

CONTROVERSIES CHALLENGES CONSENSUS

Vascular & Endovascular Challenges Update

FINAL ANNOUNCEMENT

Peripheral Arterial Challenges Challenges Venous Challenges Challenges

Acute Stroke Challenges

Challenges Challenges

26-29 APRIL 2016

Invited Faculty

Andrea Agostinucci, Turin, Italy Anders Albäck, Helsinki, Finland Tommy Andersson, Kortrijk, Belgium Gary Ansel, Columbus, United States Michele Antonello, Padua, Italy Frank Arko. Charlotte. United States Carsten Arnoldussen, Maastricht, Netherlands Simon Ashley, Plymouth, UK Joe Assenheim, Imperial College, London, UK Ali Azizzadeh, Houston, United States Domenico Baccellieri, Milan, Italy Darvll Baker, London, UK Ron Balm, Amsterdam, Netherlands Gareth Bate, Solihull, UK Iris Baumgartner, Bern, Switzerland Jonathan Beard, Sheffield, UK David Beckett, Guildford, UK Jean-Pierre Becquemin, Créteil, France Daniel Behme, Göttingen, Germany Rachel Bell. London. UK Ruth Benson, Stoke-on-Trent, UK Xavier Berard, Bordeaux, France Colin Bicknell, Imperial College, London, UK Theodosios Bisdas, Münster, Germany Martin Björck, Uppsala, Sweden Stephen Black, London, UK Jan Blankensteiin, Amsterdam, Netherlands Erwin Blessing, Heidelberg, Germany Dittmar Böckler, Heidelberg, Germany Andrew Boulton, Manchester, UK Pierre Bourquelot, Paris, France Matthew Bown, Leicester, UK Kursat Bozkurt, Istanbul, Turkev Andrew Bradbury, Birmingham, UK Karen Breen, London, UK Marianne Brodmann, Graz, Austria Joe Brookes, London, UK Marcus Brooks, Westbury on Trim, UK Martin Brown, London, UK Bao Bui, Sherbrooke, Canada Miroslav Bulvas, Prague, Czech Republic Nick Burfitt, Imperial College, London, UK Francis Calder, London, UK Piergiorgio Cao, Rome, Italy Dan Carradice, Hull, UK Eddie Chaloner, London, UK Harvey Chant, Truro, UK Sylvain Chastanet, Nice, France Eric Chemla, London, UK lan Chetter, Hull, UK Roberto Chiesa, Milan, Italy Shakila Chowdhury, London, UK Trevor Cleveland, Sheffield, UK Andrew Clifton, London, UK Joannis Constantinides, London, UK Frank Criado, Baltimore, United States Lizzie Curry, Stoke-on-Trent, UK Martin Czerny, Freiburg, Germany Michael Dake, Stanford, United States

Katy Darvall, Taunton, UK Saroj Das, Imperial College, London, UK Ingemar Davidson, Dallas, United States Alun Davies, Imperial College, London, UK Huw Davies, Birmingham, UK Meryl Davis, London, UK Peter Dawson, London, UK Rick de Graaf, Maastricht, Netherlands Jean-Paul de Vries, Nieuwegein, Netherlands Colin Deane, London, UK Sebastian Debus, Hamburg, Germany Fatima Defigueiredo, London, UK Koen Deloose, Dendermonde, Belaium Brahman Dharmaraiah, Imperial College, London, Luca di Marzo, Rome, Italy Previn Diwakar, London, UK Arnd Doerfler, Erlangen, Germany Konstantinos Donas, Münster, Germany Eric Ducasse, Bordeaux, France Stephan Duda, Berlin, Germany Matthew J Eagleton, Cleveland, United States Jonothan Earnshaw, Gloucester, UK Hans-Henning Eckstein, Munich, Germany Michael Edmonds, London, UK Alan Edwards, Ruthin, UK Karim El Sakka, Brighton, UK Steve Elias, Englewood, United States Mary Ellis, Imperial College, London, UK David Epstein, York, UK Ignacio Escotto Sanchez, Mexico City, Mexico Marten Falkenberg, Gothenburg, Sweden Fabrizio Fanelli, Rome, Italy Alik Farber, Boston, United States Jorge Fernandez Noya, Santiago de Compostela, Colin Forman, London, UK Claude Franceschi, Paris, France lan Franklin, Imperial College, London, UK Ben Freedman, London, UK Gregory Fulton, Wilton, Ireland Martin Funovics, Vienna, Austria Luiz Furuya, São Paulo, Brazil Dennis Gable, Dallas, United States Paul Gagne, Darien, United States Peter Gaines, Sheffield, UK Pierre Galvagni Silveira, Florianópolis, Brazil Raghvinder Gambhir, London, UK Roberto Gandini, Rome, Italy Margaret Gardner, Ashtead, UK Guillermo Javier Garelli, Cordoba, Argentina Mauro Gargiulo, Bologna, Italy Paul Gibbs, Portsmouth, UK Richard Gibbs, Imperial College, London, UK Kathleen Gibson Rellevue United States James Gilbert, Oxford, UK Panos Gkoutzios, London, UK Manj Gohel, Cambridge, UK

