor, MD*

**2:18 – 2:28** Panel Discussion

**SESSION 103 (Grand Ballroom West, 3rd Floor)**  
**UPDATE ON CLINICAL CHALLENGES IN HEMODIALYSIS ACCESS (7-MINUTE TALKS)**

*Moderators: Larry A. Scher, MD  
Surendra Shenoy, MD, PhD*

**2:29 – 2:36** Hybrid Technique To Manage The Aneurysmal Degenerative Fistula  
*Charles J. Fox, MD*

**2:37 – 2:44** AV Graft Coatings And Configurations: How Do We Choose What Is Best  
*Marc H. Glickman, MD*

**2:45 – 2:52** Immediate Access Grafts Provide Comparable Patency To Standard Grafts With Fewer Reinterventions And Catheter Related Complications  
*Ellen D. Dillavou, MD*

**2:53 – 3:00** Tapered AV Grafts Do Not Provide Significant Advantage Over Non-Tapered Grafts In Upper Extremity Dialysis Access  
*Jeffrey J. Siracuse, MD, RPVI*
Spectrum Of Hand Dysfunction After AV Access Placement
Thomas S. Huber, MD, PhD

Dialysis Access In The Pediatric Population: Technical Tips And Outcomes
Vincent I. Rowe, MD

Utilization Of Stent Grafts In The Management Of AV Access Pseudoaneurysms
Anil P. Hingorani, MD

The Good, The Bad And The Ugly Of Central Venous Bypass To Allow Upper Extremity AV Access
Mark G. Davies, MD

Panel Discussion

End of Program

SATURDAY
SESSIONS 103–104

3:01 – 3:08 Spectrum Of Hand Dysfunction After AV Access Placement
Thomas S. Huber, MD, PhD

Vincent I. Rowe, MD

Anil P. Hingorani, MD

3:25 – 3:32 The Good, The Bad And The Ugly Of Central Venous Bypass To Allow Upper Extremity AV Access
Mark G. Davies, MD

3:33 – 3:40 Panel Discussion

End of Program

PROGRAM O (SESSIONS 104-109)
MULTIDISCIPLINARY ACUTE STROKE MANAGEMENT
Murray Hill Suites East & West, 2nd Floor
Course Leader: Allan L. Brook, MD

SESSION 104 (Murray Hill Suites East & West, 2nd Floor)
ACUTE STROKE DECISIONS – TRIAGE AND IMAGING
Moderators: Lawrence R. Wechsler, MD
Joshua A. Hirsch, MD

8:00 – 8:05 Introduction
Allan L. Brook, MD

8:06 – 8:11 Organization Of Endovascular Thrombectomy And Next Generation Solutions
J. Mocco, MD, MS

8:12 – 8:17 Basilar Thrombosis: Data And Guidelines
Aaron S. Dumont, MD

8:18 – 8:28 2019 Imaging The Clot, Collaterals, And Cerebral Structures That Matter
R. Gilberto Gonzalez, MD, PhD

8:29 – 8:39 Low NIHSS And LVO: My Basis For Treatment And Triage
Lawrence R. Wechsler, MD

8:40 – 8:50 Emergency Room Issues: Triage At Its Best
Edward C. Jauch, MD, MS

8:51 – 9:01 Imaging Trends And What To Expect After DAWN
Howard A. Rowley, MD

9:02 – 9:12 AI Systems Of Triage: Pros And Cons
Don Frei, MD

9:13 – 9:23 European Stroke Systems And How They Differ
Zsolt Kulcsar, MD, PhD

9:24 – 9:34 Dangerous Imaging And Craniectomy Timing
Howard A. Riina, MD

9:35 – 9:45 MRI In Acute Stroke Care And When It Is Best To Utilize
R. Gilberto Gonzalez, MD, PhD

9:46 – 10:00 Break – Visit Exhibits And Pavilions (3rd Floor)
SESSION 105 (Murray Hill Suites East & West, 2nd Floor)
STROKE TREATMENT – ADVANCED METHODS AND STANDARDS OF CARE
Moderators: Daniel L. Labovitz, MD  
Henry H. Woo, MD

10:00 – 10:10  
Radial Access For Stroke Intervention  
Sudhakar R. Satti, MD

10:11 – 10:21  
Stroke Thrombectomy 2025: My Predictions  
Muhammad S. Hussain, MD

10:22 – 10:32  
Distal Occlusions, M2 And Beyond: My Criteria  
David S. Liebeskind, MD

10:33 – 10:43  
Time Saving Pearls To Revascularization: All Hospitals Are Not Created Equally  
Reade A. De Leacy, MBBS

