Vascular & Endovascular Challenges Update

FINAL ANNOUNCEMENT

26–29 APRIL 2016
OLYMPIA GRAND • LONDON • UNITED KINGDOM
Dear Colleagues,

The CX Abdominal, Thoracic and Juxta-Renal Aortic programmes are outstanding in 2016. The individual patient data (IPD) of the four randomised controlled trials on EVAR compared with open repair of abdominal aortic aneurysm have been merged and analysed. EVAR 1, DREAM, OVER and ACE together should answer questions that would be impossible to address only with data from individual trials. Results of this meta-analysis will be delivered first to the CX 2016 audience. EVAR 1 has had 16 years of follow up and the CX audience will also be the first to learn here how EVAR performs against open repair in the very long term. Given that patients were 74 years old on average at the beginning, those remaining will be a fair age! The findings of both the IPD of merged data and the late follow-up of EVAR 1 are expected to bring ground-breaking information to the audience and could inform guidelines. Be there to hear this.

It is said that a thrombosed false lumen of dissecting aneurysm implies a good prognosis outcome. The CX 2016 audience will hear the evidence for attempting to thrombose this false lumen in the hope of achieving better long-term outcomes. Is this complete bunkum or of real significance? You will vote and decide. If this is thought to be nonsense, should we intervene at all and if so how? The natural history of the condition is so deemed of great background relevance and will be discussed.

Is it now a fact of life that the whole aorta can be reconstructed by endovascular techniques. But close examination is required to know the spinal ischaemia rate and the operative mortality of each segment of the aorta from the valve to the bifurcation compared with open surgery. CX 2016 will explore these topics.

First generation endovascular pioneers have suffered from radiation damage in driving the subject forward. We shall hear Dr Ted Dehitch recognising that his life as a cardiovascular surgeon was over from one day to the next when he discovered that he had a brain tumour. Deaths from malignancies are now recognised and attributed to the pioneering work these giants did on our behalf. Come to CX 2016 to hear what they did and the price it cost them! With this in mind CX 2016 concentrates on radiation reduction and reduction on the use of contrast. It is logical for this meeting to be launched at this large vascular and endovascular meeting as embolisation to the brain is more commonplace of late as a result of the arch of aorta neuroradiologists. It is logical for this meeting to be launched at this large vascular and endovascular programme.

The New Acute Stroke Challenges Section is being launched as a multidisciplinary coming together of the specialists concerned with the pathway of care for those patients who suffer embolisation to the brain. Intracranial stent retrieval is possible in the hands of certain skilled interventional vascular neuroradiologists but is logical for this meeting to be launched at this large vascular and endovascular meeting as embolisation to the brain is more commonplace of late as a result of the arch of aorta manipulations associated with endovascular procedures. It seems mandatory that such skills should be available and easy to hand when those potentially dangerous procedures are performed which could result in an embolus to the brain. The good news is that rapid intracranial clot retrieval works. We have heard what they did and the price it cost them! With this in mind CX 2016 concentrates on radiation reduction and reduction on the use of contrast. The concern is that malignancies and blindness could be complications of radiation damage. We need to know about this and act at once to do something about it.

Aortic Edited Live Cases are a huge feature of CX2016 and the audience will have the opportunity to question the operator on how each device and deployment technique can achieve optimal results over the long term.

The focus in Peripheral Arterial Disease remains with the superficial femoral artery. Treatment strategies, depending on lesion type and length, will be analysed and there will be special emphasis on the status and expectations with different modalities. There is high expectation of what can be achieved by drug-coated balloons, yet there is healthy scepticism on how durable they will be for longer lesions. It may take two to three years before we know for sure how the drug-coated balloon compares with stents particularly for longer lesions. Stents are used more commonly for longer lesions and better results are sought by engaging swirling flow or stents with strong radial strength. Data on these technologies will be discussed. Additionally, the use of drug-eluting stents has been demonstrated with five-year data and now newer scaffolds are available. All current options will be explored.

Aortic Arterial Challenges are a huge feature of CX2016 and the audience will have the opportunity to question the operator on how each device and deployment technique can achieve optimal results over the long term. The focus in Peripheral Arterial Disease remains with the superficial femoral artery. Treatment strategies, depending on lesion type and length, will be analysed and there will be special emphasis on the status and expectations with different modalities. There is high expectation of what can be achieved by drug-coated balloons, yet there is healthy scepticism on how durable they will be for longer lesions. It may take two to three years before we know for sure how the drug-coated balloon compares with stents particularly for longer lesions. Stents are used more commonly for longer lesions and better results are sought by engaging swirling flow or stents with strong radial strength. Data on these technologies will be discussed. Additionally, the use of drug-eluting stents has been demonstrated with five-year data and now newer scaffolds are available. All current options will be explored.

The CX Venous Programme takes place in the new Lower Main Auditorium on the first day of CX so that it can be followed by the two-day CX Venous workshop. In the Main Programme we shall hear data from some new trials including VENOCLIC, a trial of venography versus IVUS in the investigation of venous outflow obstruction and the Zilver-Vena trial. The use of venous stents is increasing and venous stents can be used in some cases of post-thrombotic syndrome.

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# CX at a glance

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<td><strong>Tuesday 26 April</strong></td>
<td><strong>Peripheral Arterial Challenges</strong></td>
<td><strong>Venous Challenges</strong></td>
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<td><strong>CX Paediatric Vascular Issues</strong></td>
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<td><strong>Wednesday 27 April</strong></td>
<td><strong>Abdominal Aortic Challenges</strong></td>
<td><strong>CX Peripheral Live and Edited Cases</strong></td>
<td><strong>NEW CX Vascular Access Course – Day 1</strong></td>
<td><strong>CX Innovation Showcase</strong></td>
<td><strong>Peripheral Arterial Abstract Presentations</strong></td>
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<td><strong>Thursday 28 April</strong></td>
<td><strong>Thoracic Aortic Challenges</strong></td>
<td><strong>CX Aortic Edited Cases</strong></td>
<td><strong>CX Imaging Day and Imaging Abstract Presentations</strong></td>
<td>(Visit to the Exhibition area in the afternoon)</td>
<td><strong>Acute Stroke Challenges Abstract Presentations</strong></td>
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<td><strong>CX Venous Workshop – Day 2</strong></td>
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<td><strong>Main Programme</strong></td>
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<td><strong>NEW CX Vascular Access Course – Day 2 Skills Course</strong></td>
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<td><strong>Friday 29 April</strong></td>
<td><strong>Acute Stroke Challenges</strong></td>
<td><strong>Aortic / Peripheral Abstract Presentations</strong></td>
<td><strong>Vascular Access Abstract Presentations</strong></td>
<td><strong>European Vascular Surgeons in Training Prize Session</strong></td>
<td><strong>Venous Abstract Presentations</strong></td>
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**Main topics key**

These colour-coded boxes help you identify your topics of interest

- Aortic
- Acute Stroke
- Peripheral Arterial
- Venous
Tuesday 26 April 2016 – Day 1

PERIPHERAL ARTERIAL CHALLENGES
Upper Main Auditorium

Introduction
Chairman: Cliff Shearman, Southampton, United Kingdom
Moderator: Iris Baumgartner, Bern, Switzerland

08:00-08:07 Exercise therapy for claudicants – the guidance from NICE and other healthcare regulators is being ignored
Jonathan Beard, Sheffield, United Kingdom

08:07-08:14 Wearable exercise tracker improves intermittent claudication
Cella Riggs, Imperial College London, London, United Kingdom

08:14-08:21 Hypertension and the risk of peripheral arterial disease
Kazem Rahimi, Oxford, United Kingdom

08:21-08:28 Debunking of arterial occlusions (Rotarex)
Michael Lichtenberg, Amberg, Germany

08:28-08:40 Audience participation and discussion

Superficial femoral artery
Chairman: Roger Greenhalgh, Imperial College London, London, United Kingdom
Moderator: Frans Moll, Utrecht, Netherlands

08:40-08:48 Rationale, evidence and indication for plaque modification before drug-coated balloon
Erren Blessing, Halleberg, Germany

08:48-08:56 Technique and role of predilation in drug-coated balloon practice
Stephan Duda, Berlin, Germany

08:56-09:04 Audience participation and discussion

09:04-09:12 Podium 1st: IN.PACT SFA two-year results – drug-coated balloon use in women and in diabetics
Peter Schneider, Honolulu, United States

09:12-09:20 Arterial wall response to drug-coated balloon use
Ranu Virmantti, Gießen, Germany

09:20-09:28 Outcomes from the German cohort in Levant 2 with procedural key issues
Dietrich Schneiert, Leipzig, Germany

09:28-09:36 Audience participation and discussion

09:36-09:44 ILLUMINATE global study – interim analysis
Thomas Zeller, Bad Krozingen, Germany

09:44-09:52 Podium 1st: IN.PACT Global drug-coated balloon for complete total occlusion
Gunnar Tepp, Rosenheim, Germany

09:52-10:00 Audience participation and discussion

Coffee symposium – Stent benefits
Chairman: Ramon Vercaut, Sydney, Australia

10:03-10:12 Stent characteristics overcome calcified lesions
Enrique Pulas Mallagray, Madrid, Spain

10:12-10:21 Economic benefit from avoiding reintervention
Michael Jaff, Boston, United States

10:21-10:28 Audience participation and discussion
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Stent challenges
Chairman: Roger Greenhalgh, Imperial College London, London, United Kingdom
Moderator: Giovanni Torbello, Milan, Italy

10:30-10:38 Swirling flow is the aim for durable results
Peter Gaines, Sheffield, United Kingdom

10:38-10:46 Radial strength and stent design can overcome calcified lesions
Peter Gower, Antwerp, Belgium

10:46-10:54 Zilver PTX – five-year results show the value of stent drug elution
Michael Dake, Stanford, United States

10:54-11:02 The value of polymer release and paclitaxel combination with drug-eluting stents
Juan Granada, Dusseldorf, United States

11:02-11:18 Audience participation and discussion

The challenges of the long lesion
11:18-11:26 Drug-coated balloons for lesions >15 cm
Michael Jaff, Boston, United States

11:26-11:34 Atherectomy and drug-coated balloon for long and calcified lesions
Thomas Zeller, Bad Krozingen, Germany

11:34-11:42 Sequential stents for long lesions
Donald Jacobs, St Louis, United States

11:42-11:54 Audience participation and discussion

11:54-12:02 Subintimal stent use for critical ischaemia and biphasic waveforms
Luís Mariano Patena, Alavoa Termas, Italy

12:02-12:10 The use of a single stent
Peter Gower, Antwerp, Belgium

12:10-12:18 The use of stent graft as a priority for lesions greater than 25 cm
Jorge Fernandez Noya, Santiago de Compostela, Spain

12:18-12:30 Audience participation and discussion

Lunch symposium – Drug-coated balloon benefits
Chairman: Michael Jaff, Boston, United States
Moderator: Andrew Holden, London, United Kingdom

12:33-12:42 The challenges of in-stent restenosis
William Gray, Wwynnewood, United States

12:42-12:51 EU healthcare economic analysis of IN.PACT SFA use
Konstantinos Katsanos, London, United Kingdom

12:51-12:58 Audience participation and discussion
Supported by an unrestricted educational grant

Industry Sponsored Satellite
See more on page 16

The challenges of in-stent restenosis
Chairman: Frans Moll, Utrecht, Netherlands
Moderator: Andrew Holden, Auckland, New Zealand

13:30-13:37 Drug-coated balloons for in-stent restenosis
Marianne Brodmann, Gräz, Austria

13:37-13:44 Patterns are different for bare metal stent and drug-eluting stent which affect ease of management
Gary Ansell, Columbus, United States

13:44-13:51 Any stent restenosis treated by stent graft
Jeffrey Wang, Rockville, United States

13:51-14:01 Audience participation and discussion

14:01-14:18 Zilver PTX – interpretations of restenosis
Thomas Zeller, Bad Krozingen, Germany

14:08-14:15 Treatment of iliac in-stent restenosis with laser debulking and covered stents
Jos van den Berg, Lugano, Switzerland

14:15-14:22 Angioplasty alone or drug-coated balloon or laser debulking-drug-coated balloon for in-stent restenosis
Eric Ducasse, Bordeaux, France

14:22-14:29 Ten-year follow-up of 1,000 patients with hepatic-bonded PTFE
Raffaele Puli, Florence, Italy