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Thomas Proebstle, Mainz, Germany Raffaele Pulli, Florence, Italy Enrique Puras Mallagray, Madrid, Spain Nadeem Qazi, Imperial College, London, UK Annette Quinn, London, UK Samina Qureshi, Imperial College, London, UK Johann Christof Ragg, Berlin, Germany Kazem Rahimi, Oxford, UK Dheerai Raian, Toronto, Canada Ventakesh Ramaiah, Phoenix, United States Hema Rao, Imperial College, London, UK Hisham Rashid, London, UK Alvaro Razuk, São Paulo, Brazil Ulf Redlich, Magdeburg, Germany Jim Reekers, Amsterdam, Netherlands Michel Reijnen, Amhem, Netherlands Sophie Renton, Harrow, UK Timothy Resch, Malmö, Sweden Robert Rhee New York United States Vincent Riambau, Barcelona, Spain Celia Riga, Imperial College, London, UK Peter Riley, Birmingham, UK Alex Rodway, Redhill, UK Derek Roebuck, London, UK Fiona Rohlffs, Hamburg, Germany Hervé Rousseau. Toulouse. France Prakash Saha, London, UK Bertrand Saint-Lebes, Toulouse, France Andreas Saleh, Munich, Germany Wilhelm Sandmann, Duisburg, Germany Daniele Savio, Turin, Italy Harry R Schanzer, New York, United States Dierk Scheinert, Leipzia, Germany Carl Henrik Schelp, Bergen, Norway Andrej Schmidt, Leipzig, Germany Thomas Schmitz-Rixen, Frankfurt, Germany Peter Schneider, Honolulu, United States Arne Schwindt, Münster, Germany John Scurr, London, UK Ferdinand Serracino-Inglott, Manchester, UK Carmine Sessa, Grenoble, France Eva Sevick, Houston, United States Joseph Shalhoub, Imperial College, London, UK Murray Shames, Tampa, United States Cliff Shearman, Southampton, UK Surendra Shenov, St Louis, United States Amanda Shepherd, Imperial College, London, UK David Sidloff, Leicester, UK Malcolm Simms, Birmingham, UK Ravi Singh Ranger, Cirencester, UK Mustafa Sirlak, Ankara, Turkey Jonathan Sobocinski, Lille, France Kate Sommerville, London, UK Laurent Spelle, Paris, France Gerry Stansby, Newcastle-upon-Tyne, UK Benjamin Starnes, Seattle, United States Kate Steiner, Stevenage, UK Michael Sweeting, Cambridge, UK

Attila Szabo, Budapest, Hungary

Nigel Tai, London, UK Ulf Teichgraeber, Jena, Germany Gunnar Tepe, Rosenheim, Germany Fabien Thaveau, Strasbourg, France Robert Thomas, Imperial College, London, UK John Thompson, Exeter, UK Matt Thompson, London, UK Giovanni Torsello, Münster, Germany Matteo Tozzi, Varese, Italy Santi Trimarchi, San Donato Milanese, Italy Stephen Tristram, Basingstoke, UK Nicola Troisi, Florence, Italy Rami Tzafriri, Lexinaton, United States Jean-Francois Uhl. Paris. France Pinar Ulug, Imperial College, London, UK Domenico Valenti, London, UK Jeff van Baal, Almelo, Netherlands Jos van den Berg, Lugano, Switzerland Leo van den Ham, Amhem, Netherlands Ramon Varcoe, Sydney, Australia Frank Veith, New York, United States Maarit Venermo, Helsinki, Finland Hence Verhagen, Rotterdam, Netherlands Eric Verhoeven, Nuremberg, Germany Fabio Verzini, Perugia, Italy Renu Virmani, Gaithersburg, United States Jeffrey Y Wang, Rockville, United States Anders Wanhainen, Uppsala, Sweden Thomas Weiler, Pforzheim, Germany Rodney White, Torrance, United States Mark Whiteley, Guildford, UK Matthias Widmer, Bern, Switzerland Andrew Wigham, Oxford, UK Jason Wilkins, London, UK Angela Williams, London, UK Katherine Williams, Imperial College, London, UK Walter Wohlgemuth, Regensburg, Germany Dennis Wolf, London, UK Kenneth Woodburn, Truro, UK Thomas Wyss, Bern, Switzerland Patricio Zaefferer, Buenos Aires, Argentina Jürgen Zanow, Jena, Germany Clark Zeebregts, Groningen, Netherlands Thomas Zeller, Bad Krozingen, Germany

