

# VEITH SYMPOSIUM®

Connecting The **Vascular** Community

**46<sup>th</sup>**

**Tuesday – Saturday, November 19-23, 2019**

VASCULAR ENDOVASCULAR ISSUES TECHNIQUES HORIZONS



Symposium Chairman

**Frank J. Veith, MD**

Symposium Co-Chairmen

**Enrico Ascher, MD**

**Kenneth Ouriel, MD, MBA**

**Sean P. Lyden, MD**

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[www.VEITHsymposium.org](http://www.VEITHsymposium.org)

# PROGRAM OUTLINE AT A GLANCE

## TUESDAY PROGRAMS

### Program A: (Sessions 1-8)

6:45 A.M. – 6:00 P.M.

Progress In The Treatment Of Diseases Of Heart Valves And Coronary Arteries, And Thoracic And Abdominal Aortic Diseases

**Location:** Grand Ballroom East, 3rd Floor

### Program B: (Sessions 9-16)

6:40 A.M. – 6:00 P.M.

Progress In Vascular Robotics, Guidance Systems, Simulation And Laparoscopy; New Developments In Carotid Disease, Acute Strokes; And Their Treatments; Abdominal Aortic Branch Diseases And Their Treatments; New Concepts, Artificial Intelligence And Telemedicine; Vascular Branding, Recognition And Boards; Open Vascular Surgery And Progress In The Treatment Of Coarctations And Mid-Aortic Syndrome

**Location:** Grand Ballroom West, 3rd Floor

### Program C-1: (Sessions 17-18)

7:00 A.M. – 12:00 P.M.

Management Of Pulmonary Embolism: The Ultimate Team Approach

Course Leader: Michael R. Jaff, DO

**Location:** Trianon Ballroom, 3rd Floor

### Program C-2: (Sessions 19-20)

1:00 P.M. – 3:00 P.M.

Introduction To Vascular Malformations

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

**Location:** Trianon Ballroom, 3rd Floor

### Program C-3: (Sessions 21-22)

3:00 P.M. – 6:00 P.M.

Hot New Topics In Lower Extremity Occlusive Disease Treatment

**Location:** Trianon Ballroom, 3rd Floor

## WEDNESDAY PROGRAMS

### Program D: (Sessions 23-30)

6:40 A.M. – 6:15 P.M.

Progress In Lower Extremity Occlusive Disease And Its Treatments

**Location:** Grand Ballroom East, 3rd Floor

### Program E: (Sessions 31-38)

6:40 A.M. – 6:02 P.M.

Advances In Medical Treatments, New Drugs, Anti-Atherogenic And Anti-Hypertensive Treatments; Management Of Endoleaks And Complications; Recorded Live Cases; A Tribute And Assorted Issues Of Interest; Outpatient Vascular Treatment And Ethical Issues; Topics Related To The FDA, SVS, VQL, Costs And Reimbursement And The Value Of Vascular Surgeons

**Location:** Grand Ballroom West, 3rd Floor

### Program F: (Sessions 39-46)

6:40 A.M. – 6:00 P.M.

More New Developments In Thoracic Aortic Disease, Aortic Dissections, TAAAs, Juxta- And Pararenal AAAs, Parallel Grafts, Fenestrated And Branched EVAR (F/B/EVAR), Multilayer Bare Stents, Infrarenal AAAs And Standard EVAR And Hot New Aortic And Carotid Topics

**Location:** Trianon Ballroom, 3rd Floor

## THURSDAY PROGRAMS

### Program G: (Sessions 47-54)

6:45 A.M. – 6:02 P.M.

Exciting New Or Updated Techniques, Concepts And Devices; Advances In F/B/ EVAR And Parallel Grafts For Complex AAAs; Tribute To Our Military; New Developments In The Treatment Of Ruptured AAAs And TAAAs; More New Developments In New Or Improved Devices, Techniques And Concepts, And Radiation Safety

**Location:** Grand Ballroom East, 3rd Floor

### Program H: (Sessions 55-62)

6:45 A.M. – 5:52 P.M.

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

**Location:** Grand Ballroom West, 3rd Floor

### Program I: (Sessions 63-70)

7:00 A.M. – 6:05 P.M.

Superficial Venous Disease

Course Leaders: Jose I. Almeida, MD, RPVI, RVT, Lowell S. Kabnick, MD, RPhS, Kenneth Ouriel, MD, MBA, Thomas W. Wakefield, MD

**Location:** Trianon Ballroom, 3rd Floor

## FRIDAY PROGRAMS

### Program J: (Sessions 71-78)

6:40 A.M. – 5:42 P.M.

New Developments In The Prevention And Treatment Of Spinal Cord Ischemia (SCI) With TEVAR And TAAA Repairs; Carotid Disease And Treatment Related Topics: New And Improved Devices And Techniques (TCAR And Mesh Covered Stents), Medical Treatment, Influence On Cognition, History Of CAS, Timing Of CEA And CAS, Management Of Asymptomatic Carotid Stenosis (ACS), CAS Versus CEA, Improved Carotid Techniques, RCT Updates, Continuing Controversies; Endo Treatment For Erectile Dysfunction; Carotid Patch Infections And Aneurysms; Percutaneous Closure Devices And Wound Care

**Location:** Grand Ballroom East, 3rd Floor

### Program K: (Sessions 79-86)

7:00 A.M. – 5:52 P.M.

New Developments In The Treatment Of Popliteal Diseases And Aneurysms; Advances In Treating Arterial And Graft Infections; Improvements In: Vascular Imaging And Hybrid Treatment Suites; Thoracic Outlet Syndrome Treatments; Recorded Live Complex Endovascular Cases From Münster, Germany And The Mayo Clinic; Updates On Medical Treatments And Treatment Of Rare Or Unusual Vascular Diseases And Vascular Trauma

**Location:** Grand Ballroom West, 3rd Floor

### Program L: (Sessions 87-94)

7:00 A.M. – 6:00 P.M.

Deep Venous Disease

Course Leaders: Jose I. Almeida, MD, RVT, RPVI; Lowell S. Kabnick, MD, RPhS; Kenneth Ouriel, MD, MBA, Thomas W. Wakefield, MD

**Location:** Trianon Ballroom, 3rd Floor

## SATURDAY PROGRAMS

### Program M: (Sessions 95-98)

7:00 A.M. – 12:25 P.M.

Topics Too Important Or Too Hot To Miss: Related To Lower Extremity; Aortic; And Carotid Diseases And Their Treatment

**Location:** Grand Ballroom East, 3rd Floor

### Program N: (Sessions 99-103)

8:00 A.M. – 3:40 P.M.

Improving Outcomes In Hemodialysis Access

Course Leaders: Larry A. Scher, MD and Anton N. Sidawy, MD, MPH

**Location:** Grand Ballroom West, 3rd Floor

### Program O: (Sessions 104-109)

8:00 A.M. – 3:50 P.M.

Multidisciplinary Acute Stroke Management

Course Leader: Allan L. Brook, MD

**Location:** Murray Hill Suites East & West, 2nd Floor



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**Frank J. Veith, MD**

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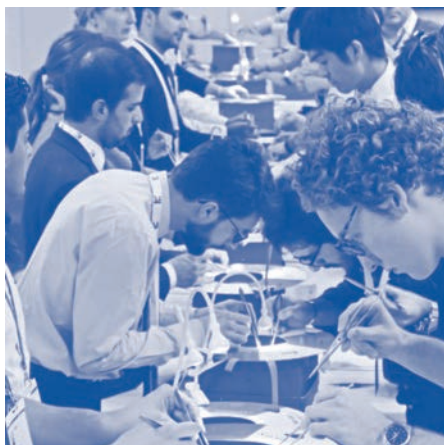
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Arterial Course  
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24<sup>th</sup> European Vascular Course

*Learning by training*



## COMPONENT MEETING LEADERS

Jose I. Almeida, MD, RVT  
George L. Berdejo, BA, RVT  
Allan L. Brook, MD  
Jacob Cynamon, MD  
Krassi Ivancev, MD, PhD  
Michael R. Jaff, MD  
Lowell S. Kabnick, MD  
Natalie A. Marks, MD, RVT  
Larry A. Scher, MD  
Anton N. Sidawy, MD, MPH  
Robert L. Vogelzang, MD  
Thomas W. Wakefield, MD  
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Wayne F. Yakes, MD

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## ACKNOWLEDGMENTS

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

Abbott  
BD (formerly Bard Peripheral Vascular)  
Biocompatibles, Inc.  
Boston Scientific Corporation  
Cook Medical, LLC  
Cordis Corporation  
Endologix  
Gore & Associates, Inc.  
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Silk Road Medical  
Vascutek Ltd (trading as Terumo Aortic)



Vascular & Endovascular  
Consensus Update

21–24 APRIL 2020  
MONDAY–THURSDAY  
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EDUCATION INNOVATION EVIDENCE



# GENERAL INFORMATION

## NEEDS ASSESSMENT

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

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

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

## FOCUS

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

## OBJECTIVES

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

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

# GENERAL INFORMATION

## TARGET AUDIENCE

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

## ASSOCIATE FACULTY GLOBAL PODIUM PRESENTATIONS

Tuesday – Friday, November 19-22, 2019

**Location:** Concourse A, Concourse Level

In order to have more younger and less familiar vascular surgeons and vascular specialists play an active role as Associate Faculty at our meeting, we have initiated programs whereby they can present their scientific work at the podium. Vascular surgeons and vascular specialists participating in these programs will have submitted abstracts for a podium presentation, and these abstracts will be posted on our website. Please visit [www.veithsymposium.org](http://www.veithsymposium.org) for additional information about the Associate Faculty Global Podium Presentations component of VEITHsymposium.

## COMPONENT SESSIONS WILL BE HELD AS FOLLOWS:

### Hemodialysis Access

Saturday, November 23, 2019

**Location:** Grand Ballroom West, 3rd Floor

### Multidisciplinary Acute Stroke Management

Saturday, November 23, 2019

**Location:** Murray Hill Suites East and West, 2nd Floor

## ACCREDITATION STATEMENT

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

The Cleveland Clinic Foundation Center for Continuing Education designates this live activity for a maximum of 49 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

## ABS MAINTENANCE OF CERTIFICATION

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

## ETHICAL MEDTECH COMPLIANCE

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

## CME CERTIFICATES AND COURSE EVALUATION FORMS

CME certificates will be available online at [www.veithsymposium.org](http://www.veithsymposium.org). An e-mail with a unique password and instructions on how to obtain the certificate and complete a brief, optional course evaluation will be sent to all registered attendees after the meeting. The e-mail will be sent to the e-mail address that was used to register the attendee. Please note that CME Certificates must be claimed by **February 28, 2020**.



# GENERAL INFORMATION

## 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](mailto:admin@veithsymposium.org).

## ONLINE CONFERENCE LIBRARY

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

## ONLINE ACCESS TO ABSTRACTS

Presentation slides will be used as abstracts and will be available on the program page of the VEITHsymposium website at [www.veithsymposium.org](http://www.veithsymposium.org) after the meeting. Abstracts will be available on the website for one full year.

## VEITHsymposium NON-CME ACTIVITIES

### VENOUS VENOUS VENOUS® WORKSHOPS AT VEITHsymposium - ASK THE EXPERTS!

Wednesday, November 20, 2019

12:15 P.M. – 5:30 P.M.

**Location:** Americas Hall 2, 3rd floor

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

#### **Module 1: Current Superficial Venous Treatment, Wounds and Edema**

Endothermal Therapy, Cyanoacrylate, MOCA, VTE and Recanalization, Perforators, Sclerotherapy, CVI, Lymphedema, Lipedema, Wound Care and Compression

#### **Module 2: Thrombus Management**

Thrombolysis and Thrombectomy, Stents, IVUS, Valves, Nutcracker Syndrome

Visit [www.veithsymposium.org](http://www.veithsymposium.org) for details.

(This is a non-CME activity.)

# GENERAL INFORMATION



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## VEITH-TCT INNOVATION SUMMIT

Thursday, November 21, 2019

**Location:** Murray Hill Suites East and West, 2nd Floor

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

## CRF ENDOVASCULAR TRAINING PAVILION

Thursday – Friday, November 21-22, 2019

**Location:** Americas Hall 2, 3rd Floor

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

### Thursday, November 21, 2019

Tibiopedal and Radial Access

Times: 8:00 – 9:30 a.m.; 10:00 a.m. – 11:30 a.m.;

2:00 p.m. - 3:30 p.m.; 4:00 p.m. – 5:30 p.m.

### Friday, November 22, 2019

SFA Intervention: Complex Lesion Management

Times: 8:00 – 9:30 a.m.; 10:00 a.m. – 11:30 a.m.;

2:00 p.m. - 3:30 p.m.; 4:00 p.m. – 5:30 p.m.

# HOTEL AND TRAVEL

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

## New York Hilton-Midtown (Symposium Site)

1335 Avenue of the Americas

New York, NY 10019

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## American Express Global Business Travel at The Cleveland Clinic

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## TUESDAY, NOVEMBER 19, 2019

6:00 A.M. General Registration – Rhinelander Gallery, 2nd Floor

6:00 A.M. Faculty Registration – Morgan Suite – 2nd Floor

6:15 A.M. Continental Breakfast – Rhinelander Gallery, 2nd Floor

### CONCURRENT TUESDAY PROGRAMS

PROGRAM A: (SESSIONS 1-8)

**Progress In The Treatment Of Diseases Of Heart Valves, Coronary Arteries And Thoracic And Abdominal Aortic Diseases**

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6:40 A.M. – 6:00 P.M.

Grand Ballroom West, 3rd Floor

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7:00 A.M. – 12:00 P.M.

Trianon Ballroom, 3rd Floor

Course Leader: Michael R. Jaff, DO

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1:00 P.M. – 3:00 P.M.

Trianon Ballroom, 3rd Floor

Course Leaders: Wayne F. Yakes, MD

Krassi Ivancev, MD, PhD

Robert L. Vogelzang, MD

PROGRAM C-3: (SESSIONS 21-22)

**Hot New Topics In Lower Extremity Occlusive Disease Treatment (VEITH/TCT CO-BRANDED SESSIONS)**

3:00 P.M. – 6:00 P.M.

Trianon Ballroom, 3rd Floor

PROGRAM A (SESSIONS 1-8)

**PROGRESS IN THE TREATMENT OF DISEASES OF HEART VALVES AND CORONARY ARTERIES, AND THORACIC AND ABDOMINAL AORTIC DISEASES**

Grand Ballroom East, 3rd Floor

**6:45 – 6:50** Opening Remarks  
*Frank J. Veith, MD*

SESSION 1 (Grand Ballroom East, 3rd Floor)

**PROGRESS IN THE TREATMENT OF ASCENDING AORTIC DISEASE, TRANSCATHETER VALVE REPLACEMENT AND CORONARY ARTERY STENTING**

Moderators: Hazim J. Safi, MD

*Joseph S. Coselli, MD*

**THE ASCENDING AORTA**

**6:50 – 6:55** Current Status Of Endovascular Treatment For Ascending Aortic Lesions: What Patients, What Pathology, What Devices Exist

*Grayson H. Wheatley, MD*

- 6:56 – 7:01** Update On Endovascular Treatment Of Ascending Aortic Lesions: What Is On The Horizon  
*Christoph A. Nienaber, MD, PhD*
- 7:02 – 7:07** Update On Ascending Aortic Endograft Treatment: Indications, Devices, Techniques And Results  
*Rodney A. White, MD*
- 7:08 – 7:13** Status Of Endovascular Combined Device For Repairing Lesions Of The Ascending Aorta And The Aortic Valve: The Endo-Bentall Concept  
*Ali Khoynezhad, MD, PhD*
- 7:14 – 7:19** Will New Ascending Aortic Endografts Enable Treatment Of Type A Aortic Dissections: What Percentage Of Patients: What Is Here And What Is The Future  
*Alan B. Lumsden, MD*

#### **CORONARY STENTS**

- 7:20 – 7:25** What Is New In Coronary Stenting: Current Status Of Non-Absorbable Stents, Drug Eluting And Bare Metal  
*Gregg W. Stone, MD*
- 7:26 – 7:31** Update Of Bioabsorbable Stents (BRSS) In The Coronary Arteries: Why Did The Absorb Stent Fail: Is There Hope For BRSS In The Future – In Coronary Or Peripheral Arteries  
*Gregg W. Stone, MD*

#### **TRANSCATHETER HEART VALVES**

- 7:32 – 7:32** Progress In Transcatheter Aortic Valve Replacement (TAVR): An Interventional Cardiologist's View. This presentation will be given by Martin B. Leon, MD on Thursday, Session 47 at 7:03 – 7:08 a.m. in the Grand Ballroom East.
- 7:33 – 7:38** Progress In TAVR: A Cardiac Surgeon's View: What Is The Current Place For Open Surgical Aortic Valve Replacement  
*Lars G. Svensson, MD, PhD*
- 7:39 – 7:44** Progress In Endovascular Mitral Valve Repair: What Devices Are Appearing And How Well Are They Working  
*Juan F. Granada, MD*
- 7:45 – 7:51** **Panel Discussion**

SESSION 2 (Grand Ballroom East, 3rd Floor)

### **PROGRESS IN THE TREATMENT OF AORTIC ARCH LESIONS AND AORTIC DISSECTIONS**

**Moderators:** *Lars G. Svensson, MD, PhD*  
*Christoph A. Nienaber, MD, PhD*

- 7:51 – 7:56** With Aortic Arch Lesions (Aneurysms And Dissections), When Should The Treatment Be Fenestrated Or Branched TEVAR (F/B/TEVAR), Chimney TEVAR (Ch/TEVAR), Hybrid Or Fully Open Surgical Repair  
*Chang Shu, MD*
- 7:57 – 8:02** Another View Of Current Optimal Treatment Of Aortic Arch Aneurysms: Total Endovascular, Hybrid, Open And Frozen Elephant Trunk: Which Is Best When  
*Roberto Chiesa, MD*  
*Germano Melissano, MD*
- 8:03 – 8:08** Update On Value And Limitations Of Frozen Elephant Trunk Repairs And The ThoroFlex Graft For Complex Aortic Arch Lesions: Is Spinal Cord Ischemia An Issue  
*Joseph S. Coselli, MD*

- 8:09 – 8:14** Six-Year Results With Terumo Aortic Relay 2 Branched Device For Aortic Arch Lesions: Indications And Contraindications  
*Toru Kuratani, MD, PhD*
- 8:15 – 8:20** Update On Total Endovascular Arch Repairs Using Cook Multibranched Devices: When Indicated, When Questionable, When Not Indicated; Advantages And Limitations  
*Stephan Haulon, MD*
- 8:21 – 8:26** Total Endovascular Aortic Arch Repairs With The Relay 2-Branched Endograft: The US Experience – Advantages And Limitations  
*Eric E. Roselli, MD*
- 8:27 – 8:32** Physician-Made Fenestrated Endograft Repair For Aortic Arch Lesions: Experience In >115 Cases: Challenges And Technical Tips  
*Ludovic Canaud, MD, PhD*
- 8:33 – 8:38** Experience With Branched Endografts For Treatment Of Aortic Arch Lesions  
*Zaiping Jing, MD*  
*Qingsheng Lu, MD*
- 8:39 – 8:44** Long-Term Results (>4 Years) Of Parallel Grafts (Chimneys And Periscopes) For Aortic Arch Lesions; Tips To Make Them Work And When Do They  
*Mario L. Lachat, MD*  
*Nicola Mangialardi, MD*
- 8:45 – 8:50** Results And Advantages With A Precurved Convertible F/B Endograft For Arch Lesions: How It Compares With Other Arch Grafts And Will It Be Available Outside Japan  
*Yoshihiko Yokoi, MD*
- 8:51 – 8:56** Real World Experience With Double Branched Endografts For Aortic Arch Lesions: Are They Ready For Prime Time: From The Italian And Dutch Registries  
*Ciro Ferrer, MD*  
*Piergiorgio Cao, MD*
- 8:57 – 9:04** **Panel Discussion**

SESSION 3 (Grand Ballroom East, 3rd Floor)

**PROGRESS IN THE ENDOVASCULAR TREATMENT OF AORTIC DISSECTIONS: PETTICOAT, STABILISE, FLIRT, FENESTRATIONS AND TEVAR'S EFFECTS ON THE HEART**

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

- 9:04 – 9:09** Evolving An Optimal Treatment For Type B Aortic Dissections (TBADs) With TEVAR And False Lumen Embolization: Techniques And Results  
*Weiguo Fu, MD*
- 9:10 – 9:15** New Developments In The Treatment Of TBADs: False Lumen Intervention After TEVAR To Promote Thrombosis And Remodeling (FLIRT): Indications, Techniques And Results  
*Christoph A. Nienaber, MD, PhD*
- 9:16 – 9:21** Fenestration And Branched EVAR (F/B/VAR) To Treat Post TBAD AAAs: Technical Tips, Results And Limitations  
*Eric L.G. Verhoeven, MD, PhD*

- 9:22 – 9:27** Update On PETTICOAT TEVAR For TBADs: Why The Addition Of A Distal Bare Dissection Stent To A Proximal Covered Stent Facilitates Treatment And Improves Outcomes  
*Joseph V. Lombardi, MD*
- 9:28 – 9:33** Impact Of The PETTICOAT Technique (With A Distal Bare Stent Added To A Proximal Covered Stent) On Aortic Remodeling With Chronic TBADs: Indications, Timing Of Treatment And Results  
*Chun Che Shih, MD, PhD*
- 9:34 – 9:39** The STABILISE Modification Of The PETTICOAT Technique To Rupture The Dissection Flap And Promote False Lumen Obliteration To Treat TBADs: Concept, Indications And Results  
*Jean-Marc Alsac, MD, PhD*
- 9:40 – 9:45** Another Opinion About The STABILISE Modification Of The PETTICOAT Technique To Disrupt The Dissection Flap With A Compliant Balloon In The Covered Stent And A Non-Compliant Balloon In The Bare Stent: Precautions And Results  
*Luca Bertoglio, MD*  
*Germano Melissano, MD*  
*Roberto Chiesa, MD*
- 9:46 – 9:51** Long Stent Grafts For TEVAR Have Bad Effects On The Heart And Tend To Migrate Proximally Causing Type 1B Endoleaks: What Are The Mechanisms  
*Frans L. Moll, MD, PhD*
- 9:52 – 9:57** Update On Extensive Flap Disruption (Fenestration) To Treat TBADs: Why It Works By Equalizing Pressure In The 2 Lumens, Indications And Results  
*Juan C. Parodi, MD*  
*Ramon Berguer, MD, PhD*
- 9:58 – 10:03** Open Surgical Flap Excision In The Abdominal Aorta To Treat Complex Dissections: Indications, Theory, Technique, Precautions And Results  
*Sherif A.H. Sultan, MD, PhD*
- 10:04 – 10:11** **Panel Discussion**
- 10:11 – 10:21** **Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 4 (Grand Ballroom East, 3rd Floor)

**MORE NEW DEVELOPMENTS IN THE TREATMENT OF TBADs, THORACIC AORTIC DISEASE AND THORACOABDOMINAL ANEURYSMS (TAAAs)**

**Moderators:** *Nicholas J.W. Cheshire, MD*  
*Frank J. Veith, MD*

- 10:21 – 10:26** Evidence For And Risks Of Endovascular Treatment Of Asymptomatic Acute Type B Aortic Dissection: Is TEVAR Really A Good Treatment  
*Rachel E. Clough, MD, PhD*
- 10:27 – 10:32** Long-Term Successful Treatment Of TBADs With Total Aortic Remodeling Usually Requires Multiple Re-Interventions – Many Long After The Original TEVAR: What Are These Re-Interventions  
*Götz M. Richter, MD, PhD*
- 10:33 – 10:38** A New Classification System For Aortic Dissections: Better For Prognosis, Predicting Complications And Guiding Treatment  
*Martin Czerny, MD*  
*Bartosz Rylski, MD, PhD*

- 10:39 – 10:44** F/B/EVAR Treatment Of Chronic TBADs With An Enlarging AAA After TEVAR: A Positive 8-Year Experience; How To Deal With A Small True Lumen And Value Of Inner Branches  
*Marcelo Ferreira, MD*
- 10:45 – 10:50** How To Manage Re-Entry Sites In The Arch And Visceral Segment Of The Aorta After TEVAR For TBADs  
*Timothy A. Resch, MD, PhD*
- 10:51 – 10:56** Update On False Lumen Occlusion Techniques And Value After TEVAR For TBADs: New Devices; When Indicated; Results And When Preferred Over F/B/EVAR In Patients With AAAs  
*Tilo Kölbel, MD, PhD*
- 10:57 – 11:02** Effectiveness Of False Lumen Embolization For Chronic TBADs With Progressive Aortic Enlargement: Devices, Techniques And Results  
*Herve Rousseau, MD, PhD*
- 11:03 – 11:08** A New Modular Branched Stent-Graft For Aortic Arch Reconstruction: Advantages And Limitations From A First In Man Study  
*Wei Guo, MD*  
*(Power Point Presentation With Synced Audio)*
- 11:09 – 11:15** **Panel Discussion**
- 11:15 – 11:20** Improvements In Techniques And Grafts For Open TAAA Repair: In Virginal Cases And After Failed Endovascular Procedures  
*Hazim J. Safi, MD*
- 11:21 – 11:26** Open TAAA Repair After Failed TEVAR Or Endovascular TAAA Repair: Technical Advances And Results: Who Should Do These Redo Procedures  
*Roberto Chiesa, MD*  
*Germano Melissano, MD*
- 11:27 – 11:32** Importance Of A Type III Aortic Arch And Descending Aorta Tortuosity In Determining Outcomes Of TEVAR And Treating TBADs: How To Deal With These Issues  
*Santi Trimarchi, MD, PhD*
- 11:33 – 11:38** Current Status Of Cerebral Protection For TEVAR And TAVR: What Are The Devices, When Can They Help And When Not  
*Jeffrey P. Carpenter, MD*
- 11:39 – 11:44** Staged Endovascular And Open TAAA Repairs Reduces Morbidity And Mortality: When And How To Do It And Results  
*Michael J. Jacobs, MD*  
*Geert Willem H. Schurink, MD, PhD*
- 11:45 – 11:50** TEVAR Has Better Long-Term Survival (>5 Years) Than Open Repair For Intact Descending Thoracic Aortic Aneurysms: TEVAR Should Be The Standard Of Care; Randomized Trials (RCTs) Are Not Needed  
*Michael D. Dake, MD*
- 11:51 – 11:56** Short And Long-Term Comparison In Canada Of Open And Endo TAAA Repair Regarding Outcomes And Cost: Endo Is Best  
*Thomas F. Lindsay, MDCM*
- 11:57 – 12:03** **Panel Discussion**
- 12:03 – 1:00** **Lunch Break – 2nd Floor Promenade**  
**Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 5 (Grand Ballroom East, 3rd Floor)

**NEW DEVELOPMENTS IN ABDOMINAL AORTIC ANEURYSM (AAA) TREATMENT, EVAR AND EVAS (ENDOVASCULAR ANEURYSM SEALING)**

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

- 1:00 – 1:05** How And Why Is AAA Disease Different In Diabetics: How Do These Differences Impact Treatment  
*Ronald L. Dalman, MD*
- 1:06 – 1:11** Update On The Nellix Graft And EVAS: Will Nellix Be A Failure Or A Phoenix Surmounting Its Problems  
*Matt M. Thompson, MD*
- 1:12 – 1:17** Why Are AAA Patients Surviving More: What Is Its Impact On Screening And Size Criteria For Repair  
*Jes S. Lindholt, MD*
- 1:18 – 1:23** Value Of Metformin And Ticagrelor In Inhibiting The Growth Of Small AAAs: What Is The Long-Term Fate Of 25-29 mm Abdominal Aortas: How Many Will Become AAAs  
*Anders Wanhainen, MD, PhD*

**SHORT SUMMARY TOPICS (3-4 MINUTES)**

- 1:24 – 1:28** Influence Of Metformin On AAA Derived Cells In Culture: A Clue To How Metformin Slows AAA Growth  
*Kak Khee Yeung, MD, PhD*
- 1:28 – 1:32** Update On The Value Of And Indications For Pre EVAR Lumbar And Inferior Mesenteric Artery Embolization  
*Andrej Schmidt, MD*
- 1:32 – 1:36** **DEBATE:** There Are Several Good Reasons To Electively Repair AAAs <5.5 cm In Maximum Diameter: What Are They  
*Peter Gloviczki, MD*
- 1:36 – 1:40** **DEBATE:** Why AAAs <5.5 cm Should Not Be Treated Invasively: The Rupture Rate (<1%/Year) Is Less Than Commonly Thought  
*Jonothan J. Earnshaw, DM, MBBS*

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

- 1:45 – 1:50** **DEBATE:** Young Fit AAA Patients Have Better Long-Term Survival With Open Repair (OR) Than EVAR And Should Be Offered OR If They Need Invasive Treatment  
*Andrew W. Bradbury, MD*
- 1:51 – 1:56** **DEBATE:** Not So: Survival Is Better In Young Fit AAA Patients After EVAR Than OR  
*Hence J.M. Verhagen, MD, PhD*
- 1:57 – 2:02** Why Open Repair Of AAAs Has Improving Outcomes: When Is OR Indicated And Better For Patients  
*Thomas C. Bower, MD*
- 2:03 – 2:08** In AAA Patients Suitable For Both OR And EVAR Unfavorable Neck Characteristics (Short, Wide, Angulated Or Cone Shaped) Have More Adverse Outcomes And Higher Mortality After OR As Well As EVAR: From The DREAM RCT: How Should This Impact On AAA Treatment Decisions  
*Jan D. Blankensteijn, MD*



- 2:09 – 2:14** Migration Patterns In Newer Lower Profile EVAR Stent-Grafts: What Are The Implications For EVAR Planning And Follow-Up  
*Colin D. Bicknell, MD*
- 2:15 – 2:20** Optimal Current Treatment For Inflammatory AAAs: When Medical; When Endo; When Open  
*Franco Grego, MD*
- 2:21 – 2:26** EVAS Treated Patients (With Nellix) Have A Lower 3-Year Mortality Than EVAR Treated Patients: What Is The Mechanism And Is This Difference Restricted To Patients With AAAs >5.5 cm  
*Marc L. Schermerhorn, MD*
- 2:27 – 2:32** Another View Of Why EVAS Treated Patients (With Nellix) Have A Lower Mortality Than EVAR Treated Patients: What Is The Mechanism And Is This Difference Restricted To Patients With AAAs >5.5 cm  
*Michel M.P. Reijnen, MD, PhD*
- 2:33 – 2:38** **Panel Discussion**

SESSION 6 (Grand Ballroom East, 3rd Floor)

## MORE ABOUT AAAs AND EVAR; THE NICE GUIDELINES AND REACTIONS TO THEM

**Moderators:** *Ali F. AbuRahma, MD*  
*Frank J. Veith, MD*

- 2:38 – 2:43** Highlights Of Clinical Practice Guidelines For Endovascular Repair Of Complex AAAs Involving The Paravisceral Aorta  
*Thomas L. Forbes, MD*
- 2:44 – 2:49** Sac Shrinkage Is A Good Marker Of Durable Success After EVAR: Is There A Difference In This Marker With Different Endografts  
*Michael C. Stoner, MD*
- 2:50 – 2:55** Long-Term Results Of EVAR Outside Device IFUs Is Not So Bad: When Is It Acceptable To Use EVAR Devices Outside Their IFUs  
*B. Patrice Mwapatayi, MMed, MCLinEd*
- 2:56 – 3:01** When Is EVAR First The Best Option For Repairing AAAs And When Is Open Repair First The Best Option: Late Failures Raise Questions Especially With Large Diameter Necks And Outside The IFUs  
*Daniel G. Clair, MD*

### THE UK NICE AAA GUIDELINES AND REACTIONS TO THEM

- 3:02 – 3:07** Highlights Of The UK NICE Guidelines For Treating Elective And Ruptured AAAs: Why Do They Favor Open Repair Over EVAR And What Was The Influence Of The EVAR 1 Late Results  
*Andrew W. Bradbury, MD*
- 3:08 – 3:13** Why The Early Survival Benefit For EVAR Versus Open Repair Outweighs The Late Survival Benefit For Open Repair Versus EVAR  
*Nicholas J.W. Cheshire, MD*

### MORE COMMENTS ON THE NICE AAA GUIDELINES

- 3:14 – 3:18** The NICE AAA Guidelines Are Misleading And Unfairly Biased Against EVAR  
*Michael P. Jenkins, MBBS, BSc, MS*

- 3:18 – 3:22** Why The NICE AAA Guidelines Reached The Wrong Conclusions – That EVAR Benefits Were Not Worth The Costs  
*Dittmar Böckler, MD*
- 3:22 – 3:26** What Is Right In The NICE AAA Guidelines And What Is Wrong In Them  
*Alun H. Davies, MA, DM, DSc*
- 3:26 – 3:30** Flaws In The NICE Guidelines For Treating AAAs: How They Were Based On Biases Of The Writing Committee And Why They Will Have An Impact Beyond The UK  
*Frans L. Moll, MD, PhD*
- 3:30 – 3:36** **Panel Discussion**
- 3:36 – 3:46** **Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 7 (Grand Ballroom East, 3rd Floor)

## MORE NEW DEVELOPMENTS IN THE TREATMENT OF AORTIC DISSECTIONS AND THORACIC AORTIC PATHOLOGY

**Moderators:** *Ronald L. Dalman, MD*  
*Firas F. Mussa, MD*

- 3:46 – 3:51** Best Medical Therapy For Acute TBAD Patients: What Is It And Strategies To Optimize It: How Effective Can It Be  
*Colin D. Bicknell, MD*
- 3:52 – 3:57** New Concepts In The Pathogenesis Of TBADs: What Are The Therapeutic Implications: What Is Best Medical Therapy For TBAD: Principles And Paradoxes  
*David M. Williams, MD*
- 3:58 – 4:03** Technical Tips To Improve Or Increase The Use And Safety Of The Cook T-Branch Off-The-Shelf (OTS) Device For TAAAs  
*Marcelo Ferreira, MD*
- 4:04 – 4:09** Aortic Arch Anomalies, Especially Bovine Arches: What Are Their Bad Implications For Patients And Treatment Outcomes  
*Frank J. Criado, MD*
- 4:10 – 4:15** Update On The Natural History Of Penetrating Aortic Ulcers (PAUs) And Intramural Hematomas (IMHs) With And Without TEVAR Treatment: Medical Treatment Has A High Failure Rate: So When And How Should They Be Treated  
*Jean M. Panneton, MD*
- 4:16 – 4:21** Making EVAR Safer Long-Term Using Ultrasound Made Simple To Measure AAA Sac Diameter Annually At Home  
*Roger M. Greenhalgh, MD*

### **TIMING OF EVAR FOR UNCOMPLICATED TBAD**

- 4:22 – 4:27** TEVAR Can Be Performed Safely Soon After Symptom Onset With TBADs Under Certain Conditions  
*Edward Y. Woo, MD*  
*Tareq Massimi, MD*
- 4:28 – 4:33** With Uncomplicated TBADs TEVAR Should Be Performed As Soon As Possible After Onset Of Symptoms: For These Reasons And With These Precautions  
*Ali Khoynezhad, MD, PhD*

- 4:34 – 4:39** Not So: With Uncomplicated Acute TBADs TEVAR Should Be Delayed 2 Weeks To 3 Months For These Reasons  
*Matt M. Thompson, MD*
- 4:40 – 4:45** With Uncomplicated Acute TBADs TEVAR Should Be Delayed For 1-3 Months After Symptom Onset And Why  
*Mark A. Farber, MD*
- 4:46 – 4:53** **Panel Discussion**

SESSION 8 (Grand Ballroom East, 3rd Floor)

**MORE NEW DEVELOPMENTS RELATING TO TEVAR AND TBADs: CAUSES AND PREVENTION OF STROKE COMPLICATIONS; CONTROVERSIES OVER THE NEED FOR TEVAR IN SOME OR ALL ACUTE UNCOMPLICATED TBAD PATIENTS, AND OVER THE EXTENT OF TEVAR COVERAGE**

**Moderators:** *Timur P. Sarac, MD*  
*Mark A. Farber, MD*

- 4:53 – 4:58** Status Of Stroke Prevention During TEVAR: What Percent Are Due To Particulate Emboli And What Percent Due To Air Emboli: Techniques To Prevent Both  
*Tilo Kölbel, MD, PhD*
- 4:59 – 5:04** Causes Of Stroke During TEVAR: Gaseous Emboli Are Important And Some But Not All Can Be Prevented By CO<sub>2</sub> Flushing Of Delivery Systems  
*Richard G.J. Gibbs, FRCS*
- 5:05 – 5:10** The STEP Registry: A Global Network To Decrease Strokes Associated With Thoracic Aortic Endografting Procedures: How Will It Work  
*Fiona Rohlfes, MD*  
*Stephan Haulon, MD*  
*Tilo Kölbel, MD, PhD*
- 5:11 – 5:16** IVUS Need Not Be Mandatory To Treat TBADs By TEVAR Safely: How So  
*Frank J. Criado, MD*
- 5:17 – 5:22** **DEBATE:** Most Acute Uncomplicated TBADs Need To Be Treated By TEVAR: The INSTEAD RCT Proves It: We Do Not Need Further RCTs  
*Christoph A. Nienaber, MD, PhD*
- 5:23 – 5:28** **DEBATE:** Not So: Controversy Lingers: We Do Need A RCT Comparing TEVAR With Best Medical Treatment (BMT) To BMT Alone For Acute Uncomplicated TBADs: How Could Such A Trial Be Structured And Financed  
*Firas F. Mussa, MD*
- 5:29 – 5:34** Why TEVAR For Acute Uncomplicated TBADs Is Imperfect: The Case For Using It Selectively  
*Joseph V. Lombardi, MD*
- 5:35 – 5:40** **DEBATE:** Treating More Acute Uncomplicated TBAD Patients With Extended TEVAR Coverage Almost To The Celiac Artery Will Improve Outcomes: It Is The Way To Go  
*William D. Jordan, Jr., MD*
- 5:41 – 5:46** **DEBATE:** Not So: Limited Coverage Of The Thoracic Aorta By TEVAR Is Safer And Better  
*Michel Makaroun, MD*
- 5:47 – 5:52** A Decision-Making Algorithm For Optimally Treating Uncomplicated Acute TBAD Patients  
*Dittmar Böckler, MD*