14:29-14:46 Audience participation and discussion

Popliteal aneurysm
14:46-14:54 Popliteal aneurysm sac volume shrinkage after stent graft
Michela Antonello, Padua, Italy

14:54-15:01 Audience participation and discussion

Below the knee

14:58-15:06 Perfusion angiography for ischaemic tissue
Jim Roekkars, Amsterdam, Netherlands

15:06-15:14 Audience participation and discussion

15:14-15:22 Multi-modality advanced imaging for severe peripheral ischaemia
Koen Deltoof, Dendermonde, Belgium

15:22-15:30 Audience participation and discussion

The need to measure wound healing
Chairman: Michael Edmonds, London, United Kingdom
Moderator: Cliff Shearman, Southampton, United Kingdom

15:51-15:58 Audience participation and discussion
Supported by an unrestricted educational grant

Mini-symposium: Wound healing
Chairman: Michael Edmonds, London, United Kingdom
Moderator: Cliff Shearman, Southampton, United Kingdom

16:00-16:08 MRA calf perfusion before and after angioplasty
Gerd Grozinger, Tübingen, Germany

16:08-16:16 First experience with a bioreabsorable, everolimus-eluting vascular scaffold in arteries below the knee
Ramon Varco, Sydney, Australia

16:16-16:24 Angiosome concept in the treatment of critical limb ischaemia
Maart Van der Meer, Helsinki, Finland

16:24-16:32 A novel solution for below-the-knee arterial clot management for acute ischaemia
Roberto Gandini, Rome, Italy

16:32-16:40 Ten-year results of pedal bypass surgery
Anders Albag, Helsinki, Finland

16:40-16:52 Audience participation and discussion

Additional Peripheral Arterial activities

CX Peripheral Live and Edited Cases
Wednesday 27 April

CX Peripheral Arterial Abstract Presentations
Wednesday 27 April and Friday 29 April

CX Lower Extremity Collaboration Day
Thursday 28 April
Tuesday 26 April 2016 – Day 1

VENOUS CHALLENGES

Lower Main Auditorium

Deep vein thrombosis challenges

Inferior vena cava interruption

Chairman: Stephen Black, London, United Kingdom
Moderator: Ian Franklin, Imperial College, London, United Kingdom
08:00-08:08 Protection from embolisation using Capturex
Thomas Heller, Rostock, Germany
08:08-08:16 Vena cava filter Celect Platinum
Richard McDermott, Liverpool, United Kingdom
08:16-08:24 Audience participation and discussion

Acute deep vein thrombosis challenges

08:24-08:32 From venous thrombosis to post-thrombotic syndrome
Marzia Lugli, Modena, Italy
08:32-08:40 Deep vein thrombosis (DVT) in pregnancy
Wilhelm Sandmann, Dülmen, Germany
08:40-08:48 Conservative management of DVT
Gerry Stastny, Newcastle-upon-Tyne, United Kingdom
08:48-08:56 Investigating patients with acute DVT
Karen Brown, London, United Kingdom
08:56-09:04 Ageing deep vein thrombosis
Brahman Dharmarajah, Imperial College, London, United Kingdom
09:04-09:12 Audience participation and discussion
09:12-09:20 Selection of patients for acute DVT intervention
Carsten Arnoldussen, Maassluis, Netherlands
09:20-09:28 Strategies for clot removal, lysis and mechanical thrombectomy
Robert Thomas, Imperial College, London, United Kingdom
09:28-09:36 Deep venous catheter design (Zelante) for deep venous thrombectomy
Gerard O'Sullivan, Galway, Ireland
09:36-09:44 Endovascular treatment for acute DVT and pulmonary embolism – Indigo System
Michael Lichtenberg, Arnolds, Germany
09:44-09:52 Detachment of occlusive thrombus in deep vein, aspiration, fragmentation and removal – Aspirex
Thomas Heller, Rostock, Germany
09:52-10:00 Audience participation and discussion

Proximal deep venous obstruction and pelvic vein reflux challenges

11:30-11:38 Deep venous stenting before superficial venous intervention
Ian Franklin, Imperial College, London, United Kingdom
11:38-11:46 Selection of patients for pelvic vein intervention – which patients to treat and which patients to manage conservatively?
Kathleen Gibson, Belaview, United States
11:46-11:54 Male pattern pelvic reflux
Pradip Dastidar, London, United Kingdom
11:54-12:02 Implications of pelvic vein embolisation for subsequent pregnancies
Anthony López, London, United Kingdom
12:02-12:10 Pelvic vein embolisation for treatment of haemorrhoids
David Beckfield, Guildford, United Kingdom
12:10-12:18 Pathogenesis of haemorrhoids – colorectal surgeon's perspective
Peter Daviscott, Imperial College, London, United Kingdom
12:18-12:30 Audience participation and discussion

Lymphoedema challenges

Chairman: Mark Whitely, Guildford, United Kingdom
Moderator: Ian Franklin, Imperial College, London, United Kingdom
13:30-13:38 Molecular and cellular basis of lymphoedema and venous disease
Oliver Lyons, London, United Kingdom
13:38-13:46 Lipoedema vs. lymphoedema
Peter Mortimer, London, United Kingdom
13:46-13:54 Real-time, point-of-care lymphatic imaging
Eva Stévick, Houston, United States
13:54-14:02 Silicone tubule implants for lower limb lymphoedema
Rajesh Hydabad, Ahmedabad, India
14:02-14:18 Audience participation and discussion

Superficial venous challenges

Varicose vein challenges

Chairman: Ian Franklin, Imperial College, London, United Kingdom
Moderator: Mark Whitely, Guildford, United Kingdom
14:18-14:26 Ultrasound placed percutaneous clips will make CHIVA more widely applicable
Lowell Kabrick, New York, United States
14:26-14:34 VeClose randomised controlled trial two-year follow-up
Raghu Kolluri, Columbus, United States
14:34-14:42 Differences between great, small, accessory saphenous and Giacomini veins in terms of choice of technique for treating venous reflux
Steve Elias, Englewood, United States
14:42-14:50 Audience participation and discussion
14:50-14:58 The future of bipolar radiofrequency thermal ablation
Thomas Weiler, Pforzheim, Germany
14:58-15:06 The need to correct the accessory thigh vein and great saphenous vein even if only one incompetent
Lowell Kabrick, New York, United States
15:06-15:14 Quality of life results in the use of cyanoacrylate adhesive embolization
Kathleen Gibson, Bellevue, United States
15:14-15:22 Audience participation and discussion

Deep vein stenting challenges

Chairman: Frans Moll, Utrecht, Netherlands
Moderator: Gerry Stastny, Newcastle-upon-Tyne, United Kingdom
10:30-10:38 It is not just about patency – scales and quality of life outcomes
Alun Davies, Imperial College, London, United Kingdom
10:38-10:46 VIDO trial – VVS significantly improves diagnostic accuracy
Paul Gagne, Darien, United States
10:46-10:54 Factors influencing outcome in venous stenting
Stephen Black, London, United Kingdom
10:54-11:02 From lab to patient – strategies to improve stent patency
Prakash Saha, Newcastle-upon-Tyne, United Kingdom
11:02-11:10 VIRTUS trial update on iliofemoral venous outflow obstruction
Lowell Kabrick, New York, United States
11:10-11:18 Sizer Vena trial “first glimpse”
Gerard O’Sullivan, Galway, Ireland
11:18-11:30 Audience participation and discussion

Tea symposium – Trial updates

Chairman: Manj Gohel, Cambridge, United Kingdom
15:33-15:42 eScope clinical trial – two- and three-year follow-up
Thomas Proebstle, Münz, Germany
15:42-15:51 VeClose roll-in patient results
Raghu Kolluri, Columbus, United States
15:51-15:58 Audience participation and discussion

Additional Venous activities

CX Venous Workshop
Wednesday 27 April and Thursday 28 April

CX Venous Abstract Presentations
Friday 29 April

The CX Programme is subject to change
ABDOMINAL AORTIC ANEURYSM CHALLENGES

Upper Main Auditorium

Lifestyle and aneurysm growth
Chairman: Andrew Holden, Auckland, New Zealand
Moderator: Matt Thompson, London, United Kingdom
08:00-08:08 Lifestyle risk factors and risk to develop abdominal aortic aneurysm (AAA)
Martin Björklund, Uppsala, Sweden
08:08-08:18 Tacrogel and the inhibition of growth in small AAAs
Anders Wanhamien, Uppsala, Sweden
08:18-08:24 AAA measurement and enlargement – a study of three medical centres
Frank Lodder, Minneapolis, United States
08:24-08:32 Stresses and strains leading to iliac aneurysm rupture
Janet Powell, Imperial College, London, United Kingdom
08:32-08:42 Audience participation and discussion

Population screening challenges
Chairman: Matt Thompson, Auckland, New Zealand
Moderator: Frank Lederle, Auckland, New Zealand
08:48-08:56 National population-based AAA screening programmes remain a challenge for public health systems
Vincent Riskambai, Barcelona, Spain
08:56-09:04 The need for AAA screening to include examination of the common iliac arteries
Martin Björklund, Uppsala, Sweden
09:04-09:12 Aneurysm screening and the saving of lives
Frank Lederle, Minneapolis, United States
09:12-09:20 Screening of patients with subaneurysmal aortas
Matthew Bowh, Lancaster, United Kingdom
09:20-09:30 Audience participation and discussion

The threshold for elective intervention for abdominal aortic and iliac aneurysm
Chairman: Kevin Mars, Uppsala, Sweden
Moderator: Janet Powell, Imperial College, London, United Kingdom
09:36-09:44 Challenges in international harmonisation of AAA treatment
09:44-09:52 The changing epidemiology of abdominal aortic aneurysms in Europe
David Dickoff, Lancaster, United Kingdom
09:52-10:03 Audience participation and discussion

Coffee symposium – Optimum seal and conformable design for challenging aneurysm anatomy
Chairman: Martin Björklund, Uppsala, Sweden
Moderator: Dittmar Böckler, Heidelberg, Germany
10:03-10:12 Achieving precise placement, optimal seal and conformability in challenging aneurysm anatomy
Robert Rhee, New York, United States
10:12-10:21 The benefits of conformable design in treating challenging thoracic pathologies
William Jordan, Atlanta, United States
10:21-10:28 Audience participation and discussion
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Chairman: Dittmar Böckler, Heidelberg, Germany
10:30-10:37 The reimbursement influence on practice
Richard Greve, London, United Kingdom
10:37-10:44 Internal iliac artery aneurysm does not rupture when the diameter is 3cm, but when it is 7cm
Maart Venmors, Helsinki, Finland
10:44-10:51 Publication of surgeon level results and risk aversion
Ian Loftus, London, United Kingdom
10:51-11:03 Audience participation and discussion

Lunch symposium – New trends in EVAR practice
Chairman: Piergiorgio Cao, Rome, Italy
12:33-12:39 Reduced follow-up visits by protocol
Matt Thompson, London, United Kingdom
12:39-12:45 Type I endoleak and use of Endo Anchors for the failing endograft
Jean-Paul de Voïs, Hasselt, Belgium
12:45-12:51 Evolution to lower profile whilst maintaining durability
Hennie Verhagen, Rotterdam, Netherlands
12:51-12:58 Audience participation and discussion
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EVAR follow-up and avoidance of secondary sac rupture and death
Chairman: Roger Greenhalgh, Imperial College, London, United Kingdom
Moderator: Janet Powell, Imperial College, London, United Kingdom
Podium 1st: Individual Patient Data (IPD) – Meta-analysis of the EVAR 1, DREAM, OVER and ACE trials
Pinar Ulug, Imperial College, London, United Kingdom
13:30-13:35 Michael Sweeting, Cambridge, United Kingdom
13:35-13:40 Janet Powell, Imperial College, London, United Kingdom
13:40-13:45 Jan Blankensteijn, DREAM PI
13:45-13:49 Frank Lederle, OVER PI
13:49-13:51 Jean-Pierre Becquemin, ACE PI
13:51-13:56 Roger Greenhalgh, Imperial College, London, United Kingdom
13:56-14:10 Audience participation and discussion

Podium 1st: EVAR trials – 15-year follow-up
14:10-14:15 Raj Patel, Imperial College, London, United Kingdom
14:15-14:20 Michael Sweeting, Cambridge, United Kingdom
14:20-14:25 Janet Powell, Imperial College, London, United Kingdom
14:25-14:30 David Epstein, York, United Kingdom
14:30-14:35 Roger Greenhalgh, Imperial College, London, United Kingdom
14:35-14:55 Audience participation and discussion
14:55-15:02 Current treatment of AAA in Germany – outcomes and trends in a five-year follow-up
Sebastian Debus, Hamburg, Germany
15:02-15:09 Randomised controlled trial on effect of aneurysm sac embolisation for endoleak type II prevention
Franco Grego, Padua, Italy