Industry speakers

Daveen Chopra, Santa Rosa, United States Jason Field, Flagstaff, United States Bob Mitchell, Hertogenbosch, Netherlands Richard Rapoza, Santa Clara, United States Chas Taylor, Horsham, UK



CX Programme Organising Board

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Roger Greenhalgh

Emeritus Professor of Surgery and Head of Vascular Surgery Research Group at Imperial College London, London, UK

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Professor and Head of the Department of Vascular Surgery at University Medical Centre Utrecht, Utrecht, Netherlands



Matt Thompson

Professor of Vascular Surgery at St George's University of London and Consultant Vascular Surgeon at St George's Vascular Institute, London, UK

Aortic



Andrew Holden

Associate Professor of Radiology at Auckland University School of Medicine and Director of Interventional Services at Auckland City Hospital, Auckland, New Zealand



Janet Powell

Professor of Vascular Biology and Medicine, Imperial College London, London, UK



Dittmar Böckler

Professor of Vascular Surgery at University of Heidelberg and Head of Department of Vascular Surgery and Endovascular Surgery at University Hospital Heidelberg, Heidelberg, Germany



Giovanni Torsello

Professor, Head of Department of Vascular Surgery at Franziskus Hospital and Director of the Clinic for Vascular and Endovascular Surgery at the University of Münster, Münster, Germany

Acute Stroke Challenges



Ross Naylo

Honorary Professor of Vascular Surgery at University of Leicester and Consultant Vascular Surgeon at Leicester Royal Infirmary, Leicester, UK



Martin Brown

Professor of Stroke Medicine, Stroke Research Centre, UCL Institute of Neurology and Consultant Neurologist, The National Hospital for Neurology & Neurosurgery, Queen Square, London, UK

Peripheral Arterial



Cliff Shearman

Professor of Vascular Surgery at University of Southampton and Vascular Surgeon in the Department of Vascular Surgery, University Hospital Southampton Foundation Trust, Southampton, UK



Michael Edmonds

Professor of Diabetic Foot Medicine and Consultant Diabetologist at King's College Hospital, London, UK



Thomas Zeller

Professor of Angiology at Albert-Ludwigs University of Freiburg and Head of Department of Angiology at Universitäts – Herzzentrum Freiburg, Bad Krozingen, Germany



Iris Baumgartner

Professor and Head of Clinical and Interventional Angiology and Director of Vascular Research at University Hospital Bern, Bern, Switzerland



Andrew Bradbury

Sampson Gamgee Professor of Vascular Surgery in the College of Medical and Dental Sciences at the University of Birmingham, UK, and Consultant Vascular and Endovascular Surgeon at the Heart of England NHS Foundation Trust in Birmingham, UK. (He also advises in the Venous area of CX)

Venous



Ian Franklin

Consultant Vascular Surgeon at London Vascular Clinic, London, UK



Alun Davies

Professor of Vascular Surgery at Imperial College London and Consultant General Surgeon at Charing Cross Hospital, London, UK



Mark Whiteley

Visiting Professor University of Surrey, Consultant Vascular Surgeon at The Whiteley Clinic, Guildford, UK



Stephen Black

Consultant Vascular Surgeon at Guy's and St Thomas' Hospital, London, UK

International Advisors

Eric Verhoeven Gunnar Tepe Jan Brunkwall Krassi Ivancev Patrick Peeters Nick Cheshire Eric Chemla

CX Abstract Board

lan Loftus, Co-chairman Richard Gibbs, Co-chairman Paul Hayes Robert Hinchliffe Colin Bicknell Daryll Baker Rachel Bell Marcus Brooks Meryl Davis Simon Ashley

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 15 years of follow-up and the CX audience will also be the first to learn 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 these!

It is said that a thrombosed false lumen of dissecting aneurysm implies a good prognostic 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 clearly of great background relevance and will be discussed.

It is 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 Diethrich 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. 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

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 value 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 VIDIO, 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.

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. 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 manipulations associated with endovascular procedures. It seems mandatory that such skills should be available and easily 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 to know about this!