10:44 – 10:54  
Low Aspect Score Is No Barrier To Thrombectomy And Why  
Charles Esenwa, MD, MS

10:55 – 11:05  
Review Of The Latest Literature In Stroke Care  
Dorothea Altschul, MD

11:06 – 11:16  
Imaging As The Engine To Drive Stroke Forward  
Thabele Leslie-Mazwi, MD

SESSION 106 (Murray Hill Suites East & West, 2nd Floor)
HOT TOPICS AND TRENDS 2019
Moderators: Amichai J. Erdfarb, MD  
Neil Haranhalli, MD

11:17 – 11:27  
ELVO Stroke: How Should We Meet The Perceived Demand  
Joshua A. Hirsch, MD

11:28 – 11:38  
Techniques For Thrombectomy: Next Generation Trending Now  
Reade A. De Leacy, MBBS

11:39 – 11:49  
Multidisciplinary Teams: Our Strategic Implementation And Success  
J. Mocco, MD, MS

11:50 – 12:00  
Stroke Legislation Update And Local Complications  
Bradley Kaufman, MD, MPH

12:00 – 12:09  
Pick up Lunch from the Grand Ballroom Foyer (3rd Floor) and return to the Murray Hill Suite for the Luncheon Session.

SESSION 107 (Murray Hill Suites East & West, 2nd Floor)
LUNCHEON SESSION – ATHEROSCLEROSIS, INTRACRANIAL STENTING AND CAROTID STENTING 2019 TRENDING POSITIVE!
Moderators: Thomas G. Brott, MD  
Vitor Mendes Pereira, MD, MSc

12:10 – 12:20  
Carotid Literature Review 2018  
Thomas G. Brott, MD

12:21 – 12:31  
When And Why Should Direct Carotid Access Stenting (TCAR) Replace CEA And Transfemoral CAS: When Should It Not  
Mahmoud B. Malas, MD, MD, MHS

12:32 – 12:42  
Thrombectomy Outcomes Of Intracranial Atherosclerosis Related Occlusions Data And Issues  
Vitor Mendes Pereira, MD, MSc
12:43 – 12:53

Vessel Wall Imaging: Latest Techniques And Where It Is Beneficial
Richard L. Zampolin, MD

12:54 – 1:04

Tandem Occlusions: Strategies And Lessons Learned
Don Heck, MD

SESSION 108 (Murray Hill Suites East & West, 2nd Floor)

BRAIN ANEURYSM AND VASCULAR MALFORMATIONS

Moderators: Peter K. Nelson, MD
Seon-Kyu Lee, MD, PhD

1:05 – 1:15

Aneurysm Devices And How I Choose
Richard P. Klucznik, MD

1:16 – 1:26

What’s In The Pipeline: A Treatment For All Aneurysms
Peter K. Nelson, MD

1:27 – 1:37

Surpassing Pipeline And Why
Ajay K. Wakhloo, MD, PhD

1:38 – 1:48

Alexander L. Coon, MD

1:49 – 1:59

Role Of Intra-Aneurysmal Therapy: Devices And Where They Are Best Used
David Fiorella, MD, PhD

2:00 – 2:10

SAH And Wide Neck Aneurysms Treatment Options And Protocols
Philip M. Meyers, MD

2:11 – 2:21

Panel Discussion

SESSION 109 (Murray Hill Suites East & West, 2nd Floor)

FUTURE ENDOVASCULAR TREATMENT AND EXPANDING YOUR PRACTICE

Moderators: Peter K. Nelson, MD
Allan L. Brook, MD

2:22 – 2:32

Perfusion Failure And Neurosurgical Options
Howard A. Riina, MD

2:33 – 2:43

Collateral Circulation: Scoring And Where It Matters Most
Allan L. Brook, MD

2:44 – 2:54

Robotics: Am I Putting Myself Into Early Retirement
Athos Patsalides, MD, MPH

2:55 – 3:05

CSF Flow Dynamics And Treatment Strategies
Seon-Kyu Lee, MD, PhD

3:06 – 3:16

Current Billing And Coding Updates In The Neurointerventional Surgery
Henry H. Woo, MD

3:17 – 3:27

Intracranial Hemorrhage: When Does The Interventional Team Play A Role
David Fiorella, MD, PhD