Debate: All the risk scores are useless for elective AAA
Against the motion:
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Chairman: Matt Thompson, London, United Kingdom
Moderator: Janet Powell, Imperial College, London, United Kingdom
15:09-15:16 Arsenal aneurysm sac filling/sealing with any EVAR device
Andrew Holden, Auckland, New Zealand
15:16-15:23 Type II endoleaks with enlarging aneurysms imply type I endoleak until disproved
Michel Makaroun, Pittsburgh, United States
15:23-15:30 Audience participation and discussion

Infected abdominal aortic aneurysm challenges
Chairman: Matt Thompson, Utrecht, Netherlands
Moderator: Sebastian Debus, Hamburg, Germany
16:52-17:00 Endo-VAC – a novel treatment option for infected vascular reconstructions
Anders Wanhamien, Uppsala, Sweden

Additional Abdominal Aortic activities
CX AAA Abstract Presentations
Tuesday 26 April
CX Aortic Edited Cases
Thursday 28 April
CX Aortic Abstract Presentations
Friday 29 April

Infected abdominal aortic aneurysm challenges
Chairman: Matt Thompson, Utrecht, Netherlands
Moderator: Sebastian Debus, Hamburg, Germany
17:00-17:08 Protocol approach before and after rupture improves outcomes
Benjamin Starnes, Seattle, United States
17:08-17:16 Fate of patients unwilling or unsuitable to undergo surgical interventions for ruptured abdominal aortic aneurysm
Ron Balm, Amsterdam, Netherlands
17:16-17:24 Developing a 48-hour mortality risk score for ruptured abdominal aortic aneurysm
Michael Sweeting, Cambridge, United Kingdom
17:24-17:32 Benefits of local anaesthetic for ruptured AAA repair
Robert Hinchliffe, London, United Kingdom
17:32-17:40 Increase the number of patients offered intervention for ruptured AAA
Matt Thompson, London, United Kingdom
17:40-18:00 Audience participation and discussion

The CX Programme is subject to change

The CX Programme is subject to change

Chairman: Andrew Holden, Auckland, New Zealand
Moderator: Matt Thompson, London, United Kingdom
10:44-10:51 Against the motion:
Supported by an unrestricted educational grant
Chairman: Martin Björklund, Uppsala, Sweden
Moderator: Robert Morgan, London, United Kingdom
11:24-11:32 DREAM, OVER and ACE trials
11:32-11:40 Latest generation device aneurysm – related mortality vs. benchmark
11:40-11:48 EVAR 1 trial at four years
11:48-11:56 Comment: The use of Onyx for type II endoleak
Robert Morgan, London, United Kingdom
11:56-12:02 Audience participation and discussion

Infected abdominal aortic aneurysm challenges
Chairman: Matt Thompson, Utrecht, Netherlands
Moderator: Sebastian Debus, Hamburg, Germany
16:52-17:00 Endo-VAC – a novel treatment option for infected vascular reconstructions
Anders Wanhamien, Uppsala, Sweden

Ruptured abdominal aortic aneurysm
Chairman: Matt Thompson, Utrecht, Netherlands
Moderator: Sebastian Debus, Hamburg, Germany
17:00-17:08 Protocol approach before and after rupture improves outcomes
Benjamin Starnes, Seattle, United States
17:08-17:16 Fate of patients unwilling or unsuitable to undergo surgical interventions for ruptured abdominal aortic aneurysm
Ron Balm, Amsterdam, Netherlands
17:16-17:24 Developing a 48-hour mortality risk score for ruptured abdominal aortic aneurysm
Michael Sweeting, Cambridge, United Kingdom
17:24-17:32 Benefits of local anaesthetic for ruptured AAA repair
Robert Hinchliffe, London, United Kingdom
17:32-17:40 Increase the number of patients offered intervention for ruptured AAA
Matt Thompson, London, United Kingdom
17:40-18:00 Audience participation and discussion

The CX Programme is subject to change
Thursday 28 April 2016 – Day 3

THORACIC AORTIC ANEURYSM CHALLENGES
Upper Main Auditorium

Introduction
Chairman: Matt Thompson, London, United Kingdom
Moderator: Dittmar Böckler, Heidelberg, Germany
Against the motion: Jan Blankensteijn, Amsterdam, Netherlands

08:00-08:12 Debate: Growth rate of small thoracic abdominal aortic aneurysm (TAAA) is known and relevant
For the motion: Peter Holt, London, United Kingdom
Against the motion: Jan Blankensteijn, Amsterdam, Netherlands

08:12-08:18 Discussion and vote

Thoracic aneurysm challenges – risks of operative death and spinal cord ischaemia
08:18-08:26 The Uppsala algorithm to prevent spinal cord ischaemia during extensive aortic surgery
Anders Wahalani, Uppsala, Sweden

08:26-08:34 Ascending, arch, descending and juxtaareolar aortic reconstructive risks of operative death or spinal cord ischaemia with comparison of open and endovascular results
Michael Jacobs, Maastricht, Netherlands

08:34-08:42 Low spinal cord ischaemia time with BEVAR and FEVAR is vital
Eric Verhoeven, Uppsala, Sweden

08:42-08:50 Neurological consequences of endovascular aortic aneurysm surgery – EVAR and TEVAR
Ruth Benson, Stoke-on-Trent, United Kingdom

08:50-08:59 Audience participation and discussion

09:00-09:13 Endovascular non-branched ascending aortic TEVAR with potential valve replacement: operative mortality and complications
Rodney White, Toronto, United States

09:13-09:21 Aortic arch hybrid debranching
Sebastian Debus, Hamburg, Germany

09:21-09:29 Single branch zone 0
Michal Makaroun, Pittsburgh, United States

09:29-09:37 Single branch zone 2
Michael Oaker, Stanford, United States

09:37-09:45 Dual branch use for the aortic arch
Piergiorgio Caio, Rome, Italy

09:45-10:00 Audience participation and discussion

Coffee symposium – Novel endograft systems with increased accuracy and control
Chairman: Andrew Holden, Auckland, New Zealand

10:00-10:12 New generation delivery system with optimal control for simple to complex abdominal aortic aneurysms
Niko Mosquera, Ourense, Spain

10:12-10:21 A new paradigm in EVAR – simplifying the procedure with increased accuracy and control
David Murray, Manchester, United Kingdom

10:21-10:28 Audience participation and discussion
Supported by an unrestricted educational grant

Mini-symposium: Acute and chronic type B dissection – false lumen challenges
Chairman: Roger Greenhalgh, Imperial College, London, United Kingdom
Moderator: Sebastian Debus, Hamburg, Germany

10:30-10:38 Following the structure of the dissecting aorta from two years before acute type B dissection
Martin Czetry, Freiburg, Germany

10:38-10:46 Avoidance of retrograde type A dissection and aortic remodelling after TEVAR
Dennis Gable, Dallas, United States

10:46-10:54 Impact of TEVAR on late mortality in chronic type B dissection
Matt Thompson, London, United Kingdom

10:54-11:02 Predictors of intervention and mortality in patients with uncomplicated acute type B aortic dissection
All Azzizzath, Houston, United States

11:02-11:17 Audience participation and discussion

11:17-11:25 Aortic remodelling after standard TEVAR in chronic type B dissection
Santi Trimarchi, San Donato Milanese, Italy

11:25-11:33 Retrospective analysis of chronic type B dissection treated intervention – future prediction of intervention defined
Dittmar Böckler, Heidelberg, Germany

11:33-11:41 The legitimacy of embolisation of the false lumen
Tara Mastracci, Milan, Italy

11:41-11:56 Audience participation and discussion

11:56-12:16 Great Debate: In chronic type B dissection, there is no place for false lumen embolisation – true lumen TEVAR is preferred
For the motion: Peter Mossop, Melbourne, Australia
Against the motion: Jonathan Sobociński, Liège, France

12:16-12:30 Discussion and vote

LUNCHEON

TEVAR follow-up
Chairperson: Tara Mastracci, London, United Kingdom
Moderator: Janot Powell, Imperial College, London, United Kingdom

13:30-13:38 M2S retrospective data may indicate failure of TEVAR for current sac expansion
Peter Holt, London, United Kingdom

13:38-13:46 15-year experience of TAA – similar 30-day mortality endovascular and open and similar paraplegia rates
Roberto Chiessa, Milan, Italy

13:46-13:54 Long-term survival after TEVAR depends on indications
Kevin Mani, Uppsala, Sweden

13:54-14:02 Five-year durability and outcomes of Valor II
Rodney White, Toronto, United States

14:02-14:10 The optimal method of closure of large femoral artery holes after device introduction for percutaneous EVAR/TEVAR
Giovanni Pratesi, Rome, Italy

14:10-14:12 Audience participation and discussion

Mini-symposium: Radiation damage to the pioneer operators and methods to reduce radiation exposure during endovascular procedures
14:25-14:33 Introduction – the debt we owe to endovascular pioneers
Roger Greenhalgh, Imperial College, London, United Kingdom

14:33-14:41 Methods to reduce radiation exposure during endovascular procedures
Barry Katzrin, Malmö, United States

14:41-14:49 Endovascular total aorta replacement challenges
Timothy Resch, Malmo, Sweden

14:49-14:57 Radiation protection training and reduction of radiation exposure to patients and staff
Lars Lønn, Copenhagen, Denmark

14:57-15:05 Radiation dose associated with complex arch and thoracoabdominal interventions
Fiona Rohrff, Hamburg, Germany

15:05-15:13 Every effort is made to reduce radiation exposure whilst doing complex aortic endovascular reconstruction
Stéphan Haubon, Lille, France

15:13-15:30 Audience participation and discussion

JUXTARENAL CHALLENGES
Upper Main Auditorium

Challenging and short infrarenal neck
16:24-16:32 Treatment options for challenging EVAR utilising polymer ring technology
Ventakesh Ramaiah, Phoenix, United States

16:32-16:40 A standard EVAR device can be used with EndoAnchor for aortic neck <10mm
William Jordan, Atlanta, United States

16:40-16:48 The value of hybrid debranching
Roberto Chiessa, Milan, Italy

16:48-16:56 EVAR repair with and without parallel graft use
Ralf Kłożenbach, Dusseldorf, Germany

16:56-17:04 Use of polymer seal with complex aortic aneurysm necks and use of parallel grafts
Matt Thompson, London, United Kingdom

17:04-17:12 Configuration affects parallel graft results
Murray Shames, Tanya, United States

17:12-17:32 Audience participation and discussion

17:32-17:44 Debate: More than two parallel grafts relate to poorer outcome
For the motion: Konstantinos Donas, Münster, Germany
Against the motion: Frans Moll, Utrecht, Netherlands

17:44-17:54 Discussion and vote

Additional Aortic activities

CX Abdominal Aortic Aneurysm Abstract Presentations
Tuesday 26 April

CX Thoracic Abstract Presentations
Tuesday 26 April

CX Aortic Edited Cases
Thursday 28 April

CX Aortic Abstract Presentations
Friday 29 April
Friday 29 April 2016 – Day 4

NEW ACUTE STROKE CHALLENGES
Upper Main Auditorium

Selection for intervention challenges
Chairman: Ross Nayfield, Leicester, United Kingdom
Moderator: Tommy Andresson, Kortrijk, Belgium
08:00-08:06 Screening men for asymptomatic carotid stenosis at the age of 65–70
Martin Björk, Uppsala, Sweden
08:06-08:12 Specialised imaging to identify high-risk plaque
Clara Zoebregs, Groningen, Netherlands
08:12-08:18 Improvements in optimal medical care
Martin Brown, London, United Kingdom
08:18-08:24 Algorithm of care or “stroke workflow” in acute stroke interventions
Tudor Jovin, Pittsburgh, United States
08:24-08:32 Audience participation and discussion

Pragmatic role of imaging for acute stroke with a focus on patient selection for endovascular therapy
Ando Doerr, Erlangen, Germany
08:38-08:44 Implications of the VAST randomised trial for managing symptomatic vertebrobasilar stenosis
Jaap Kappelle, Utrecht, Netherlands
08:44-08:50 Microemboli and the cause of dementia
Charles McCollum, Manchester, United Kingdom
08:50-08:57 Audience participation and discussion