I do hope that you will again come to Charing Cross. The meeting has never had a better programme than this one.

Roger Greenhalgh

Chairman, CX Programme Organising Board



CX at a glance

Date/Location	Upper Main Auditorium	Lower Main Auditorium	Pillar Hall Learning Centre	Olympia Room Learning Centre	London Room Learning Centre	Gallery	Exhibition Hall
Tuesday	Peripheral Arterial Challenges	Venous Challenges		CX Paediatric Vascular Issues	Thoracic Aortic Abstract Presentations		
26 April	Main Programme	Main Programme	CX Meets Latin America	CX Vascular Malformations	Abdominal Aortic Aneurysm Abstract Presentations		
Wednesday 27 April	Abdominal Aortic Challenges Main Programme	CX Peripheral Live and Edited Cases	NEW CX Vascular Access Course – Day 1	CX Innovation Showcase	Peripheral Arterial Abstract Presentations	CX Venous Workshop – Day 1	
Thursday 28 April	Thoracic Aortic Challenges Main Programme	CX Aortic Edited Cases	CX i <mark>e</mark> G⟨ Collaboration Day	CX Imaging Day and Imaging Abstract Presentations (Visit to the Exhibition area in the afternoon) Acute Stroke Challenges Abstract Presentations		CX Venous Workshop – Day 2	NEW CX Vascular Access Course - Day 2 Skills Course
Friday 29 April	Acute Stroke Challenges Main Programme	Aortic / Peripheral Abstract Presentations	Vascular Access Abstract Presentations	European Vascular Surgeons in Training Prize Session	Venous Abstract Presentations		

Main topics key

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

Aortic Acute Stroke

Peripheral Arterial

Venous

CHARING CROSS

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
	Celia Riga, Imperial College, London, United Kingdom
08:14-08:21	Hypertension and the risk of peripheral arterial disease
	Kazem Rahimi, Oxford, United Kingdom
08:21-08:28	Debulking of arterial occlusions (Rotarex)
	Michael Lichtenberg, Arnsberg, Germany
08:28-08:40	Audience participation and discussion

Superficial femoral artery

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

Current status and expectations of drug-coated balloons

08:40-08:48	Rationale, evidence and indication for plaque modification before drug-	
	coated balloon Erwin Blessing, Heidelberg, German	
08:48-08:56	Technique and role of predilation in drug-coated balloon practice Stephan Duda, Berlin, German	
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 Renu Virmani, Gaithersburg, United States	
09:20-09:28	Outcomes from the German cohort in Levant 2 with procedural key issues Dierk Scheinert, Leipzig, Germany	
09:28-09:36	Audience participation and discussion	
09:36-09:44	ILLUMENATE global study – interim analysis Thomas Zeller, Bad Krozingen, German	
09:44-09:52	Podium 1st: IN.PACT Global drug-coated balloon for complete total occlusion Gunnar Tepe, Rosenheim, German	
09:52-10:00	Audience participation and discussion	
	COFFEE	
Coff	ee symnosium - Stent henefits	

Coffee symposiun	n – Stent	benefits
Chairman, Damon \	/araaa 0	A

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10:03-10:12	Stent characteristics overcome calcified lesions
	Enrique Puras Mallagray, Madrid, Spair
10:12-10:21	Economic benefit from avoiding reintervention
	Michael Joff Bester United States

Michael Jaff, Boston, United Ste 10:21-10:28 Audience participation and discussion

Stent challenges

Chairman: Roger Greenhalgh, Imperial College, London, United Kingdom Moderator: Giovanni Torsello, Münster, Germany

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 Goverde, 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 paclita stents	axel combination with drug-eluting Juan Granada, Orangeburg, United States	
11:02-11:18	Audience participation and discussion		
The	challenges of the long lesion	n	
11:18-11:26	Drug-coated balloons for lesions >15cm	Michael Jaff, Boston, United States	
11:26-11:34	Atherectomy and drug-coated balloon for	or 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 wave forms Luis Mariano Palena, Abano Terme, Italy		
12:02-12:10	The use of a single long stent	Peter Goverde, Antwerp, Belgium	
12:10-12:18	The use of stent graft as a priority for le	sions greater than 25cm idez Noya, Santiago de Compostela, Spain	
12:18-12:30	Audience participation and discussion		
	LUNCH		
Lunc	ch symposium – Drug-coate Chairman: Michael Jaff, Boston, United States		
12:33-12:42			
12.33-12.42	IN.PACT SFA two-year results of drug-coated balloon William Gray, Wynnewood, 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		
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Industry Sponsored Satellite