**5:53 – 6:00 Panel Discussion**

*End of Program A*

PROGRAM B (SESSIONS 9-16)

PROGRESS IN VASCULAR ROBOTICS, GUIDANCE SYSTEMS, SIMULATION AND LAPAROSCOPY; NEW DEVELOPMENTS IN CAROTID DISEASE, ACUTE STROKES; AND THEIR TREATMENTS; ABDOMINAL AORTIC BRANCH DISEASES AND THEIR TREATMENTS; NEW CONCEPTS, ARTIFICIAL INTELLIGENCE AND TELEMEDICINE; VASCULAR BRANDING, RECOGNITION AND BOARDS; OPEN VASCULAR SURGERY AND PROGRESS IN THE TREATMENT OF COARCTATIONS AND MID-AORTIC SYNDROME

Grand Ballroom West, 3rd Floor

**6:40 – 6:44 Opening Remarks**

*Enrico Ascher, MD*

SESSION 9 (Grand Ballroom West, 3rd Floor)

PROGRESS IN VASCULAR ROBOTICS, GUIDANCE SYSTEMS, SIMULATION AND LAPAROSCOPY

*Moderators: Alan B. Lumsden, MD*

*Jean-Baptiste Ricco, MD, PhD*

**VASCULAR ROBOTICS**

**6:45 – 6:50**

A New Vascular Robotic System From Corindus: How Does It Work: What Does It Do: Clinical Experience And Value

*Joseph J. Ricotta II, MD, MS*

**6:51 – 6:56**

Current Status Of Endovascular Catheter Robotics: What Is Here And What Is Coming

*Jean Bismuth, MD*

*Alan B. Lumsden, MD*

**6:57 – 7:02**

Will Newer Technology And Platforms Lead To More Widespread Use Of Vascular Robotics: What Is On The Horizon And Beyond

*Willem Wisselink, MD*

**7:03 – 7:08**

A New Vascular Robotic System From China: How Does It Work: Advantages: Cost And When Will It Be Available

*Qingsheng Lu, MD*

*Zaiping Jing, MD*

**7:09 – 7:14**

Robotics In Vascular Surgery: What Is Available; What Is Coming And How Will It Help

*Ravi K. Veeraswamy, MD*

**VASCULAR GUIDANCE**

**7:15 – 7:20**

Machine Learning Based Measurement Of AAA Diameter With Contrast CT: A New And Better Way

*Stephan Haulon, MD*

**7:21 – 7:26**

Update On An Emerging Radiation Free 3D Endovascular Guiding System (IOPS) From Centerline (BIOM) Medical: How Does It Work; When Will We Have It; How Much Will It Cost

*Matthew J. Eagleton, MD*

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

**7:33 – 7:38** Is There Real Evidence To Support The Value Of Simulation In Vascular Surgery: Vascular Surgery Endo And Open Is Not Like Piloting An Aircraft  
*Alun H. Davies, MA, DM, DSc*

#### LAPAROSCOPY

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

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

**7:51 – 7:59** **Panel Discussion**

SESSION 10 (Grand Ballroom West, 3rd Floor)

### NEW DEVELOPMENTS IN THE MANAGEMENT OF CAROTID DISEASE: UNRESOLVED CONTROVERSIES

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

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

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

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

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

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

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

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

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

**8:47 – 8:54 Panel Discussion**

**8:54 – 8:59** Avoiding And Managing Complications During Transfemoral CAS  
*Horst Sievert, MD*

**9:00 – 9:05** Optimal Contemporary Treatment Of Carotid Artery Aneurysms, Pseudoaneurysms And Patch Infections: When Endo, When Open  
*Peter L. Faries, MD*

**9:06 – 9:11** How Best In 2019 To Pick Asymptomatic Patients With Unstable Plaques At High Risk Of Having A Stroke: Are There New Duplex Techniques Which Can Help  
*Andrew N. Nicolaidis, MS, FRCS*

**UPDATE ON CAROTID PATCHES**

**9:12 – 9:17** Careful Primary Closure Of CEA Arteriotomies (Without A Patch) Is Not Inferior To Patch Closures: In A Propensity Matched Analysis: Why Did The RCTs Get It Wrong  
*Dong-ik Kim, MD*

**9:18 – 9:23** All Patches For CEA Closure Are Not Equal: Which Patch Material Is Best: How Big Should The Patch Be: Disadvantages And Complications Of Carotid Patches  
*Vikram S. Kashyap, MD*  
*Norman Kumins, MD*

**9:24 – 9:29** Should All CEA Closures Be Patched: Could The RCTs Indicating That All CEA Patients Should Have Patch Closures Be Misleading  
*Ali F. AbuRahma, MD*

**9:30 – 9:35** Femoral Vein Interposition Grafts Are The Best Treatment For Patch Infections After CEA: Technical Tips  
*Salvatore T. Scali, MD*  
*Thomas S. Huber, MD, PhD*

**9:36 – 9:41** Carotid Interventions CEA And CAS Will Become Obsolete: Why And When  
*Alun H. Davies, MA, DM, DSc*

**9:42 – 9:48 Panel Discussion**

**9:48 – 9:58 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)**

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

*Moderators: Allan L. Brook, MD*  
*Horst Sievert, MD*

**9:58 – 10:03** Carotid Plaque Characteristics With Duplex, CT And MRI Can Predict High Stroke Risk Patients With Asymptomatic Carotid Stenosis  
*Christos D. Liapis, MD*

**10:04 – 10:08** [SS] **DEBATE:** Long-Term Results Of Transfemoral CAS Are Equivalent To Those Of CEA – Maybe Even Better  
*Klaus D. Mathias, MD*

**10:08 – 10:12** [SS] **DEBATE:** Not So: Long-Term Results Of CAS Are Not Equal To Those Of CEA  
*Anne L. Abbott, MD, PhD*

- 10:12 – 10:16** [SS] Why Occlusion Of 1 Internal Carotid Artery (ICA) Is Not A Benign Condition Even If The Patient Is Asymptomatic  
*Christos D. Liapis, MD*
- 10:16 – 10:21** Value Of CAS In Treating Chronically Totally Occluded ICAs: Indications, Technical Tips, Results  
*Piotr Myrcha, MD, PhD*
- 10:22 – 10:26** [SS] Limb Shaking TIAs: What Are They, What Imaging Should Be Performed And How Should They Be Treated  
*Bruce A. Perler, MD, MBA*

**MANAGEMENT OF ACUTE STROKES**

- 10:26 – 10:31** Merit Of MRI vs. CTA To Evaluate Acute Strokes And Their Treatment: MRI Is Better Than CTA  
*Emmanuel M. Houdart, MD*
- 10:32 – 10:37** Urgent Interventional Treatment Of Strokes Complicating Cardiac Surgery, TEVAR And Other Endo Interventions: What Should Be Done Diagnostically And Therapeutically: Results  
*L. Nelson Hopkins, MD*
- 10:38 – 10:43** For Acute Strokes Later Thrombus Removal From Intracranial Arteries Can Be Beneficial Even 6-16 Hours After Symptom Onset: What Are The Conditions For Success And In Which Patients  
*Colin P. Derdeyn, MD*
- 10:44 – 10:49** Mechanical Intracranial Thrombectomy For Acute Strokes Has Worse Results At Low Volume Centers: What Are The Implications And Which Physicians Should Be Performing These Procedures  
*L. Nelson Hopkins, MD*  
*Colin P. Derdeyn, MD*
- 10:50 – 10:55** Value Of Suction Thrombectomy Versus Stentrievors To Remove Intracranial Arterial Clot: Advantages Of Penumbra Devices (Jet 7 And Jet D) For Acute Stroke Treatment  
*Colin P. Derdeyn, MD*
- 10:56 – 11:00** [SS] What Is The Role Of The Vascular Surgeon In The Treatment Of Acute Strokes  
*Laura Capoccia, MD, PhD*
- 11:00 – 11:06** **Panel Discussion**

SESSION 12 (Grand Ballroom West, 3rd Floor)

**PROGRESS IN THE TREATMENT OF AORTO-ILIAC AND ILIAC OCCLUSIVE DISEASE**

**Moderators:** *Keith D. Calligaro, MD*  
*Daniel G. Clair, MD*

- 11:06 – 11:11** Optimal Endovascular Treatment Of Aorto-Iliac Occlusive Disease: Proper Stent Or Stent-Graft Selection And Technical Tips  
*Jean Bismuth, MD*
- 11:12 – 11:17** When Are Covered Stents The Best Treatment For Aorto-Iliac Occlusive Disease: Which Is The Best Stent-Graft For This: What Are The Long-Term Results  
*B. Patrice Mwipatayi, MMed, MClinEd*

- 11:18 – 11:23** Update On The CERAB Procedure (Covered Endovascular Reconstruction of Aortic Bifurcation) For Aorto-Iliac Occlusive Disease: Technical Tips, 4-Year Results, What Is The Best Stent-Graft For This Procedure  
*Peter C.J. Goverde, MD*  
*Michel M.P. Reijnen, MD, PhD*
- 11:24 – 11:29** Value Of The CERAB Procedure For Failed Iliac Stents: Technical Tips And Best Stent-Graft  
*Maria Antonella Ruffino, MD*
- 11:30 – 11:35** Value Of Aortic (AAA) Endografts For Treatment Of Aorto-Iliac Occlusive Disease: Which Device Is Best And Results  
*Thomas S. Maldonado, MD*
- 11:36 – 11:41** What Is The Best Endovascular Device For Aorto-Iliac Occlusive Lesions: When Self-Expanding Stent; When Balloon Expandable Stent; Which Covered Stent And For Which Lesion  
*Michel M.P. Reijnen, MD, PhD*  
*Peter C.J. Goverde, MD*
- 11:42 – 11:47** Thoraco-Bifemoral Bypass Is A Good Solution When Other Techniques Fail Or Are Contraindicated: Technical Tips And Results  
*Manju Kalra, MBBS*
- 11:48 – 11:53** When Limb Occlusion Occurs After An EVAR, Endovascular Solutions Are The Way To Go: Technical Tips To Make Them Safe And Effective  
*Klaus M. Overbeck, MD, MPhil*
- 11:54 – 12:00** **Panel Discussion**
- 12:00 – 1:00** **Lunch Break –2nd Floor Promenade**  
**Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 13 (Grand Ballroom West, 3rd Floor)  
NEW OR UPDATED CONCEPTS AND TECHNIQUES;  
IMPORTANCE OF ARTIFICIAL INTELLIGENCE  
(AI) IN VASCULAR TREATMENT (5 AND ONE  
4-MINUTE SHORT SUMMARY [SS] TALKS)

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

- 1:00 – 1:05** The Evidence Base For Clinical Decision Making In Lower Extremity Treatments Is Poor: Guidelines Are Often Based On Shaky Foundations: What Is Needed And Are Things Improving  
*Michael R. Jaff, DO*
- 1:06 – 1:11** Innovation In The Hybrid Operating Room And Angio Suite: What Future Developments Should We Expect: The Philips Azurion Flex C-Arm Fluoroscope Is One Example  
*Barry T. Katzen, MD*
- 1:12 – 1:17** Advances In Transradial Access For Treating Non-Cardiac Arterial Lesions: Supplies Needed Like Sheathless Systems And 7 Key Technical Pillars To Make Radial Access Procedures Safe And Successful  
*Marcelo Guimaraes, MD*
- 1:18 – 1:23** Update After 2 Years Of The BATTLE RCT Showing Equivalence Of The Zilver PTX DES (Cook) And Misago Bare Stent (Terumo) For Fempop Lesions: Despite The Misago's Suitability For Deployment Via Radial Access: How Is This Possible  
*Yann Gouëffic, MD, PhD*



- 1:24 – 1:28** [SS] What Is The Cutneedle And How Does It Facilitate Percutaneous Vascular Access  
*Vicente Rimbau, MD, PhD*
- 1:28 – 1:33** The Untethered Vascular Patient: How Sensor Technology And Telemedicine Will Improve Care And The Need For Doctor Visits  
*Tony S. Das, MD*
- 1:34 – 1:39** New Evidence That Telehealth Virtual Visits Can Change Patient Behavior And Be Beneficial  
*John (Jeb) W. Hallett, MD*
- 1:40 – 1:45** Lessons Learned By A Creative Physician-Inventor And How Artificial Intelligence Will Change Vascular Practice And The World  
*Lindsay Machan, MD*
- 1:46 – 1:51** Relevance Of Cybersecurity And Artificial Intelligence To Endovascular Treatments  
*Ron Waksman, MD*
- 1:52 – 1:57** How To Use Apps To Improve Vascular Surgery And A Vascular Surgeon's Practice  
*Keith D. Calligaro, MD*
- 1:58 – 2:06** **Panel Discussion**

SESSION 14 (Grand Ballroom West, 3rd Floor)

**VASCULAR SURGERY BRANDING, RECOGNITION, TRAINING AND GOVERNING BODIES (BOARD AND RESIDENCY REVIEW COMMITTEE [RRC])**

**Moderators:** *Alan M. Dietzek, MD, RPVI*  
*Benjamin W. Starnes, MD*

- 2:06 – 2:11** Vascular Surgeons Should Be Complete Vascular Doctors And Not Just Proceduralists: They Should Be Knowledgeable In And Manage All Aspects Of Non-Cardiac Vascular Disease Care  
*Jerry Goldstone, MD*
- 2:12 – 2:17** Update On Vascular Surgery Training Programs: Number Of 0+5 Positions; Number Of 5+2 Programs: How Many More Of Each Are In The Pipeline  
*Murray L. Shames, MD*
- 2:18 – 2:23** How Medical/Hospital Executives Perceive Vascular Surgery: It Is Not As A Separate Specialty: Why We Need To Be A Separate Specialty And To Have The Recognition That Goes With It  
*Jeffrey H. Hsu, MD*
- 2:24 – 2:29** Are Interventional Cardiologists Competing With Vascular Surgeons: What Are Their Advantages And Disadvantages: What Can Be Done About This Competition  
*Timur P. Sarac, MD*
- 2:30 – 2:35** Why Vascular Surgery Needs An Approved Independent Board And To Be An Independent Specialty: Status Of The American Board of Vascular Surgery Or ABVS And What Progress Is It Making In Its Quest  
*Alan M. Dietzek, MD, RPVI*
- 2:36 – 2:41** The Reasons Why Vascular Surgery Needs To Be An Independent Specialty With Its Own Separate Board And RRC: It Is Time To Move From Being A Colony To A Nation, Or A Territory To A State  
*David H. Deaton, MD*

- 2:42 – 2:47** Vascular Surgery Needs An Independent ABMS Approved Board And RRC To Thrive As A Specialty In The Medical Hierarchy And To Have Its Value Appropriately Recognized  
*Timothy M. Sullivan, MD*
- 2:48 – 2:53** Vascular Surgery Needs Its Own Separate Approved Board And Qualifies For It In Every Way: However, To Get It The Specialty's Leadership Represented By The SVS Executive Committee Must Recognize This Need And Go After It With Full Force  
*O. William Brown, MD, JD*
- 2:54 – 2:59** What Is Wrong With The American Board of Surgery's MOC (Maintenance Of Certification) System For Vascular Surgeons And What Can Be Done To Fix It  
*K. Craig Kent, MD*
- 3:00 – 3:05** The Present MOC System Is Flawed And Does Not Help Patients: MOC Should Be Abolished And Replaced By A Lifelong Learning System: How To Do It  
*Gilbert R. Upchurch, MD*
- 3:06 – 3:15** **Panel Discussion**
- 3:15 – 3:26** **Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 15 (Grand Ballroom West, 3rd Floor)

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

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

- 3:26 – 3:30** [SS] Endovascular Treatment Of Large Renal Aneurysms With An Uncovered Stent Excludes The Aneurysm While Preserving Branch Flow: Does It Work  
*Jacques Busquet, MD*
- 3:30 – 3:34** [SS] An Occluded Renal Artery Does Not Mean A Lost Kidney Due To Collaterals Maintaining Its Viability: Revascularization Can Restore Function  
*Wei Zhou, MD*
- 3:34 – 3:39** Renal Artery Aneurysms: When Are They Dangerous: Endovascular Techniques For Treatment: When Is Open Repair Indicated  
*Armando Mansilha, MD, PhD*
- 3:40 – 3:45** Endovascular Versus Open Treatment For Renal And Visceral Artery Aneurysms: When Is Each Treatment Best; Technical Tips  
*Timur P. Sarac, MD*
- 3:46 – 3:51** Update On Optimal Treatment For Acute Mesenteric Ischemia: When Endo; When Open: Technical Tips  
*Guillermo A. Escobar, MD*
- 3:52 – 3:57** Isolated Dissection Of The Celiac Axis Or Superior Mesenteric Artery (SMA) May Be Symptomatic Or Asymptomatic: Natural History And How Best To Treat  
*I-Hui Wu, MD, PhD*
- 3:58 – 4:03** **Panel Discussion**
- 4:03 – 4:07** [SS] **DEBATE:** Open Surgery Has An Important Role In The Treatment Of Mesenteric Aneurysms  
*Timur P. Sarac, MD*

- 4:08 – 4:12** [SS] **DEBATE:** Not So: Mesenteric And Renal Aneurysms Can All Be Treated Endovascularly: Technical Tips  
*Robert A. Morgan, MD*
- 4:13 – 4:18** Pancreaticoduodenal Artery Aneurysms: New Insights Into Their Natural History And Treatment: Endo Versus Open  
*Benjamin M. Jackson, MD*  
*Ronald M. Fairman, MD*
- 4:19 – 4:24** Embolization Treatment For Splenic Artery Aneurysms: When, When Not, Technical Tips And Long-Term Results  
*Robert A. Lookstein, MD, MHCDL*
- 4:25 – 4:30** Indications And Technical Tips For Safe Retrograde SMA Stenting In Acute Mesenteric Ischemia: Best Access Is Via A Small SMA Branch  
*Cynthia K. Shortell, MD*
- 4:31 – 4:35** [SS] Direct Percutaneous Approach To Treat Visceral Artery Aneurysms Difficult To Approach Intraluminally: How To Do It Safely  
*Jacob Cynamon, MD*
- 4:36 – 4:42** **Panel Discussion**

SESSION 16 (Grand Ballroom West, 3rd Floor)

**UPDATE ON OPEN SURGICAL AND HYBRID PROCEDURES; NEW DEVELOPMENTS IN THE TREATMENT OF AORTIC COARCTATION**

**Moderators:** *Enrico Ascher, MD*

*Sebastian E. Debus, MD, PhD*

- 4:42 – 4:47** Can Simulation Substitute For The Decrease In Open Aortic Cases In Training And Practice  
*Ashraf Mansour, MD*
- 4:48 – 4:53** When Is Open Surgery The Best Treatment For Visceral Occlusive Disease And Aneurysms And Why  
*Laurent Chiche, MD*
- 4:54 – 4:59** Technical Tips For Obtaining Open Retroperitoneal Exposure For Treating Complex AAAs Involving The Pararenal And Visceral Aorta  
*R. Clement Darling III, MD*
- 5:00 – 5:05** Long-Term Results Of Open Juxta- And Pararenal AAA Repair: From A Large Multicenter National Database With Mean Follow-Up Of 4 Years  
*Jean-Baptiste Ricco, MD, PhD*
- 5:06 – 5:11** Durability And Late Results Of TAAA Repairs For Type IV And Types I-III TAAAs: When Should Open Repair Be The Preferred Treatment In The Current Endo World  
*Hazim J. Safi, MD*
- 5:12 – 5:17** Minimal Incisions For Open Aortobifemoral And Fempop Bypasses: Technical Tips And Advantages  
*Robert M. Proczka, MD, PhD*
- 5:18 – 5:23** **Panel Discussion**
- 5:24 – 5:29** Is There Still A Role For Hybrid Procedures In The Endo Era: Why And In What Conditions And Vascular Beds  
*Oscar L. Ojeda, MD*

**MID-AORTIC SYNDROME**

- 5:30 – 5:35** Update On Revascularization For Renovascular Hypertension And Mid-Aortic Syndrome: It Is Almost Always Best Treated By Open Surgery  
*Dawn M. Coleman, MD*
- 5:36 – 5:41** Renovascular Hypertension And Mid-Aortic Syndrome: There Is A Role For Endovascular As Well As Open Treatments: Which Treatment Is Best At What Ages  
*George Hamilton, MD*

**ADVANCES IN COARCTATION TREATMENT**

- 5:42 – 5:47** Advances In Covered Stent Treatment Of Aortic Coarctation: Value Of New Balloon Expandable Stent-Grafts: Are Bare Stents Ever Indicated  
*Elchanan Bruckheimer, MBBS*
- 5:48 – 5:53** Tips And Tricks For Endo Treatment Of Aortic Coarctation With Aneurysmal Degeneration As A Complication Of A Chronic TBAD  
*Marcelo Ferreira, MD*
- 5:54 – 6:00** **Panel Discussion**
- End of Program B**

**PROGRAM C-1 SESSIONS 17-18**  
**MANAGEMENT OF PULMONARY EMBOLISM: THE ULTIMATE TEAM APPROACH**  
**(VEITH/TCT CO-BRANDED SESSIONS)**

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

SESSION 17 (Trianon Ballroom, 3rd Floor)  
**MANAGEMENT OF PULMONARY EMBOLISM: THE ULTIMATE TEAM APPROACH – PART 1**  
**(VEITH/TCT CO-BRANDED SESSION)**

**Moderator: Michael R. Jaff, DO**

- 7:00 – 7:05** Introduction To The Symposium  
*Frank J. Veith, MD*
- 7:05 – 7:15** Welcome And Introduction  
*Michael R. Jaff, DO*
- 7:15 – 7:25** The Basics Of Pulmonary Embolism—What Is The Role Of The History, Exam, Biomarkers  
*Raghu Kolluri, MD*
- 7:25 – 7:35** Do We Need An Echo To Manage Acute Submassive PE  
*David M. Dudzinski, MD*
- 7:35 – 7:45** Advanced Imaging For PE: What Is The Optimal Strategy For The Diagnosis Of Acute And Chronic PE  
*Brian B. Ghoshhajra, MD, MBA*
- 7:45 – 8:00** Medical Treatment Of PE: When, Why, For How Long, And How Can I Remember  
*Geno J. Merli, MD, MACP*
- 8:00 – 8:10** Testing For Cancer And Other Hypercoagulable States In PE  
*Rachel Rosovsky, MD, MPH*
- 8:10 – 8:20** The First Opportunity—The Emergency Physician Algorithm For Acute PE Management  
*D. Mark Courtney, MD*

- 8:20 – 8:35** Intravenous Thrombolytic Therapy For PE: No Need For Catheter-Based Intervention  
*Jay Giri, MD, MPH*
- 8:35 – 8:45** Advancing The Science In PE Treatment—What Do We Need To Know, And How Will We Learn  
*Akhilesh K. Sista, MD*
- 8:45 – 8:55** Ultrasound-Assisted Pharmacomechanical Thrombectomy—Does This Really Work  
*Robert A. Lookstein, MD, MHCDL*
- 8:55 – 9:05** What Device Is Best For Acute PE Intervention  
*James F. Benenati, MD*
- 9:05 – 9:15** Step-By-Step Technical Tips For Pharmacomechanical Intervention For PE  
*Gary M. Ansel, MD*
- 9:15 – 9:25** Percutaneous Mechanical Thrombectomy Without Lytics: The Results Of The FLARE Study  
*Thomas M. Tu, MD*
- 9:25 – 9:45** **Panel Discussion**

**Moderator:** *Michael R. Jaff, DO*

**Panelists:** *Gary M. Ansel, MD*  
*James F. Benenati, MD*  
*D. Mark Courtney, MD*  
*David M. Dudzinski, MD*  
*Brian B. Ghoshhajra, MD*  
*Jay Giri, MD, MPH*  
*Raghu Kolluri, MD*  
*Robert A. Lookstein, MD, MHCDL*  
*Geno J. Merli, MACP*  
*Rachel Rosovsky, MD, MPH*  
*Akhilesh K. Sista, MD*  
*Thomas M. Tu, MD*

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

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

**Moderator:** *Michael R. Jaff, DO*

- 10:10 – 10:20** Technical Tips For Pharmacomechanical Intervention For PE: How Do I Do It?  
*Gary M. Ansel, MD*
- 10:20 – 10:30** Vortex Strategy For Massive PE  
*Christopher J. Kwolek, MD*
- 10:30 – 10:40** ECMO And Surgical Thromboembolectomy For Massive PE: When, How, And Why  
*Mark G. Davies, MD*
- 10:40 – 10:55** Putting It All Together: What Is The Modern Algorithm For Management Of Massive And Submassive PE  
*Ido Weinberg, MD, MSc*
- 10:55 – 11:10** Vena Cava Filters In PE Treatment—Do We Need To Do This, And If So, When  
*Robert A. Lookstein, MD, MHCDL*
- 11:10 – 11:25** Balloon Angioplasty For Chronic Thromboembolic Pulmonary Hypertension—Has This Become Mainstream  
*Kenneth Rosenfield, MD*
- 11:25 – 11:35** The Team Approach To PE Management: The National PERT Consortium  
*Richard Channick, MD*

**11:35 – 12:00** Challenging Cases And “PERT” Decisions

**Moderator:** *Michael R. Jaff, DO*

**Panelists:** *Gary M. Ansel, MD*  
*Richard Channick, MD*  
*Mark G. Davies, MD*  
*Christopher J. Kwolek, MD*  
*Robert A. Lookstein, MD, MHCDL*  
*Kenneth Rosenfield, MD*  
*Ido Weinberg, MD, MSc*

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

PROGRAM C-2 (SESSIONS 19-20)  
INTRODUCTION TO VASCULAR MALFORMATIONS  
Trianon Ballroom, 3rd Floor

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

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

**Moderators:** *Krassi Ivancev, MD, PhD*  
*Fiona Rohlfes, MD*

- 1:00 – 1:02** Welcome  
*Krassi Ivancev, MD, PhD*
- 1:02 – 1:07** The International Society for the Study of Vascular Anomalies Classification System for Vascular Malformations  
*Fiona Rohlfes, MD*
- 1:08 – 1:13** Pediatric Hemangioma And Propranolol Medical Management  
*Laurence M. Boon, MD, PhD*
- 1:14 – 1:19** The Palliative Role Of Sirolimus In Vascular Malformation Management  
*Laurence M. Boon, MD, PhD*
- 1:20 – 1:28** Ethanol Sclerotherapy Of Hepatic Venous Malformations  
*Krassi Ivancev, MD, PhD*
- 1:29 – 1:37** Ethanol Sclerotherapy Of Complex Peripheral Venous And Lymphatic Malformations  
*Wayne F. Yakes, MD*

SESSION 20 (Trianon Ballroom, 3rd Floor)  
HEAD AND NECK VASCULAR MALFORMATION  
MANAGEMENT; HIGH-FLOW AVMS  
MANAGEMENT ISSUES

**Moderators:** *Laurence M. Boon, MD, PhD*  
*Robert L. Vogelzang, MD*

- 1:38 – 1:46** Endovascular Ethanol Sclerotherapy Of Complex Head & Neck Venous And Lymphatic Malformations  
*Krassi Ivancev, MD, PhD*
- 1:47 – 1:55** Combined Endovascular And Surgical Management Of Head & Neck Vascular Malformations  
*Laurence M. Boon, MD, PhD*
- 1:56 – 2:04** Direct Laryngoscopy In The Diagnosis And Treatment Of Vascular Malformations  
*Edward Hepworth, MD*

**2:05 – 2:13** Curative Endovascular Management Strategies Of Complex/Multiple Head & Neck AVMs  
*Wayne F. Yakes, MD*

**Moderators:** *Tarek M.S. Radwan, FRCS*  
*Edward J. Hepworth, MD*

**2:14 – 2:25** The Yakes AVM Classification System: A Guide To Curative Endovascular Treatment Strategies  
*Fional Rohlffs, MD*

**2:26 – 2:33** Where Is The AVM Nidus  
*Robert L. Vogelzang, MD*

**2:34 – 2:41** Complex Capillary-Venous Malformations And Their Endovascular Management  
*Tarek M.S. Radwan, FRCS*

**2:42 – 2:49** The Retrograde Vein Approach For Curative Endovascular Treatment Of AVMs  
*Robert L. Vogelzang, MD*

**2:50 – 3:00** Endovascular Treatment Of Intraosseous Vascular Malformations  
*Fiona Rohlffs, MD*

**End of Program C-2**

PROGRAM C-3 (SESSIONS 21-22)  
HOT NEW TOPICS IN LOWER EXTREMITY OCCLUSIVE DISEASE TREATMENT

(VEITH/TCT CO-BRANDED SESSIONS)  
Trianon Ballroom, 3rd Floor

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

(VEITH/TCT CO-BRANDED SESSION)  
**Moderators:** *Evan C. Lipsitz, MD, MBA*  
*Neal S. Cayne, MD*

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

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

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

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

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

**3:25 – 3:30** **Panel Discussion**

- 3:30 – 3:35** Where Do We Stand With Below The Knee (BTK) Drug Coated Balloons (DCBs): What Is Their Future And What Are Open Questions  
*Marc Bosiers, MD*
- 3:35 – 3:40** New Devices To Facilitate Lower Extremity Endo Treatments And Crossing Of Chronic Total Occlusions (CTOs): A 4 Fr Catheter With A Retractable Needle – The Go Back Crossing Catheter (Upstream Peripheral) And The Bullfrog Device For Injecting Local Anesthesia In The Artery Wall: How Do They Work  
*Andrej Schmidt, MD*
- 3:40 – 3:45** Spot Stenting Using Multiple Short Stents For Long SFA/Pop Lesions (Vascuflex Multiloc Device From B. Braun Medical): How Does It Work And Results  
*Thomas Zeller, MD*
- 3:45 – 3:50** Drug Delivery In BTK Arteries: Where Does It Stand: Where Is It Going: What Are Some New Drug Delivery Concepts  
*Dierk Scheinert, MD*
- 3:50 – 3:55** The Challenge Of Treating Extensively Calcified Lesions In CLTI Patients And How To Overcome The Problem  
*Brian G. DeRubertis, MD*
- 3:55 – 4:00** **Panel Discussion**
- 4:00 – 4:05** **DEBATE:** An Endo First Approach Is Best For All CLTI Patients And Does Not Burn Bridges If An Open Bypass Is Required Later  
*D. Christopher Metzger, MD*
- 4:05 – 4:10** **DEBATE:** Not True: Patient First Is Better: Endo First Does Not Work For All CLTI Patients: Target Arteries For Later Open Bypass Can Be Damaged (Bridges Burned)  
*Philip P. Goodney, MD, MS*
- 4:10 – 4:15** Long-Term (5 Years) Effectiveness Of Zilver PTX Drug Eluting Stents (DESs) For Fempop In Stent Restenosis (ISR): From The Japanese Post Market Surveillance Study  
*Kimihiko Komori, MD, PhD*
- 4:15 – 4:20** The “Balloon Wrap” Issue As A Cause Of Dissections With Balloon Angioplasty (PTA): What Is It And Which Balloons Are Least Affected By It  
*Jos C. van den Berg, MD, PhD*
- 4:20 – 4:25** Update On The Value Of Toe Pressures, Statins And Clopidogrel In CLTI: Why They Matter  
*Maarit Venermo, MD, PhD*
- 4:25 – 4:30** **Panel Discussion**

SESSION 22 (Trianon Ballroom, 3rd Floor)

**MORE HOT NEW SHORT SUMMARY TOPICS  
RELATED TO LOWER EXTREMITY OCCLUSIVE  
DISEASE AND CLTI (ALL TALKS ARE 4 ¾ MINUTES)**

(VEITH/TCT CO-BRANDED SESSION)

**Moderators:** *Craig M. Walker, MD*

*Peter A. Schneider, MD*

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



- 4:35 – 4:40** Significance Of Calcification In Lower Extremity Arteries Clinically: How To Evaluate It: What Does It Mean For Endo Treatments  
*Yann Gouëffic, MD, PhD*
- 4:40 – 4:45** DESs Versus DCBs: Which Is Best When: Which Is More Cost Effective  
*Mohammad H. Eslami, MD, MPH*
- 4:45 – 4:50** **DEBATE:** When Common Femoral Artery (CFA) Lesions Need Treatment, Open Endarterectomy Is The Procedure Of Choice  
*Matthew T. Menard, MD*
- 4:50 – 4:55** **DEBATE:** Not So: CFA Lesions Are Best Treated By Angioplasty And Stenting: 2-Year Results With The Supera Stent (Vasculomimetic Implant [VMI] From Abbott)  
*Yann Gouëffic, MD, PhD*  
*Koen R. Deloose, MD*
- 4:55 – 5:00** Stenting Of CFA Lesions Compares Favorably To Endarterectomy In A RCT (TECCO Trial) Even When The Distal Bifurcation Is Involved: The Culotte Technique For Stenting Both CFA Branches  
*Yann Gouëffic, MD, PhD*
- 5:00 – 5:05** 2-Year Results Of The ZILVER PASS RCT Comparing Zilver PTX DES Treatment To Open Prosthetic Bypasses For Long Fempop Lesions: Patency Is Equal But Complications And Length Of Stay Less With Zilver PTX  
*Marc Bosiers, MD*  
*Koen R. Deloose, MD*
- 5:05 – 5:10** Distal Bypasses Can Save Limbs With Extensive Gangrene And Calcified Arteries In Dialysis Patients: Key Technical Tips  
*Nobuyoshi Azuma, MD*
- 5:10 – 5:15** **Panel Discussion**
- 5:15 – 5:20** 5-Year Follow-Up Outcomes And Lessons Learned From The In.Pact Deep DCB RCT For BTK Lesions: Managing CLTI Patients Is Challenging  
*Thomas Zeller, MD*
- 5:20 – 5:25** Role Of New Stem Cell Therapies In Treating Lower Extremity Ischemia  
*Marianne Brodmann, MD*
- 5:25 – 5:30** How To Use CO<sub>2</sub> As A Contrast Agent To Visualize Patent Foot Arteries In CLTI Patients  
*Jim Caridi, MD*
- 5:30 – 5:35** Technical Tips For Using CO<sub>2</sub> As A Contrast Agent To Image Patent Tibial And Foot Arteries Better And Safely  
*Palma M. Shaw, MD*
- 5:35 – 5:40** Value Of Adequate Vessel Prep And Duplex Imaging In Optimizing Results Of Balloon And DCB Angioplasty In Crural (Tibial) Arteries – Especially With Long Lesions  
*Francesco Liistro, MD*
- 5:40 – 5:45** Nanotechnology: A New Frontier In The Imaging And Treatment Of CLTI  
*Sean C. Morris, MD*
- 5:45 – 5:50** Infrainguinal Bypasses After Failed Endovascular Treatments Have Lower Patency And Higher Amputation Rates Than Primary Bypasses  
*Alik Farber, MD*

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

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

## WEDNESDAY, NOVEMBER 20, 2019

**6:00 A.M. General Registration – Rhinelander Gallery, 2nd Floor**

**6:00 A.M. Faculty Registration – Morgan Suite, 2nd Floor**

**6:15 A.M. Continental Breakfast – Rhinelander Gallery, 2nd Floor**

### CONCURRENT WEDNESDAY PROGRAMS

PROGRAM D: SESSIONS 23-30

**Progress In Lower Extremity Occlusive Disease And Its Treatments**  
(VEITH/TCT CO-BRANDED SESSIONS)

6:40 A.M. – 6:15 P.M.

Grand Ballroom East, 3rd Floor

PROGRAM E: SESSIONS 31-38

**Advances In Medical Treatments, New Drugs, Anti-Atherogenic  
And Anti-Hypertensive Treatments; Management Of Endoleaks  
And Complications; Recorded Live Cases; A Tribute And Assorted  
Issues Of Interest; Outpatient Vascular Treatment And Ethical  
Issues; Topics Related To The FDA, SVS, VQI, Costs And  
Reimbursement And The Value Of Vascular Surgeons**

6:40 A.M. – 6:02 P.M.

Grand Ballroom West, 3rd Floor

PROGRAM F: SESSIONS 39-46

**More New Developments In Thoracic Aortic Disease, Aortic  
Dissections, TAAAs, Juxta- And Pararenal AAAs, Parallel Grafts,  
Fenestrated And Branched EVAR (F/B/EVAR), Multilayer Bare  
Stents, Infraarenal AAAs And Standard EVAR And Hot New  
Aortic And Carotid Topics**

6:40 A.M. – 6:00 P.M.