Carotid stenting and endarterectomy
Chairman: Roger Greenhalgh, Imperial College, London, United Kingdom
Moderator: Jos van den Berg, Lugano, Switzerland
08:57-09:03 Impact of risk scoring on decision-making in referral of symptomatic carotid stenosis for urgent revascularisation
Martin Brown, London, United Kingdom
09:03-09:09 Impact of MicroNet technology on carotid revascularisation
Piotr Musialik, Krakow, Poland
09:09-09:15 A modern stroke service must have timely access to carotid stenting if it is to offer optimal outcomes
Trevor Cleveland, Sheffield, United Kingdom
09:15-09:21 Dual antiplatelet therapy reduces recurrent events prior to urgent carotid surgery without increasing the risk of perioperative bleeding complications
Ross Nayfield, Leicester, United Kingdom
09:21-09:29 Audience participation and discussion
09:29-09:35 Emergency stenting of the internal carotid artery with anterior circulation thrombectomy
Daniel Behrm, Göttingen, Germany
09:35-09:41 Urgent carotid endarterectomy does not increase risk and will prevent more strokes
Ian Loffitt, London, United Kingdom
09:41-09:47 Emergency carotid endarterectomy for progressing stroke
Hans-Henning Eckstein, Munich, Germany
09:47-09:53 Carotid bypass using hybrid as a rescue technique for on-table failed carotid endarterectomy
Domenico Valenti, London, United Kingdom
09:53-10:00 Audience participation and discussion

Intracranial clot retrieval
Chairman: Martin Brown, London, United Kingdom
Moderator: Ross Nayfield, Leicester, United Kingdom
09:30-09:40 Thrombectomy should be implemented in clinical practice – AHA/ASA guidelines
Alexander Khatebi, San Diego, United States
09:40-09:50 Intra-arterial therapy in the early management of acute ischaemic stroke
Jaap Kappelle, Utrecht, Netherlands
09:50-10:00 Selecting patients for acute endovascular cerebral clot extraction
Laurent Spelle, Paris, France
10:00-10:05 Clot properties and technique may impact technical result and patient outcome
Tommy Andersoft, Kortrijk, Belgium
10:05-10:10 Multicentre experience with aspirational technique for acute stroke thrombectomy with ACE64 repulsion catheter
Annika Kowoll, Bochum, Germany
10:10-10:15 Stent retrieval (Solitaire) vs. tissue plasminogen activator (tPA) – cost-effectiveness
Kyrakos Lobotesi, Imperial College, London, United Kingdom

10:15-10:20 Comment
10:20-10:25 Discussion and vote

Cerebral embolisation reduction and arch protection devices
Chairman: Martin Brown, London, United Kingdom
Moderator: Ross Nayfield, Leicester, United Kingdom
11:22-12:23 Modified transoesophageal echocardiography imaging to assess thoracic aortic embolisation risk
Frank Aflalo, Charlotte, United States
12:29-12:36 Changes to endovascular left subclavian artery implantation technique to reduce cerebral embolisation
Jos van den Berg, Lugano, Switzerland
12:36-12:43 Avoidance of cerebral embolisation by aortic arch deflection of flow (TriGuard)
Alexandra Landfyl, New Haven, United States
12:43-12:50 The use of Sentinel cerebral protection filter system to prevent arch cerebral embolisation
Richard Gibbs, Imperial College, London, United Kingdom
12:50-13:00 Audience participation and discussion

Additional Acute Stroke activities
Acute Stroke Challenges Abstract Presentations
Thursday 28 April
12:00-12:15 Discussion and vote
12:15-12:20 For the motion:
Andrew Clifton, London, United Kingdom
12:22-12:29 Against the motion:
Jos van den Berg, Lugano, Switzerland

CX Parallel Sessions

The Charing Cross Symposium offers delegates Parallel Sessions aimed at providing education in various domains of vascular and endovascular management and practical workshops to enhance skills for daily practice.

NEW CX Vascular Access Course
CX Aortic Edited Cases
CX Peripheral Live and Edited Cases
CX Venous Workshop
CX ilegx Collaboration Day
CX Innovation Showcase

CX Imaging Day
CX Abstract Presentations and Posters
CX Meets Latin America
CX Paediatric Vascular Issues
CX Vascular Malformations

The CX Programme is subject to change
NEW CX Vascular Access Course

Wednesday 27 April and Thursday 28 April – Pillar Hall Learning Centre and Exhibition Hall

Course directors: Domenico Valenti and Nicholas Inston

At CX 2016, a NEW CX Vascular Access Course will be launched. The course will run for three days starting on Wednesday 27 April with a masterclass on vascular access ischaemic steal syndrome, followed by a session covering strategies for delivering and improving vascular access and presentations of various new technologies. Delegates may also bring their problematic patient cases for discussion. On Thursday 28 April, participants will have the opportunity to receive one-to-one practical tuition by leading vascular access experts on 21 skills stations. On Friday 29 April, senior and trainee clinicians will be presenting their research at a dedicated Abstract Presentations session on Vascular Access.

CX Vascular Access Course – 27 April – Pillar Hall Learning Centre

State of the art masterclass: Vascular access induced ischaemic steal syndrome

Chairman: Domenico Valenti, London, United Kingdom
Moderator: Nicholas Inston, Birmingham, United Kingdom

09:00-09:05 Introduction
Domenico Valenti, London, United Kingdom
Nicholas Inston, Birmingham, United Kingdom

09:05-09:15 Mechanism and pathophysiology of ischaemia in vascular access
Harris Schanzet, New York, United States

09:15-09:25 Preoperative prediction and avoiding ischaemic steal syndrome
Matthias Widmatt, Bern, Switzerland

09:25-09:35 Non-invasive evaluation of vascular access ischaemia
Colin Deard, London, United Kingdom

09:35-09:45 The role of conventional angiography in diagnosing vascular access ischaemia
Jason Wilkins, London, United Kingdom

09:45-10:00 Discussion

New technologies in vascular access

Chairman: Nicholas Inston, Birmingham, United Kingdom
Moderator: Domenico Valenti, London, United Kingdom

13:30-13:38 Drug-eluting balloon angioplasty
Kate Steiner, Stevenage, United Kingdom

Geert Malauke, Leuven, Belgium

13:46-13:54 Endovascular thrombectomy
Dean Huang, London, United Kingdom

13:54-14:02 Six-month results of scoring balloon for vascular access
Andrew Holden, Auckland, New Zealand

14:02-14:12 Discussion

14:12-14:20 Experience with hybrid graft for arteriovenous access creation
Andrea Agostinucci, Turin, Italy

14:20-14:28 Early experiences with Rapidx II
Karin El Sakkia, Brighton, United Kingdom

14:28-14:36 Three-year experience with early cannulation triple-layer graft
Matteo Tozzi, Varese, Italy

14:36-14:44 HoRe device
James Gilbert, Oxford, United Kingdom

14:44-14:54 Discussion

14:54-15:02 Heparin-bound ePTFE vascular grafts for haemodialysis provide high patency rates over ePTFE grafts
Richard Kellermann, Wurzburg, Germany

15:02-15:10 Omniflow graft
Nicholas Inston, Birmingham, United Kingdom

15:10-15:18 VasQ – external support device for arteriovenous fistula – clinical results
Eric Cherrin, London, United Kingdom

15:18-15:30 Discussion

15:30-15:40 Close

Interactive multidisciplinary team cases

Chairman: Domenico Valenti, London, United Kingdom
Moderator: Nicholas Inston, Birmingham, United Kingdom

16:00-17:00 Audience discussion of interesting multidisciplinary cases

Strategies for delivering and improving vascular access

Chairman: Domenico Valenti, London, United Kingdom
Moderator: Nicholas Inston, Birmingham, United Kingdom

11:30-11:40 Early cannulation grafts beat a temporary central venous line
David Kingsmore, Glasgow, United Kingdom

11:40-11:50 Different options and outcomes to repair access in dialysis patients
Gaspar Mestre, Barcelona, Spain

11:50-12:00 Endovascular treatment of thrombosed peripheral vascular access
Daniele Savio, Turin, Italy

12:00-12:10 Effectiveness of stent-grafts for the treatment of central venous disease in haemodialysis patients with functioning arteriovenous fistulae
Peter Riley, Birmingham, United Kingdom

NYC Vascular Access Abstract Presentations

29 April – Pillar Hall Learning Centre

Please visit www.cxsymposium.com/va-abstracts for the full list of Vascular Access abstract presentations and presenters.
CX Aortic Edited Cases ●

Thursday 28 April – Lower Main Auditorium

The CX Aortic Edited Cases will be used to explore the application of different techniques in complex thoracic aortic and abdominal aortic procedures to achieve the best outcome for patients. The format includes short patient presentations, imaging and indications for the procedure, and allows the audience to ask questions at every stage.

**Thoracic aortic**

**Chairman:** Roger Greenhalgh, Imperial College, London, United Kingdom
Andrew Holden, Auckland, New Zealand

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>08:30-09:00</td>
<td>TAG Thoracic Branch Endoprostheses for the arch</td>
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<td>Michael Dakka, Stanford, United States</td>
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<td>09:00-09:30</td>
<td>Thoracic proximal scallop stent graft: expanding proximal neck in patients with challenging thoracic anatomy</td>
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<td>Jos van den Berg, Lugano, Switzerland</td>
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<td>09:30-10:00</td>
<td>Zenith Alpha Thoracic: treating a thoracic aneurysm with a modular system</td>
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<td>Fabio Verzini, Parma, Italy</td>
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<td>10:30-11:00</td>
<td>COFFEE</td>
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**Abdominal aortic**

**Chairmen:** Frans Moll, Utrecht, Netherlands
Andrew Holden, Auckland, New Zealand

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<tr>
<th>Time</th>
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<tr>
<td>10:30-11:00</td>
<td>Accuracy of placement and reduced contrast when deploying INCRAFT</td>
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<td>Andrew Holden, Auckland, New Zealand</td>
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<td>11:00-11:30</td>
<td>Zenith Alpha Abdominal: an easy way to deploy endografts to treat a wider range of patients</td>
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<td>Mauro Gargiulo, Bologna, Italy</td>
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<td>11:30-12:00</td>
<td>EVO Endurant next generation low-profile device</td>
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<td>Henzo Verhagen, Rotterdam, Netherlands</td>
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<td>12:00-12:30</td>
<td>Preoperative intent of use of EndoAnchor for neck length &lt;10mm</td>
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<td>William Jordan, Atlanta, United States</td>
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**LUNCH**

**Chairmen:** Matt Thompson, London, United Kingdom
Frank Valth, New York, United States

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<th>Time</th>
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<tr>
<td>13:30-14:00</td>
<td>Special techniques of EVAS/Neffix</td>
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<td>Andrew Holden, Auckland, New Zealand</td>
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<td>14:00-14:30</td>
<td>EXCLUDER iliac branch endoprosthesi</td>
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<td>Michel Makaroun, Pittsburgh, United States</td>
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<td>14:30-15:00</td>
<td>Infection control with open repair</td>
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<td>Xavier Berard, Bordeaux, France</td>
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<tr>
<td>15:00-15:30</td>
<td>Onyx liquid embolic system embolisation for type II endoleaks</td>
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<td>Anne Schwindt, Münster, Germany</td>
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<tr>
<td>15:30-16:00</td>
<td>Fenestrated EVAR for a juxtarenal aortic aneurysm</td>
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<td>Andrej Schmidt, Leuca, Germany</td>
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CX Peripheral Live and Edited Cases ●

Wednesday 27 April – Lower Main Auditorium

Six CX Peripheral Live Cases will be transmitted from St Franziskus Hospital in Münster, Germany, and five edited live cases will be presented. Giovanni Torsello, Thomas Zeller, Iris Baumgartner and Michael Jaff will guide the audience through the cases to improve the understanding of why a technique is chosen for a particular clinical situation. They will also encourage delegate participation.