See more on page 16

The challenges of in-stent restenosis Chairman: Frans Moll, Utrecht, Netherlands

	Moderator: Andrew Holden, Auckl	and, New Zealand	
13:30-13:37	Drug-coated balloons for in-stent restenosis		
		Marianne Brodmann, Graz, Austria	
13:37-13:44	Patterns are different for bare raffect ease of management	netal stent and drug-eluting stent which Gary Ansel, 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 dis-	cussion	
14:01-14:08	Zilver PTX – interpretations of restenosis		

		Thomas Zeller, Bad Krozingen, Germany
14:08-14:15		sis with laser debulking and covered
	stents	Jos van den Berg, Lugano, Switzerland
14:15-14:22	Angioplasty alone or drug-coated	balloon or laser debulk/drug-coated
	balloon for in-stent restenosis	Eric Ducasse, Bordeaux, France
14.22 14.20	Ton year follow up of 1 000 nations	s with honorin-honded PTFF

Raffaele Pulli, Florence, Italy
14:29-14:46 Audience participation and discussion

Popliteal aneurysm

4:46-14:54	Popliteal aneurysm sac volume shrinkage after stent graft
	Michele Antonello, Padua, Italy

14:54-14:58 Audience participation and discussion

Below the knee

14:58-15:06	Perfusion angiography for ischaemic tissue	
	Jim Rec	ekers, Amsterdam, Netherlands
15:06-15:14	Audience participation and discussion	
15:14-15:22	Multi-modality advanced imaging for severe perip Koen De	heral ischaemia eloose, Dendermonde, Belgiun
15:22-15:30	Audience participation and discussion	
	TEA	
Teas	symposium – Lower limb solution: Chairman: Michel Reijnen, Arnhem, Netherlands	S
5:33-15:42	Latest generation of conforming dual component Fabier	stent n Thaveau, Strasbourg, France
5:42-15:51	The heparin bonding makes a difference on ePTFI grafts Thomas Schri	E femoropopliteal bypass nitz-Rixen, Frankfurt, Germany
5:51-15:58	Audience participation and discussion	
	Supported by an unrestricted educational grant	
	Chairperson: Iris Baumgartner, Bern, Switzerland Moderator: Thomas Zeller, Bad Krozingen, Germany	
6:00-16:08	MRA calf perfusion before and after angioplasty Gerd G	roezinger, Tübingen, Germany
6:08-16:16	First experience with a bioresorbable, everolimus- in arteries below the knee Rai	-eluting vascular scaffold mon Varcoe, Sydney, Australia
6:16-16:24	Angiosome concept in the treatment of critical lim	ib ischaemia arit Venermo, Helsinki, Finland
16:24-16:32	A novel solution for below-the-knee arterial clot m	anagement for acute Roberto Gandini, Rome, Italy
16:32-16:40	Ten-year results of pedal bypass surgery Ar	nders Albäck, Helsinki, Finland
6:40-16:52	Audience participation and discussion	
Mini-	-symposium: Wound healing	
	Chairman: Michael Edmonds, London, United Kingdom Moderator: Cliff Shearman, Southampton, United Kingdom	
6:52-17:00	The need to measure wound healing William Jeffcoal	te, Nottingham, United Kingdom
17:00-17:08	Early detection of ulceration in diabetic feet - an in	
17:08-17:16	The enduring principles of ulcer and wound healin limb Frank	ng in the ischaemic lower Veith, New York, United States
17:16-17:24	The use of autologous cell suspension for comple	ex diabetic wounds Chant, Truro, United Kingdom
17:24-17:32	Adjunctive techniques including offloading and hyperbaric oxygen Andrew Boulton, Manchester, United Kingdon	
17:32-17:40	Pulsating negative pressure to increase periphera mechanisms and potential clinical benefit	·
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Additional Peripheral Arterial activities

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CX Peripheral Live and Edited Cases Wednesday 27 April

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

CX ilegx Collaboration Day Thursday 28 April



Tuesday 26 April 2016 - Day 1

VENOUS CHALLENGES

Lower Main Auditorium

08:16-08:24

Deep vein thrombosis challenges Inferior vena cava interruption

Chairman: Stephen Black, London, United Kingdom Moderator: lan Franklin, Imperial College, London, United Kingdom 08:00-08:08 Protection from embolisation using Capturex Thomas Heller, Rostock, Germany Vena cava filter Celect Platinum Richard McWilliams, Liverpool, United Kingdom

Acute deep vein thrombosis challenges

Audience participation and discussion

Chairman: Frans Moll, Utrecht, Netherlands

Zilver Vena trial "first glimpse"

