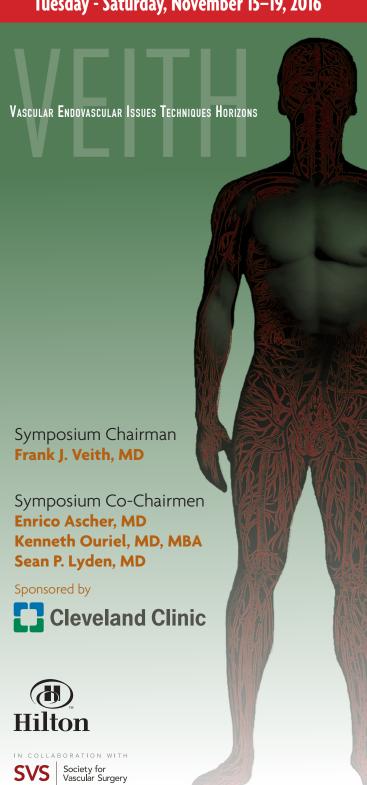


Tuesday - Saturday, November 15-19, 2016



PROGRAM OUTLINE AT A GLANCE

TUESDAY PROGRAMS

Program A: (Sessions 1-8)

6:45 A.M. - 6:02 P.M.

(9.75 CME Credits)

Heart Valves, Aortic And Carotid Diseases And Their Treatment

Location: Grand Ballroom East, 3rd Floor

Program B: (Sessions 9-16)

6:40 A.M. - 5:58 P.M.

(10 CME Credits)

New Developments In AAAs, EVAR, Aortic Branch Lesions (Including Iliac, Visceral And Renal Arteries),

Outpatient Issues, Laparoscopic

Techniques, Complex AAAs, New

Techniques And Open Or Hybrid Vascular Surgery

Location: Grand Ballroom West, 3rd Floor

Program C: (PART 1 - Sessions 17-18) 7:00 A.M. - 12:00 P.M.

(4.5 CME Credits)

Management Of Pulmonary Embolism:

Do We Know Enough

Course Leader: Michael R. Jaff, DO Location: Trianon Ballroom, 3rd Floor

Program C: (PART 2 - Sessions 19-22)

1:00 P.M. - 5:45 P.M.

(4.25 CME Credits)

New Developments In The Management Of Acute And Chronic Large Vein Occlusion Course Leader: Kenneth Ouriel, MD, MBA Location: Trianon Ballroom, 3rd Floor

WEDNESDAY PROGRAMS

Program D: (Sessions 23-30)

6:40 A.M. - 5:58 P.M.

(10 CME Credits)

Lower Extremity Arterial Occlusive Disease And Its Treatment

Location: Grand Ballroom East, 3rd Floor

Program E: (Sessions 31-38)

6:40 A.M. - 6:05 P.M. (10 CME Credits)

Medical And Anti-Atherogenic

Treatments; Anti-Hypertensive Treatments; Endoleak Management; Important Issues

For Vascular Surgeons & Specialists, And

Other Interesting Topics Location: Grand Ballroom West, 3rd Floor

Program F: (Sessions 39-46)

6:54 A.M. - 6:00 P.M. (9.75 CME Credits)

Thoracic And Abdominal Aorta, Aortic

Dissections, TEVAR, Parallel Grafts, F/ BEVAR, TAAAs, Juxta- And Pararenal AAAs, Multilayer Flow Modulating (MLFM) Stents, AAAs & EVAR And Recorded Live Cases

Location: Trianon Ballroom, 3rd Floor

THURSDAY PROGRAMS

Program G: (Sessions 47-54) 6:40 A.M. – 5:54 P.M.

(9.75 CME Credits)

New Techniques, Technology And Concepts; Advances In F/BEVAR And Parallel Grafts For Complex Aortic Aneurysms And TAAAs; Tribute To Our Military; Endo vs. Open Treatment For Ruptured AAAs; Vascular Robotics & Guidance Systems; New Concepts & Controversies

Location: Grand Ballroom East, 3rd Floor

Program H: (Sessions 55-62)

6:40 A.M. - 5:30 P.M.

(9.5 CME Credits)

New Devices For EVAR And Juxtarenal AAA Repair; TEVAR And TAAA Repair; Lower Extremity Treatment Devices; Updates On Endoanchors; New Devices For Embolectomy And Clot Removal

Location: Grand Ballroom West, 3rd Floor

Program I: (Sessions 63-70)

7:29 A.M. – 5:15 P.M. (8.75 CME Credits)

Venous Topics – Superficial - Improved

Treatment Of Varicose Veins

Course Leaders: Jose I. Almeida, MD, RPVI, RVT, Lowell S. Kabnick, MD, RPhS,

Thomas W. Wakefield, MD

Location: Trianon Ballroom, 3rd Floor

FRIDAY PROGRAMS

Program J: (Sessions 71-78)

6:40 A.M. - 5:58 P.M. (10 CME Credits)

New Carotid Technology, Techniques And Concepts; Spinal Cord Ischemia (SCI); Carotid Related Topics And Controversies CEA vs. CAS vs. Medical Therapy; Late

Breaking Carotid Trial Information And Updates; New Concepts And Updates In

PEVAR And Vascular Disease Treatment Location: Grand Ballroom East, 3rd Floor

Program K: (Sessions 79-86)

6:40 A.M. – 5:35 P.M. (9.5 CME Credits)

Popliteal Aneurysms And Disease; Management Of Infected Arteries Prosthetic Grafts And Endografts; Advances In Imaging And Hybrid Suites; New Developments In Thoracic Outlet Syndromes, Cardiac Evaluation, Vascular Trauma, Medical Topics And Treatments,

CCSVI And Radiation Safety; Recorded Live Cases From Münster & The Mayo

Clinic Location: Grand Ballroom West, 3rd Floor

Program L: (Sessions 87-91)

6:58 A.M. - 5:12 P.M. (9.25 CME Credits)

New Developments In Deep Venous

Disease And Its Treatment

Course Leaders: Jose I. Almeida, MD, RPVI, RVT, Lowell S. Kabnick, MD, RPhs,

Thomas W. Wakefield, MD

Location: Grand Ballroom, 3rd Floor

Program M: (Sessions 92-98)

6:45 A.M. – 1:30 P.M. (6.25 CME Credits)

The Challenging World Of The

Diagnosis And Treatment Of Vascular

Malformations: An Orphan Disease That Has Now Come Of Age

Course Leaders: Wayne F. Yakes, MD, Krassi Ivancev, MD, PhD, Robert L.

Vogelzang, MD

Location: Gramercy Suites East and West, 2nd Floor

SATURDAY PROGRAMS

Program N: (Sessions 99-105) 6:46 A.M. - 4:16 P.M.

(8.25 CME Credits)

New Developments In The Treatment Of Diseases Of The Lower Extremities, Carotid Arteries, The Aorta And Its

Branches And Traumatic Vascular Injuries Location: Grand Ballroom East, 3rd Floor

Program O: (Sessions 106-110) 8:00 A.M. - 4:00 P.M.

(6.75 CME Credits)

Improving Outcomes In Hemodialysis Access

Location: Grand Ballroom West, 3rd Floor

Program P: (Sessions 111-115)

6:50 A.M. - 2:00 P.M.

(6.25 CME Credits)

New Developments In Treatment Of The Aorta Carotid And Lower

Extremity Arteries; Important Updates

And New Concepts

Location: Trianon Ballroom, 3rd Floor



Kenneth Ouriel, MD, MBA Sean P. Lyden, MD

Jacqueline M. Simpson, BBA

Steven J. Feld, MSW

Steven M. Kawczak, PhD

Ali F. AbuRahma, MD Keith D. Calligaro, MD Nicholas J.W. Cheshire, MD Timur P. Sarac, MD

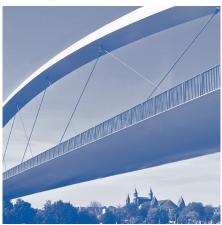
Ali F. AbuRahma, MD Mark A. Adelman, MD Jean-Pierre Becquemin, MD Giancarlo Biamino, MD, PhD Keith D. Calligaro, MD Nicholas J.W. Cheshire, MD Roberto Chiesa, MD Daniel G. Clair, MD Jacob Cynamon, MD Hans-Henning Eckstein, MD, PhD Peter Gloviczki, MD Roger M. Greenhalgh, MD Krassi Ivancev, MD, PhD Sriram S. Iyer, MD Pedro P. Komlos, MD Mario L. Lachat, MD Christos D. Liapis, MD Evan C. Lipsitz, MD Germano Melissano, MD Frans L. Moll, MD, PhD Samuel R. Money, MD, MBA Christoph A. Nienaber, MD, PhD Juan C. Parodi, MD Vicente Riambau, MD, PhD Jean-Baptiste Ricco, MD, PhD Thomas S. Riles, MD Plinio Rossi, MD Timur P. Sarac, MD Dierk Scheinert, MD Carlo Setacci, MD Cynthia K. Shortell, MD Giovanni Torsello, MD Eric L. G. Verhoeven, MD, PhD Wayne W. Zhang, MD

CONTENTS

Program Outline At A Glance	Inside Front Cover
Acknowledgments	
General Information	
Accreditation	
Faculty Disclosure	9
Social Events	10
Hotel and Travel	10
Agenda	11–116
VEITH On-Demand	116
Faculty Listing	117–124
Registration	125–126
Save the Date	Inside Back Cover



21st European Vascular Course



March 5-7 2017

Maastricht the Netherlands

www.vascular-course.com

I00 invited lectures
Interactive case discussions
Hands-on training sessions
Arterial, Venous & Access
Master Classes & textbooks







CONTROVERSIES

CHALLENGES

CONSENSUS

Vascular & Endovascular Consensus Update

eripheral

25-28 APRIL 2017

See you in 2017

EDUCATION

INNOVATION

WWW.CXSYMPOSIUM.COM







Follow us @cxsymposium

NEEDS ASSESSMENT

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

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

In addition, by having numerous short (5-6 minutes) talks followed by panel discussions and capturing the entire meeting on the web based library, the meeting will provide an electronic reference source to help vascular specialists in their practice decisions throughout the year. It will also provide the most up-to-date unbiased information possible to help with these decisions.

FOCUS

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

OBIECTIVES

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

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

TARGET AUDIENCE

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

ASSOCIATE FACULTY GLOBAL PODIUM PRESENTATIONS

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

GENERAL SESSIONS

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

COMPONENT SESSIONS WILL BE HELD AS FOLLOWS:

Innovation and Investment Roundtable

Thursday, November 17, 2016

Location: Gramercy Suites East and West, 2nd floor

Hemodialysis Access

Saturday, November 19, 2016

Location: Grand Ballroom West, 3rd floor

AIMsymposium Multidisciplinary Acute Stroke Management

Thursday, November 17, 2016

Location: Murray Hill Suites East and West, 2nd floor

VEITHsymposium registrants are welcome to attend at no

additional cost.

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

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

VENOUS VENOUS WORKSHOPS AT

VEITHsymposium

Wednesday, November 16, 2016

1:00 P.M. - 6:00 P.M.

Location: Americas Hall II, 3rd floor

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

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

Module 1: Superficial Truncal Disease Treatment - Thermal EVLA, RFA, PAPS

Module 2: DVT Treatment

IVUS, Thrombolysis, Stents, Difficult Recanalizations, Oral Anticoagulation

Module 3: Superficial Cluster Vein Treatment

Ambulatory Phlebectomy, TIPP, Sclerotherapy

Module 4: Diagnosis/Medical Treatment

Duplex Imaging, Compression Bandaging, Lymphedema Massage

Module 5: Superficial Truncal Disease Treatment - Non-Thermal Mechanochemical Ablation, Cyanoacrylate Adhesive, Foam Sclerotherapy

Visit www.veithsymposium.org for details.

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

ACCREDITATION STATEMENT

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

The Cleveland Clinic Foundation Center for Continuing Education designates this live activity for a maximum of 48 *AMA PRA Category 1 Credits*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

ABS MAINTENANCE OF CERTIFICATION

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

CME CERTIFICATES AND COURSE EVALUATION FORMS

CME certificates will be available online at www.veithsymposium.org. An e-mail with a unique password and instructions on how to obtain the certificate and complete a brief, optional course evaluation will be sent to all registered attendees after the meeting. The e-mail will be sent to the e-mail address that was used to register the attendee. Please note that CME Certificates must be claimed by **February 28, 2017.**

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, or by fax to (845) 368-2324.

ONLINE CONFERENCE LIBRARY

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

ONLINE ACCESS TO ABSTRACTS

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

SOCIAL EVENTS

FIRST HAND TICKETS

The love of live entertainment is what drives us. Specializing in hard to find, and sold out events - our mission is to get everyone a great seat. With a seasoned staff, we guarantee to exceed your expectations. Most importantly we ensure a safe and friendly transaction. At **First Hand Tickets** we are proud to be the leading Ticket Agency in New York focusing in all Sports, Theater and Concert events around the world. From single tickets to large groups, we will accommodate your needs with professionalism and attention to detail. Experience a new level of entertainment with First Hand Tickets.

For more information or to arrange your social events while at VEITHsymposium, please contact:

Warren Schreiber at wschreiber@firsthandtickets.com Zach Schreiber at zschreiber@firsthandtickets.com, Phone: 516-376-8092 or (866) 375-7591

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 9, 2016. 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: (800) 955-6111, prompt #5 (U.S. toll free)

(216) 444-2564 (U.S. and International)

Fax: (623) 748-4341

E-mail: Diane.M.Geneva@aexp.com

TUESDAY, NOVEMBER 15, 2016

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

CONCURRENT TUESDAY PROGRAMS

PROGRAM A: SESSIONS 1-8

Heart Valves, Aortic And Carotid Diseases And Their Treatment 6:45 A.M. – 6:02 P.M.

Grand Ballroom East, 3rd Floor

PROGRAM B: SESSIONS 9-16

New Developments In AAAs, EVAR, Aortic Branch Lesions (Including Iliac, Visceral And Renal Arteries), Outpatient Issues, Laparoscopic Techniques, Complex AAAs, New Techniques And Open Or Hybrid Vascular Surgery

6:40 A.M. - 5:58 P.M.

Grand Ballroom West, 3rd Floor

PROGRAM C: SESSIONS 17-18 (PART 1)

Management Of Pulmonary Embolism: Do We Know Enough

7:00 A.M. – 12:00 P.M. Trianon Ballroom, 3rd Floor Course Leader: Michael R. Jaff, DO

PROGRAM C: SESSIONS 19-22 (PART 2)

New Developments In The Management Of Acute And Chronic Large Vein Occlusion

1:00 P.M. - 5:45 P.M.

Trianon Ballroom, 3rd Floor

Course Leader: Kenneth Ouriel, MD, MBA

PROGRAM A (SESSIONS 1-8)

PROGRESS IN VALVE, AORTIC AND CAROTID DISEASES AND THEIR TREATMENT

Grand Ballroom East, 3rd Floor

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

SESSION 1 (Grand Ballroom East, 3rd Floor)

PROGRESS IN TRANSCATHETER HEART VALVES AND NEW APPROACHES TO ASCENDING AORTIC DISEASE

Moderators: Nicholas J.W. Cheshire, MD

Moderators: Nicholas J.W. Cheshire, MD Hazim J. Safi, MD

6:50 – 6:55 Current Status Of Transcatheter Aortic Valve Implantation (TAVI): A Cardiac Surgeon's Perspective Allan Stewart, MD

6:56 – 7:01 Current Status Of TAVI And What Is Beyond The Sapien And Core Valves: An Interventional Cardiologist's Perspective Dietmar H. Koschyk, MD

7:02 – 7:07 Transcatheter Mitral Valve Repair: Current Status And Devices

Lars G. Svensson, MD, PhD

11

	ASCENDING AORTIC ENDOGRAFTING
7:08 - 7:13	Early Experience With Gore Endovascular Device For Type A Dissections: Advantages And Limitations <i>Michael J. Reardon, MD</i>
7:14 - 7:19	Current And Future Role Of Endovascular Grafts For The Ascending Aorta And Aortic Root Grayson H. Wheatley, MD
7:20 - 7:25	Advances And Limitations With Endograft Treatment Of Ascending Aortic Lesions Ali Khoynezhad, MD, PhD
7:26 - 7:31	Promises And Current Limitations Of Ascending Aortic Endograft Treatment Ralf R. Kolvenbach, MD
7:32 - 7:37	Progress With Ascending Aortic Endograft Treatment: What Lesions, Indications, Techniques And Results <i>Rodney A. White, MD</i>
	Carlos E. Donayre, MD
7:38 — 7:43	Panel Discussion
NEW DE' ARCH LE	(Grand Ballroom East, 3rd Floor) VELOPMENTS IN TREATMENT OF AORTIC SIONS AND AORTIC DISSECTIONS :: Lars G. Svensson, MD, PhD Timothy A.M. Chuter, DM
7:44 - 7:49	What Is A Frozen Elephant Trunk Procedure: What Is Its Value In Thoracic Aortic Disease And Does The Vascutek Thoraflex Hybrid Graft Facilitate The Procedure <i>Joseph S. Coselli, MD Ourania Preventza, MD</i>
7:50 — 7:55	Status Of Open Repair For Complicated Type B Aortic Dissections (TBADs): It Is Still The Best Treatment If Certain Conditions Apply Hazim J. Safi, MD Anthony L. Estrera, MD
7:56 — 8:01	Hybrid Repair Of Aortic Arch Aneurysms And Dissections Is The Best Treatment Option In Fit Patients Roberto Chiesa, MD Germano Melissano, MD
8:02 — 8:07	
8:08 — 8:13	Endovascular Arch Repair After Open Repair Of Type A Aortic Dissection (TAAD): Indications, Precautions And Results Stephan Haulon, MD
8:14 - 8:19	Techniques For And Long-Term Results Of Treating Zone 0 Aortic Arch Lesions Endovascularly: Including The Use Of Bolton's Branched TEVAR Device Toru Kuratani, MD, PhD
8:20 — 8:25	Thoracic Single Endobranch Endograft (Gore TAG) For Treating Arch Aneurysms In Zones 0, 1 And 2: Technique, Advantages, Limitations And Early Results Michael D. Dake, MD Michel Makaroun, MD
8:26 — 8:31	Update On Mona LSA Single Branched Graft (Medtronic) For Revascularization Of The Left Subclavian Artery With TEVAR: Advantages And Results Frank R. Arko, MD Eric E. Roselli, MD

8:32 - 8:37	Endovascular Treatment Of Aortic Arch Lesions With Chimney Grafts And The Nexus Fenestrated Endograft Mario L. Lachat, MD Nicola Mangialardi, MD
8:38 - 8:43	Tips And Tricks To Make Chimney TEVAR (Ch/TEVAR) In The Aortic Arch Successful Chang Shu, MD
8:44 - 8:50	Panel Discussion
TYPE B A TREATMI THORAC	(Grand Ballroom East, 3rd Floor) ORTIC DISSECTIONS (TBADs) AND THEIR ENT: INCLUDING SECONDARY COABDOMINAL ANEURYSMS (TAAAs) : Joseph S. Coselli, MD Michael D. Dake, MD
8:51 - 8:56	New Developments In The Treatment Of TBADs: Where Are We Headed Christoph A. Nienaber, MD, PhD
8:57 - 9:02	Best Medical Treatment For Uncomplicated TBAD: Factors Predicting Need For TEVAR And Significance Of Aortic Arch Tears Santi Trimarchi, MD, PhD
9:03 — 9:08	Predictors Of Need For Intervention (TEVAR, Etc.) And Mortality With Uncomplicated Acute TBAD: Total Aortic Diameter >44 mm Matters Most Ali Azizzadeh, MD Anthony L. Estrera, MD Hazim J. Safi, MD
9:09 - 9:14	Natural History Of TEVAR Treated TBADs: One- Third Of TEVAR Treated Patients Don't Remodel And Develop Aneurysms – Usually In Thoracic Aorta: How To Treat And Prevent Rupture Tilo Kölbel, MD, PhD Sebastian E. Debus, MD, PhD
9:15 - 9:20	5-Year Update Of STABLE I And 2-Year Update Of STABLE II Trials Of 2-Component TEVAR With Proximal Covered And Distal Bare Stents (Petticoat Concept) For Acute TBADs: Are There Advantages And Limitations Joseph V. Lombardi, MD
9:21 - 9:26	Advantage Of The 2-Component Petticoat System: Overdilatation Of The Bare Stent Can Disrupt The Dissection Flap And Facilitate Distal False Lumen Obliteration Improving Outcomes With Acute TBADs: Technique And Results Jean-Marc Alsac, MD, PhD
9:27 - 9:32	Distal Extended Branched Petticoat Technique To Treat False Lumen Aneurysms From Complex Aortic Dissections: How To Do It And Results Lars R. Kock, MD
9:33 - 9:38	Disadvantages Of The Petticoat Technique: Why It May Not Be Beneficial Ludovic Canaud, MD, PhD
9:39 - 9:44	Tips And Tricks To Avoid Pitfalls In The TEVAR Treatment Of TBADs Weiguo Fu, MD
9:45 - 9:50	Open Surgery Is The Best Treatment For Thoracoabdominal Aneurysms (TAAAs) Complicating TBADs Michael J. Jacobs, MD

9:51 - 9:57	Panel Discussion
9:58 - 10:10	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
MORE AI	(Grand Ballroom East, 3rd Floor) BOUT NEW DEVELOPMENTS IN THE ENT OF TBADs AND RELATED ENTITIES : Christoph A. Nienaber, MD, PhD Frank J. Veith, MD
10:10 — 10:15	Natural History Of Penetrating Ulcers In The Thoracic Aorta: When Should They Be Treated Conservatively And When By TEVAR Thomas C. Bower, MD
10:16 — 10:21	Natural History Of Intramural Hematomas In The Thoracic Aorta: When Should They Be Treated Conservatively And When By TEVAR Santi Trimarchi, MD, PhD
10:22 — 10:27	How To Follow TBAD Patients On Medical Treatment And After TEVAR: What Secondary Interventions May Be Required And When Götz M. Richter, MD, PhD
10:28 — 10:33	Detecting False Lumen Thrombosis In TBAD Patients: It Is Not So Easy: What Technique Is Most Reliable <i>Rachel E. Clough, MD, PhD</i>
10:34 — 10:39	DEBATE: When Performing TEVAR For Acute Uncomplicated TBAD, The Procedure Should Be Delayed 2-12 Weeks (~6 Weeks) After The Event To Decrease Chances Of Retrograde Dissection <i>Matt M. Thompson, MD</i>
10:40 — 10:45	DEBATE: It Is Safe To Perform TEVAR For Uncomplicated TBAD Within <2 Weeks Of The Acute Event If Certain Precautions Are Taken <i>Jan S. Brunkwall, MD, PhD</i>
10:46 — 10:51	4-Year Results With Bolton Relay Graft For TEVAR And New Modifications Of The Platform Including Proximal And Distal Scallops And Ways To Prevent Proximal Migration Vicente Riambau, MD, PhD
10.52 — 10.57	Why Patients With TBAD Can Benefit From Dissection Flap Disruption (Septotomy): How It Can Be Done Safely And A Device To Do It Ramon Berguer, MD, PhD Juan C. Parodi, MD
10:58 — 11:04	Panel Discussion
Moderators	: Hazim J. Safi, MD Roberto Chiesa, MD
11:04 — 11:09	There Is No Such Thing As A Chronic TBAD: Why Our Thinking And Nomenclature Should Change <i>Firas F. Mussa, MD</i>
11:10 — 11:15	Staged Hybrid Procedure (Proximal TEVAR And Open Distal TAAA Repair) Is A Better Way To Treat TBAD With Extensive TAAA: Technique, Advantages And Limitations Gilbert R. Upchurch, MD
11:16 — 11:21	False Lumen Outflow Resistance As A Predictor Of The Need For Late Reintervention With Uncomplicated TBAD: How To Measure And What To Do With This Measurement Geert Willem H. Schurink, MD, PhD
14	Michael J. Jacobs, MD

11.22 – 11.27 Expanding Midterm Experience With Fenestrated And Branched EVAR (F/BEVAR) For TAAAs From Chronic TBADs: Advantages And Limitations Eric L.G. Verhoeven, MD, PhD Piotr M. Kasprzak, MD 11.28 – 11.33 TEVAR Endografts For TBADs Can Cause New Distal Entry Tears: How To Detect And Treat Them Chun-Che Shih, MD, PhD 11.34 – 11.39 Application Of Occlusive Devices In The Endovascular Treatment Of Difficult Aortic Lesions (Dissections And False Aneurysms) Unsuitable For Endograft Repair Guangqi Chang, MD 11.40 – 11.45 Peripheral Vascular Complications Of TEVAR And TAVI: How To Prevent And Treat Them Ali Khoynezhad, MD, PhD 11.46 – 11.51 What Proportion Of Strokes With TEVAR Are Due To Air Emboli And Not Particulate Emboli: CO ₂ Flushing Of Devices Can Prevent Air Embolic Strokes Tilo Kölbel, MD, PhD 11.52 – 12.00 Panel Discussion 12.00 – 1.00 Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 5 (Grand Ballroom East, 3rd Floor) NEW KEY DEVELOPMENTS IN THE MANAGEMENT OF PATIENTS WITH CAROTID DISEASE Moderators: Frank J. Veith, MD Klaus D. Mathias, MD 1.00 – 1.05 Endovascular Repair Of Saccular Aneurysms Of The Extracradious But Fusiform Aneurysms Remain A Challenge: Tips And Tricks: Long-Term Results James May, MD, MS 1.06 – 1.11 Value Of OCT And IVUS Evaluation Before And After CAS: How Can They Improve Results Bernhard Reimers, MD 1.12 – 1.17 Optimal Medical Management To Decrease Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals Colin P. Derdeyn, MD 1.18 – 1.23 Despite Level 1 Evidence To The Contrary, Patches Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1.24 – 1.29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1.30 – 1.31 DEBATE: The 10-Year CRE		
11.28 – 11.33 TEVAR Endografts For TBADs Can Cause New Distal Entry Tears: How To Detect And Treat Them Chun-Che Shih, MD, PhD 11.34 – 11.39 Application Of Occlusive Devices In The Endovascular Treatment Of Difficult Aortic Lesions (Dissections And False Aneurysms) Unsuitable For Endograft Repair Guangqi Chang, MD 11.40 – 11.45 Peripheral Vascular Complications Of TEVAR And TAVI: How To Prevent And Treat Them Ali Khoynezhad, MD, PhD 11.46 – 11.51 What Proportion Of Strokes With TEVAR Are Due To Air Emboli And Not Particulate Emboli: CO2 Flushing of Povices Can Prevent Air Embolic Strokes Tilo Kölbel, MD, PhD Sebastian E. Debus, MD, PhD 11.52 – 12.00 Panel Discussion 12.00 – 1.00 Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 5 (Grand Ballroom East, 3rd Floor) NEW KEY DEVELOPMENTS IN THE MANAGEMENT OF PATIENTS WITH CAROTID DISEASE Moderators: Frank J. Veith, MD Klaus D. Mathias, MD 1.00 – 1.05 Endovascular Repair Of Saccular Aneurysms Of The Extracranial Internal Carotid Artery Is No Longer Hazardous But Fusiform Aneurysms Remain A Challenge: Tips And Tricks: Long-Term Results James May, MD, MS 1.06 – 1.11 Value Of OCT And IVUS Evaluation Before And After CAS: How Can They Improve Results Bernhard Reimers, MD 1.12 – 1.17 Optimal Medical Management To Decrease Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals Colin P. Derdeyn, MD 1.18 – 1.23 Despite Level 1 Evidence To The Contrary, Patches Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1.24 – 1.29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1.30 – 1.31 DEBATE: The 10-Year RESIT Trial Results Indicate That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD	11:22 — 11:27	And Branched EVAR (F/BEVAR) For TAAAs From Chronic TBADs: Advantages And Limitations Eric L.G. Verhoeven, MD, PhD
11.34 – 11.39 Application Of Occlusive Devices In The Endovascular Treatment Of Difficult Aortic Lesions (Dissections And False Aneurysms) Unsuitable For Endograft Repair Guangqi Chang, MD 11.40 – 11.45 Peripheral Vascular Complications Of TEVAR And TAVI: How To Prevent And Treat Them Ali Khoynezhad, MD, PhD 11.46 – 11.51 What Proportion Of Strokes With TEVAR Are Due To Air Emboli And Not Particulate Emboli: CO ₂ Flushing Of Devices Can Prevent Air Embolic Strokes Tilo Kölbel, MD, PhD Sebastian E. Debus, MD, PhD 11.52 – 12.00 Panel Discussion 12.00 – 1.00 Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 5 (Grand Ballroom East, 3rd Floor) NEW KEY DEVELOPMENTS IN THE MANAGEMENT OF PATIENTS WITH CAROTID DISEASE Moderators: Frank J. Veith, MD Klaus D. Mathias, MD 1.00 – 1.05 Endovascular Repair Of Saccular Aneurysms Of The Extracranial Internal Carotid Artery Is No Longer Hazardous But Fusiform Aneurysms Remain A Challenge: Tips And Tricks: Long-Term Results James May, MD, MS 1.06 – 1.11 Value Of OCT And IVUS Evaluation Before And After CAS: How Can They Improve Results Bernhard Reimers, MD 1.12 – 1.17 Optimal Medical Management To Decrease Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals Colin P. Derdeyn, MD 1.18 – 1.23 Despite Level 1 Evidence To The Contrary, Patches Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1.24 – 1.29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1.30 – 1.35 DEBATE: The 10-Year CREST Trial Results Indicate That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD 1.36 – 1.41 DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST	11:28 — 11:33	TEVAR Endografts For TBADs Can Cause New Distal Entry Tears: How To Detect And Treat Them
TAVI: How To Prevent And Treat Them Ali Khoynezhad, MD, PhD What Proportion Of Strokes With TEVAR Are Due To Air Emboli And Not Particulate Emboli: CO2 Flushing Of Devices Can Prevent Air Embolic Strokes Tilo Kölbel, MD, PhD Sebastian E. Debus, MD, PhD 11.52 – 12.00 Panel Discussion Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 5 (Grand Ballroom East, 3rd Floor) NEW KEY DEVELOPMENTS IN THE MANAGEMENT OF PATIENTS WITH CAROTID DISEASE Moderators: Frank J. Veith, MD Klaus D. Mathias, MD 1.00 – 1.05 Endovascular Repair Of Saccular Aneurysms Of The Extracranial Internal Carotid Artery Is No Longer Hazardous But Fusiform Aneurysms Remain A Challenge: Tips And Tricks: Long-Term Results James May, MD, MS 1.06 – 1:11 Value Of OCT And IVUS Evaluation Before And After CAS: How Can They Improve Results Bernhard Reimers, MD 1.12 – 1:17 Optimal Medical Management To Decrease Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals Colin P. Derdeyn, MD 1.18 – 1:23 Despite Level 1 Evidence To The Contrary, Patches Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1.24 – 1:29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1.30 – 1:35 DEBATE: The 10-Year CREST Trial Results Indicate That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD Brajesh K. Lal, MD DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST	11:34 — 11:39	Application Of Occlusive Devices In The Endovascular Treatment Of Difficult Aortic Lesions (Dissections And False Aneurysms) Unsuitable For Endograft Repair
Air Emboli And Not Particulate Emboli: CO ₂ Flushing Of Devices Can Prevent Air Embolic Strokes Tilo Kölbel, MD, PhD Sebastian E. Debus, MD, PhD 11.52 – 12.00 Panel Discussion Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 5 (Grand Ballroom East, 3rd Floor) NEW KEY DEVELOPMENTS IN THE MANAGEMENT OF PATIENTS WITH CAROTID DISEASE Moderators: Frank J. Veith, MD Klaus D. Mathias, MD 1.00 – 1.05 Endovascular Repair Of Saccular Aneurysms Of The Extracranial Internal Carotid Artery Is No Longer Hazardous But Fusiform Aneurysms Remain A Challenge: Tips And Tricks: Long-Term Results James May, MD, MS 1.06 – 1.11 Value Of OCT And IVUS Evaluation Before And After CAS: How Can They Improve Results Bernhard Reimers, MD 1.12 – 1.17 Optimal Medical Management To Decrease Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals Colin P. Derdeyn, MD 1.18 – 1.23 Despite Level 1 Evidence To The Contrary, Patches Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1.24 – 1.27 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1.30 – 1.35 DEBATE: The 10-Year CREST Trial Results Indicate That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD Brajesh K. Lal, MD DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST	11:40 — 11:45	TAVI: How To Prevent And Treat Them
12.00 – 1.00 Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 5 (Grand Ballroom East, 3rd Floor) NEW KEY DEVELOPMENTS IN THE MANAGEMENT OF PATIENTS WITH CAROTID DISEASE Moderators: Frank J. Veith, MD Klaus D. Mathias, MD 1.00 – 1.05 Endovascular Repair Of Saccular Aneurysms Of The Extracranial Internal Carotid Artery Is No Longer Hazardous But Fusiform Aneurysms Remain A Challenge: Tips And Tricks: Long-Term Results James May, MD, MS 1.06 – 1:11 Value Of OCT And IVUS Evaluation Before And After CAS: How Can They Improve Results Bernhard Reimers, MD 1.12 – 1:17 Optimal Medical Management To Decrease Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals Colin P. Derdeyn, MD 1.18 – 1:23 Despite Level 1 Evidence To The Contrary, Patches Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1.24 – 1:29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1.30 – 1:35 DEBATE: The 10-Year CREST Trial Results Indicate Thomas G. Brott, MD Brajesh K. Lal, MD DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST	11:46 — 11:51	Air Emboli And Not Particulate Emboli: CO ₂ Flushing Of Devices Can Prevent Air Embolic Strokes <i>Tilo Kölbel, MD, PhD</i>
Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 5 (Grand Ballroom East, 3rd Floor) NEW KEY DEVELOPMENTS IN THE MANAGEMENT OF PATIENTS WITH CAROTID DISEASE Moderators: Frank J. Veith, MD Klaus D. Mathias, MD 1.00 - 1.05 Endovascular Repair Of Saccular Aneurysms Of The Extracranial Internal Carotid Artery Is No Longer Hazardous But Fusiform Aneurysms Remain A Challenge: Tips And Tricks: Long-Term Results James May, MD, MS 1.06 - 1.11 Value Of OCT And IVUS Evaluation Before And After CAS: How Can They Improve Results Bernhard Reimers, MD 1.12 - 1.17 Optimal Medical Management To Decrease Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals Colin P. Derdeyn, MD 1.18 - 1.23 Despite Level I Evidence To The Contrary, Patches Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1.24 - 1.29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1.30 - 1.35 DEBATE: The 10-Year CREST Trial Results Indicate That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD Brajesh K. Lal, MD 1.36 - 1.41 DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST	11:52 - 12:00	Panel Discussion
NEW KEY DEVELOPMENTS IN THE MANAGEMENT OF PATIENTS WITH CAROTID DISEASE Moderators: Frank J. Veith, MD Klaus D. Mathias, MD 1.00 - 1.05 Endovascular Repair Of Saccular Aneurysms Of The Extracranial Internal Carotid Artery Is No Longer Hazardous But Fusiform Aneurysms Remain A Challenge: Tips And Tricks: Long-Term Results James May, MD, MS 1.06 - 1.11 Value Of OCT And IVUS Evaluation Before And After CAS: How Can They Improve Results Bernhard Reimers, MD 1.12 - 1.17 Optimal Medical Management To Decrease Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals Colin P. Derdeyn, MD 1.18 - 1.23 Despite Level 1 Evidence To The Contrary, Patches Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1.24 - 1.29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1.30 - 1.35 DEBATE: The 10-Year CREST Trial Results Indicate That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD Brajesh K. Lal, MD 1.36 - 1.41 DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST	12:00 — 1:00	
 1:00 - 1:05 Endovascular Repair Of Saccular Aneurysms Of The Extracranial Internal Carotid Artery Is No Longer Hazardous But Fusiform Aneurysms Remain A Challenge: Tips And Tricks: Long-Term Results James May, MD, MS 1:06 - 1:11 Value Of OCT And IVUS Evaluation Before And After CAS: How Can They Improve Results Bernhard Reimers, MD 1:12 - 1:17 Optimal Medical Management To Decrease Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals Colin P. Derdeyn, MD 1:18 - 1:23 Despite Level 1 Evidence To The Contrary, Patches Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1:24 - 1:29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1:30 - 1:35 DEBATE: The 10-Year CREST Trial Results Indicate That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD Brajesh K. Lal, MD 1:36 - 1:41 DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST 	NEW KEY	Y DEVELOPMENTS IN THE MANAGEMENT NTS WITH CAROTID DISEASE : Frank J. Veith, MD
 1.96 - 1.11 Value Of OCT And IVUS Evaluation Before And After CAS: How Can They Improve Results Bernhard Reimers, MD 1.12 - 1.17 Optimal Medical Management To Decrease Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals Colin P. Derdeyn, MD 1.18 - 1.23 Despite Level 1 Evidence To The Contrary, Patches Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1.24 - 1.29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1.30 - 1.35 DEBATE: The 10-Year CREST Trial Results Indicate That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD Brajesh K. Lal, MD 1.36 - 1.41 DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST 	1:00 - 1:05	Extracranial Internal Carotid Artery Is No Longer Hazardous But Fusiform Aneurysms Remain A Challenge: Tips And Tricks: Long-Term Results
Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals Colin P. Derdeyn, MD 1:18 - 1:23 Despite Level 1 Evidence To The Contrary, Patches Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1:24 - 1:29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1:30 - 1:35 DEBATE: The 10-Year CREST Trial Results Indicate That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD Brajesh K. Lal, MD 1:36 - 1:41 DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST	1:06 - 1:11	Value Of OCT And IVUS Evaluation Before And After CAS: How Can They Improve Results
Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures Robert B. McLafferty, MD 1:24 - 1:29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1:30 - 1:35 DEBATE: The 10-Year CREST Trial Results Indicate That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD Brajesh K. Lal, MD 1:36 - 1:41 DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST	1:12 - 1:17	Cardiovascular And Stroke Risk As In The SAMMPRIS Trial: It Is Not Simple And Requires Training: How To Do It And What Are The Treatment Goals
 1:24 - 1:29 With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT) J. David Spence, MD 1:30 - 1:35 DEBATE: The 10-Year CREST Trial Results Indicate That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD Brajesh K. Lal, MD 1:36 - 1:41 DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST 	1:18 - 1:23	Are Not Always Necessary With CEA And Patches Can Cause Serious Complications: How To Avoid Patch Closures
That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients Thomas G. Brott, MD Brajesh K. Lal, MD 1:36 - 1:41 DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST	1:24 - 1:29	With High-Grade Asymptomatic Carotid Stenosis (ACS) There Is A Low Rate Of Occlusion And Stroke In Patients On Current Best Medical Therapy (BMT)
1:36 – 1:41 DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST	1:30 - 1:35	That CAS Is Equivalent To CEA In Both Symptomatic And Asymptomatic Carotid Stenosis Patients <i>Thomas G. Brott, MD</i>
	1:36 - 1:41	DEBATE: Not So Fast: There Are Other Ways To Interpret The 10-Year Results From CREST

1:42 - 1:47	How Best To Manage Acute Carotid Occlusion After CEA: Why Endovascular Treatment Can Be The Best Option Alejandro M. Spiotta, MD
1:48 - 1:54	Panel Discussion
	Claudio J. Schonholz, MD L. Nelson Hopkins, MD
1:54 - 1:59	DEBATE: 5-Year Results From The ACT-1 Trial Show That CAS Is Equivalent To CEA For Asymptomatic Carotid Stenosis (ACS) Kenneth Rosenfield, MD Jon S. Matsumura, MD
2:00 - 2:05	DEBATE: Not So Fast: There Is Another Interpretation To ACT-1: It Does Not Change Current Evidence That BMT Alone Is Best For Asymptomatic Carotid Stenosis <i>Anne L. Abbott, MD, PhD</i>
2:06 - 2:11	Systemic Biomarkers Can Predict The Stroke Risk Of Carotid Plaques And Cognitive Decline After CEA And CAS: Are There Differences Between The 2 Procedures Wei Zhou, MD
2:12 - 2:17	DEBATE: How To Identify Those ACS Patients Who Can Benefit From An Invasive Intervention (CEA Or CAS): What Is That Percentage Of ACS Patients Andrew N. Nicolaides, MS
2:18 - 2:23	DEBATE: The Rationale For A Differing Viewpoint: What Percentage Of ACS Patients Should Be Treated Invasively And Why CEA Is The Best Treatment <i>Bruce A. Perler, MD, MBA</i>
2:24 - 2:29	In Light Of The 10-Year CREST Results And The 5-Year ACT-1 Results, How Should We Regard The Future Of CAS For Symptomatic And Asymptomatic Carotid Stenosis Patients: A UK And European Perspective Ross Naylor, MD
2:30 - 2:35	In Light Of The 10-Year CREST And 5-Year ACT-1 Results How Should We Regard The Future Of CAS For Symptomatic And Asymptomatic Carotid Stenosis: A US Perspective <i>Jon S. Matsumura, MD</i>
2:36 - 2:42	Panel Discussion
2:42 - 2:55	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 6 INVASIVE STROKES	TREATMENT FOR AND AFTER ACUTE
Moderators:	L. Nelson Hopkins, MD Sriram S. Iyer, MD
2:55 - 3:00	Emergency Management Of Acute Strokes: What Can Be Done Intracranially And At the Carotid Bifurcation: How To Do CAS Safely In The Acute Setting <i>Klaus D. Mathias, MD</i>
3:01 - 3:06	Set Up Of An Organization Within A Hospital To Treat An Acute Stroke: To Determine If Intervention At Carotid Or Intracranial Levels Is Appropriate And To Do So Rapidly Luigi Inglese, MD

3:07 - 3:12	Update On Positive Randomized Controlled Trials (RCTs) Of Intracranial Clot Removal For Stroke: How To Select Patients Currently: Should Indications Be Broadened And Ongoing RCTs L. Nelson Hopkins, MD
3:13 - 3:18	Improvements In Intracranial Clot Removal By Direct Aspiration For Acute Strokes: Technique, Equipment And Results: What Does The Future Hold For Stroke Endovascular Therapy Alejandro M. Spiotta, MD
3:19 - 3:24	Advantages Of Direct Carotid Access (Percutaneous Or By Open Exposure) For Acute Ischemic Stroke Intervention At Carotid Or Intracranial Levels <i>Mark H. Wholey, MD</i>
	URGENT CAROTID TREATMENT (SEE SESSION 75 FOR MORE RELATED TOPICS)
3:25 - 3:30	DEBATE: Urgent CEA Within 1 Week After A Stroke Or TIA Is Relatively Safe Whereas Urgent CAS Is Generally Not Safe <i>Gustav Fraedrich, MD</i>
3:31 - 3:36	DEBATE: CEA Within 48 Hours Of Symptom Onset Is Not Safe: Best To Delay CEA For Two Weeks But The Evidence Is Mixed Martin Björck, MD, PhD
3:37 - 3:42	Urgent Carotid Interventions For Acute Stroke: CEA vs. CAS: When And When Not To Intervene: CT Perfusion Studies Can Help In Decision Making <i>Hernan Bazan, MD</i>
3:43 - 3:49	Panel Discussion
SESSION 7 (Grand Ballroom East, 3rd Floor) MORE NEW DEVELOPMENTS IN TEVAR, TAAA AND TBAD TREATMENTS Moderators: Mark A. Farber, MD	
	Stephan Haulon, MD
3:50 — 3:55	Update On Embolic Brain Protection Devices And Techniques During TEVAR And TAVI: Do They Prevent Strokes Or DW-MRI Hits And When Will They Be Available In The US Jeffrey P. Carpenter, MD
3:56 - 4:01	Value Of TEVAR In Treating Chronic TBADs And Associated Aneurysms: It May Prevent Death But Often Requires Reintervention: How Can The Latter Be Prevented Matt M. Thompson, MD
4:02 - 4:07	Advanced CTAG Designs For Treating Complex Thoracic Aortic Lesions Close To The Arch Or With Tortuous Anatomy By TEVAR William J. Quinones-Baldrich, MD
4:08 - 4:14	Panel Discussion
	ADVANCES IN TREATMENT OF TAAAs
4:15 - 4:20	Value Of Branched Endografts (From Cook) For Treating TAAAs: Lessons Learned, Long-Term Results, Advantages And Limitations <i>Timothy A.M. Chuter, DM</i>
101 101	