**CX Peripheral Live and Edited Cases**

**Chairman:** Michael Jaff, Boston, United States
**Moderators:** Giovanni Torsello, Münster, Germany

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<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>10:30-11:00</td>
<td>Drug-coated balloons for long lesions</td>
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<td>Antonio Micari, Palermo, Italy</td>
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<td>11:00-11:30</td>
<td>AngloSculpt followed by drug-coated balloon</td>
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<td>Theodosios Bisdas, Münster, Germany</td>
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<tr>
<td>11:30-12:00</td>
<td>Atherectomy and drug-coated balloon in restenosis of bare metal stent</td>
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<td>Fabrizio Fanelli, Rome, Italy</td>
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<tr>
<td>12:00-12:30</td>
<td>Rotarex use for arterial occlusion</td>
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<td>Theodosios Bisdas, Münster, Germany</td>
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**LUNCH**

**Chairperson:** Iris Baumgartner, Bern, Switzerland
**Moderators:** Thomas Zeller, Bad Krozingen, Germany
Giovanni Torsello, Münster, Germany

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<tr>
<td>13:30-14:00</td>
<td>The deployment of the Eluvia drug-eluting stent</td>
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<td>Theodosios Bisdas, Münster, Germany</td>
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<td>14:00-14:30</td>
<td>The value of the Tigris dual component stent</td>
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<td>Bertrand Saint-Lebas, Toulouse, France</td>
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<td>14:30-15:15</td>
<td>SUPERA – stent for calcified artery without pre-treatment</td>
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<td>Theodosios Bisdas, Münster, Germany</td>
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<td>15:15-15:45</td>
<td>The value of the SMART Flex stent</td>
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<td>Peter Goverde, Antwerp, Belgium</td>
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<tr>
<td>15:45-16:15</td>
<td>The deployment of the Eluvia drug-eluting stent</td>
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<td>Theodosios Bisdas, Münster, Germany</td>
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<tr>
<td>16:15-16:45</td>
<td>Viabahn stent graft for popliteal aneurysm</td>
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<td>Theodosios Bisdas, Münster, Germany</td>
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<tr>
<td>16:45-17:30</td>
<td>Atherectomy and drug-coated balloon</td>
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<td>Theodosios Bisdas, Münster, Germany</td>
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CX Venous Workshop ●
Wednesday 27 April and Thursday 28 April – Gallery
Course directors: Ian Franklin, Alun Davies, Mark Whiteley, Stephen Black and Andrew Bradbury
The CX Venous Workshop is part of the CX Venous Programme and expands on the technical aspects of key topics from the CX Venous Main Plenary session.

A Venous Abstract Presentations session will also feature key research in this field.
In 2015, the CX Venous Workshop enjoyed a great success with record attendance of over 950 delegates during two days.

In 2016, it will continue offering one-to-one demonstrations by world-leading experts on various superficial and deep venous interventions. One of the main features of this workshop is the open access for delegates to attend various training stations at any time during days two and three of the CX Symposium. The first day will focus on superficial venous and the emphasis of the second day will be on deep venous techniques.

The workshop is the longest running and one of the largest of its kind in the world and covers a wide range of aspects, techniques and procedures including:

- Medico-legal pitfalls in venous practice
- Vascular ultrasound training simulator
- Practice development
- Treatment of perforator veins
- Foam sclerotherapy
- Vascular ultrasound training simulator
- Diagnostic venous ultrasound
- Medical-legal pitfalls in venous practice

CX Venous Workshop – Day 1

Stations

- Thermal ablation (radiofrequency)
- Thermal ablation (laser)
- Steam
- Non-thermal ablation
- Practical training stations
- Surgical skills
- Tributary treatment
- Labial and pudendal veins
- Venous embryology and anatomy
- The adductor canal syndrome
- Aesthetic phlebology
- Lymphoedema
- Compression bandaging techniques
- Intermittent pneumatic compression
- Neuromuscular electrical stimulation
- Foam sclerotherapy
- Treatment of perforator veins
- Practice development
- Vascular ultrasound training simulator
- Diagnostic venous ultrasound

CX Venous Workshop – Day 2

Stations

- Diagnostic venous ultrasound
- Vascular ultrasound training simulator
- IVUS
- Deep vein thrombosis (DVT)
- Acute DVT interventions
- Venous thrombectomy
- Caval filters
- Deep vein stenting
- Comparison of CT, PR and IVUS for planning deep vein interventions
- Valve technologies
- Surgical valve/reconstruction
- Pelvic vein reflux
- Venous entrapment syndromes
- Air plethysmography
- Haemodynamic assessment of lower limb outflow
- Paget Schrötter syndrome

Technologies will include:

- VascuLife (Alma Lasers)
- CLEANER (Argon Medical)
- Venovo stent (Bard)
- Angiojet ZelanteDVT (Boston Scientific)
- EkoSonic (BTG)
- Varithena (BTG)
- Zilver Vena stent (Cook Medical)
- EVRF (F-Care Systems)
- Pulsed laser (Frontière Médicale)
- Mantis (Invamed)
- Venablok (Inravmed)
- VenaSeal system (Medtronic)
- Venefit (Medtronic)
- NeoLaser (NeoLaser)
- RIPTT (Olympus)
- sinus-Venous stent (Optimed)
- Indigo System (Panumbrax)
- VeinClear (RF Medical)
- AspirexS (Straub Medical)
- CapturexS (Straub Medical)
- RotarexS (Straub Medical)
- ClairVein (Vascular Insights)
- VCI venous stent (Veniti)
- IVUS (Volcano)
- ClearLumen (Walk Vascular)

Demonstrators

- Frank Arko, Charlotte, United States
- Simon Ashley, Plymouth, United Kingdom
- Joe Assenheimer, Imperial College, London, United Kingdom
- Gareth Bates, Stockport, United Kingdom
- Kursat Bosturgut, Istanbul, Turkey
- Karen Breen, London, United Kingdom
- Nick Burritt, London, United Kingdom
- Dan Carmack, Hull, United Kingdom
- Eddie Chaloner, London, United Kingdom
- Sylvia Chastain, Nice, France
- Ian Chetter, Hull, United Kingdom
- Shakila Chowdhury, London, United Kingdom
- Joannis Constantinides, London, United Kingdom
- Lizzie Curry, Stone-on-Tree, United Kingdom
- Katy Darvall, Taunton, United Kingdom
- Sanj Das, Imperial College, London, United Kingdom
- Alun Davies, Imperial College, London, United Kingdom
- Huw Davies, Birmingham, United Kingdom
- Rick de Graaf, Maarssen, Netherlands
-brahim Dhammadinah, Imperial College, London, United Kingdom
- Mary Ellis, Imperial College, London, United Kingdom
- Claude Franchi, Paris, France
- Gregory Fulton, West, Ireland
- Margaret Gardnet, Ashwell, United Kingdom
- Panos Gioukizou, London, United Kingdom
- Manj Gohel, Cambridge, United Kingdom
- David Greenspan, London, United Kingdom
- Ana Greog, London, United Kingdom
- Julian Highe, London, United Kingdom
- Thomas Holler, Roetouck, Germany
- Judith Holdstock, Gosforth, United Kingdom
- Peter Holt, London, United Kingdom
- Rajesh Hyadaved, Ahmedabad, India
- Usman Jaffer, London, United Kingdom
- Narayan Kataranthy, London, United Kingdom
- Cuneey Koksoy, Ankara, Turkey
- Raghu Kolluri, Columbus, United States
- Constantin Kyrilides, London, United Kingdom
- Tristan Lane, London, United Kingdom
- Christopher Lattimore, Imperial College, London, United Kingdom
- Michael Lichtenberg, Arnberg, Germany
- Patrick Lintott, High Wycombe, United Kingdom
- David Lockie, Brighton, United Kingdom
- Anthony Lopez, London, United Kingdom
- Oliver Lynes, London, United Kingdom
- Amir Madhavan, Galway, United Kingdom
- Kieran McIbride, Kirkcaldy, United Kingdom
- Vickie McDonald, London, United Kingdom
- Andrew McNaive, London, United Kingdom
- David McLain, Llantrisant, United Kingdom
- Matthew Metcalfe, Stevenage, United Kingdom
- Kasuo Miyake, Sao Paulo, Brazil
- Hayley Mootoo, Imperial College, London, United Kingdom
- Siriram Narayan, Singapore
- Vikas Pandey, Imperial College, London, United Kingdom
- Paul Pittaluga, Nice, France
- Bartle Price, Guildford, United Kingdom
- Hadeem Qazi, Imperial College, London, United Kingdom
- Samina Qureshi, Imperial College, London, United Kingdom
- Hema Rao, Imperial College, London, United Kingdom
- Sophie Rantil, Harrow, United Kingdom
- Alex Roddey, Radlett, United Kingdom
- Prakash Sah, London, United Kingdom
- Carl Henrik Schalep, Bergen, Norway
- John Scutt, London, United Kingdom
- Eva Sivnick, Houston, United States
- Joseph Shalhoub, Imperial College, London, United Kingdom
- Amanda Shepherd, Imperial College, London, United Kingdom
- Ravi Singh Ranger, Crumlin, United Kingdom
- Mustafa Sirail, Ankara, Turkey
- Gerry Stanby, Newcastle-upon-Tyne, United Kingdom
- Attila Szabo, Budapest, Hungary
- Robert Thomas, London, United Kingdom
- John Thompson, Eaker, United Kingdom
- Stephen Tristram, Baasinagatika, United Kingdom
- Jean-Francois Ulh, Paris, France
- Thomas Weiler, Pforzheim, Germany
- Andrew Whigham, Oxford, United Kingdom
- Angela Williams, Imperial College, London, United Kingdom
- Katherine Williams, Imperial College, London, United Kingdom
- Dennis Wolf, London, United Kingdom
- Kenneth Woodburn, Turi, United Kingdom

LINC@CX ●
Wednesday 27 April – Lower Main Auditorium
Course director: Dierr Scheinert
The LINC@CX session will show the special approach of the LINC Symposium with peripheral live cases focussing on below-the-knee interventions transmitted from Leipzig, Germany.
### Diabetic Vascular Disease Symposium

**Chairman:** Michael Edmonds, London, United Kingdom

**Time:**
- 08:00-08:08: What is optimum method of vessel imaging in people with diabetes
  - Michael Edmonds, London, United Kingdom
- 08:08-08:16: When to revascularise – are there any specific tests
  - Robert Hinchliffe, London, United Kingdom
- 08:16-08:24: Exercise and exercise devices in the diabetic population
  - Nicola Troli, Florence, Italy
- 08:24-08:36: Panel discussion

**Time:**
- 08:36-08:44: Adjunctive techniques for wound healing
  - Andrew Boult, Manchester, United Kingdom
- 08:44-08:52: How to measure wound healing
  - William Jeffcoate, Nottingham, United Kingdom
- 08:52-09:00: The use of autologous cell suspension in wound healing
  - Harvey Chant, Tours, United Kingdom

**Time:**
- 09:00-09:12: Panel discussion

### The King’s College Hospital open access vascular diabetic foot care pathway

**Chairman:** Cliff Sheanman, Southampton, United Kingdom

**Time:**
- 09:12-09:20: Why do amputations still occur in 2016? The importance of a co-ordinated pathway in preventing unnecessary amputations
  - Michael Edmonds, London, United Kingdom
- 09:20-09:28: To amputate or not to amputate: that is the question
  - Rhisham Rashid, London, United Kingdom
- 09:28-09:36: The interventional radiologist’s role in saving the lower limb: the importance of direct revascularisation of the ischaemic foot
  - Dean Huang, London, United Kingdom
- 09:36-09:44: Preventing amputation of the Charcot foot: modern surgical management of the Charcot joint in the ischaemic foot
  - Venu Kavarrapu, London, United Kingdom

**Time:**
- 09:44-10:00: Panel discussion

### Revascularisation of the ischaemic foot

**Chairman:** Thomas Zeller, Bad Krozingen, Germany

**Time:**
- 10:00-10:08: Impact of cardiovascular risk factors on severity of peripheral artery disease
  - Thomas Wyss, Bern, Switzerland
- 10:08-10:16: The Bluedrop device
  - David King, London, United Kingdom
- 10:16-10:24: Pulsating negative pressure to increase peripheral blood flow – case reports
  - Jonny Haddal, Oslo, Norway
- 10:24-10:32: Dual platelet therapy
  - Gerry Stansby, Newcastle-upon-Tyne, United Kingdom

**Time:**
- 10:32-11:00: Panel discussion

### CX ilegx Collaboration Day

**Thursday 28 April ‒ Pillar Hall Learning Centre**

ilegx promotes the best possible care of the ischaemic lower limb to reduce the number of major amputations which still take place, particularly in patients with diabetes.

In 2016, the CX ilegx Collaboration Day will address the reasons why these amputations still occur and will discuss recent advances in care to prevent them, including direct revascularisation of the foot and the leg. It will also discuss developments in ulcer and wound healing and the surgical management of Charcot arthropathy, which appears increasingly as an added problem of the ischaemic foot.