Audience participation and discussion

Moderator: Gerry Stansby, Newcastle-upon-Tyne, United Kingdom

From lab to patient - strategies to improve stent patency

VIRTUS trial update on iliofemoral venous outflow obstruction

Factors influencing outcome in venous stenting

It is not just about patency - scales and quality of life outcomes

VIDIO trial - IVUS significantly improves diagnostic accuracy

Alun Davies, Imperial College, London, United Kingdom

Paul Gagne, Darien, United States

Stephen Black, London, United Kingdom

Prakash Saha, London, United Kingdom

Lowell Kabnick, New York, United States

Gerard O'Sullivan, Galway, Ireland

Acut	e deep vein tillollibosis challeriges	
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, Duisburg, Gerra	nany
08:40-08:48	Conservative management of DVT	
	Gerry Stansby, Newcastle-upon-Tyne, United King	gdom
08:48-08:56	Investigating patients with acute DVT Karen Breen, London, United King	gdom
08:56-09:04	Ageing deep vein thrombosis	
	Brahman Dharmarajah, Imperial College, London, United King	gdom
09:04-09:12	Audience participation and discussion	
09:12-09:20	Selection of patients for acute DVT intervention	
	Carsten Arnoldussen, Maastricht, Netherl	ands
09:20-09:28	Strategies for clot removal, lysis and mechanical thrombectomy	
	Robert Thomas, Imperial College, London, United King	gdom
09:28-09:36	Deep venous catheter design (Zelante) for deep venous thrombectomy	
	Gerard O'Sullivan, Galway, Ire	eland
09:36-09:44	Endovascular treatment for acute DVT and pulmonary embolism – Indig	go
	System Michael Lichtenberg, Arnsberg, Germany	
09:44-09:52	Detachment of occlusive thrombus in deep vein, aspiration, fragmentat	ion
	and removal – Aspirex Thomas Heller, Rostock, Gern	nany
09:52-10:00	Audience participation and discussion	
	COFFEE	
Deer	vein stenting challenges	

Proximal deep venous obstruction and pelvic vein reflux challenges

11:30-11:38	Deep venous stenting before superficial venous intervention lan 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, Bellevue, United States		
11:46-11:54	Male pattern pelvic reflux	Previn Diwakar, London, United Kingdom	
11:54-12:02	Implications of pelvic vein embolis	sation for subsequent pregnancies	
		Anthony Lopez, London, United Kingdom	
12:02-12:10	Pelvic vein embolisation for treatn	nent of haemorrhoids	
		David Beckett, Guildford, United Kingdom	
12:10-12:18	Pathogenesis of haemorrhoids - o	colorectal surgeon's perspective	
	Peter I	Dawson, Imperial College, London, United Kingdom	
12:18-12:30	Audience participation and discus	sion	
	LUNCH		
Lym	phoedema challenges		

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 Lipoedema vs. lymphoedema 13:38-13:46 Peter Mortimer, London, United Kingdom Real-time, point-of-care lymphatic imaging Eva Sevick, Houston, United States Silicone tubule implants for lower limb lymphoedema Rajesh Hydrabadi, Ahmedabad, India

Chairman: Mark Whiteley, Guildford, United Kingdom

14:02-14:18 Audience participation and discussion

Superficial venous challenges

Varicose vein challenges Chairman: Ian Franklin, Imperial College, London, United Kingdom

Moderator: Mark Whiteley, Guildford, United Kingdom 14:18-14:26 Ultrasound placed percutaneous clips will make CHIVA more widely applicable Lowell Kabnick, New York, United States 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

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 Kabnick. New York. United States 15:06-15:14 Quality of life results in the use of cyanoacrylate adhesive embolisation Kathleen Gibson, Bellevue, United States

15:14-15:22 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, Mainz, Germany 15:42-15:51 VeClose roll-in patient results Raghu Kolluri, Columbus, United States