Value And Limitations Of Sandwich Grafts For

Treating TAAAs: Technical Tips Armando C. Lobato, MD, PhD

4:21 - 4:26

4:27 - 4:32	Device For Treating TAAAs: Technique And Early
	Experience Michel Makaroun, MD Gustavo S. Oderich, MD Mark A. Farber, MD
4:33 - 4:38	Valiant TAAA Device From Medtronic: Based On A Manifold Principle With Multiple Branches To Visceral, Renal And Iliac Arteries: Concept And Early Results With A Potentially OTS Device Patrick W. Kelly, MD
4:39 - 4:44	When Should Endovascular Treatments Be Used With Marfan's Patients And When Should They Not Be Used Ourania Preventza, MD Joseph S. Coselli, MD
4:45 - 4:52	Panel Discussion
CONTRO TREATMI TBAD AN	(Grand Ballroom East, 3rd Floor) DVERSY SURROUNDING TEVAR ENT OF UNCOMPLICATED TBADs; OTHER ND TAAA TOPICS & ONE CAROTID TOPIC : Carlos H. Timaran, MD Matt M. Thompson, MD
4:53 - 4:58	Why Is There Such Disagreement On TEVAR Treatment For Uncomplicated TBAD Frank J. Criado, MD
4:59 — 5:04	DEBATE: Most Uncomplicated TBAD Patients Should Undergo TEVAR Since TEVAR Often Leads To False Lumen Thrombosis And Stability: We Do Not Need Further RCTs Christoph A. Nienaber, MD, PhD
5:05 - 5:10	*
5:11 - 5:16	Why We Need Another Trial Comparing Medical Treatment Alone To Medical Treatment With Early TEVAR For Uncomplicated TBAD: What Is The Status Of Such A Trial Firas A. Mussa, MD
5:17 - 5:22	What Are The In-Hospital Complications That Occur In Medically Treated Uncomplicated TBAD Patients (From IRAD): Can They Be Predicted And Do We Need More RCTs Examining Value And Timing Of TEVAR Santi Trimarchi, MD, PhD
5:23 - 5:28	When Is Early TEVAR Indicated In Uncomplicated TBAD; What Are The Risks Dittmar Böckler, MD
5:29 - 5:34	Why Shouldn't All Acute TBAD Patients Be Treated With TEVAR: What Is The Best Timing For The Procedure And How To Distinguish Between "Acute" And "Chronic" TBAD <i>Johnny Steuer, MD, PhD</i>
5:35 - 5:40	DEBATE: Long-Term Results Of Open Repair Of TAAAs: When Is Open Repair The Best Treatment And Who Should Be Doing It

5:41 - 5:46	DEBATE: Long-Term Results Of Endovascular Repair Of TAAAs: When Is Open Repair Indicated <i>Matthew J. Eagleton, MD</i>
5:47 - 5:52	Age, Contralateral ICA Occlusion And Time Since Symptom Onset Are Not Contraindications For CAS If Certain Precautions Are Taken Horst Sievert, MD
5:53 - 6:02	Panel Discussion End of Program A
NEW DEY BRANCH LAPAROS NEW TEO VASCULA	B (SESSIONS 9-16) VELOPMENTS IN AAAS, EVAR, AORTIC LESIONS, OUTPATIENT ISSUES, SCOPIC TECHNIQUES, COMPLEX AAAS, CHNIQUES AND OPEN OR HYBRID AR SURGERY OOM West, 3rd Floor
6:40 - 6:44	Opening Remarks Frank J. Veith, MD
NEW DE	(Grand Ballroom West, 3rd Floor) VELOPMENTS IN AAAs AND EVAR : Enrico Ascher, MD Ali F. AbuRahma, MD
6:45 - 6:50	Indications For Open AAA Repair In The Current Advanced Endovascular Era Dittmar Böckler, MD
6:51 - 6:56	All AAA Patients Who Need Invasive Treatment Should Be Treated By EVAR If They Have Suitable Anatomy: This Includes Young Patients: This Is Why Mark Conrad, MD, MMSc
6:57 - 7:02	Propensity Matched Comparison Of EVAR vs. Open Repair In A Large US Medicare Database Show EVAR Benefits Up To 7 Years Later: Nevertheless, Open Repair Is Indicated In Young AAA Patients: This Is Why Marc L. Schermerhorn, MD
7:03 — 7:08	Interesting Insights From The RCTs Comparing EVAR To Open Repair After 12-15 Years Of Follow-Up: EVAR Benefits Are Not Durable And Reinterventions Continue To Be Needed <i>Jan D. Blankensteijn, MD</i>
7:09 - 7:14	Long-Term Results Of EVAR With Standard AAA Endografts: How Do These Results Differ From Those In The EVAR RCTs And Why <i>Timur P. Sarac, MD</i>
7:15 - 7:20	Are Advantages Of Lower AAA Related Mortality From EVAR vs. Open Repair Sustained Better With New Generation Devices: A Critical Comparison Of EVAR 1 vs. The ENGAGE Registry Dittmar Böckler, MD
7:21 - 7:27	Panel Discussion
Moderators	: Timur P. Sarac, MD Gregg S. Landis, MD
7:27 - 7:32	How To Enable EVAR To Be Done For AAAs With Neck Diameters > 36 mm. A Combination Of An

Neck Diameters >36 mm: A Combination Of An Endologix AFX Endograft And A Larger Diameter

Valiant Tube Graft Makes It Feasible Jean-Paul de Vries, MD, PhD

7:33 - 7:38	Value Of Hypnosis For EVAR And Other Endovascular Procedures To Make Them Even Less Invasive: How To Do It Jean-Pierre Becquemin, MD
7:39 — 7:44	How Are Long-Term EVAR Outcomes Impacted By Extremely Angled Necks, Conical Necks, And Necks With Circumferential Thrombus: It Doesn't Seem To Matter If Hence J.M. Verhagen, MD, PhD
7:45 - 7:50	Current Optimal Management Of Inflammatory AAAs: When Endo, When Open Franco Grego, MD
7:51 - 7:56	Inflammatory AAAs: Open vs. Endo Treatment And Tips And Tricks For Safely Treating With Open Repair Kenneth J. Cherry, MD
7:57 - 8:02	EVAR Techniques For Inflammatory AAAs And Other Rare AAAs Including Behçet's Disease: How Effective And Durable Are They Furuzan Numan, MD
8:03 - 8:09	Panel Discussion
NEW DEV AORTIC I AORTO-I	O (Grand Ballroom West, 3rd Floor) VELOPMENTS IN THE TREATMENT OF BRANCH LESIONS — ESPECIALLY OF THE LIAC SEGMENT I Kenneth Ouriel, MD, MBA Barry T. Katzen, MD
8:09 - 8:14	What Proportion Of Aorto-Iliac Lesions Require Open Treatment: Tips And Tricks For Treating Endo <i>Ali Amin, MD, RVT</i>
8:15 — 8:20	Endovascular Treatment Of Juxtarenal Aortic Occlusions: Technique Of Treatment And Renal And Visceral Protection: Midterm Results Sonia Ronchey, MD, PhD Nicola Mangialardi, MD
8:21 — 8:26	3-Year Results With The CERAB Procedure For Stent-Graft Reconstruction Of The Occluded Aortic Bifurcation: Technical Precautions, Advantages And Limitations Michel M.P. Reijnen, MD, PhD Peter C.J. Goverde, MD
8:27 - 8:32	How Can Chimney Grafts Be Used Effectively With The CERAB Procedure: Techniques And Results Peter C.J. Goverde, MD Michel M.P. Reijnen, MD, PhD
8:33 - 8:38	Endologix AFX EVAR Endograft For The Treatment Of Complex Aorto-Iliac Occlusive Disease: When Is It Indicated, How To Perform And Early Results Thomas S. Maldonado, MD
8:39 - 8:44	Is There Still A Role For Open Aortofemoral Bypass For Aorto-Iliac Occlusive Disease: What Is It And Why Michael Belkin, MD
	HYPOGASTRIC ARTERY ISSUES
8:45 — 8:50	At What Size Do Hypogastric Artery Aneurysms Rupture: At What Size Is Repair Indicated: Textbook Indications For Repair Should Change Maarit Venermo, MD, PhD

8:51 — 8:56	What Should Be Done About Hypogastric Aneurysms Excluded Only Proximally By Overstenting: At What Size Should Something Else Be Done And What Is That Something Frans L. Moll, MD, PhD
8:57 - 9:02	Comparison Of Available Iliac Branched Devices (IBDs) For Iliac Aneurysms And Hypogastric Revascularization: Advantages And Limitations Of Each Timothy A. Resch, MD, PhD
9:03 - 9:09	Panel Discussion
9:09 - 9:25	Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)
VASCULA NEW HE	(Grand Ballroom West, 3rd Floor) AR LAPAROSCOPY, SOME ROBOTICS AND LPFUL TECHNIQUES AND COMPARISONS :: Alan B. Lumsden, MD Jean-Baptiste Ricco, MD, PhD
9:25 - 9:30	With New Developments In Laparoscopic Robotic Aortic Surgery, It May Still Have A Real Role In Vascular Treatment: Unlike My Impression Last Year Willem Wisselink, MD
9:31 - 9:36	Advances In Laparoscopic Robotic Surgery Indicate It Has A Bright Future For Treating Aortic And Visceral Artery Disease: How The Gore Hybrid Graft Facilitates This Fabien Thaveau, MD, PhD
9:37 - 9:42	Laparoscopic Aorto-Bifemoral Bypass: Indications And Advantages In An Endovascular World Joseph S. Giglia, MD
9:43 - 9:48	Laparoscopic Aortic Surgery Has More Adverse Events Than Open Aortic Surgery: A Propensity Matched Comparison With Well-Trained Laparoscopic And Open Surgeons Jean-Baptiste Ricco, MD, PhD
9:49 - 9:54	Endovascular Retroperitoneoscopic Technique Offers New Possibilities For Laparoscopic Aorto-Bifemoral Bypass In Complex TASC D Aorto-Iliac Lesions Bernard J. Segers, MD
	COMPARISONS AND NEW TECHNIQUES
9:55 - 10:00	Comparison Of AAA Sac Shrinkage After Fenestrated EVAR (F/EVAR) And Standard EVAR: F/EVAR Wins Neal S. Cayne, MD
10:01 — 10:06	Comparison Of Open Surgery, Hybrid Techniques And Fenestrated Or Branched EVAR (F/BEVAR) For TAAAs Piergiorgio Cao, MD
10:07 — 10:12	False Lumen Obliteration In Chronic TBADs Using An Inverted ("Flipped") Cook Converter And Occlusion Plug Niten Singh, MD
10:13 — 10:19	Panel Discussion

SESSION 12 (Grand Ballroom West, 3rd Floor) NEW DEVELOPMENTS WITH JUXTA AND PARARENAL AORTIC ANEURYSMS AND THORACOABDOMINAL ANEURYSMS (TAAAs) Moderators: Kim J. Hodgson, MD Giovanni Torsello, MD	
10:20 — 10:25	•
10:26 — 10:31	With ZFEN F/EVAR, A Large SMA Scallop Can Cause Problems: What Are They And What Is The Solution Carlos H. Timaran, MD
	HOSTILE AAA NECKS
10:32 — 10:37	What Is A Hostile Infrarenal Neck And When Should F/EVAR Be Done Rather Than Standard EVAR Matthew J. Eagleton, MD
10:38 — 10:43	When Can Standard EVAR Be Safely And Durably Performed In Patients With Hostile Necks Hence J.M. Verhagen, MD, PhD
10:44 — 10:49	In Most AAA Patients With Hostile Necks F/EVAR Is The Best Treatment: What Are The Exceptions Marcelo Ferreira, MD
10:50 — 10:55	In Most Patients With Hostile Necks Chimney EVAR (Ch/EVAR) Is The Best Treatment: What Are The Exceptions Giovanni Torsello, MD Konstantinos P. Donas, MD Jason T. Lee, MD
10:56 — 11:01	When Does Hybrid Endovascular Repair With Renal And Visceral Debranching Have A Role In Treating TAAAs: Patient Selection And Technical Tips Martin R. Back, MD
11:02 — 11:08	Panel Discussion
Moderators	: James F. McKinsey, MD Piergiorgio Cao, MD
11:08 — 11:13	Prevention Of Visceral And Renal Branch Artery Complications During F/BEVAR: Selection Of The Optimal Bridging Stent-Graft Darren B. Schneider, MD
	F/EVAR FOR FAILED EVAR
11:14 — 11:19	F/EVAR Cuffs vs. Ch/EVAR For Failed Standard EVAR: Indications, Advantages And Limitations Of Each Bijan Modarai, PhD
11:20 — 11:25	F/EVAR For Failed Standard EVAR: When Is It Indicated And When Must Open Repair Be Done Cherrie Z. Abraham, MD
11:26 — 11:31	Midterm Results Of Chimney Grafts For Pararenal AAAs: How To Make Them Work Nicola Mangialardi, MD
11:32 – 11:37	Adjuncts To Improve Outcomes Of Treatment For Challenging (Juxta And Pararenal) AAAs: Parallel Grafts, Endoanchors, New Endografts, Better Imaging, Simulation: Are They All Essential Or Not Isabelle van Herzeele, MD, PhD

11:38 — 11:43	Open Repair vs. Branched EVAR (B/EVAR) For Type IV TAAAs: When To Do Each And How Iliac Anatomy Influences Choice: B/EVAR Results
	Andrea Stella, MD
11:44 — 11:49	The COLT Endograft System For Treatment Of TAAAs: A Novel Simplified Endograft System From Jotec: How It Works: What Makes It Different And Early Clinical Results <i>Piotr Szopinski, MD</i>
11:50 — 12:00	Panel Discussion
12:00 — 1:00	Lunch Break – 2nd Floor Promenade
12:00 — 1:00	Visit Exhibits And Pavilions (2nd and 3rd Floors)
	(Grand Ballroom West, 3rd Floor)
	S ISSUES, NEW CONCEPTS
Moderators.	: Richard J. Powell, MD Enrico Ascher, MD
1:00 - 1:05	Value, Limitations And Abuses Of Outpatient Angio
	Centers: How To Limit Abuses
	Stephen M. Bauer, MD
1:06 - 1:11	Massive Use Of Atherectomy In Outpatient Facilities
	Is Self-Serving And Does Not Help Patients
	Dipankar Mukherjee, MD
1:12 - 1:17	
	An Outpatient Setting: Incidence And Reasons For Failure And Technical Tips
	Sam S. Ahn, MD, MBA
1:18 - 1:23	When Is Outpatient Treatment Justified For Peripheral
	Occlusive Lesions: Precautions And Techniques
	Enrico Ascher, MD
1:24 - 1:29	How To Create A Medical Company Start-Up And
	Keep It: Creating A Corporation, Getting Funding,
	Value Of A Business Plan And More Timothy K. Liem, MD, MBA
	ISSUES AND NEW CONCEPTS
1:30 - 1:35	When Is Enough Enough With Endovascular Options:
	Why Open Surgery Will Never Die
	Krishna Jain, MD
1:36 - 1:41	Endojunk And Its Management: What To Do With
	Materials Left In Situ Unintentionally During EVAR
	And TEVAR
1:42 - 1:47	Ramesh K. Tripathi, MD The Display Recognition Device For Greening
1:42 - 1:47	The Piculet Recanalization Device For Crossing Difficult CTOs: How It Works And When Is It
	Indicated
	Yann Gouëffic, MD, PhD
1:48 - 1:53	Intraoperative Arterial Quantitative Flow
	Measurements With The Medistem Vascular Flow
	Device: How Does It Work And Can It Help With
	Intraoperative Decisions And Postoperative Assessment <i>Tej M. Singh, MD, MBA</i>
1:54 - 2:00	Panel Discussion

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

Moderators	, : Sean P. Lyden, MD Caron B. Rockman, MD
2:00 - 2:05	Value Of Phoenix 2.2 mm Atherectomy System (From Volcano) In Treating Lower Extremity Occlusive Lesions: It Cuts, Captures And Clears In 1 Step: How Does It Work And Early Results *Luis R. Leon, MD, RVT*
2:06 - 2:11	Superior Mesenteric Artery (SMA) Reimplantation For The Nutcracker Syndrome With Duodenal Obstruction: A Better Treatment Than Gastrojejunostomy Kenneth J. Cherry, MD
2:12 - 2:17	How To Make Thrombolysis More Precise And Effective With Microbubbles And EKOS Catheters: Results In Humans From The MUST Trial Kak Khee Yeung, MD, PhD
2:18 - 2:23	Value Of Ultrasound In The Operating Room In Planning, Access, Control Of Angioplasty Above And Below The Knee (BTK) And Closure Of The Puncture Site
	Enrique Puras, MD
2:24 - 2:29	Pioneering Techniques For The Endovascular Treatment Of Critical Upper Extremity Ischemia With Gangrene Roberto Ferraresi, MD
2:30 - 2:35	Update On The Current Status Of Stem Cell And Bone Marrow Therapy For CLI And Gangrene With Unfixable Distal Arteries <i>Richard J. Powell, MD</i>
2:36 - 2:41	Two Techniques To Facilitate F/BEVAR: 1) The Up-And-Over Technique For Endoconduit Solutions With Bad Iliac Access Arteries And 2) Progressive Main Graft Deployment With Sequential Branch Catheterization And Stent-Grafting To Permit Staging And To Deal With Narrow Aortas Carlos H. Timaran, MD
2:42 - 2:47	Physiological And Biomechanical Information From 4D Dynamic Imaging Can Help Us Understand And Guide The Management Of Aortic Disease: New Developments Rachel E. Clough, MD, PhD
2:48 - 2:53	Radial Access For Most Non-Coronary Interventions: Equipment, Techniques, Advantages, Risks And Limitations Marcelo Guimaraes, MD
2:54 - 2:59	Value And Advantages Of The Chocolate Balloon PTA Catheter (TriReme/Cordis): Theory Of Its Pillows And Groove Technology And Clinical Results (The ENDURE Trial) Jihad A. Mustapha, MD Andrew Holden, MBChB
3:00 - 3:20	Panel Discussion And Break
5.55	Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 15 (Grand Ballroom West, 3rd Floor) RENAL AND VISCERAL ARTERY ISSUES AND NEW DEVELOPMENTS

Moderators: Kim J. Hodgson, MD Keith D. Calligaro, MD

3:20 - 3:25	Pancreaticoduodenal And Gastroduodenal Aneurysms: Indications And Precautions For Treatment And Which Is Best – Open vs. Endo James C. Stanley, MD
3:26 - 3:31	Pancreaticoduodenal Aneurysms: Technical Tips And Tricks For Open Repair Ronald M. Fairman, MD
3:32 - 3:37	Visceral Artery Aneurysms: When And At What Size Are They Dangerous And How Should They Be Fixed Armando Mansilha, MD, PhD
3:38 - 3:43	With Visceral And Renal Artery Aneurysms An Endovascular First Strategy Is Best For All Intact And Ruptured Cases: Are There Exceptions <i>Rabih A. Chaer, MD</i>
3:44 - 3:49	Incidence Of Embolization In Association With F/BEVAR: Is Late Renal Salvage After Renal Artery Occlusion Possible And What Is The Mechanism James F. McKinsey, MD
3:50 — 3:55	DCBs (In.Pact Admiral) Are A Better Treatment For Renal In Stent Restenosis (ISR) And Fibromuscular Hyperplasia Fabrizio Fanelli, MD
3:56 - 4:01	Remedial Operations For Failed Endovascular Treatments On Pediatric Renal Arteries Jonathan L. Eliason, MD James C. Stanley, MD
4:02 - 4:07	What Is The Best Current Treatment For Mesenteric Ischemia; When Endo, When Open, When Hybrid: Based On Outcomes Timur P. Sarac, MD
4:08 - 4:13	Retrograde SMA Revascularization Via Celiac Artery And Collaterals When Antegrade Techniques Fail: Technical Tips Timothy A. Resch, MD, PhD Nuno Dias, MD
4:14 - 4:19	Variably Curved Conformable Sheaths (Oscor Twist) Make A Major Difference In Endovascular Procedures: Like SMA Stenting From A Femoral Approach And Fenestrated And Branched EVAR Joshua D. Adams, MD Claudio J. Schonholz, MD
4:20 - 4:25	The Renal Guard Device To Prevent Contrast Induced Renal Injury In High Risk Patients: How Does It Work And Is It Effective Horst Sievert, MD
4:26 - 4:32	Panel Discussion

SESSION 16 (Grand Ballroom West, 3rd Floor) TOPICS RELATED TO OPEN SURGERY AND AORTIC COARCTATIONS Moderators: Fred A. Weaver, MD		
	Ronald M. Fairman, MD	
4:32 - 4:37	Status Of Balloon Expandable Stents And Stent-Grafts (Atrium V12 LD) For Treatment Of Aortic Coarctation: Results Of The COAST I And II Trials Elchanan Bruckheimer, MBBS	
4:38 - 4:43	Long-Term Outcome Of Celiac Trunk Release For Celiac Axis Compression Syndrome: When Does The Artery Have To Be Treated And Open Surgery Is Best <i>Jan D. Blankensteijn, MD</i>	
4:44 - 4:49	Open Surgery Is The Best Treatment For Coral Reef Lesions Of The Aorta And Visceral And Iliac Arteries: How To Diagnose Them And Why Endo Treatments Are No Good Laurent Chiche, MD	
4:50 - 4:55	Tips And Tricks For Open Repair Of TAAAs As Primary Procedures And After Failed Endo Procedures: Including Use Of Sutureless Hybrid Graft (Gore) For Renal Revascularization Roberto Chiesa, MD Yamume Tshomba, MD	
4:56 - 5:01	Indications For Open TAAA Repair In The Endovascular Era Hazim J. Safi, MD Anthony L. Estrera, MD	
5:02 - 5:07	Role Of Ascending Aorta To Supra-Aortic Trunk Bypasses In The Endovascular Era: Technical Precautions And Tips John E. Rectenwald, MD, MS	
5:08 - 5:14	Panel Discussion	
Moderators	: R. Clement Darling III, MD James H. Black III, MD	
5:14 - 5:19	Treatment Of Post TEVAR Aorto-Esophageal Fistula: Only Radical Surgery Can Prevent Patient Mortality: Steps In The Operative Treatment Michael J. Jacobs, MD	
5:20 - 5:25	Distal Aortic Failure After TEVAR: When Is Open Repair Best And Tips And Tricks To Do It James H. Black III, MD	
5:26 - 5:31	What Is The Role Of Aorto-Bifemoral Bypass For Aorto-Iliac Occlusive Disease In The Current Endovascular Era Mr. Michael G. Wyatt, MD	
5:32 - 5:37	Value Of Hybrid Techniques For Treating Difficult CLI Patients: Advantages And Techniques Carlo Setacci, MD	
5:38 - 5:43	What Is The Role Of Open Surgical Distal Lower Extremity Bypass In The Current Endovascular Era R. Clement Darling III, MD	
5:44 - 5:49	After Multiple Failed Endovascular Treatments, Open Bypasses Can Save Limbs <i>Julien G. Sfeir, MD</i>	
5:50 — 5:58	Panel Discussion End of Program B	

PROGRAM C (PART 1 – SESSIONS 17-18) MANAGEMENT OF PULMONARY EMBOLISM: DO WE KNOW ENOUGH Trianon Ballroom, 3rd Floor Course Leader: Michael R. Jaff, DO		
THE BAS	7 (Trianon Ballroom, 3rd Floor) ICS OF PE DIAGNOSIS AND TREATMENT Michael R. Jaff, DO	
7:00 - 7:10	Introduction To The Symposium Frank J. Veith, MD	
7:10 - 7:15	Welcome And Introduction Michael R. Jaff, DO	
7:15 - 7:25	The Basics Of Pulmonary Embolism: What Is The Role Of The History, Exam, Biomarkers Raghu Kolluri, MD	
7:25 - 7:35	What Does The CT For PE Actually Tell Us Brian B. Ghoshhajra, MD, MBA	
7:35 - 7:50	What Is State-Of-The-Art Medical Therapy For PE Geno J. Merli, MD, MACP	
7:50 - 8:00	Just Tell Me What I Need To Know: When Do I Look For Cancer And Perform Hypercoagulable Tests In PE Rachel Rosovsky, MD, MPH	
8:00 - 8:10	Setting The Stage: The Emergency Physician Algorithm For Acute PE Management D. Mark Courtney, MD	
8:10 - 8:25	Intravenous Thrombolytic Therapy For PE: Does It Actually Work, And Safely Mitchell D. Weinberg, MD	
8:25 - 8:35	-	
8:35 - 8:45	*	
8:45 - 9:15	Case Presentations/Discussion/Questions and Answers	
Moderator: Michael R. Jaff, DO Panelists: Raghu Kolluri, MD Brian B. Ghoshhajra, MD, MBA Geno J. Merli, MACP Rachel Rosovsky, MD, MPH D. Mark Courtney, MD Mitchell D. Weinberg, MD Divya Sridhar, MD Gary M. Ansel, MD		
9:15 - 9:45	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)	
SESSION 18 (Trianon Ballroom, 3rd Floor) ADVANCED INTERVENTIONAL TREATMENT FOR PE Moderator: Michael R. Jaff, DO		
9:45 - 9:55	Technical Tips For Pharmacomechanical Intervention For PE: How Do I Do It Tod C. Engelhardt, MD	
9:55 - 10:05	Pulmonary Embolism Intervention With Angiojet Jeffrey Y. Wang, MD	
10.05 10.15	Vortey Strategy For Massiva DE	

Vortex Strategy For Massive PE Christopher J. Kwolek, MD

10:05 - 10:15

	10:15 — 10:30	ECMO And Surgical Thromboembolectomy For Massive PE: When, How And Why Georges M. Haidar, MD Mark G. Davies, MD
	10:30 — 10:45	What Is The Modern Algorithm For Management Of Massive And Submassive PE Ido Weinberg, MD, MSc
	10:45 — 11:00	Vena Cava Filters In PE Treatment: Do We Need To Do This, And If So, When Amy R. Deipolyi, MD, PhD
	11:00 — 11:15	Balloon Angioplasty For Chronic Thromboembolic Pulmonary Hypertension: Is This Crazy Ehtisham Mahmud, MD
	11:15 — 11:30	The Team Approach To PE Management: The Emergence Of National PERT Centers Kenneth Rosenfield, MD
	11:30 — 11:45	Challenging Cases And "PERT" Decisions
	Moderator:	Michael R. Jaff, DO
Panelists: Tod C. Engelhardt, MD Jeffrey Y. Wang, MD Christopher J. Kwolek, MD Mark G. Davies, MD Ido Weinberg, MD, MSc Amy R. Deipolyi, MD, PhD Ehtisham Mahmud, MD		Jeffrey Y. Wang, MD Christopher J. Kwolek, MD Mark G. Davies, MD Ido Weinberg, MD, MSc Amy R. Deipolyi, MD, PhD
	11:45 — 12:00	Questions and Answers
	12:00 — 1:00	Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)
	NEW DE' ACUTE A Trianon Bal	I C (PART 2 – SESSIONS 19-22) VELOPMENTS IN THE MANAGEMENT OF IND CHRONIC LARGE VEIN OCCLUSION Iroom, 3rd Floor Ider: Kenneth Ouriel, MD, MBA
SESSION 19 (Trianon Ballroom, 3rd Floor) THE RECENT EXPLOSION IN VENO INTERVENTIONAL TECHNOLOGIES		ENT EXPLOSION IN VENOUS NTIONAL TECHNOLOGIES: NEW
		UNITIES FOR THE PATIENT : Kenneth Ouriel, MD, MBA
	Moderators	Peter Gloviczki, MD
	1:00 - 1:05	The Transformation Of Venous Therapy: From Observation, Stockings And Medicines To Endovenous Interventions And Beyond Peter Gloviczki, MD
	1:06 - 1:11	Natural History Of Iliofemoral Venous Thrombosis: Does It Justify Aggressive Intervention? Which Patients And When? Nicos Labropoulos, BSc (Med), PhD, DIC, RVT
	1:12 - 1:17	Diagnostic Biomarkers In Venous Thromboembolism Thomas W. Wakefield, MD
	1:18 - 1:23	The Failing And Failed AV Access: Routine Interrogation Of The Central Veins With IVUS Rick De Graaf, MD, PhD
	1:24 - 1:29	When And How To Treat Iliofemoral Venous Obstruction Continuing Into The IVC David L. Gillespie, MD
	1:30 - 1:35	Office-Based Venous Stenting For Octogenarians Anil P. Hingorani. MD

Anil P. Hingorani, MD

1:36 - 1:41	Chronic Venous Ulcers: Diagnostic And Therapeutic Strategies To Improve Outcome <i>Manj S. Gohel, MD</i>
1:42 - 1:47	Gaging Outcome After Venous Interventions: Anatomy Isn't Everything, Current And New Quality Of Life Measures Cees H.A. Wittens, MD, PhD
1:48 - 1:53	Recent Approval Of Payment For Outpatient IVUS: Has It Driven Changes In Practice Patterns Sean P. Roddy, MD
1:54 - 1:59	Panel Discussion
ACUTE D AND PHA	O (Trianon Ballroom, 3rd Floor) OVT: ENDOVASCULAR INTERVENTIONS ARMACOLOGIC REGIMENS : Anthony J. Comerota, MD Gerald J. O'Sullivan, MD
2:00 - 2:05	What Is The Proper Duration Of Anticoagulation For DVT Anthony J. Comerota, MD
2:06 - 2:11	
2:12 - 2:17	Novel Oral Anticoagulation (NOACs) Dramatically Alter How We Treat Patients With Venous Disease Michael R. Jaff, DO
2:18 - 2:23	The Utility Of Ultrasound-Enhanced Thrombolysis For Acute And Chronic DVT And An Update From The ACCESS Study Mark J. Garcia, MD
2:24 - 2:29	Vacuum-Assisted Venous Thrombectomy: Where, When, How And Do We Need Anything More David J. Dexter, MD
2:30 - 2:35	Use Of The Indigo Device For Acute DVT: Replacing Thrombus Dissolution With Thrombus Extraction <i>Patrick E. Muck, MD</i>
2:36 - 2:41	Open Venous Thrombectomy: It Is Still Necessary In Some Patients Elna M. Masuda, MD
2:42 - 2:50	Panel Discussion
2:50 - 3:15	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 21 (Trianon Ballroom, 3rd Floor) NEW DEVICES AND IMAGING TECHNOLOGIES TO ACHIEVE SUPERIOR OUTCOMES IN TREATING LARGE VEIN OBSTRUCTION Moderators: Enrico Ascher, MD	
	Cees H.A. Wittens, MD, PhD
3:16 - 3:21	Multicenter Experience With The Cook TriForce Device To Cross Large Vein Obstructions Jean Bismuth, MD
3:22 - 3:27	DEBATE: We Need Venous Stents For Venous Disease: Arterial Stents Just Won't Cut It Stephen A. Black, MD
3:28 - 3:33	DEBATE: Marketed Stents Designed For Arteries Are More Than Adequate For Treating Venous Disease <i>Mark J. Garcia, MD</i>

3:34 - 3:39	Comparison Of The Veniti VICI Stent And The Wallstent: Anatomy And Physiology In An Animal Model William A. Marston, MD
3:40 - 3:45	Shortcomings With Current Stents For May-Thurner Lesions: An Oblique Stent Is Needed Rick De Graaf, MD, PhD
3:46 - 3:51	-
3:52 - 3:57	Long-Term Experience With The Cook Zilver Vena Stent Gerald J. O'Sullivan, MD
3:58 - 4:03	
4:04 - 4:09	What To Do When Inflow Is Needed For Iliofemoral Venous Stenting: The Role Of Endophlebectomy Ramesh K. Tripathi, MD
4:10 - 4:15	Panel Discussion
Moderators	: Kenneth Ouriel, MD, MBA Paul J. Gagne, MD
4:16 - 4:21	Veins Are Not Round: Diagnostic And Stenting Implications Of Elliptical Structures Erin H. Murphy, MD
4:22 - 4:27	Shortcomings Of Venography And The Use Of IVUS In Venous Stenting: The VIDIO Study <i>Paul J. Gagne, MD</i>
4:28 - 4:33	3-Dimensional Imaging For Iliofemoral Obstruction: MRV And CTV Jean Bismuth, MD
4:34 - 4:39	2-D Perfusion Imaging For Iliofemoral Venous Obstruction Rick De Graaf, MD, PhD
4:40 - 4:45	Sizing Venous Stents With IVUS: You Don't Need To Be A Euclidean Geometrician Kenneth Ouriel, MD, MBA
4:46 - 4:51	Duplex Ultrasound For Iliofemoral Venous Obstruction And Follow-Up After Stenting Michael R. Jaff, DO
4:52 - 4:59	Panel Discussion
MY WOF	2 (Trianon Ballroom, 3rd Floor) RST VENOUS DISASTER OF 2016: RAPID- SENTATION OF RESCUES AND LESSONS
	: Lowell S. Kabnick, MD, RPhS Seshadri Raju, MD
5:00 - 5:04	My Worst Venous Disaster Of 2016 Gerard J. O'Sullivan, MD
5:05 - 5:09	My Worst Venous Disaster Of 2016 Robert A. Lookstein, MD
5:10 - 5:14	My Worst Venous Disaster Of 2016 Stephen A. Black, MD
5:15 - 5:19	My Worst Venous Disaster Of 2016 Rick De Graaf, MD, PhD

5:20 - 5:24	My Worst Venous Disaster Of 2016 Mark H. Meissner, MD
5:25 - 5:29	My Worst Venous Disaster Of 2016 Erin H. Murphy, MD
5:30 - 5:34	My Worst Venous Disaster Of 2016 Paul J. Gagne, MD
5:35 - 5:45	Panel Discussion End of Program C

WEDNESDAY, NOVEMBER 16, 2016

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

Lower Extremity Arterial Occlusive Disease And Its Treatment 6:40 A.M. - 5:58 P.M.

Grand Ballroom East, 3rd Floor

PROGRAM E: SESSIONS 31-38

Medical And Anti-Atherogenic Treatments; Anti-Hypertensive Treatments; Endoleak Management; Issues And Other **Interesting Topics**

6:40 A.M. - 6:05 P.M.

Grand Ballroom West, 3rd Floor

PROGRAM F: SESSIONS 39-46

Thoracic And Abdominal Aorta, Aortic Dissections, TEVAR, Parallel Grafts, F/BEVAR, TAAAs, Juxta- And Pararenal AAAs, Multilayer Flow Modulating (MLFM) Stents, More EVAR Topics; **Recorded Interesting Live Cases**

6:54 A.M. - 6:00 P.M.

Trianon Ballroom, 3rd Floor

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

SESSION 23 (Grand Ballroom East, 3rd Floor) LOWER EXTREMITY OCCLUSIVE DISEASE MANAGEMENT - HOT TOPICS AND NEW **DEVELOPMENTS**

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

6:40 - 6:45	Some CLI Patients Are Better Managed Without
	Revascularization: Which Ones
	Frank J. Criado, MD
6:46 - 6:51	
	Open Revascularization To Perform Local Procedures
	For Foot Infection, Gangrene Or Necrosis
	Wayne J. Caputo, DPM

6:52 - 6:57 Tips And Tricks For Achieving Healing And Limb Salvage With Ischemic Heel Ulcers And Gangrene: The Achilles Tendon And Part Of The Os Calcis May Have To Go Palma M. Shaw, MD

Frank J. Veith, MD

6:58 - 7:03	Delay In Revascularization May Lead To Disaster In Diabetic Patients With Diabetic Foot Ulcers And Infection: What Is The Optimal Treatment Sequence For Drainage And Revascularization Katariina M. Noronen, MD	
7:04 - 7:09	Single vs. Multivessel Tibial Interventions For CLI: A Large Single Institution Study Shows Multivessel Treatment Offers No Benefit Marc L. Schermerhorn, MD	
7:10 - 7:15	DEBATE: When Is CLI Best Treated By Endovascular Techniques And When By Open Bypass: The Latter Has An Important Role In Many Patients (What Percent) Francesco Spinelli, MD	
7:16 - 7:21	DEBATE: All CLI Patients Can And Should Be Treated By An Endo-First Approach: Few (What Percent) Will Require Open Surgical Revascularization At Any Point In Their Course Andrej Schmidt, MD	
7:22 - 7:27	True Lumen vs. Subintimal Routes For Lower Extremity Interventions Above-The-Knee (ATK) And Below-The-Knee (BTK): What Is Durability Of BTK Interventions Marco G. Manzi, MD	
7:28 - 7:33	,	
7:34 - 7:39	Importance Of Foot And Ankle Occlusive Lesions In CLI With Gangrene: When And How To Treat It: Principles, Techniques And Limitations Roberto Ferraresi, MD	
7:40 - 7:46	Panel Discussion	
SESSION 24 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE — NEW DEVELOPMENTS AND HOT TOPICS RELATING TO STENTS Moderators: Giancarlo Biamino, MD, PhD Kenneth Ouriel, MD, MBA		
7:46 - 7:51	The Best Special Wires, Sheaths, Catheters And Balloons For Treating Perimalleolar And Pedal Occlusive Lesions: What's New In Tools For Crossing Total Occlusions Craig M. Walker, MD	
	THE SUPERA BIOMIMETIC INTERWOVEN STENT	
7.52 - 7.57	5-Year Results With The Supera Stent Are Better Than Those With Bare Metal Stents (BMSs) And Drug Coated Balloons (DCBs) In A Propensity Matched Analysis Dierk Scheinert, MD Andrej Schmidt, MD Sabine Steiner, MD	
7.58 — 8.03	Economic Considerations With The Supera Stent For Treating SFA Lesions: How Does It Compare With Plain Old Balloon Angioplasty (POBA), BMSs, Drug Eluting Stents (DESs) And Drug Coated Balloons (DCBs) Brian G. DeRubertis, MD	