Participating centres will include:
- The King’s College Hospital, London, United Kingdom
- Coro Medical, Sydney, Australia
- Tivoli Medical Technology, Zwolle, Netherlands
- Medical defendant, Bern, Switzerland
- Erasme Hospital, Brussels, Belgium
- UNIST, Ulsan, South Korea

#### CX ilegx Wheel

- Vascular and Endovascular Challenges
- Diabetic Lymphatic Inflammatory Other
- Ischaemic Arterial Renal Loss

#### CX ilegx Collaboration Day

- **Best-CLI trial update**
  - Robert Hinchliffe, London, United Kingdom
- **TASC II C & D femoropopliteal lesions**
  - Antonio Micari, Piacenza, Italy
- **Antegrade femoral flow is mandatory and cheaper than drug-eluting stent**
  - Yann Goueffic, Nantes, France
- **The expected benefit of drug elution to the same new nitiol scaffold stent**
  - Peter Goverde, Antwerp, Belgium
- **Sub-intimal stent consequences – biphasic wave form outcome**
  - Luis Manzana, Alava, Turia, Italy
- **Stents for superficial femoral artery lesions >25cms or drug-coated balloons**
  - Donald Jacobs, St Louis, United States
- **The rationale for stent grafts for TASC II C & D femoropopliteal lesions**
  - Martin Furukovs, Vienna, Austria
- **Swirling flow is mandatory and cheaper than drug-eluting stent**
  - Peter Gaine, Sheffield, United Kingdom
- **Stents for superficial femoral artery lesions extending to the popliteal**
  - Eric Ducasse, Bordeaux, France

#### The CX Programme is subject to change

### To stent or not to stent – that is the question

**Chairperson:** Iris Baumgartner, Bern, Switzerland

**Time:**
- 13:30-13:38: Why to avoid stents in femoropopliteal interventions
  - William Gray, Wynnewood, United States
- 13:38-13:46: The current place of drug-coated balloons compared with other modalities
  - Erwin Blessing, Heidelberg, Germany
- 13:46-13:54: Drug-coated balloons are not all equivalent
  - Thomas Zeller, Bad Krozingen, Germany
- 13:54-14:04: Panel discussion

**Time:**
- 14:04-14:12: The benefits of mechanical debulking and thrombectomy in acute to chronic arterial occlusions
  - Miroslav Bulvas, Prague, Czech Republic
- 14:12-14:20: Drug-coated balloons as treatment of choice for TASC II C & D femoropopliteal lesions
  - Antonio Micari, Piacenza, Italy
- 14:20-14:28: Artery wall response and clinical effect of different modes of delivery of drug from drug-coated balloons
  - Renu Virmani, Galiashburg, United States
- 14:28-14:38: Panel discussion

**Time:**
- 14:38-14:46: Lithotripsy for calcified lesions
  - Andrew Holden, Auckland, New Zealand
- 14:46-14:54: IN.PACT Global clinical messages
  - Peter Schneider, Honolulu, United States
- 14:54-15:02: Algorithm of care
  - Fabrizio Fanelli, Rome, Italy
- 15:02-15:10: The 3 -5 year follow-up of drug-coated balloons will be a watershed
  - Michael Jaff, Boston, United States

**Time:**
- 15:10-15:30: Panel discussion

**To stent not or to stent – that is the question Not to stent**

**Time:**
- 11:12-11:20: Randomising data for ischaemic limbs within the Swedish Vascular Registry (SWEDEPAD)
  - Marten Falkenberg, Gothenburg, Sweden
- 11:20-11:28: Computational and other models to evaluate collaterals
  - Rombout Kruize, Zwolle, Netherlands
- 11:28-11:36: Panel discussion
- 11:36-11:44: BASIL 2 and 3 update
  - Andrew Bradbury, Birmingham, United Kingdom
- 11:44-11:52: BEST-CLI trial update
  - Ali Farber, Boston, United States
- 11:52-12:00: Panel discussion

**Time:**
- 12:00-12:08: Debate: Open surgery is the treatment of choice for common and deep femoral artery disease
  - Not to stent
- 12:08-12:16: Against the motion:
  - Cliff Sheanman, Southampton, United Kingdom

**Time:**
- 12:16-12:30: Panel discussion

**LUNCH**

**Time:**
- 12:30-12:48: To stent or not to stent – that is the question
  - Not to stent
- 12:48-12:56: Stenting for superficial femoral artery lesions extending to the above-knee level
  - Yann Goueffic, Nantes, France
- 12:56-13:04: Stenting for superficial femoral artery lesions extending to the below-knee level
  - Eric Ducasse, Bordeaux, France

**Time:**
- 13:04-13:12: Stenting for superficial femoral artery lesions extending to the below-knee level
  - Yann Goueffic, Nantes, France

**Time:**
  - Gary Attard, Columbus, United States
  - Marianne Brodmann, Graz, Austria

**Time:**
  - Ramon Vartoe, Sydney, Australia

**Time:**
- 13:52-14:00: Bioresorbable stents for below-the-knee use
  - Luis Mariano Palena, Sydney, Australia
- 14:00-14:08: Panel discussion

**Time:**
- 14:08-14:16: Bioresorbable stents for below-the-knee use
  - Ramon Vartoe, Sydney, Australia
- 14:16-14:24: Panel discussion

**Time:**
- 14:24-14:32: Bioresorbable stents for below-the-knee use
  - Luis Mariano Palena, Sydney, Australia
- 14:32-14:40: Panel discussion

**Time:**
- 14:40-14:48: Bioresorbable stents for below-the-knee use
  - Ramon Vartoe, Sydney, Australia
- 14:48-14:56: Panel discussion

**Time:**
- 14:56-15:04: Bioresorbable stents for below-the-knee use
  - Luis Mariano Palena, Sydney, Australia
- 15:04-15:12: Panel discussion

**Time:**
- 15:12-15:20: Bioresorbable stents for below-the-knee use
  - Luis Mariano Palena, Sydney, Australia

**Time:**
- 15:28-15:36: Bioresorbable stents for below-the-knee use
  - Luis Mariano Palena, Sydney, Australia
- 15:36-15:44: Panel discussion

**Time:**
- 15:44-15:52: Bioresorbable stents for below-the-knee use
  - Luis Mariano Palena, Sydney, Australia
- 15:52-16:00: Panel discussion
The CX Innovation Showcase is dedicated to highlighting what it takes for a physician-inventor to succeed and to provide a platform for innovating medical technologies. It brings together leading industry experts, physicians, and medical device inventors to collaborate and drive innovation in the medical field.

**Wednesday 27 April – Olympia Room Learning Centre**

**Thoracic aortic**

Pre-cannulated FEVAR using guidewire fixator

- Anders Wanhainen, Upsala, Sweden

Advances in the in-vivo fenestration technology

- Chas Taylor, Horsham, United Kingdom

Branching out: technologies from the aortic arch to the iliacs

- Nilo Mosquera, Nieuwegein, Netherlands

Realtime overlay for aneurysm repair on a mobile unit: the ROAM technique

- Blandine Maurel, London, United Kingdom

**Abdominal aortic**

Pre-cannulated FEVAR using guidewire fixator

- Andrew Holden, Auckland, New Zealand

- Keith Stock, Seattle, United States

- Benjamin Starnes, Auckland, New Zealand

- Magdiel Trinidad Vazquez, Guadalajara, Mexico

- Chas Taylor, Horsham, United Kingdom

**Chest**

Off-label use of Amplatzer vascular plug II to seal small chronic dissection

- Patrick Kelly, Sioux Falls, United States

Overall review of Zenith Alpha technology

- Patrick Kelly, Sioux Falls, United States

Advances in the in-vivo fenestration technology

- Chas Taylor, Horsham, United Kingdom

How can Europe become more involved in Medtech innovation?

- Chas Taylor, Horsham, United Kingdom

**Peripheral**

Endovascular sealing of common iliac artery aneurysms – multicentre experience

- Jean-Paul de Vitis, Nieuwegein, Netherlands

Case experience of iliac artery treatment with robotic hybrid approach

- Fabien Thevenaz, Jena, Germany

**Imaging**

A wireless system for following up vascular surgery procedures

- Magdel Trinidad Vazquez, Guadalajara, Mexico

A new integrated workflow for EVAR – how it helps to get better results

- Magdel Trinidad Vazquez, Guadalajara, Mexico

**Venous imaging**

Biomatrix sclerofoam for endovenous and interventional therapy

- Richard Rapoza, Santa Clara, United States

**Aortic imaging**

The Switch suturing device

- Jeroen Soederhulsen, Hoofddorp, Netherlands

Novel predictive scoring system and app for renal access

- Ali Kontzadcher, Chalmers, United Kingdom

The wound healing chamber

- Magdel Trinidad Vazquez, Guadalajara, Mexico

A wireless system for following up vascular surgery procedures

- Manuel Hernandez Rydings, Pontedera, Spain

Bioimaging sclerofoam for endovascular and interventional therapy

- Johanna Christof Rag, Berlin, Germany

Sprayable ultrasound medium improving hygiene in medical and aesthetic treatments

- Johanna Christof Rag, Berlin, Germany

**Conclusion**

- Vote by the Dragons

- Announcement of the winner

**Discussion**

More presentations to be announced

**Vote by the Dragons**

Announcement of the winner

**CX Innovation Showcase**

**Wednesday 27 April – Olympia Room Learning Centre**

The CX Innovation Showcase is dedicated to highlighting what it takes for a physician-inventor to succeed and for innovative ideas in the vascular and endovascular fields to thrive. It brings together leading industry experts, physician-inventors, engineers, medtech investors and start-up companies focused on improving vascular disease management.

**Chairmen:** Stephen Greenhalgh, London, United Kingdom

Andrew Holden, Auckland, New Zealand

**Thoracic aortic**

- 08:00-08:10 Surgeon modified and simplified TAA device with early experience
  - Patrick Kelly, Sioux Falls, United States

- 08:10-08:30 New software for the measurement of the inside of the curve aortic disease
  - Jean-Paul de Vitis, Nieuwegein, Netherlands

- 08:30-08:40 Thoracoabdominal branch endoprosthesis
  - Pierre Galvagni Silveira, Florianópolis, Brazil

**Abdominal aortic**

- 08:50-09:00 Pre-cannulated FEVAR using guidewire fixator
  - Anders Wanhainen, Upsala, Sweden

- 09:00-09:10 3D-printed aortic models for FEVAR
  - Benjamin Starnes, Seattle, United States

- 09:10-09:20 Advances in the in-vivo fenestration technology
  - Bao Bui, Shelburne, Canada

- 09:20-09:30 Overall review of Zenith Alpha technology
  - Eric Verhoeven, Rhenen, Germany

- 09:30-09:40 Branching out: technologies from the aortic arch to the iliacs
  - Nils Mosquera, Nieuwegein, Netherlands

- 09:40-09:50 Realtime overlay for aneurysm repair on a mobile unit: the ROAM technique
  - Blandine Maurel, London, United Kingdom

**Peripheral**

- 10:00-10:10 Endovascular sealing of common iliac artery aneurysms – multicentre experience
  - Jean-Paul de Vitis, Nieuwegein, Netherlands

- 10:10-10:20 Case experience of iliac artery treatment with robotic hybrid approach
  - Fabien Thevenaz, Jena, Germany

- 10:20-10:30 ePTFE balloon with a paclitaxel coating engineered for enhanced arterial retention: results with porous peripheral arteries
  - Rami Tzafrit, Lexington, United States

- 10:30-10:40 Angiographic and clinical 6 months results of the CONSEGUENT trial
  - Ulf Rodlich, Magdeburg, Germany

- 10:40-10:50 Chocolates drug-coated balloons
  - Andrew Holden, Auckland, New Zealand

- 10:50-11:00 Prolonged balloon inflation of lesions >25mm – initial results
  - Antonio Micari, Palermo, Italy

- 11:00-11:10 Freedom trial: Everflex peripheral self-expanding stent with Entrust delivery system
  - Koen Deloosde, Dendermonde, Belgium

- 11:10-11:20 Zilver PXT stenting against bypass surgery for long SFA lesions (ZILVERPASS)
  - Koen Deloosde, Dendermonde, Belgium

- 11:20-11:30 Discussion

- 11:30-11:40 Vascular & Endovascular Challenges Update 2016

- 11:40-11:50 Zilver PXT stenting against bypass surgery for long SFA lesions (ZILVERPASS)
  - Koen Deloosde, Dendermonde, Belgium

**CX Imaging Day**

**Thursday 28 April – Olympia Room Learning Centre (Morning) and Exhibition Hall (Afternoon)**

In 2016, the CX Imaging Day will provide a comprehensive programme on state-of-the-art imaging in the peripheral, venous and aortic areas.