Trianon Ballroom, 3rd Floor

PROGRAM D (SESSIONS 23-30)

**PROGRESS IN LOWER EXTREMITY OCCLUSIVE  
DISEASE AND ITS TREATMENT**

Grand Ballroom East, 3rd Floor

SESSION 23 (Grand Ballroom East, 3rd Floor)

**GENERALITIES IN THE ENDOVASCULAR AND  
OPEN TREATMENT OF LOWER EXTREMITY  
OCCLUSIVE LESIONS**

(VEITH/TCT CO-BRANDED SESSION)

*Moderators: Enrico Ascher, MD*

*Craig M. Walker, MD*

*Frank J. Veith, MD*

**6:40 – 6:45** Understanding US FDA IDEs (Investigative Device  
Exemptions) Trials For Evaluating Lower Extremity  
Endo Devices – Especially BTK Devices: What These  
Will Tell Us (About Patency) And What They Won't  
Tell Us (About Amputation Free Survival)  
*Patrick J. Geraghty, MD*

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

- 6:52 – 6:57** Value Of IVUS In Lower Extremity Endovascular Treatments: It Is A Management-Altering, Must Have Game Changer  
*Fabrizio Fanelli, MD*
- 6:58 – 7:03** Which Wires And Catheters Are Best To Reach Infrainguinal Arteries Via A Radial Approach: Innovative New Wire Engineering Designs To Improve Performance Of 104 Wires: What Is A Twist Wire And How Does It Work  
*Craig M. Walker, MD*
- 7:04 – 7:09** Endovascular Treatment Is Appropriate For CLTI Patients With Heel Gangrene Involving The Os Calcis And Achilles Tendon: Limb Salvage With Function Can Be Achieved And How  
*Iris Baumgartner, MD*
- 7:10 – 7:15** What Is The Future Of Stenting In The Current DCB World: DCBs Do Not Always Work For Complex Lesions: Leave Nothing Behind Is Only A Dream  
*Marc Bosiers, MD*  
*Koen R. Deloose, MD*

**SOME COMMENTS ON ENDOVASCULAR TREATMENTS OF ARTERIAL LESIONS IN THE FOOT**

- 7:16 – 7:21** How Durable Is The Patency Of Balloon Angioplasty Of Foot Arteries And Plantar Loop Procedures: Why It May Not Matter  
*Marco G. Manzi, MD*
- 7:22 – 7:27** Should We Treat Foot Vessel Lesions Or Is Such Treatment Fanciful Or Harmful: How Should We Monitor Such Treatment: What Is The End Point And When Is Open Surgery Better  
*Marianne Brodmann, MD*
- 7:28 – 7:33** Small Artery Disease (SAD) And Medial Artery Calcification (MAC) In The Foot: What Is Its Role In Severe CLTI And How Is It Best Treated  
*Roberto Ferraresi, MD*
- 7:34 – 7:39** Open Bypass To Foot Arteries Can Save Limbs If Foot Arteries And Arches Have Not Been Instrumented: A Note Of Caution  
*Francesco Spinelli, MD*
- 7:40 – 7:45** Role Of Distal Bypass In CLTI With Severe Gangrene: What % Of Such Patients Will Need One At Some Time In Their Course: When Are Pedal Bypasses Better Than Pedal Loop Procedures  
*Richard F. Neville, MD*
- 7:46 – 7:52** **Panel Discussion**

SESSION 24 (Grand Ballroom East, 3rd Floor)  
PROGRESS IN STENT BASED TREATMENTS,  
ATHERECTOMY AND LITHOPLASTY (LITHOTRIPSY)  
FOR LOWER EXTREMITY OCCLUSIVE LESIONS  
(VEITH/TCT CO-BRANDED SESSION)

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

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

- 7:58 – 8:03** For Fempop Lesions, Zilver PTX DESs Are Durable Effective Treatment: 5-Year Results Show It Even In Adverse Circumstances: New Findings From The Zilver PTX RCT  
*Michael D. Dake, MD*
- 8:04 – 8:09** Which Patients With Fempop Occlusive Lesions Are Not Candidates For DCB Treatment: How Should They Be Treated  
*Fabrizio Fanelli, MD*
- 8:10 – 8:15** New Findings From The IMPERIAL RCT Comparing Zilver PTX DESs With Eluvia DESs For Fempop Lesions: Do Differences In Technology And Results In High Risk Subgroups Suggest That Eluvia Is A Better Stent  
*William A. Gray, MD*  
*Stefan Müller-Hülsbeck, MD*
- 8:16 – 8:21** Not Sure That IMPERIAL RCT To Date Shows Differences That Are Important: Zilver PTX Is Still A Good DES With Favorable Longer-Term Results And Both Stents Produced Equal Improvement In Symptoms  
*Gary M. Ansel, MD*
- 8:22 – 8:27** Another View On When To Use Which Stent For Fempop Lesions: Supera, Zilver PTX, Eluvia Or Others  
*Iris Baumgartner, MD*
- 8:28 – 8:33** Eluvia (Boston Scientific) Is The Only Polymer Based Paclitaxel DES Technology, And It Is Now Being Studied For BTK Lesions In The SAVAL RCT  
*Patrick J. Geraghty, MD*  
*Jihad A. Mustapha, MD*
- 8:34 – 8:39** Bioresorbable Everolimus DESs For Treating BTK Lesions: The Results With The Absorb Stent (Abbott) Were Favorable For 5 Years: What Does The Future Hold For Such Stents  
*Steven Kum, MD*  
*Ramon L. Varcoe, MBBS, MS, PhD*
- 8:40 – 8:45** Current Status And Improvements In Atherectomy Devices: Which One Or Ones Are Best And Why: For Stand-Alone Treatment Or For Vessel Preparation For Other Treatments  
*Lawrence A. Garcia, MD*
- 8:46 – 8:51** Which Atherectomy Device Is Best And Why; A European Perspective And Shockwave Based Technology With A Jack-Hammer Effect To Facilitate CTO Wire Crossing (From Soundbite Medical Solutions); How It Works  
*Marianne Brodmann, MD*
- 8:52 – 8:57** Update On Intravascular Lithotripsy (Lithoplasty) To Treat Calcified Occlusive Lesions: When Is It Worthwhile And When Not: From The DISRUPT PAD Trials And The REAL World Registry  
*Andrew Holden, MBChB*
- 8:58 – 9:10** **Panel Discussion And Break**  
**Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 25 (Grand Ballroom East, 3rd Floor)

NEW DEVELOPMENTS IN LOWER EXTREMITY  
RELATED TOPICS: DOWNSIDE OF DCBs: THE  
PACLITAXEL COATED DEVICES INCREASE  
MORTALITY ISSUE

(VEITH/TCT CO-BRANDED SESSION)

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

- 9:10 – 9:15** Introductory Remarks And Overview  
*Gary M. Ansel, MD*
- 9:16 – 9:21** The Downsides To DCBs: Cost; Distal Embolization;  
Increased Mortality: Are They Substantive  
*Andrew Holden, MBChB*
- 9:22 – 9:27** Update On The Meta-Analysis Showing An Increased  
Mortality In Patients Treated With Drug (Paclitaxel)  
Coated Lower Extremity Devices (DCBs And DESs):  
What Is The Current Interpretation  
*Konstantinos Katsanos, MSc, MD, PhD*
- 9:28 – 9:33** Understanding The Pharmacology, Mechanisms Of  
Action And Toxicity Of Paclitaxel On Drug Coated  
Devices: How Could Paclitaxel Influence Mortality  
*Juan F. Granada, MD*
- 9:34 – 9:39** Is The Increased Mortality Risk Of Paclitaxel Coated  
Lower Extremity Devices Observed In The Meta-Analysis  
Real And Meaningful: Update From The VIVA  
Leaders Analysis: Currently How Should It Influence Use  
Of These Devices: Where Is This Issue Going  
*Peter A. Schneider, MD*
- 9:40 – 9:45** Current Status Of The Discussion On Paclitaxel  
Coated Lower Extremity Devices And Their Impact  
On Patient Mortality: Another View And Where  
Does The FDA Stand And Why  
*Michael R. Jaff, DO*
- 9:46 – 9:51** What Is The Society for Vascular Surgery (SVS) Doing  
About This Issue And Where Does It Stand On It  
*Kim J. Hodgson, MD*
- 9:52 – 9:57** What Is The Response To And Position Of An  
Industry Partner (Medtronic) Which Is Vested In  
Drug Eluting Technology  
*Jason R. Weidman, MS, MBA*
- 9:58 – 10:03** Update On The Late Results (>5 Years) Of The Zilver  
PTX DES Trials That Are Relevant To This Issue:  
Including The Corrected Late Patient Mortality Data  
*Michael D. Dake, MD*
- 10:04 – 10:09** Long-Term Safety And Effectiveness Of Paclitaxel  
Coated Devices Versus Non-Coated Devices For  
Femop Occlusive Lesions: From Japanese RCTs And  
Registries: How Do These Data Bear On The  
Paclitaxel-Mortality Issue  
*Osamu Iida, MD*  
*Hiroyoshi Yokoi, MD*
- 10:10 – 10:15** 6-Year Comparison Of Mortality And Its Causes  
In 1500 Patients Treated With Paclitaxel Coated DCBs  
Or DESs Versus Bare Metal Stents (BMSs) Or Plain  
Old Balloon Angioplasty (POBA)  
*Francesco Liistro, MD*
- 10:16 – 10:19** Large Population Based Multicenter German Study  
Indicates Paclitaxel Coated Devices May Be Associated  
With Lower Late Mortality Than Uncoated Devices In  
Some Patient Subgroups  
*Christian A. Behrendt, MD*

**10:19 – 10:25 Panel Discussion**

SESSION 26 (Grand Ballroom East, 3rd Floor)  
NEW DEVELOPMENTS IN DRUG COATED  
BALLOONS (DCBs) AND OTHER DEVICES FOR  
TREATING LOWER EXTREMITY OCCLUSIVE  
LESIONS; RANDOMIZED CONTROLLED TRIALS  
(RCTs) AND BTK TREATMENTS (5- AND 4-MINUTE  
SHORT SUMMARY [SS] TALKS)

(VEITH/TCT CO-BRANDED SESSION)

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

- 10:25 – 10:30** Present Status And Future Potential Of DCBs: Is Durability Maintained: Preventing Restenosis And Catch-Up: Importance Of Dual Antiplatelet Agents  
*Gunnar Tepe, MD*
- 10:31 – 10:36** Best Current Treatment For Long Complex Lesions Is DCBs With Provisional Stenting: What Is The Evidence  
*John R. Laird, MD*
- 10:37 – 10:42** The REAL PTX RCT Compares DESs Versus DCBs For Treating Fempop Lesions, Some Long And Complex: At 2 Years, Results Are Better With DESs  
*Andrej Schmidt, MD*  
*Yvonne Bausback, MD*
- 10:43 – 10:48** 5-Year Results From The IN.PACT SFA RCTs Shows Maintained Benefit Of In.Pact DCB Versus POBA For Treatment Of SFA Lesions With No Increase In Complications Or Mortality  
*Peter A. Schneider, MD*  
*John R. Laird, MD*
- 10:49 – 10:54** The Real World GLOBAL REGISTRY Confirms The Value Of The In.Pact DCB For Treating More Complex SFA Lesions Including In Stent Restenosis (ISR)  
*Marianne Brodmann, MD*  
*Gary M. Ansel, MD*  
*Jos C. van den Berg, MD, PhD*
- 10:55 – 11:00** 2-Year Results Of The COMPARE PILOT RCT Comparing The Ranger DCB (Boston Scientific) With The In. Pact DCB (Medtronic) For Treating Complex Fempop Lesions And 12-Month Results Of Ranger II Trial  
*Dierk Scheinert, MD*  
*Thomas Zeller, MD*  
*Marianne Brodmann, MD*
- 11:01 – 11:06** Safety And Effectiveness Of The Stellarex DCB (Philips) With Low Dose Paclitaxel Up To 3 Years In The Treatment Of Fempop Occlusive Lesions  
*Fabrizio Fanelli, MD*  
*Sean P. Lyden, MD*
- 11:07 – 11:12 Panel Discussion**
- BELOW THE KNEE DCBs**
- 11:13 – 11:18** The ACO ART II RCT Shows Favorable Results With The Orchid DCB To Treat BTK Lesions: With The Right DCB Technology The Future For BTK DCBs Is Brighter Than The Past  
*Francesco Liistro, MD*  
*Wei Guo, MD*
- 11:19 – 11:24** Results Of A RCT Show The Lutonix DCB (Becton Dickinson/Bard) To Be Better Than POBA For BTK Occlusive Lesions  
*Patrick J. Geraghty, MD*  
*Jihad A. Mustapha, MD*  
*Marianne Brodmann, MD*

- 11:25 – 11:30** Value Of The Stellarex DCB (Philips) For Treating BTK Occlusive Lesions: The ILLUMINATE BTK Trial  
*Craig M. Walker, MD*  
*Mahmood Razavi, MD*
- 11:31 – 11:36** Update On SurVeil DCBs (Surmodics/Abbott) For Treating BTK Lesions: What Makes This DCB Different: 1-Year Safety And Efficacy From The PreVail Trial  
*Kenneth Rosenfield, MD*
- 11:37 – 11:42** Economic Factors In The Treatment Of CLTI: Are Drug Coated Balloons (DCBs) DESs Stents Cost Effective: How Can The Costs Of Devices Be Met  
*Gary M. Ansel, MD*
- 11:43 – 11:48** What Is The Importance Of Dual Antiplatelet Agents To The Success Of DCBs And What Is The Current Status Of DCBs With Drugs Other Than Paclitaxel  
*Gunnar Tepe, MD*

**SHORT SUMMARY 4-MINUTE TALKS**

- 11:49 – 11:53** [SS] Value Of A Scoring Balloon (Ultrascore From Becton Dickinson/Bard) In Vessel Preparation Before DCB Use In Fempop Lesions: How It Works And Experience To Date  
*Dierk Scheinert, MD*
- 11:53 – 11:57** [SS] **DEBATE:** SFA Endovascular Treatment Durability Does Not Require Drug Eluting Devices: The Evidence  
*Lawrence A. Garcia, MD*
- 11:57 – 12:01** [SS] **DEBATE:** Not So: Drug Elution Is Essential For SFA Endovascular Treatments To Be Effective And Durable  
*Thomas Zeller, MD*  
*Andrej Schmidt, MD*
- 12:01 – 12:06** **Panel Discussion**
- 12:06 – 1:00** **Lunch Break – 2nd Floor Promenade**  
**Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 27 (Grand Ballroom East, 3rd Floor)

EXOTIC AND EXTREME NEW TREATMENTS FOR VERY DISTAL LOWER EXTREMITY OCCLUSIVE DISEASE CAUSING SEVERE CHRONIC LIMB THREATENING ISCHEMIA (CLTI): HOW TO SAVE THE “NO OPTION FOR TREATMENT” LIMB AND THE “DESERT FOOT” WITH NO PATENT TARGET ARTERIES

(VEITH/TCT CO-BRANDED SESSION)

**Moderators:** *Daniel G. Clair, MD*  
*Giancarlo Biamino, MD, PhD*  
*Frank J. Veith, MD*

- 1:00 – 1:05** How To Gain Retrograde Arterial Access Via Leg Arteries: The Tibioperoneal Trunk, Peroneal, Posterior Tibial And Anterior Tibial: Equipment And Technical Tips  
*Miguel F. Montero-Baker, MD*
- 1:06 – 1:11** ‘Fancy’ Techniques For Getting A Guidewire Across Difficult Chronic Total Occlusions – Especially Those In BTK Arteries In CLTI Patients  
*Osamu Iida, MD*

- 1:12 – 1:17** No Option CLTI: The “Desert Foot”: An Increasing Epidemic: An Overview Of Solutions For It And How To Salvage Some Of These Limbs  
*Marco G. Manzi, MD*
- 1:18 – 1:23** Extreme Distal Lower Limb Revascularization: Durable Solution Or Technical Show Off: Distal Access, Plantar Loop Procedures And Subintimal Angioplasty In Foot Arteries: What Is Their Impact On Mid And Long-Term Results  
*Michele Rossi, MD*
- 1:24 – 1:29** Treatment Possibilities For “No Option” Patients: Including The Pros And Cons Of Venous Arterialization  
*Erwin Blessing, MD*

### **UPDATE ON VENOUS ARTERIALIZATION**

- 1:30 – 1:35** Surgical Arterialization Of Foot Veins For No Option CLTI: How To Do It And Long-Term Outcomes: From A Pioneer  
*Pramook Mutirangura, FRCS*
- 1:36 – 1:41** Arterialization Of Foot Veins Can Save Limbs With No Option CLTI: How And Why Does It Work And Why Does It Fail: What Is Hybrid Arterialization Of Foot Veins: How Does It Compare To The LimFlow Totally Endo Procedure  
*Roberto Ferraresi, MD*
- 1:42 – 1:47** Update On Percutaneous Deep Vein Arterialization (pDVA) With The LimFlow Device For No Option CLTI: Techniques And Results  
*Steven Kum, MD*  
*Daniel G. Clair, MD*  
*Jihad A. Mustapha, MD*
- 1:48 – 1:53** **Panel Discussion**
- 1:53 – 1:58** Tibial Bypasses With PTFE Grafts Are Worthwhile (When Autologous Vein Is Lacking) In Hopelessly Threatened Limbs And Can Save A Functional Limb For Many Years: They Deserve A Better Reputation Than They Have  
*Gregg S. Landis, MD*  
*Richard F. Neville, MD*  
*Neal S. Cayne, MD*  
*Evan C. Lipsitz, MD, MBA*  
*Nicholas J. Gargiulo III, MD, RPVI, RVT, RDMS*  
*Frank J. Veith, MD*
- 1:59 – 2:04** Ultradistal Bypasses To Below The Ankle Arteries Can Save Limbs With CLTI And Gangrene: How Distal In The Foot Can One Go: No Option CLTI Is Usually A Misnomer  
*Hisham Rashid, FRCS*
- 2:05 – 2:10** Extended Open Techniques To Save Threatened Feet When All Endovascular Attempts Have Failed  
*Enrico Ascher, MD*
- 2:11 – 2:16** Below The Ankle Angioplasty And Stenting For CLTI: Technical Tips, Indications And Challenges: Poor Patency Rates May Not Hamper Limb Salvage  
*Konstantinos Katsanos, MSc, MD, PhD*
- 2:17 – 2:22** **Panel Discussion**



SESSION 28 (Grand Ballroom East, 3rd Floor)

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

**(VEITH/TCT CO-BRANDED SESSION)**

**Moderators:** *Richard F. Neville, MD*

*Neal S. Cayne, MD*

**IN STENT RESTENOSIS (ISR)**

**2:22 – 2:27** Update On Best Current Treatment For In Stent Restenosis (ISR): A European Perspective

*Jos C. van den Berg, MD, PhD*

**2:28 – 2:33** Update On The Best Current Treatment For ISR Of Varying Grades: A US Perspective

*Brian G. DeRubertis, MD*

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

*Marc Bosiers, MD*

**NEW DEVELOPMENTS IN VALUE OF SELF-EXPANDING STENT GRAFTS (VIABAHN)**

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

*Osamu Iida, MD*

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

*Naoki Fujimura, MD, PhD*

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

*Brian G. DeRubertis, MD*

**2:58 – 3:03** **Panel Discussion**

**PTFE-HEPARIN BONDING**

**3:03 – 3:08** Comparison Of Heparin Bonded PTFE Grafts To Those Without Heparin Bonding

*Yann Gouëffic, MD, PhD*

**THE DETOUR PROCEDURE**

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

*Sean P. Lyden, MD*

**3:15 – 3:20** Will The Detour Procedure For PQ Endovenous Fempop Arterial Bypass Eliminate The Need For Open Surgery: When Will It And When Won't It

*Dainis K. Krievins, MD*

## ARTERIAL CALCIFICATION

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

## UNUSUAL LOWER EXTREMITY STENTS

- 3:27 – 3:32** Initial Experience With A 3 French Compatible Microstent For Antegrade Or Retrograde Treatment Of Tibial Artery Lesions (From Micro Medical Solutions)  
*Robert E. Beasley, MD*
- 3:33 – 3:38** Advantages And Durability Of The Supera Vasculomimetic Stent (Abbott Vascular) For Treating Lesions In Tortuous Arteries Other Than The SFA  
*Rajiv Parakh, MBBS, MS*
- 3:39 – 3:44** 2-Year Results With The 3D Helical Stent That Induces Swirling Flow: The MIMICS-2 Trial Shows This Stent Works Well For Complex SFA Lesions (From Veryan Medical)  
*Timothy M. Sullivan, MD*  
*Peter Gaines, MD*  
*Michael K. W. Lichtenberg, MD*
- 3:45 – 3:50** **Panel Discussion**
- 3:50 – 4:00** **Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 29 (Grand Ballroom East, 3rd Floor)

## UPDATES ON LOWER EXTREMITY CLTI GUIDELINES, RCTs AND FOOT PERFUSION INDICATORS

(VEITH/TCT CO-BRANDED SESSION)

**Moderators:** *Joseph L. Mills, MD*  
*Thomas Zeller, MD*

- 4:00 – 4:10** What Is New And Good About The Recent Multispecialty Global Vascular Guidelines For CLTI: What Are Their Limitations And Why Is TASC Outdated  
*Michael S. Conte, MD*  
*Andrew Bradbury, MD*  
*Philippe Kolh, MD*
- 4:11 – 4:16** Update On The BASIL 2 And 3 RCTs: 2 Compares Crural Vein Bypasses With Endovascular Treatments; 3 Compares DCBs And DESs With POBA And Uncoated Stents  
*Andrew W. Bradbury, MD*
- 4:17 – 4:22** **DEBATE:** Progress In The BEST-CLI RCT Comparing Open And Endo Treatments: This Trial Will Provide Important New Information On The Best Treatment For CLTI  
*Alik Farber, MD*  
*Matthew T. Menard, MD*  
*Kenneth Rosenfield, MD*
- 4:23 – 4:28** **DEBATE:** Sorry, BEST-CLI Does Not Reflect Real World Practice And Will Have Little Value In Guiding Best Treatment For CLTI Which Must Be Individualized  
*George L. Adams, MD*  
*Miguel F. Montero-Baker, MD*

- 4:29 – 4:34** The SPINACH Registry Shows That Open Bypass Is Better In CLTI With Extensive Gangrene: On The Other Hand, Endo First Is Better In High Risk Patients  
*Nobuyoshi Azuma, MD*
- 4:35 – 4:40** How To Evaluate Below The Ankle Arteries And Occlusions: CTA And Standard Arteriography Is Inadequate And Some Patent Arteries Will Not Be Seen; Need Distal Interventional Arteriography: How To Do It  
*Roberto Ferraresi, MD*
- 4:41 – 4:46** Surgery Guided Revascularization And Flow Guided Surgery: What Do They Mean And Why They Are Important To Saving Limbs: Optimal Timing And Type Of Surgery For Gangrene In CLTI: How To Get A Functional Limb  
*Giacomo Clerici, MD*  
*Roberto Ferraresi, MD*
- 4:47 – 4:52** How To Optimize Endovascular Treatment To Achieve Adequate Foot Perfusion To Heal Foot Wounds In CLTI: How To Measure It; What Are The Variables  
*Vikram S. Kashyap, MD*  
*Mehdi H. Shishehbor, DO, MPH, PhD*
- 4:53 – 4:58** Indocyanine Green Fluorescence (ICG-FL) Is The Best Way To Measure Foot Perfusion After Revascularization: Open Bypass Does Better Than Endo: Why The Angiosome Concept Is More Important After Endo Than Open Procedures  
*Maarit Venermo, MD, PhD*
- 4:59 – 5:04** Pedal Temperature Measurements After Revascularization Will Indicate Healing Potential And Optimal Time For Foot Surgery: How To Standardize These Measurements And Make Them Valid  
*Wayne J. Caputo, DPM*
- 5:05 – 5:11** **Panel Discussion**

SESSION 30 (Grand Ballroom East, 3rd Floor)

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

(VEITH/TCT CO-BRANDED SESSION)

**Moderators:** *John R. Laird, MD*

*Michael S. Conte, MD*

### INTERMITTENT CLAUDICATION (IC)

- 5:11 – 5:16** In Patients With IC From SFA Lesions, Stenting Plus Best Medical Treatment (BMT) Improved Quality Of Life And ABI More Than BMT Alone For 2 Years In An RCT  
*Hans I.V. Lindgren, MD*
- 5:17 – 5:22** Why Most Patients With IC Due To SFA Lesions Should Not Undergo Stenting  
*Neal S. Cayne, MD*
- 5:23 – 5:28** Endovascular Treatments For IC Can Lead To CLTI And Burn Bridges: Causes And Remedies  
*Niten Singh, MD*

### ACUTE LIMB ISCHEMIA (ALI)

- 5:29 – 5:34** Update On Newer Endovascular Thrombosuction Devices For ALI: When Is Open Treatment Required  
*Athanasios Katsargyris, MD*

- 5:35 – 5:40** Thrombolysis For ALI: Is Its Use Increasing Or Decreasing: Tips In Its Use To Make It Safer By Coupling It With Mechanical Thrombectomy Devices  
*Marcus Thieme, MD*
- 5:41 – 5:46** Mechanical Endothrombectomy Is Eliminating The Need For Lytic Agents And Making The Treatment Of ALI Safer  
*Patrick E. Muck, MD*
- 5:47 – 5:52** **DEBATE:** All Patients With ALI Can And Should Be Treated Endovascularly  
*Ali Amin, MD, RVT*
- 5:53 – 5:58** **DEBATE:** Not So: Some Patients With ALI Require Open Treatment: Which Ones And Why: Technical Tips  
*Joseph L. Mills, MD*
- 5:59 – 6:04** New Findings In The Treatment Of ALI: From The Recently Updated European Guidelines: Paradigms Are Changing  
*Martin Björck, MD, PhD*
- 6:05 – 6:10** Aspiration Thrombectomy For ALI Due To Thrombosed Popliteal Aneurysms: A Better Way To Treat: Technical Tips And Results  
*Frank R. Arko, MD*
- 6:11 – 6:20** **Panel Discussion**  
***End of Program D***

PROGRAM E (SESSIONS 31-38)

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

SESSION 31 (Grand Ballroom West, 3rd Floor)

ADVANCES IN MEDICAL TREATMENTS, ANTI-ATHEROGENIC DRUGS AND CARDIAC AND CORONARY ARTERY RISK EVALUATION IN PATIENTS WITH VASCULAR DISEASE

(VEITH/TCT CO-BRANDED SESSION)

**Moderators:** *Ido Weinberg, MD, MSc*  
*Caron B. Rockman, MD*

- 6:40 – 6:45** What Is Currently The Best Way To Assess Cardiac Risk In Open Vascular Surgery Patients; In Endovascular Treatment Patients  
*Peter Henke, MD*
- 6:46 – 6:51** Fractional Flow Reserve From Coronary CT (FFRCT): What Is It, And It Is A Better Way To Guide Coronary Artery Revascularization  
*Gregg W. Stone, MD*
- 6:52 – 6:57** Value Of Non-Invasive FFRCT In Decreasing Cardiac Complications In Patients Undergoing Lower Extremity Revascularization (Bypasses) And CEAs: It Allows High Risk Asymptomatic Patients To Be Detected Proactively And Treat Better  
*Christopher K. Zarins, MD*  
*Dainis K. Krievins, MD*

- 6:58 – 7:03** Improvements In And What Is Coming In Medical Treatment To Prevent Death And Complications From Arteriosclerosis: Update On PCSK-9 Inhibitors Including Inclisiran, Ezetembe, Anti-Inflammatory Drugs And Treating High Lp(a) Levels  
*Michael R. Jaff, DO*
- 7:04 – 7:09** **DEBATE:** Adherence To Statin Therapy With Attention To Increase Dosage Of High Potency Statins (Atorvastatin And Ruvostatin) Boosts Survival And Is Valuable In The Elderly (>75): Adverse Effects Are Rare  
*Richard Bulbulia, MA, MD*
- 7:10 – 7:15** **DEBATE:** Statins Are Not A Miracle Drug And Have Been Overvalued: They Have Unrecognized Harmful Effects As Does Excessive Lowering Of LDL Cholesterol (LDL-C): Have We Been Mised And By Whom  
*Sherif A.H. Sultan, MD, PhD*
- 7:16 – 7:21** Highlights Of The New AHA Guidelines For Management Of Cholesterol Levels: What LDL-C Levels Should We Strive For In Our Vascular Patients: Why Are Non-HDL Levels A Better Indicator Of Atherosclerotic Risk Than LDL-C Levels  
*Jeffrey S. Berger, MD, MS*
- 7:22 – 7:27** Value Of Lipid Lowering For Treating Plaques In Coronary And Other Arteries: Best Drug Combination And Benefit Of PCSK-9 Inhibitors: How Low Should LDL-C Be Driven: Can Plaques Be Made Smaller And Less Dangerous  
*Ron Waksman, MD*
- 7:28 – 7:33** Current Value Of Antithrombotic And Antiplatelet Therapy In Vascular Patients: What Drugs Should They Be On – When And Why: The COMPASS RCT Shows That Low Dose Rivaroxaban And Aspirin Decreases Death, Stroke And MI In Vascular Patients: What About Aspirin Alone  
*Jeffrey S. Berger, MD, MS*
- 7:34 – 7:39** How To Detect Vulnerable Plaque (Lipid Rich Plaque [LRP]) And Mortality Risk With New Infrared Spectroscopy (NIRS); How Does It Work: What Can Be Done About LRPs  
*Ron Waksman, MD*
- 7:40 – 7:47** **Panel Discussion**

SESSION 32 (Grand Ballroom West, 3rd Floor)

**MORE ADVANCES IN MEDICAL TREATMENTS; MORE ABOUT NEW DRUGS; STEM CELL TREATMENTS; CATHETER BASED TREATMENTS FOR RESISTANT HYPERTENSION**

(VEITH/TCT CO-BRANDED SESSION)

**Moderators:** *Michael R. Jaff, DO*

*Kim J. Hodgson, MD*

**MORE ABOUT NEW DRUG TREATMENTS**

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

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

**7:59 – 8:04** All Vascular Patients Should Be On Statins: What Drug, What Dose: It Matters: There Are Dire Penalties If Statins Are Stopped  
*Christos D. Liapis, MD*

**UPDATE ON STEM CELL THERAPY**

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

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

**ADVANCES IN CATHETER BASED TREATMENT OF RESISTANT HYPERTENSION**

**8:17 – 8:22** Current Status And Future Potential Of Endovascular Devices In The Treatment Of Resistant Hypertension: Does Renal Denervation Work  
*Sahil A. Parikh, MD*

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

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

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

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

**8:47 – 8:54** **Panel Discussion**

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

SESSION 33 (Grand Ballroom West, 3rd Floor)

**PROGRESS IN MANAGING COMPLICATIONS AND ENDOLEAKS AFTER EVAR AND TEVAR**

**Moderators:** *Juan C. Parodi, MD*

*Michel Makaroun, MD*

- 9:04 – 9:09** Total Aortic Occlusion With Worsening Visceral And Renal Ischemia After TEVAR For Acute TBAD Can Be Due To Complete Dissection Flap Detachment And Distal Migration: Causes And Diagnosis: Urgent Open Flap Excision Is Life-Saving  
*Mark K. Eskandari, MD*  
*Heron E. Rodriguez, MD*
- 9:10 – 9:15** Major Trauma Can Lead To High Flow Endoleaks In EVAR Patients: What Is The Mechanism: What Is The Best Treatment  
*Carlo Setacci, MD*
- 9:16 – 9:21** Endoleaks After TEVAR: Incidence, Nature, Etiology, Diagnosis And Treatment  
*Maciej L. Dryjski, MD, PhD*
- 9:22 – 9:27** Natural History Of Type 2 Endoleaks With And Without Treatment: From A 1000 Patient Study  
*Carlo Pratesi, MD*  
*Raffaele Pulli, MD*
- 9:28 – 9:33** Little Known Facts About Endoleaks After EVAR: Natural History Of Late Type 1 Endoleaks Is Not Benign – Urgent Treatment Is Required: An Enlarging AAA Sac With A Type 2 Endoleak Usually Indicates The Presence Of An Associated Type 1 Endoleak  
*O. William Brown, MD, JD*
- 9:34 – 9:39** Value Of CT Fusion Guidance And Liquid Embolic Agents To Treat Type 2 Endoleaks: Technical Tips And How To Do It With The Best Chance Of Success  
*Neal S. Cayne, MD*
- 9:40 – 9:45** How Common Are Failures Of Interventions For Type 2 Endoleaks: What Are The Reasons And When Is Open Treatment Indicated: What Should That Open Treatment Be  
*Ronald M. Fairman, MD*
- 9:46 – 9:51** Minimizing Type 2 Endoleaks With Careful Imaging And Pre-EVAR Side Branch Coiling: It Works: Technical Tips  
*Götz M. Richter, MD, PhD*
- 9:52 – 9:59** **Panel Discussion**
- 9:59 – 10:04** Transgraft Access And Onyx Embolization For Type 2 Endoleaks Difficult To Approach And Treat: Technique And Results  
*Mark W. Mewissen, MD, RVT*
- 10:05 – 10:10** Optimal Strategy For And Results Of Treating Type 2 Endoleaks: It Is Not Simple  
*Sonia Ronchey, MD, PhD*
- 10:11 – 10:16** Role Of Anticoagulation And Endogenous Thrombolysis In The Occurrence And Resolution Of Late Type 2 Endoleaks: How Should They Influence Treatment  
*Natzi Sakalihan, MD, PhD*
- 10:17 – 10:22** Value Of Fibrin Glue Sac Filling With EVAR To Prevent Type 2 Endoleaks: Technique, Value And Limitations  
*Qingsheng Lu, MD*  
*Zaiping Jing, MD*
- 10:23 – 10:28** Sac Access Routes To Treat Type 2 Endoleaks: Techniques, Advantages And Limitations Of Each  
*Claudio J. Schonholz, MD*  
*Joshua D. Adams, MD*
- 10:29 – 10:34** Treating Type 2 Endoleaks By A Paragraft Approach: Indications, Technique And Results  
*Peter A. Schneider, MD*

- 10:35 – 10:40** How Does Endograft Covering Material (Polyester vs. PTFE) Influence Type 2 Endoleak Rates And Behavior After EVAR  
*Ross Milner, MD*
- 10:41 – 10:46** Value Of Liquid Embolic Agents And Onyx In Treating Type 1 And Type 2 Endoleaks: Technical Tips And Results  
*Robert A. Morgan, MD*
- 10:47 – 10:52** Importance Of Recognizing Visceral Artery Occlusive Disease Before Performing EVAR: How To Diagnose And Treat  
*Karan Garg, MD*  
*Neal S. Cayne, MD*  
*Carlos H. Timaran, MD*  
*Frank J. Veith, MD*
- 10:53 – 11:00** **Panel Discussion**

SESSION 34 (Grand Ballroom West, 3rd Floor)

### RECORDED LIVE CHALLENGING AND COMPLEX CASES FROM LINC AND LEIPZIG

**Moderators:** *Dierk Scheinert, MD*

*Giancarlo Biamino, MD, PhD*

*Andrej Schmidt, MD*

**11:00 – 12:00** Program To Be Determined. Please visit [www.veithsymposium.org](http://www.veithsymposium.org) for updates.