8.04 - 8.09 Supera Stenting Of Lesions Seem To Restore Distal Blood Flow Better Than Other Endovascular Treatments And As Well As A Bypass Steven Kum, MD THE ZILVER PTX DES 8.10 - 8.15 New Findings From The RCT Of The Zilver PTX Stent vs. PTA And Bare Metal Stents: Interesting Findings From Subanalyses And 5-Year Result Show Widening Benefits From The DES Michael D. Dake, MD 8.16 - 8.21 RCT Comparing Zilver PTX DES And Surgical Bypass For Long Fempop Lesions Suggest Better Results In The DES Arm: 1s it Due To Differences In The Method Of Patency Assessment: The ZILVERPASS Trial Koen Deloose, MD Marc Bosiers, MD Patrick Peeters, MD 8.22 - 8.27 Update On The 2-Year Results Of The Eluvia DES From Boston Scientific For SFA Lesions: Why Are The Results So Superior To POBA: From The MAJESTIC Trial: What Is Happening With The IMPERIAL Trial Comparing Eluvia And Zilver PTX DESs Stefan Miller-Hilbseck, MD BIORESORBABLE STENTS 8.28 - 8.33 Favorable 1-2 Year Results With The Abbott Balloon Expandable Bioresorbable Drug Eluting Stent For BTK Occlusive Lesions: Do The Lesions Regress: The ABSORB BTK Trial Ramon L. Varcoe, MS, PhD 8.34 - 8.39 Status Of Other Bioabsorbable Scaffolds (Stents) For Treating Peripheral Arterial Lesions Including 3-Year Results Of The ESPRIT Trial Johannes Lammer, MD DESS BELOW-THE-KNEE 8.40 - 8.45 DESs (Sirolimus) Are Better Than POBA For Treating CLI Caused By Infrapopliteal Lesions: Wound Healing And Quality Of Life Are Improved: The ACHILLES Trial Konstantinos Katsanos, MSc, MD, PhD 8.46 - 8.51 3 RCTs Show That DESs Have Value In Treating Long And Short BTK Occlusive Lesions: When Should They Be Used: A US Perspective Robert A. Lookstein, MD 8.52 - 8.58 Panel Discussion SESSION 25 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD			
8.10 - 8.15 New Findings From The RCT Of The Zilver PTX Stent vs. PTA And Bare Metal Stents: Interesting Findings From Subanalyses And 5-Year Result Show Widening Benefits From The DES Michael D. Dake, MD 8.16 - 8.21 RCT Comparing Zilver PTX DES And Surgical Bypass For Long Fempop Lesions Suggest Better Results In The DES Arm: Is It Due To Differences In The Method Of Patency Assessment: The ZILVERPASS Trial Koen Deloose, MD Marc Bosiers, MD Patrick Peeters, MD 8.22 - 8.27 Update On The 2-Year Results Of The Eluvia DES From Boston Scientific For SFA Lesions: Why Are The Results So Superior To POBA: From The MAJESTIC Trial: What Is Happening With The IMPERIAL Trial Comparing Eluvia And Zilver PTX DESs Stefan Müller-Hülsbeck, MD BIORESORBABLE STENTS 8.28 - 8.33 Favorable 1-2 Year Results With The Abbott Balloon Expandable Bioresorbable Drug Eluting Stent For BTK Occlusive Lesions: Do The Lesions Regress: The ABSORB BTK Trial Ramon L. Varcoe, MS, PhD 8.34 - 8.39 Status Of Other Bioabsorbable Scaffolds (Stents) For Treating Peripheral Arterial Lesions Including 3-Year Results Of The ESPRIT Trial Johannes Lammer, MD DESS BELOW-THE-KNEE 8.40 - 8.45 DESS (Sirolimus) Are Better Than POBA For Treating CLI Caused By Infrapopliteal Lesions: Wound Healing And Quality Of Life Are Improved: The ACHILLES Trial Konstantinos Katsanos, MSc, MD, PhD 8.46 - 8.51 3 RCTs Show That DESs Have Value In Treating Long And Short BTK Occlusive Lesions: When Should They Be Used: A US Perspective Robert A. Lookstein, MD 8.52 - 8.58 Panel Discussion SESSION 25 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD 8.58 - 9.93 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used		8:04 - 8:09	Blood Flow Better Than Other Endovascular Treatments And As Well As A Bypass
Stent vs. PTÅ And Bare Metal Stents: Interesting Findings From Subanalyses And 5-Year Result Show Widening Benefits From The DES Michael D. Dake, MD 8.16 – 8.21 RCT Comparing Zilver PTX DES And Surgical Bypass For Long Fempop Lesions Suggest Better Results In The DES Arm: Is It Due To Differences In The Method Of Patency Assessment: The ZILVERPASS Trial Koen Deloose, MD Marc Bosiers, MD Patrick Peeters, MD Patrick Peeters			THE ZILVER PTX DES
For Long Fempop Lesions Suggest Better Results In The DES Arm: Is It Due To Differences In The Method Of Patency Assessment: The ZILVERPASS Trial Koen Deloose, MD Marc Bosiers, MD Patrick Peeters, MD 8:22 - 8:27 Update On The 2-Year Results Of The Eluvia DES From Boston Scientific For SFA Lesions: Why Are The Results So Superior To POBA: From The MAJESTIC Trial: What Is Happening With The IMPERIAL Trial Comparing Eluvia And Zilver PTX DESs Stefan Müller-Hülsbeck, MD BIORESORBABLE STENTS 8:28 - 8:33 Favorable 1-2 Year Results With The Abbott Balloon Expandable Bioresorbable Drug Eluting Stent For BTK Occlusive Lesions: Do The Lesions Regress: The ABSORB BTK Trial Ramon L. Varcoe, MS, PhD 8:34 - 8:39 Status Of Other Bioabsorbable Scaffolds (Stents) For Treating Peripheral Arterial Lesions Including 3-Year Results Of The ESPRIT Trial Johannes Lammer, MD DESs BELOW-THE-KNEE 8:40 - 8:45 DESs (Sirolimus) Are Better Than POBA For Treating CLI Caused By Infrapopliteal Lesions: Wound Healing And Quality Of Life Are Improved: The ACHILLES Trial Konstantinos Katsanos, MSc, MD, PhD 8:46 - 8:51 3 RCTs Show That DESs Have Value In Treating Long And Short BTK Occlusive Lesions: When Should They Be Used: A US Perspective Robert A. Lookstein, MD 8:52 - 8:58 Panel Discussion SESSION 25 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD 8:58 - 9:03 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used		8:10 — 8:15	Stent vs. PTA And Bare Metal Stents: Interesting Findings From Subanalyses And 5-Year Result Show Widening Benefits From The DES
From Boston Scientific For SFA Lesions: Why Are The Results So Superior To POBA: From The MAJESTIC Trial: What Is Happening With The IMPERIAL Trial Comparing Eluvia And Zilver PTX DESS Stefan Müller-Hülsbeck, MD BIORESORBABLE STENTS 8:28 - 8:33 Favorable 1-2 Year Results With The Abbott Balloon Expandable Bioresorbable Drug Eluting Stent For BTK Occlusive Lesions: Do The Lesions Regress: The ABSORB BTK Trial Ramon L. Varcoe, MS, PhD 8:34 - 8:39 Status Of Other Bioabsorbable Scaffolds (Stents) For Treating Peripheral Arterial Lesions Including 3-Year Results Of The ESPRIT Trial Johannes Lammer, MD DESS BELOW-THE-KNEE 8:40 - 8:45 DESs (Sirolimus) Are Better Than POBA For Treating CLI Caused By Infrapopliteal Lesions: Wound Healing And Quality Of Life Are Improved: The ACHILLES Trial Konstantinos Katsanos, MSc, MD, PhD 8:46 - 8:51 3 RCTs Show That DESs Have Value In Treating Long And Short BTK Occlusive Lesions: When Should They Be Used: A US Perspective Robert A. Lookstein, MD 8:52 - 8:58 Panel Discussion SESSION 25 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD 8:58 - 9:03 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used		8:16 — 8:21	For Long Fempop Lesions Suggest Better Results In The DES Arm: Is It Due To Differences In The Method Of Patency Assessment: The ZILVERPASS Trial Koen Deloose, MD Marc Bosiers, MD
8.28 - 8.33 Favorable 1-2 Year Results With The Abbott Balloon Expandable Bioresorbable Drug Eluting Stent For BTK Occlusive Lesions: Do The Lesions Regress: The ABSORB BTK Trial Ramon L. Varcoe, MS, PhD 8.34 - 8.39 Status Of Other Bioabsorbable Scaffolds (Stents) For Treating Peripheral Arterial Lesions Including 3-Year Results Of The ESPRIT Trial Johannes Lammer, MD DESS BELOW-THE-KNEE 8.40 - 8.45 DESS (Sirolimus) Are Better Than POBA For Treating CLI Caused By Infrapopliteal Lesions: Wound Healing And Quality Of Life Are Improved: The ACHILLES Trial Konstantinos Katsanos, MSc, MD, PhD 8.46 - 8.51 3 RCTs Show That DESs Have Value In Treating Long And Short BTK Occlusive Lesions: When Should They Be Used: A US Perspective Robert A. Lookstein, MD 8.52 - 8.58 Panel Discussion SESSION 25 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD 8.58 - 9.03 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used		8:22 - 8:27	From Boston Scientific For SFA Lesions: Why Are The Results So Superior To POBA: From The MAJESTIC Trial: What Is Happening With The IMPERIAL Trial Comparing Eluvia And Zilver PTX DESs
Expandable Bioresorbable Drug Eluting Stent For BTK Occlusive Lesions: Do The Lesions Regress: The ABSORB BTK Trial Ramon L. Varcoe, MS, PhD 8.34 - 8.39 Status Of Other Bioabsorbable Scaffolds (Stents) For Treating Peripheral Arterial Lesions Including 3-Year Results Of The ESPRIT Trial Johannes Lammer, MD DESS BELOW-THE-KNEE 8.40 - 8.45 DESS (Sirolimus) Are Better Than POBA For Treating CLI Caused By Infrapopliteal Lesions: Wound Healing And Quality Of Life Are Improved: The ACHILLES Trial Konstantinos Katsanos, MSc, MD, PhD 8.46 - 8.51 3 RCTs Show That DESS Have Value In Treating Long And Short BTK Occlusive Lesions: When Should They Be Used: A US Perspective Robert A. Lookstein, MD 8.52 - 8.58 Panel Discussion SESSION 25 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD 8.58 - 9.03 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used			BIORESORBABLE STENTS
8:34 — 8:39 Status Of Other Bioabsorbable Scaffolds (Stents) For Treating Peripheral Arterial Lesions Including 3-Year Results Of The ESPRIT Trial Johannes Lammer, MD DESS BELOW-THE-KNEE 8:40 — 8:45 DESS (Sirolimus) Are Better Than POBA For Treating CLI Caused By Infrapopliteal Lesions: Wound Healing And Quality Of Life Are Improved: The ACHILLES Trial Konstantinos Katsanos, MSc, MD, PhD 3 RCTs Show That DESs Have Value In Treating Long And Short BTK Occlusive Lesions: When Should They Be Used: A US Perspective Robert A. Lookstein, MD 8:52 — 8:58 Panel Discussion SESSION 25 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD 8:58 — 9:03 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used		8:28 - 8:33	Expandable Bioresorbable Drug Eluting Stent For BTK Occlusive Lesions: Do The Lesions Regress: The ABSORB BTK Trial
 8:40 - 8:45 DESs (Sirolimus) Are Better Than POBA For Treating CLI Caused By Infrapopliteal Lesions: Wound Healing And Quality Of Life Are Improved: The ACHILLES Trial Konstantinos Katsanos, MSc, MD, PhD 8:46 - 8:51 3 RCTs Show That DESs Have Value In Treating Long And Short BTK Occlusive Lesions: When Should They Be Used: A US Perspective Robert A. Lookstein, MD 8:52 - 8:58 Panel Discussion SESSION 25 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD 8:58 - 9:03 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used 		8:34 - 8:39	Status Of Other Bioabsorbable Scaffolds (Stents) For Treating Peripheral Arterial Lesions Including 3-Year Results Of The ESPRIT Trial
CLI Caused By Infrapopliteal Lesions: Wound Healing And Quality Of Life Are Improved: The ACHILLES Trial Konstantinos Katsanos, MSc, MD, PhD 8:46 — 8:51 3 RCTs Show That DESs Have Value In Treating Long And Short BTK Occlusive Lesions: When Should They Be Used: A US Perspective Robert A. Lookstein, MD 8:52 — 8:58 Panel Discussion SESSION 25 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD 8:58 — 9:03 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used			DESs BELOW-THE-KNEE
 8.46 - 8.51 3 RCTs Show That DESs Have Value In Treating Long And Short BTK Occlusive Lesions: When Should They Be Used: A US Perspective Robert A. Lookstein, MD 8.52 - 8.58 Panel Discussion SESSION 25 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD 8.58 - 9.03 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used 		8:40 - 8:45	CLI Caused By Infrapopliteal Lesions: Wound Healing And Quality Of Life Are Improved: The ACHILLES Trial
SESSION 25 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD 8.58 — 9.03 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used		8:46 — 8:51	3 RCTs Show That DESs Have Value In Treating Long And Short BTK Occlusive Lesions: When Should They Be Used: A US Perspective
MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD James F. McKinsey, MD 8.58 - 9.03 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used		8:52 - 8:58	Panel Discussion
8.58 – 9.03 When Are POBA And BMSs Adequate Treatment For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used	MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE AND ITS TREATMENT: DEALING WITH CALCIFICATION; ATHERECTOMY Moderators: Gary M. Ansel, MD		
		8:58 - 9:03	For Fempop Lesions And When Should Other Modalities Like Atherectomy Or DCBs Be Used

DEBATE: A Skeptic's View On The Value Of

Atherectomy
Frank J. Criado, MD

9:04 - 9:09

9:10 - 9:15	DEBATE: New Developments In Atherectomy Indicate A Promising Future: The DEFINITIVE AR Trial Shows That Atherectomy Plus DCBs Have Value: When Are They Indicated <i>Ulrich Beschorner, MD Thomas Zeller, MD</i>	
9:16 - 9:21	Update On Atherectomy For Calcified Lesions: What Devices Are Best: When Should They Be Used With DCBs: Value Of Lesion Prep: Precautions And Midterm Results *Lawrence A. Garcia, MD**	
9:22 - 9:27	When And How To Use Distal Embolic Protection Devices During Lower Extremity Interventions D. Christopher Metzger, MD	
9:28 - 9:33	Long Complex SFA Lesions Are Poorly Treated With Stents And DCBs: Atherectomy And DCBs Are The Treatment Of Choice: Which Device Is Best And Precautions Brian G. DeRubertis, MD	
9:34 - 9:39	Patterns Of Wall Calcification In Lower Extremity Arteries And How They Impact On Endovascular Treatments: Is There A Grading System And How To Cross Calcified CTOs Jihad A. Mustapha, MD	
9:40 — 9:45	_	
9:46 - 9:51	Value Of Atherectomy And DCBs In The Treatment Of Popliteal Occlusive Lesions: Is Distal Embolic Protection Possible Marco G. Manzi, MD	
9:52 - 9:57	Foot Artery Interventions: When And How Should They Be Attempted; What Are The Results Of Treatment In Terms Of Treated Lesion Patency And Wound Healing At 1, 2 And 3 Years Or Longer Roberto Ferraresi, MD	
9:58 - 10:04		
10:04 — 10:13	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)	
MORE O DISEASE: BALLOOI LESIONS	SESSION 26 (Grand Ballroom East, 3rd Floor) MORE ON LOWER EXTREMITY OCCLUSIVE DISEASE: NEW DEVELOPMENTS IN DRUG COATE BALLOONS (DCBs); DEALING WITH COMPLEX LESIONS AND TRIALS Moderators: Michael S. Conte, MD Peter A. Schneider, MD	
10:13 — 10:18	Basic Principles And Constraints Of Various Drug Delivery Systems: They Are Not Simple And Details Matter: Why Leaving No Hardware Behind Is Important William A. Gray, MD	
10:19 — 10:24	DEBATE: How Best To Manage Complex Femoropopliteal Lesions: A Vascular Surgeon's Perspective Scott L. Stevens, MD	

10:25 — 10:30	DEBATE: How Best To Manage Complex Femoropopliteal Lesions: An Interventionalist's Perspective Ulrich Beschorner, MD Thomas Zeller, MD
	UPDATE ON DRUG COATED BALLOONS (DCBs)
10:31 — 10:36	Current Status, Limitations And Future Prospects For DCBs In Treatment Of Lower Extremity Ischemia: Are Their Benefits Sustained Mid- And Long-Term Gunnar Tepe, MD
10:37 — 10:42	3-Year Results Of The IN.PACT SFA Trial Comparing The In.Pact Admiral DCBs (Medtronic) With Standard Uncoated Balloons: Are The Benefits Of DCBs Over POBA Sustained John R. Laird, MD Peter A. Schneider, MD
10:43 — 10:48	Current Status, Value And Limitations Of DCBs In Fempop Occlusive Disease: Updates On The IN.PACT GLOBAL Registry And The LEVANT II Of The Lutonix DCB (Bard): Are The Benefits Over POBA Sustained Dierk Scheinert, MD Marianne Brodmann, MD
10:49 — 10:54	Importance Of Vessel Preparation With DCBs: Value Of Enforce Scoring Balloon (Cook) And Atherectomy With DCBs: Effect Of Calcium On DCBs Efficacy: Does The Lutonix DCB Work On BTK Arteries Fabrizio Fanelli, MD
10:55 — 11:00	Value Of The Legflow DCB vs. POBA For Long SFA Lesions: Proven By The RAPID RCT Jean-Paul de Vries, MD, PhD
11:01 — 11:06	Panel Discussion
Moderators	: Dierk Scheinert, MD Gunnar Tepe, MD
11:06 — 11:11	An Update On The ILLUMENATE Trial Series: What Makes The Stellarex DCB Different Sean P. Lyden, MD Stefan Müller Hülsbeck, MD Marianne Brodmann, MD
11:12 — 11:17	Early Results Of The DRASTICO RCT Comparing DESs And DEBs For The Treatment Of Fempop Lesions Francesco Liistro, MD
11:18 — 11:23	What Is The Future Of DCBs In BTK And Crural Arteries: Why Some Of The RCTs Failed To Show A Benefit Krishna J. Rocha-Singh, MD
11:24 — 11:29	Why DCBs Have Not Worked Well For BTK Lesions, But They Will - Recent RCTs Prove It (Like The Aco ART BTK Trial With The LITOS DCB): Different DCB Platforms Have Different Efficacy Especially BTK: What Is The Future Of DCBs In Crural Arteries Francesco Liistro, MD
11:30 — 11:35	DEBATE: Status Of The BEST-CLI Multicenter/ Multispecialty Trial Comparing Endovascular And Open Surgical Treatment Of CLI: It Will Be A Valuable Trial That Settles Controversy Matthew T. Menard, MD Alik Farber, MD Kenneth Rosenfield, MD

11:36 — 11:41	DEBATE: Not So Fast: The BEST-CLI Trial May Not Be So Valuable And Here Is Why <i>Mehdi H. Shishehbor, DO, MPH, PhD</i>
11:42 — 11:47	Status Of DCBs In The US: What Is Available; What Will Be Available And When Edward Y. Woo, MD
11:48 — 11:53	How To Calculate Fractional Flow Reserve (FFR) And Collateral Reserve In The Periphery Without Pressure Wires And How Should This Information Be Used In Treatment Decisions Konstantinos Katsanos, MSc, 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)
MORE A TREATMI TECHNIC	7 (Grand Ballroom East, 3rd Floor) BOUT CLI; THE "NO-OPTION FOR ENT" LIMB AND EXTREME LIMB SALVAGE QUES AND RESULTS :: Sean P. Lyden, MD Richard F. Neville, MD
1:00 - 1:05	Treatment Economics For CLI Care; Based On The SUPERSUB Trial Jihad A. Mustapha, MD
1:06 - 1:11	Why There Is So Much Variation In The Definition Of A "No Option For Treatment Limb" In CLI: What Is A True Definition: Duplex Is The Best Way To Image Foot Arteries Hisham Rashid, FRCS
1:12 - 1:17	Little Known Tips And Tricks For Visualizing And Treating Occluded Distal Leg And Foot Arteries With CLI And Gangrene: Contrast Angiography Is Best And How To Do It Roberto Ferraresi, MD
1:18 - 1:23	Pedal Bypasses With Deep Vein Arterialization For Unfixable (No Option) Distal Arteries: Technique And Long-Term Results Pramook Mutirangura, FRCS
1:24 - 1:29	Percutaneous Deep Vein Arterialization For End Stage CLI With Unfixable (No Option) Distal Arteries: Technique And Multicenter Results With The LimFlow Device Steven Kum, MD Andrej Schmidt, MD Daniel G. Clair, MD
1:30 - 1:35	PTFE Grafts To Crural Arteries Are Procedures To Save Gangrenous Feet When No Other Option Is Available To Avoid A Major Amputation: Long-Term Patency Results Prove It Although Reoperations May Be Required Gregg S. Landis, MD Neal S. Cayne, MD Nicholas J. Gargiulo III, MD, RVT Frank J. Veith, MD
1:36 - 1:41	Evan C. Lipsitz, MD In Patients With CLI And Necrotic Or Gangrenous Foot Lesions, Follow-Up After Interventional Treatment Is Crucial And Behavior Of The Wound Should Guide Re-Imaging And Reintervention Francesco Liistro, MD

1:42 - 1:47	Tips And Tricks For Performing Distal Bypasses Successfully In Dialysis Patients Nobuyoshi Azuma, MD	
1:48 - 1:53	New Approaches To Limb Salvage In Advanced CLI Due To Very Distal Disease: Transcollateral, Pedal Loop And Small Artery Access In The Foot: How Durable Is The Patency Of PTAs Done By These Approaches Marco G. Manzi, MD	
1:54 - 1:59	Value Of Bypasses To Pedal Arteries For Advanced CLI After 10 Years Of Follow-Up: Technical Tips And When Should These Bypasses Be Performed Maarit Venermo, MD, PhD	
2:00 - 2:06	Panel Discussion	
SESSION 28 (Grand Ballroom East, 3rd Floor) NEW DEVELOPMENTS IN LOWER EXTREMITY DCBs, STENT-GRAFTS, PROSTHETIC GRAFTS AND THE TREATMENT OF IN-STENT RESTENOSIS (ISR) Moderators: Johannes Lammer, MD Joseph L. Mills, MD		
2:06 - 2:11	How Important Are DCBs Currently: What Are Their Limitations: What Prospects And Advances Are In Their Future Giancarlo Biamino, MD, PhD	
2:12 - 2:17	Heparin Bonded PTFE (Propaten) Grafts Have 5-Year Patency Rates Equal To Autologous Vein Grafts For Fempop Bypasses Russell H. Samson, MD, RVT	
2:18 - 2:23	A RCT Comparng Endoluminal Bypass With Heparin Bonded PTFE Stent-Grafts (Viabahn) To Open Fempop Bypasses: 1-Year Results Of The SUPER B Trial Michel M.P. Reijnen, MD, PhD	
2:24 - 2:29	How To Achieve Good Results With Gore Viabahn Stent-Grafts For Complex Fempop Occlusive Disease: IVUS, Proper Sizing And Other Tips Are The Secrets To Success Hiroyoshi Yokoi, MD	
2:30 - 2:35	New Balloon Expandable Stent-Grafts (Viabahn Bx): Early Experience And How They Can Improve Performance Jean Bismuth, MD	
	IN STENT RESTENOSIS (ISR) AND ITS TREATMENT	
2:36 - 2:41	Biology Of ISR And Rationale For Debulking Treatment: How Is ISR Best Treated At The Iliac And SFA Levels Jos C. van den Berg, MD, PhD	
2:42 - 2:47	What Are The Best Current Options For Treating ISR In The US: Role Of Atherectomy (With Laser And Other Devices), DCBs And Stent-Grafts Craig M. Walker, MD	
2:48 - 2:53	Role And Value Of Stent-Grafts In Treating ISR: Updated Results Of The RELINE Trial And Is Debulking Necessary Patrick Peeters, MD Marc Bosiers, MD Koen Deloose, MD	

2:54 - 2:59	Pitfalls In The Treatment Of ISR: What Is The Role Of The In.Pact Admiral DCB For SFA ISR: Is It Enough Alone Gary M. Ansel, MD
3:00 - 3:05	,
3:06 - 3:12 3:12 - 3:22	
NEW DE' ACUTE L CLAUDIO	9 (Grand Ballroom East, 3rd Floor) VELOPMENTS IN THE TREATMENT OF IMB ISCHEMIA (ALI) AND INTERMITTENT CATION (IC) :: Thomas O. McNamara, MD Mark A. Adelman, MD
	NEW METHODS TO TREAT ALI
3:22 - 3:27	How To Perform A Femoral Embolectomy Without A Groin Incision: Technique And Advantages <i>Rajiv Parakh, MBBS, MS</i>
3:28 - 3:33	Update On Percutaneous Thrombosuction Techniques For ALI: Equipment, Methods And Results Athanasios Katsargyris, MD Eric L.G. Verhoeven, MD, PhD
3:34 - 3:39	Role Of Percutaneous Aspiration In ALI: What Are The Best Devices Available In The US And How Should They Be Used Michael H. Wholey, MD, MBA
3:40 — 3:45	Advantages Of The Indigo Thrombectomy Device From Penumbra To Treat ALI: How Does It Get Clot Out More Effectively: Does It Have Disadvantages Or Limitations Patrick E. Muck, MD
	NEW CONCEPTS IN THE MANAGEMENT OF INTERMITTENT CLAUDICATION (IC)
3:46 — 3:51	Use Of Electronic Devices To Improve Treatment Of Lower Extremity Intermittent Claudication: The Prospective FITBIT Study Robyn A. Macsata, MD
3:52 - 3:57	A Wearable Exercise Tracker (NIKE + Fuel Band) Can Help To Improve Walking Distance In Intermittent Claudication: The wSTEP Trial Celia Riga, BSc, MBBS, MD
3:58 - 4:03	What Is The Best Non-Invasive Treatment To Improve Walking Distance In Patients With IC Alun H. Davies, MA, DM, DSc
4:04 - 4:09	DEBATE: Angioplasty (PTA) Plus Exercise Is Better Treatment Than PTA Alone For IC: The ERASE Trial Shows It And Why It Is A Better Trial Than The CLEVER And MIMIC Trials Marc R.H.M. van Sambeek, MD, PhD
4:10 - 4:15	DEBATE: Nonsense: Exercise, Best Medical Management And Reassurance Are The Best Treatment For Most Patients With IC <i>Jonathan D. Beard, ChM, MEd</i>
4:16 - 4:22	Panel Discussion

SESSION 30 (Grand Ballroom East, 3rd Floor)

VALUE OF DEEP VEIN GRAFTS; NEW CONCEPTS IN ASSESSING FOOT PERFUSION AND IMPROVING IT; MORE ABOUT THE ANGIOSOME CONTROVERSY; SOME ONGOING CLI TRIALS

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

- 4:22 4:27 A 40-Year Experience Using Femoropopliteal Veins
 For Below Knee FP Bypasses: Describing The Positive
 Means And Dispelling The Negative Myths You Can
 Do It
 Martin L. Schulman, MD
- 4:28 4:33 A Novel Use Of Audio Technology To Evaluate Lower Extremity Perfusion And Eliminate Errors From Pulse Exams And Doppler Signals: The DZAM Technique Cynthia K. Shortell, MD Leila Mureebe, MD
- 4:34 4:39 Value Of A Computerized Rewarming
 Thermopneumatic Boot To Increase Blood Flow To
 Ischemic Lower Extremities: How It Works And Results
 Magdiel Trinidad Vasquez, MD
- 4:40 4:45

 Home Treatment For CLI: The Art Assist Sequential Compression Device: Principles And How It Works: Its Results Are Often Better Than A Bypass Or Interventional Treatment Sherif A.H. Sultan, MD
- 4:46 4:50 Panel Discussion

ANGIOSOME RELATED ISSUES AND TOPICS

- 4:50 4:55 The Orphan Heel Syndrome: How To Identify It And What To Do About Necrotic Lesions In This Area Miguel F. Montero-Baker, MD
- 4:56 5:01 Importance Of The Wound Related Artery (Angiosome) Concept And Patterns Of Disease In CLI: Should They Influence Treatment And How Roberto Ferraresi, MD
- 5:02 5:07 Why Is There So Much Disagreement Over The Angiosome Concept And How To Resolve It: When Should A Pedal Bypass Be The First Option Hisham Rashid, FRCS
- 5:08 5:13

 DEBATE: New Evidence For The Value Of The Angiosome Concept In CLI With Tissue Loss: Indocyanide Green Injection With Fluorescence Imaging Shows It: The Angiosome Concept's Value Differs With Endo And Bypass Treatment Maarit Venermo, MD, PhD
- 5:14 5:19

 DEBATE: Despite All This, The Angiosome Concept Is Worthless And Here Is The Evidence Frank E.G. Vermassen, MD, PhD
- 5:20 5:25 There Is Little Clinical Relevance To The Angiosome Concept: How Perfusion Can Be Measured In Parts Of The Foot So Healing Can Be Predicted Bauer E. Sumpio, MD, PhD
- 5.26 5.31 When Is The Angiosome Concept Important And When Is It Not: How To Resolve The Controversy *Ignacio Escotto, MD*
- 5:32 5:37 The Importance Of The Angiosome Concept And The Plantar Arch In CLI Patients With Extensive Foot Gangrene Or Ulceration: How To Evaluate Foot Perfusion And Potential For Healing Werner Lang, MD

SOME ONGOING CLI TRIALS

5:38 - 5:43 What Is The SPINACH Trial Comparing Endo And

Open Treatment Of CLI: What Useful Information Will It Provide Nobuyoshi Azuma, MD
What Is The LIBERTY Trial And What Unique Information Will It Provide About Advanced CLI And Its Endo And Open Treatments Jihad A. Mustapha, MD
Panel Discussion
End of Program D
1 E (SESSIONS 31-38) L AND ANTI-ATHEROGENIC ENTS; ANTI-HYPERTENSIVE TREATMENTS; AK MANAGEMENT; ISSUES AND OTHER TING TOPICS room West, 3rd Floor

SESSION 31 (Grand Ballroom West, 3rd Floor) MONITORING HEPARIN; SCREENING FOR AND ASSESSING ATHEROSCLEROTIC RISK; ANTI- ATHEROSCLEROSIS TREATMENT CHANGES IN LIGHT OF NEW TRIAL FINDINGS; UPDATE ON TIMING OF SURGERY IN PATIENTS WITH CORONARY STENTS Moderators: Gary M. Ansel, MD	
Wioderators	Russell H. Samson, MD, RVT
6:40 — 6:45	Incidence And Importance Of Heparin Resistance In Vascular Procedures And How Measurement Of ACT Can Offset This Problem: Value Of Medtronic Hemostasis Management System Arno M. Wiersema, MD, PhD Kak Khee Yeung, MD, PhD Jan D. Blankensteijn, MD
6:46 - 6:51	Pleiotropic Effect Of Statins: What Are They And How Should They Be Monitored Anthony J. Comerota, MD
6:52 - 6:57	The Value Of Ultrasound Screening Of Femoral And Carotid Arteries To Predict Atherosclerotic Risk And What To Do About It Andrew N. Nicolaides, MS
6:58 - 7:03	The VIVA RCT Is A Game Changer: It Shows That Population Based Screening For AAA, PAD And Hypertension Allows Intensive Medical Treatment With Statins And Anti-Hypertensives And That These Drugs Save Lives (7%) Jes S. Lindholt, MD
7:04 - 7:09	Current Role Of PCSK 9 Inhibitors In LDL- Cholesterol (LDL-C) Management: How Do They Work And When Should They Be Given (Alirocumab- Praluent From Sanofi & Regeneron And Evolocumab-

7:10 - 7:15 How To Manage Muscle Pain And Apparent Statin Intolerance In Patients On Statins: It Can Be Often Done Safely And Effectively Without Stopping Statins: What Does The GAUSS-3 Trial Tell Us About Controlling The Side Effects Of Statins Don Poldermans, MD

Repatha From Amgen) Ron Waksman, MD

7:16 - 7:21 Why LDL-C (Or Non-HDL-C) Levels Are Important Guides To Treatment And Should Be Followed In Primary And Secondary Event Prevention For Vascular Patients At Risk: Coronary Lesions Regress When LDL-C Is <80 mm/dL Jeffrey S. Berger, MD, MS Caron B. Rockman, MD 7:22 - 7:27 Value Of Ezetimibe (Zetia) In Decreasing Death, Stroke And MI Rates When Added To Simvastatin: What Value Of LDL-C Should Our Patients Strive To Achieve: The IMPROVE-IT Trial: What Does The HOPE 3 Trial Tell Us About Crestor And Primary Prevention Ido Weinberg, MD, MSc New Key Findings From The JUPITER Trial: Statins 7:28 - 7:33 (Crestor) Have Variability In Their LDL-C Lowering Ability; The Degree Of Cardiovascular Risk Reduction Correlates With The Percent LDL-C Reduction: Therapeutic Implications Jeffrey S. Berger, MD, MS Ionathan Newman, MD 7:34 - 7:39 What Is New About Optimal Timing For Elective Vascular Surgery After Coronary Stenting For Angina; For MIs; With BMSs; With DESs: Things Have Changed: Risks Are Higher If The Stenting Was Done For An MI Caron B. Rockman, MD Jeffrey S. Berger, MD, MS 7:40 - 7:46 Panel Discussion SESSION 32 (Grand Ballroom West, 3rd Floor) DRUG RESISTANT HYPERTENSION AND ITS CATHETER-BASED TREATMENTS; MEDICAL TREATMENTS; FRACTIONAL FLOW RESERVE; ASSESSMENT OF AAA RISK; UNUSUAL VASCULAR **DISEASES** Moderators: Ron Waksman, MD Anthony J. Comerota, MD 7:46 - 7:51 Why Pharmacological Treatments Are Insufficient To Control Hypertension In Some Patients And What Is The Outlook For Non-Pharmacologic Treatments Such As Renal Denervation And Baroreflex Stimulation (Neostim) And Modulation (Mobius) Melvin D. Lobo, MBChB, PhD 7:52 - 7:57 What Is New With Endovascular Treatments Of Drug Resistant Hypertension: New Better Devices Like The Peregrine And Paradise Systems For Renal Denervation: New Study Results: Future Predictions Horst Sievert, MD 7:58 - 8:03Renal Artery Denervation For Hypertension: Why Hasn't It Worked And Where Is It Going Krishna J. Rocha-Singh, MD 8:04 - 8:09 Update On The ROX Endovascular System For Creating An Iliac A-V Fistula To Treat Resistant Hypertension: How It Works, Results And Complications David H. Deaton, MD 8:10 - 8:15 Diagnostic Strategy For Children With Suspected Renin Mediated Hypertension Is Multimodal: Is Endovascular Treatment Ever Effective

Kyung Cho, MD

8:16 - 8:21	What's New In The Pharmacologic Prevention And Treatment In Patients With Arteriosclerotic Vascular Disease – Where Are We Currently With Statins, PCSK 9 Inhibitors And Platelet Inhibitors Iris Baumgartner, MD
8:22 - 8:27	Update On The Value Of Coronary CT And Fractional Flow Reserve (FFRct): Does It Eliminate Unnecessary Coronary Angiograms And Stents; Will The Technique Work In The Lower Extremity Christopher K. Zarins, MD
8:28 - 8:33	How Skin Biopsy Can Predict AAA Growth Rates And Rupture <i>Kak Khee Yeung, MD, PhD</i>
8:34 - 8:39	Systemic Inflammatory Disease: What Is It And How To Diagnose It: Does It Predict Increase Risk Of Post EVAR Complications, Type 2 Endoleak And Rupture Alan Dardik, MD, PhD
8:40 — 8:45	Segmental Arterial Mediolysis: What Is It; What Is Its Clinical Significance; How To Diagnose And Treat It Samuel R. Money, MD, MBA
8:46 - 8:54	Panel Discussion
SIGNIFIC AND AO	3 (Grand Ballroom West, 3rd Floor) EANCE AND TREATMENT OF ENDOLEAKS RTO-BRONCHIAL FISTULAS :: Juan C. Parodi, MD Timur P. Sarac, MD
8:54 — 8:59	Embolization For Type 1A Endoleaks After Nellix And Standard Endografts: How To Do It And When Does It Work And When Does It Not Robert A. Morgan, MD
9:00 - 9:05	How Does Onyx Work For Treating Type I Endoleaks: Limitations And Advantages Thomas Larzon, MD, PhD
9:06 - 9:11	Value Of Duplex Ultrasound In Treating Endoleaks In The Presence Of Coils And Onyx And With Nellix Grafts Dipankar Mukherjee, MD
9:12 - 9:17	Characterization System For Type 2 Endoleaks: What Is Its Clinical Significance Nicos Labropoulos, BSc (Med) PhD, DIC, RVT
9:18 - 9:23	The Natural History Of Type 2 Endoleaks That Develop After 1 Year Is Different: >70% Persist And Require Closer Surveillance And More Interventions <i>Keith D. Calligaro, MD Matthew J. Dougherty, MD</i>
9:24 - 9:29	Catheter-Based CT Guided Translumbar Endoleak Treatment: Technique And Advantages Stephan Haulon, MD
9:30 - 9:35	Accessory Renal Arteries – A Siginficant Source Of Bad Type 2 Endoleaks: How To Prevent, Diagnose And Treat Them Claudio J. Schonholz, MD Joshua D. Adams, MD
9:36 - 9:41	What Are The Causes Of Type 3 Endoleaks: Can Trauma Be One Of Them Carlo Setacci, MD

9:42 - 9:47	AAA Wall Angiogenesis, A Previously Unrecognized Cause Of Endoleaks After EVAR: How To Diagnose And Treat Them <i>Eric Allaire, MD, PhD</i>
9:48 - 9:53	Can Aorto-Bronchial Fistulas Be Managed Endovascularly: What Is The Hope Of Long-Term Survival
	Carlos E. Donayre, MD
9:54 - 10:02	Panel Discussion
10:02 — 10:16	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
IMPORTA AND SPE PROTECT ETHICAL	4 (Grand Ballroom West, 3rd Floor) ANT ISSUES FOR VASCULAR SURGEONS CIALISTS; REMEMBRANCES; ASSET FION; KEY MEDICAL, HISTORICAL AND TOPICS :: Bruce A. Perler, MD, MBA
Moderators	James C. Stanley, MD
10:16 — 10:21	Giants No Longer With Us: A Tribute To Allan Callow, Calvin Ernst And John (Jack) Connolly <i>Jerry Goldstone, MD</i>
10:22 - 10:27	Predictions For The Future In The Treatment Of Vascular Disease: Where Is Vascular Surgery Going Mark A. Adelman, MD
10:28 — 10:33	Negotiating With Large Health Care Systems: Tips And Tricks For Individual Vascular Surgeons: How Could A Union Or Society Help Timothy M. Sullivan, MD
10:34 — 10:39	Beyond Vascular Surgery For Vascular Surgeons: Working With Industry: What Is Good About It And What Is Bad David H. Deaton, MD
10:40 — 10:45	Why Vascular Surgeons Are An Essential Operating Room Resource For Other Surgeons: They Must Be Valued As Such, Protected And Compensated Gregory L. Moneta, MD
10:46 — 10:51	Is It A Wild West Bonanza Or A Feeding Frenzy: How To Stem The Surge In Unnecessary Lower Extremity Interventions That Cost So Much And Do Little To Benefit Patients
40 40	Scott L. Stevens, MD
10:52 — 10:57	Key Points In Asset Protection, Tax Planning And Succession Planning For Vascular Surgeons/Specialists Hillel Presser, Esq., MBA
10:58 — 11:04	Panel Discussion
Moderators	: Michael L. Marin, MD Frank J. Veith, MD
	KEY NON-SURGICAL ISSUES
11:04 — 11:09	Optimal Treatment For Left Main Coronary Lesion Is Changing: Stenting With DESs Is Replacing Open Coronary Bypass: Based On The EXCEL Trial Gregg W. Stone, MD
11:10 — 11:15	COURAGE Trial Findings After 15 Years Follow- Up: It Still Shows No Advantage Over Medical Treatment In Some Coronary Disease Patients: Are Too Many Patients Getting Coronary Stents Roxana Mehran, MD

11:16 – 11:21	Role Of Stents In The Treatment Of Lower Extremity Occlusive Lesions: Value Of DESs And DCBs: Will Bare Metal Stent Usage Decrease Or Disappear John H. Rundback, MD
11:22 — 11:27	Current Status Of Cell And Gene Therapy For CLI Treatment: Do Either Have A Future Sigrid Nikol, MD
11:28 — 11:33	Long-Term Results Of Autologous Bone Marrow Cell Treatment For No Option CLI: Results Of A Double Blinded RCT Thomas F. O'Donnell, Jr., MD Mark D. Iafrati, MD
	AN HISTORICAL NOTE
11:34 - 11:39	What Are "Octopus" Endografts: Why Are They The Future Of Branched Endografting For TAAAs And What Is Their Origin Karthikeshwar Kasirajan, MD
	ETHICAL ISSUES
11:40 — 11:45	Ethical Conflicts In Providing Quality Care With All The Financial And RVU Pressures In The Current Health Care System: How To Resolve Them <i>James W. Jones, MD, PhD, MHA</i>
11:46 — 11:51	How To Involve Vascular Patients In Decision Making About Their Surgical And Interventional Treatments <i>Dirk T. Ubbink, MD, PhD</i>
11:52 — 12:00	Panel Discussion
12:00 — 1:00	Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 35 (Grand Ballroom West, 3rd Floor) THE CURRENT HEALTH CARE SYSTEM; REIMBURSEMENT; IMPACT OF OBAMACARE (ACA), ACOs, ETC. ON VASCULAR SURGEONS/ SPECIALISTS AND OUR INDUSTRY PARTNERS Moderators: Michel Makaroun, MD John H. Furtek, BS, RT	
1:00 - 1:05	Effects Of The Massachusetts Universal Health Care Program On Vascular Surgery And Its Outcomes: Is It A Model For What Will Happen Under Obama Care Or The Affordable Care Act (ACA) Mohammad H. Eslami, MD, MPH
1:06 - 1:11	Obamacare 2016: Is It As Bad As Predicted Or Worse: Can It Be Fixed Clifford J. Buckley, MD
1:12 - 1:17	Is The ACA (Obamacare) Increasing Or Decreasing Access To Affordable Care Bruce A. Perler, MD, MBA
1:18 - 1:23	Impact Of The ACA On Vascular Surgery's Value To The Health Care System: It's Not Good <i>Richard J. Powell, MD</i>
1:24 - 1:29	Impact Of The Medical Device Tax On Medical Innovation And Education: Will It Be Repealed Or Just Delayed: Other Effects Of The ACA On The Medical Device Industry And Its Support Of Continuing Medical Education Allison H. Giles, RN, JD

100 105	
1:30 — 1:35	Care Organizations): How Are They Working, Will They Work And What Will Their Impact Be On
	Vascular Surgeons Robert M. Zwolak, MD, PhD
1:36 - 1:41	Impact Of The Medicare Access And CHIP Reauthorization Act Of 2015 (MACRA) On US Vascular Surgeons: Why It Is A Big Problem Timothy F. Kresowik, MD
1:42 - 1:47	What Is Happening With Reimbursement For Vascular Surgeons: What Does The Future Hold Sean P. Roddy, MD
1:48 - 1:53	How To Survive In A Hostile Health Care Environment: Systematizing Vascular Doctor/ Hospital Alignment And Making The Hospital Vascular Services More Profitable Without Doing Unnecessary Procedures Barry T. Katzen, MD
1:54 - 1:59	Starting A Vascular Surgery Service In A Public Safety Net Hospital Can Be Profitable: Tips And Strategies For Success During Insurance And Health Care Reform Charles J. Fox, MD
2:00 - 2:06	Panel Discussion
ACOs, GO INDEPEN TRAININ	5 (Grand Ballroom West, 3rd Floor) OVERNING BODIES (BOARDS/RRC), IDENCE, EDUCATION, REIMBURSEMENTS, G, SIMULATION : Carlo A. Dall'Olmo, MD William D. Jordan, Jr., MD
2:06 - 2:11	History Of The American Board of Vascular Surgery (ABVS) – Where Does Vascular Surgery Stand – What Is Missing James C. Stanley, MD
2:12 - 2:17	Advantages To A Division Of Vascular Surgery When It Is Part Of A Department Of General Surgery H. Leon Pachter, MD
2:18 - 2:23	Why Vascular Surgery Needs To Be A Totally Independent Specialty And How Can We Get There <i>Timothy M. Sullivan, MD</i>
2:24 - 2:29	MOC (Maintenance Of Certification): Is It Valuable, In Need Of Modification Or A Waste Of Time And Money: Does Vascular Surgery Need More Independence With Its Own Board And RRC John F. Eidt, MD
2:30 - 2:35	Who Should Be Doing The Complex Open Vascular Surgery (Pararenal AAAs, TAAAs, Mesenteric And Tibial Bypasses): Trainee Experience Is Limited: Do We Need Regional Centers And What Are The Downsides Ronald L. Dalman MD
2:36 - 2:41	Major Open Surgery Experience Differences Between 5+2 And 0+5 Vascular Trainees: Does It Matter <i>Murray L. Shames, MD</i>
2:42 - 2:48	Panel Discussion
Moderators	: Karl A. Illig, MD Ronald L. Dalman, MD

2:48 - 2:53	Role And Progress Of Women In Vascular Surgery: Value Of Mentorship And How To Promote It Robyn A. Macsata, MD
	VASCULAR AND SURGICAL SIMULATORS
2:54 - 2:59	Should All Surgeons Have To Work On Simulators – Like Pilots O. William Brown, MD, JD
3:00 - 3:05	How To Shift Learning Curves From Patients To Models (Simulators) And How To Assess Technical Skills With Models Hans-Henning Eckstein, MD, PhD
3:06 - 3:11	Proficiency Based Stepwise Endovascular Training Improves Performance In The Hybrid Suite: A RCT (The PROSPECT Trial) Proves It Isabelle van Herzeele, MD, PhD Heidi Maertens, PhD
3:12 - 3:17	How To Determine Proficiency In EVAR And Radiation Safety: Does Simulator Training Help Lars B. Lönn, MD, PhD Torben V. Schroeder, MD, DMSc
3:18 - 3:23	
3:24 - 3:30	Panel Discussion
3:30 - 3:40	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
NEW DENTELEMED BAD PRAG	(Grand Ballroom West, 3rd Floor) VELOPMENTS IN VASCULAR CARE, DRGs, DICINE, REIMBURSEMENTS, REPORTING CTICE AND THE FDA : Bruce A. Perler, MD, MBA Ronald M. Fairman, MD
3:40 - 3:45	How Does A Real-Time Dashboard Database Improve The Quality And Decrease The Cost Of Vascular Care Timothy M. Sullivan, MD
3:46 - 3:51	How Can Hospitalists Improve A Vascular Service By Decreasing Mortality, Length Of Stay And Readmissions Peter L. Faries, MD
3:52 - 3:57	Volume/Outcome Relationship With CEA And CAS: German Registry Data From 175,000 Patients Hans-Henning Eckstein, MD, PhD
3:58 - 4:03	Hospital Volume Matters Most In Improving Outcome Of EVAR: Both Surgeon And Hospital Volume Matter For Open AAA Repair Marc L. Schermerhorn, MD
4:04 - 4:09	How To Incorporate Virtual Visits Into A Vascular Practice: The Technology Is Here: What Is The Technology And How To Use It John (Jeb) W. Hallett, MD
4:10 - 4:15	Role Of Telemedicine In A Vascular Practice: How To Be Reimbursed For It Clifford M. Sales, MD, MBA
4:16 - 4:21	Benefit Of New AAA/EVAR DRGs On Hospital Economics: They Are A Game Changer And How They Can Benefit Vascular Surgeons W. Charles Sternbergh III, MD
	~

4:22 - 4:27	We Have A Duty To Report Unethical Procedures Or Malpractice To Hospital Administrators, State Misconduct Boards And Patients Seeking A Second Opinion: Why It Does Not Happen And What To Do If Such Reporting Does No Good Because Of Administrator Inaction O. William Brown, MD, JD
4:28 - 4:33	Ezetimbe (Zetia) Lowers LDL-C And Decreases Cardiovascular Death, MI And Stroke Over Statins Alone: When Should It Be Given And Why Didn't The FDA Approve It Russell H. Samson, MD, RVT
4:34 - 4:39	Why Does The FDA Approve Lower Extremity Devices With Only 6-12 Months Follow-Up: Shouldn't Longer Durability Be Required Dorothy B. Abel, BSBME
4:40 - 4:46	Panel Discussion
TRIALS/ RCTs; PU AND GU VALUE C	8 (Grand Ballroom West, 3rd Floor) REGISTRIES; FLAWS IN REPORTING AND BLICATION QUALITY; SVS STANDARDS IDELINES; FAIR DEVICE EVALUATION; DF VQIs S: Michael S. Conte, MD Keith D. Calligaro, MD
	TRIALS, REGISTRIES AND REPORTING
4:46 - 4:51	Registries vs. Trials: Pros And Cons Of Each: What Should Guide Clinical Practice Vicente Riambau, MD, PhD
4:52 - 4:57	Why Kaplan-Meier Analyses Are A Poor Way To Compare Devices And Treatments For PAD: How Should It Be Done Frank E.G. Vermassen, MD, PhD
4:58 - 5:03	Surgeon Outcome Reporting Can Be Inaccurate And Unreliable: What Is The Evidence <i>Mr. Jonathan R. Boyle, MD</i>
5:04 — 5:09	Critical Analysis Of Clinical Trials And Randomized Controlled Trials (RCTs): They Have Value But Many Pitfalls Anton N. Sidawy, MD, MPH
5:10 - 5:15	RCTs Are Often Poorly Generalizable: What Strategies Can Overcome This Flaw Charles C. Miller, PhD
5:16 - 5:21	With Published Articles In The Medical Literature Quality Should Trump Quantity: Does It And How Should Quality Be Evaluated Clifford J. Buckley, MD
5:22 - 5:28	Panel Discussion
Moderators	s: Anton N. Sidawy, MD, MPH Peter Gloviczki, MD
	REPORTING STANDARDS, GUIDELINES, VQIs
5:28 - 5:33	Important Changes And Aspects Of The New SVS Reporting Standards Michael C. Stoner, MD
5:34 - 5:39	Highlights Of The New SVS Guidelines For Management Of The Diabetic Foot: Value Of Total Contact Cast For Diabetic Ulcers Anil P. Hingorani, MD