In the morning, attendees will hear the latest data on high quality imaging and be able to discuss the different applications. Senior and trainee doctors will also present their research at the CX Vascular Imaging Abstract Presentations session. During the afternoon, different imaging companies will be giving demonstrations on imaging procedures with physician experts at their stands, providing delegates with the opportunity for interaction and hands-on learning.

**Peripheral arterial imaging**

Chairperson: Tara Madonna, London, United Kingdom

Chairman: Frank Valk, New York, United States

- 08:00-08:10 CO2 imaging with excellent image quality
  - Ulf Teichgraeber, Jena, Germany

- 08:10-08:14 Value of fusion imaging to facilitate treatment of complex aorto-iliac occlusions
  - Klaus Overbeck, Sunderland, United Kingdom

- 08:14-08:21 Improving procedural success in complex pathologies with robotics and 3D imaging
  - Barry Kalmen, Miami, United States

- 08:21-08:30 Panel discussion

**Venous imaging**

- 08:30-08:37 Successful use of robotics in failed treatment of central venous stenosis
  - Alan Lumsden, Houston, United States

- 08:37-08:44 Inferior vena cava filter retrieval with robotics
  - Alan Lumsden, Houston, United States

- 08:44-08:53 Panel discussion

**Aortic imaging**

- 08:53-09:00 Choices for aortic imaging
  - Ferdinand Serradillo-Ingloft, Manchester, United Kingdom

- 09:00-09:06 The use of cone beam CT for EVAR/TEVAR/iliac procedures with fusion technology minimises radiation use, operative time and number of follow-up CT scans
  - Timothy Resch, Malmo, Sweden

- 09:06-09:14 Imaging after endovascular sealing using the Nellix sac anchoring device
  - Leo van den Hart, Arnhem, Netherlands

- 09:14-09:21 A new integrated workflow for EVAR – how it helps to get better results
  - Stéphane Haulton, Lille, France

- 09:21-09:30 Panel discussion

- 09:30-09:37 How to prevent the challenging contrast induced nephrotoxicity in vascular procedures
  - Vincent Rambaut, Barcelona, Spain

- 09:37-09:44 Robotic benefits for endovascular procedures
  - Celia Riga, Imperial College, London, United Kingdom

- 09:44-09:51 Benefits of intraoperative fusion imaging for aortic dissection management
  - Hervé Rousseau, Toulouse, France

- 09:51-10:00 Panel discussion
CX Abstract Presentations and Poster Sessions

Co-chairmen: Ian Lofus and Richard Gibbs
Board: Paul Hayes, Robert Hitchcliffe, Colinicknell, Daryl Baker, Rachel Bell, Marcus Brooks, Meryl Davies and Simon Ashley

Following the successful 2014 and 2015 CX Abstract Presentations and Poster Sessions, the Charing Cross Symposium will once again host a series of abstract presentations exploring the latest research and developments in vascular and endovascular medicine.

The number of submissions continues to increase year on year, with over 200 abstracts received this year. The abstracts are divided into two categories: Senior and Trainee. The best abstract presentation from each category will be awarded £1,000 and a diploma for best presentation.

Separately, more two themes – vascular access and imaging – have also been added. These presentations will take place on the CX Vascular Access Course and CX Imaging Day, respectively.

For the full list of Abstracts to be presented please visit: www.cxsymposium.com/abstracts

CX Abstract Presentations
Chairmen: Stéphan Haulon, Liv, France
Richard McWilliams, Liverpool, United Kingdom

Computed tomography evaluation of Aneurysm rectus muscle in patients with and without aortic disease Alexandra Amato, Sao Paulo, Brazil

Discussion

Adult thoracic and abdominal aortic coarctation, combined value of MDCT and conventional angiography in endovascular management Randa Kaddah, Giza, Egypt

Discussion

Metabolic and inflammatory processes as predictors for abdominal aortic aneurysm growth and rupture – a systematic review of imaging markers Hamid Jalali-zadkhah, Amsterdam Zuid-Oost, Netherlands

Discussion

Evaluation of saccular aortic disease with computational fluid dynamics Arnoud Kamman, Milan, Italy

Discussion

Features associated with abdominal aortic aneurysm growth and rupture – a systematic review of haemodynamic imaging markers Reza Imadakusuma, Amsterdam, Netherlands

Discussion

Preproactive simulation of the optimal C-arm position by use of a computed tomography post-processing software reduces radiation and contrast medium exposure during EVAR procedures Erik Stahlberg, Lubeck, Germany

Discussion

Accurate endoleak diagnosis using temporal information obtained on contrast enhanced ultrasound imaging Iain Roy, Liverpool, United Kingdom

Discussion

Optimal use of the hybrid operating room: success factor training Clemens Buttler, Weiden, Germany

Discussion

Spy angiography a novel technique – to prognosticate ischaemic wound healing in critical limb ischaemia Hilton Potill, Vadodara, India

Discussion

Assessment of bilateral hand temperatures following a vascular occlusion test using infrared thermal imaging Julian Al Shakharchi, Birmingham, United Kingdom

Discussion

Microcirculation evaluated by intraoperative fluorescence angiography after tibial bypass surgery Ulrich Rother, Erlangen, Germany

Discussion

CX Meets Latin America

Tuesday 26 April – Pillar Hall Learning Centre

For the fourth year running, the Charing Cross Symposium dedicates a session showcasing vascular and endovascular practice in Latin America. The course will highlight some of the most important issues surrounding treatment of aortic and peripheral arterial disease.

Chairman: Pierre Galvagni Silveira, Florianópolis, Brazil

Faculty Discussants:

Matt Thompson, London, United Kingdom
Dittmar Bödker, Heidelberg, Germany
Colin Bicknell, Imperial College, London, United Kingdom
Vincent Rambali, Barcelona, Spain

12.15-12.35 Lunch being served
12.35-12.40 Introduction by the chairman

Thoracic Outlet Syndrome

12.40-12.45 Open and endovascular approach to thoracic outlet syndrome – Alberto Munoz, Bogota, Colombia
12.45-12.50 Discussion

Aortic

12.50-12.55 Challenging aortic arch for TEVAR – Marco Lourenço, Curitiba, Brazil
12.55-13.00 Discussion

Endovascular treatment in the aortic arch – Honorio Palma, Sao Paulo, Brazil
13.00-13.05 Discussion

Early results of the first in-human EXCLUDER thoracoabdominal branch endoprosthesis – Pierre Galvagni Silveira, Florianópolis, Brazil
13.10-13.15 Discussion

AFX endovascular AAA system – Patricio Zaalf Mann, Buenos Aires, Argentina
13.15-13.20 Discussion

Comparison of real life EVAR results in Latin America, USA, Europe and Australia/New Zealand the Excluder AAA device: The GREAT Study – Tulo Nazarotto, Belo Horizonte, Brazil
13.20-13.25 Discussion

Peripheral arterial

13.25-13.30 Indications for prostanoids (PGI2) in critical limb ischaemia – Guilermo Javier Garelli, Cordoba, Argentina
13.25-13.30 Discussion

Endoluminal popliteal bypass evidence: tips and tricks – a review of challenging cases
13.30-13.35 Discussion

Long femoropopliteal occlusive disease is better treated with covered stent – Luiz Furtuly, Sao Paulo, Brazil
13.35-13.40 Discussion

14.00-14.05 FAX – a difficult case scenario – Leonardo Luzaca, Rio de Janeiro, Brazil
14.05-14.10 Discussion

Using a simulator for surgical planning in the treatment of juxtarenal aneurysms – Guilherme Meirelles, Campinas, Brazil
14.10-14.15 Discussion

Chimney technique for EVAR migration – Ignacio Escoto Sanchez, Mexico City, Mexico
14.15-14.20 Discussion

Comparison of real life EVAR results in Latin America, USA, Europe and Australia/New Zealand the Excluder AAA device: The GREAT Study – Tulo Nazarotto, Belo Horizonte, Brazil
14.20-14.25 Discussion

14.25-14.30 Challenging aortic arch for TEVAR – Marco Lourenço, Curitiba, Brazil
14.30-14.35 Discussion

14.35-14.40 Open and endovascular approach to thoracic outlet syndrome – Alberto Munoz, Bogota, Colombia
14.40-14.45 Discussion

14.45-14.50 Long femoropopliteal occlusive disease is better treated with covered stent – Luiz Furtuly, Sao Paulo, Brazil
14.50-14.55 Discussion

14.55-15.00
CX Paediatric Vascular Issues
Tuesday 26 April – Olympia Room Learning Centre

Course directors: George Hamilton, London, United Kingdom
Malcolm Simms, Birmingham, United Kingdom

Imaging
Imaging in children, advances and logistics
Claire McLaren, London, United Kingdom

Acute ischaemia – pre-term, neonate and child
Immediate management, anticoagulation and thrombolysis
Meryl Davis, London, United Kingdom

Surgery for acute occlusion
Malcolm Simms, Birmingham, United Kingdom

The role of microvascular surgery
TBA

Interactive case presentations and discussion

Chronic ischaemia
Watch and wait for arterial occlusion: off the hook but trouble later?
Malcolm Simms, Birmingham, United Kingdom

Peripheral arterial endovascular treatment in children
Ian McCafferty, Birmingham, United Kingdom

Bypass surgery in children, vein, which vein or conduit?
Colin Forman, London, United Kingdom

Interactive case presentations and discussion

CX Vascular Malformations
Tuesday 26 April – Olympia Room Learning Centre

Course director: Iris Baumgartner

The CX Vascular Malformations course will provide attendees with a general overview on congenital vascular malformations together with the opportunity to learn about treatment decisions with interactive case discussions.

The course will include keynote lectures covering the topics of venous, combined and arteriovenous malformations, each followed by case presentations illustrating representative clinical situations. The role of imaging and treatment options including embolisation/sclerotherapy, laser therapy and surgical needs will be addressed.

Vascular Malformations – basics and interactive case discussions
Chairperson: Iris Baumgartner, Bern, Switzerland

13:30-13:45
Diagnostic imaging principles
Andreas Saleh, Munich, Germany

13:45-13:55
Venous malformations – classification and therapeutic implications
Walter Volkmer, Regensburg, Germany

14:05-14:10
How to handle localised intravascular coagulopathy (LIC) in venous malformations
Iris Baumgartner, Bern, Switzerland

14:10-14:20
Combined malformations – Klippel-Trenaunay syndrome
Joe Brooks, London, United Kingdom

14:20-14:35
Klippel-Trenaunay syndrome: interactive case presentation
Andreas Saleh, Munich, Germany

14:35-14:45
Arteriovenous malformations classification
Andreas Saleh, Munich, Germany

14:45-15:00
Arteriovenous malformations: interactive case presentation
Iris Baumgartner, Bern, Switzerland

15:00-15:15
Treatment of congenital vascular malformations (CVM) in children including case presentation
Walter Volkmer, Regensburg, Germany

15:15-15:25
Complications in CVM treatment
Iris Baumgartner, Bern, Switzerland

15:25-15:30
Closing remarks
Iris Baumgartner, Bern, Switzerland

Indoors sponsored satellites – Pavilion Sponsors
During coffee, lunch and tea breaks food and refreshments will be served also in the Upper Main Auditorium and Lower Main Auditorium.