**12:00 – 12:50** **Lunch Break – 2nd Floor Promenade**  
**Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 35 (Grand Ballroom West, 3rd Floor)

### CHALLENGING RECORDED LIVE CASES AND THOSE EMPLOYING INNOVATIVE TECHNIQUES

**Course Leader:** *Plinio Rossi, MD*

**Moderators:** *Plinio Rossi, MD*

*Fabrizio Fanelli, MD*

*Andrew Holden, MBChB*

*Carlo Setacci, MD*

*Frank J. Veith, MD*

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

**12:57 – 12:59** **Discussion**

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

**1:06 – 1:08** **Discussion**

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

**1:15 – 1:17** **Discussion**

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

**1:24 – 1:26** **Discussion**

**1:26 – 1:33** Most Successful Tools For Complex Femoropopliteal CTO Recanalizations  
*Andrej Schmidt, MD*



- 1:33 – 1:35 **Discussion**
- 1:35 – 1:42 Endovascular Management Of Complex Fem-Pop And Below Lesions In 2019  
*Fabrizio Fanelli, MD*
- 1:42 – 1:44 **Discussion**
- 1:44 – 1:51 Vessel Preparation – Is It Relevant In The Tibial Arteries  
*Andrew Holden, MBChB*
- 1:51 – 1:53 **Discussion**
- 1:53 – 1:59 **Panel Discussion**

SESSION 36 (Grand Ballroom West, 3rd Floor)

TRIBUTE TO A VALUED PARTNER; IMPORTANT ISSUES RELATED TO VASCULAR PRACTICE AND VASCULAR SURGEONS

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

- 2:00 – 2:05 A Tribute To Sushil K. Gupta, MD, MBA (1949-2019) – A Creative And Talented Surgeon, A Brilliant Innovator And A Treasured Colleague And Friend  
*Larry A. Scher, MD*
- 2:06 – 2:11 Trials And RCTs Versus Registries: Advantages And Disadvantages Of Each: How Can We Reach The Truth  
*Charles C. Miller, PhD*
- 2:12 – 2:17 Keys To A Successful Career In Vascular Surgery  
*Ronald L. Dalman, MD*
- 2:18 – 2:23 How Vascular Surgeons Can Develop Leadership Skills  
*Robert B. McLafferty, MD, MBA*
- 2:24 – 2:29 How Women Vascular Surgeons Look Differently At Gender Differences In Procedural Results Than Their Male Counterparts And Why This Is Advantageous For Female Patients  
*Rebeca Reachi Lugo, MD*
- 2:30 – 2:35 How To Teach Competent Open Surgery In The Endovascular Era  
*R. Clement Darling III, MD*
- 2:36 – 2:41 Vascular Surgery Burnout: Why It Occurs: Is It Related To Occupational Or Ergonomic Ailments And Pain: What Can Be Done To Prevent And Fix The Problem  
*Samuel R. Money, MD, MBA*
- 2:42 – 2:47 What Constitutes Futility In Our Present Health Care System: When Is Enough Too Much  
*James W. Jones, MD, PhD, MHA*
- 2:48 – 2:53 **Panel Discussion**
- 2:53 – 2:58 Lessons Learned By A Creative Physician-Inventor: How To Avoid The Pitfalls In Bringing An Idea To Fruition Without Losing Your Idea Or Your Shirt  
*Lindsay Machan, MD*
- 2:59 – 3:04 How Are Silicon Valley Giants And Entrepreneurs Planning To Disrupt Health Care: Will It Improve Things For Patients; For Doctors; For Vascular Specialists  
*Ido Weinberg, MD, MSc*
- 3:05 – 3:10 Screening For Vascular Diseases Can Cause More Harm Than Benefit: How To Avoid This Problem  
*Anders Wanhainen, MD, PhD*

- 3:11 – 3:16** Variations Around The World In The Treatment Of AAAs And Carotid Stenosis Patients: What Are The Implications: From The Consortium Of Vascular Registries  
*Jack L. Cronenwett, MD*
- 3:17 – 3:22** Are There Problems With The Appropriateness Of Invasive Treatment By Vascular Surgeons, By Other Vascular Specialists  
*Peter F. Lawrence, MD*
- 3:23 – 3:28** The Hospital Readmission Reduction Program And Its Incentives Have Led To Increased Morbidity And Mortality For Vascular Patients: How Can It Be Fixed To Make It Safe  
*Philip P. Goodney, MD, MS*  
*Richard J. Powell, MD*
- 3:29 – 3:34** What Is The Impact Of The New AAA DRGs On Hospital Reimbursement: Does More Have To Be Done  
*W. Charles Sternbergh III, MD*
- 3:35 – 3:40** **Panel Discussion**
- 3:40 – 3:48** **Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 37 (Grand Ballroom West, 3rd Floor)

**ISSUES RELATED TO VASCULAR OUTPATIENT CENTERS, OFFICE BASED LABS AND MEDICAL ETHICS**

**Moderators:** *Enrico Ascher, MD*

*Glenn Jacobowitz, MD*

- 3:48 – 3:53** Why Outpatient Centers And Office Based Labs (OBLs) Are The Best Place To Do Which Endovascular Procedures: Best For Patients And Best For Operators: When Can Atherectomies Be Performed Safely There; When Not  
*Krishna Jain, MD*
- 3:54 – 3:59** Real World Results Of Lower Extremity Atherectomy (Mostly In Outpatient Centers) From Medicare Billing Data Is Much Worse Than Favorable Registry Data: Where Lies The Truth  
*Dipankar Mukherjee, MD*
- 4:00 – 4:05** How To Avoid Unethical Practices In An Outpatient Center Or Office Based Lab (OBL): The Temptation And Incentives To Overtreat Is Great  
*Stephen M. Bauer, MD*
- 4:06 – 4:11** Characteristics Of Physicians Who Are Suited To Work In An OBL And Characteristics Of Those Who Are Not  
*Sam S. Ahn, MD, MBA*
- 4:12 – 4:17** Office Based Versus Hospital Based Vascular Care: Impact On Indications, Physician Income And Overall Costs  
*Clifford M. Sales, MD, MBA*
- 4:18 – 4:23** Another View Of The Impact Of Office Based Vascular Practice Patterns On Indications, Physician Incomes And Outcomes  
*Matthew W. Mell, MD, MS*
- 4:24 – 4:29** A Propensity Matched Comparison Of Paclitaxel Coated DCBs Versus POBA In Patients With Intermittent Claudication: 5-Year Results Show No Increased Mortality Signal For DCBs  
*Konstantinos P. Donas, MD*

- 4:30 – 4:35 Vascular Screening Is Often Unnecessary, Possibly Harmful And Largely Driven By Financial Gain: When Is It Justified And Beneficial To Patients  
*Frank J. Criado, MD*
- 4:36 – 4:41 Advantages To A Vascular Practice Of Having A Wound Care Center  
*Venita Chandra, MD*
- 4:42 – 4:47 Benefits To A Vascular Practice And Hospital Of Having A Limb Salvage Program: How To Set One Up And Make It Work  
*Joseph J. Ricotta II, MD, MS*
- 4:48 – 4:55 **Panel Discussion**

SESSION 38 (Grand Ballroom West, 3rd Floor)

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

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

- 4:55 – 5:00 How Innovative Vascular Devices Can Get To Market: What Is The De Novo Pathway  
*Dorothy B. Abel, BSBME*
- 5:01 – 5:06 What Is The Value Of A Vascular Surgeon To A Health Care System In And Out Of The Operating Room: In Many Ways It Is Priceless But Under-Rewarded  
*Richard J. Powell, MD*  
*Fred A. Weaver, MD*
- 5:07 – 5:12 How Can Vascular Surgeons Best Cope In A MIPS And MACRA World: What Will Happen With The Medical Device Excise Tax In 2020 And Why Its Repeal Is Important To Vascular Surgeons And Vascular Specialists  
*Robert M. Zwolak, MD, PhD*
- 5:13 – 5:18 What Is On The Horizon For Vascular Surgeons And Vascular Specialists Reimbursement: Will Income Go Up Or Down For The Same Amount Of Work  
*Sean P. Roddy, MD*
- 5:19 – 5:24 Opposite Trends In Reimbursement By CMS For Arterial And Venous Procedures: Implications For Vascular Surgery Practices  
*Thomas F. O'Donnell, Jr., MD*
- 5:25 – 5:30 Revascularization For CLTI By Endovascular Treatments Or Open Surgery Is Cost Effective And Saves Lives Compared To Major Amputations  
*Richard F. Neville, MD*  
*Jihad A. Mustapha, MD*
- 5:31 – 5:36 How To Shorten Lengths Of Stay After Vascular Open Surgery Or Interventions: It Is Not Easy, But It Is Doable  
*Fred A. Weaver, MD*
- 5:37 – 5:42 Progress In And Value Of The SVS VQI Program: Where Is It Going And Why Will It Become Increasingly Important  
*Jack L. Cronenwett, MD*
- 5:43 – 5:48 Improvements In Vascular Specialist, The SVS Newspaper: Opportunities And Challenges And How It Can Benefit Vascular Surgeons And Others  
*Malachi G. Sheahan III, MD*

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

**5:55 – 6:02** **Panel Discussion**

*End of Program E*

PROGRAM F (SESSIONS 39-46)  
MORE NEW DEVELOPMENTS IN THORACIC AORTIC DISEASE, AORTIC DISSECTIONS, TAAAs, JUXTA- AND PARARENAL AAAs, PARALLEL GRAFTS, FENESTRATED AND BRANCHED EVAR (F/B/EVAR), MULTILAYER BARE STENTS, INFRARENAL AAAs AND STANDARD EVAR AND HOT NEW AORTIC AND CAROTID TOPICS  
Trianon Ballroom, 3rd Floor

SESSION 39 (Trianon Ballroom, 3rd Floor)  
MORE TOPICS RELATED TO NEW DEVELOPMENTS IN TREATING AORTIC DISSECTIONS AND ITS COMPLICATIONS

*Moderators: Ramon Berguer, MD, PhD*  
*Zhong Chen, MD*

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

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

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

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

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

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

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

**7:22 – 7:27** Best Treatment Options For Aortic Dissections In Patients With Connective Tissue Disorders: When Endo; When Open; When Hybrid  
*Roberto Chiesa, MD*  
*Germano Melissano, MD*

- 7:28 – 7:33** EVAR And TEVAR Can Work Surprisingly Well In Some Aneurysm Patients With Connective Tissue Disorders; When And When Not: Technical Tips  
*Tilo Kölbel, MD, PhD*
- 7:34 – 7:39** With TBADs, What Are The Flow/Pressure Dynamics That Explain Why TEVAR Can Make Things Worse  
*Firas F. Mussa, MD*
- 7:40 – 7:45** Advantages To Hybrid Approaches To Complex Aortic And Aortovisceral Artery Pathology: Indications And Technical Tips  
*William J. Quinones-Baldrich, MD*
- 7:46 – 7:54** **Panel Discussion**

SESSION 40 (Trianon Ballroom, 3rd Floor)

**MORE NEW DEVELOPMENTS RELATED TO THE ASCENDING AORTA, AORTIC ARCH, F/B/TEVAR AND PARALLEL GRAFTS FOR TREATMENT OF LESIONS IN OR NEAR THE AORTIC ARCH**

**Moderators:** *Rodney A. White, MD*

*Ali Khoynzhad, MD, PhD*

- 7:54 – 7:59** Wrapping Of The Dilated Ascending Aorta To Avoid More Complex Procedures And Facilitate Placement Of Grafts To Arch Branches: Indications, Contraindications, Technical Tips And Results  
*Mario L. Lachat, MD*  
*Ralf R. Kolvenbach, MD*
- 8:00 – 8:05** Variations In The Morphology Of Proximal Entry Tears In TBADs: Importance Of These Variations And How Should They Influence Treatment  
*Ali Azizzadeh, MD*
- 8:06 – 8:11** Significance Of Aortic Arch Anomalies: What Are They Associated With: When Do They Require Treatment: What Is The Best Current Treatment  
*Erik E. Debing, MD, PhD*
- 8:12 – 8:17** What Do Fluid Dynamics Tell Us About The Durability And Long-Term Results Of Aortic Arch Branch And Fenestrated Endografts  
*Santi Trimarchi, MD, PhD*
- 8:18 – 8:23** 3-Branch Endograft For Aortic Arch Aneurysm Repair (From Terumo Aortic): Advantages, Limitations And Results To Date  
*W. Anthony Lee, MD*
- 8:24 – 8:29** Unusual Branched Endograft Solutions For Aortic Arch Lesions When Industry-Made Commercial Devices Are Unavailable Or Unsuitable  
*Ourania Preventza, MD*  
*Joseph S. Coselli, MD*
- 8:30 – 8:35** How Best To Treat TBADs Extending Into The Arch And Ascending Aorta  
*I-Hui Wu, MD, PhD*
- 8:36 – 8:41** Value Of Chimney TEVAR (Ch/TEVAR) To Treat Elective And Ruptured Aneurysms Involving The Aortic Arch: A 15-Year Experience And Results  
*Thomas Larzon, MD, PhD*  
*Tal M. Hörer, MD, PhD*
- 8:42 – 8:47** Ch/TEVAR In The Aortic Arch If Done Right Is As Good As F/B/TEVAR And Safer Than Open Surgery: Technical Tips And Results  
*Armando Lobato, MD*  
*Jan S. Brunkwall, MD, PhD*

**8:48 – 8:53** Update On Sandwich Grafts For Zone 0 Aortic Arch Lesions: 8-Year Results And Technical Tips  
*Armando C. Lobato, MD, PhD*

**8:54 – 9:02** **Panel Discussion**

SESSION 41 (Trianon Ballroom, 3rd Floor)

**MORE ABOUT JUXTA- AND PARARENAL AAAs, TAAAs, F/B/EVAR AND PARALLEL GRAFTS (CHIMNEY EVAR [CH/EVAR])**

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

**9:02 – 9:07** A New And Better Way To Define And Classify AAA Neck Anatomy And Indicate Best Treatment  
*David J. Minion, MD*

**9:08 – 9:13** For Juxta- And Pararenal AAAs Ch/EVAR Can Yield Dependably Good And Durable Results If Certain Technical Requirements Are Followed And Certain Standardized Device Combinations Are Used: Results From The ENCHANT Registry  
*Konstantinos P. Donas, MD*  
*Giovanni Torsello, MD*

**9:14 – 9:19** Ch/EVAR For Juxta And Pararenal AAA: Technical Tips To Assure Good Long-Term Results: A 9-Year Experience  
*Nicola Mangialardi, MD*  
*Sonia Ronchey, MD, PhD*

**9:20 – 9:25** Indications For Chimney And Sandwich Grafts In The F/B/EVAR Era: Yes They Exist  
*Martin Malina, MD, PhD*

**9:26 – 9:31** Repair Of Juxta- And Pararenal AAAs Using A Combination Of Fenestrations And Chimney Grafts: Advantages, Techniques And Results  
*Mark W. Mewissen, MD, RVT*

**9:32 – 9:37** How To Rescue A F/EVAR Procedure When The Fenestrations Are Poorly Aligned With Branch Orifices: Why Does It Happen  
*Gustavo S. Oderich, MD*

**9:38 – 9:43** Main Graft Body Alignment With Branch Orifices Is Not An Issue With Parallel Grafts (Ch/EVAR) And How Do Variable Curvature Sheaths Help With Both F/EVAR And Ch/EVAR  
*Jason T. Lee, MD*

**9:44 – 9:49** **DEBATE:** Long-Term Results Of F/B/EVAR For Pararenal AAAs Show That It Should Be The Procedure Of Choice And TAAAs In Anatomically Suited Patients Which Is Most Of The Time  
*Piergiorgio Cao, MD*

**9:50 – 9:55** **DEBATE:** Not So: Open Repair Still Has A Major Role For Treating Many Patients With Pararenal AAAs And TAAAs  
*Thomas C. Bower, MD*

**9:56 – 10:01** United Kingdom Assessment Of Countrywide Outcomes And Cost For Treating Complex AAAs: Is Endo Equal To Or Better Than Open Repair In Any Way  
*Michael P. Jenkins, MBBS, BSc, MS*

**10:02 – 10:10** **Panel Discussion**

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

SESSION 42 (Trianon Ballroom, 3rd Floor)

UPDATE ON MULTILAYER FLOW MODULATING BARE STENTS FOR TREATING ANEURYSMS AND DISSECTIONS; NEW DEVELOPMENTS IN TREATING ILIAC ANEURYSMS AND REVASCULARIZING HYPOGASTRIC ARTERIES

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

UPDATE ON MULTILAYER FLOW MODULATING BARE STENTS

- 10:20 – 10:25** Multilayer Flow Modulating (MLFM) Uncovered Stents (From Cardiatis): Indications, Contraindications, Advantages And Results  
*Rodney A. White, MD*
- 10:26 – 10:31** Why MLFM Uncovered Stents Should Be The First Choice For Treating Renal, Visceral And Popliteal Aneurysms And Possibly Other Lesions: Results Show That These Stents Preserve Branch Flow And Prevent Aneurysm Rupture  
*Michel Henry, MD*
- 10:32 – 10:37** Role Of MLFM Uncovered Stents To Treat Type A Aortic Dissections: Indications, Advantages, Limitations And Results  
*Victor S. Costache, MD, PhD*
- 10:38 – 10:43** Value Of MLFM Uncovered Stents To Treat Aortic Dissections And Recurrent Emboli From Paroxysmal Atrial Fibrillation: They Prevent Emboli From Going To The Brain  
*Ralf R. Kolvenbach, MD*
- 10:44 – 10:49** Role Of MLFM Stents For Treating Type A And B Aortic Dissections: Indications And Results: What About For Complex Aneurysm Treatment  
*Zoran Stankov, MD*  
*Ivo Petrov, MD, PhD*
- 10:50 – 10:55** MLFM Uncovered Stents For Treating Complex AAAs And TAAAs: What Do The Longer-Term Results From The Multicenter DRAGON Trial Show: Do These Stents Prevent Rupture  
*Claude D. Vaislic, MD*
- 10:56 – 11:01** Long-Term Follow-Up Of Multilayer Bare Stent Treatment Of TAAAs, Complex AAAs And Type B Aortic Dissections: The Moroccan Experience  
*Amira Benjelloun, MD*
- 11:02 – 11:07** **Panel Discussion**

TREATMENT OF ILIAC ANEURYSM AND PRESERVING HYPOGASTRIC FLOW

- 11:07 – 11:12** Comparing The Various Industry-Made Iliac Branch Devices (IBDs) For Treating Common And Internal Iliac Aneurysms: Advantages And Limitations Of Each: When To Use Which One  
*Fabio Verzini, MD, PhD*
- 11:13 – 11:18** Advantages, Limitations And Results Of Unilateral And Bilateral Gore IBD To Treat AAAs With Iliac Aneurysms: Early Results From The International ICEBERG Registry  
*Michel M.P. Reijnen, MD, PhD*  
*Thomas S. Maldonado, MD*

- 11:19 – 11:24** How To Prevent Complications And Failure With The Gore IBD When The Anatomy Is Tortuous: What Is The Iliac Tortuosity Index And How Does It Help  
*Jon S. Matsumura, MD*
- 11:25 – 11:30** Value Of IBDs To Treat Isolated (No AAA) Common And Internal Iliac Aneurysms: At What Size Should They Be Treated: Which Device Is Best  
*Giovanni Pratesi, MD*
- 11:31 – 11:36** Advantages And Limitations Of The Jotec-Cryolite IBD For Treating Common And Internal Iliac Aneurysms; This Device Works Well With The Endurant Endograft (Medtronic)  
*Lee H. Bouwman, MD, PhD, MSc*
- 11:37 – 11:42** Sandwich Grafts To Treat Common Iliac Aneurysms And Preserve Hypogastric Flow: Advantages, Technical Tips And Results In 151 Cases  
*Jan S. Brunkwall, MD, PhD*  
*Vicente Riambau, MD, PhD*  
(Power Point Presentation With Synced Audio)
- 11:43 – 11:48** When The Anatomy Is Not Suitable For An IBD, How Can Hypogastric Flow Be Preserved: Sandwich Grafts, External Iliac-To-Hypogastric Grafts Open Or Endo With An Aorto-Uni-Iliac EVAR, Etc.  
*Martin R. Back, MD*
- 11:49 – 11:54** How Common Iliac Aneurysms (CIAs) Have An Impact On Aortic Morphology: Why A New Classification System For CIAs Will Be Helpful  
*Janet T. Powell, MD, PhD*
- 11:55 – 12:00** **Panel Discussion**
- 12:00 – 1:00** **Lunch Break – 2nd Floor Promenade**  
**Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 43 (Trianon Ballroom, 3rd Floor)

INTERESTING NEW DEVELOPMENTS IN STANDARD EVAR AND INFRARENAL AAAs: ACCEPTABLE NECK ANATOMY; NEW GUIDELINES; AAA SAC THROMBUS AND SHRINKAGE; NEW CLASSIFICATION SYSTEM; EFFECT OF STEROIDS ON EVAR

*Moderators: Elliott L. Chaikof, MD, PhD*  
*Janet T. Powell, MD, PhD*

- 1:00 – 1:05** AAA Sac Shrinkage Is A Good Marker Of Durable Success After EVAR: Which Endografts Have The Best Rates Of Sac Shrinkage  
*Michael C. Stoner, MD*
- 1:06 – 1:11** Large Diameter Of The Flow Lumen In AAAs Is A Risk Factor For A Poor Outcome After EVAR Just Like Large Proximal Neck Diameter: What Are The Reasons For These Observations  
*Hence J.M. Verhagen, MD, PhD*
- 1:12 – 1:17** Large Proximal Necks (>28 mm In Diameter) Are Predictive Of A Poor Outcome From EVAR: Based On A Meta-Analysis  
*Matt M. Thompson, MD*
- 1:18 – 1:23** Highlights From The New 2019 European (ESVS) AAA Guidelines: What Is Different And Better About Them  
*Sebastian E. Debus, MD, PhD*  
*Anders Wanhainen, MD, PhD*
- 1:24 – 1:29** Comparison Of The US (SVS) And ESVS AAA Guidelines: Why Are The US Guidelines Better  
*Ronald L. Dalman, MD*



- 1:30 – 1:35** Increasing Disparity Between The SVS Guideline AAA Indications For AAA Repair And Real World Practice: Are The Guidelines Relevant Currently  
*Alan M. Dietzek, MD, RPVI*
- 1:36 – 1:41** **DEBATE:** Increasing Volume Of Mural Clot Within An AAA Sac Does Not Increase The Rupture Risk  
*Athanasios D. Giannoukas, MSc, MD, PhD*
- 1:42 – 1:47** **DEBATE:** Not So: Increasing Thrombus Volume Within An AAA Sac Correlates With Increasing Risk Of Complications And Rupture: What Is The Mechanism  
*David H. Deaton, MD*
- 1:48 – 1:53** A New Classification System For AAAs Helps In Understanding Their Behavior, In Determining Treatments And Evaluating Them  
*Claude Mialhe, MD*
- 1:54 – 1:59** Does Preprocedure Steroid Administration Before EVAR Produce A More Benign Postprocedure Course And Facilitate Earlier Discharge: What Is The Mechanism  
*Lars B. Lönn, MD, PhD*
- 2:00 – 2:06** **Panel Discussion**

SESSION 44 (Trianon Ballroom, 3rd Floor)

## MORE NEW DEVELOPMENTS IN AAA PATHOGENESIS, NATURAL HISTORY AND TREATMENT

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

- 2:06 – 2:11** Inflammatory AAAs: Medical Treatment With Steroids Is Adequate For Many Patients With Them: What Is The Regimen And Results: When Is Invasive Treatment Needed – Open Or Endo  
*Julien G. Sfeir, MD*
- 2:12 – 2:17** How Long Can Patients With Moderate Sized AAAs Safely Wait For Elective Repair: Rupture Risk For AAAs <6.0 cm In Diameter Is Low And Overemphasized  
*Richard G.J. Gibbs, FRCS*
- 2:18 – 2:23** Acceptable Results Can Be Achieved With EVAR Devices Used Outside IFU Requirements If Certain Precautions Are Followed: What Are They And What Are The Limitations  
*Francesco Speziale, MD*
- 2:24 – 2:29** Depleted Nutritional Status And Muscle Mass Increases The Risk Of Open AAA Repair: What About With EVAR  
*Kimihiko Komori, MD, PhD*
- 2:30 – 2:35** Why F/EVAR For Failed EVAR Is Not Simple: Technical Tips To Make It Work  
*Barend M.E. Mees, MD, PhD*
- 2:36 – 2:41** A New Gene Family That May Be Vital In Causing AAAs: The Gene Can Be Identified From Skin Biopsies: How Can They Help In Diagnosis And Treatment  
*Kak Khee Yeung, MD, PhD*
- 2:42 – 2:47** Comparison Of Aortic Neck Dilatation After AAA Repair In Patients Undergoing EVAR Versus Open Repair: From The DREAM Trial Which Allows This Comparison To Be Made In Patients Suitable For Both Procedures  
*Jan D. Blankensteijn, MD*

- 2:48 – 2:53** How Should AAA Shape (With An Eccentric Sac Or Two Sacs) Influence Indications For Repair: How Should Diameter Measurements Be Made In These Circumstances  
*Jacques Busquet, MD*
- 2:54 – 3:00** Increasing Requirement For Open Conversion Following EVAR: Reasons For And Technical Tips: Why Is It More Often Required For A Persistent Type 2 Endoleak With An Enlarging AAA Sac  
*Michel Makaroun, MD*
- 3:00 – 3:15** **Panel Discussion And Break**  
**Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 45 (Trianon Ballroom, 3rd Floor)

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

**Moderators:** *Mark A. Adelman, MD*  
*Michael L. Marin, MD*

**EVAR AND AAA RELATED TOPICS**

- 3:15 – 3:20** External Iliac To Internal Iliac Artery Bypass: Does It Have A Role In Preserving Hypogastric Flow In The Endo Era: Technical Tips  
*Heron E. Rodriguez, MD*
- 3:20 – 3:25** Increasing Role Of Endovascular Treatments And EVAR For Vascular Complications Of Connective Tissue Disorders  
*Anders Wanhainen, MD, PhD*
- 3:25 – 3:30** Value And Indications For Preprocedural Embolization Of The IMA And Lumbar Arteries Before EVAR  
*Timothy M. Sullivan, MD*  
*Jesse Manunga, MD*
- 3:30 – 3:35** Why Should Aortic AAA Neck Dilatation Differ After EVAR And After F/EVAR: Does It  
*Thomas S. Maldonado, MD*
- 3:35 – 3:40** EVAR Treatment Of Atypical AAAs: Technical Tips And Special Precautions  
*Furuzan Numan, MD*
- 3:40 – 3:45** 5 Years After AAA Repair The Quality Of Life Is Better In Those Having EVAR Than In Those Having Open Repair  
*Mauro Gargiulo, MD*  
*Gianluca Faggioli, MD*
- 3:45 – 3:50** Why Do Fluoroquin Drugs Increase The Risk Of Aortic Aneurysms And Dissections  
*Natzi Sakalihasan, MD, PhD*
- 3:50 – 3:55** **Panel Discussion**

**F/B/EVAR AND PARALLEL GRAFT RELATED TOPICS**

- 3:55 – 4:00** When With F/EVAR Should A Renal Or Mesenteric Branch Not Be Stented  
*Benjamin W. Starnes, MD*
- 4:00 – 4:05** How To Avoid Complications And Problems From Parallel Grafts And How To Make Them Work Safely And Effectively  
*Murray L. Shames, MD*

**4:05 – 4:10** Update On In Situ Fenestration For Branch Revascularization: How To Use It For Renal And Mesenteric Branches In Urgent TAAA Repairs: Imaging Is Key And It Is Not Simple  
*Jean M. Panneton, MD*

**4:10 – 4:15** Multicenter Results Of The t-Branch Off-The-Shelf Graft (From Cook) For TAAA Repairs: Advantages, Technical Tips, Limitations  
*Martin J. Austermann, MD*

#### AORTIC DISSECTION RELATED TOPICS

**4:15 – 4:20** The SKIRT Stent-Graft To Prevent Endoleaks From Fenestrated And Chimney TEVARs: How Does It Work  
*Chang Shu, MD*

**4:20 – 4:25** Troubleshooting Challenging TBADs During Endovascular Treatment And Making TEVAR Work Safely And Effectively  
*Rami Tadros, MD*  
*Michael L. Marin, MD*

**4:25 – 4:30** Branched Endografts For Treating Aortic Dissections: Which Graft For Which Patient And Anatomy: Technical Tips  
*Luis A. Sanchez, MD*

**4:30 – 4:35** **Panel Discussion**

SESSION 46 (Trianon Ballroom, 3rd Floor)

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

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

#### AORTA RELATED TOPICS

**4:35 – 4:40** International Comparison Of How AAAs Are Treated And How It Influences Results  
*Pete Holt, MD, PhD*

**4:40 – 4:45** Long-Term Outcomes From The OVER RCT Comparing AAA Treatment With EVAR Versus Open Repair: How Are Results Similar And How Do They Differ From The EVAR 1 And DREAM RCTs And Why  
*Jon S. Matsumura, MD*

**4:45 – 4:50** At What Size Do Hypogastric Aneurysm Need To Be Treated: How Best To Do It And Technical Tips  
*Darren B. Schneider, MD*

**4:50 – 4:55** Safe F/B/EVAR In Patients With Chronic Kidney Disease: Intravascular Ultrasound (IVUS) Helps: Technical Tips  
*Carlos H. Timaran, MD*

**4:55 – 5:00** Acute Kidney Injury During F/B/EVAR: What Are The Long-Term Consequences And What Can Be Done To Prevent Or Treat It Better  
*Andres Schanzer, MD*

**5:00 – 5:05** Why Outcomes Of F/B/EVAR For Women Are Different Than Those For Men: What Are The Implications  
*Tara M. Mastracci, MD*

**5:05 – 5:10** Progress And Improvements In F/B/EVAR Decrease Complications And Improve Results  
*Federico E. Parodi, MD*

- 5:10 – 5:15** New Developments In The Treatment And Results Of Aorto-Enteric Fistulas: From The Low Frequency Vascular Disease Consortium  
*Peter F. Lawrence, MD*
- 5:15 – 5:20** Technical Tips For AAA Sac Branch Embolization During EVAR: When And How To Do It And What Is Its Value  
*Eric Allaire, MD, PhD*
- 5:20 – 5:25** **Panel Discussion**
- CAROTID RELATED TOPICS**
- 5:25 – 5:30** Mini-Incision CEA Is Safer, Cheaper And More Effective Than TCAR: How To Do It In Most Patients Needing Invasive Treatment  
*Enrico Ascher, MD*
- 5:30 – 5:35** Update On Current Outcomes Of CEA And CAS In Women: What Are The Implications  
*Caron B. Rockman, MD*
- 5:35 – 5:40** **DEBATE:** Screening For Carotid Disease Will Prevent Strokes And Should Be Expanded: To Whom  
*George S. Lavenson, MD*
- 5:40 – 5:45** **DEBATE:** Not So: Screening More Widely For Carotid Disease Will Cause More Harm Than Benefit: Why  
*Anne L. Abbott, MD, PhD*
- 5:45 – 5:50** Safety Of CEA And CAS In Patients With A History Of Coronary Artery Disease: From The 4 RCTs  
*Gert J. de Borst, MD, PhD*
- 5:50 – 5:55** Technical Tips And Indications For Eversion CEA: When Is It Best And When Not  
*Timothy M. Sullivan, MD*
- 5:55 – 6:00** **Panel Discussion**  
*End of Program F*

## THURSDAY, NOVEMBER 21, 2019

**6:00 A.M. General Registration – Rhinelander Gallery, 2nd Floor**

**6:00 A.M. Faculty Registration – Morgan Suite, 2nd Floor**

**6:15 A.M. Continental Breakfast – Rhinelander Gallery, 2nd Floor**

### CONCURRENT THURSDAY PROGRAMS

**PROGRAM G: SESSIONS 47-54**

**Exciting New Or Updated Techniques, Concepts And Devices; Advances In F/B/EVAR And Parallel Grafts For Complex AAAs; Tribute To Our Military; New Developments In The Treatment Of Ruptured AAAs And TAAAs; More New Developments In New Or Improved Devices, Techniques And Concepts, And Radiation Safety**

**6:45 A.M. – 6:02 P.M.**

**Grand Ballroom East, 3rd Floor**

**PROGRAM H: SESSIONS 55-62**

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

**6:45 A.M. – 5:52 P.M.**

**Grand Ballroom West, 3rd Floor**

PROGRAM I: SESSIONS 63-70

**Superficial Venous Disease**

7:00 A.M. – 6:05 P.M.

Trianon Ballroom, 3rd Floor

Course Leaders: Jose I. Almeida, MD, RPVI, RVT  
Lowell S. Kabnick, MD, RPhS  
Kenneth Ouriel, MD, MBA  
Thomas W. Wakefield, MD

PROGRAM G (SESSIONS 47-54)

EXCITING NEW OR UPDATED TECHNIQUES, CONCEPTS AND DEVICES; ADVANCES IN F/B/ EVAR AND PARALLEL GRAFTS FOR COMPLEX AAAs; TRIBUTE TO OUR MILITARY; NEW DEVELOPMENTS IN THE TREATMENT OF RUPTURED AAAs AND TAAAs; MORE NEW DEVELOPMENTS IN NEW OR IMPROVED DEVICES, TECHNIQUES AND CONCEPTS, AND RADIATION SAFETY

Grand Ballroom East, 3rd Floor

SESSION 47 (Grand Ballroom East, 3rd Floor)

EXCITING NEW OR UPDATED CONCEPTS, TECHNIQUES OR DEVICES

Moderators: *Frans L. Moll, MD, PhD*  
*Frank J. Veith, MD*

- 6:45 – 6:50** Theoretically Promising Technologies Don't Always Work Out: Reasons And Implications For Creative Vascular Surgeons And Specialists  
*S. Rao Vallabhaneni, MD*
- 6:51 – 6:56** Lumee Implantable O2 Sensors; How Do They Work; How Accurate Are They And How Can They Help During And After Foot Revascularization Procedures: The OMNIA Trial  
*Miguel F. Montero-Baker, MD*
- 6:57 – 7:02** Iliac Artery Endofibrosis: External Iliac Occlusive Disease In Young Athletes (Especially Cyclists): Pathogenesis And Optimal Treatment – Endo Treatments Don't Work  
*Kenneth J. Cherry, MD*
- 7:03 – 7:08** Progress In Transcatheter Aortic Valve Replacement (TAVR): An Interventional Cardiologist's View  
*Martin B. Leon, MD*
- 7:09 – 7:14** Can Increased H<sub>2</sub>O Intake (>2 liters/day) Improve Symptoms And Heal Lesions In Patients With Claudication And CLTI: What Is The Evidence: What Is The Mechanism: Will It Replace Some Invasive Therapy  
*Juan C. Parodi, MD*
- 7:15 – 7:20** Restricting Needed Transfusion In Patients Undergoing Vascular Procedures Is Bad Practice: So-Called Permissive Anemia After Vascular Operations Or Procedures Increases Morbidity And Mortality  
*Panagiotis Kougias, MD*  
*Joseph L. Mills, MD*
- 7:21 – 7:26** Advantages Of Curved Balloons (Curved When Inflated) In Endovascular Procedures: How Do They Work And When Will They Be Available  
*Timothy A.M. Chuter, DM*

- 7:27 – 7:32** A F/EVAR Device Automatically Computer Generated From CTA Images With Compensation For Device Induced Anatomic Changes And A Specialized Stent-Graft (BoulEVARD) For F/EVAR Branches  
*Benjamin W. Starnes, MD*
- 7:33 – 7:38** Non-Invasive Measurement Of Intra-Arterial Pressure Gradients And Vector Flow Imaging: Current Status And Value In Endovascular Treatments  
*Lars B. Lönn, MD, PhD*
- 7:39 – 7:44** A New Retrievable Stent Device (The Rescue Stent) To Control Massive Aortic And Caval Bleeding Without Fluoroscopy: How Does It Work And Experience To Date  
*Bryan W. Tillman, MD, PhD*  
*Michel Makaroun, MD*
- 7:45 – 7:50** Update On The Art-Assist Device To Provide Pneumatic Sequential Compression For Ischemia: It Is The Best Treatment For Many CLTI Patients: How It Works And Results From A 20-Year Experience  
*Sherif A.H. Sultan, MD, PhD*
- 7:51 – 8:00** **Panel Discussion**

SESSION 48 (Grand Ballroom East, 3rd Floor)

## NEW DEVELOPMENTS IN FENESTRATED AND BRANCHED EVAR (F/B/EVAR AND PARALLEL GRAFTS FOR COMPLEX AAAs AND TAAAs)

**Moderators:** *Matthew J. Eagleton, MD*  
*Mark A. Farber, MD*

- 8:00 – 8:05** New Findings From The UK Complex AAA Multicenter Study Comparing Outcomes And Cost For F/B/EVAR Versus Open Repair For Juxta- And Pararenal AAAs And TAAAs  
*S. Rao Vallabhaneni, MD*
- 8:06 – 8:11** Update On The Results Of The French Multicenter Study Comparing Outcomes And Costs Of F/EVAR And Open Repair For Complex AAAs  
*Stephan Haulon, MD*
- 8:12 – 8:17** Update On Improving Results With F/B/EVAR For Complex AAAs: How Are The New Bridging Stent-Grafts And Inner Branched Grafts Helping And Making Procedures More Effective  
*Eric L.G. Verhoeven, MD, PhD*  
*Athanasios Katsargyris, MD*
- 8:18 – 8:23** Expanded Use Of Preloaded Catheters And Wires For F/B/EVAR Treatment Of Complex AAAs And TAAAs: How Do They Work: Advantages And Limitations  
*Carlos H. Timaran, MD*
- 8:24 – 8:29** **DEBATE:** Longer Follow-Up And Good Outcomes Support The Continued And Wider Use Of Parallel Graft Repairs Of Complex AAAs  
*Edward Y. Woo, MD*
- 8:30 – 8:35** **DEBATE:** Not So: Parallel Graft Use Should Be Decreasing: F/B/EVAR Is Best For Complex AAAs And TAAAs  
*Stephan Haulon, MD*
- 8:36 – 8:41** Long-Term Results Of Chimney EVAR (Ch/EVAR) From The PERICLES Registry Show Good Results Comparable To F/EVAR: How Can These Results Be Duplicated And Devices Gain Approval For This Usage  
*Jason T. Lee, MD*  
*Konstantinos P. Donas, MD*

- 8:42 – 8:47** Endovascular Docking Station To Make Parallel Graft TAAA Repair Safe And Dependable And Avoid Gutter Endoleaks With 4-Parallel Grafts (2 Chimney And 2 Sandwich Grafts)  
*Manish Mehta, MD, MPH*  
*James F. McKinsey, MD*
- 8:48 – 8:53** 3-Vessel Parallel Grafts Can Yield Good Results For Complex AAA Repair If Certain Techniques Are Used: From The PERICLES Registry: Technical Tips  
*Konstantinos P. Donas, MD*  
*Gergana Taneva, MD*
- 8:54 – 8:59** How To Prevent Gutter Endoleaks With Parallel Grafts By The “Eye Of The Tiger” Technique: When Is It Needed And How To Do It  
*David J. Minion, MD*
- 9:00 – 9:05** TAAA Repair With An Off-The-Shelf Multibranched Manifold Device: 7-Year Experience In <100 Patients: Advantages, Limitations, Complications And Device Modifications To Avoid Them  
*Patrick W. Kelly, MD*
- 9:06 – 9:15** **Panel Discussion**
- 9:15 – 9:30** **Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 49 (Grand Ballroom East, 3rd Floor)

**MORE ABOUT F/B/EVAR AND PARALLEL GRAFTS TO TREAT COMPLEX AAAs AND TAAAs**

*Moderators: James F. McKinsey, MD*  
*Frank J. Veith, MD*

- 9:30 – 9:35** **DEBATE:** Why 2-Vessel F/EVAR Is Different And Less Complex Than 3- Or 4-Vessel F/EVAR: The Latter Requires Different Techniques, Has More Complications And Worse Results  
*Geert Willem H. Schurink, MD, PhD*  
*Michael J. Jacobs, MD*
- 9:36 – 9:41** **DEBATE:** Not So: 4-Vessel F/EVARs Have Many Advantages In Many Patients And Are Not Substantially More Difficult  
*Eric L.G. Verhoeven, MD, PhD*
- 9:42 – 9:47** Many Bridging Stent-Grafts Are Now Available For F/B/EVAR Renal And Visceral Branches: Advantages And Limitations Of Each: Which Is Best In What Circumstance  
*Giovanni F. Torsello, MD*  
*Giovanni Torsello, MD*
- 9:48 – 9:53** For F/B/EVAR Treatment Of Complex AAAs And TAAAs What Are The Indications For And The Value And Disadvantages Of Fenestrations, Outer Branches And Inner Branches: Comparison Of Cook And Jotec Devices  
*Piergiorgio Cao, MD*  
*Ciro Ferrer, MD*
- 9:54 – 9:59** F/B/EVAR To Treat Failed EVARs: What Are The Challenges: Technical Tips To Make A Difficult Procedure Easier  
*Andres Schanzer, MD*