5:40 - 5:45	How To And How Not To Measure Quality: The Current System Has It Wrong Clifford M. Sales, MD, MBA
5:46 - 5:51	Two New Initiatives To Measure The Value Of Endovascular Devices Over Medical Treatment For Lower Extremity Occlusive Lesions: The Multidisciplinary RAPID Project And The VQI Registry Of Medical Treatment: How Do They Work <i>Jack L. Cronenwett, MD</i>
5:52 - 5:57	How Well Do VQI And Non-VQI Hospitals Perform In Quality Measures: Do Quality Measures Reflect Quality And Really Matter Philip P. Goodney, MD, MS
5:58 - 6:05	Panel Discussion End of Program E
NEW DE' AORTIC I GRAFTS, FLOW M ANEURYS COMPLE Trianon Bal SESSION 39 MORE TO THORAC DISSECTI	Politoom, 3rd Floor (Trianon Ballroom, 3rd Floor) OPICS RELATED TO TEVAR, THE CIC AORTA AND TREATMENT OF AORTIC
6:54 - 6:59	
7:00 - 7:05	Update On The True Lumen/False Lumen Ratio As A Predictor Of Need For TEVAR Treatment With TBAD Patients Jean M. Panneton, MD
7:06 - 7:11	Strategies And Solutions When TEVAR Fails In Treating A TBAD Joseph V. Lombardi, MD
7:12 - 7:17	Experience With Carotid Subclavian Bypass To Revascularize The LSA With TEVAR: Technique, Complications And Outcomes Sebastian E. Debus, MD, PhD
7:18 - 7:23	Although 30-Day Mortality For TEVAR For Elective And Ruptured Thoracic Aneurysms, And TBAD Is Good, Longer Term Survival Is Poor – Especially For Ruptures Anders Wanhainen, MD, PhD
7:24 - 7:29	What Are The Expansion Rates Of Thoracic Aortic Aneurysms At Various Levels And At What Diameter Should They Be Fixed Because Of Increased Rupture Risk John A. Elefteriades, MD
7:30 - 7:35	Influence Of Arterial Hypertension Or Hypotension On Aortic Diameter And How Should Blood Pressure Influence Diameter Sizing Of Endografts For TEVAR Frank J. Criado, MD

7:36 - 7:41	Lumens Tell Us After Standard And Petticoat (Composite) TEVAR For Acute TBADs
7:42 - 7:47	Stephan Haulon, MD
7:42 - 7:47	5-Year Outcomes (Durability) Of TEVAR: For Thoracic Aortic Aneurysms: Data From The VALOR II Registry Mark Conrad, MD, MMSc
	Richard P. Cambria, MD
7:48 — 7:53	30 Years Of Chinese Progress In Treating TBADs: What Has Happened In The Last 5 Years And What Challenges Remain Qingsheng Lu, MD Zaiping Jing, MD
7:54 - 8:00	
TREATMI AORTA,	O (Trianon Ballroom, 3rd Floor) ENT OF LESIONS OF THE ASCENDING THE AORTIC ARCH; PARALLEL GRAFTS HER METHODS AND DEVICES FOR
TREATM	
Moderators	:: Eric E. Roselli, MD Roberto Chiesa, MD
8:00 - 8:05	Endovascular Repair Of Ascending Aortic Lesions:
0:00 — 0:03	Where Does It Stand Ali Azizzadeh, MD
8:06 - 8:11	Advantages, Limitations And Long-Term Results Of Chimney And Periscope Grafts For Aortic Arch Lesions
	Nicola Mangialardi, MD Mario L. Lachat, MD
8:12 - 8:17	For Aortic Arch Aneurysms; Parallel Grafts vs. Open Surgical Debranching: When, Where And How Franco Grego, MD
8:18 - 8:23	Chimney Grafts Are Better Than Other Techniques For Aortic Arch Lesions – And Are Simpler And Cheaper: How To Make Them Safe And Effective: Limitations Jan S. Brunkwall, MD, PhD
8:24 - 8:29	Advantages, Limitations And Failure Modes Of Chimney Grafts For Aortic Arch Lesions: How To Prevent Failures Ralf R. Kolvenbach, MD
8:30 — 8:35	A Novel (Nexus) Endograft When Parallel Grafts Won't Work In The Arch – Concept, Technique And Early Results Mario L. Lachat, MD Nicola Mangialardi, MD
8:36 - 8:41	Further Experience With Total Endovascular Repair Of Aortic Arch Lesions Using A Precurved Fenestrated Endograft (Naguta): Indications, Advantages, Results And Limitations <i>Yoshihiko Yokoi, MD</i>
8:42 - 8:47	Branched Endograft vs. Chimneys For Treating Complex Arch Lesions: Advantages, Results And Limitations Of Each Qingsheng Lu, MD Zaiping Jing, MD

	8:48 — 8:53	Open And Endo Options For Treating Kommerell's Diverticula And Other Congenital Arch Lesions Nicholas J.W. Cheshire, MD
	8:54 - 9:00	Panel Discussion
	9:00 - 9:18	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 41 (Trianon Ballroom, 3rd Floor) MORE ABOUT JUXTA- AND PARARENAL AAAs; TAAAs; F/BEVAR; PARALLEL GRAFTS Moderators: Timothy A.M. Chuter, DM Eric L.G. Verhoeven, MD, PhD		
	9:18 - 9:23	Natural History Of TAAAs: How Should It Influence Treatment Anthony L. Estrera, MD Hazim J. Safi, MD
	9:24 - 9:29	Endovascular Treatment Of TAAAs: The Chinese Experience: What Is The Best Graft Wei Guo, MD
	9:30 - 9:35	How Renal Artery Angulation And Respiratory Motion Affect The Long-Term Results Of Chimney EVAR (Ch/EVAR) And Fenestrated EVAR (F/EVAR) Ronald L. Dalman, MD
	9:36 - 9:41	Comparative Results Of F/EVAR And Ch/EVAR For Juxtarenal AAAs: Which Is Best And When Murray L. Shames, MD
	9:42 — 9:47	In Vitro Studies Allow Optimization Of Chimney Graft Details (Measurements, Types Of Graft, Overlap Length And Need For Endoanchors) With Standard, Nellix And Ovation Endografts: Gutter Endoleaks Can Be Prevented Jan D. Blankensteijn, MD Kak Khee Yeung, MD, PhD Willem Wisselink, MD
	9:48 - 9:53	Failure Modes After Branched EVAR (B/EVAR) For TAAAs And How They Can Be Prevented Matthew J. Eagleton, MD Tara M. Mastracci, MD
	9:54 - 9:59	Tips And Tricks For And Results Of Open TAAA Repair After Failed TEVAR Or EVAR Roberto Chiesa, MD Germano Melissano, MD
	10:00 — 10:06	Panel Discussion
	Moderators:	Matthew J. Eagleton, MD Marcelo Ferreira, MD
	10:06 — 10:11	What Are The Ideal Bridging Stent-Grafts For Use With F/EVAR And B/EVAR Daniel G. Clair, MD
	10:12 — 10:17	Target Branch Vessel Injuries In F/EVAR And B/EVAR: How To Prevent And Treat Them W. Anthony Lee, MD
	10:18 — 10:23	How To Predict Rotation And Torsion Of Fenestrated Endografts So These Problems Can Be Eliminated <i>Thomas L. Forbes, MD</i>
	10:24 — 10:29	Technical Tips For Making Standard F/EVAR And F/EVAR After Failed EVAR: Simpler, Safer And Better <i>Timothy A. Resch, MD, PhD</i>

10:30 — 10:35	How To Modify A Gore C3 Excluder For A 3 Branch F/EVAR: Results And Technique (Video Presentation) Wayne W. Zhang, MD
10:36 — 10:41	How To Obtain Adequate Reimbursement For F/ EVAR Procedures In The US Francesco A. Aiello, MD
10:42 — 10:47	A New Device To Simplify F/BEVAR: A Guidewire Fixator: How It Works, Advantages And Limitations <i>Krister C.B. Liungman, PhD</i>
10:48 — 10:54	Panel Discussion
UPDATE ((MLFM) ST FOR THE DISSECTION	2 (Trianon Ballroom, 3rd Floor) ON THE MULTILAYER FLOW MODULATING TENTS AND OTHER UNCOVERED STENTS TREATMENT OF ANEURYSMS AND ONS : Rodney A. White, MD Frans L. Moll, MD, PhD
10:54 — 10:59	Value Of Flow Diverting Bare Stents In Treating Aneurysms: When Do They Work And When Don't They: What Is The Theory And The Evidence Fabrizio Fanelli, MD
11:00 — 11:05	Flow Diverting Bare Stents With Or Without Coils For Treating Visceral Or Renal Artery Aneurysms: How Well Do They Work And Could Similar Stents Work For Aortic Aneurysms Michele Rossi, MD
11:06 — 11:11	Early Results With MLFM Uncovered Stents To Treat Acute Aortic Dissections: The DRAGON Trial: What About Their Use In Treating Aortic Aneurysms Ralf R. Kolvenbach, MD
11:12 — 11:17	Updated Experience Treating Aortic Dissections And Complex AAAs With MLFM Uncovered Stents <i>Victor S. Costache, MD, PhD</i>
11:18 — 11:23	Results Of MLFM Stents For Treating Aortic Dissections: When Are They The Best Treatment: What About For Complex Aortic Aneurysms (TAAAs) Sherif A.H. Sultan, MD
11:24 — 11:29	5-Year Results Of The French Registry Of MLFM Stent Treatment Of Complex Aortic Aneurysms: What Is Good, What Is Not And What Remains Unknown Claude D. Vaislic, MD
11:30 — 11:35	The Japanese Registry Experience With The MLFM Stent For The Treatment Of Aortic Aneurysms And Dissections Yoshikatsu Saiki, MD, PhD
11:36 — 11:41	Update On The Experience With Multilayered Uncovered Stents In Treating TAAAs: Value And Limitations Qingsheng Lu, MD Zaiping Jing, MD
11:42 — 11:47	Theoretical Considerations In Using MLFM Uncovered Stents (From Cardiatis) To Treat Aortic Dissections Lambros Athanasiou, PhD Elazer R. Edelman, MD, PhD
11:48 — 11:53	Another Observer's Opinion On The Value Of Uncovered Flow Modulating Stents In The Treatment Of Aneurysms And Dissections Michael D. Dake, MD

11:54 — 12:00	Panel Discussion
12:00 - 1:00	
	Rhinelander Gallery Visit Exhibits And Pavilions (2nd and 3rd Floors)
MORE IN ABDOMI	3 (Trianon Ballroom, 3rd Floor) ITERESTING TOPICS RELATED TO THE NAL AORTA, AAAs AND EVAR :: Roger M. Greenhalgh, MD Timur P. Sarac, MD
1:00 - 1:05	Value Of Simulation With EVAR: Does It Improve Seal Zone Coverage: Other Advantages Vikram S. Kashyap, MD
1:06 - 1:11	
1:12 - 1:17	
1:18 - 1:23	DEBATE: Large Diameter Aortic Necks (>32 mm) Are Associated With More Type 1A Endoleaks, Migration And Other Problems And Should Be A Relative Contraindication To EVAR <i>Ali F. AbuRahma, MD</i>
1:24 - 1:29	DEBATE: Large Diameter Aortic Necks (35-36 mm) Are Not Associated With More Type 1A Endoleaks, Migration, Etc.: What Techniques Can Help <i>Michael J. Singh, MD</i>
1:30 - 1:35	Nellix Endografts And EVAS Can Be Effective In Treating AAAs With Large Common Iliac Aneurysms: Technique And Results: From A Multicenter Experience Jean-Paul de Vries, MD, PhD
1:36 - 1:41	DEBATE: The Case For <u>Lowering</u> The Threshold For AAA Treatment In Many Patients <i>Ronald M. Fairman, MD</i>
1:42 - 1:47	DEBATE: Not So: Why We Should Sometimes Be Raising The Threshold For Treatment In Many Patients Ross Naylor, MD
1:48 - 1:53	,
1:54 - 2:00	Panel Discussion
SESSION 44 (Trianon Ballroom, 3rd Floor) MORE NEW DEVELOPMENTS RELATING TO AAAS AND EVAR	
Moderators	: Juan C. Parodi, MD Daniel G. Clair, MD
2:00 - 2:05	An Evolution Related Classification System To Help Select The Optimal AAA Endograft For Each EVAR Patient Claude Mialhe, MD
2:06 - 2:11	High 18 F-FDG Uptake On PET CT In The Aortic Wall Of AAAs Predicts Poor Results Of Treatment And Poor Patient Survival: Why Natzi Sakalihasan, MD, PhD
	•

2:12 - 2:17	Why Diabetes Is Negatively Associated With AAA Incidence And Growth: A Possible Clue To Medical Treatment Of AAAs Jes S. Lindholt, MD	
2:18 - 2:23	Do New Low Profile EVAR Devices Come At The Cost Of Poorer Durability Michel Makaroun, MD	
2:24 - 2:29	Despite The Declining Incidence Of AAAs, Current AAA Screening Programs Have Value And Save Lives: How Should They Be Structured In 2016 And Beyond <i>Martin Björck, MD, PhD</i>	
2:30 - 2:35	DEBATE: On Label Use (Within The IFU) Of Endografts For EVAR Is Key To Achieving Good Results Andres Schanzer, MD	
2:36 - 2:41	DEBATE: Not So: Outcomes For EVAR Using Endografts Outside Their IFU Can Be As Good As Those Within The IFU If Certain Conditions Are Met <i>Peter L. Faries</i> , <i>MD</i>	
2:42 - 2:47	Risk Assessment And Risk Scores Have Little Value In The EVAR Treatment Of AAAs – In Contrast To Open Treatment Hence J.M. Verhagen, MD, PhD	
2:48 - 2:53	Risk Scoring For Ruptured AAAs Is Of No Value And A Waste Of Time Janet T. Powell, MD, PhD	
2:54 - 2:59	Nellix Endografts (EVAS) Are Useful For Relining And Treating Failed Previous AAA Repairs (Open And Endo): Technique And Results: The Dutch Experience Barend M.E. Mees, MD, PhD	
3:00 - 3:10	Panel Discussion (Refreshments Available In Back Of Room)	
SESSION 45 (Trianon Ballroom, 3rd Floor) INTERESTING RECORDED LIVE ENDOVASCULAR CASES AND THOSE EMPLOYING NEW AND INNOVATIVE TECHNIQUES Moderators: Plinio Rossi, MD Carlo Setacci, MD Andrew Holden, MBChB Fabrizio Fanelli, MD Frank J. Veith, MD		
3:10 - 3:21	Edited Live Case With The Use Of The Zenith Alpha Thoracic Endograft In Conjunction With A 4X Fenestrated Graft In A TAAA Eric L.G. Verhoeven, MD, PhD	
3:21 - 3:32	A New Approach To Calcified Femoral Artery Lesions – Lithoplasty Andrew Holden, MBChB	
3:32 - 3:43	Distal Arteriovenous Fistulas In CLI: The Last Resort Marco G. Manzi, MD	
3:43 - 3:54	Thoracic Aortic Repair After Failed TEVAR Domenico Baccellieri, MD Germano Melissano, MD Roberto Chiesa, MD	
3:54 - 4:05	Severe Calcium - One Of The Major Limitations Of Endovascular Therapy: The Role of Lithoplasty - Lessons Learned <i>Gunnar Tepe, MD</i>	

WEDNESDAY/THURSDAY

4:05 – 4:16

Aneurysm Formation After Use Of Drug Coated
Balloons Following Perforation Of A Degenerative
Saphenous Vein Graft
Erwin Blessing, MD

4:16 – 4:27 Long-Term Follow-Up Of Critical Hand Ischemia In Hemodialysis Patients

Roberto Ferraresi, MD

4:27 – 4:37 Panel Discussion

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

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

4:37 – 6:00 LINC PROGRAM
Please visit www.veithsymposium.org for updates.
End of Program F

THURSDAY, NOVEMBER 17, 2016

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

New Techniques, Technology And Concepts; Advances In F/BEVAR And Parallel Grafts For Complex Aortic Aneurysms And TAAAs; Tribute To Our Military; Endo vs. Open Treatment For Ruptured AAAs; Vascular Robotics & Guidance Systems; New Concepts And Controversies

6:40 A.M. - 5:54 P.M.

Grand Ballroom East, 3rd Floor

PROGRAM H: SESSIONS 55-62

New Devices For EVAR And Juxtarenal AAA Repair; TEVAR And TAAA Repair; Lower Extremity Treatment; Updates On Endoanchors; New Devices For Embolectomy And Clot Removal 6:40 A.M. – 5:30 P.M.

Grand Ballroom West, 3rd Floor

PROGRAM I: SESSIONS 63-70

Venous Topics – Superficial - Improved Treatment Of Varicose Veins

7:29 A.M. - 5:15 P.M.

Trianon Ballroom, 3rd Floor

Course Leaders: Jose I. Almeida, MD, RPVI, RVT

Lowell S. Kabnick, MD, RPhS Thomas W. Wakefield, MD PROGRAM G (SESSIONS 47-54)

NEW TECHNIQUES, TECHNOLOGY AND CONCEPTS; ADVANCES IN F/BEVAR AND PARALLEL GRAFTS FOR COMPLEX AORTIC ANEURYSMS AND TAAAS; TRIBUTE TO OUR MILITARY; ENDO vs. OPEN TREATMENT FOR RUPTURED AAAS; VASCULAR ROBOTICS & GUIDANCE SYSTEMS; NEW CONCEPTS AND CONTROVERSIES

SESSION 47 (Grand Ballroom East, 3rd Floor)

NEW TECHNIQUES, TECHNOLOGY AND CONCEPTS

Moderators: Frank J. Veith, MD Barry T. Katzen, MD

Grand Ballroom East, 3rd Floor

- 6:40 6:45 Importance Of Vessel Preparation Before DCB Use: Value Of The Cogent Serranator Device For Producing Controlled Lesion Serration Before DCB Inflation Peter A. Schneider, MD
- 6:46 6:51 Creation Of A Spliced Vein Conduit Using A
 Microvascular Coupler (Technique Video): Where
 Can The Resulting Product Prove Essential
 Benjamin M. Jackson, MD
- 6.52 6.57 What Are The Components Of A Stent's Radial Force And Why Do They Matter Koen Deloose, MD
- 6:58 7:03 Lithoplasty From Shockwave Medical For Treating Heavily Calcified Lower Extremity Occlusive Lesions: Concept, Indications, Techniques And Results: From The DISRUPT PAD 1 And 2 Trials Gunnar Tepe, MD
 Thomas Zeller, MD
 Andrew Holden, MBChB
- 7:04 7:09 How To Improve Patients And Your Own Intelligence And Cognitive Function By Increasing Brain Blood Flow Pharmacologically Juan C. Parodi, MD
- 7:10 7:15 The Arsenal AAA Sac Filling System (Medtronic) For EVAR: How Does It Work; What Is Its Value: Early Results

 Andrew Holden, MBChB
- 7.16 7.21

 3D Printed AAA Templates With The AortaFit System From Aortica: How Do They Simplify And Improve F/EVAR Procedures: How Do They Work And Improve Fenestration/Branch Alignment Benjamin W. Starnes, MD
- 7.22 7.27

 Remote Monitoring Of Bypass Flow With A Totally Implantable Piezoelectric Sensor: It Can Also Be Placed On Stents For Self-Monitoring: The GraftWorx System

Richard F. Neville, MD

- 7.28 7.33 Centerline Biomedical GPS-Like Vascular Navigation System To Decrease Radiation And Contrast Dosage By Using Sensor Equipped Catheters And Guidewires Located And Guided Through A 3-D Virtual Vascular Tree iOPS (Intraoperative Positioning System)

 Matthew J. Eagleton, MD
- 7:34 7:40 Panel Discussion

SESSION 48 (Grand Ballroom East, 3rd Floor) ADVANCES IN FENESTRATED AND BRANCHED EVAR (F/BEVAR) FOR COMPLEX AAAs AND TAAAs; RELATED CONTROVERSIES Moderators: Mark A. Adelman, MD Krassi Ivancev, MD, PhD		
7:40 - 7:45	Use Of Parallel Grafts Is Expanding: So What Is The Basis For The Widespread Skepticism Concerning Parallel Grafts (Chimney, Periscope And Sandwich Grafts) Frank J. Criado, MD	
7:46 - 7:51	DEBATE: Parallel Grafts Are Of Limited Value In Juxta- And Pararenal AAAs And TAAAs: Results With Them Are Not So Good Or Durable In Some Circumstances Adam Beck, MD W. Anthony Lee, MD	
7:52 - 7:57	DEBATE: Not So: If Done With Appropriate Precautions, The Results With Parallel Grafts Are Good, Durable And The Best Option In Many Circumstances <i>Mario L. Lachat, MD</i>	
7:58 — 8:03	Tips And Unilateral Tricks For Simple Safe Axillary Access For Placement Of Multiple Parallel Grafts In The Treatment Of Complex AAAs: A Conduit Can Help Ross Milner, MD	
8:04 — 8:09	Utility Of Access Scallops In Difficult Fenestrated EVAR Anatomy: How Do They Work: Is Selective Or Universal Stenting Of The Scalloped Branch Best Raghuveer Vallabhaneni, MD	
8:10 - 8:15	How To Minimize Prolonged Lower Extremity And Pelvic Ischemia From Prolonged Occlusive Sheath Placement During F/BEVAR: Technique And Advantages Gustavo S. Oderich, MD	
8:16 - 8:21	Physiologic Basis For Staging In Extensive Endovascular TAAA Repairs: How To Do It: What Are The Indications, Advantages And Limitations Matthew J. Eagleton, MD	
8:22 - 8:27	How Infrarenal Endografts Can Safely And Effectively Be Extended To The Suprarenal Level With Chimney Grafts Using Currently Available Stent-Grafts: Tips And Tricks Claude Mialhe, MD	
8:28 - 8:33	DEBATE: Value And Limitations Of Nellix Endografts With Chimneys For Juxta- And Pararenal AAAs: They Compare Favorably With F/BEVAR And Other Parallel Graft Treatments <i>Matt M. Thompson, MD Ian Loftus, MD</i>	
8:34 - 8:39	DEBATE: Not So: F/BEVARs Are The Best Treatments For Most Juxta - And Pararenal AAAs Marcelo Ferreira, MD	
8:40 - 8:45	DEBATE: Not So: Parallel Grafts With Standard EVAR Endografts Are The Best Treatment For Most Juxta- And Pararenal AAAs Jason T. Lee, MD Konstantinos P. Donas, MD Giovanni Torsello, MD	

8:46 - 8:54	
8:54 — 9:10	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
MORE AE FOR CON CONTRO	9 (Grand Ballroom East, 3rd Floor) BOUT F/BEVAR AND PARALLEL GRAFTS MPLEX AAAs AND TAAAs; MORE RELATED OVERSIES : Frank J. Veith, MD Carlos H. Timaran, MD
9:10 - 9:15	Advances In Branched EVAR (B/EVAR) For TAAAs: Viabahn/Zilver Stent Combination Is Better Than Fluency/Wall Stent Combination And Other Lessons Learned Timothy A.M. Chuter, DM
9:16 - 9:21	How To Reduce Spinal Cord, Lower Extremity And Pelvic Ischemia During F/BEVAR For TAAAs Athanasios Katsargyris, MD Eric L.G. Verhoeven, MD, PhD
9:22 - 9:27	Classification Systems For Characterizing Aortic Necks And Type 1A Endoleaks After Chimney EVAR (Ch/EVAR): They Provide Clues To Make Ch/EVAR Have Better Outcomes David J. Minion, MD Konstantinos P. Donas, MD Giovanni Torsello, MD
	MEGA DEBATE
9:28 - 9:33	DEBATE: Ch/EVAR With More Than 2 Chimneys Do Not Have Good Outcomes And Should Not Be Used <i>Dittmar Böckler, MD</i>
9:34 - 9:39	DEBATE: Ch/EVAR With More Than 2 Chimney Grafts Have A High Incidence Of Gutter Endoleaks, Other Complications And Poor Outcomes W. Anthony Lee, MD Adam Beck, MD
9:40 - 9:45	DEBATE: Not So: With Appropriate Techniques Using 2 Chimney Grafts And 2 Sandwich Grafts Pararenal AAAs Can Be Safely And Effectively Excluded: Exactly How Is This Done <i>Frans L. Moll, MD, PhD</i>
9:46 - 9:51	DEBATE: Pararenal And TAAAs Can Be Effectively Excluded With Parallel Grafts Which Revascularize 4 Branch Arteries: The Stepwise Technique For Doing So <i>Manish Mehta</i> , <i>MD</i> , <i>MPH</i>
9:52 - 9:58	Panel Discussion
Moderators	: Matthew J. Eagleton, MD James F. McKinsey, MD
9.58 - 10:03	How To Choose Between F/EVAR And Ch/EVAR In Patients With Complex AAAs: Both Procedures Have A Role <i>Jason T. Lee, MD</i>
10:04 — 10:09	Tips And Tricks For F/BEVAR Including The Value Of Inner Branches And Retrograde Branch Punctures As A Bailout Eric L.G. Verhoeven, MD, PhD Athanasios Katsargyris, MD

10:10 — 10:15	Conduit Use In F/BEVAR: Indications, Advantages And Techniques Mark A. Farber, MD	
10:16 — 10:21	What The PERICLES Registry Tells Us About The Value Of Parallel Grafts For Complex AAAs: Data From 513 Patients From 13 Centers: What Stent-Grafts Work For Ch/EVAR Jason T. Lee, MD	
	Konsantinos P. Donas, MD Giovanni Torsello, MD	
10:22 — 10:27	2 ½ - 7-Year Results From 244 Selected PERICLES Registry Patients With Longer Follow-Up (Mean 4 Years) Show Sustained Good Results With Low Type 1A Endoleak Rates And High Branch Patency Rates Equal To Those Of F/BEVAR Jason T. Lee, MD Konstantinos P. Donas. MD	
10:28 — 10:33	DEBATE: F/BEVAR Results From Multiple UK Centers Are Better Than Open Repair Results For Complex AAAs S. Rao Vallabhaneni, MD	
10:34 — 10:39	DEBATE: Not So: French Multicenter Results Show That F/BEVAR Is No Better Than Open Repair For Complex AAAs Jean-Pierre Becquemin, MD	
10:40 — 10:45	In An Experienced Center Open Repair Of These Complex AAAs Are Better Than F/BEVARs Germano Melissano, MD Roberto Chiesa, MD	
10:46 — 10:52	Panel Discussion	
SESSION 50 (Grand Ballroom East, 3rd Floor) A TRIBUTE TO THE MILITARY AND SERVICE PHYSICIANS HERE AND EVERYWHERE Moderators: Eric Elster, MD Norman M. Rich, MD		
10:52 — 10:59	US Army Rangers And How They Saved The World On June 6, 1944 At Pont Du Hoc: They Made All The Difference Wayne F. Yakes, MD	
11:00 — 11:07	Accomplishments Of Dr. Norman Rich And The Vietnam Vascular Registry On Its 50th Anniversary Todd E. Rasmussen, MD	
11:08 — 11:15	Surgery In Space: Present Status, Future Challenges And Possible Solutions Lee M. Morin, MD, PhD	
11:16 – 11:23	Is New York City Organized For A Terrorist Attack: How Should Cities And Their Hospitals Prepare <i>Mark A. Adelman, MD</i>	
11:24 — 11:31	Organization Of The Surgical Response To The November 13, 2015 Paris Terror Attack: Lessons Learned Eric Allaire, MD, PhD	
11:32 — 11:39	What Can Vascular Surgeons Learn From The Paris Terror Attacks Of November 2015: What Is Paris Doing And What Should Other Cities Do To Prepare Laurent Chiche, MD	

11:40 — 11:47	Training For Vascular Damage Control: The NATO Perspective Michael Engelhardt, MD
11:48 — 11:55	Endovascular Capability For Wartime Injuries: Lessons Learned And Implications For Future Innovation And Practice Todd E. Rasmussen, MD
11:55 — 12:00	Panel Discussion
12:00 — 1:00	Lunch Break - 2nd Floor Promenade And Rhinelander Gallery Visit Exhibits And Pavilions (2nd and 3rd Floors)
NEW DEV RUPTURE CONTRO	(Grand Ballroom East, 3rd Floor) VELOPMENTS IN THE TREATMENT OF ED AAAs (RAAAs); RELATED OVERSIES : Matt M. Thompson, MD Mario L. Lachat, MD
1:00 — 1:05	Impact Of Abdominal Compartment Syndrome (ACS) And Abdominal Decompression On The Outcomes Of EVAR For Ruptured AAAs (RAAAs): How To Diagnose And Treat ACS Cynthia K. Shortell, MD
1:06 - 1:11	New Developments In The Diagnosis And Treatment Of ACS After EVAR For RAAAs: What Is The Medical Treatment, When Is It Indicated And When Is Open Abdomen Treatment Mandatory Martin Björck, MD, PhD
	MEGA DEBATE
1:12 - 1:17	DEBATE: Sometimes Repair Of A Ruptured AAA Is Not Worthwhile: Patients Who Have Had A Cardiac Arrest Is One Such Instance And Age >80 And BP <70 Are Other Indications Of 100% Mortality <i>Benjamin W. Starnes, MD</i>
1:18 - 1:23	DEBATE: Not So: Repair Of A Ruptured AAA After Cardiac Arrest Can Be Worthwhile Robert S. Crawford, MD Donald G. Harris, MD
1:24 - 1:29	DEBATE: Predictive Models For Mortality After RAAA Repair Do Not Predict Absolute Futility And Are Not Useful In Clinical Decision Making <i>Matthew W. Mell, MD, MS</i>
1:30 — 1:35	DEBATE: All Patients With RAAAs Should Have Repair Attempted: There Should Be No Exclusions Because All Patients Have A Chance At Survival – Especially With EVAR Jan S. Brunkwall, MD, PhD
1:36 - 1:42	Panel Discussion
Moderators	: Martin Björck, MD, PhD Frank J. Veith, MD
1.42 - 1.47	Advantages And Value Of The Zurich-ESVS Ruptured AAA Workshop: What It Teaches About EVAR, ACS, Aortic Balloon Use And Other Adjuncts To Improve Outcomes: What Difference Has It Made Zoran Rancic, MD, PhD Mario L. Lachat, MD Dieter O. Mayer, MD Anders Wanhainen, MD, PhD Isahelle van Herzeele, MD, PhD

 $Is abelle\ van\ Herzeele,\ MD,\ PhD$

	MEGA DEBATE
1:48 - 1:53	DEBATE: The IMPROVE RCT Shows No Mortality Benefit From An EVAR Strategy Over Open Repair For RAAAs – Although There Are Other Benefits To EVAR <i>Janet T. Powell, MD, PhD</i>
1:54 - 1:59	DEBATE: Other RCTs (AJAX And ECAR) Comparing EVAR To Open Repair For RAAAs Also Show No Decreased Mortality For EVAR Willem Wisselink, MD Ron Balm, MD, PhD Pascal Desgranges, MD, PhD
2:00 - 2:05	DEBATE: Not So: Why The RCTs Got It All Wrong: EVAR Is Best For RAAAs, Lowers Mortality And Has Other Benefits Martin Malina, MD, PhD
2:06 - 2:11	Open Repair vs. EVAR For RAAAs: The Landscape Is Changing – Even In The UK: EVAR Is The New Gold Standard Sherif A.H. Sultan, MD
2:12 - 2:17	
2:18 - 2:24	Panel Discussion
MORE RI	2 (Grand Ballroom East, 3rd Floor) UPTURED AAA TOPICS AND DVERSIES :: Cynthia K. Shortell, MD Ali F. AbuRahma, MD
2:24 - 2:29	When An AAA Ruptures After EVAR: Optimal Management Techniques And How Does Prognosis Differ From A Usual RAAA Ashraf Mansour, MD
	MEGA DEBATE
2:30 - 2:35	DEBATE: Hostile Neck Anatomy Is A Major Determinant Of RAAA Treatment Outcome (Mortality): From The IMPROVE Trial <i>Janet T. Powell, MD, PhD</i>
2:36 - 2:41	DEBATE: Not So: IMPROVE Misleads: Neck Anatomy Does Not Determine Treatment Outcome (Mortality) With RAAAs: What Explains The Discrepancy Marc R.H.M. van Sambeek, MD, PhD
2:42 - 2:47	With EVAR For RAAAs Clinical Success Can Be Achieved Despite Technical Failure With Incomplete RAAA Exclusion: How Can That Be Francesco Setacci, MD
2:48 - 2:53	How Proper Use Of Supraceliac Aortic Balloon Control And Local Anesthesia Can Improve The Results Of EVAR For RAAAs Jan M.M. Heyligers, MD, PhD

2:54 - 2:59	Endovascular vs. Open Repair For RAAAs In A Chinese Population: What Lessons Have Been Learned That Are Universally Applicable Weiguo Fu, MD
3:00 - 3:06	Panel Discussion
Moderators	: Michel Makaroun, MD Michael B. Silva, Jr., MD
3:06 - 3:11	Late Results Of Treatment For RAAAs: EVAR vs. Open Repair: Improved Mortality Of EVAR Is Sustained Dieter O. Mayer, MD Stephanie Aeschbacher, MD Mario L. Lachat, MD (Presenter) Zoran Rancic, MD, PhD
3:12 - 3:17	DEBATE: Hypotensive Hemostasis (Fluid Restriction) Before Definitive Treatment Harms Patients With RAAAs: What Blood Pressure Should Be Maintained <i>Janet T. Powell, MD, PhD</i>
3:18 - 3:23	DEBATE: Hypotension In RAAA Patients Restricts Bleeding And Is Beneficial: What Is The Lowest Level Of Blood Pressure (BP) That Should Be Tolerated: Should BP Ever Be Lowered With Drugs <i>Mario L. Lachat, MD</i>
3:24 - 3:29	Use Of Nellix Device And Endovascular AAA Sealing (EVAS) For RAAAs: Advantages, Limitations And Results Michel M.P. Reijnen, MD, PhD
3:30 - 3:35	Short- And Long-Term Outcomes Of Emergency Repair Of RAAAs In 80- And 90-Year-Old Patients: Is It Worthwhile And Does EVAR Improve Outcomes Björn Sonesson, MD, PhD
3:36 - 3:42	Panel Discussion
3:42 - 3:52	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
VASCULA	(Grand Ballroom East, 3rd Floor) AR ROBOTICS AND GUIDANCE SYSTEMS : Kenneth Ouriel, MD, MBA Anton N. Sidawy, MD, MPH
3:52 - 3:57	Technical Tips To Facilitate F/BEVAR: Including Use Of Medtronic Tour Guide System To Facilitate Complex Catheterizations And Decrease Radiation Times And Contrast Use Fabien Thaveau, MD, PhD
3:58 - 4:03	The Magellan Robotic System From Hansen: One Key Value Is That It Can Reduce Radiation Exposure During Endovascular Procedures: Where Did It Come From And Where Is It Going Barry T. Katzen, MD
4:04 - 4:09	Safety, Feasibility And Value Of The Magellan Endovascular Robot Based On Clinical Experience With 150 Cases Celia Riga, BSc, MBBS, MD Nicholas J. W. Cheshire, MD
4:10 - 4:15	New Developments In Endovascular Robotics With The Magellan Robotic System: What Does The ROVER Registry Show About The Advantages Of The System Jean Bismuth, MD

_	_
4:16 - 4:21	How The Vascular Robotic Magellan System Can Improve A Vascular Practice And Make Failed Standard Manual Procedures Possible Patrick E. Muck, MD
4:22 - 4:27	Combining Endovascular Robotics (Magellan) With Electromagnetic 3D Catheter Tracking To Facilitate Complex Endovascular Procedures And Make The Difficult Simple And The Impossible Possible Alan B. Lumsden, MD Jean Bismuth, MD
4:28 - 4:33	Current And Future Roles And Value Of Vascular Robotics In Endovascular Procedures And Especially Difficult Embolizations John H. Rundback, MD
4:34 - 4:39	Vascular Robotics And Guidance Systems: Current Status And Future Prospects Hans M.E. Coveliers, MD, PhD, MBA
4:40 - 4:45	Advantages Of Distal Tip Control During EVAR And TEVAR: What Are The Devices And Techniques For Achieving It Jon S. Matsumura, MD
4:46 - 4:52	Panel Discussion
SESSION 54 (Grand Ballroom East, 3rd Floor) SOME RADIATION SAFETY TOPICS AND OTHER NEW CONCEPTS AND DEVICES (SEE SESSION 85 FOR OTHER RELATED TOPICS) Moderators: Barry T. Katzen, MD	
	Klaus D. Mathias, MD
	RADIATION SAFETY TOPICS
4:52 - 4:57	Does A Hybrid Operating Room With Fixed X-Ray Equipment Increase Or Decrease Radiation Exposure To Staff Compared To A Portable C-Arm Cine Fluoroscope Jan M.M. Heyligers, MD, PhD
4:58 - 5:03	How To Protect Yourself In An Interventional Career: 10 Top Tips For Vascular Surgeons, Interventional Radiologists And Cardiologists <i>Lindsay Machan, MD</i>
	OTHER NEW CONCEPTS & DEVICES
5:04 - 5:09	The General Electric Assist Systems To Help Plan And Guide Endovascular Procedures: How They Work Stephan Haulon, MD
5:10 - 5:15	Differences In Pedal Arch Patency In Patients With Diabetes And Those With ESRD: Which Is Harder To Treat Iris Baumgartner, MD
5:16 - 5:21	Image Guided Directional Atherectomy With The Pantheris-Lumivascular System (From Avinger) Using OCT (Optimal Coherence Tomography) Guidance: How It Works, Advantages, Limitations And Results <i>Marianne Brodmann, MD Patrick E. Muck, MD</i>
5:22 - 5:27	New Developments In Treating Pediatric Limb Ischemia (Acute And Chronic) From Arterial Injuries Dawn M. Coleman, MD
5:28 - 5:33	New Concepts And Techniques For Treating Pediatric Vascular Trauma (Civilian And Iatrogenic) Samy S. Nitecki, MD

5:34 - 5:39	Smartphone App For Wound Assessment: Area, Depth And Tissue Composition: How It Works And Value Richard F. Neville, MD		
5:40 - 5:45	What Does The Belgian In.Pact Trial Show About The Value Of DCBs For BTK And Calcified Lesions And Those In Renal Failure Patients Erik E. Debing, MD, PhD		
5:46 - 5:54			
NEW DE' REPAIR; T EXTREMI ENDOAN EMBOLE	PROGRAM H (SESSIONS 55-62) NEW DEVICES FOR EVAR AND JUXTARENAL AAA REPAIR; TEVAR AND TAAA REPAIR; LOWER EXTREMITY TREATMENT; UPDATES ON ENDOANCHORS; NEW DEVICES FOR EMBOLECTOMY AND CLOT REMOVAL Grand Ballroom West, 3rd Floor		
NEW AN	SESSION 55 (Grand Ballroom West, 3rd Floor) NEW AND IMPROVED DEVICES FOR EVAR AND JUXTARENAL AAA REPAIR (4 ½-MINUTE TALKS) Moderators: Kenneth Ouriel, MD, MBA William D, Jordan, Jr., MD		
6:40 - 6:45	The CHAP Project (Characterization Of Human Aortic Anatomy Project): How Well Are Current EVAR Devices Able To Deal With Patient Diversity Thomas S. Maldonado, MD		
6:45 - 6:50	· ·		
6:50 - 6:55	EVAR Durability Up To 14 Years With The Cook Zenith Flex AAA Endograft Fabio Verzini, MD, PhD		
6:55 - 7:00	The Cook Zenith Alpha AAA Endograft System: Advantages, Limitations And 1-Year Results Eric L.G. Verhoeven, MD, PhD		
7:00 - 7:05	Advantages Of The New Medtronic Endurant EVO Device For EVAR: What Makes It Different And Early Global Results <i>Gilbert R. Upchurch, MD</i>		
7:05 - 7:10	Clinical Results With The Cordis Incraft Endograft Device For EVAR: Advantages And Limitations Germano Melissano, MD Robert Chiesa, MD		
7:10 - 7:15	•		
Moderators	: Hence J.M. Verhagen, MD, PhD Nicholas J.W. Cheshire, MD		
7:15 - 7:20	Long-Term (5-8 Years) Results With The Lombard Aorfix Graft And 3-Year Results With The Improved Intelliflex Delivery System: How It Works Mahmoud B. Malas, MD, MHS Mark F. Fillinger, MD Andrew Holden, MBChB		
7:20 - 7:25	Update On The ARCHYTAS Registry Results With The Lombard Aorfix Endograft Used In Unfavorable Anatomy Vicente Riambau, MD, PhD		

7:25 - 7:30	Update On The World Experience With The Ovation Endograft For EVAR: From TriVascular And Now Endologix Patrick Peeters, MD	
7:30 - 7:35	Single Center Experience With The Ovation Endograft (TriVascular/Endologix) For EVAR: Advantages, Limitations And Use With Chimney Grafts <i>Venkatesh G. Ramaiah</i> , <i>MD</i>	
7:35 - 7:40	Can Polymer Sealing Technology With The Ovation Endograft Treat Short Necked AAAs As Well As Fenestrated And Chimney Grafts: What Are The Limitations David J. Minion, MD	
7:40 - 7:45	Aortic Neck Evolution After EVAR With The Ovation Endograft: Does It Dilate As With Other Self-Expanding Endografts Francesco Setacci, MD	
7:45 - 7:50	Panel Discussion	
Moderators	: Keith D. Calligaro, MD Ali F. AbuRahma, MD	
7:50 — 7:55	Advantages And Limitations Of Lombard's Altura Endograft Device To Simplify EVAR Procedures: A Multicenter Study David Murray, FRCS	
7:55 — 8:00	Early Clinical Results With The Actively Conformable Gore Excluder (CEXC) EVAR Device For AAAs With Severely Angulated Necks: Concept And Advantages Marc R.H.M. van Sambeek, MD, PhD	
8:00 — 8:05	US Experience With The Gore Iliac Branch Device (IBD) Excluder To Preserve Hypogastric Flow: Advantages, Limitations And Tips For Use Darren B. Schneider, MD	
8:05 — 8:10	Results With The Cook Zenith IBD To Preserve Hypogastric Flow: The PRESERVE II Trial And A Ten-Year European Experience: Advantages And Limitations W. Anthony Lee, MD Fabio Verzini, MD, PhD	
8:10 - 8:15		
8:15 - 8:20		
SESSION 56 (Grand Ballroom West, 3rd Floor) MORE NEW AND IMPROVED DEVICES FOR EVAR AND EVAS — SIMPLE AND COMPLEX; LIMITATIONS AND COMPLICATIONS (4 ½-MINUTE TALKS) Moderators: Luis A. Sanchez, MD Sean P. Lyden, MD		
8:20 - 8:25	Durability Is An Issue With The Newer Ultra Low Profile Endografts: How Can It Be Resolved Giovanni Pratesi, MD	
8:25 - 8:30	Single Sided Access For EVAR With The Horizon Nexus Endograft: How Does It Work Mario L. Lachat, MD	

8:30 - 8:35	The Bolton Treovance Endograft For EVAR: Unique Features, Advantages, Limitations And Early US Results Daniel G. Clair, MD Matthew J. Eagleton, MD
8:35 — 8:40	European Experience With The Bolton Treovance Endograft For EVAR: Midterm Results And Unique Advantages Including A Better Method For Revascularizing Hypogastric Arteries Afshin Assadian, MD Burkhart Zipfel, MD, PhD Carlo Setacci, MD
8:40 — 8:45	Improvements In The Endologix AFX Device For EVAR: Mid- And Long-Term Complications And How They Can Be Avoided And Treated <i>Ignacio Escotto, MD</i>
8:45 - 8:50	Failure Modes Of The AFX Endograft: How They Can Be Detected And Treated Venkatesh G. Ramaiah, MD
8:50 - 8:55	Panel Discussion
Moderators	: Martin Malina, MD, PhD Rodney A. White, MD
8:55 — 9:00	Long-Term Perspective On The Nellix Endograft From Endologix For Endovascular AAA Sealing (EVAS): From The GLOBAL FORWARD Registry: Will Nellix Be A Game Changer Andrew Holden, MBChB
9:00 - 9:05	With Nellix Endografts What Happens To AAA Sac Pressure With Endoleaks: How Is It Different From What Happens With Standard Endografts Jeffrey P. Carpenter, MD
9:05 - 9:10	Advantages And Disadvantages Of Nellix Endografts For EVAS Based On Experience In 5000 Cases Dittmar Böckler, MD
9:10 - 9:15	How Does The Nellix Endograft Facilitate EVAR In Women And Asians Boonprasit Kritpracha, MD
9:15 - 9:20	The Nellix Endografts And EVAS: The Good, The Bad And The Ugly In A Busy Vascular Center Experience (200 Cases) Sebastian Zerwes, MD
9:20 - 9:25	CT Imaging After Nellix EVAS Procedures: How To Interpret Them And Detect Endoleaks: What Happens To The Aortic Necks And How Does It Differ From Behavior With Standard Endograft EVARs Michel M.P. Reijnen, MD, PhD
9:25 - 9:30	Panel Discussion
Moderators	: Matt M. Thompson, MD Piergiorgio Cao, MD
9:30 - 9:35	Late Failure Modes After Nellix EVAS: Incidence, Mechanism And Treatment: How Do They Differ From Those After Standard EVAR Ian Loftus, MD Matt M. Thompson, MD
9:35 - 9:40	Infection After Nellix AAA Repair: Incidence And How To Diagnose And Treat It <i>Jan M.M. Heyligers, MD, PhD</i>
9:40 - 9:45	The Downsides And Limitations Of Nellix EVAS Repair Of AAAs Hence J.M. Verhagen, MD, PhD