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

	Chairman: Alun Davies, Imperial College, London, Un	ited Kingdom
	Moderator: lan Franklin, Imperial College, London, Ur	nited Kingdom.
16:00-16:08	Role of antibiotics in varicose vein treatment	lan Chetter, Hull, United Kingdom
16:08-16:16	Venous wall thickness determines optimal ch	oice of endovenous treatment
	Mark	Whiteley, Guildford, United Kingdom
16:16-16:24 Management of anatomically difficult revascularisation		larisation
	Bai	rrie Price, Guildford, United Kingdom
16:24-16:32	Anti-DVT prophylaxis for ambulatory varicose	vein procedures
	Isaac Ny	amekye, Worcester, United Kingdom
16:32-16:40 Sclerotherapy of the subulcer plexus - practical tips for		cal tips for success
	Manj	Gohel, Cambridge, United Kingdom
16:40-16:48	Audience participation and discussion	
16:48-16:56	Compression film bandage after sclerotherapy	
	Joha	ann Christof Ragg, Berlin, Germany
16:56-17:04	Strategies for getting the best cosmetic results for thread vein/	
	telangiectasia treatment T	homas Proebstle, Mainz, Germany
17:04-17:12	Laser treatment of reticular and subcuticular	veins
		Kasuo Miyake, São Paulo, Brazil
17:12-17:20	Evidence of choice of sclerosant for treatmen	•
	Simo	n Ashley, Plymouth, United Kingdom
17:20-17:30	Audience participation and discussion	

Chairman, Alun Davica Immerial Callege Lander United Kingda





10:38-10:46

10:46-10:54

10:54-11:02

11:02-11:10

11:10-11:18

45.00 45.46 Arrand and many and filling/andling with any FVAD days

Wednesday 27 April 2016 - Day 2

ABDOMINAL AORTIC ANEURYSM CHALLENGES

Upper Main Auditorium

Lifestyle and aneurysm growth

LIICS	tyle alla alleal yolli glo	
	Chairman: Andrew Holden, Auckland, No.	
	Moderator: Matt Thompson, London, Un	ited Kingdom
80:80-00:80	Lifestyle risk factors and risk to dev	relop abdominal aortic aneurysm (AAA)
		Martin Björck, Uppsala, Sweden
08:08-08:18	Ticagrelor and the inhibition of grov	vth in small AAAs
		Anders Wanhainen, Uppsala, Sweden
08:18-08:24	AAA measurement and enlargemen	t - a study of three medical centres
		Frank Lederle, Minneapolis, United States
08:24-08:32	Stresses and strains leading to iliac	aneurysm rupture
	Janet F	Powell, Imperial College, London, United Kingdom
08:32-08:48	Audience participation and discuss	ion
Popu	ulation screening challen	iges
08:48-08:56	National population-based AAA screening programmes remain a challenge	
	for public health systems	Vincent Riambau, Barcelona, Spain
08:56-09:04	The need for AAA screening to include examination of the common iliac	
	arteries	Martin Björck, 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 subaneu	rysmal aortas
		Matthew Bown, Leicester, United Kingdom
09:20-09:36	Audience participation and discuss	ion

The threshold for elective intervention for

1110	in conord for cicotive inte	TVCIIIIOII IOI
abdo	minal aortic and iliac and	eurysm
09:36-09:44	Challenges in international harmonisati	on of AAA treatment
		Kevin Mani, Uppsala, Sweden
09:44-09:52	The changing epidemiology of abdomin	al aortic aneurysms in Europe
		David Sidloff, Leicester, United Kingdom
09:52-10:00	Audience participation and discussion	
	COFFEE	
	ee symposium – Optimum s gn for challenging aortic an Chairman: Dittmar Böckler, Heidelberg, Germ	atomies
10:03-10:12	Achieving precise placement, optimal s	• 71
	challenging aortic anatomies	Robert Rhee, New York, United States
10:12-10:21	The benefits of conformable design in to	reating challenging thoracic
	pathologies	William Jordan, Atlanta, United States
10:21-10:28	Audience participation and discussion	
	Supported by an unrestricted educational grant	

	Supported by an unrestricted educational grant	
	Chairman: Martin Björck, Uppsala, Sweden	
	Moderator: Dittmar Böckler, Heidelberg, Germany	
10:30-10:37	The reimbursement influence on practice	
	Richard Grieve, London, United Kingdon	
10:37-10:44	Internal iliac artery aneurysm does not rupture when the diameter is 3cm,	
	but when it is 7cm Maarit Venermo, Helsinki, Finland	
10:44-10:51	Publication of surgeon level results and risk aversion	
	lan Loftus, London, United Kingdon	

11:03-11:23		nold for intervention for abdominal aortic
	For the motion:	Jonothan Earnshaw, Gloucester, United Kingdom
	Against the motion:	Janet Powell, Imperial College, London, United Kingdom Charles McCollum, Manchester, United Kingdom Alan Karthikesalingam, London, United Kingdom
11:23-11:39	Discussion and vote	