- 10:00 – 10:05** **DEBATE:** The Evidence To Support The Success And Durability Of Ch/EVAR For Complex AAAs Is Solid: If Done Right, Ch/EVAR Is Equal To F/EVAR And Has Real Advantages  
*Konstantinos P. Donas, MD*  
*Jason T. Lee, MD*
- 10:06 – 10:11** **DEBATE:** Not So: F/EVAR Is The Gold Standard For Complex AAAs And Has Better Outcomes: Ch/EVAR Is A Dying Procedure  
*Tara M. Mastracci, MD*
- 10:12 – 10:17** What Anatomy Is Unsuitable For F/EVAR With The Cook Z-FEN Device: When Can This Device Be Used Successfully Outside Its IFU  
*Martin R. Back, MD*
- 10:18 – 10:23** Technique For Safe Percutaneous Axillary Access For F/B/EVAR And Ch/EVAR Using Ultrasound, Closure Devices, Through And Through Wire And Balloon Control  
*Germano Melissano, MD*  
*Luca Bertoglio, MD*  
*Roberto Chiesa, MD*
- 10:24 – 10:29** Update On The Value Of Variable Curvature Sheaths For F/B/EVAR: They Make Upper Extremity Access Largely Unnecessary And Decrease Radiation Exposure, Contrast Dose And Procedure Time  
*Joshua D. Adams, MD*
- 10:30 – 10:35** Importance Of Secondary Procedures After F/B/EVAR: Indications, Type Of Interventions And Impact On Outcomes  
*Salvatore T. Scali, MD*  
*(Power Point Presentation With Synced Audio)*
- 10:36 – 10:45** **Panel Discussion**

SESSION 50 (Grand Ballroom East, 3rd Floor)

**A TRIBUTE TO OUR MILITARY AND SERVICE PHYSICIANS: MILITARY HISTORY, CONTROL AND TREATMENT OF MILITARY AND CIVILIAN VASCULAR INJURIES, CURRENT COMBAT CONDITIONS AND VALUE OF A TISSUE ENGINEERED VASCULAR GRAFT (6-MINUTE TALKS)**

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

- 10:45 – 10:51** A Tribute To J. Leonel Villavicencio, MD (1927-2019): A Vascular Surgery Star And An Outstanding Military Surgeon  
*Norman M. Rich, MD, DMCC*
- 10:52 – 11:04** A Heroic Rescue And Battle From The War In Afghanistan: 20 US Airborne Army Rangers And 7 Navy SEALs Take On 400 Taliban Attackers And Win At Takurghar  
*Wayne F. Yakes, MD*
- 11:05 – 11:11** What A Military Vascular Surgeon Is Currently Doing In Afghanistan And Why US Forces Must Stay There  
*Zachary M. Arthurs, MD*
- 11:12 – 11:18** Comparison Of Current Treatments Of Combat And Civilian Vascular Injuries In Israel: When Open; When Endovascular  
*Samy S. Nitecki, MD*



- 11:19 – 11:25** Role Of Military Medicine In Improving National Preparedness: Advances In Homeland Security And Department Of Defense Combat Casualty Care  
*Todd E. Rasmussen, MD*  
*Eric A. Elster, MD*
- 11:26 – 11:32** Advantages And Limitations Of Tourniquet Use In Military And Civilian Limb Vascular Trauma: Tourniquets Saves Lives If Used Properly  
*Michael Engelhardt, MD*
- 11:33 – 11:39** The Humacyte Bioengineered Arterial Substitute For Traumatic Injuries And Other Vascular Lesions: Current Status Update And Value Of A Civilian-Military Partnership  
*Jeffrey H. Lawson, MD, PhD*
- 11:40 – 11:46** Updated Military Experience With REBOA (Resuscitative Endovascular Balloon Occlusion of the Aorta) And Endovascular Resuscitation  
*Joseph J. DuBose, MD*
- 11:47 – 11:53** Update On Civilian Use Of REBOA In Trauma And Other Conditions Including Cardiac Arrest: Advantages And Disadvantages  
*Tal M. Hörer, MD, PhD*
- 11:54 – 12:00** **Panel Discussion**
- 12:00 – 1:00** **Lunch Break – 2nd Floor Promenade**  
**Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 51 (Grand Ballroom East, 3rd Floor)

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

**Moderators:** *Timur P. Sarac, MD*  
*Mario L. Lachat, MD*  
*Frank J. Veith, MD*

- 1:00 – 1:05** Value Of Telemedicine In The Management Of Patients With RAAAs  
*Nobuyoshi Azuma, MD*
- 1:06 – 1:11** Risk Evaluation Scores And Systems Are Inaccurate And Do Not Help In The Management Of RAAA Patients: They Cannot Predict Patients Who Should Be Denied Treatment  
*Janet T. Powell, MD, PhD*
- 1:12 – 1:17** With Adjuncts Such As Chimney Grafts And Onyx, 100% Of RAAA Patients Can And Should Be Treated By EVAR  
*Thomas Larzon, MD, PhD*  
*Mario L. Lachat, MD*
- 1:18 – 1:23** The Debate Is Over: EVAR Is The Best Treatment For RAAA Patients – Even If The RCTs Show Otherwise  
*Martin Malina, MD, PhD*
- 1:24 – 1:29** The IMPROVE RCT Comparing EVAR To Open Repair For RAAAs Finally Showed Late Survival Is Better For EVAR: What Did The AJAX RCT Show Regarding Late Survival After RAAA Repair  
*Willem Wisselink, MD*
- 1:30 – 1:35** EVAR Outcomes Are Improving In RAAA Patients: EVAR Should Be The Standard Of Care In Most RAAA Patients: Which RAAA Patients Currently Should Get Open Repair  
*Anders Wanhainen, MD, PhD*

- 1:36 – 1:41** Techniques For Rapid Percutaneous Access And Quick Contralateral Gate Cannulation In RAAA Patients: Technical Tips  
*Felice Pecoraro, MD*  
*Mario L. Lachat, MD*
- 1:42 – 1:47** How Should Aortic Endografts Be Sized In Hypotensive RAAA Patients: CTA Measurements May Be Misleading  
*Zoran Rancic, MD, PhD*
- 1:48 – 1:53** Why Have Survival Rates For RAAA Patients Improved In Recent Years: It Is Not Just The Increasing Use Of EVAR  
*Martin Björck, MD, PhD*  
*Kevin Mani, MD, PhD*
- 1:54 – 2:00** Why The Endologix Ovation Alto Device Has Advantages For EVAR Treatment Of RAAAs: It Eliminates The Need For Supraceliac Aortic Balloon Control: How So  
*Benjamin W. Starnes, MD*
- 2:00 – 2:08** **Panel Discussion**

SESSION 52 (Grand Ballroom East, 3rd Floor)

**MORE NEW DEVELOPMENTS IN THE TREATMENT OF RAAAs AND RUPTURED JUXTA- AND PARARENAL AAAs AND TAAAs**

**Moderators:** *Manish Mehta, MD, MPH*

*Sebastian E. Debus, MD, PhD*

- 2:08 – 2:13** After EVAR For RAAAs Sac Shrinkage Is Greater Than After Elective EVAR: But Survival Is Similar: What Are The Explanations  
*Hence J.M. Verhagen, MD, PhD*
- 2:14 – 2:19** Update On Improvements In The Diagnosis And Treatment Of Abdominal Compartment Syndrome (ACS) After EVAR For RAAAs  
*Martin Björck, MD, PhD*  
*Mario L. Lachat, MD*
- 2:20 – 2:25** **DEBATE:** Surgeon Modified Endografts Or Off-The-Shelf Devices Are The Best Way To Treat Ruptured Complex AAAs (Juxta- Or Pararenal)  
*Nikolaos Tsilimparis, MD, PhD*
- 2:26 – 2:31** **DEBATE:** Not So: Ch/EVAR Is The Best Way To Treat Ruptured Complex AAAs  
*Mario L. Lachat, MD*  
*Konstantinos P. Donas, MD*  
*Drosos Kotelis, MD*
- 2:32 – 2:37** Peridontal Inflammatory Disease With Gram Negative Pockets May Cause Rapid AAA Growth And Instability: How Should It Be Treated In Patients With Small AAAs  
*Natzi Sakalihan, MD, PhD*
- 2:38 – 2:43** Finnish Nationwide Study Shows That Most RAAA Patients Never Reach A Hospital And Many RAAA Patients Are Not Picked Up By AAA Screening: Are These Findings True In Other Countries And How Can They Be Fixed  
*Maarit Venermo, MD, PhD*
- 2:44 – 2:49** In Japan: EVAR Is The Best Treatment For RAAAs: The Surprising Significance Of Retroperitoneal Hematoma Volume  
*Naoki Fujimura, MD, PhD*

- 2:50 – 2:55** Total Endovascular Repair Of Ruptured TAAAs: What Graft Is Best: Why These Ruptures Are Usually Contained And Slowly Evolving: Technical Tips  
*Gianluca Faggioli, MD*  
*Mauro Gargiulo, MD*  
*Andrea Stella, MD*
- 2:56 – 3:01** Endovascular Repair Of Ruptured TAAAs: European Multicenter Results: What Endografts Were Used: Management And Technical Tips  
*Athanasios Katsargyris, MD*  
*Eric L.G. Verhoeven, MD, PhD*
- 3:02 – 3:10** **Panel Discussion**
- 3:10 – 3:20** **Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 53 (Grand Ballroom East, 3rd Floor)

**EXCITING NEW OR IMPROVED TECHNIQUES, CONCEPTS AND DEVICES; UPDATES ON EVOLVING ENDOVASCULAR TREATMENTS**

**Moderators:** *Reese A. Wain, MD*

*Patrick J. Lamparello, MD*

- 3:20 – 3:25** Improved Less Invasive Technique For Anterior Lumbar Spine Exposure For Interbody Fusion: Complications And How To Avoid Them  
*Christian Ochoa, MD*
- 3:26 – 3:31** Endovascular Treatment Of Vascular Complications Of Kidney Transplantation: These Complications Are More Frequent Than One Might Think  
*Maria Antonella Ruffino, MD*
- 3:32 – 3:37** How Computational Fluid Dynamic Analyses Can Help In Determining The Optimal Treatment Of Aortic Lesions  
*James C. Stanley, MD*  
*C. Alberto Figueroa, PhD*  
*Christopher Tossas, BS*  
*Theodorus van Bakel, MD, PhD*
- 3:38 – 3:43** Use Of Thoracic Stent-Grafts To Control Major Iliac Vein Or Caval Bleeding From Trauma Or During Open Surgery: How To Do It  
*Geert Willem H. Schurink, MD, PhD*
- 3:44 – 3:49** Technical Tips For Safe Antegrade Common Femoral Artery (CFA) Access: It Should Have Similar Complication Rates To Standard Retrograde CFA Access: From The VQI  
*Jeffrey J. Siracuse, MD, RPVI*
- 3:50 – 3:55** The Aortyx Patch: What Is It And How Does It Work To Repair Focal Aortic Defects With Loss Of Tissue  
*Vicente Riambau, MD, PhD*
- 3:56 – 4:01** A Sirolimus External Patch To Prevent Anastomotic Intimal Hyperplasia When Placed Around The Distal Anastomosis Of A PTFE Fempop Arterial Graft  
*Sriram S. Iyer, MD*
- 4:02 – 4:07** **Panel Discussion**
- 4:07 – 4:12** Left Gastric Embolization To Treat Obesity: Indications, Technique And How Effective Is It  
*Robert E. Beasley, MD*

- 4:13 – 4:18** Current Status Of Prostate Artery Embolization For Benign Prostatic Hypertrophy: Will It Replace Surgery; Technical Requirements And Results From A Meta-Analysis  
*Lars B. Lönn, MD, PhD*
- 4:19 – 4:24** Occlusion Perfusion Catheter (From Advanced Catheter Therapies) To Inject Paclitaxel Or Other Drugs Into The Arterial Wall After Atherectomy: How Does It Work And 1-Year Results  
*Lawrence A. Garcia, MD*  
*George L. Adams, MD*
- 4:25 – 4:30** Preservation Of A Favorable Aortic Bifurcation During AAA Repair (Open And Endo) To Facilitate Later Contralateral Approaches For Lower Extremity Occlusive Disease: How To Do It  
*Sigrid Nikol, MD*
- 4:31 – 4:36** Mini-Incision Open AAA Repair: When And How To Do It  
*Kamphol Laohapensang, MD*
- 4:37 – 4:42** External Support Of Vein Grafts For Lower Extremity Bypasses: When Is It Helpful And How To Do It  
*Francesco Spinelli, MD*
- 4:43 – 4:48** **Panel Discussion**

SESSION 54 (Grand Ballroom East, 3rd Floor)

**MORE ABOUT NEW CONCEPTS, DEVICES AND TECHNIQUES; PROGRESS IN RADIATION SAFETY**

**Moderators:** *Barry T. Katzen, MD*

*Robert A. Lookstein, MD, MHCDL*

- 4:48 – 4:53** V-Healthy And V-Awareness Programs To Enhance Public Awareness Of Vascular Diseases And What Can Be Currently Done To Treat It Effectively  
*Manish Mehta, MD, MPH*
- 4:54 – 4:59** Status Of Credentialing For Vascular Outpatient Centers And OBLs: What Organization Or Society Is Leading The Initiative  
*Anton N. Sidawy, MD, MPH*
- 5:00 – 5:05** How To Do Perfusion Angiography To Assess Foot Circulation And Adequacy Of Treatment: Value In Diabetic Gangrene And Ulceration  
*Jim Reekers, MD, PhD*
- 5:06 – 5:11** How To Create A Poor Man's Variable Curve/ Deflection Sheath That Is Stable: How To Make It And Value In F/B/EVAR: It Can Minimize The Need For Axillary Access  
*Tilo Kölbel, MD, PhD*
- 5:12 – 5:17** A New EVAR Endograft With Thrombogenic Fibers: It Decreases Endoleaks And Promotes Sac Shrinkage: How Does It Work And Favorable 2-Year Results (Kardiozis From Affluent Medical)  
*Dominique Fabre, MD*

**ADVANCES IN RADIATION SAFETY**

- 5:18 – 5:23** New Developments In Radiation Safety To Decrease Exposure To The Staff And Patients: What Is Claimed To Work But Does Not And What Works  
*Lindsay Machan, MD*
- 5:24 – 5:29** How Can Simulation Help To Promote Radiation Safety For Operators And Staff Members  
*Lars B. Lönn, MD, PhD*

- 5:30 – 5:35** New Methods To Quantitate And Minimize Radiation Exposure To Personnel During Endovascular Procedures: Why Consequences From Given Exposure Vary Between Individuals: Can This Variability Be Determined  
*Bijan Modarai, PhD, FRCS*
- 5:36 – 5:41** What Is New In Radiation Protection For Pregnant Physicians, Other Staff Members And Patients  
*Palma M. Shaw, MD*
- 5:42 – 5:47** Technical Tips And New Technologies To Decrease Radiation Exposure During Complex Aortic Procedures: IVUS, Fusion, Virtual Reality, New Non-Xray Endovascular Guidance Systems  
*Götz M. Richter, MD, PhD*
- 5:48 – 5:53** Radiation Treatment For Lung Or Esophageal Cancer Can Cause Aortic Ruptures: Endografts Can Prevent Or Treat The Problem  
*Maciej L. Dryjski, MD, PhD*
- 5:54 – 6:02** **Panel Discussion**  
***End of Program G***

PROGRAM H (SESSIONS 55-62)

NEW OR IMPROVED DEVICES FOR STANDARD EVAR, EVAS AND MORE COMPLEX AAAs; REPAIR OF TAAAs, THE AORTIC ARCH AND THE DESCENDING AORTA (TEVAR); NEW DEVICES FOR TREATING LOWER EXTREMITY LESIONS BY ENDOVASCULAR OR OPEN TECHNIQUES; UPDATES ON ENDOANCHORS AND IMPROVEMENTS IN THEIR USAGE; AND NEW OR IMPROVED DEVICES FOR REMOVING CLOT AND OCCLUDING BLOOD VESSELS ENDOVASCULARLY

Grand Ballroom West, 3rd Floor

SESSION 55 (Grand Ballroom West, 3rd Floor)

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

**Moderators:** *Wesley S. Moore, MD*

*Mark A. Adelman, MD*

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

- 7:09 – 7:14** There Are Fewer Type 2 Endoleaks With The Gore Excluder Endograft Than Other EVAR Devices: What Is The Reason  
*Sherif A.H. Sultan, MD, PhD*
- 7:15 – 7:20** Update On The Ovation Polymer Based Endograft (Endologix) Without And With Chimney Grafts: Advantages, Limitations And 5-Year Results  
*Venkatesh G. Ramaiah, MD*
- 7:21 – 7:26** Why The ALTO (Ovation) Endograft Has Advantages For AAA Repair: How Does Raising Its Polymer Proximal Sealing Ring Improve EVAR Applicability Based On Early Results  
*Sean P. Lyden, MD*
- 7:27 – 7:33** **Panel Discussion**
- 7:33 – 7:38** Long-Term (10-Year) Follow-Up After EVAR With The Cook Zenith Endograft Shows It To Be Durable And Effective: Are There Any Downsides  
*Timothy A. Resch, MD, PhD*
- 7:39 – 7:44** Update On The Cook Alpha Device For EVAR: Advantages, Limitations And Results  
*Eric L.G. Verhoeven, MD, PhD*  
*Athanasios Katsargyris, MD*
- 7:45 – 7:50** The Gore Conformable Excluder With Active Proximal (Neck) Angulation Control: Results Of US IDE Trial To Date: Advantages And Limitations  
*Robert Y. Rhee, MD*
- 7:51 – 7:56** European Results With The Gore Conformable AAA Endograft With Active Proximal Angulation Control  
*Marc R.H.M. van Sambeek, MD, PhD*
- 7:57 – 8:02** The Low Profile Incraft (From Cordis-Cardinal Health) For EVAR Has Real Advantages Based On Midterm Results From The Italian Multicenter Experience: The Device Is Now FDA Approved  
*Matteo Orrico, MD*  
*Nicola Mangialardi, MD*  
*Franco Grego, MD*
- 8:03 – 8:08** How Use Of Regional Referral Centers Can Remedy The Shortfall Of Vascular Surgical Training In Open AAA Repair In The EVAR, F/EVAR Era  
*Lee Kirskey, MD, MBA*
- 8:09 – 8:15** **Panel Discussion**

SESSION 56 (Grand Ballroom West, 3rd Floor)

**MORE NEW OR UPDATED INFORMATION ABOUT NON-STANDARD DEVICES FOR EVAR OR ENDOVASCULAR ANEURYSM SEALING (EVAS) (TALKS ARE 4 ¾ OR 5 MINUTES)**

**Moderators:** *Jerry Goldstone, MD*

*Nicholas J.W. Cheshire, MD*

- 8:15 – 8:20** Why AAA Sac Filling Endografts Like Nellix May Be Better Devices For Endo AAA Repair: What Are Their Disadvantages  
*Venkatesh G. Ramaiah, MD*
- 8:21 – 8:26** Prevention Of Endoleaks After EVAR With A New Sac Filling Polymer Based Device: How It Works And What Is Its Status  
*Michael J. Jacobs, MD*

- 8:27 – 8:32** Advantages Of The Ovation Endograft (Endologix) For AAA Repair: Why The Polymer Filled Sealing Rings Are A Better Way To Secure And Maintain A Proximal Seal: Value Of The New Alto Modification  
*David J. Minion, MD*
- 8:33 – 8:38** Status Report On The Endologix Nellix Endograft For EVAS: Advantages, Limitations, Precautions And When Should It Be Used  
*Jeffrey P. Carpenter, MD*
- 8:39 – 8:44** Evolution Of Nellix And EVAS: From A Single Center 295-Patient Experience: Advantages And Limitations  
*Pete Holt, MD, PhD*  
*Ian Loftus, MD*
- 8:45 – 8:50** **Panel Discussion**
- 8:50 – 8:55** Pros And Cons Of Nellix EVAS: From An Early Enthusiast: What Is Its Future And How Does It Decrease Post-Procedure Mortality  
*Andrew Holden, MBChB*
- 8:56 – 9:01** Current Role And Value Of Nellix EVAS In A Busy EVAR Practice: How Best To Detect And Manage Failures  
*Michel M.P. Reijnen, MD, PhD*
- 9:02 – 9:07** Nellix In Nellix Procedure For Failed EVAS: Technical Challenges And Tips To Overcome Them  
*Piotr Szopinski, MD, PhD*
- 9:08 – 9:13** What Are The Definitive Advantages Of EVAS That Prompt Its Continued Use  
*Daniel G. Clair, MD*
- 9:14 – 9:19** Chimney EVAS: When Should It Be Used: Advantages And Technical Tips To Do It Safely And Effectively  
*William J. Quinones-Baldrich, MD*
- 9:20 – 9:26** **Panel Discussion**
- 9:26 – 9:40** **Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 57 (Grand Ballroom West, 3rd Floor)

**NEW OR UPDATED ENDOVASCULAR DEVICES FOR TREATING ANEURYSMS AND OTHER LESIONS IN OR NEAR THE AORTIC ARCH (5-MINUTE TALKS)**

**Moderators:** *Rodney A. White, MD*

*Ali Khoynzhad, MD, PhD*

- 9:40 – 9:45** Update On The Nexus Off-The-Shelf Single Branch Device For Treating Lesions Involving The Entire Aortic Arch (Zone 0 Lesions): Unique Advantages, Precautions And Midterm Results  
*Mario L. Lachat, MD*  
*Nicola Mangialardi, MD*
- 9:46 – 9:51** Terumo Aortic 2 Inner Branched Relay Device For Treating Aortic Arch Lesions: Advantages, Limitations And Early Registry Results  
*Ciro Ferrer, MD*  
*Piergiorgio Cao, MD*
- 9:52 – 9:57** Gore Single Branched Device For Revascularizing The Left Subclavian Artery For Aortic Lesions Near The Arch Or More Complex Arch Lesions: Current Status, Advantages, Precautions And Results  
*Michael D. Dake, MD*  
*Michel Makaroun, MD*

- 9:58 – 10:03** Medtronic Valiant Mona LSA Single Branch Endograft For TEVAR Treatment Of Aortic Lesion Involving Or Near To The Left Subclavian Artery: Advantages, Precautions And Midterm Results  
*Frank R. Arko, MD*
- 10:04 – 10:09** More About The Valiant Mona LSA Single Branched TEVAR Device: Why Use It In Preference To A Chimney Or Periscope Parallel Graft  
*Herve Rousseau, MD, PhD*
- 10:10 – 10:15** Custom-Made Scallops In Relay TEVAR: Results Of The French “REP” Study: A Step Forward To An Off-The-Shelf Device  
*Jean-Marc Alsac, MD, PhD*
- 10:16 – 10:22** **Panel Discussion**

SESSION 58 (Grand Ballroom West, 3rd Floor)

**NEW OR UPDATED ENDOVASCULAR DEVICES FOR TREATING DESCENDING AORTIC LESIONS (TEVAR) AND TAAAs (5-MINUTE TALKS)**

**Moderators:** *Ramon Berguer, MD, PhD*

*Thomas S. Maldonado, MD*

- 10:22 – 10:27** Is TEVAR Device Integrity Compromised By Low Profile Devices  
*James H. Black III, MD*
- 10:28 – 10:33** Long-Term Outcomes Of TEVAR With Low Profile Devices: Which Ones Are Durable; Which Are Not  
*Giovanni F. Torsello, MD*  
*Giovanni Torsello, MD*  
*Martin J. Austermann, MD*
- 10:34 – 10:39** How Does The New Valiant Navion Low Profile Endograft Expand The Therapeutic Options For TEVAR: Early Experience  
*Ali Azizzadeh, MD*
- 10:40 – 10:45** Valiant Navion Low Profile And Captiva Devices (From Medtronic) For TEVAR: Advantages For Various Aortic Lesions  
*Fabio Verzini, MD, PhD*
- 10:46 – 10:51** Value Of The New Low Profile Relay Pro Endograft (From Terumo Aortic) For TEVAR In Patients With Thoracic Aortic Aneurysms And Dissections: Advantages Over The Relay Plus Device  
*Edward Y. Woo, MD*  
*Vicente Rimbau, MD, PhD*
- 10:52 – 10:57** Advantages Of The Relay Plus Endograft For TEVAR: Why Does It Have A Lower Stroke Rate Than Other TEVAR Devices  
*Mahmoud B. Malas, MD, MHS*  
*Vicente Rimbau, MD, PhD*
- 10:58 – 11:03** Value Of The Relay Pro Low Profile Device For TEVAR In Blunt Thoracic Aortic Injuries: Why It Is Advantageous  
*Benjamin W. Starnes, MD*
- 11:04 – 11:09** Advantages Of A New Gore Conformable C-Tag Endograft For TEVAR: It Has Active Proximal Angulation Control To Deal With Complex Aortic Arch Angles; And Staged Deployment To Avoid Aortic Flow Interruption And Get Accurate Positioning Without The Need For Rapid Pacing  
*Dittmar Böckler, MD*  
*Giovanni Torsello, MD*
- 11:10 – 11:17** **Panel Discussion**



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

**NEW ENDOVASCULAR DEVICES TO TREAT TAAAs**

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

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

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

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

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

**11:53 – 12:00** **Panel Discussion**

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

SESSION 59 (Grand Ballroom West, 3rd Floor)

NEW OR UPDATED INFORMATION ON LOWER EXTREMITY PROSTHETIC GRAFTS OR STENT-GRAFTS FOR TREATMENT OF OCCLUSIVE DISEASE AND OTHER USES; VALUE OF HYBRID GRAFTS (PARTIALLY STENTED) FOR RENAL-VISCERAL DEBRANCHING (SEE ALSO SESSION 28)

**Moderators:** *Enrico Ascher, MD*

*Keith D. Calligaro, MD*

**1:00 – 1:05** Cryopreserved Vein Allografts For Lower Extremity Bypasses: Indications, Value, Advantages And Limitations  
*Robyn A. Macsata, MD*

**1:06 – 1:11** Increasing Usage And Value Of Covered Stents Are Facilitated By Newly Available Devices: What Are The New Devices And What Benefits Do They Provide  
*Paulo E. Ocke Reis, MD, PhD*

**1:12 – 1:17** Broadening Applications And Value Of Balloon Expandable Covered Stents: The VBX Covered Stent From Gore  
*W. Anthony Lee, MD*

**1:18 – 1:23** Value Of The VBX Balloon Expandable Stent-Graft In Treating Challenging Aorto-Iliac Occlusive Lesions: 3-Year Results, Advantages And Limitations  
*Jean M. Panneton, MD*

- 1:24 – 1:29** Advantages Of Balloon Expandable Covered Bridging Stents In F/B/EVAR Procedures: Which One Is Best And Why  
*Mauro Gargiulo, MD*  
*Gianluca Faggioli, MD*  
*Andrea Stella, MD*
- 1:30 – 1:35** Positive 3-Year Results With The iCAST Balloon Expandable Covered Stents For Iliac Occlusive Disease: From The iCARUS Trial Comparing Them To VBX FLEX And Bolster Covered Stents  
*John R. Laird, MD*
- 1:36 – 1:41** Value Of Gore Hybrid Partially Stented PTFE Stent-Graft For Renal And Visceral Debranching Procedures To Treat Complex AAAs: How To Use Them  
*Francesco Setacci, MD*
- 1:42 – 1:48** **Panel Discussion**

SESSION 60 (Grand Ballroom West, 3rd Floor)

## NEW OR UPDATED DEVICES FOR LOWER EXTREMITY TREATMENTS: STENTS, BALLOONS, TACKS AND ATHERECTOMY DEVICES

(VEITH/TCT CO-BRANDED SESSION)

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

- 1:48 – 1:53** 2-Year Follow-Up Findings And Results From The Lutonix BTK DCB Global Registry  
*Michael K.W. Lichtenberg, MD*  
*Dierk Scheinert, MD*
- 1:53 – 1:58** Novel Angioplasty Balloon With Integrated Distal Embolic Protection Filter (Vanguard System From Contego Medical) For Use With Lesions Having High Embolic Potential: How It Works And Results Of The ENTRAP Study  
*Thomas Zeller, MD*
- 1:58 – 2:03** Update On Results And Value Of The Chocolate Touch DCB (QT Vascular - Medtronic) To Minimize Dissection During Balloon Angioplasty  
*Jos C. van den Berg, MD, PhD*  
*Mehdi H. Shishehbor, DO, MPH, PhD*
- 2:03 – 2:08** The Biomimics 3D Helical Swirling Flow Inducing Stent (From Veryan Medical): 2-Year Results Of The MIMICS-2 Trial Show It Works Well For Complex Fempop Lesions: Now FDA Approved  
*Timothy M. Sullivan, MD*  
*Peter Gaines, MD*  
*Michael K.W. Lichtenberg, MD*
- 2:08 – 2:13** What Is The Ideal Stent To Use When Fempop Angioplasty With A DCB Fails Early; Late  
*Stefan Müller-Hülsbeck, MD*
- 2:13 – 2:18** 4-Year Results With The Smart Flex Stent (From Cordis-Cardinal Health): Advantages And Tips For Use With Complex Fempop Lesions: From The REALISTIC Trial  
*Peter C.J. Goverde, MD*
- 2:18 – 2:23** The Tigris Dual Component Stent (PTFE/Nitinol – From Gore): Is It Better And Why: Results From Multicenter Registries  
*Maria Antonella Ruffino, MD*  
*Martin Werner, MD*
- 2:23 – 2:29** **Panel Discussion**

- 2:29 – 2:34** Tack Optimized Balloon Angioplasty With The Tack Endovascular System (From Intact Vascular) To Eliminate Dissections After Angioplasty: How Does This Device Work; Why It Is Better Than Stents; The TOBA Trials Show It Works Above The Knee: Now FDA Approved  
*Peter A. Schneider, MD*  
*Marianne Brodmann, MD*
- 2:34 – 2:39** How Well Does The Tack Endovascular System Work With BTK Balloon Angioplasty: TOBA II BTK-Pivotal Trial Results For A BTK Tack Implant  
*Patrick J. Geraghty, MD*  
*George L. Adams, MD*
- 2:39 – 2:44** Management Of Arterial Dissections Following PTA Is Cost Effective: Results Of An Analysis With The Intact (Tack) Vascular Device  
*Michael R. Jaff, DO*

**PROGRESS IN ATHERECTOMY**

- 2:44 – 2:49** The Phoenix Atherectomy System (From Volcano-Philips): What Makes It Different And Possibly Better Than Other Atherectomy Devices  
*Miguel F. Montero-Baker, MD*
- 2:49 – 2:54** IVUS Directed Atherectomy Of BTK Lesions With The Phoenix Atherectomy (ATX) Device: Why It Works Better Than Other ATX Devices: Technical Tips And Results Of The PRESTIGE PILOT Trial  
*Michael K.W. Lichtenberg, MD*  
*Thomas Zeller, MD*
- 2:54 – 2:59** Jetstream Atherectomy (Boston Scientific) With Active Aspiration And DCBs For Use With DCBs For Complex SFA Lesions: What Makes It Different And Advantageous: Technical Tips  
*Richard J. Powell, MD*
- 2:59 – 3:04** Value Of Lithotripsy, Orbital Atherectomy (From CSI) And DCBs For Long Calcified BTK Occlusive Lesions: How Do They Work In Concert And Why Do They Promise Good Results  
*Erwin Blessing, MD*
- 3:04 – 3:09** Improvements In The Turbohawk Turbopowered Laser Atherectomy Device (From Medtronic): What Makes It Different: How Does It Work With Various Lesion Pathologies: 12-Month Results And IVUS Evaluations  
*George L. Adams, MD*
- 3:09 – 3:15** **Panel Discussion**
- 3:15 – 3:25** **Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 61 (Grand Ballroom West, 3rd Floor)  
UPDATES ON ANCHORING DEVICES  
(ENDOANCHORS) TO PREVENT OR TREAT  
ENDOLEAKS WITH EVAR OR TO PREVENT DEVICE  
MIGRATION

**Moderators:** *William D. Jordan, Jr., MD*  
*Jean-Paul de Vries, MD, PhD*

ENDOANCHORS AND EVAR

- 3:25 – 3:30 New Developments With Endoanchors (Aptus-Medtronic): New Evidence That Endoanchors Can Facilitate And Maintain Successful Standard EVAR For AAAs With Short Or Angulated Necks Without Increasing Costs: From The ANCHOR Registry  
*William D. Jordan, Jr., MD*
- 3:31 – 3:36 When Are Endoanchors Indicated And When Are They Contraindicated: Causes Of Failure And Technical Tips For Optimal Use  
*Jean-Paul de Vries, MD, PhD*
- 3:37 – 3:42 Computational Analysis Of AAA Neck Seal Zone Preservation With EVAR And Predicting The Need For Endoanchors To Prevent Migration With Imperfect Necks: Is It Valid  
*Ross Milner, MD*
- 3:43 – 3:48 Sac Regression Is Important, And Endoanchors May Be Of Benefit In Hostile Necks  
*Marc L. Schermerhorn, MD*
- 3:49 – 3:54 How Can 3D Fusion Imaging Help In Precision Deployment Of Endoanchors: Does It Improve Outcomes  
*Giovanni Pratesi, MD*
- 3:55 – 4:00 With Hostile Neck Anatomy Endoanchors Prevent Neck Related Complications – Dilatation, Endoleaks And Migration: What Is The Proof: From The ANCHOR Registry  
*Apostolos K. Tassiopoulos, MD*
- 4:01 – 4:06 When Can Endoanchors Placed Secondarily Fix Established Type 1A Endoleaks After EVAR: And When Can't They: What Is The Durability Of Endoanchor Fixes  
*Jean-Paul de Vries, MD, PhD*

ENDOANCHORS AND TEVAR

- 4:07 – 4:12 Value Of Endoanchors To Fix Type 1 Endoleaks After TEVAR  
*Piotr M. Kasprzak, MD*
- 4:13 – 4:18 Value Of Endoanchors With TEVAR: They Decrease The Incidence Of Type 1 Endoleaks And Migration: When Should They Be Used  
*Jean M. Panneton, MD*
- 4:19 – 4:25 **Panel Discussion**

SESSION 62 (Grand Ballroom West, 3rd Floor)

NEW OR IMPROVED DEVICES FOR REMOVING DISEASE RELATED OR IATROGENIC CLOT; NEW DEVICES FOR INTRA-ARTERIAL EMBOLIZATION (4 ¾- MINUTE TALKS)

Moderators: *Frank R. Arko, MD*  
*James F. Benenati, MD*

CLOT REMOVING DEVICES

- 4:25 – 4:30 Inari ClotTrievers Device For Quick Removal Of Large Amounts Of Intravascular Clot From Large Arteries And Veins: How Does It Work And Advantages  
*Thomas S. Maldonado, MD*

- 4:30 – 4:35** Value Of The Rotarex Device (Straub Medical) For Removing Thrombus And Atheromatous Material From Fempop Occlusions: Advantages, Limitations And Technical Tips  
*Michael K. W. Lichtenberg, MD*  
*Christian Wissgott, MD*
- 4:35 – 4:40** New Findings For Removing Clot With Microbubbles Ultrasound And Thrombolytic Drugs: Its Safer And More Efficient Than Other Lytic Methods  
*Kak Khee Yeung, MD, PhD*
- 4:40 – 4:45** Latest Innovations And Advances In Endovascular Power Clot Removal/Aspiration: How They Work And Why They Work Better Than Older Devices  
*James F. Benenati, MD*
- 4:45 – 4:50** Pros And Cons Of Percutaneous Clot Removal Techniques: When Do They Work And When Don't They  
*Michele Rossi, MD*
- 4:50 – 4:55** Update On The Treatment Of Acute Limb Ischemia: Advantages And Limitations Of The New Endovascular Devices: Are Open Techniques Ever Required  
*Jos C. van den Berg, MD, PhD*
- 4:55 – 5:00** The New Endovascular Pharmaco-Mechanical Thrombectomy Devices: How Each Works And Advantages Of Each Device And When Is Each Best  
*Guillermo A. Escobar, MD*
- 5:00 – 5:06** **Panel Discussion**
- 5:06 – 5:11** Update On New Technologies For Percutaneous Arterial Clot Aspiration: How Each Works And How Best To Use It: Technical Tips And Limitations  
*Claudio J. Schonholz, MD*  
*Joshua D. Adams, MD*
- 5:11 – 5:16** Multiple Uses Of The Indigo Percutaneous Clot Aspiration System (From Penumbra): How It Works And Why It Simplifies Treatment And Improves Outcomes  
*Frank R. Arko, MD*
- 5:16 – 5:21** Value Of Arterial Thrombolysis In Patients With Contraindications: How To Do It With Reasonable Safety  
*Anil P. Hingorani, MD*
- 5:21 – 5:26** Improving Outcomes Of Treatment Of Long Segment Fempop Chronic Occlusions (CTOs) With Initial Indigo Clot Aspiration Before Definitive Use Of A DCB Or Stent  
*Mazin Foteh, MD*

**ADVANCES IN EMBOLOTHERAPY**

- 5:27 – 5:32** Mechanical Percutaneous Aspiration Thrombectomy With The Indigo System Is Safe And Effective In Treating Acute Limb Ischemia: When Is It Not: From the Multicenter INDIAN Registry  
*Gianmarco de Donato, MD*  
*Carlo Setacci, MD*
- 5:33 – 5:38** Endovascular Treatment Of Visceral And Renal Aneurysms With Detachable Coils: Technical Tips, Limitations And Results  
*Ripal T. Gandhi, MD*
- 5:39 – 5:44** How To Manage Serious Hemorrhage With Newer Coils And Liquid Embolic Agents  
*Jacob Cynamon, MD*

**5:45 – 5:52 Panel Discussion**

*End of Program H*

PROGRAM I (SESSIONS 63-70)  
SUPERFICIAL VENOUS DISEASE

Trianon Ballroom, 3rd Floor

Course Leaders: *Jose I. Almeida, MD, RPVI, RVT*  
*Lowell S. Kabnick, MD, RPhS*  
*Kenneth Ouriel, MD, MBA*  
*Thomas W. Wakefield, MD*