3:28 – 3:38

BATMAN: AVM And SRS – What Do We Know
David J. Altschul, MD

3:39 – 3:50

Panel Discussion

End of Program O
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<th>Name</th>
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<td>Anne L. Abbott, MD, PhD, FRACP</td>
<td>Melbourne, Australia</td>
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<td>Dorothy B. Abel, BS, ME</td>
<td>Silver Spring, Maryland</td>
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<td>Cherrie Z. Abraham, MD</td>
<td>Portland, Oregon</td>
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<td>Steven D. Abramowitz, MD</td>
<td>Washington, District of Columbia</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>Raleigh, North Carolina</td>
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<td>George L. Adams, MD</td>
<td>Charleston, West Virginia</td>
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<td>Joshua D. Adams, MD</td>
<td>Roanoke, Virginia</td>
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<td>Mark A. Adelman, MD</td>
<td>New York, New York</td>
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<td>Sam S. Ahn, MD, MBA, FACS</td>
<td>Los Angeles, California and Dallas, Texas</td>
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<td>Eric Allaire, MD, PhD</td>
<td>Paris, France</td>
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<td>Jose I. Almeida, MD, FACS, RPVI, RVT</td>
<td>Miami, Florida</td>
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<td>Jean-Marc Alsac, MD, PhD</td>
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<td>David J. Altshul, MD</td>
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<td>Dorothea Altschul, MD</td>
<td>Ridgewood, New Jersey</td>
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<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>Orangeburg, South Carolina</td>
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<td>Enrico Ascher, MD</td>
<td>New York, New York</td>
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<td>Martin J. Austermann, MD</td>
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<td>Hamdy Awad, MD</td>
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<td>Ali Azizizadeh, MD</td>
<td>Los Angeles, California</td>
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<td>Nobuyoshi Azuma, MD</td>
<td>Asahikawa, Hokkaido, Japan</td>
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<td>Iris Baumgartner, MD</td>
<td>Bern, Switzerland</td>
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<td>Herman A. Bazan, MD, FACS</td>
<td>New Orleans, Louisiana</td>
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<td>Robert E. Beasley, MD, FSIR, FSCAI</td>
<td>Miami Beach, Florida</td>
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<td>Adam Beck, MD</td>
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<td>Amira Benjelloun, MD</td>
<td>Rabat, Morocco</td>
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<td>Jeffrey S. Berger, MD, MS, FAHA, FACC</td>
<td>New York, New York</td>
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<td>Ramon Berguer, MD, PhD</td>
<td>Ann Arbor, Michigan</td>
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<td>Todd Berland, MD</td>
<td>New York, New York</td>
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<td>Luca Bertoglio, MD</td>
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<td>Giancarlo Biamino, MD, PhD</td>
<td>Impruneta (FI), Italy</td>
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<td>Colin D. Bicknell, MD, FRCS</td>
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<td>Jean Bismuth, MD</td>
<td>Houston, Texas</td>
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<td>Martin Bjorck, MD, PhD</td>
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<td>James H. Black III, MD</td>
<td>Baltimore, Maryland</td>
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<td>Stephen A. Black, MD</td>
<td>London, United Kingdom</td>
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<td>Jan D. Blankenstein, MD</td>
<td>Amsterdam, The Netherlands</td>
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<td>Erwin Blessing, MD</td>
<td>Karlsbad, Germany</td>
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<td>Dittmar Böckler, MD</td>
<td>Heidelberg, Germany</td>
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<td>Laurence M. Boon, MD, PhD</td>
<td>Brussels, Belgium</td>
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<td>Marc Bosiers, MD</td>
<td>Münster, Belgium</td>
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<td>Michel J. Bosiers, MD</td>
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<td>Lee Bousman, MD, PhD, Msc</td>
<td>Spaubeck, The Netherlands</td>
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<td>Thomas C. Bower, MD</td>
<td>Rochester, Minnesota</td>
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<td>Kursat A. Bozkurt, MD</td>
<td>Istanbul, Turkey</td>
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<td>Andrew W. Bradbury, MD, FRCSEd</td>
<td>Birmingham, United Kingdom</td>
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<td>Marianne Brodman, MD</td>
<td>Graz, Austria</td>
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<td>Allan L. Brook, MD</td>
<td>Bronx, New York</td>
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<td>Thomas G. Brott, MD</td>
<td>Jacksonville, Florida</td>
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<td>Deborah Brouwer-Maier, RN, CNN</td>
<td>Lansdale, Pennsylvania</td>
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<td>O. William Brown, MD, JD</td>
<td>Royal Oak, Michigan</td>
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<td>Elchanan Bruckheimer, MBBS</td>
<td>Petah-Tikva, Israel</td>
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<td>Jan S. Brunkwall, MD, PhD</td>
<td>Cologne, Germany</td>
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<td>Richard Bubulia, MA, MD, FRCS</td>
<td>Oxford and Cheltenham, United Kingdom</td>
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Hemodialysis Access
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