Tuesday 26 April – Upper Main Auditorium

Maquet Satellite Symposium
(LUNCH BREAK)

Infection: The challenge of antimicrobial resistance (bacteria and fungi) within vascular surgery units.
Moderator: Jean-Paul de Vitiès, Nieuwegein, Netherlands

13:09-13:12
Prevention of (endo)vascular graft infections – Soaking or Coating?
Fatima Mzali, Bordeaux, France

13:12-13:21
New evidence of the antimicrobial efficacy of INTERGARD SYNERGY grafts
Xavier Benattar, Bordeaux, France

13:21-13:28
Discussion

Thursday 28 April – Upper Main Auditorium

Vascutek Satellite Symposium
(LUNCH BREAK)

Innovations and Updates
Chairman: Andrea Stella, Bologna, Italy

12:33-12:43
FEVAR does not impair renal function more than open surgery for juxtarenal aortic aneurysms
Jan Brunkwall, Cologne, Germany

12:43-12:46
Discussion

12:46-12:56
3D Prototyping for FEVAR – technical implications and clinical relevance
Ashbin Assadian, Vienna, Austria

12:56-12:59
Discussion

12:59-13:09
Video of Anaconda implantation – infrarenal neck angulation up to 90°
Donald Reid, Glasgow, United Kingdom

13:09-13:12
Discussion

13:12-13:22
The Dutch experience – mid-term follow-up of Fenestrated Anaconda
Clare Brinkenst, Groningen, Netherlands

13:22-13:25
Discussion

Maquet Satellite Symposium
(TEA BREAK)

Improving the outcome of your complex procedures in combination with the Advanta V12 covered stent.
Moderator: Jean-Paul de Vitiès, Nieuwegein, Netherlands

15:33-15:42
Tips and tricks: optimize your technical and clinical success in Ch-EVAR by placement of Advanta V12
Konstantinos Donas, Münster, Germany

15:43-15:52
Tips and tricks: how to treat aortoiliac stenosis by the CERAB technique
Peter Gouverne, Antwerp, Belgium

15:52-15:58
Discussion
### Participant Information (block capitals)

**Title**

**First name**

**Last name**

**Institution or company**

**Address**

**City**

**Country**

**Post code**

**Telephone**

**Mobile**

**Fax**

**Email**

### Rates

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Direct email (please write clearly)</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular surgeon</td>
<td></td>
<td>£795 (includes symposium book)</td>
</tr>
<tr>
<td>Interventional radiologist</td>
<td></td>
<td>£455 (includes symposium book)</td>
</tr>
<tr>
<td>Interventional cardiologist</td>
<td></td>
<td>£225 (includes symposium book)</td>
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<tr>
<td>Angiologist</td>
<td></td>
<td>£125 (includes symposium book)</td>
</tr>
<tr>
<td>Vascular physician</td>
<td></td>
<td>£195 (includes symposium book)</td>
</tr>
<tr>
<td>Vascular technologist/nurse</td>
<td></td>
<td>£125 (includes symposium book)</td>
</tr>
<tr>
<td>Cardiothoracic surgeon</td>
<td></td>
<td>£75 (includes symposium book)</td>
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<tr>
<td>Transplant surgeon</td>
<td></td>
<td>£75 (includes symposium book)</td>
</tr>
<tr>
<td>Nephrologist</td>
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<td>£75 (includes symposium book)</td>
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<tr>
<td>Podiatrist</td>
<td></td>
<td>£75 (includes symposium book)</td>
</tr>
<tr>
<td>Diabetologist</td>
<td></td>
<td>£75 (includes symposium book)</td>
</tr>
<tr>
<td>Wound care specialist</td>
<td></td>
<td>£75 (includes symposium book)</td>
</tr>
<tr>
<td>Research/education</td>
<td></td>
<td>£295 (excludes entry to other CX events and symposium book)</td>
</tr>
<tr>
<td>Industry participant</td>
<td></td>
<td>£105 (excludes entry to other CX events and symposium book)</td>
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<tr>
<td>Other clinician</td>
<td></td>
<td>£75 (excludes entry to other CX events and symposium book)</td>
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<tr>
<td>Other (please specify)</td>
<td></td>
<td>£75 (excludes entry to other CX events and symposium book)</td>
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### Standard Rate

- Vascular surgeon
- Interventional cardiologist
- Angiologist
- Vascular technologist/nurse
- Cardiothoracic surgeon
- Transplant surgeon
- Nephrologist
- Podiatrist
- Diabetologist
- Wound care specialist
- Research/education
- Industry participant
- Other clinician
- Other (please specify)

### Terms

- Rates inclusive of VAT.
- Early bird rates valid on applications received before 21st February 2016
- Credit card payments received via mail or telephone will be processed in GBP and debited at the current rate of exchange.
- Cancellation policy: Cancellation prior to 25th March 2016 will be subject to a 20% administration charge. We regret that refunds after this date will not be available.
- Junior doctors should provide a letter of authorisation.

### Parallel Sessions: Please indicate which of these events you intend to attend

<table>
<thead>
<tr>
<th>Day</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuesday</td>
<td>• CX Meets Latin America</td>
</tr>
<tr>
<td></td>
<td>• CX Vascular Malformations</td>
</tr>
<tr>
<td></td>
<td>• CX Paediatric Vascular Issues</td>
</tr>
<tr>
<td>Wednesday</td>
<td>• CX Peripheral Live and Edited Cases</td>
</tr>
<tr>
<td></td>
<td>• NEW CX Vascular Access Course – Day 1</td>
</tr>
<tr>
<td></td>
<td>• CX Innovation Showcase</td>
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<tr>
<td></td>
<td>• CX Venous Workshop – Day 1</td>
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<tr>
<td>Thursday</td>
<td>• CX Aortic Edited Cases</td>
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<tr>
<td></td>
<td>• CX Imaging Day</td>
</tr>
<tr>
<td></td>
<td>• CX Venous Workshop – Day 2</td>
</tr>
<tr>
<td></td>
<td>• NEW CX Vascular Access Course – Day 2</td>
</tr>
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</table>

### Payment

- **Credit card**: Please charge my credit card according to the amount selected above

  - Card type: VISA / MASTERCARD / DELTA / MAESTRO (United Kingdom ONLY) / AMEX Please specify
  - Card number
  - Expiry date
  - 3 digit security code (on back of card, 4 digits for Amex)
  - Issue no

- **Payment by cheque enclosed**: Please make cheque in GBP payable to BIBA Medical Ltd

- **Payment by bank transfer**: Proof of payment must accompany the registration form if paying via bank transfer

### Bank details

- Account No: 01148583
- Account name: BIBA Medical Ltd
- Sort code: 40-62-35
- IBAN No: GB30 MIDL 4002 3501 1485 83
- Swift Code: MIDLGB2140J
- Address: HSBC, 357 Upper Richmond Road West, London SW14 8QW, United Kingdom

Please include a copy of your bank transfer. Quote your surname as reference.

- VAT Registration Number: 750661100

Ref: CX2016-4
### Participant information (block capitals)

<table>
<thead>
<tr>
<th>Title</th>
<th>First name</th>
<th>Last name</th>
<th>Institution or company</th>
<th>Address</th>
<th>City</th>
<th>Country</th>
<th>Post code</th>
<th>Direct email (please write clearly)</th>
<th>Telephone</th>
<th>Mobile</th>
</tr>
</thead>
</table>

**Notes**

1. For hotels not within walking distance, there will be a limited shuttle bus service.
2. All rates are inclusive of VAT at 20% and breakfast.
3. All hotel rooms are held against your credit card and must be paid for on departure.

### Hotels within walking distance

<table>
<thead>
<tr>
<th>Hotel Name</th>
<th>Single</th>
<th>Double</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copthorne Tara</td>
<td>£142</td>
<td>£152</td>
</tr>
<tr>
<td>Dorsett Shepherds Bush</td>
<td>£175</td>
<td>£185</td>
</tr>
<tr>
<td>Hilton London Kensington</td>
<td>£215</td>
<td>£225</td>
</tr>
<tr>
<td>Hilton Olympia Exec Rooms</td>
<td>£281</td>
<td>£291</td>
</tr>
<tr>
<td>Kensington Close</td>
<td>£165</td>
<td>£170</td>
</tr>
<tr>
<td>K West</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K+K Hotel George</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Novotel London West</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GO Native Apartments</td>
<td>£169</td>
<td>£169</td>
</tr>
<tr>
<td>One Bed, Open Plan (sleeps up to 2)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hotels easily accessible via public transport

<table>
<thead>
<tr>
<th>Hotel Name</th>
<th>Single</th>
<th>Double</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowne Plaza Kensington</td>
<td>£225</td>
<td>£235</td>
</tr>
<tr>
<td>Holiday Inn Forum</td>
<td>145</td>
<td>£155</td>
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<tr>
<td>Hotel Indigo Kensington</td>
<td>£209</td>
<td>£209</td>
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<tr>
<td>Lancaster London</td>
<td>£240</td>
<td>£250</td>
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<tr>
<td>Millennium Baileys</td>
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<tr>
<td>Millennium Gloucester</td>
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<tr>
<td>The Queen’s Gate</td>
<td>£180</td>
<td>£190</td>
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<td>Park International Hotel</td>
<td>£155</td>
<td>£165</td>
</tr>
<tr>
<td>DoubleTree by Hilton</td>
<td>£172</td>
<td>£185</td>
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</table>

### Booking details

- **Arrival date**
- **Departure date**
- **Number of nights**
- **Rate per night £**
- **Total due £** (based on first preference)

### Payment

- **Credit card:** Please charge my credit card according to the amount selected above
  - Card type: VISA / MASTERCARD / DELTA / MAESTRO (United Kingdom ONLY) / AMEX Please specify
  - Card number
  - Expiry date
  - 3 digit security code (On back of card, 4 digits for Amex)
  - Issue no
- **Cardholder’s name**
- **Cardholder’s signature**
Useful information

When
26–29 April 2016 (Tuesday to Friday)

Where
Olympia Grand, London, United Kingdom
Olympia London, Hammersmith Road (entrance on Olympia Way), London, W14 8UX. Located in Kensington, Olympia Grand is the main hall in the Olympia complex and is famous for its Victorian architecture.

How to register
Please visit www.cxsymposium.com to register. Alternatively you can fax back the registration form on page 17 to +44 (0)20 7736 8283.

CX app
Download the CX app to plan your educational experience at the Symposium. Latest programme updates and information on additional events, pavilion and major sponsors’ events, exhibitors and much more will be available.

Free download
Visit the Apple App Store, Google play or www.bibamedical.com/apps to download the CX app.

Getting there
On page 18 you can find hotels situated in the Kensington area. There will be a shuttle bus service departing from the Millenium Gloucester and Hilton London Kensington hotels. During the week, Olympia station is served by the London Overground line.

Opening times
The registration desk will open from 14.00 to 18.00 on Monday 25 April, from 07.00 on Tuesday 26 April and from 07.30 on the following days. The symposium will start at 08.00.

CME accreditation
A new application has been submitted to the European Accreditation Council for Continuing Medical Education (EACCME) in 2016.

95% of the CME feedback respondents rated the overall symposium as excellent or good.

Reasons to attend CX 2016

- Take advantage of a 4-day educational, unique and logical programme with 4 days of Aortic, Peripheral and Venous challenges in parallel, and a new session on Acute Stroke Challenges.
- Discover how education, innovation and evidence gather in one place. These are our core values.
- Participate in the debate of the hottest challenges in the field.
- Discuss with a world-class faculty and an expert audience the latest advances in the vascular and endovascular field.
- Learn more about technical approaches attending the CX Parallel Sessions including CX Aortic Edited Cases, CX Peripheral Live and Edited Cases, the CX Venous Workshop and the new CX Vascular Access Course.
- Enhance your skills in various vascular and endovascular areas attending the well-established CX Parallel Sessions including: CX ilegx Collaboration Day, CX Innovation Showcase, CX Meets Latin America, CX Imaging Day, CX Vascular Malformations and CX Paediatric Vascular Issues.
- Witness upcoming leading experts with their cutting edge research presentations at the CX Abstract Sessions.
- Be part of a highly rated educational programme. In 2015, 96% of delegates rated the CX Programme as Excellent or Good.
- Experience the longest running vascular and endovascular Symposium in Europe and one of the largest in the world – CX is a great place to network and meet your peers.
Checklist for CX 2016

1. Register at www.cxsymposium.com
2. You will receive a barcode by e-mail two weeks before the Symposium. Don’t forget to bring it for fast-track badge collection
3. Use #CX2016 and @cxsymposium to start taking part in our Twitter discussion
4. Download the CX app to plan your educational experience at the Symposium
5. Access www.cxsymposium.com for Programme updates

Conference venue address
Olympia London, Hammersmith Road,
(entrance on Olympia Way),
London, W14 8UX, United Kingdom
www.olympia.co.uk

General enquiries
BIBA Medical Ltd (Charing Cross Symposium organiser),
526 Fulham Road,
London SW6 5NR, United Kingdom
Tel: +44 (0) 20 7736 8788
Fax: +44 (0) 20 7736 8283
Email: info@cxsymposium.com

Exhibitor information
Please contact: Nathalie Fortin
Tel: +44 (0) 20 7736 8788
Fax: +44 (0) 20 7736 8283
Email: nathalie@bibamedical.com