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

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

- 7:00 – 7:04** Introduction To Veins At VEITH  
*Jose I. Almeida, MD, RPVI, RVT*
- 7:05 – 7:10** Classification Of Chronic Venous Disease: CEAP,  
VCSS And Beyond  
*Marc A. Passman, MD*
- 7:11 – 7:16** VCSS Versus Villata – Pros And Cons As An Outcome  
Measure  
*Alun H. Davies, MA, DM, DSc*
- 7:17 – 7:22** Physiology Of Venous Return  
*Brajesh K. Lal, MD*
- 7:23 – 7:28** Analysis Of Biofluids From Patients With CVD  
*Sarah Onida, MD, PhD*
- 7:29 – 7:34** Lower Limb Venous Kinetics And Impact On Venous  
Drainage  
*Sergio Giancesini, MD, PhD*
- 7:35 – 7:40** An Algorithm To Predict Disease Severity In C2 Patients  
*Lowell S. Kabnick, MD, RPhS*
- 7:41 – 7:46** Evidence Summary On The Pathophysiology Of  
Varicose Veins  
*Thomas W. Wakefield, MD*
- 7:47 – 7:52** Understanding Effects Of External Positive And  
Negative Pressure On The Venous System  
*Seshadri Raju, MD*
- 7:53 – 7:58** Non-Venous Causes Of The Swollen Extremity  
*Andrea T. Obi, MD*
- 7:59 – 8:04** Superficial Reflux With Obstructed Deep Veins:  
When And When Not To Treat  
*Jose I. Almeida, MD, RPVI, RVT*
- 8:05 – 8:10** Quality Of Life Tools Reflect Disease Severity, But  
They Can Be Improved  
*Alun H. Davies, MA, DM, DSc*
- 8:11 – 8:16 Panel Discussion**

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

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

- 8:17 – 8:22** Identifying Reflux Pathways With Duplex Ultrasound  
Mapping  
*Neil M. Khilnani, MD*

- 8:23 – 8:28** Iliocaval Duplex Ultrasound With Image Optimization  
*Jan M. Sloves, RVT*
- 8:29 – 8:34** Getting A Look At Inflow With Duplex Ultrasound Prior To Endovascular Reconstruction Of Post-Thrombotic Iliocaval Disease  
*Jose I. Almeida, MD, RPVI, RVT*
- 8:35 – 8:40** MRV And Major Venous Interventions  
*Mark G. Davies, MD*
- 8:41 – 8:46** Single Center Retrospective Review Of Patients With Iliac Thrombosis Who Underwent CT And DUS .... Showing The Limitations Of DUS  
*Heron E. Rodriguez, MD*
- 8:47 – 8:52** Value Of IVUS And Other Techniques To Improve The Diagnosis And Treatment Of Iliofemoral Occlusion  
*Erin H. Murphy, MD*
- 8:53 – 8:58** Detailed Anatomy Of The Gastrocnemius And Soleus Veins Based On CT-Venography  
*Evgeny Shaydakov, MD, PhD*
- 8:59 – 9:04** The VIDIO Trial Comparing IVUS Versus Multiplanar Venogram For Diagnosing Iliofemoral Vein Obstruction  
*Paul J. Gagne, MD*
- 9:05 – 9:10** Transillumination Phleboscropy: What Do We Need To Avoid  
*Gutenberg A. Gurgel, MD*
- 9:11 – 9:16** Ambulatory Venous Pressure, Air Plethysmography, And The Role Of Calf Venous Pump In Chronic Venous Disease  
*Seshadri Raju, MD*
- 9:17 – 9:22** **Panel Discussion**

SESSION 65 (Trianon Ballroom, 3rd Floor)

## SUPERFICIAL VEIN TREATMENT STRATEGIES AND TECHNIQUES

**Moderators:** *Lowell S. Kabnick, MD, RPhS*

*Saum A. Rahimi, MD*

- 9:23 – 9:28** Venous Drugs And Do They Work – The Colombian Experience  
*Jorge H. Ulloa, MD*
- 9:29 – 9:34** What Drugs Do I Recommend For Symptomatic Venous Disease  
*Alberto C. Duque, MD*
- 9:35 – 9:40** "Choosing Wisely" Items For Chemical Or Thermal Ablation In The Treatment Of The Incompetent Saphenous Veins And Recurrence  
*Claudine Hamel-Desnos, MD*
- 9:41 – 9:46** Truncal Vein Diameters Should Not Be Used As A Rationing Tool  
*Sarah Onida, MD, PhD*
- 9:47 – 9:52** Combined Ablation Plus Phlebectomy Is Associated With Improvements In Venous Outcomes  
*Nicholas H. Osborne, MD, MS*
- 9:53 – 9:58** Long-Term (25 Years) Results Of Venopreserving Operations  
*Evgeny Shaydakov, MD, PhD*
- 9:59 – 10:04** Polidocanol Foam Sclerotherapy Of Lymphoceles After Varicose Vein Surgery: An Effective And Safe First-Choice Treatment  
*Lourdes Reina, MD*

- 10:05 – 10:10** Do You Need To Treat EHIT 2  
*Lowell S. Kabnick, MD, RPhS*
- 10:11 – 10:16** SVT In The Pregnant Patient  
*Ellen D. Dillavou, MD*
- 10:17 – 10:22** Saphenous Vein Histopathology 5.5 Years After  
Cyanoacrylate Closure  
*Jose I. Almeida, MD, RPVI, RVT*
- 10:23 – 10:28** Radiofrequency And Laser Vein Ablation For Patients  
On Anticoagulation Is Safe, Effective, And Durable  
*Glenn Jacobowitz, MD*
- 10:29 – 10:34** **Panel Discussion**

SESSION 66 (Trianon Ballroom, 3rd Floor)

## THERMAL AND NON-THERMAL ABLATION

**Moderators:** *Lowell S. Kabnick, MD, RPhS*  
*Kathleen D. Gibson, MD*

- 10:35 – 10:40** Ultrasound Guided Foam Sclerotherapy: What We  
Should Know  
*Jean Luc Gerard, MD*
- 10:41 – 10:46** Is Thermal Ablation Obsolete  
*Kathleen D. Gibson, MD*
- 10:47 – 10:52** Radiofrequency Ablation: Something New  
*Lowell S. Kabnick, MD, RPhS*
- 10:53 – 10:58** VenaSeal™ Closure System Post Procedure Care  
*Brian Lee Ferris, MD*
- 10:59 – 11:04** Proprietary Polidocanol Microfoam: What We Should  
Know  
*Lowell S. Kabnick, MD, RPhS*
- 11:05 – 11:10** SECURE Trial Update  
*Mark A. Adelman, MD*
- 11:11 – 11:16** New Venous Closure Devices: Mechanical  
*Lowell S. Kabnick, MD, RPhS*
- 11:17 – 11:22** Contraindications And Limits: MOCA  
*Michel M.P. Reijnen, MD, PhD*
- 11:23 – 11:28** Contraindications And Limits: Laser  
*Jose I. Almeida, MD, RPVI, RVT*
- 11:29 – 11:34** Contraindications And Limits: Radiofrequency Ablation  
*Alan M. Dietzek, MD, RPVI*
- 11:35 – 11:40** **Panel Discussion**

SESSION 67 (Trianon Ballroom, 3rd Floor)

## SPIDER VEINS, TRUNCAL VEINS, TRIBUTARY VEINS, EXOTIC VEIN TREATMENT

**Moderators:** *Edward G. Mackay, MD*  
*Jean Luc Gerard, MD*

- 11:41 – 11:46** Morel Lavallée Syndrome  
*Jean Luc Gerard, MD*
- 11:47 – 11:52** Laser Or Ohmic Devices For Telangiectasia: When  
And Why  
*Edward G. Mackay, MD*
- 11:53 – 11:58** Phlebectomy: Step By Step  
*Saum Rahimi, MD*
- 11:59 – 12:04** Ablative Risks Prior And After Flying: What Do You  
Tell Your Patients  
*Sarah Onida, MD, PhD*



- 12:05 – 12:10** Foam Therapies (PCF Vs PEM): When To Use And Does It Make A Difference  
*Edward G. Mackay, MD*
- 12:11 – 12:16** How To Treat Labial Varices: Sclerotherapy, USG Sclerotherapy And/Or Phlebectomy  
*Ellen D. Dillavou, MD*
- 12:17 – 12:22** Should All Saphenous Recanalizations Be Treated  
*Kathleen D. Gibson, MD*
- 12:23 – 12:28** Laser And/Or Sclerosant For Cosmetic Veins: How And Why  
*Gutenberg A. Gurgel, MD*
- 12:29 – 12:34** **Panel Discussion**
- 12:35 – 1:00** **Lunch Break – 2nd Floor Promenade**  
**Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 68 (Trianon Ballroom, 3rd Floor)

**VENOUS SOCIETAL AND GOVERNANCE**

*Moderators: Kathleen J. Ozsvath, MD*  
*Harold J. Welch, MD*

- 1:00 – 1:05** CMS Policy Update On Nonthermal Ablation  
*Harold J. Welch, MD*
- 1:06 – 1:11** The Future Of Venous Reimbursement In A Non-Fee For Service Environment  
*Thomas F. O'Donnell, Jr., MD*
- 1:12 – 1:17** What Are The Next Venous Trials  
*Manj S. Gohel, MD*
- 1:18 – 1:23** Diametric Opposite CMS Trends In Arterial And Venous Procedures: Implications For Manpower And Training  
*Thomas F. O'Donnell, Jr., MD*
- 1:24 – 1:29** Is The Vein Center Accreditation Important For MACRA  
*Kathleen J. Ozsvath, MD*
- 1:30 – 1:35** Update On Deep Venous Accreditation  
*Stephen F. Daugherty, MD, RVT, RPhS*
- 1:36 – 1:41** Appropriateness In Venous Surgery - What's The Problem  
*Peter F. Lawrence, MD*
- 1:42 – 1:47** Results Of Appropriateness Criteria (AVF) I  
*Elna M. Masuda, MD*
- 1:48 – 1:53** Results Of Appropriateness Criteria (AVF) II  
*Kathleen J. Ozsvath, MD*
- 1:54 – 1:59** Can VQI Be Used As A Benchmark For Setting Ethical Standards  
*Nicholas H. Osborne, MD, MS*
- 2:00 – 2:05** Should There Be A CPT Code For Physician Compounded Foam  
*Stephen F. Daugherty, MD, RVT, RPhS*
- 2:06 – 2:11** **Panel Discussion**

SESSION 69 (Trianon Ballroom, 3rd Floor)

**TRUNCAL ABLATION: TIPS AND TRICKS (VIDEOS)**

*Moderators: Jose I. Almeida, MD, RPVI, RVT*  
*Kursat A. Bozkurt, MD*

- 2:12 – 2:17** VenaSeal™ Truncal Ablation  
*Kathleen D. Gibson, MD*
- 2:18 – 2:23** Turkish Glue  
*Kursat A. Bozkurt, MD*

**THURSDAY**  
SESSIONS 69–70

- 2:24 – 2:29** Laser Perforator Ablation  
*Jose I. Almeida, MD, RPVI, RVT*
- 2:30 – 2:35** RF Ablation  
*Jose I. Almeida, MD, RPVI, RVT*
- 2:36 – 2:41** Laser Truncal Ablation  
*Lowell S. Kabnick, MD, RPhS*
- 2:42 – 2:47** Varithena Truncal Ablation  
*Edward G. Mackay, MD*
- 2:48 – 2:53** Clarivein Truncal Ablation  
*Edward G. Mackay, MD*
- 2:54 – 2:59** **Panel Discussion**

SESSION 70 (Trianon Ballroom, 3rd Floor)

**VENOUS CLINICAL TRIALS, LYMPHATIC,  
SUPERFICIAL VEIN TREATMENT STRATEGIES**

**Moderators:** *Thomas F. O'Donnell, Jr., MD*  
*Raghu Kolluri, MD*

- 3:00 – 3:05** Why Graduated Compression Hose Should Not Be An Insurance Requirement  
*Thomas F. O'Donnell, Jr., MD*
- 3:06 – 3:11** Thrombosis Prophylaxis Following Venous Ablation  
*Joseph A. Caprini, MD*
- 3:12 – 3:17** RCT Reviews Using Turkish Glue  
*Kursat A. Bozkurt, MD*
- 3:18 – 3:23** Varithena® VLU Registry: The Effects Of Polidocanol Endovenous Microfoam On Wound Healing And Recurrence  
*Raghu Kolluri, MD*
- 3:24 – 3:29** RFA Versus GSV Stripping In Spain: 3-Year Follow-Up  
*Lourdes Reina, MD*
- 3:30 – 3:35** Summary Of Thermal Ablation  
*Bo G. Eklof, MD, PhD*
- 3:36 – 3:41** Randomized Controlled Study Of EVLA And Foam In The SSV - Fovellass Study: 2-Year Results  
*Claudine Hamel-Desnos, MD*
- 3:42 – 3:47** Results Of The EVRA Randomized Clinical Trial  
*Alun H. Davies, MA, DM, DSc*
- 3:48 – 3:53** Overview Of Lymphatic Imaging Techniques  
*Maxim Itkin, MD*
- 3:54 – 3:59** Evidence Based Compression Recommendations For Lymphedema  
*Joseph A. Caprini, MD*
- 4:00 – 4:05** Phlebolympheidema: Hallmark Of Combined Insufficiency Of Venous-Lymphatic System  
*Byung-Boong (B.B.) Lee, MD*
- 4:06 – 4:11** Pneumatic Compression For Lymphedema: Continued Benefits  
*Thomas S. Maldonado, MD*
- 4:12 – 4:17** **Panel Discussion**

**Moderators:** *Peter J. Pappas, MD*  
*Joseph A. Caprini, MD*

EXAMINING THE EVIDENCE I

- 4:18 – 4:23 When To Use Inelastic Compression  
*Joseph A. Caprini, MD*
- 4:24 – 4:29 Preliminary Data: HIFU For Venous Disease Treatment  
*Alfred M. Obermayer, MD*
- 4:30 – 4:35 Varicose Vein Procedures In The Very Elderly Patients:  
How To Do It And Avoid Complications  
*Alberto C. Duque, MD*
- 4:36 – 4:41 Chronic Venous Insufficiencies Outcomes Based On  
BMI And CEAP  
*Peter J. Pappas, MD*
- 4:42 – 4:47 Is Saphenous Vein Stripping A Cost-Effective Treatment  
*Lourdes Reina, MD*
- 4:48 – 4:53 Clinical Effectiveness Of MOCA Versus RF For  
Symptomatic GSV Or SSV Reflux  
*Peter J. Pappas, MD*
- 4:54 – 4:59 ABRE IDE STUDY: Overview Of Baseline Demographics  
*Erin H. Murphy, MD*
- 5:00 – 5:05 A Pathologic Perforator May Predict The Recurrence  
Of An Ipsilateral Central Venous Stenosis  
*Mikel Sadek, MD*
- 5:06 – 5:11 **Panel Discussion**

**Moderators:** *Anil P. Hingorani MD*  
*Mark H. Meissner, MD*

EXAMINING THE EVIDENCE II

- 5:12 – 5:17 Can We Predict And Avoid The Evolution Of Chronic  
Venous Disease  
*Armando Mansilha, MD, PhD*
- 5:18 – 5:23 Investigating Venous Elasticity As A Biomarker In  
Lower Extremity Veins Using Shear-Wave Elastography  
And Force-Controlled Ultrasound  
*Joseph D. Raffetto, MD*
- 5:24 – 5:29 C2 Progressive  
*Mark H. Meissner, MD*
- 5:30 – 5:35 Should We Consider Diagnostic Deep Venous IVUS  
During Saphenous Vein Ablation  
*Todd Berland, MD*
- 5:36 – 5:41 Looking For Reflux In All The Wrong Places  
*Seshadri Raju, MD*
- 5:42 – 5:47 Turkish Glue Versus RFA: 5-Year Results  
*Fatih Islamoglu, MD*
- 5:48 – 5:53 Success Rate And Factors Predictive Of Redo RFA Of  
Perforator Veins  
*Anil P. Hingorani, MD*
- 5:54 – 5:59 Lymphocele Development And Treatment After  
Varicose Vein Intervention  
*Joann Lohr, MD*
- 6:00 – 6:05 **Panel Discussion**

**End of Program I**

## FRIDAY, NOVEMBER 22, 2019

6:00 A.M. General Registration – Rhinelander Gallery, 2nd Floor

6:00 A.M. Faculty Registration – Morgan Suite, 2nd Floor

6:15 A.M. Continental Breakfast – Rhinelander Gallery, 2nd Floor

### CONCURRENT FRIDAY PROGRAMS

PROGRAM J: SESSIONS 71-78

**New Developments In The Prevention And Treatment Of Spinal Cord Ischemia (SCI) With TEVAR And TAAA Repairs; Carotid Disease And Treatment Related Topics: New And Improved Devices And Techniques (TCAR And Mesh Covered Stents), Medical Treatment, Influence On Cognition, History Of CAS, Timing Of CEA And CAS, Management Of Asymptomatic Carotid Stenosis (ACS), CAS Versus CEA, Improved Carotid Techniques, RCT Updates, Continuing Controversies; Endo Treatment For Erectile Dysfunction; Carotid Patch Infections And Aneurysms; Percutaneous Closure Devices And Wound Care**  
6:40 A.M. – 5:42 P.M.

Grand Ballroom East, 3rd Floor

PROGRAM K: SESSIONS 79-86

**New Developments In The Treatment Of Popliteal Diseases And Aneurysms; Advances In Treating Arterial And Graft Infections; Improvements In: Vascular Imaging And Hybrid Treatment Suites; Thoracic Outlet Syndrome Treatments; Recorded Live Complex Endovascular Cases From Münster, Germany And The Mayo Clinic; Updates On Medical Treatments And Treatment Of Rare Or Unusual Vascular Diseases And Vascular Trauma**  
7:00 A.M. – 5:52 P.M.

Grand Ballroom West, 3rd Floor

PROGRAM L: SESSIONS 87-94

**Deep Venous Disease**

7:00 A.M. – 6:00 P.M.

Trianon Ballroom, 3rd Floor

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

Lowell S. Kabnick, MD, RPhS

Kenneth Ouriel, MD, MBA

Thomas W. Wakefield, MD

PROGRAM J (SESSIONS 71-78)

NEW DEVELOPMENTS IN THE PREVENTION AND TREATMENT OF SPINAL CORD ISCHEMIA (SCI) WITH TEVAR AND TAAA REPAIRS; CAROTID DISEASE AND TREATMENT RELATED TOPICS: NEW AND IMPROVED DEVICES AND TECHNIQUES (TCAR AND MESH COVERED STENTS), MEDICAL TREATMENT, INFLUENCE ON COGNITION, HISTORY OF CAS, TIMING OF CEA AND CAS, MANAGEMENT OF ASYMPTOMATIC CAROTID STENOSIS (ACS), CAS VERSUS CEA, IMPROVED CAROTID TECHNIQUES, RCT UPDATES, CONTINUING CONTROVERSIES; ENDO TREATMENT FOR ERECTILE DYSFUNCTION; CAROTID PATCH INFECTIONS AND ANEURYSMS; PERCUTANEOUS CLOSURE DEVICES AND WOUND CARE

Grand Ballroom East, 3rd Floor

SESSION 71 (Grand Ballroom East, 3rd Floor)  
 NEW DEVELOPMENTS IN THE PREVENTION AND  
 TREATMENT OF SPINAL CORD ISCHEMIA (SCI)  
 ASSOCIATED WITH TEVAR AND THE TREATMENT  
 OF TAAAs (5-MINUTE TALKS)

*Moderators: Richard P. Cambria, MD  
 Hazim J. Safi, MD*

- 6:40 – 6:45** Animal Studies Show 2 Separate Different Mechanisms Contribute To Spinal Cord Ischemia (SCI) After TAAA Repairs: What Are Their Therapeutic Implications Clinically  
*Hamdy Awad, MD*
- 6:46 – 6:51** SCI In The Physician-Sponsored IDEs For F/BEVAR To Treat Complex AAA And TAAAs: Incidence, Optimal Prevention Techniques And Lessons Learned  
*Adam Beck, MD*
- 6:52 – 6:57** Maintaining Euglycemia During Endovascular TAAA Repairs Seems To Decrease The Incidence And Severity Of SCI: What Is The Evidence And What Is The Mechanism  
*Jade S. Hiramoto, MD*
- 6:58 – 7:03** Update On Minimally Invasive Intercostal Segmental Artery Coil Embolization (MIS2ACE) To Produce Ischemic Preconditioning To Prevent SCI With TAAA Repair: Clinical Experience And Status Of The PAPA-ARTIS RCT  
*Christian D. Etz, MD, PhD  
 Daniela Branzan, MD*
- 7:04 – 7:09** Oversized EMBO Aortic Stent-Graft To Occlude The Origins Of Intercostal Arteries To Produce Ischemic Preconditioning Of The Spinal Cord Prior To TAAA Repair And Prevent SCI: How Does It Work And Updated Experience  
*Björn Sonesson, MD, PhD*
- 7:10 – 7:15** How Can Cerebrospinal (CSF) Fluid Analysis Help In The Management Of SCI After TAAA Repair: Can It Indicate Prognosis  
*Bijan Modarai, PhD, FRCS*
- 7:16 – 7:21** CSF Drainage Is Not Benign: What Are Its Complications And How To Minimize Paraplegia Without CSF Drainage During TAAA Repair  
*Michel J. Bosiers, MD*
- 7:22 – 7:27** What Is New In The Prevention Of SCI During Open And Endo TAAA Repairs: When CSF Drainage: When Not And How To Make It Safe  
*Germano Melissano, MD  
 Roberto Chiesa, MD*
- 7:28 – 7:33** Preoperative Spinal Drain Placement Does Prevent SCI In Endovascular TAAA And Thoracic Aneurysm Repairs Based On The Results Of A Larger Multicenter Propensity Matched Analysis  
*James H. Black III, MD*
- 7:34 – 7:39** Determinants Of SCI Risk In TAAA Repairs: How It Can Best Be Managed: Value Of Motor Evoked Potential Monitoring  
*Michael J. Jacobs, MD  
 Geert Willem H. Schurink, MD, PhD*

- 7:40 – 7:45** Value Of Near Infrared Spectrometry (NIRS) Monitoring Of Spinal Muscles Oxygenation To Reflect SCI During TAAA Repairs: How It Works And Updated Experience  
*Christian D. Etz, MD, PhD*
- 7:46 – 7:51** Progress In Preventing SCI During Endo TAAA Repairs: Value Of NIRS Monitoring To Guide Temporary Sac Perfusion And Staging: Complications Of Spinal Fluid Drainage And How To Minimize Them  
*Gustavo S. Oderich, MD*
- 7:52 – 8:00** **Panel Discussion**

SESSION 72 (Grand Ballroom East, 3rd Floor)

**ADVANCES IN THE TREATMENT OF CAROTID STENOSIS: MESH COVERED STENTS FOR CAROTID ARTERY STENTING (CAS) AND UPDATE ON TRANSCERVICAL CAROTID ARTERY REVASCULARIZATION (TCAR) FOR CAS**

*Moderators: Frank J. Veith, MD*

*Klaus D. Mathias, MD*

**NEW DEVELOPMENTS IN MESH COVERED STENTS**

- 8:00 – 8:05** Update On The 3 Mesh Covered Stents For CAS: What Are The Differences Between Them And Overview Of The Status Of Their Safety And Efficacy  
*Max Amor, MD*
- 8:06 – 8:11** Update On The C-Guard Micronet Mesh Covered Stent For CAS: Longer Term Results: Advantages And Are There Late Downsides Like ISR Or Late Thrombosis  
*Piotr Musialek, MD, DPhil*
- 8:12 – 8:17** Value And Limitations Of Mesh Covered Stents For CAS In Symptomatic And Asymptomatic Patients: 6-Year Results: Are ISR And Thrombotic Occlusions A Problem: Technical Tips To Optimize Their Use  
*Stefan Müller-Hülsbeck, MD*
- 8:18 – 8:23** Randomized Controlled Trial (RCT) Of CAS With C-Guard Mesh Covered Stent Versus Wallstent: Is There A Difference In Perioperative Strokes Or DW-MRI Brain Lesions Up To 12 Months: The IRON-GUARD Study  
*Laura Capoccia, MD, PhD*
- 8:24 – 8:29** What Value Will Mesh Covered Stents Have In Improving CAS Outcomes: Is There A Downside  
*L. Nelson Hopkins, MD*
- 8:30 – 8:35** **Panel Discussion**

**TCAR RELATED TOPICS**

- 8:36 – 8:41** ROADSTER 2 Trial Shows Low Stroke Risk (0.7%) With TCAR (Silk Road Medical) Even With Inexperienced Operators And In High Risk Patients With High Risk Lesions  
*Vikram S. Kashyap, MD*  
*Christopher J. Kwolek, MD*  
*Peter A. Schneider, MD*  
*Richard P. Cambria, MD*

- 8:42 – 8:47** TCAR Outcomes Compare Favorably With Those Of CEA Even In Symptomatic Medically High Risk Patients: A Propensity Matched Study Of 5160 Patients From The SVS VQI Registry  
*Mahmoud B. Malas, MD, MHS*  
*Marc L. Schermerhorn, MD*
- 8:48 – 8:53** **DEBATE:** TCAR Is Not Safer Than Transfemoral CAS: Based On Results From A Multicenter Registry  
*Thomas G. Brott, MD*
- 8:54 – 8:59** **DEBATE:** Not So: TCAR Is Safer Than Transfemoral CAS Especially In Older (>77) High Risk Patients With High Risk Lesions: TCAR Should Be The Standard Of Care For Invasive Treatment  
*Mahmoud B. Malas, MD, MHS*
- 9:00 – 9:05** **DEBATE:** Not So: In Experienced Hands And With Appropriate Precautions Transfemoral CAS Will Be The Best Invasive Treatment For Most Patients  
*Giancarlo Biamino, MD, PhD*
- 9:06 – 9:11** Why TCAR Should Replace Transfemoral CAS And Why It Won't  
*Venkatesh G. Ramaiah, MD*
- 9:12 – 9:17** **DEBATE:** Why TCAR Should Replace CEA And Transfemoral CAS For Carotid Stenosis Patients Justifiably Requiring Invasive Treatment  
*Wesley S. Moore, MD*
- 9:18 – 9:23** **DEBATE:** Not So: Why CEA Should Remain The Standard Of Care For Carotid Stenosis Patients Requiring Invasive Treatments  
*Ross Naylor, MD*
- 9:24 – 9:32** **Panel Discussion**
- 9:32 – 9:42** **Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 73 (Grand Ballroom East, 3rd Floor)

**MORE CAROTID RELATED TOPICS: MORE ON TCAR; BEST MEDICAL TREATMENT (BMT) FOR CAROTID DISEASE AND BMT'S IMPACT ON INVASIVE TREATMENTS; THE EFFECT OF CAROTID DISEASE AND ITS TREATMENT ON COGNITION**

**Moderators:** *Ross Naylor, MD*

*Glenn M. LaMuraglia, MD*

- 9:42 – 9:47** Technical Tips For Optimal Performance Of TCAR: Pitfalls Of And Contraindications To TCAR  
*Vikram S. Kashyap, MD*  
*Richard P. Cambria, MD*
- 9:48 – 9:53** Favorable TCAR Results In Patients Over 80  
*Joseph J. Ricotta II, MD, MS*
- 9:54 – 9:59** Cost Comparison Of TCAR, CEA And Transfemoral CAS  
*Richard J. Powell, MD*

**MEDICAL TREATMENTS RELATED TO CAROTID STENOSIS**

- 10:00 – 10:05** Good Medical Treatment (With PCSK-9 Inhibitors) Can Control And Shrink Carotid Plaques: How Low Should The LDL-C Be Pushed: Will Patients Really Needing CAS Or CEA Vanish  
*Thomas G. Brott, MD*

**10:06 – 10:11** What Is Best Medical Treatment For Patients And Arteries With Carotid Stenosis: How To Render Most Plaques Harmless: Value Of Statins, Ezetimibe And Diet; Optimal LDL-C Level To Strive For  
*J. David Spence, MD*

#### CAROTID STENOSIS AND COGNITION

**10:12 – 10:17** Asymptomatic Carotid Stenosis (ACS) Is Associated With Cognitive Dysfunction, Impaired Mobility And Increased Fall Rates: Is There Any Evidence That CEA Or CAS Will Improve These Impairments: Will CREST 2 Provide Answers  
*Brajesh K. Lal, MD*

**10:18 – 10:23** Does CEA For ACS Prevent Dementia 10-25 Years Later: Findings From The ACST RCT  
*Alison Halliday, MS, FRCS*

**10:24 – 10:31** **Panel Discussion**

SESSION 74 (Grand Ballroom East, 3rd Floor)

#### MORE CAROTID RELATED TOPICS: CONTROVERSIES OVER INVASIVE TREATMENTS OF ASYMPTOMATIC PATIENTS WITH CAROTID STENOSIS (ACS) AND OPTIMAL TIMING OF INVASIVE CAROTID TREATMENTS AFTER SYMPTOM ONSET

*Moderators: Ali F. AbuRahma, MD  
Frank J. Veith, MD*

#### TREATMENT OF ACS – A MEGA-DEBATE

**10:31 – 10:36** **DEBATE:** What % Of Patients With ACS Need Invasive Treatment With CEA Or CAS: 0% - Such Treatment Causes More Harm Than Providing Benefit  
*Anne L. Abbott, MD, PhD*

**10:37 – 10:42** **DEBATE:** Which Patients With ACS Can Justifiably Be Treated Invasively: It Is A Small Percentage (<5%): How Can They Be Identified  
*J. David Spence, MD*

**10:43 – 10:48** **DEBATE:** The Low Stroke Risk (~1% Per Year) In Patients With Severe ACS Prior To Intervention Or Only Treated Medically In A Large Health Care System Study (3855 Patients) Indicates That CEA And CAS Cannot Do Better  
*Robert W. Chang, MD  
Jeffrey H. Hsu, MD*

**10:49 – 10:54** **DEBATE:** The Case For Treating ~20% Of High Grade ACS Patients With CEA, TCAR Or CAS: How Can They Be Identified  
*Richard P. Cambria, MD*

**10:55 – 11:00** **DEBATE:** The Case For Treating >20% Of Patients With High Grade ACS Invasively By CEA, TCAR Or CAS: How Can They Be Selected  
*Peter A. Schneider, MD*

**11:01 – 11:06** **Panel Discussion**



**OPTIMAL TIMING OF CEA AND CAS AFTER SYMPTOM ONSET**

- 11:06 – 11:11** In Stroke Patients With A Large Cerebral Infarct On CT From Carotid Stenosis, CEA Should Be Performed But Only After A Delay Of 4-6 Weeks  
*Gianluca Faggioli, MD*  
*Mauro Gargiulo, MD*  
*Andrea Stella, MD*
- 11:12 – 11:17** Optimal Timing Of CEA After A TIA Or Small Stroke: Why Is It Controversial And What Delay Is Best Under Varying Circumstances  
*Mohammad H. Eslami, MD, MPH*
- 11:18 – 11:23** **DEBATE:** Optimal Timing For CEA After A TIA Or Small Stroke Is 7-14 Days: But CAS Is Unsafe Within That Window  
*Ross Naylor, MD*
- 11:24 – 11:29** **DEBATE:** Not So: If Done Right, CAS Is Equally Safe Within That 7-14-Day Window: Technical Precautions  
*Klaus D. Mathias, MD*
- 11:30 – 11:35** CEA For A TIA Or Small Stroke Is Safely Performed 2-5 Days After The Event, Not So For CAS: When Is CAS Equally Safe Based On A Large German Registry Study  
*Hans-Henning Eckstein, MD, PhD*
- 11:36 – 11:41** **DEBATE:** CEA Is Relatively Safe Within 48 Hours After A TIA Or Minor Stroke: What Precautions Are Necessary  
*R. Clement Darling III, MD*
- 11:42 – 11:47** **DEBATE:** Not So: CEA Within 48 Hours Of Stroke Symptom Onset Has High Risks: After 48 Hours The Risk Between 3-14 Days Is The Same As After 14 Days: So Optimal Time For CEA Is 3-14 Days After Symptom Onset  
*Peter Głowiczki, MD*  
*Thomas C. Bower, MD*
- 11:48 – 11:53** The Value Of Early CEA Within 7 Days Of The Index TIA Or Small Stroke Is Neutralized By Aggressive Treatment With High Dose Statins  
*Gert J. de Borst, MD, PhD*
- 11:54 – 12:00** **Panel Discussion**
- 12:00 – 1:00** **Lunch Break – 2nd Floor Promenade**  
**Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 75 (Grand Ballroom East, 3rd Floor)

**NEW DEVELOPMENTS IN THE CAS VERSUS CEA CONTROVERSY; NEED FOR CEA/CAS WITH OTHER SURGERY; AND OTHER UNUSUAL BUT IMPORTANT CAROTID RELATED TOPICS AND A HISTORICAL NOTE ON CAS**

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

- 1:00 – 1:05** **DEBATE:** CEA Is Currently Superior To CAS, But The Paradigm Could Shift And Why  
*J. David Spence, MD*
- 1:06 – 1:11** **DEBATE:** Not So: The Paradigm Has Already Shifted: CAS Is Better Than CEA – Especially In Patients <70 Years Of Age: What Are Future Expectations  
*D. Christopher Metzger, MD*

- 1:12 – 1:17** CAS Versus CEA: Why The Debate Will Never End: Bias Overwhelms Facts And Logic  
*Carlo Setacci, MD*
- 1:18 – 1:23** CEA Or CAS Are Rarely If Ever Justified For ACS In Patients About To Undergo A Coronary Artery Bypass, Coronary Stenting Or Other Major Surgery: What Is The Evidence  
*Ross Naylor, MD*
- 1:24 – 1:29** How To Decide The Timing Of Intervention After An Acute Carotid Lesion Related Stroke: Role Of Telemedicine: What Imaging Helps: How To Decide CEA Versus CAS  
*Hernan A. Bazan, MD*
- 1:30 – 1:35** Value And Limitations Of Intraoperative Duplex Scanning During CEA And Value Of Gore Hybrid (Partially Stented) Graft For Bailout Of Difficult Technical Problems During CEA  
*Domenico Valenti, DMChir, PhD*
- 1:36 – 1:41** Carotid Webs Are A Cause Of Serious Strokes: How To Diagnose And Treat Them  
*Bruce A. Perler, MD, MBA*
- 1:42 – 1:47** Concomitant CEA And Carotid-Subclavian Bypass Indications, Technical Tips And Results: Based On A 40-Year Experience  
*Ali F. AbuRahma, MD*
- 1:48 – 1:53** Surveillance Is Rarely Needed After CEA And CAS Because Reintervention Is Rarely Needed: When Is Surveillance Justified  
*Ross Naylor, MD*

**AN HISTORICAL NOTE**

- 1:54 – 1:59** 40 Years Of CAS: A Pioneer's Look Back  
*Klaus D. Mathias, MD*

**2:00 – 2:07 Panel Discussion**

SESSION 76 (Grand Ballroom East, 3rd Floor)

**UPDATES ON THE COMPLETED AND ONGOING CAROTID RCTs AND THEIR PITFALLS; NEED FOR POST CEA/CAS SURVEILLANCE; IMPLICATIONS OF FILTER DEBRIS**

**Moderators:** *Wesley S. Moore, MD*  
*Peter L. Faries, MD*

- 2:07 – 2:12** Pooled Analysis Of ACT 1 And CREST In Asymptomatic Carotid Stenosis (ACS) Patients Under 80 Years Of Age: How It Can Help In Decision Making  
*Jon S. Matsumura, MD*  
*(Power Point Presentation With Synced Audio)*
- 2:13 – 2:18** Stroke And TIA Rates After 1 Year In SPACE 2: A Stopped RCT Comparing CEA Versus CAS Versus Best Medical Treatment In ACS Patients: What Hint Do They Give Us  
*Hans-Henning Eckstein, MD, PhD*
- 2:19 – 2:24** **DEBATE:** Update On Progress In CREST 2: It Will Produce Valuable Results, Conclusions And Answers: Interesting Findings To Date  
*Brajesh K. Lal, MD*  
*Thomas G. Brott, MD*

- 2:25 – 2:30** **DEBATE:** Not So: A Skeptic's View: Why CREST 2, A Good RCT, May Produce Interesting Information But Will Not Answer Key Questions Or Settle Existing Controversy  
*Anne L. Abbott, MD, PhD*
- 2:31 – 2:36** What Impact Will CREST 2 Have On CEA And CAS And The Controversy Surrounding The Treatment Of Patients With ACS: Predictions For The Future Of Carotid Treatment - Invasive And Otherwise  
*L. Nelson Hopkins, MD*
- 2:37 – 2:42** Current Status Of ECST 2: What Is This RCT Comparing: What Will It Tell Us And What Is Its Progress  
*Richard Bulbulia, MA, MD*
- 2:43 – 2:48** Update On ACST 2: When Will This RCT Complete Recruitment: What Has It Told Us Thus Far: What Are Its Limitations  
*Alison Halliday, MS, FRCS*
- 2:49 – 2:54** Pitfalls And Limitations Of The Esteemed And Often Quoted CAS Versus CEA RCTs: Why They May Be Misleading  
*Ali F. AbuRahma, MD*
- 2:55 – 3:00** Addition To CEA Of A Proximal Intervention (To Common Carotid Or Innominate Arteries) Increases The Risk Of Stroke Or Death: From SVS VQI Data  
*Mark Conrad, MD, MMSc*
- 3:01 – 3:06** Qualitative Analysis Of Embolic Debris Caught In Different Filters During CAS: What Is Their Nature And What Are The Implications  
*Franco Grego, MD*
- 3:07 – 3:14** **Panel Discussion**
- 3:14 – 3:24** **Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 77 (Grand Ballroom East, 3rd Floor)