9:45 - 9:50	Limitations Of Nellix EVAS And What Precautions Must Be Taken When Using It Daniel G. Clair, MD
9:50 - 9:55	What Happens When Nellix EVAR Fails: How To Diagnose It And What Are The Endovascular Bailouts Or Treatments Carlos E. Donayre, MD
9:55 - 10:00 10:00 - 10:18	Panel Discussion Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
NEW AN ASCENDI	7 (Grand Ballroom West, 3rd Floor) D IMPROVED DEVICES FOR THE NG AORTA, TEVAR, CH/EVAR AND F/EVAR : Sebastian E. Debus, MD, PhD Enrico Ascher, MD
10:18 — 10:23	Results Of Ascending Aortic Endografting With A Dedicated Cook Endograft: Indications, Limitations And Results Tilo Kölbel, MD, PhD Sebastian E. Debus, MD, PhD
10:24 — 10:29	What Is The Safety Of Celiac Axis Coverage/Exclusion During Complex EVAR Or TEVAR: How To Prevent Foregut Ischemia Martin R. Back, MD
10:30 — 10:35	3-Year US Results With The Bolton Relay Endograft For TEVAR: Unique Characteristics And Why They Make A Difference: Status With The FDA Mark A. Farber, MD
10:36 — 10:41	4- And 5-Year US And European Results With The Gore Conformable TAG Device For TEVAR: Concept, Advantages And Limitations Dittmar Böckler, MD William D. Jordan, Jr., MD
10:42 — 10:47	Multicenter Results And Advantages Of The Gore Conformable TAG Device For Treating TBADs (From The GREAT Registry) Santi Trimarchi, MD, PhD
10:48 — 10:53	A New "Gutterless" Off-The-Shelf Device For Treating Pararenal And Paravisceral AAAs With Chimney EVAR: Concept And Results Timur P. Sarac, MD
10:54 — 10:59	World Results With The Vascutek Fenestrated Anaconda Endograft For Treatment Of Juxta And Pararenal AAAs: Advantages, Limitations And Results Donald B. Reid, MD
11:00 — 11:05	Advantages Of The Fenestrated Anaconda Graft In Treating Angulated No Neck AAAs: Why Type 1A Endoleaks Often Resolve With Them Clark J. Zeebregts, MD, PhD Afshin Assadian, MD
11:06 — 11:11	Comparison Of Cook And Anaconda F/EVARs: Are There Advantages Or Disadvantages To Each Graft System: From The GLOBALSTAR Registry Michael P. Jenkins, MBBS, BSc, MS
11:12 – 11:18	Panel Discussion

SESSION 58 (Grand Ballroom West, 3rd Floor)
DEVICES AND APPROACHES TO TREAT THE
THORACIC AORTA AND TAAAs

Moderators: Krassi Ivancev, MD, PhD Mark A. Farber, MD

11:18 - 1	1:23	Transcarotid Access For TAVI And TEVAR:
		Indications, Precautions And Results
		Erno Remsey-Semmelweiss, MD
		Claude D. Vaislic, MD

11:24 – 11:29

TEVAR With Proximal Scalloped Off-The-Shelf
Bolton Endografts Perform Better Than Left
Subclavian (LSA) Branched Endografts To Treat Most
Lesions Near To Or Involving The LSA: Midterm
Results
Jean-Marc Alsac, MD, PhD
Michael P. Jenkins, MBBS, BSc, MS

11:30 – 11:35 Cook Zenith Alpha Low Profile Endograft System For TEVAR: Advantages, Limitations And Clinical Results In Europe And The US

Giovanni Torsello, MD

W. Anthony Lee, MD

11:36 – 11:41 Lower Profile Deployment Systems And Small Diameter Endografts Facilitate TEVAR Treatment Of Blunt Aortic Injuries In Young People: Is The Zenith Alpha System A Game Changer: Are There Other Systems As Good

Benjamin W. Starnes, MD

11.42 – 11.47 The New Valiant EVO Device From Medtronic For TEVAR: What Makes It Better And Early Clinical Results

Ali Azizzadeh, MD

11:48 – 11:53

A New Universal Off-The-Shelf Endograft For Treating TAAAs: Concept, Device Details And Early Results

Juan C. Parodi, MD

11:54 – 12:00 Panel Discussion

12:00 – 1:00

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

SESSION 59 (Grand Ballroom West, 3rd Floor)
NEW DEVICES AND TECHNIQUES FOR TREATING
LOWER EXTREMITY OCCLUSIVE DISEASE;
PROSTHETIC GRAFTS AND HEPARIN BONDING

Moderators: Russell H. Samson, MD, RVT Ali F. AbuRahma, MD

1:00 - 1:05	Impact Of Foot Infection On Leg Bypass Outcomes In CLI Patients: What Can Be Done To Offset It <i>Joseph L. Mills, MD</i>
1:06 - 1:11	Advantages And Early Clinical Experience With A Balloon That Does Not Straighten When It Inflates: How Does It Work Timothy A.M. Chuter, DM

1:12 – 1:17

Techniques For Performing Successful Bypasses
To Heavily Calcified (Pipe-Like) Tibial Arteries:
Concept And Technical Tips For Rendering Bloodless,
Incising And Suturing
Enrico Ascher, MD
Frank J. Veith, MD

1:18 - 1:23 1:24 - 1:29	Advanced (Guide) Wiring Techniques For BTK And Foot Arteries For Interventional Treatments: What Difference Do They Make <i>Hiroyoshi Yokoi, MD</i> Update On Spiral Laminar Flow Grafts: How Do They Work And Do They Prevent Intimal Hyperplasia And Enhance Patency <i>Hosam F. El Sayed, MD</i>	
	HEPARIN BONDED GRAFTS	
100 105		
1:30 — 1:35	Heparin Bonded PTFE Grafts (Propaten From Gore) For BTK Bypasses In CLI: Advantages, Patency Results And Cost Issues Yann Gouëffic, MD, PhD	
1:36 - 1:41	DEBATE: Heparin Bonding Is Valuable In PTFE Fempop Bypass Grafts (Propaten): Long-Term Patency Results Show It Richard F. Neville, MD Russell H. Samson, MD, RVT	
1:42 - 1:47	DEBATE: Not So: Heparin Bonding Does Not Improve Results With PTFE Bypasses <i>Jonathan D. Beard, ChM, Med</i>	
1:48 - 1:53	Panel Discussion	
SESSION 60 (Grand Ballroom West, 3rd Floor) NEW DEVELOPMENTS IN ARTERIAL GRAFTS; STENTS AND STENT-GRAFTS; CONCEPTS AND TECHNIQUES TO IMPROVE THEIR USE AND RESULTS		
woderators	:: Joseph L. Mills, MD Johannes Lammer, MD	
1:54 - 1:59	Tissue Engineered Blood Vessels For Arterial Bypass And Dialysis Access - They Really Work: Midterm Results In Patients Jeffrey H. Lawson, MD, PhD	
2:00 - 2:05	Present Status Of Bio-Resorbable DESs In The Heart And Peripheral Arteries: Future Potential And Is Increased Risk Of Stent Thrombosis A Problem Ron Waksman, MD	
2:06 - 2:11	How Bio-Resorbable Stents Work And Why They Should Improve Stent Outcomes: How Lessons Learned In The Coronary Arteries Can Be Applied To Other Arteries <i>Richard J. Rapoza, PhD</i>	
2:12 - 2:17	Tack Optimized Balloon Angioplasty In The SFA And BTK Arteries: Concept, How It Works And 1-Year Results: The TOBA-BTK Trial <i>Marianne Brodmann, MD</i>	
2:18 - 2:23	New Distal Filter Embolic Capture Device And Other Tips And Devices To Facilitate Lower Extremity And Pedal Interventions: 2.9 Fr Sheath And Compatible Balloon, Off-Road Reentry Device, Etc. Andrej Schmidt, MD	
2:24 - 2:29	The New Cordis Smart Flex Stent: Advantages, Limitations And What Is Different: From The REALISTIC Trial Peter C.J. Goverde, MD Andrej Schmidt, MD	

2:30 - 2:35	The New Gore Hybrid (2-Component) Tigris Stent: Concept, Advantages And Clinical Results Maciej L. Dryjski, MD, PhD Konstantinos Katsanos, MSc, MD, PhD
2:36 - 2:42	Panel Discussion
Moderators	: Dierk Scheinert, MD Brian G. DeRubertis, MD
	THE INTERWOVEN SUPERA STENT
2:42 - 2:47	Value Of The Supera Stent In Non-Fempop Territories Rajiv Parakh, MBBS, MS
2:48 - 2:53	How To Optimally Deploy The Interwoven Supera Stent: Why It Matters: What Is The New Delivery System And Does It Help D. Christopher Metzger, MD
2:54 - 2:59	Supera vs. Standard Nitinol Stents For Chronic Total SFA Occlusions: Final Results Of The SUPERFAST Trial
	Konstantinos Katsanos, MSc, MD, PhD
	ZILVER PTX STENT
3:00 — 3:05	Japanese Trial Of The Zilver PTX Stent In 974 Patients – Some With Long Difficult Lesions: 3-Year Results Confirm Its Value Kimihiro Komori, MD, PhD
	STENTYS STENT
3:06 - 3:11	Status Of DESs For Infrapopliteal Arteries: The Self-Expanding Paclitaxel Eluting Stentys Stent From Spectranetics Is Better Than BMSs: >1-Year Results From The PES-BTK-70 Trial Show It Patrick Peeters, MD
	VIABAHN BX STENT-GRAFT
3:12 - 3:17	New Viabahn Balloon Expandable Stent-Graft (From Gore): Its Value And 1-Year Results In Treating Iliac Artery Occlusive Disease: The VIABAHN BX Trial Andrew Holden, MBChB
3:18 - 3:24	Panel Discussion
3:24 - 3:36	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
ENDOLE/ UPDATE (I (Grand Ballroom West, 3rd Floor) AKS AND ENDOGRAFT MIGRATION: ON ENDOANCHORS :: Keith D. Calligaro, MD Jean-Paul de Vries, MD, PhD
	ENDOANCHORS – HELI-FX- APTUS-MEDTRONIC
3:36 - 3:41	Long-Term (>4 Years) Results Of Endoanchors In Minimizing EVAR Failures (Type 1A Endoleaks And Migration) In Hostile Aortic Necks: The ANCHOR Registry: When Don't They Work William D. Jordan, Jr., MD Jean-Paul de Vries, MD, PhD
3:42 - 3:47	In Patients With Hostile Neck Anatomy Endoanchors Prevent Endoleaks And Migration: A Propensity Matched Comparison Of EVAR In Hostile Neck Patients With And Without Endoanchors Bart E. Muhs, MD, PhD

 3.48 - 3.53 Indications And Technical Tips For Placing Endoanchors With EVAR And Chimney EVAR Procedures: How Do We Know They Work And Prevent Type 1A And Gutter Endoleaks Frank R. Arko, MD 3.54 - 3.59 Endoanchors Can Prevent And Treat Gutter Endoleaks With Parallel Grafts: Technical Tips And Midterm Results: When Will They Not Work Zvonimir Krajcer, MD 4.00 - 4.05 Endoanchors (Heli-Fx, Aptus-Medtronic) During EVAR And Ch/EVAR Decrease Endoleaks And The Need For Reinterventions: When Don't They Work Manish Mehta, MD, MPH 4.06 - 4.11 Can AAA Neck Dilatation After EVAR With Self-Expanding Endografts Be Prevented By Endoanchors Apostolos K. Tassiopoulos, MD 4.12 - 4.17 Endoanchors In TEVARs And With Complex EVARs (F/EVAR And Ch/EVAR): When And How Should They Be Used And What Is Their Value Jean M. Panneton, MD 4.18 - 4.24 Endoanchors For TEVAR: When, Why And How Should They Be Used Grayson H. Wheatley, MD 4.24 - 4.32 Panel Discussion SESSION 62 (Grand Ballroom West, 3rd Floor) NEW DEVICES FOR EMBOLECTOMY, CLOT REMOVAL AND EMBOLIZATION Moderators: Thomas O. McNamara, MD
Endoleaks With Parallel Grafts: Technical Tips And Midterm Results: When Will They Not Work Zvonimir Krajcer, MD 4:00 – 4:05 Endoanchors (Heli-Fx, Aptus-Medtronic) During EVAR And Ch/EVAR Decrease Endoleaks And The Need For Reinterventions: When Don't They Work Manish Mehta, MD, MPH 4:06 – 4:11 Can AAA Neck Dilatation After EVAR With Self-Expanding Endografts Be Prevented By Endoanchors Apostolos K. Tassiopoulos, MD 4:12 – 4:17 Endoanchors In TEVARs And With Complex EVARs (F/EVAR And Ch/EVAR): When And How Should They Be Used And What Is Their Value Jean M. Panneton, MD 4:18 – 4:24 Endoanchors For TEVAR: When, Why And How Should They Be Used Grayson H. Wheatley, MD 4:24 – 4:32 Panel Discussion SESSION 62 (Grand Ballroom West, 3rd Floor) NEW DEVICES FOR EMBOLECTOMY, CLOT REMOVAL AND EMBOLIZATION
EVAR And Ch/EVAR Decrease Endoleaks And The Need For Reinterventions: When Don't They Work Manish Mehta, MD, MPH 4:06 – 4:11 Can AAA Neck Dilatation After EVAR With Self-Expanding Endografts Be Prevented By Endoanchors Apostolos K. Tassiopoulos, MD 4:12 – 4:17 Endoanchors In TEVARs And With Complex EVARs (F/EVAR And Ch/EVAR): When And How Should They Be Used And What Is Their Value Jean M. Panneton, MD 4:18 – 4:24 Endoanchors For TEVAR: When, Why And How Should They Be Used Grayson H. Wheatley, MD 4:24 – 4:32 Panel Discussion SESSION 62 (Grand Ballroom West, 3rd Floor) NEW DEVICES FOR EMBOLECTOMY, CLOT REMOVAL AND EMBOLIZATION
Expanding Endografts Be Prevented By Endoanchors Apostolos K. Tassiopoulos, MD 4:12 – 4:17 Endoanchors In TEVARs And With Complex EVARs (F/EVAR And Ch/EVAR): When And How Should They Be Used And What Is Their Value Jean M. Panneton, MD 4:18 – 4:24 Endoanchors For TEVAR: When, Why And How Should They Be Used Grayson H. Wheatley, MD 4:24 – 4:32 Panel Discussion SESSION 62 (Grand Ballroom West, 3rd Floor) NEW DEVICES FOR EMBOLECTOMY, CLOT REMOVAL AND EMBOLIZATION
(F/EVAR And Ch/EVAR): When And How Should They Be Used And What Is Their Value Jean M. Panneton, MD 4:18 – 4:24 Endoanchors For TEVAR: When, Why And How Should They Be Used Grayson H. Wheatley, MD 4:24 – 4:32 Panel Discussion SESSION 62 (Grand Ballroom West, 3rd Floor) NEW DEVICES FOR EMBOLECTOMY, CLOT REMOVAL AND EMBOLIZATION
Should They Be Used Grayson H. Wheatley, MD 4:24 - 4:32 Panel Discussion SESSION 62 (Grand Ballroom West, 3rd Floor) NEW DEVICES FOR EMBOLECTOMY, CLOT REMOVAL AND EMBOLIZATION
SESSION 62 (Grand Ballroom West, 3rd Floor) NEW DEVICES FOR EMBOLECTOMY, CLOT REMOVAL AND EMBOLIZATION
NEW DEVICES FOR EMBOLECTOMY, CLOT REMOVAL AND EMBOLIZATION
Sharif H. Ellozy, MD
4:32 – 4:37 Role Of Mechanical Thrombectomy And Thrombolysis In Acute Limb Ischemia: Technical Tips: When Is Open Operation Indicated Ali Amin, MD, RVT
4:38 – 4:43 Treatment Of Embolic Complications Of Peripheral Interventions: It Is Not Just The Clot Which Must Be Removed: Value Of Suction Techniques And Devices Jos C. van den Berg, MD, PhD
4:44 – 4:49 Role Of Mechanical Debulking Devices To Optimize Endovascular Treatment: Value Of Rotarex And Aspirex Devices From Straub Medical: How They Work And Results Michael K.W. Lichtenberg, MD
4.50 – 4.55 Multicenter Retrospective Analysis Of Results Of Penumbra Indigo System For Mechanical Clot Aspiration From Arteries: How It Works, Indications Vessel Sizes And Decreased Need For Lytics: The PRISM Registry James F. Benenati, MD Richard R. Saxon, MD
4.56 – 5.01 Why The Indigo Catheter Mechanical Thrombectomy System Is A Better Way To Remove Clot And Debris From Blood Vessels And Decrease The Need For Lytic Drugs Frank R. Arko, MD
5:02 – 5:07 Value Of Indigo Thrombus Aspiration System In Acute Limb Ischemia And Visceral Artery Thromboses Or Emboli: Why It Is A Game Changer George L. Adams, MD

5:08 - 5:13	Endovascular Rescue Procedures For Acute Visceral Ischemia From Thrombo-Embolism; Tools, Devices, Tips And Tricks Andrej Schmidt, MD	
5:14 - 5:19	Use Of The Lantern Microcatheter And Ruby And POD Coils (Penumbra) For Arterial Embolization: What Are Their Advantages And Limitations <i>TBD</i>	
5:20 - 5:30	Panel Discussion End of Program H	
PROGRAM I (SESSIONS 63-70) SUPERFICIAL VENOUS DISEASE AND VARICOSE VEINS Trianon Ballroom, 3rd Floor Course Leaders: Jose I. Almeida, MD, RPVI, RVT Lowell S. Kabnick, MD, RPhS Thomas W. Wakefield, MD		
VENOUS HEMOD	3 (Trianon Ballroom, 3rd Floor) CLINICAL EXAMINATION AND YNAMICS : Jose I. Almeida, MD, RPVI, RVT	
	Lowell S. Kabnick, MD, RPhS Thomas W. Wakefield, MD	
7:29 - 7:30	Introduction To Veins At VEITH Jose I. Almeida, MD, RPVI, RVT	
7:31 - 7:36	Establishing The Treatment Plan With CEAP & VCSS <i>Jose I. Almeida, MD, RPVI, RVT</i>	
7:37 - 7:42	Outcome Assessment Of CVD Lowell S. Kabnick, MD, RPhS	
7:43 - 7:48	Identifying Reflux Pathways With Duplex Ultrasound Mapping Neil M. Khilnani, MD	
7:49 - 7:54	Symptoms Of Chronic Venous Disease: Definition And Significance Raghu Kolluri, MD	
7:55 — 8:00	Venous Flow And Pressure: Modern Concepts Seshadri Raju, MD	
8:01 - 8:06	Physiology Of Venous Return Brajesh K. Lal, MD	
8:07 — 8:12	What Is Chronic Venous Dysfunction Joseph D. Raffetto, MD	
8:13 — 8:18	Saphenous Sparing Venous Surgery: ASVAL Technique Sylvain Chastanet, MD	
8:19 — 8:24	Hemodynamics-Based Venous Surgery: CHIVA Technique Todd Berland, MD	
8:25 - 8:30	Panel Discussion	
SESSION 64 (Trianon Ballroom, 3rd Floor) VENOUS IMAGING TECHNIQUES Moderators: William A. Marston, MD Neil M. Khilnani, MD		
8:31 - 8:36	The Optimal Venogram: My Technique Akhilesh K. Sista, MD	
8:37 - 8:42	How To Recognize Variants On The Venous Duplex Exam Neil M. Khilnani, MD	

8:43 - 8:48	How And What Should The Venous Duplex Examination Include Mark H. Meissner. MD
8:49 - 8:54	What Is So Magical About Reflux Time: Can You Predict Venous Disease Severity
8:55 — 9:00	William A. Marston, MD Vein Diameter Is Not The Key For Stratifying Interventional Strategies For Superficial Venous Disease Alun H. Davies, MA, DM, DSc
9:01 - 9:06	
9:07 - 9:12	The Argument Against Routine Duplex Ultrasound After Truncal Ablation: An Evidence-Based Cost- Benefit Analysis Thomas F. O'Donnell, Jr., MD
9:13 - 9:18	Panel Discussion
SUPERFIC TECHNIC	5 (Trianon Ballroom, 3rd Floor) CIAL VEIN TREATMENT STRATEGIES AND QUES : Alun H. Davies, MA, DM, DSc Steve Elias, MD
9:19 - 9:24	Matching The Endovenous Modality To The Individual: A Real-World Evaluation Manj S. Gohel, MD
9:25 - 9:30	
9:31 - 9:36	Lessons Learned: RF Ablation Alan M. Dietzek, MD, RPVI
9:37 - 9:42	Lessons Learned: Laser Ablation Jean Luc Gerard, MD
9:43 - 9:48	Step By Step: Phlebectomy Paul Pittaluga, MD
9:49 - 9:54	Superficial Reflux With Obstructed Deep Veins: When And When Not To Treat Jose I. Almeida, MD, RPVI, RVT
9:55 - 10:00	Incidence, Causes, And Treatment Of Recurrent Varicose Veins Following Endovenous Thermal Ablation Edward G. Mackay, MD
10:01 - 10:06	Panel Discussion
	NON-THERMAL ABLATION
10:07 — 10:12	Challenges Of Implementing Proprietary Foam Into Practice: It's Kind Of A Different Practice Model Kathleen D. Gibson, MD
10:13 — 10:18	Step By Step: Cyanoacrylate Embolic Adhesive <i>Mr. Ian J. Franklin, MS</i>
10:19 — 10:24	Cyanoacrylate Embolic Adhesive vs. RFA: 2-Year Follow-Up PIVOTAL Trial Raghu Kolluri, MD
10:25 — 10:30	Perforating Vein Closure With Turkish Cyanoacrylate Adhesive: Interim Results Of 40 Patients Kursat A. Bozkurt, MD

10:31 — 10:36	Lessons Learned: MOCA Ablation Alun H. Davies, MA, DM, DSc
10:37 — 10:42	Mechanochemical Ablation: The 3-Year Outcome Of A Prospective Trial On 100 Patients With GSV Incompetence Michel M.P. Reijnen, MD, PhD
10:43 — 10:48	Reflux Extending To The Ankle: When And How To Treat Steve Elias, MD
10:49 — 10:54	Concomitant Truncal Venous Incompetence And Lymphedema: To Ablate Or Not To Ablate Paul Pittaluga, MD
10:55 — 11:00	Panel Discussion
VENOUS	(Trianon Ballroom, 3rd Floor) SOCIETAL AND GOVERNANCE Lowell S. Kabnick, MD, RPhS Ronald M. Fairman, MD
11:01 — 11:06	IAC Vein Center Accreditation: Is It Important Alan M. Dietzek, MD, RPVI
11:07 — 11:12	CMS Policy, Payments And Pitfalls Harold J. Welch, MD
11:13 – 11:18	The Process For New Devices: CPT Code, RUC, Insurance Sean P. Roddy, MD
11:19 — 11:24	Outpatient Interventions: Are Controls Needed Paul J. Gagne, MD
11:25 — 11:30	VQI Varicose Vein Registry: First Six Months Results Thomas W. Wakefield, MD
11:31 — 11:36	A National Coverage Determination Policy Lowell S. Kabnick, MD, RPhS
11:37 — 11:42	How To Have A Paper Accepted To JVS Venous And Lymphatic And JVS Case Report Peter F. Lawrence, MD
11:43 — 11:48	How Do Venous Leaders Deal With Over-Utilization And Inappropriate Use Steve Elias, MD
11:49 — 11:54	We Need A Joint Venous Council Jose I. Almeida, MD, RPVI, RVT
11:55 — 12:00	Panel Discussion
12:01 — 12:59	Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)
EXAMINII	(Trianon Ballroom, 3rd Floor) NG THE EVIDENCE Thomas W. Wakefield, MD Bo G. Eklof, MD, PhD
1:00 - 1:05	Review Of RCTs Comparing Foam Sclerotherapy And Endothermal Ablation Andrew W. Bradbury, MD
1:06 - 1:11	Cyanoacrylate Adhesive: More Than One Product Available: Is There A Difference Mr. Ian J. Franklin, MS
1:12 - 1:17	ASVAL For The Small Saphenous Vein Sylvain Chastanet, MD
1:18 - 1:23	C6 With Arterial Claudication: Which Comes First William A. Marston, MD

1:24 - 1:29	Thermal Ablation On Anticoagulated Patients: Is It Safe And Effective <i>Glenn Jacobowitz, MD</i>
1:30 - 1:35	Is There A Need To Correct A Refluxing Accessory Thigh Vein Elna M. Masuda, MD
1:36 - 1:41	Is C2 Disease Progressive Mark H. Meissner, MD
1:42 - 1:47	Why Graduated Compression Is An Insurance Requirement Fedor Lurie, MD, PhD
1:48 - 1:53	Panel Discussion
MORE U	B (Trianon Ballroom, 3rd Floor) SEFUL SUPERFICIAL VEIN INFORMATION :: Mr. Ian J. Franklin, MS Edward G. Mackay, MD
1:54 - 1:59	Testing
2:00 - 2:05	Dawn M. Coleman, MD Sclerotherapy Pearls Edward G. Mackay, MD
2:06 - 2:11	-
2:12 - 2:17	How To Treat Labial Varices: Sclerotherapy vs. Phlebectomy Ellen D. Dillavou, MD
2:18 - 2:23	Physician Compounded Foam vs. Proprietary Compounded Foam Lowell S. Kabnick, MD, RPhS
2:24 - 2:29	Laser Or Ohmic Devices For Telangiectasia: When And Why Mr. Ian J. Franklin, MS
2:30 - 2:35	Management Of Calf Vein Thrombosis After Venous Procedures Elna M. Masuda, MD
2:36 - 2:41	SVT In The Pregnant Patient Ellen D. Dillavou, MD
2:42 - 2:47	
SESSION 69 (Trianon Ballroom, 3rd Floor) SUPERFICIAL VENOUS ABLATION, COMPRESSION AND RESEARCH Moderators: Joseph A. Caprini, MD Mark A. Adelman, MD	
2:48 - 2:53	How To Properly Design And Interpret Clinical Trials Thomas W. Wakefield, MD
2:54 - 2:59	The Maradona Trial: RCT Comparing MOCA With RFA Michel M.P. Reijnen, MD, PhD
3:00 - 3:05	Creating WAVES: First US Post Market Results Using Venaseal™ Closure System Without Compression Kathleen D. Gibson, MD
3:06 - 3:11	Are Stockings Still Indicated After DVT – What Is The Evidence Fedor Lurie, MD, PhD

3:12 - 3:17	Wall Thickness	
	Mark S. Whiteley, MS	
3:18 - 3:23	Endovenous Thermal Ablation RCTs: Do We Know Enough	
	Bo G. Eklof, MD, PhD	
3:24 - 3:29	SECURE Trial: Update On Perforator Ablation Mark A. Adelman, MD	
3:30 - 3:35	When Should We Use Prophylactic Anticoagulation In Saphenous Ablation Joseph A. Caprini, MD	
3:36 - 3:41	How Do Compression Garments Actually Work <i>John Blebea, MD, MBA</i>	
3:42 - 3:47	Which Patients Benefit From A Lymphedema Pump <i>Thomas S. Maldonado, MD</i>	
3:48 - 3:53	When To Use Inelastic Compression Joseph A. Caprini, MD	
3:54 - 4:00	Panel Discussion	
SESSION 70 (Trianon Ballroom, 3rd Floor) VENOUS PRACTICE MANAGEMENT AND A LITTLE FUN Moderators: Glenn Jacobowitz, MD Peter F. Lawrence, MD		
4:01 - 4:06	Non-Thermal Devices Are Available For Truncal Ablation: How To Implement In Practice Without Dedicated CPT Codes Steve Elias, MD	
4:07 - 4:12	DEBATE: C2 Disease Should Not Be A Covered Insurance Benefit <i>Jose I. Almeida, MD, RPVI, RVT</i>	
4:13 - 4:18	DEBATE: C2 Disease Should Be A Covered Insurance Benefit <i>Alan M. Dietzek, MD, RPVI</i>	
4:19 - 4:24	The Future Of Venous Reimbursement In A Non-Fee For Service Environment Thomas F. O'Donnell, Jr., MD	
4:25 - 4:30	The Efficient Venous Practice: Evaluate With Lean Six Sigma Christopher M. Banoub, MPA	
4:31 - 5:15	Ask The Experts Panelists: Steve Elias, MD Jose I. Almeida, MD, RPVI, RVT Ellen D. Dillavou, MD Alun H. Davies, MA, DM, DSc Mr. Ian J. Franklin, MS Jean Luc Gerard, MD Kathleen D. Gibson, MD Lowell S. Kabnick, MD, RPhS Marc A. Passman, MD	
	Alan M. Dietzek, MD, RPVI	

End of Program I

FRIDAY, NOVEMBER 18, 2016

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 Carotid Technology, Techniques And Concepts; Spinal Cord Ischemia (SCI); Carotid Related Topics And Controversies – CEA vs. CAS vs. Medical Therapy; Late Breaking Carotid Trial Information And Updates; New Concepts And Updates In PEVAR And Vascular Disease Treatment

6:40 A.M. - 5:58 P.M.

Grand Ballroom East, 3rd Floor

PROGRAM K: (SESSIONS 79-86)

Popliteal Aneurysms And Disease; Management Of Infected Arteries, Prosthetic Grafts And Endografts; Advances In Imaging And Hybrid Suites; New Developments In Thoracic Outlet Syndromes, Cardiac Evaluation, Vascular Trauma, Medical Topics And Treatments, CCSVI And Radiation Safety; Recorded Live Cases From Münster & The Mayo Clinic

6:40 A.M. - 5:35 P.M.

Grand Ballroom West, 3rd Floor

PROGRAM L: (SESSIONS 87-91)

New Developments In Deep Venous Disease And Its Treatment 6:58~A.M.-5:12~P.M.

Trianon Ballroom, 3rd Floor

Course Leaders: Jose I. Almeida, MD, RPVI, RVT

Lowell S. Kabnick, MD, RPhS Thomas W. Wakefield, MD

PROGRAM M: (SESSIONS 92-98)

The Challenging World Of The Diagnosis And Treatment Of Vascular Malformaitons: An Orphan Disease That Has Now Come Of Age

6:45 A.M. - 1:30 P.M.

Gramercy Suites East and West, 2nd Floor Course Leaders: Wayne F. Yakes, MD Krassi Ivancev, MD, PhD Robert L. Vogelzang, MD

PROGRAM J (SESSIONS 71-78)

NEW CAROTID TECHNOLOGY, TECHNIQUES AND CONCEPTS; SPINAL CORD ISCHEMIA (SCI); CAROTID RELATED TOPICS AND CONTROVERSIES - CEA vs. CAS vs. MEDICAL THERAPY; LATE BREAKING TRIALS, INFORMATION AND UPDATES; NEW CONCEPTS IN VASCULAR DISEASE

TREATMENT Grand Ballroom East, 3rd Floor

SESSION 71 (Grand Ballroom East, 3rd Floor)

UPDATED OR NEW CAROTID ASSESSMENT TECHNIQUES, TECHNOLOGY OR CONCEPTS

Moderators: Ali F. AbuRahma, MD Glenn Jacobowitz, MD

ASSESSMENT OF CAROTID PLAQUE RISK 6:40 - 6:45 Progress In Non-Invasive Prediction Of High Risk Asymptomatic Carotid Plaques Using Bio-Optical Imaging To Detect Macrophage Infiltration And MMPs Clark J. Zeebregts, MD, PhD 6:46 - 6:51 Use Of Web-Based Platforms And Features Of The Arterial Wall For Risk Stratification Of Asymptomatic Carotid Plaques: Can These Features And Risks Be Modified By Statins Christos D. Liapis, MD 6:52 - 6:57 Can We Identify The Small Percentage Of ACS Patients Who May Benefit From CEA Or CAS: What Is That Percentage Henrik Sillesen, MD, DMSc 6:58 - 7:03Assessment Of Carotid Plaque Embolic Risk With 3D MRI: Correlation With TCD And Diffusion Weighted Brain MRI Peter L. Faries, MD 7:04 - 7:09How Plaque Morphological Studies Can Resolve The Controversy Regarding Treatment Of Patients With Asymptomatic Carotid Stenosis (ACS) And Which Patients Should Undergo Invasive Treatment Jose Fernandes e Fernandes, MD, PhD 7:10 - 7:15 Carotid Interventions Should Not Be Based On Consensus Duplex Velocity Criteria: More Stringent Criteria Can Reduce Unnecessary Procedures And Show The Value Of Interventions In CREST 2 Mark F. Fillinger, MD 7:16 - 7:21 Pitfalls In The Sole Use Of Duplex Scans In Decision Making For Treatment Of Carotid Lesions Glenn M. LaMuraglia, MD Richard P. Cambria, MD What Is The Significance Of Asymptomatic Emboli 7:22 - 7:27During Carotid Procedures: They Cannot Be Good Mark H. Wholey, MD How Can Asymptomatic Carotid Stenosis Progression 7:28 - 7:33Be Predicted And How Can It Help Clinical Decision Making Bruce A. Perler, MD, MBA 7:34 - 7:39 Current Status Of Methods To Reliably And Non-Invasively Detect Asymptomatic Plaques At A High Risk Of Causing A Stroke Brajesh K. Lal, MD 7:40 - 7:46 Panel Discussion SESSION 72 (Grand Ballroom East, 3rd Floor) SPINAL CORD ISCHEMIA (SCI) WITH TAAA AND THORACIC ANEURYSM (TAA) REPAIRS; ITS PATHOGENESIS, PREVENTION AND TREATMENT Moderators: Richard P. Cambria, MD Matthew J. Eagleton, MD 7:46 - 7:51 Critical Review Of Spinal Cord Protection From SCI In TAAAs – Open And Endo: Current Concepts And Future Prospects Christian D. Etz, MD, PhD 7:52 - 7:57 The 4-Territory Hypothesis For Risk Stratification In

> SCI And How It Can Help In Prophylaxis And Treatment Of SCI With Thoracic Aortic Procedures

Martin Czerny, MD

7:58 - 8:03	New Concepts In Paraplegia After TEVAR: What Role Does Spinal Cord Edema Play, What Causes It And How Can It Be Prevented Hamdy Awad, MD
8:04 — 8:09	Mechanisms Of SCI In Open TAAA Repair And F/BEVAR: How Do They Differ And How Should Prevention And Management Differ Charles W. Acher, MD
8:10 — 8:15	Update On Prevention And Consequences Of SCI During Open And Endo TAAA And TAA Repairs: What Is Different Between Open And Endo Procedures And Treatment Germano Melissano, MD Roberto Chiesa, MD
8:16 - 8:21	Motor Evoked Potentials (MEPs) As An Indicator For Selective Staging Of B/FEVARs And TAAA Repairs: Technique And Results Geert Willem H. Schurink, MD, PhD Michael J. Jacobs, MD
8:22 - 8:27	Relevance Of MEPs In Endovascular TAAA Repairs And Strategies To Decrease Paraplegia Piotr M. Kasprzak, MD
8:28 - 8:33	Value Of Intrathecal Papaverine In Decreasing SCI And Paraplegia With Complex TAA And TAAA Repairs Eric E. Roselli, MD Lars G. Svensson, MD, PhD
8:34 - 8:39	Technique And Limits Of Spinal Drainage With TAA And TAAA Repairs: How To Prevent Spinal Drain Complications Mark A. Farber, MD Anthony L. Estrera, MD
8:40 — 8:45	The Real Truth About The Incidence And Consequences Of SCI After Open And Endo TAAA Repair: Methods Of Prevention Nicholas J.W. Cheshire, MD
8:46 - 8:51	Remote Ischemic Pre-Conditioning: What Is It And Can It Protect Against SCI <i>Thomas L. Forbes, MD</i>
8:52 - 9:00	Panel Discussion
9:00 - 9:12	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
CAROTIE	Grand Ballroom East, 3rd Floor) RELATED TOPICS Thomas S. Riles, MD J. David Spence, MD
9:12 - 9:17	Emergency CEA For A Stroke In Evolution: When Is It Indicated And How Should It Be Performed Afshin Assadian, MD Hans-Henning Eckstein, MD, PhD
	TOPICS RELATED TO COGNITIVE CHANGES
9:18 - 9:23	Size Of Embolic Particles Released During CAS Matters And Correlates With Neuro-Cognitive Deterioration After The Procedure Wei Zhou, MD

9:24 - 9:29	Effect Of Carotid Interventions On Cognition: Does CAS/CEA Improve Or Worsen Cognitive Function: Cognitive Tests Should Be An Outcome Measures For CAS And CEA Christos D. Liapis, MD
9:30 - 9:35	Prospective Comparison Of Neuropsychologic Outcomes After CEA And Protected CAS (TCAR): Despite An Increase In Emboli And DW MRI Lesions With CAS, No Differences Were Noted On Testing Frank E.G. Vermassen, MD, PhD
9:36 - 9:41	Comparison Of Left Carotid Subclavian Bypass And Transposition: Pros And Cons Of Each For Primary Subclavian Disease And With TEVAR Mark K. Eskandari, MD
9:42 - 9:47	Proper Technique For Subclavian To Carotid Artery Transposition Mark D. Morasch, MD, RPVI Ramon Berguer, MD, PhD
9:48 - 9:53	Fate Of Non-Operated False Aneurysms After Acute Carotid Dissections: How Should They Be Managed Ross Naylor, MD
9:54 - 9:59	Management Of Carotid Patch Infection With And Without False Aneurysms: Proving Infection Can Be Hard – How To Do It Patrick A. Stone, MD Ali F. AbuRahma, MD
10:00 — 10:05	Systematic Review Of Stroke And Death Rates After CAS And CEA In 21 Contemporary Big Registries: These Adverse Event Rates Are Higher Than Expected From RCTs: In Symptomatic And Asymptomatic Patients Ross Naylor, MD Kosmas I. Paraskevas, MD
10:06 — 10:11	Use Of Covered Stents (Stent-Grafts) For Carotid Artery Injuries, Patch And Tumor False Aneurysms And Blowouts: How To Use Them Safely And Long-Term Results Michael B. Silva, Jr., MD
10:12 - 10:20	Panel Discussion
SESSION 74 (Grand Ballroom East, 3rd Floor) MORE HOT CAROTID RELATED TOPICS; FLAWED GUIDELINES; IMPACT OF MEDICAL THERAPY, CAS AND CEA; STROKE PREDICTION Moderators: Mark A. Adelman, MD Kim J. Hodgson, MD	
10:20 — 10:25	What Is Wrong With Current Carotid Guidelines: How Important Is Bias: What Would An Evidence- Based Carotid Guideline Look Like Anne L. Abbott, MD, PhD
10:26 — 10:31	How Low Do Statins Have To Go To Drive LDL-C To Produce Carotid Plaque Regression And Improved Echogenicity; Value Of Ezetimibe In Getting There And Of 3D Ultrasound In Detecting Regression J. David Spence, MD
10:32 — 10:37	Contralateral ICA Occlusion Is A Major Stroke/Death Risk Factor For CEA But Not For CAS: Single Center And A Meta-Analysis Show It Gianluca Faggioli, MD Andrea Stella, MD Mauro Gargiulo, MD

10:38 — 10:43	New Developments In Transcranial Doppler (TCD) Testing: How It Can Help In Everyday Clinical Practice Zsolt Garami, MD
10:44 — 10:49	Endovascular ICA Occlusion After Intracranial Thrombus Removal In Patients With Tandem (Intracranial And Extracranial Lesions) To Prevent Further Intracranial Embolization And Second Strokes: Advantages, Precautions And Limitations
10:50 — 10:55	Emmanuel M. Houdart, MD Decrease In Mental Acuity, DW MRI Lesions And Cranial Nerve Injuries Should Be Outcome Measures (End Points) In Comparisons Of CAS And CEA Sumaira Macdonald, MBChB, PhD
10:56 — 11:01	Impact Of Post-Procedural TIAs On Long-Term Survival After CAS And CEA: TIAs Are Not Innocuous Andrea Stella, MD Gianluca Faggioli, MD
11:02 — 11:10	
Moderators	: Frank J. Veith, MD Ross Naylor, MD
11:10 — 11:15	What Are Predictors Of Bad Outcomes After CAS; After CEA: They Are Not The Same Kim J. Hodgson, MD
11:16 — 11:21	Anatomical And Technical Predictors Of Stroke And Death After CAS Ali F. AbuRahma, MD
11:22 – 11:27	Mechanisms Of Procedural Strokes In The ICSS And ACST I Trials: What Are The Practice Implications And What Is The Value Of Troponins In Patients Undergoing CEA Or CAS Gert J. de Borst, MD
11:28 — 11:33	Clinical And Procedural Variables That Modify The Risk Of Stroke, MI And Death After CEA And CAS In Symptomatic Carotid Stenosis Patients: What Can Be Done To Lower These Risks Afshin Assadian, MD Hans-Henning Eckstein, MD, PhD
11:34 — 11:39	What Is The Current Gold Standard Of Cerebral Protection With CAS Giancarlo Biamino, MD, PhD
11:40 - 11:45	When Can A Mini-Incision (1.5 inches – 4 cm) CEA Be Performed With Or Without A Shunt: Tips And Tricks To Do It Safely Alan M. Dietzek, MD, RPVI
11:46 — 11:51	Diaphragm Of The ICA: An Underdiagnosed Cause Of Recurrent Stroke: How Can It Best Be Diagnosed And Treated Emmanuel M. Houdart, MD
11:52 — 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)
MORE CAROTID DISEASE AND TREATMENT
RELATED TOPICS AND CONTROVERSIES;
TRANSCERVICAL CAS (TCAR) AND NEW MESH
COVERED CAROTID STENTS

Moderators: Klaus D. Mathias, MD Claudio J. Schonholz, MD

- 1:00 1:05

 Midterm Results Of The ROADSTER PIVOTAL
 Trial Of The Silk Road System For TransCarotid Artery
 Stent Revascularization (TCAR) In High Risk Patients
 With Carotid Stenosis
 Mahmoud B. Malas, MD, MHS
 Christopher J. Kwolek, MD
 Richard P. Cambria, MD
- 1:06 1:11

 New Developments In The Silk Road System For TCAR: Details And Improvements In The Enroute System For CAS: How It Works And Achieves Flow Reversal Embolic Protection: Indications, Contraindications And Learning Curve Issues Christopher J. Kwolek, MD

 Richard P. Cambria, MD
- 1:12 1:17

 Early Results Of The ROADSTER 2 Post-Market
 Registry Of TCAR In Normal Risk And High Risk
 Patients With Carotid Stenosis
 Vikram S. Kashyap, MD
 Peter A. Schneider. MD

MEGA DEBATE ON TIMING AFTER SYMPTOM ONSET

- 1:18 1:23 DEBATE: Early CEA After Symptom Onset Is Beneficial To Patients: The Earlier The Better After Certain Requirements Are Met Ross Naylor, MD
- 1.24 1.29 DEBATE: Early CEA After Symptoms (TIA Or Small Stroke): Timing Is Everything: Within 48 Hours Is Bad: Within 3-14 Days Is Good: Why *Ian Loftus, MD*
- 1:30 1:35

 DEBATE: Early CEA (Within 48 Hours) After TIA Or Stroke: A Balanced View: What Are The Risks And Benefits: Early Brain Imaging And Carotid Duplex Can Help Select Patients For Safe, Early Intervention Laura Capoccia, MD, PhD
- 1:36 1:41