## A CAROTID CONTROVERSY AND MORE CAROTID UPDATES; OTHER HOT NEW OR UPDATED TOPICS

**Moderators:** *Mark A. Adelman, MD*  
*Caron B. Rockman, MD*

- 3:24 – 3:29** Carotid Body Tumors: Recent Advances In Treatments; Importance Of Adjunctive Measures And Endovascular Aids In Advanced Cases  
*Martin Björck, MD, PhD*
- 3:30 – 3:35** **DEBATE:** CAS Is The Best Treatment For Carotid Pseudo-Occlusions Or String Sign: When And When Not To Treat  
*Sonia Ronchey, MD, PhD*
- 3:36 – 3:41** **DEBATE:** Not So: No Intervention Or CEA Are The Best Treatments For A Carotid String Sign: When Is Each Best  
*Ross Naylor, MD*
- 3:42 – 3:47** Update On The Value And Safety Of Protamine Use In CEA: It Should Be Used, How And Precautions: From The New England VQI  
*David H. Stone, MD*
- 3:48 – 3:53** Why Duplex Findings Can Be Misleading For Carotid And Lower Extremity Lesions: When Should Treatment Decisions Not Be Based Solely On Them  
*Ido Weinberg, MD, MSc*

- 3:54 – 3:59** CEA In Patients With Neck Irradiation Has No Higher Risks Of Stroke, Death Or MI Than Standard CEA: What Are The Technical Challenges And When Should CAS Or Medical Treatment Be Preferred  
*Mark Conrad, MD, MMSc*
- 4:00 – 4:05** PTFE Grafts Work As Well Long-Term As Vein Grafts For Carotid Reconstructions After Carotid Degenerative Aneurysm Excision  
*Jean-Baptiste Ricco, MD, PhD*  
(Power Point Presentation With Synced Audio)
- 4:06 – 4:12** **Panel Discussion**

### OTHER EXCITING TOPICS AND UPDATES

- 4:12 – 4:17** The Real Origin Of The Flow Reversal Concept For Cerebral Protection During CAS  
*Juan C. Parodi, MD*
- 4:18 – 4:23** Update On Endovascular Treatment Of Erectile Dysfunction: Diagnosis, Indications, Techniques And Results  
*Nicolas A. Diehm, MD*
- 4:24 – 4:29** Difference In Cancer Rates After Open AAA Repair And EVAR: What Are The Reasons For These Differences  
*Matt M. Thompson, MD*
- 4:30 – 4:35** Can Oral Anticoagulation Treatment With TBADs Promote Remodeling And Healing; What Is The Evidence And Possible Mechanisms  
*Mario L. Lachat, MD*
- 4:36 – 4:42** **Panel Discussion**

SESSION 78 (Grand Ballroom East, 3rd Floor)

### PERCUTANEOUS CLOSURE DEVICES: NEW DEVELOPMENTS IN ESTABLISHED DEVICES AND NEW DEVICES; ADVANCES IN WOUND CARE

*Moderators: Zvonimir Krajcer, MD*  
*Gregg S. Landis, MD*

### CLOSURE DEVICES

- 4:42 – 4:47** Update On Perclose And Proglide Devices For Large Sheath Access Site Closure; Why They Are Better Than Open Closure And Hard To Beat: What Is The Early Bird Sheath Technology (From Saranas) To Detect Access Site Bleeding  
*Zvonimir Krajcer, MD*
- 4:48 – 4:53** Facial Closure Of Large Sheath Percutaneous Access Has Its Limitations: Open Surgical Access Is Better  
*Nikolaos Tsilimparis, MD, PhD*
- 4:54 – 4:59** Fancy And Unusual Methods To Overcome Disadvantaged Routine Access For EVAR, TEVAR And TAVR: Direct Aortic Sheath Placement, Transcaval Access, External And Endo Conduits, And More  
*Jeffrey P. Carpenter, MD*
- 5:00 – 5:05** Next Generation Access Site Closure Devices: Manta, Per Q Seal, In Seal, Cross-Stitch, And NXT: How Do They Work: How Good Will They Be: Advantages And Limitations  
*Zvonimir Krajcer, MD*
- 5:06 – 5:12** **Panel Discussion**

ADVANCES IN WOUND CARE

- 5:12 – 5:17** Good And Durable Results Of Negative Pressure Non-Graft-Excisional Wound Care Treatment Of Prosthetic Arterial Graft Infection: It Is A Game Changer But Excision Of Infected Tissue Is Still Required  
*Zoran Rancic, MD, PhD*
- 5:18 – 5:23** Rectus Femoris Muscle Flap For Non-Healing Groin Wounds With Arterial Grafts: It Is Better Than A Sartorius Flap: It Is Easy And How To Do It  
*Jan-Willem W.M. Elshof, MD*
- 5:24 – 5:29** Value Of Hyperbaric Oxygen In Vascular Patients With Wounds: Is It Real Or A Hoax: What Is The Evidence  
*Wayne J. Caputo, DPM*
- 5:30 – 5:35** Another View Of Hyperbaric O<sub>2</sub>: What Is The Evidence That It Improves Wound Healing Or Does It Just Provide Good Wound Care  
*Robert B. McLafferty, MD, MBA*
- 5:36 – 5:42** **Panel Discussion**  
*End of Program J*

PROGRAM K (SESSIONS 79-86)  
NEW DEVELOPMENTS IN THE TREATMENT OF POPLITEAL DISEASES AND ANEURYSMS;  
ADVANCES IN TREATING ARTERIAL AND GRAFT INFECTIONS; IMPROVEMENTS IN: VASCULAR IMAGING AND HYBRID TREATMENT SUITES;  
THORACIC OUTLET SYNDROME TREATMENTS;  
RECORDED LIVE COMPLEX ENDOVASCULAR CASES FROM MÜNSTER, GERMANY AND THE MAYO CLINIC; UPDATES ON MEDICAL TREATMENTS, TREATMENT OF RARE OR UNUSUAL VASCULAR DISEASES AND VASCULAR TRAUMA  
Grand Ballroom West, 3rd Floor

SESSION 79 (Grand Ballroom West, 3rd Floor)  
NEW DEVELOPMENTS IN POPLITEAL DISEASES AND THEIR TREATMENT: POPLITEAL ANEURYSMS, NON-ATHEROMATOUS DISEASES AND ENTRAPMENT SYNDROMES; VALUE OF DUPLEX AND OTHER IMAGING IN THEIR DIAGNOSIS  
*Moderators: Peter Gloviczki, MD  
Barry T. Katzen, MD*

PROGRESS IN THE TREATMENT OF POPLITEAL ANEURYSMS

- 7:00 – 7:05** With Thrombosed Popliteal Aneurysms Producing Acute Limb Ischemia Aspiration Vacuum Assisted Thrombectomy With The Indigo Device Works: Technical Tips And Results  
*Frank R. Arko, MD*
- 7:06 – 7:11** Treatment Of A Giant Popliteal Aneurysm In A Patient With Loeys-Dietz Connective Tissue Disorder  
*Domenico Valenti, DMChir, PhD*
- 7:12 – 7:17** Endovascular Versus Open Treatment For Popliteal Aneurysms: When Is Each Best And Why  
*Joseph J. Ricotta II, MD, MS*

**7:18 – 7:23** **DEBATE:** Open Surgical Repair Of Popliteal Aneurysms Yields Better Results Than Stent-Graft Endo Repair In A Large Case Matched Swedish Study: The Differences Are Not Due To Tortuosity, Outflow Arteries Or Other Anatomic Variables  
*Martin Björck, MD, PhD*

**7:24 – 7:29** **DEBATE:** New Developments In Stent Graft Treatment Make Me Disagree: Endovascular Treatment Is Better In Many Cases: When Is It Not  
*Irwin V. Mohan, MBBS, MD*

### **NEW DEVELOPMENTS IN POPLITEAL ENTRAPMENTS**

**7:30 – 7:35** Progress In The Treatment Of Popliteal Entrapment Syndromes: An Algorithm To Help With Successful Treatment  
*Niten Singh, MD*

**7:36 – 7:41** Functional Popliteal Entrapment Syndromes: What Is Their Pathogenesis: How To Diagnose Them With Modern Imaging: How Best To Treat Them  
*Katherine A. Gallagher, MD*  
*Thomas W. Wakefield, MD*

**7:42 – 7:47** Non-Atherosclerotic Popliteal Artery Occlusive Disease: What Can It Be Due To And What Is The Best Treatment  
*Ramesh K. Tripathi, MD*

**7:48 – 7:53** Duplex Findings In Non-Atherosclerotic Popliteal Artery Occlusive Disease: What Other Imaging May Be Needed  
*Michael R. Jaff, DO*

**7:54 – 8:02** **Panel Discussion**

SESSION 80 (Grand Ballroom West, 3rd Floor)

### **NEW DEVELOPMENTS AND CONTROVERSIES IN THE OPTIMAL TREATMENT FOR INFECTED ARTERIES, AAAs, ARTERIAL GRAFTS AND ENDOGRAFTS**

**Moderators:** *Keith D. Calligaro, MD*  
*Peter F. Lawrence, MD*

#### **MYCOTIC INFECTED ANEURYSMS**

**8:02 – 8:07** Mycotic Peripheral Arterial Aneurysms: Etiology And Best Current Treatment: When And How To Revascularize And When Not To  
*Mohammad H. Eslami, MD, MPH*

**8:08 – 8:13** How Valuable Is EVAR For The Treatment Of Mycotic AAAs: When Does It Work: Technical Tips And When Will It Not Work  
*Fred A. Weaver, MD*

**8:14 – 8:19** For Mycotic AAAs, Why Is EVAR Better Than Open Repair: It Provides Better Short-Term Survival With No Long-Term Disadvantages: Technical Tips  
*Anders Wanhainen, MD, PhD*

**INFECTED ARTERIAL GRAFTS AND ENDOGRAFTS**

- 8:20 – 8:25** With Infected Arterial Prosthetic Grafts, Graft Removal Is Not Always Necessary – When And How Can They Be Treated Successfully Without Graft Removal: Technical Requirements  
*Samy S. Nitecki, MD*
- 8:26 – 8:31** **DEBATE:** With Infected Arterial Grafts And Endografts, Removal Of The Graft Is Mandatory With Some Form Of Revascularization: How To Do It  
*Werner Lang, MD*
- 8:32 – 8:37** **DEBATE:** Not So: Non-Excisional Treatment Is Better And Safer In Most Instances: How To Do It And Technical Requirements: When Must The Graft Be Removed  
*Martin Malina, MD, PhD*
- 8:38 – 8:43** Value Of PET/CT Scans In Detecting And Treating Vascular Graft Infections: What Are Their Limitations  
*Zoran Rancic, MD, PhD*
- 8:44 – 8:49** New Developments In The Treatment Of Aortic Prosthetic Graft Infection: Is The NAIS Procedure (Deep Vein Replacement) Really Better Than Other Methods: What May Be Better And How Does PET/CT Scanning Help In Treatment Planning  
*Patrick A. Stone, MD*
- 8:50 – 8:58** **Panel Discussion**
- 8:58 – 9:03** Obturator Bypass Remains An Option For Revascularization With Multi-Operated Infected Groins: Tips And Tricks: However, There Are Other Options – What Are They  
*Frederic Cochennec, PhD*
- 9:04 – 9:09** Staging Classification For Treating Infected Arterial Prosthetic Grafts: When Can All Or A Portion Of An Infected Graft Be Left In Place: Technical Requirements  
*Russell H. Samson, MD, RVT*  
*Keith D. Calligaro, MD*  
*Frank J. Veith, MD*
- 9:10 – 9:15** Value Of Antibiotic Polymethyl Methacrylate Beads In Treating Prosthetic Arterial Graft Infections: When Can Grafts In Infected Wounds Be Salvaged: Technical Tips And Requirements  
*Michael B. Silva, Jr., MD*

**SUPRARENAL AORTIC GRAFT AND ENDOGRAFT INFECTIONS**

- 9:16 – 9:21** Excision And Replacement Of Infected Suprarenal Open Or Endo Infected Grafts Is Feasible But Challenging: How To Do It  
*Thomas C. Bower, MD*
- 9:22 – 9:27** Optimal Treatment Of Infected Aortic Grafts – Infraarenal And Suprarenal; Open And Endo  
*Germano Melissano, MD*  
*Roberto Chiesa, MD*
- 9:28 – 9:33** New Developments And Long-Term Experience With The Treatment Of Infected AAAs And Aortic Endografts  
*Kamphol Laohapensang, MD*

- 9:34 – 9:39** Optimal Treatment Of Aortobronchial And Aorto-esophageal Fistulas After TEVAR: Both Are Challenging And Neither Is Hopeless: Technical Tips  
*Germano Melissano, MD*  
*Roberto Chiesa, MD*
- 9:40 – 9:47** **Panel Discussion**
- 9:47 – 10:02** **Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)**

SESSION 81 (Grand Ballroom West, 3rd Floor)

## ADVANCES IN IMAGING AND HYBRID OPERATING/PROCEDURE ROOMS

**Moderators:** *Barry T. Katzen, MD*  
*Ronald M. Fairman, MD*

- 10:02 – 10:07** SFA And Popliteal Stenting Under Duplex Ultrasound Guidance: Tips And Tricks To Make It Work: It Is A Better Way And Decreases Radiation Exposure And Avoids Contrast Toxicity  
*Ignacio Escotto, MD*
- 10:08 – 10:13** Why Incidental Findings On Vascular Imaging Are Increasing In Frequency And – Although Sometimes Helpful – Are More Frequently Harmful  
*Frank J. Criado, MD*
- 10:14 – 10:19** How To Use CO<sub>2</sub> To Image Tibial Arteries Safely And More Accurately Than With The Usual Contrast Agents  
*Palma M. Shaw, MD*
- 10:20 – 10:25** Optical Coherence Tomography (OCT): How To Use It And How It Can Help In Decision Making With The Treatment Of Carotid Stenosis And During CAS  
*Francesco Setacci, MD*  
*Carlo Setacci, MD*
- 10:26 – 10:31** Why Is OCT A Better Imaging Modality Than IVUS For Lower Extremity Atherectomy And Treating Total Occlusions: What About Cost And How To Eliminate Blood From Blocking The Image  
*Todd R. Vogel, MD, MPH*
- 10:32 – 10:37** How To Use MRI And MRA For Planning And Fusion In The Treatment Of TAAAs: Advantages And Limitations  
*Martin J. Austermann, MD*
- 10:38 – 10:43** Unique Value Of 3D Holographic Imaging In Complex Endovascular Procedures: How Does It Work: When Will It Be Available And What Does It Cost  
*Elchanan Bruckheimer, MBBS*
- 10:44 – 10:49** Improvements In Any C-Arm Capability With Cloud Based 3D CT Fusion From Cyder Medical: Its Software Can Compensate For Changes In Anatomy By Stiff Wires And Devices: It Can Decrease Radiation Exposure And Contrast Usage  
*Cynthia K. Shortell, MD*
- 10:50 – 10:55** Comparison Of Philips Vessel Navigator And Cydar Medical Fusion Systems: How They Work And Advantages, Limitations And Cost Of Each  
*Jan M.M. Heyligers, MD, PhD*
- 10:56 – 11:01** New Advances In Transcranial Doppler (TCD) And Its Value In Monitoring Carotid Procedures And Those Involving The Proximal Aorta And Arch: It Can Improve Results And Is An Underutilized And Under-Appreciated Technology  
*Zsolt Garami, MD*  
*Alan B. Lumsden, MD*



**11:02 – 11:07** Future Advances In Hybrid Operating Suites: What Is On The Horizon And Beyond  
*Alan B. Lumsden, MD*

**11:08 – 11:18** **Panel Discussion**

SESSION 82 (Grand Ballroom West, 3rd Floor)

## CHALLENGING RECORDED LIVE CASES FROM MÜNSTER

**Moderators:** *Giovanni Torsello, MD*  
*Martin J. Austermann, MD*

**11:18 – 12:00** Complex Cases From Münster With Questions And Discussion

*Giovanni Torsello, MD*  
*Martin J. Austermann, MD*

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

SESSION 83 (Grand Ballroom West, 3rd Floor)

## CHALLENGING RECORDED LIVE CASES FROM THE MAYO CLINIC

**Moderators:** *Gustavo S. Oderich, MD*  
*Bernardo C. Mendes, MD*

**1:00 – 1:40** Complex Cases From The Mayo Clinic With Questions And Discussion

*Gustavo S. Oderich, MD*  
*Bernardo C. Mendes, MD*

SESSION 84 (Grand Ballroom West, 3rd Floor)

## NEW DEVELOPMENTS IN THE TREATMENT OF THORACIC OUTLET SYNDROMES (TOS<sub>S</sub>)

**Moderators:** *Mark A. Adelman, MD*  
*Karl A. Illig, MD*

**1:40 – 1:45** Current Fair Indications For Surgical Treatment Of Neurogenic TOS: Objective Outcome Measures To Determine Treatment Success

*Karl A. Illig, MD*

**1:46 – 1:51** **DEBATE:** Transaxillary Approach Is The Best Way To Surgically Treat TOS: When Is It Not: How Can Video Assistance Be Helpful

*Francesco Spinelli, MD*

**1:52 – 1:57** **DEBATE:** Not So: The Supraclavicular Approach Is Best For Surgical Treatment Of Most Patients With TOS: Technical Tips And When Is It Not

*Ramesh K. Tripathi, MD*

**1:58 – 2:03** Two New Developments In TOS: 1) A Paradigm Shift In Venous TOS Treatment: Open Decompression Combined With Selective Stenting Is The Way To Go; And 2) The Pectoralis Minor Syndrome Can Cause Recurrent Neurogenic TOS; How To Diagnose And Treat

*Michael J. Singh, MD*

### VENOUS TOS

**2:04 – 2:09** The Value Of Balloon Angioplasty For Venous TOS: When Is It Helpful And When Not: First Rib Removal Is Not Always Necessary: When Is It

*Sam S. Ahn, MD, MBA*

- 2:10 – 2:15** Evolving Strategies For Treating Venous TOS: When Does It Need Surgical Treatment And When Not: Why The Infraclavicular Approach Is Best For Rib Resection And Allows Exposure Of The Subclavian Vein: Technical Tips  
*Keith D. Calligaro, MD*
- 2:16 – 2:21** With Venous TOS And Subclavian Vein Thrombosis, For The Majority Of Patients, Thrombolytics Are Of No Benefit: How Should The Condition Be Treated  
*George Geroulakos, MD, PhD*
- 2:22 – 2:27** Direct Oral Anticoagulant Treatment Versus Thrombolysis Plus First Rib Resection For Venous TOS With Subclavian Vein Thrombosis (Paget-Schrotter Syndrome): Are We Overtreating These Patients: From The UTOPIA Trial  
*Gert J. de Borst, MD, PhD*
- 2:28 – 2:34** **Panel Discussion**

SESSION 85 (Grand Ballroom West, 3rd Floor)

IMPORTANT NEW DEVELOPMENTS IN MEDICAL AND ANTI-ATHEROGENIC AND ANTICOAGULANT DRUG TREATMENTS; UPDATES ON UNUSUAL DISEASES AND THEIR INTERVENTIONAL VASCULAR TREATMENT; MANAGEMENT OF TAVR ARTERIAL ACCESS COMPLICATIONS

(VEITH/TCT CO-BRANDED SESSION)

Moderators: *Michael R. Jaff, DO*

*Kenneth Ouriel, MD, MBA*

- 2:34 – 2:39** Statin Intolerance In Vascular Patients: Incidence, Management Techniques And Their Outcomes: From The VQI  
*Adam Beck, MD*
- 2:40 – 2:45** Optimal Current Antiplatelet Treatment In Patients With Vascular Disease And After Interventional Or Open Treatment: When Is Aspirin Indicated And When Not  
*Roxana Mehran, MD*
- 2:46 – 2:51** Value Of Protamine Use With Transfemoral CAS, TCAR And CEA: It Decreases Strokes And Postprocedural Bleeding  
*Marc L. Schermerhorn, MD*
- 2:52 – 2:57** Why Clopidogrel Testing Is Important In CAS Trials And Other Vascular Trials  
*Karthikeshwar Kasirajan, MD*
- 2:58 – 3:03** Why Vascular Surgeons And Specialists Should Replace Heparin With Bivalirudin For Vascular Interventions  
*George H. Meier III, MD*
- 3:04 – 3:09** Newer Oral Anticoagulants Are Not Helpful In Improving Outcomes After Lower Extremity Bypasses: However, Warfarin Is Helpful: What Is The Evidence  
*William P. Robinson, MD*
- 3:10 – 3:15** Why EVAR Patients Must Be Given Statins Or Have Their Statin Dose Increased Perioperatively: Cardiac Complications Are The Main Cause Of Complications And Readmissions And Statins Decrease These  
*Bruce A. Perler, MD, MBA*
- 3:16 – 3:22** **Panel Discussion**

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

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

**UPDATE ON ENDOVASCULAR TREATMENT OF  
MULTIPLE SCLEROSIS AND OTHER HOT TOPICS**

- 3:32 – 3:37** Is There Any Hope That There Will Be Evidence To Support The Value Of Venous Angioplasty To Treat Multiple Sclerosis – Despite Negative Level 1 Evidence  
*Paolo Zamboni, MD*
- 3:38 – 3:43** What Is The Evidence That Venous Obstruction Contributes To Multiple Sclerosis And That Relieving This Obstruction Can Help Some Patients: Which Patients And How To Select Them  
*Donald B. Reid, MD*
- 3:44 – 3:49** Biomarkers Can Predict Poor Outcomes Of Vascular Surgery: Which Biomarkers; Which Procedures  
*Todd R. Vogel, MD, MPH*
- 3:50 – 3:55** Natural History Of Penetrating Ulcers Of The Abdominal Aorta: How Should They Be Treated  
*Caron B. Rockman, MD*
- 3:56 – 4:01** Natural History Of Common Iliac And Internal Iliac Artery Aneurysms: They Are Benign When  $\leq 4$  cm And Do Not Require Treatment Until  $>4$  cm  
*Nicos Labropoulos, BSc, PhD, DIC, PhD*
- 4:02 – 4:07** Current Endovascular Treatment Of Buerger's Disease: What Is Possible And What Is Not  
*Kamphol Laohapensang, MD*
- 4:08 – 4:13** Vascular Complications Of TAVR And How Are They Best Managed  
*Ashraf Mansour, MD*
- 4:14 – 4:20 Panel Discussion**

SESSION 86 (Grand Ballroom West, 3rd Floor)

**NEW DEVELOPMENTS IN THE MANAGEMENT  
OF VASCULAR TRAUMA: PROS AND CONS OF  
REBOA; ENDO VERSUS OPEN TREATMENTS**

*Moderators: Michael B. Silva, Jr., MD  
Todd E. Rasmussen, MD*

- 4:20 – 4:25** Why And How Vascular Surgeons Need To Take The Lead In Supporting Excellence In Trauma Management And Treatment Of Vascular Injuries: There Is No Valid Competition  
*Joseph J. DuBose, MD  
Todd E. Rasmussen, MD*
- 4:26 – 4:31** New Developments From An International Collaboration On Endovascular Techniques For Resuscitation And Trauma Management: The EVTm Group: What Is It And How Is It Helping Society, Patients And Doctors  
*Tal M. Hörer, MD, PhD*
- 4:32 – 4:37** A Balanced View About REBOA (Resuscitative Endovascular Balloon Occlusion of the Aorta): What Is Good About It: And What Might Be Not So Good  
*Gilbert R. Upchurch, MD*
- 4:38 – 4:43** REBOA Is A Double-Edged Sword: The SOROKA Experience From Israel  
*Gabriel Szendro, MD*

- 4:44 – 4:49** Endovascular Access In Untrained Hands Can Fail: This Has Led To A Declining Use Of REBOA: How Can This Be Fixed  
*Charles J. Fox, MD*
- 4:50 – 4:55** Endovascular Versus Open Surgery For Vascular Trauma: When Is Each Approach Necessary And Appropriate: How Is The Field Changing  
*James W. Dennis, MD*
- 4:56 – 5:01** How Endovascular Procedures Are Saving Patients With Vascular Emergencies: Why Vascular Surgeons Need To Take Advantage Of Them And Incorporate Them In Their Practice  
*Todd R. Vogel, MD, MPH*
- 5:02 – 5:08** **Panel Discussion**
- BLUNT THORACIC AORTIC INJURIES (BTAs)**
- 5:08 – 5:13** Long-Term (>5 Years) Follow-Up Of TEVAR For BTAs: It Is A Very Durable Procedure  
*Johnny Steuer, MD, PhD*
- 5:14 – 5:19** Optimal Management Of Patients With BTAs And Intracranial Bleeding: Timing Of Treatments, Use Of Heparin And Other Tips  
*Elina Quiroga, MD*
- 5:20 – 5:25** Shorter Than Usual Proximal Landing Zones For TEVAR Are Acceptable For BTAs Because Aortas Are Usually Smaller And Healthier In These Patients: What Are The Limits And Technical Tips  
*Shang A. Loh, MD*
- 5:26 – 5:31** In TEVAR For BTAs It Is Safe To Cover The Left Subclavian Artery Without Revascularizing It If The Left Vertebral Artery Is Patent  
*Michael C. Stoner, MD*
- 5:32 – 5:37** Treatment Priorities In Combined Orthopedic And Vascular Extremity Injuries: It Is Not Simple: Technical Tips  
*Markus K. Furrer, MD*
- 5:38 – 5:43** Tips And Tricks For Damage Control In Vascular Surgery: Value Of Embolic Agents In Vascular Trauma: Which Is Best And Other Technical Tips  
*Ravi Rajani, MD*
- 5:44 – 5:52** **Panel Discussion**
- End of Program K**

**PROGRAM L (SESSIONS 87-94)**  
**DEEP VEIN DISEASE**

Trianon Ballroom, 3rd Floor

**Course Leaders:** Jose I. Almeida, MD, RPVI, RVT  
Lowell S. Kabnick, MD, RPhS  
Kenneth Ouriel, MD, MBA  
Thomas W. Wakefield, MD

SESSION 87 (Grand Ballroom West, 3rd Floor)  
**PELVIC VEIN DISORDERS, NUTCRACKER SYNDROME, CHRONIC VEIN OCCLUSIONS, STRATEGIES TO DIAGNOSE AND INTERVENE**

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

- 7:00 – 7:04 Introduction: Deep System  
*Lowell S. Kabnick, MD, RPhS*
- 7:05 – 7:10 ACCESS Trial Data From Chronic DVT: Role Of EKOS And TPA  
*Mark J. Garcia, MD*
- 7:11 – 7:16 Venographic Techniques To Identify Pelvic Anatomy And Escape Points  
*Mark H. Meissner, MD*
- 7:17 – 7:22 Pelvic Reflux: Is Coil Embolization The Answer  
*Alun H. Davies, MA, DM, DSc*
- 7:23 – 7:28 Complications Of Renal Vein Stenting For Nutcracker Syndrome  
*Peter Gloviczki, MD*
- 7:29 – 7:34 Open Surgery For Nutcracker: Techniques And Results  
*Cynthia K. Shortell, MD*
- 7:35 – 7:40 Corrective Procedures For Failed Renal Vein Stenting  
*Peter Gloviczki, MD*
- 7:41 – 7:46 **Panel Discussion**

*Moderators: Peter Gloviczki, MD  
Stephen A. Black, MD*

#### CHRONIC VENOUS OCCLUSIONS

- 7:47 – 7:52 Anatomical And Clinical Variations In Patients With Post-Thrombotic Venous Outflow Obstruction  
*Manj S. Gohel, MD*
- 7:53 – 7:58 A Good Stent Went Bad: What To Do  
*Gerard J. O'Sullivan, MD*
- 7:59 – 8:04 Recanalizing Occluded Venous Stents  
*Akhilesh K. Sista, MD*
- 8:05 – 8:10 Contralateral Deep Vein Thrombosis After Iliac Vein Stenting: A Clear And Present Danger  
*Peter Gloviczki, MD*
- 8:11 – 8:16 Crossing Chronic Femoro-Iliocaval Occlusions With Cone Beam CT  
*Jose I. Almeida, MD, RPVI, RVT*
- 8:17 – 8:22 Endovenectomy And Iliac Vein Stent Placement - How I Do It (Video Technique Demonstration)  
*Houman Jalaie, MD*
- 8:23 – 8:28 Abre™ Venous Self-Expanding Stent System Procedure Video  
*Stephen A. Black, MD*
- 8:29 – 8:34 Challenging Deep Venous Recanalization: Go-To Tools And Approaches  
*Kush R. Desai, MD*
- 8:35 – 8:40 **Panel Discussion**

SESSION 88 (Trianon Ballroom, 3rd Floor)

#### ILIOCAVAL STENTS, STENT TRIALS AND STENT SURVEILLANCE

*Moderators: Kenneth Ouriel, MD, MBA  
Michael K.W. Lichtenberg, MD*

- 8:41 – 8:46 Importance Of Stent Shape And Area On Clinical Outcome After Iliofemoral Venous Stenting (VICI Trial)  
*Lowell S. Kabnick, MD, RPhS*
- 8:47 – 8:52 Venovo Venous Stent Trial: Update  
*Michael D. Dake, MD*
- 8:53 – 8:58 Zilver/Vena Stent Trial: Update  
*Gerard J. O'Sullivan, MD*

- 8:59 – 9:04** VICI Stent Trial Update: 2 Years  
*Mahmood Razavi, MD*
- 9:05 – 9:10** Technical Properties Of Nitinol: The Role Of Venous Stenting  
*Erin H. Murphy, MD*
- 9:11 – 9:16** What You Should Know About The 4 Dedicated Venous US Stents: European Experience  
*Michael K.W. Lichtenberg, MD*
- 9:17 – 9:22** Use Of Biopsy Of Venous In-Stent Stenosis To Guide Post-Operative Management  
*David M. Williams, MD*
- 9:23 – 9:28** Surveillance After Venous Stenting: How And When  
*Kenneth Ouriel, MD, MBA*
- 9:29 – 9:34** **Panel Discussion**

SESSION 89 (Trianon Ballroom, 3rd Floor)

**MORE ON ILIOCAVAL STENTS, STENT PROBLEMS POST-IMPLANTATION, MEDICAL AND HYBRID TECHNIQUES TO REDUCE VENOUS HYPERTENSION**

**Moderators:** *Houman Jalaie, MD*  
*Michael R. Jaff, DO*

- 9:35 – 9:40** A Novel Technique And Outcomes For Iliocaval Extravascular Reconstruction (TIER) For Iliocaval Agensis  
*Steven D. Abramowitz, MD*  
*Edward Y. Woo, MD*
- 9:41 – 9:46** Neointima Formation Following Venous Placement Of Self-Expanding Nitinol-Stents Of Different Porosity: Clinical And Experimental Results  
*Houman Jalaie, MD*
- 9:47 – 9:52** Predictors Of Failure Of Iliac Vein Stenting  
*Rabih A. Chaer, MD*
- 9:53 – 9:58** New And Validated Classification Of Chronic Venous Obstruction And Its Clinical Implications  
*Houman Jalaie, MD*
- 9:59 – 10:04** What Is The Optimal Anticoagulant/Antithrombotic Regimen For Patients Undergoing Iliac Vein Stent  
*Michael R. Jaff, DO*
- 10:05 – 10:10** Managing Anticoagulation To Avoid Postoperative Hemorrhage  
*Timothy K. Liem, MD, MBA*
- 10:11 – 10:16** Percutaneous, Open Or Hybrid Deep Venous System Surgery: Indications And Results  
*Ignacio Escotto, MD*
- 10:17 – 10:22** Stent Extension Into A Single Inflow Vessel Is A Valuable Option After Endophlebectomy  
*Rick De Graaf, MD, PhD*
- 10:23 – 10:28** **Panel Discussion**

SESSION 90 (Trianon Ballroom, 3rd Floor)

**STRATEGIES FOR CORRECTING SEVERE DEEP VENOUS OBSTRUCTION, VENOUS ULCERS AND NEW HORIZONS IN WOUND CARE**

**Moderators:** *Cees H.A. Wittens, MD, PhD*  
*Marzia Lugli, MD*

- 10:29 – 10:34** SSAT Trial: Single Session Angioplasty Thrombolysis For Chronic Infrainguinal Deep Disease  
*Steve Elias, MD*
- 10:35 – 10:40** Venous Issues In Thoracic Outlet Syndrome: Lysis, Venoplasty, First Rib Resection: Staged Or Same Setting  
*Karl A. Illig, MD*
- 10:41 – 10:46** When Venous Stents Are Not Enough  
*Marzia Lugli, MD*
- 10:47 – 10:52** 90% Well-Recognized Venographic Signs Of Significant Iliac Vein Compression In Asymptomatic Young Volunteers  
*Cees H.A. Wittens, MD, PhD*
- 10:53 – 10:58** Non-Invasive 24/7 Flow Augmentation In Deep Venous Pathology  
*Cees H.A. Wittens, MD, PhD*
- 10:59 – 11:04** **Panel Discussion**  
*Moderators: William A. Marston, MD  
Joseph D. Raffetto, MD*

**VENOUS ULCERS AND NEW HORIZONS IN WOUND CARE**

- 11:05 – 11:10** The Use Of Skin Substitutes To Promote Venous Leg Ulcer Healing  
*Sarah Onida, MD, PhD*
- 11:11 – 11:16** The Link Between Deep Vein Reflux And Non-Healing Ulcers, A Deep Vein Valve Is Sorely Needed  
*William A. Marston, MD*
- 11:17 – 11:22** Different Biochemical Profiles In Inflammatory And Granulating Wounds  
*Joseph D. Raffetto, MD*
- 11:23 – 11:28** The True Cost Of Managing Venous Leg Ulcers: An International Review  
*Manj S. Gohel, MD*
- 11:29 – 11:34** Important RCTs For Venous Wound Healing  
*William A. Marston, MD*
- 11:35 – 11:40** The Recalcitrant Venous Ulcer: An Analysis Of Factors In 22 Of 60 That Failed To Heal After A 52-Week Period Of Treatment In Our Wound Center  
*Thomas F. O'Donnell, Jr., MD*
- 11:41 – 11:46** **Panel Discussion**

SESSION 91 (Trianon Ballroom, 3rd Floor)

**CAVAL RECONSTRUCTION AND MORE FEMORAL AND ILIOCAVAL FLOW ISSUES**

*Moderators: R. Clement Darling III, MD  
Jose I. Almeida, MD, RPVI, RVT*

- 11:47 – 11:52** IVC Replacement For Malignancy: How I Do It  
*R. Clement Darling III, MD*
- 11:53 – 11:58** Long-Term Patency Of Primary Inferior Vena Cava Reconstructions  
*Mark K. Eskandari, MD*
- 11:59 – 12:04** Optimal PTS Prevention  
*Peter Henke, MD*
- 12:05 – 12:11** Venous Stent Fractures: Does It Matter  
*David J. Dexter, MD*
- 12:12 – 12:17** Stent Reconstruction Following IVC Filter-Related Caval Thrombosis  
*Akhilesh K. Sista, MD*

- 12:18 – 12:23** Thrombosed IVC Filter: How To Recanalize The Cava And Manage The Filter  
*Jose I. Almeida, MD, RPVI, RVT*
- 12:24 – 12:29** **Panel Discussion**
- 12:30 – 12:59** **Lunch Break – 2nd Floor Promenade**  
**Visit Exhibits And Pavilions (2nd And 3rd Floors)**

SESSION 92 (Trianon Ballroom, 3rd Floor)  
**SURGICAL AND INTERVENTIONAL MANAGEMENT STRATEGIES FOR THROMBOEMBOLIC EVENTS IN THE VENOUS SYSTEM**

**Moderators:** *Patrick E. Muck, MD*  
*Robert Mendes, MD*

- 1:00 – 1:05** Single Session Continuous Aspiration Thrombectomy (SSCAT) For All DVT Utilizing Indigo Thrombectomy System  
*Patrick E. Muck, MD*
- 1:06 – 1:11** Inari CloTrierer Device For Acute DVT  
*William A. Marston, MD*
- 1:12 – 1:17** Thrombolysis For Acute DVT: Utilization And Guidance From Current Clinical Trials  
*Brian G. DeRubertis, MD*
- 1:18 – 1:23** Sentry Two-Year Data  
*Robert Mendes, MD*
- 1:24 – 1:29** A Comparison Of Angiojet Versus CDT For The Treatment Of Iliofemoral DVT  
*Stephen A. Black, MD*
- 1:30 – 1:35** Subgroup Analyses Of The ATTRACT Trial  
*Suresh Vedantham, MD*
- 1:36 – 1:41** Treating Venous Thromboembolism Without Lytic Medications  
*Constantino Pena, MD*
- 1:42 – 1:47** Angiovac Venous Thrombectomy: Where, When, And How  
*Mikel Sadek, MD*
- 1:48 – 1:53** Renal Failure In Acute DVT Treatment - Incidence And Strategies For Prevention  
*Stephen A. Black, MD*
- 1:54 – 1:59** P-Max Study: Mechanical Thrombectomy For Iliofemoral DVT With Aspirex  
*Michael K.W. Lichtenberg, MD*
- 2:00 – 2:05** Interventional Treatment Of Iliofemoral And Caval DVT In The Office Based Lab  
*Mark J. Garcia, MD*
- 2:06 – 2:11** Treatment Of Chronic Deep Venous Occlusions: Patient Selection, Procedural Pearls  
*Kush R. Desai, MD*
- 2:12 – 2:17** Outcome Of Venous Stents In Adolescents, Teenagers, And Pregnancy  
*Mahmood Razavi, MD*
- 2:18 – 2:23** May-Thurner Syndrome: From Board Question To Epidemic  
*Clifford M. Sales, MD, MBA*
- 2:24 – 2:29** Pressure Measurements And IVUS In Deep Venous Obstructions, Mandatory Or Fancy  
*Rick De Graaf, MD, PhD*
- 2:30 – 2:35** Is An Open Popliteal Vein A Prerequisite For Success: Does PMT Now Lead To Over-Stenting  
*Stephen A. Black, MD*



2:36 – 2:41 How Important Is Rapid Flow Restoration In DVT  
*Robert A. Lookstein, MD, MHCDC*

2:42 – 2:47 **Panel Discussion**

SESSION 93 (Trianon Ballroom, 3rd Floor)

## MEDICAL MANAGEMENT STRATEGIES FOR THROMBOEMBOLIC EVENTS IN THE VENOUS SYSTEM

Moderators: *Kenneth Ouriel, MD, MBA*  
*Thomas W. Wakefield, MD*

### PART 1

2:48 – 2:53 The Open Vessel Hypothesis: Applicability To DVT  
*Kenneth Ouriel, MD, MBA*

2:54 – 2:59 Inflammation And Venous Thrombosis – An Evidence Summary  
*Thomas W. Wakefield, MD*

3:00 – 3:05 Should All Patients With Acute VTE Be Treated With A Statin  
*Anthony J. Comerota, MD*

3:06 – 3:11 Update On Reversal Agents For The DOAC  
*Timothy K. Liem, MD, MBA*

3:12 – 3:17 Thrombus Aging Using MRI  
*Stephen A. Black, MD*

3:18 – 3:23 What Is The Optimal Anticoagulant/Antithrombotic Regimen For Patients Undergoing Iliac Vein Stent  
*Michael R. Jaff, DO*

3:24 – 3:29 E-Selecting Inhibition Is Effective To Treat Proximal DVT In A Primate Model  
*Thomas W. Wakefield, MD*

3:30 – 3:35 **Panel Discussion**

Moderators: *Peter Henke, MD*  
*Alberto C. Duque, MD*

### PART 2

3:36 – 3:41 Breakthrough DVT: When Thromboprophylaxis Is Not Enough  
*Andrea T. Obi, MD*

3:42 – 3:47 Pediatric DVT – An Evidence Summary  
*Dawn M. Coleman, MD*

3:48 – 3:53 Provoked Or Unprovoked DVT - Does It Matter Therapeutically  
*Peter Henke, MD*

3:54 – 3:59 Heparin Resistance During Thrombolysis For DVT  
*Jinsong Wang, MD*

4:00 – 4:05 MIST Therapy In Warfarin Necrosis  
*Joann Lohr, MD*

4:06 – 4:11 Introduction: Chinese DVT Database  
*Jinsong Wang, MD*

4:12 – 4:17 Is Bridging Anticoagulation With The Direct Oral Anticoagulants Necessary  
*Alberto C. Duque, MD*

4:18 – 4:23 **Panel Discussion**

SESSION 94 (Trianon Ballroom, 3rd Floor)

## DEEP VEIN VALVE TECHNOLOGIES, CAVAL INTERRUPTION AND IVC FILTER COMPLICATIONS

*Moderators: Jorge H. Ulloa, MD  
Mikel Sadek, MD*

### DEEP VALVE PROGRESS

- 4:24 – 4:29** Safety And Efficacy Report On The Blueleaf Endovenous Valve Formation System Update On International And US Clinical Progress  
*Mikel Sadek, MD*
- 4:30 – 4:35** Safety And Efficacy Report On The Venovalve (First In Man)  
*Jorge H. Ulloa, MD*
- 4:36 – 4:41** What Are The Challenges In The Deep System - What Is The Role Of Venous Valves  
*Fedor Lurie, MD, PhD*
- 4:42 – 4:47** What's Up With The Sail Valve  
*Steve Elias, MD*
- 4:48 – 4:53** Surgical Creation Of A Monocusp Valve  
*Marzia Lugli, MD*
- 4:54 – 4:59** Surgical Creation Of "Rival" Bicuspid Valve And Its Place In The Treatment Of Venous Ulceration  
*Ramesh K. Tripathi, MD*
- 5:00 – 5:05** Internal Compression Treatment Application For Deep Venous Insufficiency: 1.5-Year Clinical Results  
*Erdinc Eroglu, MD*
- 5:06 – 5:11** **Panel Discussion**

*Moderators: Timothy K. Liem, MD, MBA  
Constantino Pena, MD*

### CAVAL INTERRUPTION AND IVC FILTER COMPLICATIONS

- 5:12 – 5:17** The Novate Sentry Trial With A Novel Bio-Convertible IVC Filter: Follow-Up At 2 Years  
*Michael D. Dake, MD*
- 5:18 – 5:23** Surgical Removal Of Perforated IVC Filters  
*Timothy K. Liem, MD, MBA*
- 5:24 – 5:29** Avoiding And Managing IVC Disruption During Difficult IVC Filter Removal  
*Brian G. DeRubertis, MD*
- 5:30 – 5:35** Outcomes And Associated Factors In Malpractice Litigation Involving IVC Filters  
*Anil P. Hingorani, MD*
- 5:36 – 5:41** The PREPIC Trial: Fact Or Fiction  
*John E. Rectenwald, MD, MS*
- 5:42 – 5:47** Why Temporary Filters Are Not Removed: Clinical Predictors In 1,000 Consecutive Cases  
*Heron E. Rodriguez, MD*
- 5:48 – 5:53** What To Do With Fractured Filters And Embolic Filter Fragments  
*Constantino Pena, MD*
- 5:54 – 6:00** **Panel Discussion**

*End of Program I*

## SATURDAY, NOVEMBER 23, 2019

6:15 A.M. General Registration – Bryant Suite, 2nd Floor

6:00 A.M. Faculty Registration – Morgan Suite – 2nd Floor

6:30 A.M. Continental Breakfast – 3rd Floor Promenade/Foyer

### CONCURRENT SATURDAY PROGRAMS

PROGRAM M: SESSIONS 95-98

**Topics Too Important Or Too Hot To Miss: Related To Lower Extremity; Aortic; And Carotid**

(VEITH/TCT CO-BRANDED SESSIONS)

7:00 A.M. – 12:25 P.M.

Grand Ballroom East, 3rd Floor

PROGRAM N: SESSIONS 99-103

**Improving Outcomes In Hemodialysis Access**

8:00 A.M. – 3:40 P.M.

Grand Ballroom West, 3rd Floor

Course Leaders: **Larry A. Scher, MD**

**Anton N. Sidawy, MD, MPH**

PROGRAM O: SESSIONS 104-109

**Multidisciplinary Acute Stroke Management**

8:00 A.M. – 3:50 P.M.

Murray Hill Suites East & West, 2nd Floor

Course Leader: **Allan L. Brook, MD**

PROGRAM M (SESSIONS 95-98)

**TOPICS TOO IMPORTANT OR TOO HOT TO MISS:  
RELATED TO LOWER EXTREMITY; AORTIC;  
AND CAROTID DISEASES AND THEIR TREATMENT**

Grand Ballroom East, 3rd Floor

SESSION 95 (Grand Ballroom East, 3rd Floor)

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

(VEITH/TCT CO-BRANDED SESSION)

Moderators: **Keith D. Calligaro, MD**

**Frank J. Veith, MD**

**7:00 – 7:05**

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

**7:05 – 7:10**

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

**7:10 – 7:15**

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

**7:15 – 7:20**

Value Of Everolimus DESs For Treating Long Infrapopliteal Disease Causing CLTI: They Deserve Wider Use: Which Stent And Technical Tips  
*Robert A. Lookstein, MD, MHCDC*

- 7:20 – 7:25** Endovascular Interventions With Stents And Atherectomy On The Common And Deep Femoral Arteries Are Safe, Effective And Durable: They Do Not Preclude Use Of The CFA For Access For Other Interventions  
*Karthikeshwar Kasirajan, MD*
- 7:25 – 7:30** Real World Experience With DESs And Bare Metal Stents (BMSs) In Lower Extremity Occlusive Disease: Does Metformin Influence DES Or BMS Patency  
*Anil P. Hingorani, MD*
- 7:30 – 7:35** **Panel Discussion**
- 7:35 – 7:40** Value Of Toe Pressures And Toe/Brachial Index In Evaluating Lower Extremity Occlusive Disease And Healing Potential: What Are Normal Values And Values That Indicate Healing Is Likely  
*Gabriel Szendro, MD*
- 7:40 – 7:45** Lower Extremity Bypasses Are Money Losers For Hospitals And Poorly Reimbursed For Vascular Surgeons: At Least In The US: What Can Be Done About It  
*Richard J. Powell, MD*
- 7:45 – 7:50** Outcomes Of Isolated Inframalleolar (Pedal) Artery Interventions: When Are They Worthwhile  
*Alun H. Davies, MA, DM, DSc*
- 7:50 – 7:55** How Can Wifl (Wound, Ischemia, and foot Infection) Classification Help To Identify CLTI Patients Most Likely To Benefit From Revascularization; From An Open Bypass  
*Joseph L. Mills, MD*  
*Miguel F. Montero-Baker, MD*
- 7:55 – 8:00** Outcomes Of Peroneal Artery Revascularization For CLTI: Open And Endo: When They Work And When They Don't  
*Rabih A. Chaer, MD*
- 8:00 – 8:05** Real World Experience With DCBs Is Not As Favorable As The Trials Might Suggest: Why Is This So  
*Ali F. AbuRahma, MD*
- 8:05 – 8:10** **Panel Discussion**

SESSION 96 (Grand Ballroom East, 3rd Floor)

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

(VEITH/TCT CO-BRANDED SESSION)

**Moderators:** *Ali F. AbuRahma, MD*  
*Enrico Ascher, MD*

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

- 8:10 – 8:15** **DEBATE:** Durable Good Results With Tibial Artery Bypasses Support Their Use As First Treatment In Many Diabetics With CLTI  
*Alik Farber, MD*
- 8:15 – 8:20** **DEBATE:** Not So: Endo First Is Best In Most Diabetic Patients With CLTI  
*Matthew T. Menard, MD*
- 8:20 – 8:30** A Critical Appraisal Of Endovascular Treatments For Infrapopliteal Occlusive Disease: Bringing Reason To The Jumble Of Claims (10-Minute Talk)  
*Iris Baumgartner, MD*

- 8:30 – 8:35** Modifications In The Surgical Technique Of The Standard BTK Amputation To Facilitate Easier Walking Functions With The New Improved High-Tech Prostheses  
*Michael E. Barfield, MD*
- 8:35 – 8:40** Pitfalls In Upper Extremity Access For Lower Extremity Procedures And How To Avoid Them  
*Matthew W. Mell, MD, MS*
- 8:40 – 8:45** **Panel Discussion**
- 8:45 – 8:50** Supera Stents Versus DESs For Treating SFA-Pop Lesions: A Propensity Analysis Indicates Which Stent Is Best For Which Lesion: How Does Calcification Matter  
*Hany Zayed, MD, MSc*
- 8:50 – 8:55** Value Of IVUS (Intravascular Ultrasound) In Vascular Diagnosis And Treatments: New Technical Advances And Which Device System Is Best  
*Donald B. Reid, MD*
- 8:55 – 9:00** Value Of Stent-Grafts To Treat Access Site Complications From TAVR In The Femoral Or Iliac Arteries: Technical Tips And Long-Term Results  
*Lars B. Lönn, MD, PhD*
- 9:00 – 9:05** The Serranator Balloon Angioplasty Device (From Cagent Vascular) For Lesion Prep And Minimizing Dissections: How It Works, Current Status And Results  
*Peter A. Schneider, MD*
- 9:05 – 9:10** Lithoplasty (Shockwave Medical) Plus DCB For Treating CFA Occlusive Lesions: Technique And Results  
*Aravinda Nanjundappa, MD*
- 9:10 – 9:15** Pulsed B-Mode Laser Atherectomy For Treating SFA Occlusive Lesions: Why It Is Better Than Other Atherectomy Devices: From The EXIMO Trial  
*John H. Rundback, MD*
- 9:15 – 9:20** **Panel Discussion**
- 9:20 – 9:30** **Break – Visit Exhibits And Pavilions (3rd Floor)**

SESSION 97 (Grand Ballroom East, 3rd Floor)

**AORTIC TOPICS TOO IMPORTANT OR TOO HOT TO MISS (4 ¾-MINUTE TALKS)**

(VEITH/TCT CO-BRANDED SESSION)

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

- 9:30 – 9:35** Combining Endografts From Different Companies Can Solve Problems And Has Few Downsides: Some Positive Examples  
*Sigrid Nikol, MD*
- 9:35 – 9:40** Predicting Visceral Segment Aortic Growth After Infrarenal AAA Repair By EVAR And Open Surgery: What Factors Are Involved And Why It Matters  
*Sean P. Lyden, MD*
- 9:40 – 9:45** **DEBATE:** Invasive Treatment Of Takayasu's Disease Should Be Mostly By Open Surgery: Late Results Prove It: Value Of Endo Treatments Is Minimal  
*Thomas C. Bower, MD*
- 9:45 – 9:50** **DEBATE:** Not So: Endovascular Treatments Have A Major Role In The Treatment Of Takayasu's Lesions: What Is That Role: When Is Open Surgery Required  
*Ramesh K. Tripathi, MD*

**SATURDAY**  
**SESSIONS 97–98**

- 9:50 – 9:55** Aortic Stump Blow Out After Removal Of An Infected Aortic Graft: How To Prevent It And How To Treat It So As To Save Some Patients  
*Alan B. Lumsden, MD*
- 9:55 – 10:00** Giant AAA Causing Gastric Outlet Obstruction: Rare But Real And How To Treat It  
*Gabriel Szendro, MD*
- 10:00 – 10:05** Why 3D Ultrasound Is Better Than CTA For EVAR Follow-Up: What Equipment Is Required  
*Henrik Sillesen, MD, DMSc*
- 10:05 – 10:10** **Panel Discussion**
- 10:10 – 10:15** Value Of Terumo Aortic Relay Plus TEVAR Graft For Very Tortuous Anatomy: What Are Its Advantages Over Other Grafts And Long-Term Results  
*Patrick E. Muck, MD*
- 10:15 – 10:20** Isolated Common And Internal Iliac Aneurysms Without An Aortic Aneurysm: At What Size Should They Be Fixed: What Iliac Branched Device (IBD) Should Be Used And When  
*Fabio Verzini, MD, PhD*
- 10:20 – 10:25** AAA Shrinkage Can Occur When A Massive Endoleak Is Present With An Aortocaval Fistula: What Is The Mechanism And What Are The Implications For Treating Endoleaks  
*Martin Malina, MD, PhD*
- 10:25 – 10:30** How To Treat Substantial Type 1A Endoleak After A Standard EVAR: Cuff, Chimney, Embolization, F/EVAR, Conversion: When Is Each Best  
*Nicola Mangialardi, MD*  
*Sonia Ronchey, MD, PhD*
- 10:30 – 10:35** AAAs With Aorto-Iliac Occlusive Disease: What Is Its Significance And How Is It Best Treated  
*Christopher J. Smolock, MD*
- 10:35 – 10:40** Creative Alternative Access Sites For TEVAR And TAVR And What Can Go Wrong With Them  
*Shang A. Loh, MD*
- 10:40 – 10:45** **Panel Discussion**

SESSION 98 (Grand Ballroom East, 3rd Floor)

**AORTIC AND CAROTID TOPICS TOO IMPORTANT OR TOO HOT TO MISS (4 ¾-MINUTE TALKS)**

(VEITH/TCT CO-BRANDED SESSION)

**Moderators:** *Sean P. Lyden, MD*

*Frank J. Veith, MD*

**AORTIC OR BRANCH RELATED TOPICS**

- 10:45 – 10:50** Prophylactic Sac Embolization To Prevent Type 2 Endoleaks: When And How To Do It And How 3D AAA Modeling Can Help  
*Andrew Barleben, MD, MPH*
- 10:50 – 10:55** TEVAR Treatment For Infected Thoracic Aortic Aneurysms: Lessons Learned And Tips And Tricks For Secondary Interventions: From An Experience With >130 Cases  
*Boonprasit Kritpracha, MD*
- 10:55 – 11:00** Endovascular Treatment Of Ruptured And Intact Visceral Aneurysms: When Is It Possible And When Is It Not: Technical Tips  
*Rabih A. Chaer, MD*

- 11:00 – 11:05** Endovascular Treatment Of EVAR Limb Occlusion: Technical Tips And Precautions: Is A Fem-Fem Bypass Ever Needed  
*Klaus M. Overbeck, MD, MPhil*
- 11:05 – 11:10** Endovascular Rescue After Inadvertent False Lumen Stent-Graft Deployment During TEVAR For TBAD  
*Sukgu M. Han, MD*  
*Fred A. Weaver, MD*  
*Timothy A.M. Chuter, DM*
- 11:10 – 11:15** When Endovascular Procedures Fail, Axillofemoral Bypass Is Better Than Aortofemoral Bypass In Most Patients: Technical Tips, Contraindications And Results  
*Russell H. Samson, MD, RVT*
- 11:15 – 11:20** Why Randomized Controlled Vascular Trials Do Not Always Reflect Reality  
*Kosmas I. Paraskevas, MD*  
*Gert J. de Borst, MD, PhD*  
*Frank J. Veith, MD*  
*((Power Point Presentation With Synced Audio))*
- 11:20 – 11:25** **Panel Discussion**
- CAROTID RELATED TOPICS**
- 11:25 – 11:30** Optimal Current Treatment Of Extracranial Carotid Aneurysms: When Endo, When Open: Technical Tips  
*Piotr Szopinski, MD, PhD*
- 11:30 – 11:35** Update On Current Optimal Treatment Of Carotid Body Tumors: Technical Tips And Adjuncts  
*Ross Naylor, MD*
- 11:35 – 11:40** Guidelines For Carotid Disease Management – Why We Need A Fresh Approach: The Asymptomatic Disease Challenge  
*Jose Fernandes e Fernandes, MD, PhD*
- 11:40 – 11:45** How Does Carotid Plaque Morphology Differ Between Acutely Symptomatic Patients And Asymptomatic Patients: What Does Adequate Statin Treatment Do To Plaque Morphology  
*Henrik Sillesen, MD, DMSc*
- 11:45 – 11:50** The Incidence Of In Stent Restenosis (ISR) After CAS Is Underestimated: What Are The Clinical Implications  
*Ali F. AbuRahma, MD*
- 11:50 – 11:55** Why Is Surveillance Necessary After CAS Since ISR Is Rare And Benign  
*William A. Gray, MD*
- 11:55 – 12:00** How To Avoid Problems With TCAR: When Is The Procedure Contraindicated  
*Michael C. Stoner, MD*
- 12:00 – 12:05** How To Perform TCAR Safely: Technical Tips: What Are The Pitfalls  
*Glenn M. LaMuraglia, MD*
- 12:05 – 12:10** What Risk Factors Predict When A Patient With Asymptomatic Carotid Stenosis (ACS) Has A Good Chance Of Having A Stroke And Should Be Treated Invasively  
*Richard P. Cambria, MD*
- 12:10 – 12:15** What Are The Real Differences Between Open And Closed Cell Stents For CAS: When Are Closed Cell Stents Worse: From SVS VQI Data  
*Mahmoud B. Malas, MD, MHS*
- 12:15 – 12:25** **Panel Discussion**
- End of Program M**

Hemodialysis Access and Multidisciplinary Acute Stroke Management Programs continue in the Grand Ballroom West, 3rd floor and in the Murray Hill Suites, 2nd floor.

**PROGRAM N (SESSIONS 99-103)**  
**IMPROVING OUTCOMES IN HEMODIALYSIS ACCESS**

Grand Ballroom West, 3rd Floor

Course Leaders: **Larry A. Scher, MD**  
**Anton N. Sidawy, MD, MPH**

**8:00 – 8:05** Introduction  
*Anton N. Sidawy, MD, MPH*  
*Larry A. Scher, MD*

SESSION 99 (Grand Ballroom West, 3rd Floor)

**IMPORTANT ISSUES IN HEMODIALYSIS ACCESS**  
**(7-MINUTE TALKS)**

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

- 8:06 – 8:13** The Right Patient With The Right Access: Updated KDOQI Recommendations And How They Will Change Your Practice  
*Deborah Brouwer-Maier, RN, CNN*
- 8:14 – 8:21** Helping Patients To Advocate For Themselves  
*Dori Schatell, MS*
- 8:22 – 8:29** How Good Is The Information On Hemodialysis Access That Patients Find On The Internet  
*Mark G. Davies, MD*
- 8:30 – 8:37** Top 10 Newly Published AV Access Publications You Should Know About  
*Ziv J. Haskal, MD*
- 8:38 – 8:45** It's A FACT: Update On The Fist Assist Pre-Surgery Vein Dilatation Study  
*Tej M. Singh, MD, MBA*
- 8:46 – 8:54** **Panel Discussion**
- 8:55 – 9:02** Strategies To Maintain Hemodialysis Access And Avoid Running Out Of Real Estate  
*Robyn A. Macsata, MD*
- 9:03 – 9:10** How Do Outflow Venous Valves, Collateral Branches And Arterial Calcification Affect AV Fistula Maturation  
*Surendra Shenoy, MD, PhD*
- 9:11 – 9:18** Contemporary Evaluation Of Factors Affecting AV Fistula Maturation  
*Thomas S. Huber, MD, PhD*
- 9:19 – 9:26** The Role Of Duplex Ultrasound In Assessing AV Fistula Maturation  
*Yana Etkin, MD*
- 9:27 – 9:34** Safe Cannulation Patterns In AV Fistulas: Rope Ladder Versus Buttonhole Versus Area Cannulation To Avoid Fistula Aneurysms  
*Dori Schatell, MS*
- 9:35 – 9:42** Wearable Device For Continuous Noninvasive Monitoring Of Vascular Access Health In Hemodialysis Patients  
*Richard F. Neville, MD*
- 9:43 – 9:50** Interwoven Nitinol Stents To Treat Radiocephalic Anastomotic AV Fistula Stenosis  
*Shannon Thomas, MD*
- 9:51 – 9:59** **Panel Discussion**



**10:00 – 10:15 Break – Visit Exhibits And Pavilions (3rd Floor)**

SESSION 100 (Grand Ballroom West, 3rd Floor)

**OPTIMIZING OUTCOMES IN HEMODIALYSIS ACCESS (7-MINUTE TALKS)**

*Moderators: Clifford M. Sales, MD, MBA  
Ellen D. Dillavou, MD*

- 10:16 – 10:23** Can Our Understanding Of AV Fistula Stenosis Be Translated To Better Patient Care  
*Prabir Roy-Chaudhury, MD, PhD*
- 10:24 – 10:31** Ultrasound Differentiation Of AV Access Lesions: When To Treat And When Not To Treat  
*Kate Steiner, MD*
- 10:32 – 10:39** Is There Any Current Role For Drug Coated Balloons And Stents In Hemodialysis Access  
*Panoagiotis M. Kitrou, MD, MSc, PhD*
- 10:40 – 10:47** Is A Pharmacological Solution The Answer To The Improving Outcomes With AV Fistulas And Grafts  
*Sriram S. Iyer, MD*
- 10:48 – 10:55** Avoiding Fatal Dialysis Access Hemorrhage  
*Haimanot (Monnie) Wasse, MD, MPH*
- 10:56 – 11:04** **Panel Discussion**
- 11:05 – 11:12** Removal Of Infected AV Grafts Is A Morbid Procedure  
*Jeffrey J. Siracuse, MD, RPVI*
- 11:13 – 11:20** Use And Abuse Of The Outpatient Dialysis Access Center  
*Clifford M. Sales, MD, MBA*
- 11:21 – 11:28** Use Of The In.Pact Balloon In Treating AV Access Stenoses  
*Robert A. Lookstein, MD, MHCDL*

**DEBATE: SHOULD AV FISTULAS BE LIGATED AFTER RENAL TRANSPLANTATION**

- 11:29 – 11:36** No: We Should Preserve Fistulas For Possible Future Hemodialysis  
*Haimanot (Monnie) Wasse, MD, MPH*
- 11:37 – 11:44** Yes: Cardiac Decompensation Is Potentially Life Threatening: Here's The Data  
*Sriram S. Iyer, MD*
- 11:45 – 11:53** **Panel Discussion**
- 11:53 – 12:30** **Lunch Break - (3rd Floor Foyer)**  
**Visit Exhibits And Pavilions (3rd Floor)**

SESSION 101 (Grand Ballroom West, 3rd Floor)

**POLITICAL, ECONOMIC AND LEGAL ISSUES IN HEMODIALYSIS ACCESS (7-MINUTE TALKS)**

*Moderators: Haimanot (Monnie) Wasse, MD, MPH  
Thomas S. Huber, MD, PhD*

- 12:30 – 12:37** Is Comprehensive ESRD Care The Responsibility Of A Society  
*Prabir Roy-Chaudhury, MD, PhD*
- 12:38 – 12:45** APM/ESCO/MACRA/MIPS – Alphabet Soup Or The Future Of Vascular Access Reimbursement  
*Evan C. Lipsitz, MD, MBA*
- 12:46 – 12:53** Why The Future Of AV Access Care Must Begin With Collaboration  
*Sapan S. Desai, MD, PhD, MBA*

- 12:54 – 1:01** Site Of Service Influence On Stent Utilization For Hemodialysis Interventions  
*Matthew J. Dougherty, MD*
- 1:02 – 1:09** Impact Of Changing Reimbursement For Outpatient Hemodialysis Procedures On Hospital IR Workflow  
*Ziv J. Haskal, MD*
- 1:10 – 1:18** **Panel Discussion**

SESSION 102 (Grand Ballroom West, 3rd Floor)  
**NEW TECHNOLOGIES AND CONCEPTS IN HEMODIALYSIS ACCESS (7-MINUTE TALKS)**

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

**PERCUTANEOUS AV FISTULAS: WHAT IS THEIR ROLE IN CONTEMPORARY DIALYSIS ACCESS PRACTICE**

- 1:19 – 1:26** Update On The Ellipsys Vascular Access System  
*Robert Shahverdyan, MD*
- 1:27 – 1:34** Update On The WavelinQ Device  
*Panagiotis M. Kitrou, MD, MSc, PhD*
- 1:35 – 1:42** Optimizing Success: Patient Selection For Successful Percutaneous AV Fistula Placement  
*Haimanot (Monnie) Wasse, MD, MPH*
- 1:43 – 1:50** Assessment And Cannulation Of Percutaneous AV Fistulas  
*Deborah Brouwer-Maier, RN, CNN*
- 1:51 – 1:58** Tips And Tricks For Percutaneous AV Fistula Creation: How Long Is The Learning Curve  
*John E. Aruny, MD*
- 1:59 – 2:06** Surgical Revision Of Percutaneous AV Fistula: How Often Is It Necessary  
*John R. Ross, Sr., MD*
- 2:07 – 2:17** Kidney X: Accelerating Innovation In The Prevention, Diagnosis And Treatment Of Kidney Diseases (10-Minute Talk)  
*John Sedor, MD*
- 2:18 – 2:28** **Panel Discussion**

SESSION 103 (Grand Ballroom West, 3rd Floor)  
**UPDATE ON CLINICAL CHALLENGES IN HEMODIALYSIS ACCESS (7-MINUTE TALKS)**

**Moderators:** *Larry A. Scher, MD*  
*Surendra Shenoy, MD, PhD*

- 2:29 – 2:36** Hybrid Technique To Manage The Aneurysmal Degenerative Fistula  
*Charles J. Fox, MD*
- 2:37 – 2:44** AV Graft Coatings And Configurations: How Do We Choose What Is Best  
*Marc H. Glickman, MD*
- 2:45 – 2:52** Immediate Access Grafts Provide Comparable Patency To Standard Grafts With Fewer Reinterventions And Catheter Related Complications  
*Ellen D. Dillavou, MD*
- 2:53 – 3:00** Tapered AV Grafts Do Not Provide Significant Advantage Over Non-Tapered Grafts In Upper Extremity Dialysis Access  
*Jeffrey J. Siracuse, MD, RPVI*

- 3:01 – 3:08** Spectrum Of Hand Dysfunction After AV Access Placement  
*Thomas S. Huber, MD, PhD*
- 3:09 – 3:16** Dialysis Access In The Pediatric Population: Technical Tips And Outcomes  
*Vincent I. Rowe, MD*
- 3:17 – 3:24** Utilization Of Stent Grafts In The Management Of AV Access Pseudoaneurysms  
*Anil P. Hingorani, MD*
- 3:25 – 3:32** The Good, The Bad And The Ugly Of Central Venous Bypass To Allow Upper Extremity AV Access  
*Mark G. Davies, MD*
- 3:33 – 3:40** **Panel Discussion**  
***End of Program N***

PROGRAM O (SESSIONS 104-109)  
**MULTIDISCIPLINARY ACUTE STROKE MANAGEMENT**  
Murray Hill Suites East & West, 2nd Floor  
Course Leader: **Allan L. Brook, MD**

SESSION 104 (Murray Hill Suites East & West, 2nd Floor)  
**ACUTE STROKE DECISIONS – TRIAGE AND IMAGING**  
Moderators: **Lawrence R. Wechsler, MD**  
**Joshua A. Hirsch, MD**

- 8:00 – 8:05** Introduction  
*Allan L. Brook, MD*
- 8:06 – 8:11** Organization Of Endovascular Thrombectomy And Next Generation Solutions  
*J. Mocco, MD, MS*
- 8:12 – 8:17** Basilar Thrombosis: Data And Guidelines  
*Aaron S. Dumont, MD*
- 8:18 – 8:28** 2019 Imaging The Clot, Collaterals, And Cerebral Structures That Matter  
*R. Gilberto Gonzalez, MD, PhD*
- 8:29 – 8:39** Low NIHSS And LVO: My Basis For Treatment And Triage  
*Lawrence R. Wechsler, MD*
- 8:40 – 8:50** Emergency Room Issues: Triage At Its Best  
*Edward C. Jauch, MD, MS*
- 8:51 – 9:01** Imaging Trends And What To Expect After DAWN  
*Howard A. Rowley, MD*
- 9:02 – 9:12** AI Systems Of Triage: Pros And Cons  
*Don Frei, MD*
- 9:13 – 9:23** European Stroke Systems And How They Differ  
*Zsolt Kulcsar, MD, PhD*
- 9:24 – 9:34** Dangerous Imaging And Craniectomy Timing  
*Michele H. Johnson, MD*
- 9:35 – 9:45** MRI In Acute Stroke Care And When It Is Best To Utilize  
*R. Gilberto Gonzalez, MD, PhD*
- 9:46 – 10:00** **Break – Visit Exhibits And Pavilions (3rd Floor)**

SESSION 105 (Murray Hill Suites East & West, 2nd Floor)  
**STROKE TREATMENT – ADVANCED METHODS  
AND STANDARDS OF CARE**

*Moderators: Daniel L. Labovitz, MD  
Henry H. Woo, MD*

- 10:00 – 10:10** Radial Access For Stroke Intervention  
*Sudhakar R. Satti, MD*
- 10:11 – 10:21** Stroke Thrombectomy 2025: My Predictions  
*Muhammad S. Hussain, MD*
- 10:22 – 10:32** Distal Occlusions, M2 And Beyond: My Criteria  
*David S. Liebeskind, MD*
- 10:33 – 10:43** Time Saving Pearls To Revascularization: All Hospitals Are Not Created Equally  
*Reade A. De Leacy, MBBS*
- 10:44 – 10:54** Low Aspect Score Is No Barrier To Thrombectomy And Why  
*Charles Esenwa, MD, MS*
- 10:55 – 11:05** Review Of The Latest Literature In Stroke Care  
*Dorothea Altschul, MD*
- 11:06 – 11:16** Imaging As The Engine To Drive Stroke Forward  
*Thabele Leslie-Mazwi, MD*

SESSION 106 (Murray Hill Suites East & West, 2nd Floor)  
**HOT TOPICS AND TRENDS 2019**

*Moderators: Amichai J. Erdfarb, MD  
Neil Haranhalli, MD*

- 11:17 – 11:27** ELVO Stroke: How Should We Meet The Perceived Demand  
*Joshua A. Hirsch, MD*
- 11:28 – 11:38** Techniques For Thrombectomy: Next Generation Trending Now  
*Reade A. De Leacy, MBBS*
- 11:39 – 11:49** Multidisciplinary Teams: Our Strategic Implementation And Success  
*J. Mocco, MD, MS*
- 11:50 – 12:00** Stroke Legislation Update And Local Complications  
*Bradley Kaufman, MD, MPH*
- 12:00 – 12:09** **Pick up Lunch from the Grand Ballroom Foyer (3rd Floor) and return to the Murray Hill Suite for the Luncheon Session.**

SESSION 107 (Murray Hill Suites East & West, 2nd Floor)  
**LUNCHEON SESSION – ATHEROSCLEROSIS,  
INTRACRANIAL STENTING AND CAROTID  
STENTING 2019 TRENDING POSITIVE!**

*Moderators: Thomas G. Brott, MD  
Vitor Mendes Pereira, MD, MSc*

- 12:10 – 12:20** Carotid Literature Review 2018  
*Thomas G. Brott, MD*
- 12:21 – 12:31** When And Why Should Direct Carotid Access Stenting (TCAR) Replace CEA And Transfemoral CAS: When Should It Not  
*Mahmoud B. Malas, MD, MHS*
- 12:32 – 12:42** Thrombectomy Outcomes Of Intracranial Atherosclerosis Related Occlusions Data And Issues  
*Vitor Mendes Pereira, MD, MSc*

- 12:43 – 12:53** Vessel Wall Imaging: Latest Techniques And Where It Is Beneficial  
*Richard L. Zampolin, MD*
- 12:54 – 1:04** Tandem Occlusions: Strategies And Lessons Learned  
*Don Heck, MD*

SESSION 108 (Murray Hill Suites East & West, 2nd Floor)

**BRAIN ANEURYSM AND VASCULAR MALFORMATIONS**

**Moderators:** *Peter K. Nelson, MD*  
*Seon-Kyu Lee, MD, PhD*

- 1:05 – 1:15** Aneurysm Devices And How I Choose  
*Richard P. Klucznik, MD*
- 1:16 – 1:26** What's In The Pipeline: A Treatment For All Aneurysms  
*Peter K. Nelson, MD*
- 1:27 – 1:37** Surpassing Pipeline And Why  
*Ajay K. Wakhloo, MD, PhD*
- 1:38 – 1:48** Flow Diverters: Technical Subtle Pearls That Saved My A . . .  
*Alexander Coon, MD*
- 1:49 – 1:59** Role Of Intra-Aneurysmal Therapy: Devices And Where They Are Best Used  
*David Fiorella, MD, PhD*
- 2:00 – 2:10** SAH And Wide Neck Aneurysms Treatment Options And Protocols  
*Philip M. Meyers, MD*
- 2:11 – 2:21** **Panel Discussion**

SESSION 109 (Murray Hill Suites East & West, 2nd Floor)

**FUTURE ENDOVASCULAR TREATMENT AND EXPANDING YOUR PRACTICE**

**Moderators:** *Peter K. Nelson, MD*  
*Allan L. Brook, MD*

- 2:22 – 2:32** Perfusion Failure And Neurosurgical Options  
*Howard A. Riina, MD*
- 2:33 – 2:43** Collateral Circulation: Scoring And Where It Matters Most  
*Allan L. Brook, MD*
- 2:44 – 2:54** Robotics: Am I Putting Myself Into Early Retirement  
*Athos Patsalides, MD, MPH*
- 2:55 – 3:05** CSF Flow Dynamics And Treatment Strategies  
*Seon-Kyu Lee, MD, PhD*
- 3:06 – 3:16** Current Billing And Coding Updates In The Neurointerventional Surgery  
*Henry H. Woo, MD*
- 3:17 – 3:27** Intracranial Hemorrhage: When Does The Interventional Team Play A Role  
*David Fiorella, MD, PhD*
- 3:28 – 3:38** BATMAN: AVM And SRS – What Do We Know  
*David J. Altschul, MD*
- 3:39 – 3:50** **Panel Discussion**
- End of Program O**

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SATURDAY, NOVEMBER 23, 2019

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**Meeting Registration**  
(See Registration Form on reverse side)



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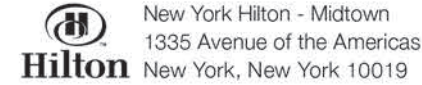
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**VEITHsymposium Registration**



**ONE DAY ONLY COMPONENT MEETINGS**

**THURSDAY ONLY**

**VEITHsymposium Fellows' Career Development**

Thursday, November 21, 2019, 8:00 a.m. to 5:00 p.m.; Americas Hall 1, 3rd Floor  
(This is a Non-CME Activity.)

**Potential Employer/Recruiter**

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- I am a Graduating Fellow/Attending Seeking New Opportunity

**Innovations Summit**

Thursday, November 21, 2019 | 7:45 a.m. to 3:25 p.m.

Murray Hill Suites, 2<sup>nd</sup> Floor

*(This is a Non-CME Activity. Registration fee is complimentary for fully paid VEITHsymposium Registrants, including Fellows and Industry Personnel.)*

**SATURDAY ONLY COMPONENTS**

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Tuesday - Saturday  
November 19-23, 2019

## WEDNESDAY, NOVEMBER 20, 2019

Venous Venous Venous Workshops at VEITHSymposium - ASK THE EXPERTS!

## AGAIN THIS YEAR

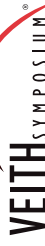
- Associate Faculty Global Podium Presentations Program

## NEW THIS YEAR

- The Frank J. Veith International Society Associate Faculty Global Podium Presentations Program at VEITHSymposium
- The Chinese Society for Vascular Surgery Associate Faculty Global Podium Presentations Program at VEITHSymposium
- VEITH-TCT Co-Branded Sessions
- CRF Endovascular Training Pavilion (Thursday - Friday, November 21-22, 2019)

## SATURDAY, NOVEMBER 23, 2019

Hemodialysis Access  
Multidisciplinary Acute Stroke Management



ALLIANCE PARTNER WITH  tct

VEITHSymposium is Compliant with the MedTech Europe Code of Ethical Business Practice.