 DEBATE: Another Balanced View: When Is Early CEA After Symptom Onset In Patients With Carotid Stenosis Safe And Beneficial And When Is It Not Martin Björck, MD, PhD

NEW MESH COVERED CAROTID STENTS

- 1:42 1:47 Comparison Of 3 Micromesh Covered Stents For CAS: Indications For Each And > 1-Year Clinical Results With The Terumo Roadsaver Stent *Max Amor, MD*
- 1:48 1:53

 Impact Of TCAR And Micro-Mesh Stent Usage With The C-Guard Stent (Inspire MD) On CAS: Do They Decrease DW MRI Cerebral Embolic Lesions: Which Helps Most

 Piotr Musialek, MD, DPhil

 Mariusz Trystula, MD, PhD

1:54 - 1:59	Dual Layer Micromesh Stents Decrease New Ischemic Brain Lesions After CAS: What Is The Functional Significance And Will These Micromesh Stents Have Downsides Maria Antonella Ruffino, MD
2:00 - 2:06	Panel Discussion
LATE BRE STATUS F TREATMI STATUS A	6 (Grand Ballroom East, 3rd Floor) EAKING INFORMATION AND TRIAL RELATED TO CAROTID DISEASE AND ITS ENT: CREST 2, ECST 2 AND ACST 2 AND ISSUES :: Enrico Ascher, MD Richard P. Cambria, MD
	CREST 2 RELATED TOPICS
2:06 - 2:11	Where Do We Stand With CREST 2 And What Will It Tell Us Thomas G. Brott, MD Brajesh K. Lal, MD
2:12 - 2:17	Will CREST 2 Incorporate Recent Advances In CAS (Cervical Access, Reversal Of Flow And Mesh Covered Stents) And What Will It Tell Us L. Nelson Hopkins, MD
2:18 - 2:23	CREST 2 May Change Little Or Nothing In Carotid Treatment Practice: Why Is This So Anne L. Abbott, MD, PhD
2:24 - 2:29	Why CREST 2 May Tell Us Very Little But Still Be Bad For Carotid Stenting (CAS) Mark H. Wholey, MD
2:30 - 2:35	Barriers To Enrollment In CREST 2: How Can They Be Overcome Mark Conrad, MD, MMSc
2:36 - 2:41	History Of Transcervical CAS And How To Do It With Standard Equipment Enrique Criado, MD
2:42 - 2:48	Panel Discussion
Moderators	:: L. Nelson Hopkins, MD Max Amor. MD
2:48 - 2:53	New Findings From CREST 1: Relationship Between Plaque Morphology And Post-Procedural Neurologic Events: Which Plaques Are High Risk For CAS But Not For CEA Wesley S. Moore, MD
2:54 - 2:59	Update On The ECST 2 Trial: What Is It Telling Us Relevant To Carotid Lesion Treatment Jonathan D. Beard, ChM, MEd Martin M. Brown, MD Leo H. Bonati, MD
3:00 - 3:05	Update On The ACST 2 Trial Comparing CAS And CEA In Asymptomatic Patients: Lessons Learned To Date Richard Bulbulia, MA, MD Alison Halliday, MS
3:06 - 3:11	,

3:12 - 3:17	Treatment: Highlights From The International
	Consortium Of Vascular Registries Jack L. Cronenwett, MD
3:18 - 3:24	
3:24 - 3:36	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
NEW TEC	7 (Grand Ballroom East, 3rd Floor) CHNIQUES, TECHNOLOGIES, CONCEPTS — D RELATED : Ali F. AbuRahma, MD Bruce A. Perler, MD, MBA
3:36 - 3:41	Carotid Pseudo-Occlusions: How Are They Best Diagnosed And Treated: What Are The Results Of Treatment And No Treatment Sonia Ronchey, MD, PhD
3:42 - 3:47	Spontaneous Recanalization Of An Occluded Internal Carotid Artery (ICA): What Is The Clinical Significance
3:48 - 3:53	Nicos Labropoulos, BSc (Med) PhD, DIC, RVT
3:40 — 3:33	Carotid Bypass With Gore Hybrid Graft As A Rescue Method For CEA Gone Bad During The Operation: Technique And 1-Year Results Domenico Valenti, DMChir, PhD
3:54 - 3:59	Contemporary Population-Based Outcomes For CAS And CEA: From The SVS Registry: How Do We Know The Data Are Accurate
/ 00 / 05	Joseph L. Ricotta II, MD, MS
4:00 - 4:05	Comparison Of Mesh Covered C-Guard Stent vs. Wallstent For CAS: DW MRI And Clinical Results Show Benefit Of Mesh Covered Stent Laura Capoccia, MD, PhD
4:06 - 4:11	Are There Clinical Advantages Of Micromesh Covered And Dual Layer Stent Designs Over Closed Cell Stents In CAS
	Stefan Müller-Hülsbeck, MD
4:12 - 4:17	DEBATE: CAS Has No Increased Cost Consequences Compared To CEA Brajesh K. Lal, MD Thomas G. Brott, MD
4:18 - 4:23	DEBATE: Not So: CEA Costs Less Than CAS: Why The Discrepancy <i>Kosmas I. Paraskevas, MD</i>
4:24 - 4:29	Carotid Webs Can Cause Strokes: How Should They Be Diagnosed And Treated: Should They Be Treated If Asymptomatic Evan C. Lipsitz, MD
4:30 - 4:35	Current Status Of Surgery For Carotid Body Tumors: What Is New With Techniques And Adjuncts Peter F. Lawrence, MD
4:36 - 4:42	Panel Discussion

SESSION 78 (Grand Ballroom East, 3rd Floor)
NEW CONCEPTS AND UPDATES RELATED TO
PERCUTANEOUS EVAR (PEVAR), WOUND CARE,
SYMPATHECTOMY, MULTIPLE ANEURYSMS,
ENDOVASCULAR NARROWING AND BRIDGING

ANTICO	AGULATION : Peter F. Lawrence, MD
	Jerry Goldstone, MD UPDATE ON PEVAR
4:42 - 4:47	New Developments And Devices For PEVAR: What Is On The Horizon – Especially For Large Bore Sheaths Zvonimir Krajcer, MD
4:48 - 4:53	Percutaneous EVAR (PEVAR) vs. Open Surgical Access For EVAR: A Single Center RCT And The Multicenter PIERO RCT: An Overview Of Cost Effectiveness And Complications Of Both Procedures Afshin Assadian, MD Clark J. Zeebregts, MD, PhD
4:54 - 4:59	How To Perform PEVAR: Tips And Tricks (Video Presentation) Zoran Rancic, MD, PhD
5:00 - 5:05	Update On Fascial Suture Closure For PEVAR: Safety, Technical Tips And How It Saves Time And Money <i>Thomas Larzon, MD, PhD</i>
5:06 - 5:11	Large Sheath Closure With The Proglide Device: Tips, Tricks And Economic Value <i>Giovanni Pratesi, MD</i>
5:12 - 5:17	Cost Implications Of PEVAR: How Can It Be Made Cost Effective Maciej L. Dryjski, MD, PhD
	OTHER NEW CONCEPTS
5:18 - 5:23	What's New In Wound Care In PAD, The Diabetic Foot And Combined Arterial And Venous Ulcerations <i>Katherine A. Gallagher, MD</i>
5:24 - 5:29	Renaissance For Chemical Sympathectomy In A Vascular Practice: Indications, Techniques And Results Donald B. Reid, MD
5:30 - 5:35	Multifocal Synchronous Aorto-Iliac Femoro-Popliteal Aneurysms: Sequence And Strategies For Access And Treatment: Does It Depend On Aneurysm Size Jacques Busquet, MD
5:36 - 5:41	Onion Skin And Other Techniques For Decreasing, In A Controlled Manner, Excessive Flows Through Blood Vessels Or Stent-Grafts While Maintaining Patency Jerry Matteo, MD
5:42 - 5:47	Best Current Bridging Treatment For Anticoagulated Patients Requiring Vascular Surgery Don Poldermans, MD
5:48 - 5:58	Panel Discussion End of Program J
	,

PROGRAM K (SESSIONS 79-86)

NEW DEVELOPMENTS IN POPLITEAL ANEURYSMS AND DISEASE; INFECTED ARTERIES AND GRAFTS; IMAGING AND HYBRID SUITES; THORACIC OUTLET SYNDROME (TOS) AND MEDICAL TOPICS; VASCULAR TRAUMA, TAKAYASU'S DISEASE AND CCSVI; RADIATION SAFETY AND RECORDED LIVE CASES

Grand Ballroom West, 3rd Floor

SESSION 79 (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS IN THE TREATMENT OF
ANEURYSMS AND OTHER DISEASES INVOLVING
THE POPLITEAL ARTERY

Moderators: Eric L.G. Verhoeven, MD, PhD Martin Björck, MD, PhD

POPLITEAL ANEURYSMS

- 6:40 6:45 Why Do We Still Need Open Surgery For Some
 Popliteal Aneurysms: What Are The Indications –
 Relative And Absolute
 Jose Fernandes e Fernandes, MD, PhD
- 6:46 6:51 Comparison Of Open And Endo Popliteal Aneurysms Repair In The <u>Same Patients</u> Samy S. Nitecki, MD
- 6.52 6.57

 DEBATE: Endovascular Repair Of Popliteal
 Aneurysms Is Less Risky Than Open Repair And
 Should Be The Procedure Of Choice: What Percent Of
 Patients Should Be Treated Endo
 Irwin V. Mohan, MBBS, MD
- 6.58 7.03 DEBATE: Not So: Open Repair Is Better For Most Popliteal Aneurysm Patients: Endo Repair Is Sometimes A Failed Experiment Martin Björck, MD, PhD
- 7:04 7:09 How Should Giant Popliteal Aneurysms Be Treated: Open vs. Endo And Tips And Tricks Jacques Busquet, MD
- 7:10 7:15

 Duplex Guided Endovascular Repair Of Popliteal Aneurysms: Why It Is A Better Way
 Natalie A. Marks, MD, RPVI, RVT
 Enrico Ascher, MD
 Anil P. Hingorani, MD

POPLITEAL ENTRAPMENT SYNDROMES

- 7:16 7:21 New Developments In And Present Status Of Diagnosis And Treatment For Popliteal Entrapment Syndromes
 Niten Singh, MD
- 7.22 7.27 When Should Patients With Popliteal Arterial Compression Be Treated By PTA Plus Surgical Decompression: Long-Term (10-Year) Results Show It Is Sometimes The Better Treatment Beatrice R. Amann-Vesti, MD
- 7.28 7.33 Why Flexed Knee Angiography Should Always Be Performed To Control All Popliteal Interventions Or Procedures Roberto Ferraresi, MD
- 7:34 7:40 Panel Discussion

SESSION 80 (Grand Ballroom West, 3rd Floor)

INFECTED ARTERIES AND ARTERIAL GRAFTS AND THEIR TREATMENT: INFECTED EVARS; MYCOTIC AAAS; INFECTED AORTIC/ARTERIAL PROSTHETIC GRAFTS; TREATMENT OF AORTO-ESOPHAGEAL FISTULA

Moderators: Glenn Jacobowitz, MD Gary Giangola, MD

MANAGEMENT OF INFECTED EVARS

7:40 - 7:45	DEBATE: Update On Treatment Of Infected Aortic
	Endografts: Open Surgical Graft Excision Is Always
	Indicated
	Kamphol Laohapensang, MD

- 7.46 7.51 DEBATE: Not So: Semi-Conservative Treatment Without Graft Excision And With Drainage And Antibiotic Irrigation Of AAA Sac Can Be Effective Treatment: Longer-Term Results Prove It Martin Malina, MD, PhD
- 7.52 7.57

 Treatment Of Infected Abdominal Endografts: Radical vs. Conservative: Late Survival Results With Each Treatment From A Multicenter Study Samuel R. Money, MD, MBA

TREATMENT OF MYCOTIC AAAs

- 7.58 8.03 Long-Term Outcome Of EVAR Treatment For Mycotic AAAs: What Risk Factors Impact On Late Survival *I-Hui Wu, MD, PhD*
- 8:04 8:09 When Aortic Infections And Mycotic AAAs Are Treated By EVAR, Early Success Does Not Equal Late Success: The Infection Returns: What To Do About It Ramesh K. Tripathi, MD
- 8:10 8:15 For Mycotic AAAs What Is The Value Of Endovascular Techniques And EVAR: When Are They Temporary Solutions And When Durable Treatment Thomas C. Bower, MD
- 8:16 8:21 Value Of Vein Graft Covered Stent For Treatment Of Mycotic AAAs: Technique And Results Klaus M. Overbeck, MD, MPhil
- 8:22 8:28 Panel Discussion

Moderators: Thomas C. Bower, MD Keith D. Calligaro, MD

TREATMENT OF AORTIC GRAFT INFECTION

- 8.29 8.33 Intra-Abdominal Extra-Anatomic Reconstruction For Suprarenal Aortic And Graft Infection: Techniques And Results

 Manju Kalra, MBBS
 Thomas C. Bower, MD
- 8.34 8.39 Current Status Of Treatment For Aortic Graft Infection: When Should Cryopreserved Allografts Be Used And When Not: How Well Do They Work Long-Term Peter F. Lawrence, MD
- 8:40 8:45

 New Developments In The Treatment Of Prosthetic
 Aortic Graft Infection Facilitate In Situ Repair: Negative
 Pressure Wound Therapy And Bovine Pericardium
 Vascular Grafts: Techniques And Results
 Max Zegelman, MD

8:46 - 8:51	Excisional Treatment For Prosthetic Graft Infection Are Durable: It Is A Game Changer: Techniques And Long- Term Results Dieter O. Mayer, MD Barbara Hasse, MD Mario L. Lachat, MD Zoran Rancic, MD, PhD (Presenter)
8:52 — 8:57	Treatment Of Unilateral Limb Infection Of An Aortobifemoral Prosthetic Graft: Single Limb Excision Is Effective In ~50% Of Cases: When Should It Be Attempted: Diagnosis And Techniques Gregory L. Moneta, MD
	THORACIC GRAFT INFECTIONS
8:58 - 9:03	How Best To Treat Infectious Complications Of Open And Endo Thoracic Aortic Repairs Germano Melissano, MD Roberto Chiesa, MD
9:04 - 9:09	Treatment Of Post-TEVAR Aorto-Esophageal Fistula: Only Radical Surgery Can Be Effective: Techniques And Sequence Of Treatment Michael J. Jacobs, MD
9:10 - 9:16	Panel Discussion
9:16 - 9:24	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
	(Grand Ballroom West, 3rd Floor) ES IN IMAGING, GUIDANCE AND HYBRID DRs
Moderators	: Gustavo S. Oderich, MD Martin Malina, MD, PhD
9:24 - 9:29	What Vascular Surgeons Need To Know About Peripheral CT Angiography (CTA) And MR Angiography (MRA) To Make Them Most Valuable For Vascular Decision Making Michael H. Wholey, MD, MBA
9:30 - 9:35	3D Live Interactive Holography For Vascular Interventions: Advantages And Limitations <i>Elchanan Bruckheimer, MBBS</i>
	ADVANCED RADIOGRAPHIC IMAGING: FUSION AND DYNA-CT
9:36 - 9:41	Principles Of Fusion Techniques And Dyna-CT: Advantages And Limitations During EVAR And TEVAR Dittmar Böckler, MD
9:42 - 9:47	DEBATE: Hybrid Rooms With Fixed Fluoroscopy Units, Fusion And Dyna-CT Are Essential For Complex EVAR Procedures (F/BEVAR) Stephan Haulon, MD
9:48 - 9:53	DEBATE: Not So: Results With Complex EVARs (F/BEVAR) Performed With C-Arm Mobile Imaging Fluoroscopy Units Are As Good As Those Done With Fixed Equipment In A Hybrid Suite Geert Willem H. Schurink, MD, PhD
9:54 - 9:59	Advantages Of The Ziehm Vision RFD Hybrid Mobile Motorized C-Arm And Stille ImagiQ2 Floating Table: How Do They Compare With Fixed Hybrid Equipment For Complex Aortic Procedures Peter C.J. Goverde, MD

10:00 — 10:05	Fluoroscope Using The Cydar Software System: How It Works And Can Simplify And Improve Fusion Techniques	
	Tom Carrell, MD, MChir Cynthia K. Shortell, MD	
10:06 — 10:12	Panel Discussion	
Moderators	: Frans L. Moll, MD, PhD Daniel G. Clair, MD	
	WHAT IS ON THE HORIZON WITH IMAGING	
10:12 — 10:17	New Developments In Imaging That Are On The Horizon And That Will Change Our Management Of Most Complex Vascular Interventional Treatments Lieven F. Maene, MD	
10:18 — 10:23	The Future Of Vascular Imaging And Guidance: Where Are They Going Alan B. Lumsden, MD	
10:24 — 10:29	DEBATE: Ultrasound Imaging And Guidance Are The Best Method To Control Retrograde Distal Access Procedures And Crossing CTOs: Tips And Tricks <i>Jihad A. Mustapha, MD</i>	
10:30 — 10:35	DEBATE: Not So: Fluoroscopy And Angiography Are The Best Way To Control Distal Puncture Procedures And Lesion Crossing: Technical Tips And Tricks <i>Andrej Schmidt</i> , <i>MD</i>	
10:36 — 10:41	Advanced Imaging Tools (The Vessel Assist System From GE) Can Improve 3D Imaging And Fusion And Facilitate Lower Extremity And CAS Procedures <i>Koen Deloose, MD</i>	
10:42 — 10:47	Why IVUS Use Should Become Standard Of Care In An Endovascular Practice: In What Procedures Is It A Must Donald B. Reid. MD	
10:48 — 10:53	Update On Strategies To Reduce Contrast Induced Nephropathy: What Works And What Doesn't Peter Henke, MD	
10:54 — 11:00	Panel Discussion	
SESSION 82 (Grand Ballroom West, 3rd Floor) NEW DEVELOPMENTS IN THE TREATMENT OF THORACIC OUTLET SYNDROMES (TOSs) AND CARDIAC EVALUATION		
Moderators	: Larry H. Hollier, MD Gregory L. Moneta, MD	
	ADVANCES IN NEUROGENIC TOS	
11:00 — 11:05	New Objective Outcomes Reporting For Neurogenic TOS Karl A. Illig, MD	
11:06 — 11:11	Neurogenic TOS In Competitive Athletes: Is It Real: How Is It Best Diagnosed And Managed Michael J. Singh, MD	
11:12 — 11:17	Diagnosis And Optimal Treatment For Neurogenic TOS: The Supraclavicular Approach For First Rib Resection Is Best: How To Do It Well Robert W. Thompson, MD	
11:18 — 11:23	What Comprises TOS Specific Physical Therapy And How Often Is It Effective In Neurogenic TOS Jason T. Lee, MD	

11:24 - 11:29	Robot Assisted Thoroscopic Minimally Invasive Treatment Of TOS Including First Rib Resection: How Is It Done (Video), Advantages And Limitations Hans M.E. Coveliers, MD, PhD, MBA	
	TREATMENT OF VENOUS TOS	
11:30 — 11:35	Optimal Way To Diagnose And Treat Venous TOS With Axillary-Subclavian Vein Thrombosis: Both The Supraclavicular And Infraclavicular Approaches Are Needed For Vein Exposure And Reconstruction Robert W. Thompson, MD	
11:36 — 11:41	Tips And Tricks For Transaxillary First Rib Resection For Venous TOS: The Subclavian Vein Seldom If Ever Needs To Be Surgically Reconstructed Benjamin M. Jackson, MD	
11:42 — 11:47	Infraclavicular Approaches To Venous TOS: Technique, Advantages And Limitation: What Can Be Done If The Subclavian Vein Needs To Be Reconstructed Or Cleaned Out Joseph J. Ricotta II, MD, MS	
	PRE-OP CARDIAC EVALUATION	
11:48 — 11:53	Are Cardiology Evaluations Of Any Value Before Vascular Operations: What Is Of Value: Current State Of The Art Peter Henke, MD	
11:54 — 12:00	Panel Discussion	
12:00 — 1:00	Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)	
SESSION 83 (Grand Ballroom West, 3rd Floor) NEW OR UPDATED CONCEPTS AND TREATMENTS FOR VASCULAR TRAUMA AND TAKAYASU'S DISEASE; MEDICAL TOPICS AND TREATMENTS Moderators: Michael B. Silva, Jr., MD Joanelle Z. Lugo, MD		
1:00 - 1:05	How To Reduce Door-To-Reperfusion Time With Severe Arterial Trauma Markus K. Furrer, MD	
1:06 — 1:11	New Developments In Endovascular Treatment And Balloon Occlusion For Major Arterial Trauma: What Is REBOA And Does <u>Partial Aortic</u> Balloon Occlusion Have Value <i>Tal M. Hörer, MD, PhD</i>	
1:12 - 1:17	<u>Resuscitative Endovascular Balloon Occlusion Of The Aorta (REBOA) For Trauma Or Ruptured AAA: Is There A Role For IVUS Guidance To Facilitate Placement By Non-Interventionalists Donald L. Jacobs, MD</u>	
1:18 - 1:23	Update On An Improved Classification System, TEVAR Devices And Techniques For Blunt Thoracic Aortic Injury (BTAI) Ali Azizzadeh, MD Benjamin W. Starnes, MD	
1:24 - 1:29	Indications For Early Non-Operative Treatment With BTAI: It Is Safe And Lowers Mortality In Selected Patients: Indications For Early TEVAR Robert S. Crawford, MD Donald G. Harris, MD	

1:30 — 1:35	Endovascular Treatment Of Traumatic Aortic Rupture In Children: What Devices Can Be Used For TEVAR Gabriel Szendro, MD
1:36 - 1:41	Tips And Tricks For Recognizing And Treating Acute Popliteal Artery Injuries (Lacerations And Occlusions) After Orthopedic Knee Surgery: They Are Often Missed Sohail Khan, MD
	TAKAYASU'S DISEASE
1:42 - 1:47	Bypasses vs. Endovascular Treatments For Symptomatic Takayasu's Arteritis: Pros And Cons Of Each Byung-Boong Lee, MD
	OTHER TOPICS
1:48 - 1:53	Current Management Strategies For Ehlers Danlos Syndrome And Role Of Endografts In The Treatment Of Its Arterial Lesions James H. Black III, MD
1:54 - 1:59	Preop Non-Invasive Fractional Flow Reserve (FFR) Evaluation Of Coronary Lesion Can Improve Care And Decrease Costs In Vascular Patients: Technique And Results Tej M. Singh, MD, MBA
2:00 - 2:08	Panel Discussion
NEW DEY CCSVI IN VASCULA PREDICT	4 (Grand Ballroom West, 3rd Floor) VELOPMENTS AND UPDATES REGARDING MULTIPLE SCLEROSIS; USE OF DRUGS IN AR DISEASE PATIENTS AND WAYS TO RISKS OF ADVERSE EVENTS : Caron B. Rockman, MD Russell H. Samson, MD, RVT
	CCSVI
2:08 - 2:13	Multicenter Blinded RCT To Determine Safety And Effectiveness (Quality Of Life) Of Venous PTA For Multiple Sclerosis (The BRAVE DREAMS Trial): Design And Progress: Will It Settle The Controversy Paolo Zamboni, MD
	DRUG TREATMENT OF VASCULAR DISEASES
2:14 - 2:19	How Can Statins And Other Medical Treatment Decrease The Amputation And Major Adverse Limb Event Rates After Revascularizations For CLI: What Are The Optimal Drugs And Dosages Aravinda Najundappa, MD
2:20 - 2:25	Optimal Use Of ACE Inhibitors, Cilostazol, And Statins In Patients Undergoing Open And Endovascular Procedures Anthony J. Comerota, MD
2:26 - 2:31	Update On When And How Should Beta Blockers Be Used In Low Risk And High Risk Vascular Patients Generally And When They Undergo Operations And Interventions: Dosage Is Key Caron B. Rockman, MD Jeffrey S. Berger, MD, MS
2:32 - 2:37	Improving Non-Coronary Stent Outcomes By Pharmacological Manipulations – 2C19 And Plavix: How Do They Do It Karthikeshwar Kasirajan, MD

2:38 - 2:43	What Is New In Antiplatelet Treatment Of Vascular Patients: Which Drugs In Which Situation: New Drugs And What Does The EUCLID Trial Tell Us Jeffrey S. Berger, MD, MS Caron B. Rockman, MD	
2:44 - 2:50	Panel Discussion	
Moderators	: Anthony J. Comerota, MD Elliot L. Chaikof, MD, PhD	
2:50 - 2:55	Benefits Of Perioperative Statins In Improving Outcomes And Decreasing Adverse Events After AAA And Carotid Procedures – Endo And Open: Optimal Timing, Drug And Dosage Bruce A. Perler, MD, MBA	
2:56 - 3:01	Update On The Medical (Drug) Treatment Of AAA Disease: What Does Metformin Do: Does Any Drug Slow AAA Growth Ronald L. Dalman, MD	
3:02 - 3:07	Should Bivalirudin Replace Heparin In Non-Cardiac Interventions: Advantages And How To Use It George H. Meier III, MD	
	VALUE OF TESTS	
3:08 - 3:13	Biomarkers Can Predict Long-Term (~10 Years) Adverse Cardiovascular Events In Vascular Patients: Which Ones And How Can They Be Used Beatrice R. Amann-Vesti, MD	
3:14 - 3:19	How To Identify Patients At Risk Of Cardiovascular Adverse Events After EVAR Janet T. Powell, MD, PhD	
3:20 - 3:26	Panel Discussion	
3:26 - 3:36	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)	
SESSION 85 (Grand Ballroom West, 3rd Floor) NEW CONCEPTS AND TECHNIQUES TO DECREASE RADIATION EXPOSURE FOR ENDOVASCULAR SURGEONS/SPECIALISTS AND PATIENTS Moderators: Barry T. Katzen, MD Evan C. Lipsitz, MD		
3:36 - 3:41	Crucial Elements In Radiation Safety For Non-Radiology Interventionists: Advice From A Radiologist <i>Jos C. van den Berg, MD, PhD</i>	
3:42 - 3:47	Comparison Of Radiation Dosage And Safety Between Mobile C-Arm Fluoroscopes And Fixed Hybrid Units <i>Mark G. Davies, MD</i>	
3:48 - 3:53	What Part Of Interventional Physicians Are At Risk From Radiation And Is Protective Gear Really Protective: Light Weight Lead Aprons Are A Hoax Lindsay Machan, MD	
3:54 - 3:59	How To Minimize Radiation Exposure During Complex Endovascular AAA Repairs: Tips And Tricks Neal S. Cayne, MD	
4:00 - 4:05	New Processing Software And Other Techniques For Reducing Radiation Exposure During Complex Interventional Procedures Carlos H. Timaran, MD	

4:06 - 4:11	How OCT (Optical Coherence Tomography) Imaging Can Control Crossing Of CTOs And Decrease Radiation Exposure: So Too Can Expanded Use Of Duplex And IVUS Todd R. Vogel, MD, MPH	
4:12 - 4:17	Worrisome Biologic And Dosimetric Effects Of Operator Radiation Exposure During Complex Interventional Procedures: How Can They Be Measured And Decreased Bijan Modarai, MD, PhD	
4:18 - 4:23	Malignancies Occurring During CT Follow-Up Of EVAR: It Is A Real Risk And What To Do About It Ramesh K. Tripathi, MD	
4:24 - 4:32	Panel Discussion	
SESSION 86 (Grand Ballroom West, 3rd Floor) RECORDED LIVE CASES OF COMPLEX AORTIC ANEURYSM TREATMENT WITH ENDOVASCULAR TECHNIQUES		
Moderators	: Giovanni Torsello, MD Gustavo S. Oderich, MD	
4:32 - 4:52	Complex Cases From Münster Giovanni Torsello, MD	
4:52 - 5:02	Questions And Discussion	
5:03 — 5:23	Complex Cases From The Mayo Clinic – Including Use Of A 3D Model With Pump Perfusion (Sande Stabile) For Planning And Simulation Gustavo S. Oderich, MD	
5:23 - 5:35	Questions And Discussion End of Program K	
PROGRAM L (SESSIONS 87-91) DEEP VENOUS DISEASE Trianon Ballroom, 3rd Floor Course Leaders: Jose I. Almeida, MD, RPVI, RVT Lowell S. Kabnick, MD, RPhS Thomas W. Wakefield, MD		
SESSION 87 (Trianon Ballroom, 3rd Floor) VENOUS CROSS-SECTIONAL IMAGING TECHNIQUES, PELVIC VENOUS DISORDERS Moderators: Jose I. Almeida, MD, RPVI, RVT Lowell S. Kabnick. MD, RPhS		
	CROSS-SECTIONAL IMAGING	
6:58 - 6:59	Introduction To Deep Veins Lowell S. Kabnick, MD, RPhS	
7:00 - 7:05	Evaluation Of The Severity Of Venous Obstruction Olivier Hartung, MD	
7:06 - 7:11	Getting A Look At Inflow With Duplex Ultrasound Prior To Endovascular Reconstruction Of Post- Thrombotic Iliocaval Disease Jose I. Almeida, MD, RPVI, RVT	
7:12 - 7:17	How To Measure Iliac Vein Stenosis Seshadri Raju, MD	
7:18 - 7:23	Pertinent IVUS Anatomy Paul J. Gagne, MD	
7:24 - 7:29	Novel Imaging Techniques With MRI For Thrombus Aging Stephen A. Black, MD	

7.00	Venographic Findings: A New Classification To Limit The Use Of Intravascular Ultrasound Enrico Ascher, MD
7:36 - 7:41	A New Look At Venous Hemodynamics: Measuring Reflux And Venous Outflow Obstruction Andrew N. Nicolaides, MS
7:42 - 7:47	MRV And Major Venous Interventions Mark G. Davies, MD
7:48 - 7:53	MRV And CTV In Imaging Of Pelvic And Abdominal Venous Compressive Syndromes: Which Is Better And Why Constantino Pena, MD
7:54 - 7:58	Panel Discussion
	PELVIC VENOUS DISORDERS
7:59 — 8:04	Reasons New Nomenclature Is Needed For Pelvic Venous Disorders Mark H. Meissner, MD
8:05 - 8:10	Pelvic Venous Incompetence And Leg Varicosities: Start From Above Or Below Melvin Rosenblatt, MD
8:11 - 8:16	Pelvic Varices Are Best Studied With Trans-Vaginal Duplex Ultrasound Mark S. Whiteley, MS
8:17 - 8:22	Venographic Technique To Identify Pelvic Anatomy And Escape Points Mark H. Meissner, MD
8:23 - 8:28	Ovarian Vein Incompetence Or Renal Vein Compression Jose I. Almeida, MD, RPVI, RVT
8:29 - 8:34	Acute Or Chronic Ovarian Vein Thrombosis: What To Do Mikel Sadek, MD
8:35 — 8:40	DEBATE: Renal Vein Transposition (With Patch) Is The Ideal Treatment For Nutcracker Syndrome, Not Stenting Olivier Hartung, MD
8:41 - 8:46	DEBATE: Gonadal Vein Transposition Is The Ideal Treatment For Nutcracker Syndrome <i>Cynthia K. Shortell, MD</i>
8:47 - 8:52	DEBATE: Stenting Is The Ideal Treatment For Nutcracker Syndrome Thomas S. Maldonado, MD
8:53 - 8:58	DEBATE: Hybrid Endo-Open Surgery Is The Ideal Treatment For Nutcracker Syndrome
8:59 - 9:04	Manju Kalra, MBBS Panel Discussion
SESSION 88 (Trianon Ballroom, 3rd Floor) FEMORO-ILIOCAVAL INTERVENTIONAL STRATEGIES TO REDUCE VENOUS HYPERTENSION, HOT IDEAS FOR RECANALIZING CHRONIC TOTAL OCCLUSIONS Moderators: Jose I. Almeida, MD, RPVI, RVT Lowell S. Kabnick, MD, RPhS	
9:05 - 9:10	Exactly What Is The Tissue Causing Post-Thrombotic Venous Obstruction

Anthony J. Comerota, MD

7:30 – 7:35 The Bull's-Eye Sign And Other Iliocaval-Femoral

9:11 - 9:16	DEBATE: Open Excisional Surgery For Post- Thrombotic Common Femoral Vein Obstruction (Endophlebectomy) Is Of Limited Value In the Endovascular Era <i>Jose I. Almeida, MD, RPVI, RVT</i>
9:17 - 9:22	DEBATE: Open Excisional Surgery For Post-Thrombotic Common Femoral Vein Obstruction (Endophlebectomy) Is Standard Of Care Cees H.A. Wittens, MD, PhD
9:23 - 9:28	Step By Step Endophlebectomy Of Common Femoral Vein Marzia Lugli, MD
9:29 - 9:34	Surgical Reconstruction Of Deep Veins: Do I Do It To Improve Inflow Of Obstructive Disease Or To Control Reflux Stephen A. Black, MD
	STENTS AND STENT TRIALS
9:35 - 9:40	Engineering Challenges Required For An Ideal
	Ilio-Caval Stent Lowell S. Kabnick, MD, RPhS
9:41 - 9:46	Dedicated Venous Stents Make Sense Michael K.W. Lichtenberg, MD
9:47 - 9:52	Results With Dedicated Venous Self-Expanding Oblique Hybrid Nitinol Stent Iris Baumgartner, MD
9:53 - 9:58	Vernacular (Venovo) Stent Trial And Methodology <i>Michael D. Dake, MD</i>
9:59 - 10:04	An Update On VIVO-EU: The Zilver Vena Venous Stent Study In Europe Gerard J. O'Sullivan, MD
10:05 — 10:10	VIRTUS - 12-Month Results: VICI Venous Stent – Feasibility Study Lowell S. Kabnick, MD, RPhS
10:11 — 10:16	The Modena Iliac Vein Stent Experience Marzia Lugli, MD
	OFF-LABEL STENT USE
10:17 — 10:22	Crossing Femoro-Iliocaval Chronic Total Occlusions: From Soft Wires To Sharp Harpoons Jose I. Almeida, MD, RPVI, RVT
10:23 — 10:28	DEBATE: Femoral Vein Stenting Succeeds Under These Conditions Brian G. DeRubertis, MD
10:29 — 10:34	DEBATE: Femoral Vein Stenting Fails Often And Early Jose I. Almeida, MD, RPVI, RVT
10:35 — 10:40	DEBATE: Femoral Vein Angioplasty (Not Stents): Must Look And Treat Popliteal Vein And Below To Succeed Often Mark J. Garcia, MD
10:41 — 10:46	Panel Discussion

SESSION 89 (Trianon Ballroom, 3rd Floor) STRATEGIES FOR CORRECTING SEVERE DEEP VENOUS REFLUX AND/OR OBSTRUCTION; WOUNDS AND NEW HORIZONS FOR VENOUS DISEASE MANAGEMENT Moderators: Marc A. Passman, MD Joseph D. Raffetto, MD		
10:47 — 10:52	Years Of Planning Venous Stents: What I Have Learned Olivier Hartung, MD	
10:53 — 10:58	Z-Stent Extension Into The Cava: Reduces Contralateral Iliac Vein Thrombosis: Short Term Data Erin H. Murphy, MD	
10:59 — 11:04	Step By Step Deep Venous Valve Repair Or Creation Oscar Maleti, MD	
11:05 — 11:10	Deep Venous Reflux Reconstruction Techniques Ramesh K. Tripathi, MD	
11:11 — 11:16	Deep Venous Obstruction Reconstructive Techniques Ramesh K. Tripathi, MD	
	WOUNDS AND NEW HORIZONS	
11:17 – 11:22	Venous Ulcer: Clinical Evaluation Wound Care, Compression, Surgical Treatment, Ancillary Measures Marc A. Passman, MD	
11:23 — 11:28	RCT Demonstrating Benefits Of Sulodexide For Venous Ulcers Joseph D. Raffetto, MD	
11:29 — 11:34	Important RCTs For Venous Wound Healing William A. Marston, MD	
11:35 — 11:40	Surgical Intervention On Venous Ulcer Based On Cost-Effectiveness: Is It Different Than C2 Thomas F. O'Donnell, Jr., MD	
11:41 — 11:46	Proteomics And Degradomics In Venous Leg Ulcers Joseph D. Raffetto, MD	
11:47 — 11:52	Not All Leg Ulcers Are Venous Raghu Kolluri, MD	
11:53 — 11:59	Panel Discussion	
12:00 — 1:00	Lunch Break – 2nd Floor Promenade Visit Exhibits and Pavilions (2nd and 3rd Floors)	
SESSION 90 (Trianon Ballroom, 3rd Floor) STRATEGIES FOR THROMBOEMBOLIC EVENTS IN THE VENOUS SYSTEM INCLUDING THE AXILLO SUBCLAVIAN SYSTEM Moderators: Brian G. DeRubertis, MD Suresh Vedantham, MD		
	VENOUS THROMBOEMBOLISM (VTE) - MEDICAL	
1:00 - 1:05	Experimental Insights Into Acute DVT And Post-Thrombotic Syndrome (PTS) Peter Henke, MD	
1:06 - 1:11	Calf Muscle Compartment Pressure In Acute Iliofemoral DVT And The Effect Of Early Thrombus Removal Bo G. Eklof, MD, PhD	
1:12 - 1:17	Update On Reversal Agents For The Direct Oral Anticoagulants (DOACs) Timothy K. Liem, MD, MBA	

1:18 - 1:23	Isolated Soleal And Gastrocnemius Vein Thrombosis Clifford M. Sales, MD, MBA
1:24 - 1:29	Popliteal Venous Entrapment: When And What Do You Do
	Alun H. Davies, MA, DM, DSc
1:30 - 1:35	Biomarkers Of Venous Thromboembolism: Do They Have A Current Role Thomas W. Wakefield, MD
1:36 - 1:41	What Is The True Incidence Of PE In Patients With Ilio-Femoral DVT: How Many Of These Have Right Ventricular Strain Divya Sridhar, MD
1:42 - 1:47	Which DOAC For Which DVT: Can We Stratify Yet <i>Timothy K. Liem, MD, MBA</i>
1:48 - 1:54	Panel Discussion
	VTE - INTERVENTIONAL
Moderators	: Brian G. DeRubertis, MD Suresh Vedantham, MD
1:55 - 2:00	Technical Considerations And Emerging Technology For Chronic Venous Occlusions Brian G. DeRubertis, MD
2:01 - 2:06	What Is The Best Method To Measure Venous Thrombolysis Resolution Akhilesh K. Sista, MD
2:07 - 2:12	If The ATTRACT Trial Is Positive What Will Happen In US/Europe/Asia Suresh Vedantham, MD
2:13 - 2:18	Prevention Of PTS: Is The Jury Still Out: Statins And VTE Andrew N. Nicolaides, MS
2:19 - 2:23	D-Dimer And/Or Duplex Findings To Manage DVT Timothy K. Liem, MD, MBA
2:24 - 2:29	Impact Of Caval Occlusion On The Outcomes Of Thrombolysis For Iliofemoral DVT Rabih A. Chaer, MD
2:30 - 2:35	Vacuum-Assisted Venous Thrombectomy: Where, When, And How Mikel Sadek, MD
2:36 - 2:41	An Algorithm For The Treatment Of Paget-Schroetter's Syndrome Thomas S. Maldonado, MD
2:42 - 2:47	Venous Issues In Thoracic Outlet Syndrome: Lysis, Venoplasty, First Rib Resection: Staged Or Same Setting Enrique Criado, MD
2:48 - 2:53	QOL After Deep Venous Recanalization Procedures: Any Relation To Patency Cees H.A. Wittens, MD, PhD
2:54 - 2:59	Evolution Of Venous In-Stent Stenosis: Do Anti- Platelet Agents Help Mitigate David M. Williams, MD
3:00 - 305	Treating Venous Thromboembolism Without Lytic Medications Constantino Pena, MD
3:06 - 3:11	Panel Discussion

SESSION 91 (Trianon Ballroom, 3rd Floor) ENDOVASCULAR AND OPEN SOLUTIONS FOR INFERIOR VENA CAVA TUMORS AND OCCLUSIONS, VENA CAVA FILTRATION STRATEGIES, PITFALLS, AND COMPLICATIONS AND MORE ABOUT ILIAC VEIN STENTING

Moderators	: Jose I. Almeida, MD, RPVI, RVT William A. Marston, MD	
	MORE FEMORAL-ILIOCAVAL FLOW ISSUES	
3:12 - 3:17	IVC Agenesis – Is This A Real Entity David M. Williams, MD	
3:18 - 3:23	IVC Occlusion – Where To Reroute Mark G. Davies, MD	
3:24 - 3:29	Benign And Malignant Caval Tumors William A. Marston, MD	
3:30 - 3:35	Thrombosed IVC Filter: How To Recanalize The Cava And Manage The Filter Jose I. Almeida, MD, RPVI, RVT	
3:36 - 3:41	IVC Replacement For Malignancy: How To Do It <i>Thomas C. Bower, MD</i>	
3:42 - 3:47	Conduit Choices For In-Line Caval Reconstruction William A. Marston, MD	
3:48 - 3:53	Robotic Vena Cava Surgery Samuel R. Money, MD, MBA	
3:54 - 3:59	Panel Discussion	
CAVAL INTERRUPTION		
Moderators	: John E. Rectenwald, MD, MS David L. Gillespie, MD	
4:00 - 4:05	Indications For IVC Filters: Are They Being Observed <i>John E. Rectenwald, MD, MS</i>	
4:06 - 4:11	Update On The Sentry Bioconvertible Non-Retrieval IVC Filter David Rosenthal, MD	
4:12 - 4:17	, and the second	
4:18 - 4:23	The PREPIC Trial: Fact Or Fiction John E. Rectenwald, MD, MS	
4:24 - 4:29	Update On The PRESERVE Vena Cava Filter Study David L. Gillespie, MD	
4:30 - 4:35	Ulcer Healing And Quality Of Life Outcomes After Endovascular Iliocaval Reconstruction (Stenting) In Patients With Concomitant IVC And Iliac Occlusive Disease Steven D. Abramowitz, MD Edward Y. Woo, MD	
4:36 - 4:41	Major Complications After IVC Filter Placement And How To Avoid Them Clifford M. Sales, MD, MBA	
4:42 - 4:47	Difficult Caval Filter Retrieval: Tips And Tools Brian G. DeRubertis, MD	
4:48 - 4:53	What To Do With Fractured Filters And Embolic	

Filter Fragments Constantino Pena, MD

4:54 - 5:00	Which Bariatric Surgery Patients Benefit From Prophylactic Caval Filtration Nicholas J. Gargiulo III, MD, RPVI, RVT, RDMS
5:01 - 5:12	Panel Discussion End of Program L
PROGRAM M (SESSIONS 92-98) THE CHALLENGING WORLD OF THE DIAGNOSIS AND TREATMENT OF VASCULAR MALFORMATIONS: AN ORPHAN DISEASE THAT HAS NOW COME OF AGE Gramercy Suites East and West, 2nd Floor Course Leaders: Wayne F. Yakes, MD Krassi Ivancev, MD, PhD Robert L. Vogelzang, MD	
SESSION 92 (Gramercy Suites East and West, 2nd Floor) INTRODUCTION TO VASCULAR MALFORMATIONS Moderators: Krassi Ivancev, MD, PhD Furuzan Numan, MD	
6:45 - 6:50	Welcome Krassi Ivancev, MD, PhD
6:50 - 7:00	The ISSVA Vascular Anomalies Classification System <i>Leo J. Schultze-Kool, MD, PhD</i>
7:00 - 7:10	MR Imaging And MR Guided Treatment Techniques Of Congenital Vascular Malformations R. Sean Pakbaz, MD
7:10 - 7:20	Techniques And Considerations For Endovascular Access And Embolization Procedures In A Specialized Population: Neonates And Children James Donaldson, MD
7:20 - 7:30	The Yakes AVM Classification System And Its Therapeutic Implications In Challenging Cases Wayne F. Yakes, MD
HIGH FLO MANAGI	3 (Gramercy Suites East and West, 2nd Floor) OW VASCULAR MALFORMATION EMENT STRATEGIES :: Robert L. Vogelzang, MD Xin Dong Fan, MD Wayne F. Yakes, MD
7:30 — 7:40	Tips And Tricks For nBCA AVM Embolization: Long-Term Patient Outcomes And Complications: The Lenox Hill Heart & Vascular Institute of New York Experience Robert J. Rosen, MD
7:40 - 7:50	Current Interventional Endovascular Treatment Options For Vascular Malformations: The Miami Vascular Institute Experience Guilherme Dabus, MD
7:50 — 8:00	nBCA And Ethanol Endovascular Techniques Used For Complex AVM Treatment Strategies: The University of California at San Diego Medical Center Experience R. Sean Pakbaz, MD
8:00 - 8:10	Tips And Tricks Of Complex Peripheral AVM Endovascular Treatment With Onyx: The University of Istanbul Medical Center Experience Furuzan Numan, MD

8:10 - 8:20	Onyx AVM Embolotherapy: Detailed Histologic Evaluation Of Post-Op Resected Specimens: The University of Arkansas at Little Rock Experience <i>Mollie Meek, MD</i>	
8:20 — 8:30	Odyssey From Onyx To Ethanol In AVM Endovascular Treatment: The University of Warsaw Medical Center Experience Mikolaj Wojtaszek, MD, PhD	
8:30 - 8:40	Use Of A New AVM Classification System To Treat High-Flow Vascular Malformations At The University of Olomouc Medical Center: The Czech Experience Martin Köcher, MD	
8:40 - 8:50	Salvage Endovascular Procedures For Onyx AVM Treatment Failures: A Worldwide Experience Wayne F. Yakes, MD	
	DEBATE: PALLIATIVE POLYMERIZING AGENTS vs. CURATIVE ETHANOL/COILS APPROACHES: WHICH IS BEST	
8:50 - 8:55	The Best Management For AVMs Is Done With Polymerizing Agents (NBCA, Onyx) Furuzan Numan, MD	
8:55 - 9:00	The Best Management For AVMs Is Done With Polymerizing Agents (NBCA, Onyx) Robert J. Rosen, MD	
9:00 - 9:05	The Best Management For AVMs Is Done With Ethanol, And In Yakes Type I/IIIa/IIIb AVMs With Coils/Ethanol Robert L. Vogelzang, MD	
9:05 - 9:10	The Best Management For AVMs With Ethanol And/ Or Coils By SMC Classification Young Soo Do, MD, PhD	
9:10 - 9:20	Audience Questions For The Panel	
SESSION 94 (Gramercy Suites East and West, 2nd Floor) LOW FLOW VASCULAR MALFORMATION MANAGEMENT		
Moderators	: Mollie Meek, MD Leo J. Schultze Kool, MD, PhD Mikolaj Wojtaszek, MD, PhD	
9:20 - 9:30	Use Of Sotradecol, Foam, And Other Sclerosants: Long-Term Follow-Up And Complications In A Pediatric Population: The Ann & Robert H. Lurie Children's Hospital Experience In Chicago James Donaldson, MD	
9:30 - 9:40	Comparative Use Of Bleomycin And Ethanol In Low-Flow Vascular Malformations Treatment In Multiple Anatomies At The Ninth People's Hospital: The Shanghai Experience <i>Xindong Fan, MD</i>	
9:40 - 9:50	Techniques And Sclerosants For Venous And Lymphatic Malformation Treatment At The St. Radboud University Medical Center: The Dutch Experience Leo J. Schultze Kool, MD, PhD	
9:50 - 10:00	The Interventional Radiologist's Role In The Klippel- Trenaunay & Parkes – Weber Syndromes And Other Tissue Overgrowth Disorders: The Emory University Medical Center Experience Louis G. Martin, MD	

10:00 — 10:10	Complex Low-Flow Vascular Malformations And The Journal Reports Of Multiple Sclerosant Agents: A World In Endovascular Confusion And Chaos Wayne F. Yakes, MD	
10:10 — 10:30	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)	
SURGERY MANAGI	5 (Gramercy Suites East and West, 2nd Floor) (IN VASCULAR MALFORMATION EMENT :: Jai Wei Zheng, PhD Dong-ik Kim, MD	
10:30 — 10:40	Surgical Approaches To Vascular Malformation Management: Triumphs And Pitfalls Christopher J. Morin, MD	
10:40 — 10:50	Combined Endovascular And Surgical Management Strategies In Complex Vascular Malformation Treatment At The Samsung Medical Center: The Seoul Experience Dong-ik Kim, MD	
10:50 — 11:00	Reconstructive Surgical Issues With Complex Vascular Malformations Tanya M. Oswald, MD	
11:00 — 11:10	Surgical Strategies For Lymphatic Malformations At The Ninth People's Hospital: The Shanghai Experience Jai Wei Zheng, PhD	
11:10 — 11:20	Surgical Reconstructions And Patient Normalization Post-Endovascular Ablation Of Head & Neck Vascular Malformations Randolph C. Robinson, MD, DDS	
AVM CO YOU ARE LET US LI	6 (Gramercy Suites East and West, 2nd Floor) MPLICATIONS WE ALL ENCOUNTER - IF E DOING AVM CASES, THESE WILL OCCUR - EARN TOGETHER FOR OUR PATIENTS' SAKE :: Robert J. Rosen, MD Louis G. Martin, MD	
11:20 — 11:25	AVM Complications Case Presentation Krassi Ivancev, MD, PhD	
11:25 — 11:30	AVM Complications Case Presentation Robert J. Rosen, MD	
11:30 — 11:35	AVM Complications Case Presentation Robert L. Vogelzang, MD	
11:35 — 11:40	AVM Complications Case Presentation Louis G. Martin, MD	
SESSION 97 (Gramercy Suites East and West, 2nd Floor) HOW DO I DO THESE CASES RIGHT Moderators: Young Soo Do, MD, PhD Iris Baumgartner, MD		
11:40 — 11:45	How Do I Determine Where The Damn Nidus Is Robert L. Vogelzang, MD	
11:45 — 11:50	Upper Extremity And Hand AVMs: How I Do It Young Soo Do, MD, PhD	
11:50 — 11:55	How I Treat Plantar Foot AVMs Iris Baumgartner, MD	
11:55 — 12:00	How I Treat Pelvic AVMs Furuzan Numan, MD	

 Young Soo Do, MD, PhD 12:40 – 12:50 The Vascular Malformation International Road Show At The International Medical Center In Cairo And At The Medical University Hospital Of Lubin, Poland Krassi Ivancev, MD, PhD 12:50 – 1:00 Curative Treatment Of Challenging Scalp, Ear And Mandible AVMs At The Ninth People's Hospital: The Shanghai Experience Xin Dong Fan, MD 1:00 – 1:10 Complex AVM Endovascular Management 			
(2nd Floor) and Return to the Gramercy Suites for Luncheon Program. SESSION 98 (Gramercy Suites East and West, 2nd Floor) COMPLEX AVMs THAT PURPOSEFULLY CONFOUND US Moderators: R. Sean Pakbaz, MD Martin Köcher, MD Guilherme Dabus, MD 12:20 – 12:30 Curative Endovascular AVM Treatment Techniques Utilizing The Retrograde Vein Approach: The Northwestern Memorial Hospital Experience In Chicago Robert L. Vogelzang, MD 12:30 – 12:40 Complex AVM Curative Endovascular Treatment At The Samsung Medical Center: The Korean Experience Young Soo Do, MD, PhD 12:40 – 12:50 The Vascular Malformation International Road Show At The International Medical Center In Cairo And At The Medical University Hospital Of Lubin, Poland Krassi Ivancev, MD, PhD 12:50 – 1:00 Curative Treatment Of Challenging Scalp, Ear And Mandible AVMs At The Ninth People's Hospital: The Shanghai Experience Xin Dong Fan, MD 1:00 – 1:10 Complex AVM Endovascular Management Techniques: The University of Arkansas at Little Rock Experience Mollie Meek, MD 1:10 – 1:20 Endovascular Curative Treatment Strategies Of Patients With Multiple Complex AVMs: The Denver Experience Wayne F. Yakes, MD 1:20 – 1:30 Panel Discussion (All AVM Faculty)		12:00 — 12:10	
COMPLEX AVMs THAT PURPOSEFULLY CONFOUND US Moderators: R. Sean Pakbaz, MD		12:10 — 12:20	(2nd Floor) and Return to the Gramercy Suites for
Utilizing The Retrograde Vein Approach: The Northwestern Memorial Hospital Experience In Chicago Robert L. Vogelzang, MD 12:30 – 12:40 Complex AVM Curative Endovascular Treatment At The Samsung Medical Center: The Korean Experience Young Soo Do, MD, PhD 12:40 – 12:50 The Vascular Malformation International Road Show At The International Medical Center In Cairo And At The Medical University Hospital Of Lubin, Poland Krassi Ivancev, MD, PhD 12:50 – 1:00 Curative Treatment Of Challenging Scalp, Ear And Mandible AVMs At The Ninth People's Hospital: The Shanghai Experience Xin Dong Fan, MD 1:00 – 1:10 Complex AVM Endovascular Management Techniques: The University of Arkansas at Little Rock Experience Mollie Meek, MD 1:10 – 1:20 Endovascular Curative Treatment Strategies Of Patients With Multiple Complex AVMs: The Denver Experience Wayne F. Yakes, MD 1:20 – 1:30 Panel Discussion (All AVM Faculty)	COMPLEX AVMs THAT PURPOSEFULLY CONFOUND US Moderators: R. Sean Pakbaz, MD Martin Köcher, MD		
The Samsung Medical Center: The Korean Experience Young Soo Do, MD, PhD 12.40 – 12.50 The Vascular Malformation International Road Show At The International Medical Center In Cairo And At The Medical University Hospital Of Lubin, Poland Krassi Ivancev, MD, PhD 12.50 – 1:00 Curative Treatment Of Challenging Scalp, Ear And Mandible AVMs At The Ninth People's Hospital: The Shanghai Experience Xin Dong Fan, MD 1:00 – 1:10 Complex AVM Endovascular Management Techniques: The University of Arkansas at Little Rock Experience Mollie Meek, MD 1:10 – 1:20 Endovascular Curative Treatment Strategies Of Patients With Multiple Complex AVMs: The Denver Experience Wayne F. Yakes, MD 1:20 – 1:30 Panel Discussion (All AVM Faculty)		12:20 — 12:30	Utilizing The Retrograde Vein Approach: The Northwestern Memorial Hospital Experience In Chicago
At The International Medical Center In Cairo And At The Medical University Hospital Of Lubin, Poland Krassi Ivancev, MD, PhD 12.50 – 1:00 Curative Treatment Of Challenging Scalp, Ear And Mandible AVMs At The Ninth People's Hospital: The Shanghai Experience Xin Dong Fan, MD 1:00 – 1:10 Complex AVM Endovascular Management Techniques: The University of Arkansas at Little Rock Experience Mollie Meek, MD 1:10 – 1:20 Endovascular Curative Treatment Strategies Of Patients With Multiple Complex AVMs: The Denver Experience Wayne F. Yakes, MD 1:20 – 1:30 Panel Discussion (All AVM Faculty)		12:30 — 12:40	The Samsung Medical Center: The Korean Experience
Mandible AVMs At The Ninth People's Hospital: The Shanghai Experience Xin Dong Fan, MD 1:00 – 1:10 Complex AVM Endovascular Management Techniques: The University of Arkansas at Little Rock Experience Mollie Meek, MD 1:10 – 1:20 Endovascular Curative Treatment Strategies Of Patients With Multiple Complex AVMs: The Denver Experience Wayne F. Yakes, MD 1:20 – 1:30 Panel Discussion (All AVM Faculty)		12:40 — 12:50	At The International Medical Center In Cairo And At The Medical University Hospital Of Lubin, Poland
Techniques: The University of Arkansas at Little Rock Experience Mollie Meek, MD 1:10 – 1:20 Endovascular Curative Treatment Strategies Of Patients With Multiple Complex AVMs: The Denver Experience Wayne F. Yakes, MD 1:20 – 1:30 Panel Discussion (All AVM Faculty)		12:50 — 1:00	Mandible AVMs At The Ninth People's Hospital: The Shanghai Experience
Patients With Multiple Complex AVMs: The Denver Experience Wayne F. Yakes, MD 1:20 – 1:30 Panel Discussion (All AVM Faculty)		1:00 - 1:10	Techniques: The University of Arkansas at Little Rock Experience
		1:10 - 1:20	Patients With Multiple Complex AVMs: The Denver Experience
		1:20 - 1:30	•

SATURDAY, NOVEMBER 19, 2016

6:15 A.M. General Registration — 2nd Floor Promenade 6:15 A.M. Faculty Registration — Morgan Suite — 2nd Floor 6:30 A.M. Continental Breakfast — 3rd Floor Foyer/Promenade

CONCURRENT SATURDAY PROGRAMS

PROGRAM N: (SESSIONS 99-105)

New Developments In The Treatment Of Diseases Of The Lower Extremities, Carotid Arteries, The Aorta And Its Branches

6:46 A.M. - 4:16 P.M.

Grand Ballroom East, 3rd Floor

PROGRAM O: (SESSIONS 106-110)

New Developments In Vascular Access For Hemodialysis

8:00 A.M. - 4:00 P.M.

Grand Ballroom West, 3rd Floor Course Leaders: Larry A. Scher, MD

Anton N. Sidawy, MD, MPH

PROGRAM P: (SESSIONS 111-115)

New Developments In Treatment Of The Aorta, Carotid Arteries And Lower Extremity Arteries; Important Updates And New Concepts

6:50 A.M. - 2:00 P.M.

Trianon Ballroom, 3rd Floor

PROGRAM N (SESSIONS 99-105)

NEW DEVELOPMENTS IN THE TREATMENT OF DISEASES OF THE LOWER EXTREMITIES, CAROTID ARTERIES, THE AORTA AND ITS BRANCHES Grand Ballroom East, 3rd Floor

SESSION 99 (Grand Ballroom East, 3rd Floor)

NEW DEVELOPMENTS IN THE TREATMENT OF DISEASES OF THE LOWER EXTREMITIES

Moderators: Evan C. Lipsitz, MD Joseph L. Mills, MD

6:46 - 6:51	Why Patients Get Readmitted After Lower Extremity
	Procedures And How To Solve The Readmission
	Problem
	Todd R. Vogel, MD, MPH

6:52 – 6:57

12-Month Results Of Different Strategies For
Using The 4-French Pulsar-18 Self-Expandable Nitinol
Stent For Treatment Of Femoropopliteal Occlusive
Lesions: Do Supplemental DCBs Or Atherectomy
Improve Outcomes
Michael K.W. Lichtenberg, MD

6.58 – 7.03

Medicare Data Comparing Endovascular And Open Revascularizations For Peripheral Arterial Disease:
What New And Interesting Information Does It Provide K. Craig Kent, MD

7:04 - 7:09 What Are The Disadvantages And Limitations Of The Supera Stent

Gabriel Szendro, MD

7:10 - 7:15	The Wingman CTO Catheter: A New Innovative CTO Recanalization Device (From ReFlow Medical) For Crossing Long Difficult Occlusions: How It Works And Results Michael K. W. Lichtenberg, MD
7:16 - 7:21	Strategies For Treating Occluded Popliteal Arteries With No Trifurcation Outflow Endovascularly George H. Meier III, MD
7:22 - 7:27	Value Of An Implantable O2 Sensor In Treating Lower Extremity Disease: The Lumee Device And The Global Experience With It Miguel F. Montero-Baker, MD
7:28 - 7:34	Panel Discussion
Moderators	: Gregg S. Landis, MD K. Craig Kent, MD
7:34 - 7:39	Experience With A New BioMimics 3-Dimensional Helical Stent In Fempop Arteries: Why Is It Different And What Are Its Theoretical And Clilnical Advantages Michael K. W. Lichtenberg, MD Thomas Zeller, MD
	,
	DRUG ELUTING STENTS (DESs)
7:40 - 7:45	5-Year Experience With Coronary DESs In The Tibial And Peroneal Arteries Michael J. Wilderman, MD
	DRUG COATED BALLOONS (DCBs)
7:46 - 7:51	Comparative Performance Of DCBs In Women; And In Diabetics In The In.Pact SFA And Lutonix Trials Peter A. Schneider, MD
7:52 - 7:57	Value Of Pre-Clinical Studies Of DCBs: All DCBs Are Not Equal: How Can Performance Be Predicted: Will DCBs Ever Work Effectively In BTK Arteries Renu Virmani, MD
7:58 - 8:03	Differences And Similarities In All The DCB Registries And RCTs: All DCBs And All Studies Are Not Equal <i>Marianne Brodmann, MD</i>
8:04 - 8:09	What Is The Economic Impact Of DCBs On A Global Level: They Are Cost Effective Ulrich Beschorner, MD Thomas Zeller, MD
8:10 — 8:16	Panel Discussion
session 100 More Ho Extremi	0 (Grand Ballroom East, 3rd Floor) OT TOPICS IN TREATING LOWER TY DISEASE : Neal S. Cayne, MD K. Craig Kent, MD
8:16 - 8:21	The SVS WIFI Classification For CLI With Foot Wounds: How Is It Working Out And How Helpful Is It: Has It Been Validated Joseph L. Mills, MD
8:22 - 8:27	The SVS WIFI Classification Helps To Predict Wound Healing But Not Amputation In Diabetic Limb Salvage Patients
	Christopher J. Abularrage, MD

8:28 — 8:33	Should Complications Or Modes Of Failure Affect Our Choice Of Treatment (Endo vs. Open) With Complex Fempop Lesions Thomas E. Brothers, MD
8:34 - 8:39	Why Hybrid Revascularization For Complex Multifocal Lower Extremity Occlusive Disease Is A Better Way To Treat CLI Hosam F. El Sayed, MD
8:40 — 8:45	
8:46 — 8:51	Role Of Distal SFA Puncture For TASC D Lesions And Flush SFA Origin Occlusions: Techniques, Advantages And Results Aravinda Nanjundappa, MD
8:52 — 8:57	Efficacy Of Endovascular Treatment Of CLI In Hemodialysis Patients: What Are The Mid- And Long- Term Results Roberto Ferraresi, MD
8:58 - 9:04	Panel Discussion
9:04 - 9:16	
KEY NEV ARTERY [of (Grand Ballroom East, 3rd Floor) V DEVELOPMENTS IN TREATING CAROTID DISEASE Bruce J. Brener, MD Glenn Jacobowitz, MD
9:16 - 9:21	Risk Of Stroke Due To Restenosis After CAS And CEA: Data From The CREST Trial Fred A. Weaver, MD
9:22 - 9:27	Factors Predicting Progression Of Asymptomatic Carotid Stenosis Mark Conrad, MD, MMSc Richard P. Cambria, MD
9:28 - 9:33	Bleeding After CEA Is Not Increased In Patients On Plavix Provided Certain Strategies Are Followed Ashraf Mansour, MD
9:34 - 9:39	Equipment, Tips And Tricks To Perform CAS Via A Radial Approach Max Amor, MD
9:40 - 9:45	Clinical Results With The Gore PTFE Mesh Covered Carotid Stent For CAS: The SCAFFOLD Trial Claudio J. Schonholz, MD Peter A. Schneider, MD D. Christopher Metzger, MD
9:46 - 9:51	CAS For Restenosis After CEA Yields Imperfect Results: Open Repair With A PTFE Or Vein Graft Has Better Outcomes Francesco Spinelli, MD
9:52 - 9:57	Which Carotid Stenosis Patients Are Unsuitable For CAS: How Should They Be Treated Klaus D. Mathias, MD
9:58 -10:03	Value Of A Frailty Index In Patients Who Are Candidates For CEA Anton S. Sidawy, MD, MPH Richard F. Neville, MD
10:04 — 10:09	What Is The Association Between Physical Activity, Carotid Stenosis And Lower Extremity PAD Caron B. Rockman, MD

10:10 - 10:15Duplex Derived Carotid Bifurcation Geometry Is A Marker Of Carotid Stenosis: Implications For Treatment Athanasios D. Giannoukas, MSc, MD, PhD 10:16 - 10:24Panel Discussion SESSION 102 (Grand Ballroom East, 3rd Floor) MORE KEY TOPICS RELATING TO CAROTID, VERTEBRAL AND AORTIC BRANCH DISEASE Moderators: Klaus D. Mathias, MD Caron B. Rockman, MD CAROTID AND VERTEBRAL TOPICS Value Of EEG With Transcarotid CAS (TCAR) 10:24 - 10:29Vikram S. Kashyap, MD 10:30 - 10:35Long-Term Comparative Outcomes Of CAS For Post CEA Stenosis vs. CAS For De Novo Lesions Albeir Y. Mousa, MD 10.36 - 10.41What Constitutes Best Medical Treatment For Patients With Symptomatic And Asymptomatic Carotid Stenosis Kosmas I. Paraskevas, MD Dimitri P. Mikhailidis, PhD 10:42 - 10:47Redo CEA vs. Redo CAS For Recurrent Carotid Stenosis: What Is The Comparative Durability And Midterm Outcomes Mahmoud B. Malas, MD, MHS VERTEBRAL ARTERY DISEASE 10:48 - 10:53 Indications For And Tips And Tricks To Use With Vertebral Artery Interventions D. Christopher Metzger, MD 10:54 - 10:59Clinical Significance Of Duplex Detected Reversal Of Flow In A Vertebral Artery Thomas S. Maldonado, MD 11:00 - 11:05Positional Vertebro-Basilar Ischemia: How To Diagnose It And How To Treat It Enrique Criado, MD WITH CAROTID ANEURYSMS 11:06 - 11:11 Natural History And Optimal Treatment For Extracranial Carotid Aneurysms: From An International Registry Gert J. de Borst, MD 11:12 - 11:18Panel Discussion Moderators: Mark A. Adelman, MD Peter A. Schneider, MD RENAL AND VISCERAL ARTERY TOPICS 11:18 - 11:23 Update On Retrograde Superior Mesenteric Artery (SMA) Stenting During Laparotomy For Ischemic Bowel: How To Prepare For And Do The Procedure: Advantages And Results Richard J. Powell, MD 11:24 - 11:29Technique, Results And Complications Of Endovascular Treatment Of Hepatic Artery Stenosis After Liver Transplantation W. Charles Sternbergh III, MD

11:30 — 11:35	Update On The Value And Advantages Of Covered Stents For The Treatment Of SMA Occlusive Lesions Gustavo S. Oderich, MD
11:36 — 11:41	Endovascular Repair Of Renal And Visceral Artery Aneurysms: When Indicated, When Contraindicated: Techniques And Tips Michael D. Dake, MD
11:42 — 11:47	Natural History, Diagnosis And Treatment (When Indicated) Of Visceral Artery Dissections <i>Vivian Gahtan, MD</i>
11:48 — 11:53	Percutaneous Axillary Artery Access For Branch Grafting For Complex TAAAs And Pararenal AAAs: How To Do It Safely Daniela Branzan, MD Andrej Schmidt, MD Dierk Scheinert, MD
11:54 — 12:00	Panel Discussion
12:00 — 12:54	Lunch Break – 3rd Floor Foyer/Promenade Visit Exhibits And Pavilions (3rd Floor)
KEY NEW AORTIC [3 (Grand Ballroom East, 3rd Floor) / DEVELOPMENTS IN THE TREATMENT OF DISEASE : Mark K. Eskandari, MD Firas F. Mussa, MD
12:54 — 12:59	Does Avoiding Perioperative Hyperglycemia Decrease The Incidence Of Spinal Cord Ischemia After Endovascular TAAA Repair Jade S. Hiramoto, MD Timothy A.M. Chuter, DM
1:00 — 1:05	Minimally Invasive Segmental Artery Coil Embolization (MISACE) To Prevent Spinal Cord Ischemia Associated With TAAA Repairs: Technique And Initial Clinical Experience Daniela Branzan, MD Christian D. Etz, MD, PhD Dierk Scheinert, MD Andrej Schmidt, MD
1:06 - 1:11	Immediate And Two-Year Outcomes After EVAR In "On-Label" And "Off-Label" Neck Anatomies Using Different Commercially Available Devices Francesco Speziale, MD
1:12 - 1:17	Status Of The LEOPARD Trial Comparing EVAR With An Endograft Fixated On The Aortic Bifurcation (AFX, Endologix) With EVAR Done With Standard Endografts Christopher J. Kwolek, MD Benjamin W. Starnes, MD
1:18 - 1:23	Is It Worthwhile Transferring RAAA Patients To A Regional Center – Especially Patients With Complex RAAAs: Tips For Doing So Relatively Safely Michael P. Jenkins, MBBS, BSc, MS
1:24 - 1:29	When After EVAR Can Vigorous Surveillance Be Minimized: What Are The Advantages Of Doing So Frans L. Moll, MD, PhD
1:30 - 1:35	F/BEVAR To Salvage Failed Infrarenal Endo And Open AAA Repairs, And Why Is 3- Or 4- Fenestration FEVAR Better Than 2-Fenestration FEVAR Eric L.G. Verhoeven, MD, PhD Athanasios Katsargyris, MD

1:36 - 1:41	Techniques For Overcoming Hostile Access Vessels And Maintaining Distal Limb Perfusion During Complex AAA And TAAA Repairs Thomas Larzon, MD, PhD
1:42 - 1:48	
	s: Christopher J. Kwolek, MD ShenMing Wang, MD, PhD
1:48 - 1:53	Secondary Interventions After TEVAR: What Is The Source And Significance Of Type 2 Endoleaks: How To Prevent And Treat Them Mark K. Eskandari, MD
1:54 - 1:59	Pitfalls Of Upper Extremity Access For F/BEVAR And Parallel Grafts: How To Avoid These Pitfalls Luis A. Sanchez, MD
2:00 - 2:05	Developing A Program For Advanced Aortic Endovascular Interventions: How To Do It Rocco Giudice, MD
2:06 - 2:11	Open Repair Of TAAAs In Marfan's Syndrome Patients: Tips, Tricks And Results Germano Melissano, MD Roberto Chiesa, MD
2:12 - 2:17	Role Of Stent-Grafts In The Treatment Of Marfan's Syndrome Patients With Aortic Aneurysms <i>James H. Black III, MD</i>
2:18 - 2:23	How To Predict AAA Growth Rates With Ultrasound And Elastography Techniques Michael C. Stoner, MD
2:24 - 2:29	Endovascular Treatment Of Giant Renal Or Visceral Artery A-V Fistulas: Techniques, Tips, Tricks And Precautions Manju Kalra, MBBS
2:30 - 2:36	•
SESSION 104 (Grand Ballroom East, 3rd Floor) MORE KEY NEW DEVELOPMENTS IN THE TREATMENT OF AORTIC DISEASE	
Moderators	s: Luis A. Sanchez, MD Germano Melissano, MD
2:36 - 2:41	How Leaving A Catheter In The AAA Sac After EVAR Can Be Helpful: Angiography, Pressure Measurement, Embolization Of Thrombin-Gelfoam, Etc. All Can Have Value: Techniques And Results David H. Deaton, MD
2:42 - 2:47	Incidence Of Sac Enlargement After TEVAR For TAAs: What Factors Predict It And What Should Be Done About It Matt M. Thompson, MD
2:48 - 2:53	-
2:54 - 2:59	Choice Of Devices And Techniques For In Situ Left Subclavian Fenestration To Perform Branched TEVAR Repairs Wayne W. Zhang, MD
3:00 - 3:05	

William J. Quinones-Baldrich, MD

3:06 - 3:11	Comparative Analysis Of Open And Endo Repairs Of TAAAs: Which Technique Is Best And When <i>Piergiorgio Cao</i> , MD
3:12 - 3:17	Serious TBADs Are More Common Among Non-Caucasian Patients: What Are The Therapeutic Implications When A Patient Presents With A TBAD Robert S. Crawford, MD
3:18 - 3:23	
3:24 - 3:34	Panel Discussion Refreshments Available
MORE KE TREATME AND AOI	D5 (Grand Ballroom East, 3rd Floor) EY NEW DEVELOPMENTS IN THE ENT OF TRAUMATIC VASCULAR INJURIES RTIC DISEASE : Benjamin W. Starnes, MD Matt M. Thompson, MD
	TRAUMATIC AND IATROGENIC VASCULAR INJURIES
3:34 - 3:39	Catheter Based Treatment Of Traumatic And Iatrogenic Vascular Injuries: Tips And Tricks <i>Luis A. Sanchez, MD</i>
3:40 - 3:45	Optimal Management Techniques For Iatrogenic Injuries To The Subclavian And Carotid Arteries Ashraf Mansour, MD
3:46 - 3:51	Surgical And Endo Approaches To Vertebral Artery Injuries Domenico Valenti, DMChir, PhD
3:52 - 3:57	Vascular Injuries In Pediatric Patients: Tips And Tricks For Managing And Results Mark G. Davies, MD
	MORE ON AORTIC DISEASE
3:58 - 4:03	A Complex EVAR Experience In A Community Setting: The Good, The Bad And The Ugly Mazin Foteh, MD
4:04 - 4:09	Upward (Cranial) Migration Of Thoracic Endografts: Etiology And How To Prevent And Treat It Vicente Riambau, MD, PhD
4:10 - 4:16	Panel Discussion End of Program N
PROGRAM O (SESSIONS 106-110) IMPROVING OUTCOMES IN HEMODIALYSIS ACCESS Grand Ballroom West, 3rd Floor Course Leaders: Larry A. Scher, MD Anton N. Sidawy, MD, MPH	

8:00 - 8:07 Introduction
Anton N. Sidawy, MD, MPH
Larry A. Scher, MD

Moderators: Larry A. Scher, MD

SESSION 106 (Grand Ballroom West, 3rd Floor)
PLANNING FOR HEMODIALYSIS ACCESS

Anton N. Sidawy, MD, MPH

8:08 — 8:15	Strategies For Venous Preservation In Patients With CKD: Why Is This So Difficult Charmaine Lok, MD	
8:16 - 8:23	Practical Planning Of Dialysis Access: Does Arm Positioning On Dialysis Matter Eric S. Chemla, MD	
8:24 — 8:31	Use Of The UCLA/RAND Appropriateness Method To Standardize And Optimize Vascular Access Placement David L. Cull, MD	
8:32 - 8:39	Cannulation Mapping To Identify Optimal Access Sites: Should It Be Routine Surendra Shenoy, MD, PhD	
8:40 - 8:50	Panel Discussion	
8:51 - 8:58	Vascular Access Process Of Care: What Is It And How Does It Improve Outcomes <i>Janet Holland, RN</i>	
8:59 - 9:06	Vascular Access Training Across Disciplines: Defining And Measuring Competency In Vascular Access Marc H. Glickman, MD	
9:07 - 9:14	Use Of Bedside Ultrasound For Assessment And Cannulation Of Hemodialysis Access Sandra Donnelly, MDCM, MSc	
9:15 - 9:22	Use Of Simulators For Cannulation Training $David\ L.\ Cull,\ MD$	
9:23 - 9:35	Panel Discussion	
9:36 - 10:00	Break - Visit Exhibits And Pavilions (3rd Floor)	
SESSION 107 (Grand Ballroom West, 3rd Floor) OPTIMIZING OUTCOMES IN HEMODIALYSIS ACCESS		
	: David L. Cull, MD Marc H. Glickman, MD	
10:01 — 10:08	Who Are The Elderly And What Access Should They Have Clifford M. Sales, MD, MBA	
10:09 — 10:16	Is There A Role For Drug Eluting Balloons And Stents In Dialysis Access Theodore F. Saad, MD	
10:17 — 10:24	Should Stent Grafts Be First Line Therapy In Dialysis Access John E. Aruny, MD	
10:25 — 10:32	Can Iodinated Contrast Be Used Safely In Patients With Compromised Renal Function David Fox, MD, RPVI	
10:33 — 10:40	Outcome Assessment In Vascular Access Clinical Trials: Anatomic vs. Functional Endpoints <i>Sriram S. Iyer, MD</i>	
10:41 - 10:51	Panel Discussion	
10:52 — 10:59	Algorithms For Management Of Steal Syndrome Scott S. Berman, MD, MHA	
11:00 — 11:07	High Flow Arteriovenous Fistulas: When And How To Intervene <i>John R. Ross, Sr., MD</i>	
11:08 — 11:15	Management Of Life-Threatening Complications In The Outpatient Access Center Gregg A. Miller, MD	

	11:16 — 11:23	Cerebral Hypertension And Other Unintended Consequences Of Central Venous Catheters Haimanot (Monnie) Wasse, MD, MPH
	11:24 — 11:31	Management Of Dialysis Access Hemorrhage Theodore F. Saad, MD
	11:32 — 11:45	Panel Discussion
	11:45 — 12:30	Lunch Break – Visit Exhibits And Pavilions (3rd Floor Promenade)
POLITICA HEMODIA		8 (Grand Ballroom West, 3rd Floor) AL, ECONOMIC AND LEGAL ISSUES IN ALYSIS ACCESS : Larry A. Scher, MD John E. Aruny, MD
	12:30 — 12:40	Honored Guest Lecture: Historical Perspective On The Development Of The AV Fistula For Hemodialysis Access Michael J. Brescia, MD
	12:41 — 12:48	Quality Over Quantity: How ESRD Seamless Care Organizations (ESCOs) Will Drive Adoption Of Cost- Effective Therapies Jeffrey Y. Wang, MD
	12:49 — 12:56	Review Of Major Changes In Hemodialysis Access Coding Planned For 2017 Sean P. Roddy, MD
	12:57 — 1:04	Informed Consent For Vascular Access Surgery: What To Discuss And What To Document O. William Brown, MD, JD
	1:05 - 1:12	Health Economics And Cannulation Grafts Scott S. Berman, MD, MHA
	1:13 - 1:24	Panel Discussion
	PLANNIN	9 (Grand Ballroom West, 3rd Floor) NG FOR HEMODIALYSIS ACCESS : Theodore F. Saad, MD Maimanot (Monnie) Wasse, MD, MPH
	1:25 - 1:32	Innovation In Vascular Access: Where Are We Headed
	1:33 - 1:40	Jeffrey H. Lawson, MD, PhD Percutaneous Vascular Access: Results Of The NEAT Trial Charmaine Lok, MD
	1:41 - 1:48	What Is The Optimal Dialysis Catheter: Do Coatings And Tip Design Matter <i>John R. Ross, Sr., MD</i>
	1:49 — 1:56	Radial Artery Deviation And Reimplantation (RADAR) Inhibits Juxtaanastomotic Stenosis And Improves Fistula Patency Nirvana Sadaghianloo, MD
	1:57 - 2:04	Improving AV Fistula Outcomes: Pharmacologic Approaches Surendra Shenoy, MD, PhD
	2:05 - 2:12	Improving AV Fistula Outcomes: Mechanical Approaches Eric S. Chemla, MD
	2:13 - 2:24	Panel Discussion

SESSION 110 (Grand Ballroom West, 3rd Floor)
UPDATE ON CLINICAL ISSUES IN HEMODIALYSIS
ACCESS

0 C D

Moderators: Larry A. Scher, MD Anton N. Sidawy, MD, MPH

2:25 - 2:32	Forty Years Of Prosthetic Vascular Access For Hemodialysis: What Have We Learned And Where Are We Going Marc H. Glickman, MD
2:33 - 2:40	Assessment And Treatment Of Dialysis Access Aneurysms And Pseudoaneurysms: What Is The Risk Of Rupture Karl A. Illig, MD
2:41 - 2:48	Options For Dealing With The Deep Fistula: VWING vs. Liposuction vs. Superficialization Surendra Shenoy, MD, PhD
2:49 - 2:56	Treatment Of Dialysis Access Infections: Is There A Role For Cryopreserved Allograft Peter F. Lawrence, MD
2:57 - 3:04	The End Stage Of Dialysis Access: Femoral AV Graft vs. HeRO Virginia L. Wong, MD
3:05 - 3:16	Panel Discussion
3:17 - 3:24	Approaches To Central Venous Obstruction In Hemoaccess Patients

3.25 – 3.32 Matthew J. Dougherty, MD
Options For Early Access After AV Fistula Revision:
Avoiding Vascular Catheters

Christian Ochoa, MD

3.33 – 3.40 Maximizing Dialysis Performance With Disadvantaged Venous Anatomy Paul B. Kreienberg, MD

3.41 – 3.48 Incidence Of Complications Of Tunneled Dialysis Catheters: Is Fistula First Always The Best Strategy Alan M. Dietzek, MD, RPVI

3:49 – 4:00 Panel Discussion End of Program O

PROGRAM P (SESSIONS 111-115)

NEW DEVELOPMENTS IN TREATMENT OF DISEASES OF THE AORTA, CAROTID AND LOWER EXTREMITY ARTERIES; IMPORTANT UPDATES AND NEW CONCEPTS

Trianon Ballroom, 3rd Floor

SESSION 111 (Trianon Ballroom, 3rd Floor)

INTERESTING TOPICS RELATED TO THE AORTA, TAAAS AND TBADS AND THEIR TREATMENT

Moderators: Nicholas J.W. Cheshire, MD Gilbert R. Upchurch, MD

6:50 – 6:55 Endovascular Treatment Of A Ruptured AAA Using A Standard EVAR Device And A Nellix EVAS Device In The Same Patient: Lessons Learned Jan M.M. Heyligers, MD, PhD

6:56 – 7:01 Predictive Factors For Persistent Patent False Lumen And Aneurysm Formation After TEVAR For Uncomplicated TBAD
Richard G.J. Gibbs, FRCS

	7:02 - 7:07	Achilles Heel Of Treatment For TBADs: What Can Be Done To Fix The Problem
	7:08 - 7:13	Frank R. Arko, MD Value Of Duplex Surveillance With Parallel Grafts For Complex AAAs: What Can It Tell You And What To Look For
		Ross Milner, MD
	7:14 - 7:19	Management Of Type 1A Endoleaks After F/EVAR Is Not Easy: What Endo Strategies Can Work And When Is Open Treatment Necessary Michael J. Singh, MD
	7:20 - 7:25	Pitfalls And Tips And Tricks For Open Repair After Failed EVAR: When Is It Necessary Germano Melissano, MD Roberto Chiesa, MD
	7:26 - 7:31	Tips And Tricks To Perform Successful Bifurcated EVAR When The Distal Aorta Is Small (10-16 mm) And Possibly Heavily Calcified Gustavo S. Oderich, MD
	7:32 - 7:37	Tips And Technical Tricks For Open Retroperitoneal Approach To The Juxta- And Pararenal Aorta R. Clement Darling III, MD
	7:38 - 7:46	Panel Discussion
SESSION 112 (Trianon Ballroom, 3rd Floor) MORE INTERESTING TOPICS RELATED TO AORTIC DISEASES AND THEIR TREATMENT Moderators: R. Clement Darling III, MD Enrico Ascher, MD		
	7:46 - 7:51	Hybrid Procedures For Arch TAAs Are Effective And Durable At Least 5 Years: Are Fully Endo Approaches Equally Effective And Durable Colin D. Bicknell, MD
	7:52 — 7:57	What Can A Bench Model Teach Us About Optimizing Fenestration Alignment And How Can Balloons Outside The Main Endograft Facilitate Branch Alignment During F/BEVAR David J. Minion, MD
	7:58 - 8:03	Technique Of 2 Chimney (Renal) And 2 Sandwich (Visceral) Parallel Grafts For Supraceliac AAAs And TAAAs: They Can Produce Very Secure Repairs <i>James F. McKinsey, MD</i>
	8:04 - 8:09	Tips And Tricks To Make Chimney And Sandwich EVAR Work Well Edward Y. Woo, MD
	8:10 - 8:15	A New Thoracic Graft For TAAAs: A Double-Barred Configuration Decreases Aortic Coverage: Concept, Device And Early Results Piotr M. Kasprzak, MD
	8:16 — 8:21	Complex Techniques For Endoleak Treatment With Microcatheters And Transgluteal And Transcaval Approaches Michele Rossi, MD
	8:22 - 8:27	Tips, Tricks, Indications And Precautions For Transcaval Access To Treat Type 2 Endoleaks Edward Y. Woo, MD
	8:28 - 8:34	Panel Discussion

Moderators:	Timur P. Sarac, MD Edward Y. Woo, MD
8:34 - 8:39	AAA Screening Can Be Effective In Preventing Rupture, Decreasing Cost And Saving Lives Anders Wanhainen, MD, PhD
8:40 - 8:45	Does AAA Screening Save Lives: It Matters How The Numbers Are Interpreted <i>Frank A. Lederle, MD</i>
8:46 — 8:51	Modifiable Factors To Decrease Length Of Stay (LOS) And Improve Quality Of Care And Outcomes After EVAR Gilbert R. Upchurch, MD
8:52 — 8:57	Aortic Outflow Obstruction And Increased Percent Of Intraluminal Thrombus Predispose To AAA Rupture At A Smaller Size Gregory L. Moneta, MD
8:58 - 9:03	Variations In AAA Juxtarenal Landing Zones And Their Suitability For Various Commercial Endografts; Which Graft Is Best In Which Circumstances Jan D. Blankensteijn, MD Kak Khee Yeung, MD, PhD
9:04 - 9:09	Elective AAA Repair In Those Over 80 Years: EVAR Is Better Than Open Repair With Lower 30-Day And 1-Year Mortality: EVAR Is Clearly The Preferred Treatment In Octogenarians Mahmoud B. Malas, MD, MHS
9:10 - 9:15	Recent US National Trends In AAA Repair: Open And Total Repairs Are Decreasing; EVAR And F/BEVAR Are Increasing: What Are The Implications <i>Mark F. Fillinger, MD</i>
9:16 - 9:21	When With Aortoiliac Occlusive Disease Are Covered Stents Better Than Bare Stents Franco Grego, MD
9:22 - 9:34	Panel Discussion And Break Visit Exhibits And Pavilions (3rd Floor)
MORE IN DISEASES	(Trianon Ballroom, 3rd Floor) TERESTING TOPICS RELATED TO AORTIC AND THEIR TREATMENT Mark F. Fillinger, MD Jan D. Blankensteijn, MD
9:34 - 9:39	Complications Of F/BEVAR And How To Treat Them Endovascularly
9:40 - 9:45	Robert A. Morgan, MD Long-Term Cost Effectiveness Of EVAR vs. Open Repair: From The OVER Trial Frank A. Lederle, MD
9:46 - 9:51	Transcaval Embolization Of Endoleaks: Indications, Technique, Advantages And Precautions Tilo Kölbel, MD, PhD
9:52 - 9:57	New Endovascular Technique For Repairing Chronic TBAD Involving Branch Vessels Originating From The True And False Lumens Patrick W. Kelly, MD
9:58 - 10:03	Factors Predisposing To Retrograde Dissection During TEVAR And Endovascular Arch Repair: How Can It Be Prevented And How Is It Best Treated Ludovic Canaud, MD, PhD

10:04 – 10:09

Type 1A Leaks After EVAR: When Can They Safely Be Observed Without Treatment And When Is Banding, FEVAR, ChEVAR Or Open Conversion Indicated Jean-Pierre Becquemin, MD

10:10 – 10:16

Panel Discussion

SESSION 114 (Trianon Ballroom, 3rd Floor)
INTERESTING TOPICS RELATED TO DISEASES OF CAROTID AND LOWER EXTREMITY ARTERIES AN

CAROTID AND LOWER EXTREMITY ARTERIES AND THEIR TREATMENT
Moderators: Kenneth Ouriel, MD, MBA

Sean P. Lyden, MD CAROTID TOPICS

Mark G. Davies, MD

10:16 – 10:21 Biomechanics Of The Vulnerable Plaque: How Does Plaque Motion Matter
 Brajesh K. Lal, MD
 Tips And Techniques For Managing Carotid And Vertebral Dissections – Symptomatic And Asymptomatic

LOWER EXTREMITY TOPICS

10:28 – 10:33 Diagnosis And Treatment Of Closure Device Complications: Tips And Tricks For Preventing And Treating Jos C. van den Berg, MD, PhD
 10:34 – 10:39 How To Set Up A Limb Salvage Program That Works: Administrative, Clinical And Financial Issues That

Administrative, Clinical And Financial Issues That
Need To Be Resolved
Richard F. Neville, MD

Validation Of The Value Of Atherectomy In

Infrainguinal Occlusive Disease By Using The WIFI

Score Miguel F. Montero-Baker, MD

10:46 – 10:51

The Cost Of Improved Technology In The Lower Extremity: Does Increased Spending Correlate With Better Limb Salvage And Amputation-Free Survival: What Are The Implications

Philip P. Goodney, MD, MS

10:52 – 10:57 SPY Technology: What Is It, How Does It Work And How Can It Evaluate The Outcomes Of Lower Extremity Revascularizations

Wei Zhou, MD

10:58 – 11:03

How To Manage Acute Stent Thromboses During
Fempop Interventions: It Makes A Difference In The
Outcome

Yann Gouëffic, MD, PhD

11:04 – 11:12 Panel Discussion

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

11:12 – 11:17

How Can Duplex Ultrasonography Replace
Angiography, Improve Interventional Procedures In
The Lower Extremity And Decrease Radiation
Exposure To The Operator And Staff: What Is Needed
To Do It
Enrico Ascher, MD
Natalie A. Marks, MD, RPVI, RVT

11:18 — 11:23	Midterm Results With Drug Eluting Balloons For SFA Lesions In Patients With CLI: Comparison With Results Of Conventional Bypass Surgery Onur S. Goksel, MD		
11:24 — 11:29	Does Hyperbaric Oxygen Therapy Really Work For Ischemic Ulcers In Diabetics – Or Is It A Hoax: Results Of The Dutch 30-Center DAMOCLES Trial Katrien T.B. Santema, MD, MSc Dirk T. Ubbink, MD, PhD		
11:30 — 11:35	Next Generation Stent Systems For Non-Cardiac Arterial Occlusive Lesions: What Are They And What Are Their Prospects Brian G. DeRubertis, MD		
11:36 — 11:41	The Vasostat Device To Aid Hemostasis After Tibial, Pedal, Radial And Other Extremity Punctures: How It Works And Results Timothy W.I. Clark, MD		
11:42 — 11:47	Treatment Of CLI And Intermittent Claudication: National Data From Germany: What % Endo; What % Open: What Are The Implications Sebastian E. Debus, MD, PhD		
11:48 — 11:53	Post Revascularization Management After Interventions For CLI: It Is Critically Important And Must Be Done Right: Tips And Details To Do So Mehdi H. Shishehbor, DO, MPH, PhD		
11:54 — 12:00	Panel Discussion		
12:00 — 1:00	Lunch Break – 3rd Floor Foyer/Promenade Visit Exhibits And Pavilions (3rd Floor)		
SESSION 115 (Trianon Ballroom, 3rd Floor) IMPORTANT UPDATES AND NEW CONCEPTS AND LATE BREAKING RESULTS Moderators: Ali F. AbuRahma, MD Enrico Ascher, MD			
1:00 - 1:05	Use And Misuse Of Peri-Procedural Blood Transfusions In Vascular Patients: When And How Should They Be Used Peter Henke, MD		
1:06 - 1:11	Exodaban Plus Aspirin May Be Better Than Plavix (Clopidogrel) And Aspirin After Endovascular Interventions: How Should They Be Used Frans L. Moll, MD, PhD		
1:12 - 1:17	Value Of 3D Printing In Vascular Surgery Lieven F. Maene, MD		
1:18 - 1:23	iCAST $^{\text{TM}}$ Balloon Expandable Covered Stent For Iliac Artery Lesions: 3-Year Results From The ICARUS Multicenter Study <i>John R. Laird, MD</i>		
1:24 - 1:29	How Can A Cell Phone App Improve Surgical Care, Follow-Up And Quality Of Life: How Can We Get The App K. Craig Kent, MD		
1:30 - 1:35	Strategies And Methods To Achieve Smoking Cessation In Vascular Patients: How Effective Can They Be Philip P. Goodney, MD, MS		
1:36 - 1:41	Frailty Scores And Their Usefulness In Lower Extremity And AAA Procedures Mohammad H. Eslami, MD, RPVI		



1:42 - 1:47	Diagnosis And Treatment Of The Vascular	
	Complications Of ECMO (Extracorporeal Membrane	
	Oxygenation)	
	Cynthia K Shortell MD	

1:48 – 1:53 Value Of The Low Frequency Vascular Consortium: What Has It Studied And How Has It Helped In The Treatment Of Rare Vascular Diseases

Peter F. Lawrence, MD

1:54 - 2:00 Panel Discussion End of Program P

Please visit the Grand Ballroom East and/or West for more interesting VEITHsymposium topics.

VEITHSYMPOSIUM ON DEMAND

www.veithondemand.com





IDEAL FOR UPDATING THE CURRENT STATE-OF-THE-ART IN ALL ASPECTS OF VASCULAR SURGERY AND VASCULAR DISEASE MANAGEMENT.



This Library or Components thereof can be used as an Educational Resource or Teaching Tool.

For more information on how to obtain the VEITHsymposium
Online Library, please call 800-987-9314, ext. 300.



Anne L. Abbott, MD, PhD, FRACP

Melbourne, Australia

Dorothy B. Abel, BSBME Silver Spring, Maryland

Cherrie Z. Abraham, MD

Portland, Oregon

Steven D. Abramowitz, MD Washington, District of Columbia

Christopher J. Abularrage, MD

Baltimore, Maryland Ali F. AbuRahma, MD

Charleston, West Virginia

Charles W. Acher, MD Madison, Wisconsin

George L. Adams, MD

Raleigh, North Carolina and Chapel Hill, North Carolina

Joshua D. Adams, MD Charleston, South Carolina

Mark A. Adelman, MD

New York, New York

Sam S. Ahn, MD, FACS, MBA Los Angeles, California and Dallas, Texas

Francesco A. Aiello, MD

Worcester, Massachusetts

Eric Allaire, MD, PhD

Créteil, France

Jose I. Almeida, MD, RPVI, RVT, FACS Miami, Florida

Jean-Marc Alsac, MD, PhD Paris, France

Beatrice R. Amann-Vesti, MD

Zurich, Switzerland

Ali Amin, MD, RVT, FACS, FACC

Reading, Pennsylvania

Max Amor, MD

Essey-Lès-Nancy, France Gary M. Ansel, MD

Columbus, Ohio

Frank R. Arko, MD Charlotte, North Carolina

John E. Aruny, MD

New Haven, Connecticut

Enrico Ascher, MD

Brooklyn, New York

Afshin Assadian, MD

Vienna, Austria

Lambros Athanasiou, MD

Cambridge, Massachusetts

Hamdy Awad, MD

Upper Arlington, Ohio

Ali Azizzadeh, MD Houston, Texas

Nobuyoshi Azuma, MD

Asahikawa, Hokkaido, Japan



Domenico Baccellieri, MD

Milan, Italy

Martin R. Back, MD

Tampa, Florida

Christopher M. Banoub, MPA

New York, New York

Stephen M. Bauer, MD

Greenwich, Connecticut

Iris Baumgartner, MD Bern, Switzerland

Hernan Bazan, MD, FACS New Orleans, Louisiana

Jonathan D. Beard, ChM, MEd, FRCS

London, United Kingdom

Adam Beck, MD

Birmingham, Alabama

Jean-Pierre Becquemin, MD, FRCS

Créteil, France

Michael Belkin, MD Boston, Massachusetts

James F. Benenati, MD

, Miami, Florida

Jeffrey S. Berger, MD, MS, FAHA, FACC

New York, New York

Ramon Berguer, MD, PhD Ann Arbor, Michigan

Todd Berland, MD

New York, New York

Scott S. Berman, MD, MHA

Tucson, Arizona

Ulrich Beschorner, MD

Bad Krozingen, Germany

Giancarlo Biamino, MD, PhD Impruneta, Italy

Colin D. Bicknell, MD, FRCS

London, United Kingdom

Jean Bismuth, MD

Houston, Texas

Martin Björck, MD, PhD

Uppsala, Sweden

James H. Black III, MD

. Baltimore, Maryland Stephen A. Black, MD

London, United Kingdom

Jan D. Blankensteijn, MD

Amsterdam, The Netherlands John Blebea, MD, MBA

Tulsa, Oklahoma

Erwin Blessing, MD

Karlsbad, Germany Dittmar Böckler, MD

Heidelberg, Germany

Thomas C. Bower, MD

Rochester, Minnesota

Mr. Jonathan R. Boyle, MD, FRCS Cambridge, United Kingdom

Kursat A. Bozkurt, MD Istanbul, Turkey

Andrew W. Bradbury, MD, FRCSEd

Birmingham, United Kingdom

Daniela Branzan, MD

Leipzig, Germany Bruce J. Brener, MD

Livingston and Newark, New Jersey

Michael J. Brescia, MD

Bronx, New York

Marianne Brodmann, MD Austria, Europe

Thomas E. Brothers, MD

Charleston, South Carolina Thomas G. Brott, MD

Jacksonville, Florida

O. William Brown, MD, JD

Royal Oak, Michigan

Elchanan Bruckheimer, MBBS Petah-Tikva, Israel

Jan S. Brunkwall, MD, PhD

. Cologne, Germany

Clifford J. Buckley, MD Temple, Texas

Richard Bulbulia, MA, MD, FRCS

Oxford and Cheltenham, United Kingdom

Jacques Busquet, MD

Paris, France



Keith D. Calligaro, MD

Philadelphia, Pennsylvania

Richard P. Cambria, MD Boston, Massachusetts

Ludovic Canaud, MD, PhD

Montpellier, France

Piergiorgio Cao, MD, FRCS Rome, Italy

Laura Capoccia, MD, PhD Rome, Italy

Joseph A. Caprini, MD

Skokie, Illinois

Wayne J. Caputo, DPM

Belleville, New Jersey and New York, New York

Jeffrey P. Carpenter, MD

Camden, New Jersey

Tom Carrell, MD, MChir London, United Kingdom

Neal S. Cayne, MD New York, New York

Rabih A. Chaer, MD Pittsburgh, Pennsylvania

Elliot L. Chaikof, MD, PhD Boston, Massachusetts

Guangqi Chang, MD

Guangzhou, China

Sylvain Chastanet, MD

Monaco

Eric S. Chemla, MD

London, United Kingdom

Kenneth J. Cherry, MD

Charlottesville, Virginia Nicholas J.W. Cheshire, MD

London, United Kingdom

Laurent Chiche, MD

Paris, France

Roberto Chiesa, MD

Milano, Italy

Kyung Cho, MD

Ann Arbor, Michigan

Timothy A.M. Chuter, DM

San Francisco, California Daniel G. Clair, MD

Columbia, South Carolina

Timothy W.I. Clark, MD Philadelphia, Pennsylvania

Rachel E. Clough, MD, PhD

Lille, France

Dawn M. Coleman, MD

Ann Arbor, Michigan

Anthony J. Comerota, MD, FACS, FACC

Toledo, Ohio

Mark Conrad, MD, MMSc

Boston, Massachusetts Michael S. Conte, MD

San Francisco, California

Joseph S. Coselli, MD

Houston, Texas

Victor S. Costache, MD, PhD

Sibiu, Romania

D. Mark Courtney, MD

Chicago, Illinois

Hans M.E. Coveliers, MD, PhD, MBA

Amsterdam, The Netherlands

Robert S. Crawford, MD Baltimore, Maryland

Enrique Criado, MD, FACS

Midland, Michigan

Frank J. Criado, MD, FACS, FSVM

Baltimore, Maryland

Jack L. Cronenwett, MD Lebanon, New Hampshire

David L. Cull, MD, FACS

Greenville, South Carolina

Martin Czerny, MD

Freiburg, Germany

Guilherme Dabus, MD

Miami, Florida

Michael D. Dake, MD

Stanford, California Carlo A. Dall'Olmo, MD

Flint, Michigan

Ronald L. Dalman, MD Stanford, California

Alan Dardik, MD, PhD

New Haven, Connecticut

R. Clement Darling III, MD

Albany, New York

Alun H. Davies, MA, DM, DSc, FRCS, FHEA, FEBVS, FACPh

London, United Kingdom

Mark G. Davies, MD

San Antonio, Texas

Gert J. de Borst, MD Utrecht, The Netherlands

Rick De Graaf, MD, PhD

Maastricht, The Netherlands

Jean-Paul de Vries, MD, PhD

Nieuwegein, The Netherlands

David H. Deaton, MD, FACS

Crownsville, Maryland

Erik E. Debing, MD, PhD Brussels, Belgium

Sebastian E. Debus, MD, PhD

Hamburg, Germany

Amy R. Deipolyi, MD, PhD New York, New York

Koen Deloose, MD

Dendermonde, Belgium

Colin P. Derdeyn, MD

Iowa City, Iowa Brian G. DeRubertis, MD

Los Angeles, California

David J. Dexter, MD

Norfolk, Virginia

Alan M. Dietzek, MD, RPVI, FACS

Danbury, Connecticut

Ellen D. Dillavou, MD Durham, North Carolina

Young Soo Do, MD, PhD

Seoul, South Korea

James Donaldson, MD

Chicago, Illinois Carlos E. Donayre, MD

Orange, California

Sandra M. Donnelly, MDCM, MSc,

FRCP(C)

Greater Toronto Area, Canada Matthew J. Dougherty, MD

Philadelphia, Pennsylvania

Maciej L. Dryjski, MD, PhD

Buffalo, New York

Matthew J. Eagleton, MD Cleveland, Ohio

Hans-Henning Eckstein, MD, PhD

Munich, Germany

John F. Eidt, MD Dallas, Texas

Bo G. Eklof, MD, PhD

Helsingborg, Sweden

Hosam F. El Sayed, MD Columbus, Ohio

John A. Elefteriades, MD

New Haven, Connecticut Steve Elias, MD

Englewood, New Jersey

Jonathan L. Eliason, MD Ann Arbor, Michigan

Sharif H. Ellozy, MD New York, New York

Eric Elster, MD

Bethesda, Maryland

Michael Engelhardt, MD Ulm, Germany

Tod C. Engelhardt, MD

New Orleans, Louisiana

Ignacio Escotto, MD Mexico City, Mexico

Mark K. Eskandari, MD

Chicago, Illinois

Mohammad H. Eslami, MD, MPH

Pittsburgh, Pennsylvania

Anthony L. Estrera, MD

Houston, Texas

Christian D. Etz, MD, PhD

Leipzig, Germany



Dominique Fabre, MD

Le-Plessis Robinson, France

Gianluca Faggioli, MD

Bologna, Ital)

Ronald M. Fairman, MD

Philadelphia, Pennsylvania

Xindong Fan, MD Shanghai, China

Fabrizio Fanelli, MD, EBIR

Rome, Italy

Mark A. Farber, MD

Chapel Hill, North Carolina Peter L. Faries, MD, FACS

New York, New York

Jose Fernandes e Fernandes, MD, PhD, FRCS (Eng), FACS

Lisbon, Portugal

Roberto Ferraresi, MD

Bergamo, Italy

Marcelo Ferreira, MD

Rio de Janeiro, Brazil Mark F. Fillinger, MD

Lebanon, New Hampshire

Thomas L. Forbes, MD

Toronto, ON, Canada

Mazin Foteh, MD

Austin, Texas

Charles J. Fox, MD, FACS

Denver, Colorado

David Fox, MD, FACS, RPVI

New York, New York

Gustav Fraedrich, MD

Innsbruck, Austria

Ian J. Franklin, MS, FRCS (Gen Surg) London, United Kingdom

Weiguo Fu, MD Shanghai, China

Markus K. Furrer, MD

Chur, Switzerland

John H. Furtek, BS, RT(r)

Charleston, South Carolina

Paul J. Gagne, MD

Darien, Connecticut

Vivian Gahtan, MD

Syracuse, New York

Katherine A. Gallagher, MD

Ann Arbor, Michigan

Zsolt Garami, MD

Houston, Texas

Lawrence A. Garcia, MD

Boston, Massachusetts

Mark J. Garcia, MD

Wilmington, Delaware

Nicholas J. Gargiulo III, MD, RVT, RPVI, RDMS, FACS

New York, New York

Jean Luc Gerard, MD

Créteil, France

Brian B. Ghoshhajra, MD, MBA

Boston, Massachusetts

Gary Giangola, MD New York, New York

Athanasios D. Giannoukas, MSc, MD, PhD, FEBVS

Larissa, Greece

Richard G.J. Gibbs, FRCS London, United Kingdom

Kathleen D. Gibson, MD

Bellevue, Washington

Joseph S. Giglia, MD

Cincinnati, Ohio

Allison H. Giles, RN, JD Washington, District of Columbia

David L. Gillespie, MD

Fall River, Massachusetts

Rocco Giudice, MD Rome, Italy

Marc H. Glickman, MD

Norfolk, Virginia

Peter Gloviczki, MD

Rochester, Minnesota

Manj S. Gohel, MD, FRCS, FEBVS

Cambridge, United Kingdom

Onur S. Goksel, MD Istanbul, Turkey

Jerry Goldstone, MD, FACS, FRCSEd

Cleveland, Ohio and Stanford, California

Philip P. Goodney, MD, MS Lebanon, New Hampshire

Yann Gouëffic, MD, PhD

Nantes, France

Peter C.J. Goverde, MD

Antwerp, Belgium William A. Gray, MD

Philadelphia, Pennsylvania

Roger M. Greenhalgh, MD London, United Kingdom

Franco Grego, MD

Padua, Italy

Marcelo Guimaraes, MD, FSIR Charleston, South Carolina

Wei Guo, MD

Beijing, China



Georges M. Haidar, MD

San Antonio, Texas

John (Jeb) W. Hallett, MD Charleston, South Carolina

Olivier Hartung, MD

Marseille, France

Stephan Haulon, MD Lille, France

Peter Henke, MD

Ann Arbor, Michigan

Jan M.M. Heyligers, MD, PhD, FEBVS Tilburg, The Netherlands

Anil P. Hingorani, MD

Brooklyn, New York

Jade S. Hiramoto, MD San Francisco, California

Kim J. Hodgson, MD

Springfield, Illinois Andrew Holden, MBChB

Auckland, New Zealand

Janet Holland, RN Minneapolis, Minnesota

Larry H. Hollier, MD New Orleans, Louisiana

L. Nelson Hopkins, MD

Buffalo, New York

Tal M. Hörer, MD, PhD

Örebro, Sweden

Emmanuel M. Houdart, MD Paris, France

Karl A. Illig, MD

Tampa, Florida

Luigi Inglese, MD

Torino, Italy

Krassi Ivancev, MD, PhD

Hamburg, Germany

Sriram S. Iyer, MD, FACC New York, New York



Benjamin M. Jackson, MD

Philadelphia, Pennsylvania

Glenn Jacobowitz, MD

New York, New York

Donald L. Jacobs, MD St. Louis, Missouri

Michael J. Jacobs, MD

Maastricht, The Netherlands Michael R. Jaff, DO

Boston, Massachusetts

Krishna Jain, MD

Kalamazoo, Michigan

Mr. Michael P. Jenkins, MBBS, BSc, MS, FRCS, FEBVS

London, United Kingdom

James W. Jones, MD, PhD, MHA

Houston, Texas

William D. Jordan, Jr., MD

Atlanta, Georgia



Lowell S. Kabnick, MD, RPhS, FACS, **FACPh**

New York, New York

Manju Kalra, MBBS

Rochester, Minnesota

Vikram S. Kashyap, MD Cleveland, Ohio

Karthikeshwar Kasirajan, MD

Alamo, California

Piotr M. Kasprzak, MD Regensburg, Germany

Konstantinos Katsanos, MSc, MD,

PhD, EBIR

London, United Kingdom

Athanasios Katsargyris, MD

Nuremberg, Germany

Barry T. Katzen, MD Miami, Florida

Patrick W. Kelly, MD Sioux Falls, South Dakota

K. Craig Kent, MD

Madison, Wisconsin

Sohail Khan, MD Covington, Louisiana

Neil M. Khilnani, MD

New York, New York

Ali Khoynezhad, MD, PhD

Los Angeles, California Dong-ik Kim, MD, PhD

Seoul, South Korea

Lars R. Kock, MD

Hamburg, Germany

Martin Köcher, MD Olomouc, Czech Republic

Tilo Kölbel, MD, PhD

Hamburg, Germany

Raghu Kolluri, MD Columbus, Ohio

Ralf R. Kolvenbach, MD

Duesseldorf, Germany

Kimihiro Komori, MD, PhD Nagova, Iapan

Dietmar H. Koschyk, MD

Hamburg, Germany

Zvonimir Krajcer, MD, FACC Houston, Texas

Paul B. Kreienberg, MD

Albany, New York

Timothy F. Kresowik, MD

Iowa City, Iowa

Dainis K. Krievins, MD

Riga, Latvia

Boonprasit Kritpracha, MD

Hat Yai, Songkhla, Thailand

Steven Kum, MD

Singapore

Toru Kuratani, MD, PhD

Osaka, Japan

Christopher J. Kwolek, MD

Boston, Massachusetts



Nicos Labropoulos, BSc (Med) PhD, DIC, RVT

Stony Brook, New York

Mario L. Lachat, MD Zurich, Switzerland

John R. Laird, MD

Sacramento, California

Brajesh K. Lal, MD *Baltimore, Maryland*

Johannes Lammer, MD

⁷ienna, Austria Glenn M. LaMuraglia, MD

Boston, Massachusetts

Gregg S. Landis, MD

New Hyde Park, New York

Werner Lang, MD Erlangen, Germany

Kamphol Laohapensang, MD

Chiang Mai, Thailand

Thomas Larzon, MD, PhD

Örebro, Sweden

Peter F. Lawrence, MD Los Angeles, California

Jeffrey H. Lawson, MD, PhD Durham, North Carolina

Frank A. Lederle, MD

Minneapolis, Minnesota

W. Anthony Lee, MD Boca Raton, Florida

Byung-Boong Lee, MD Washington, District of Columbia

Jason T. Lee, MD

Stanford, California

Luis R. Leon, MD, RVT, FACS Tucson, Arizona

Christos D. Liapis, MD Athens, Greece

Michael K.W. Lichtenberg, MD

Arnsberg, Germany

Timothy K. Liem, MD, MBA Portland, Oregon

Francesco Liistro, MD

Arezzo, Italy Jes S. Lindholt, MD

Odense, Denmark

Evan C. Lipsitz, MD New York, New York

Krister C.B. Liungman, PhD Uppsala, Sweden

EACULTY

Armando C. Lobato, MD, PhD

São Paulo, Brazil

Melvin D. Lobo, MBChB, PhD, FRCP, FBHS, FESC

London, United Kingdom

Ian Loftus, MD

London, United Kingdom

Joann Lohr, MD Cincinnati, Ohio

Charmaine Lok, MD

Toronto, Canada

Joseph V. Lombardi, MD

Camden, New Jersey

Lars B. Lonn, MD, PhD Copenhagen, Denmark

Robert A. Lookstein, MD, FSIR, FAHA

New York, New York

Qingsheng Lu, MD

Shanghai, China Marzia Lugli, MD

Modena, Italy

Joanelle Z. Lugo, MD

New York, New York

Alan B. Lumsden, MD, FACS

Houston, Texas

Fedor Lurie, MD, PhD

Toledo, Ohio

Sean P. Lyden, MD

Cleveland, Ohio

Sumaira Macdonald, MBChB

(Comm), FRCP, FRCR, PhD

Sunnyvale, California

Lindsay Machan, MD Vancouver, British Columbia, Canada

Edward G. Mackay, MD

St. Petersburg, Florida Robyn A. Macsata, MD

Washington, District of Columbia

Lieven F. Maene, MD

Aalst, Belgium

Ehtisham Mahmud, MD

San Diego, California

Michel Makaroun, MD

Pittsburgh, Pennsylvania Mahmoud B. Malas, MD, MHS

Baltimore, Maryland

Thomas S. Maldonado, MD

New York, New York

Oscar Maleti, MD

Modena, Italy

Martin Malina, MD, PhD London, United Kingdom

Nicola Mangialardi, MD

Rome, Italy

Armando Mansilha, MD, PhD, FEBVS

Porto, Portugal

Ashraf Mansour, MD Grand Rapids, Michigan

Marco G. Manzi, MD

Abano Terme, Italy

Michael L. Marin, MD

New York, New York

Natalie A. Marks, MD, RPVI, RVT, **FSVM**

Brooklyn, New York

William A. Marston, MD

Chapel Hill, North Carolina

Louis G. Martin, MD

Atlanta, Georgia

Elna M. Masuda, MD

Honolulu, Hawaii

Klaus D. Mathias, MD

Hamburg, Germany

Jon S. Matsumura, MD

Madison, Wisconsin

Jerry Matteo, MD Jacksonville, Florida

James May, MD, MS, FRACS, FACS

Svdnev, Australia

James F. McKinsey, MD New York, New York

Robert B. McLafferty, MD

Portland, Oregon

Thomas O. McNamara, MD

Los Angeles, California

Mollie Meek, MD

Little Rock, Arkansas

Barend M.E. Mees, MD, PhD

Maastricht, The Netherlands

Roxana Mehran, MD New York, New York

Manish Mehta, MD, MPH

Queensbury, New York

George H. Meier III, MD

Cincinnati, Ohio

Mark H. Meissner, MD

Seattle, Washington

Germano Melissano, MD

Milano, Italy

Matthew W. Mell, MD, MS

Stanford, California

Matthew T. Menard, MD

Boston, Massachusetts

Geno J. Merli, MD, MACP, FHM, FSVM

Philadelphia, Pennsylvania D. Christopher Metzger, MD

Kingsport, Tennessee

Claude Mialhe, MD

Monaco Charles C. Miller, PhD

Houston, Texas Gregg A. Miller, MD

Brooklyn, New York

Joseph L. Mills, MD

Houston, Texas

Ross Milner, MD Chicago, Illinois

David J. Minion, MD

Lexington, Kentucky Bijan Modarai, PhD, FRCS

London, United Kingdom

Irwin V. Mohan, MBBS, MD, FRCS,

FEBVS, FRACS

Sydney, Australia

Frans L. Moll, MD, PhD Utrecht, The Netherlands

Gregory L. Moneta, MD

Portland, Oregon

Samuel R. Money, MD, MBA

Scottsdale, Arizona

Miguel F. Montero-Baker, MD Houston, Texas

Wesley S. Moore, MD

Los Angeles, California

Mark D. Morasch, MD, FACS, RPVI

Billings, Montana

Robert A. Morgan, MD London, United Kingdom

Christopher J. Morin, MD

Denver, Colorado

Lee M. Morin, MD, PhD Houston, Texas

Albeir Y. Mousa, MD

Charleston, West Virginia

Patrick E. Muck, MD, FACS Cincinnati, Ohio

Bart E. Muhs, MD, PhD

Middletown, Connecticut

Dipankar Mukherjee, MD

Falls Church, Virginia

Stefan Müller-Hülsbeck, MD Flensburg, Germany

Erin H. Murphy, MD

Jackson, Mississippi

David Murray, FRCS Manchester, United Kingdom

Piotr Musialek, MD, DPhil

Krakow, Poland Firas F. Mussa, MD

New York, New York

Jihad A. Mustapha, MD

Wyoming, Michigan

Pramook Mutirangura, FRCS (Edinburgh)

Bangkok, Thailand



Aravinda Nanjundappa, MD

Charleston, West Virginia

Ross Naylor, MD, FRCS

Leicester, United Kingdom

Richard F. Neville, MD

Fairfax, Virginia

Andrew N. Nicolaides, MS, FRCS Nicosia, Cyprus

Christoph A. Nienaber, MD, PhD

London, United Kingdom

Sigrid Nikol, MD

Hamburg, Germany Samy S. Nitecki, MD

Haifa, Israel

Katariina M. Noronen, MD

Helsinki, Finland

Furuzan Numan, MD

Istanbul, Turkey



Thomas F. O'Donnell, Jr., MD

Boston, Massachusetts

Gerard J. O'Sullivan, MD

Galway, Ireland

Christian Ochoa, MD

Los Angeles, California

Gustavo S. Oderich, MD FACS

Rochester, Minnesota

Tanya M. Oswald, MD

Denver, Colorado

Kenneth Ouriel, MD, MBA New York, New York

Klaus M. Overbeck, MD, MPhil Sunderland, United Kingdom



H. Leon Pachter, MD

New York, New York

R. Sean Pakbaz, MD

San Diego, California

Jean M. Panneton, MD

. Norfolk, Virginia

Rajiv Parakh, MBBS, MS, FRCS Gurgaon, India

Kosmas I. Paraskevas, MD

Southampton, United Kingdom

Juan C. Parodi, MD

Buenos Aires, Argentina

Marc A. Passman, MD

Birmingham, Alabama

Patrick Peeters, MD

Bonheiden, Belgium

Constantino Pena, MD Miami, Florida

Bruce A. Perler, MD, MBA

Baltimore, Maryland

Paul Pittaluga, MD Monaco

Don Poldermans, MD

Spijkenisse, The Netherlands

Janet T. Powell, MD, PhD

. London, United Kingdom

Richard J. Powell, MD

Lebanon, New Hampshire

Giovanni Pratesi, MD

Rome, Italy

Hillel Presser, Esq., MBA

Boca Raton, Florida

Ourania Preventza, MD Houston, Texas

Enrique Puras, MD

Madrid, Spain



William J. Quinones-Baldrich, MD

Los Angeles, California



Joseph D. Raffetto, MD

West Roxbury, Massachusetts

Seshadri Raju, MD

Jackson, Mississippi

Venkatesh G. Ramaiah, MD

Phoenix, Arizona

Zoran Rancic, MD, PhD Zurich, Switzerland

Richard J. Rapoza, PhD

Santa Clara, Ĉalifornia

Hisham Rashid, FRCS, FRCS (Gen)

London, United Kingdom

Todd E. Rasmussen, MD, FACS Fort Detrick, Maryland

Michael J. Reardon, MD

Houston, Texas

John E. Rectenwald, MD, MS Dallas, Texas

Donald B. Reid, MD

Wishaw, Scotland

Michel M.P. Reijnen, MD, PhD Arnhem, The Netherlands

Bernhard Reimers, MD

Rozzano-Milan, Italy

Erno Remsey-Semmelweis, MD

Marburg, Germany

Timothy A. Resch, MD, PhD *Malmö, Sweden*

Vicente Riambau, MD, PhD

Barcelona, Spain

Jean-Baptiste Ricco, MD, PhD

Poitiers, France

Norman M. Rich, MD, FACS, DMCC Bethesda, Maryland

Götz M. Richter, MD, PhD

Stuttgart, Germany Joseph J. Ricotta II, MD, MS

Atlanta, Georgia

Celia Riga, BSc, MBBS, MD, FRCS London, United Kingdom

Thomas S. Riles, MD

New York, New York

Randolph C. Robinson, MD, DDS Denver, Colorado

Krishna J. Rocha-Singh, MD

Springfield, Illinois

Caron B. Rockman, MD New York, New York

Sean P. Roddy, MD

Albany, New York

Sonia Ronchey, MD, PhD Rome, Italy

Eric E. Roselli, MD

Cleveland, Ohio

Robert J. Rosen, MD New York, New York

Melvin Rosenblatt, MD

Fairfield, Connecticut

Kenneth Rosenfield, MD

Boston, Massachusetts

David Rosenthal, MD Atlanta, Georgia

Rachel Rosovsky, MD, MPH

Boston, Massachusetts

John R. Ross, Sr., MD

Orangeburg, South Carolina

Michele Rossi, MD

Rome, Italy

Plinio Rossi, MD

Rome, Italy

Maria Antonella Ruffino, MD, EBIR Torino, Italy

John H. Rundback, MD, FSIR, FAHA

Teaneck, New Jersey



Theodore F. Saad, MD

Newark, Delaware

Nirvana Sadaghianloo, MD

Nice, France

Mikel Sadek, MD

New York, New York

Hazim J. Safi, MD Houston, Texas

Yoshikatsu Saiki, MD, PhD

Sendai, Japan

Natzi Sakalihasan, MD, PhD

Sart Tilman, Liege, Belgium

Clifford M. Sales, MD, MBA, FACS

Summit, New Jersey

Russell H. Samson, MD, RVT, FACS

Sarasota, Florida

Luis A. Sanchez, MD St. Louis, Missouri

Katrien T.B. Santema, MD, MSc

Amsterdam, The Netherlands

Timur P. Sarac, MD

New Haven, Connecticut

Andres Schanzer, MD

Worcester, Massachusetts Dierk Scheinert, MD

Leipzig, Germany

Larry A. Scher, MD Bronx, New York

Marc L. Schermerhorn, MD

Boston, Massachusetts Andrej Schmidt, MD

Leipzig, Germany

Darren B. Schneider, MD lew York, New York

Peter A. Schneider, MD

Honolulu, Hawaii

Claudio J. Schonholz, MD

Charleston, South Carolina

Martin L. Schulman, MD

Manhasset, New York Leo Schultze Kool, MD, PhD

Nijmegen, The Netherlands

Israel Schur, MD

New York, New York

Geert Willem H. Schurink, MD, PhD

Maastricht, The Netherlands

Bernard J. Segers, MD

Brussels, Belgium Carlo Setacci, MD

Siena, Italy

Francesco Setacci, MD

Monastier (TV), Italy

Julien G. Sfeir, MD

Beirut, Lebanon

Murray L. Shames, MD Tampa, Florida

Palma M. Shaw, MD Syracuse, New York

Surendra Shenoy, MD, PhD

St. Louis, Missour

Chun Che Shih, MD, PhD

Taipei, Taiwan

Mehdi H. Shishehbor, DO, MPH, PhD

Cleveland, Ohio

Cynthia K. Shortell, MD

Durham, North Carolina

Chang Shu, MD

Beijing, China & ChangSha, Hunan Province, China

Anton N. Sidawy, MD, MPH

Washington, District of Columbia

Horst Sievert, MD Frankfurt, Germany

Henrik Sillesen, MD, DMSc

Copenhagen, Denmark

Michael B. Silva, Jr., MD

Galveston, Texas

Michael J. Singh, MD

Pittsburgh, Pennsylvania

Niten Singh, MD

Seattle, Washington

Tej M. Singh, MD, MBA

Mountain View, California

Akhilesh K. Sista, MD New York, New York

Björn Sonesson, MD, PhD

Malmö, Sweden

J. David Spence, MD

London, Canada

Francesco Speziale, MD Rome, Italy

Francesco Spinelli, MD Rome, Italy

Alejandro M. Spiotta, MD

Charleston, South Carolina Divya Sridhar, MD

New York, New York

James C. Stanley, MD

Ann Arbor, Michigan Benjamin W. Starnes, MD

Seattle, Washington

Andrea Stella, MD

Bologna, Italy

W. Charles Sternbergh III, MD

New Orleans, Louisiana

Johnny Steuer, MD, PhD Stockholm, Sweden

Scott L. Stevens, MD

Knoxville, Tennessee

Allan Stewart, MD New York, New York

Gregg W. Stone, MD

York, New York

Patrick A. Stone, MD

Charleston, West Virginia

Michael C. Stoner, MD Rochester, New York

Timothy M. Sullivan, MD Minneapolis, Minnesota

Sherif A.H. Sultan, MD, FRCS,

EBQS-VASC

Galway, Ireland

Bauer E. Sumpio, MD, PhD

New Haven, Connecticut

Lars G. Svensson, MD, PhD Cleveland, Ohio

Gabriel Szendro, MD

Beer Sheva, Israel Piotr Szopinski, MD

Warsaw, Poland

Apostolos K. Tassiopoulos, MD

Stony Brook, New York

Gunnar Tepe, MD Rosenheim, Germany

Fabien Thaveau, MD, PhD

Strasbourg, France

Matt M. Thompson, MD London, United Kingdom

Robert W. Thompson, MD

St. Louis, Missouri

Carlos H. Timaran, MD

Dallas, Texas

Giovanni Torsello, MD Münster, Germany

Santi Trimarchi, MD, PhD

San Donato Milanese, Italy Magdiel Trinidad Vasquez, MD

Guadalajara Jalisco, Mexico

Ramesh K. Tripathi, MD, FRCS, FRACS

Bangalore, India



Dirk T. Ubbink, MD, PhD

Amsterdam, The Netherlands

Gilbert R. Upchurch, MD

Charlottesville, Virginia



Claude D. Vaislic, MD

Le Chesnay, France

Domenico Valenti, DMChir, PhD, FRCS, FRCS(Ed), FEBVS

London, United Kingdom

Raghuveer Vallabhaneni, MD

Chapel Hill, North Carolina

S. Rao Vallabhaneni, MD, FRCS

Liverpool, United Kingdom

Jos C. van den Berg, MD, PhD

Lugano, Switzerland

Isabelle van Herzeele, MD, PhD

Ghent, Belgium

Marc R.H.M. van Sambeek, MD, PhD

Eindhoven, The Netherlands

Ramon L. Varcoe, MS, PhD, FRACS

Sydney, Australia

Suresh Vedantham, MD St. Louis, Missouri

Frank J. Veith, MD

Cleveland, Ohio and New York, New York

Maarit Venermo, MD, PhD

Helsinki, Finland

Hence J.M. Verhagen, MD, PhD Rotterdam, The Netherlands

Eric L.G. Verhoeven, MD, PhD

Nuremberg, Germany

Frank E.G. Vermassen, MD, PhD

Ghent, Belgium

Fabio Verzini, MD, PhD

Perugia, Italy

Renu Virmani, MD

Washington, District of Columbia

Todd R. Vogel, MD, MPH

Columbia, Missouri

Robert L. Vogelzang, MD Chicago, Illinois



Thomas W. Wakefield, MD

Ann Arbor, Michigan

Ron Waksman, MD

Washington, District of Columbia

Craig M. Walker, MD

Houma, Louisiana

Jeffrey Y. Wang, MD *Rockville, Maryland*

ShenMing Wang, MD, PhD Guangzhou, China

Anders Wanhainen, MD, PhD

Uppsala, Sweden

Haimanot (Monnie) Wasse, MD, MPH,

Chicago, Illinois

Fred A. Weaver, MD

Los Angeles, California

Ido Weinberg, MD, MSc

Boston, Massachusetts

Mitchell D. Weinberg, MD Manhasset, New York

and New York, New York

Harold J. Welch, MD

Boston, Massachusetts

Grayson H. Wheatley, MD

Philadelphia, Pennsylvania

Rodney A. White, MD Los Angeles, California

Mark S. Whiteley, MS, FRCS

Guildford, United Kingdom

Mark H. Wholey, MD

Pittsburgh, Pennsylvania

Michael H. Wholey, MD, MBA

San Antonio, Texas

Arno M. Wiersema, MD, PhD Amsterdam, The Netherlands

Michael J. Wilderman, MD

Hackensack, New Jersey

David M. Williams, MD

Ann Arbor, Michigan

Willem Wisselink, MD Amsterdam, The Netherlands

Cees H.A. Wittens, MD, PhD Maastricht, The Netherlands

Mikolaj Wojtaszek, MD, PhD

Warsaw, Poland

Virginia L. Wong, MD

Cleveland, Ohio

Edward Y. Woo, MD Washington, District of Columbia

I-Hui Wu, MD, PhD

Taipei, Taiwan

Mr. Michael G. Wyatt, MD

Newcastle upon Tyne, United Kingdom



Wayne F. Yakes, MD

Englewood, Colorado

Kak Khee Yeung, MD, PhD Amsterdam, The Netherlands

Hiroyoshi Yokoi, MD Fukuoka, Japan

Yoshihiko Yokoi, MD

Tokyo, Japan



Paolo Zamboni, MD

Ferrara, Italy

Christopher K. Zarins, MD Stanford, California

Clark J. Zeebregts, MD, PhD

Groningen, The Netherlands

Max Zegelman, MD

Frankfurt, Germany

Sebastian Zerwes, MD

Augsburg, Germany Wayne W. Zhang, MD

Shreveport, Louisiana

Jia Wei Zheng, PhD Shanghai, China

Wei Zhou, MD Stanford, California

Robert M. Zwolak, MD, PhD Lebanon, New Hampshire

REGISTRATION



Tuesday, November 15 - Saturday, November 19, 2016

NEW YORK HILTON - MIDTOWN 1335 Avenue Of The Americas | New York, NY 10019

Meeting Registration

(See Registration Form on reverse side)

•	gistration	Tuition	
	cing Physicians	\$1399	
	cing Physicians Combination Rate		
	symposium, AlMsymposium and	\$1000	
	ymposiumd Canadian Vascular Surgery Fellows	\$ 1899	
	u Carladian vascular Surgery Fellows ning*	Complimentany	
	r Fellows in an RRC-approved 2-Year Vascular Fellowship Q		
Resident in a Vascular Surg Gore & Associated registration a	n approved Vascular Surgery Residency as of November 201 gery Fellows in Training (Tuition is provided through an Educa- ciates Inc.) Letter of verification from Chief of Service must b- ind faxed to (888) 418–7043. The letter must include the star gery Fellowship.	6, <u>AND</u> Canadian ational Grant by W.L. e obtained prior to	
□ Non-U.	S. Fellows Nurse Practitioners		
	an Assistants	\$699	
☐ Resider	nts Nurses Technologists	\$650	
☐ Medica		4===	
	verification from Dean must be obtained and faxed to 888-41		
□ Allied H	lealth Care Professionals	\$950	
Thursda			
	<i>cludes</i> access to <u>VEITHsymposium</u> Thursd	ay Sessions.	
	ion and Investment Roundtable	#0.40	
(This is a	(This is a non-CME activity.)\$349		
Saturda	y Only Components		
	<i>cludes</i> access to <u>any</u> Saturday Only Compo		
☐ VEITHs	ymposium Miscellaneous Topics	\$349	
☐ Hemodi	☐ Hemodialysis Access\$349		
Refund:	There is a \$95 cancellation fee if cancele	ed by	
riorariai	October 14, 2016. No refunds will be ma	ide thereafter.	
Online:	http://www.veithsymposium.org		
Phone:	800-987-9314, Ext. 200 or 718-549-314	0 with vour	
	payment information.	,	
Fax:	the reverse form with your credit card pa 888-418-7043	lyment to	
Mail:	this form with your payment to: The Cleveland Clinic Educational Foundattn: VEITH 02010552 P.O. Box 931653	ation	
	Cleveland, OH 44193-1082		

Additional Information

VEITHsymposium

4455 Douglas Avenue, Suite 11E Riverdale, New York 10471

Phone: 800-987-9314 or 718-549-3140

E-mail: registrar@veithsymposium.org or admin@veithsymposium.org

REGISTRATION



Tuition

Full Registration

☐ Practicing Physicians	\$1399
☐ Practicing Physicians Combination Rate	
VEITHsymposium, AlMsymposium and	
AVIDsymposium	\$1899
☐ US and Canadian Vascular Surgery Fellows	
In Training*	Sth-Year Vascular And Canadian Cional Grant by W.L.
registration and faxed to (888) 418-7043. The letter must include the start Vascular Surgery Fellowship.	
□ Non-U.S. Fellows □ Nurse Practitioners	
☐ Physician Assistants	
☐ Residents ☐ Nurses ☐ Technologists	\$650
☐ Medical Students Letter of verification from Dean must be obtained and faxed to 888-418	2 7043 \$500
☐ Allied Health Care Professionals	
Thursday Only	
Tuition includes access to <u>VEITHsymposium</u> Thursda	y Sessions.
☐ Innovation and Investment Roundtable	PO 40
(This is a non-CME activity.)	\$349
Saturday Only Components	
Tuition includes access to any Saturday Only Compo	
☐ VEITHsymposium Miscellaneous Topics	\$349
☐ Hemodialysis Access	\$349
First Name:	
Last Name (Surname)	
Degree:	
Specialty:	
☐ Physician ☐ Non-Physician Cleveland Clinic Employee?	Yes □ No
Affiliation:	
Address Type: ☐ Home ☐ Other	
Address:	
City:State/Province	
Zip Code:Country	
E-mail: (A valid registrant's e-mail address is required for confirmation and CME certific	cate.)
Phone:Fax	
Payment Method	
Check: Please make checks payable to the Cleveland	d Clinic
Educational Foundation and mail to:	
The Cleveland Clinic Educational Foundation	
Attn: VEITH 02010552 P.O. Box 931653	
Cleveland, OH 44193-1082	
Credit Card:	
Name on Card:	
Credit Card Number:	
Verification Code (3-4 Digit Code on Credit Card): Expira:	tion Data
, , , , , , , , , , , , , , , , , , , ,	
Zip Code:Country	
Signature:	



SAVE THE DATE

Tuesday - Saturday, November 14-18, 2017





THE CLEVELAND CLINIC EDUCATIONAL FOUNDATION

CLEVELAND, OH 44193-1082 PO BOX 931653

White Plains, NY Permit No. 7033

Non-profit Org US Postage PAID



Hilton | Tuesday - Saturday,

New York Hilton-Midtown November 15 – 19, 2016

WEDNESDAY, NOVEMBER 16, 2016

/enous Venous Venous Workshops at VEITHsymposium

Innovation and Investment Roundtable THURSDAY, NOVEMBER 17, 2016

SATURDAY, NOVEMBER 19, 2016

Hemodialysis Access

AGAIN THIS YEAR

Associate Faculty Global Podium Presentations Program

Connecting The Vascular Community



www.veithsymposium.org



SVS Society for Vascular Surgery