Abdominal aortic technical challenges

11:39-11:46		
	development with salety	Eric Verhoeven, Nuremberg, Germany
11:46-11:53	1:53 New delivery system improves EVAR experience	
		Andrew Holden, Auckland, New Zealand
11:53-12:00 The clinical need for an iliac-branched endoprosthesis		d endoprosthesis
		Michel Reijnen, Arnhem, Netherlands
12:00-12:07	Repositionable ultra-low profile EVAF	R system avoiding cannulation for
	simple deployment	Dierk Scheinert, Leipzig, Germany
12:07-12:14	Preliminary results of the TREO phase II clinical trial	
		Matthew Eagleton, Cleveland, United States
12:14-12:30	Audience participation and discussion	on

LUNCH

Lunc	n symposium – New trend	s in EVAR practice
	Chairman: Piergiorgio Cao, Rome, Italy	
12:33-12:39	Reduced follow-up visits by protocol	Matt Thompson, London, United Kingdon
12:39-12:45	Type I endoleak and use of EndoAncho Je	rs for the failing endograft an-Paul de Vries, Nieuwegein, Netherlands
12:45-12:51	Evolution to lower profile whilst mainta	<mark>ining durability</mark> Hence Verhagen, <i>Rotterdam, Netherlands</i>
12:51-12:58	Audience participation and discussion	
	Supported by an unrestricted educational grant	

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

15:02-15:09	Randomised controlled trial on effect of aneurysm sac embolisation for endoleak type II prevention Franco Grego, Padua, Italy	
14:55-15:02	Current treatment of AAA in Germany – outcomes and trends in a five-year follow-up Sebastian Debus, Hamburg, Germany	
14:35-14:55	Audience participation and discussion	
14:30-14:35	Roger Gree <mark>nhalgh</mark> , Imperial College, London, United Kingdom	
14:25-14:30	David Epstein, York, United Kingdom	
14:20-14:25	Janet Powell, Imperial College, London, United Kingdom	
14:15-14:20	Michael Sweeting, Cambridge, United Kingdom	
14:10-14:15	Raj Patel, Imperial College, London, United Kingdom	
	Podium 1st: EVAR trials – 15-year follow-up	
13:56-14:10	Audience participation and discussion	
13:51-13:56	Roger Greenhalgh, Imperial College, London, United Kingdom	
13.49-13:51	Jean-Pierre Becquemin, ACE P.I.	
13:47-13:49	Frank Lederle, OVER P.I.	
13:45-13:47	Jan Blankensteijn, DREAM P.I.	
13:40-13:45	Janet Powell, Imperial College, London, United Kingdom	
13:35-13:40	Michael Sweeting, Cambridge, United Kingdom	
13:30-13:35	Pinar Ulug, Imperial College, London, United Kingdom	
	Podium 1st: Individual Patient Data (IPD) – Meta-analysis of the EVAR 1, DREAM, OVER and ACE trials	

15:09-15:16	Arsenal aneurysm sac filling/sealing with any EVAR device	
		Andrew Holden, Auckland, New Zealand
15:16-15:23	,.	eurysms imply type I endoleak until
	disproved	Michel Makaroun, Pittsburgh, United States
15:23-15:30	Audience participation and discuss	ion
	TEA	
	symposium – State of the urysm Sealing (EVAS) Chairman: Frank Veith, New York, United	
15:33-15:39	Prevention and management of typ	e la endoleaks: EVAS vs. EVAR Michel Reijnen, Arnhem, Netherlands
15:39-15:45	Balloon-expandable infrarenal neck	changes neck diameter very little Dainis Krievins, Riga, Latvia
15:45-15:51	EVAS global clinical trial results	Matt Thompson, London, United Kingdom
15:51-15:58	Audience participation and discuss	ion
	Supported by an unrestricted educational grad	nt
	Chairman: Frans Moll, Utrecht, Netherlar Moderator: Sebastian Debus, Hamburg	
16:00-16:12	Debate: All the risk scores are use	less for elective AAA
	For the motion:	Ron Balm, Amsterdam, Netherlands
	Against the motion:	Matt Thompson, London, United Kingdom
16:12-16:24	Discussion and vote	
16:24-16:32	The different appearance of endoles Sealing (EVAS)	aks after EndoVascular Aneurysm Andrew Holden, Auckland, New Zealand
16:32-16:40	Latest generation device aneurysm EVAR 1 trial at four years	- related mortality vs. benchmark Dittmar Böckler, Heidelberg, Germany
16:40-16:42	Comment: The use of Onyx for type	e II endoleak Robert Morgan, London, United Kingdom
16:42-16:52	Audience participation and discuss	ion

Infected abdominal aortic aneurysm challenges

Chairman: Frans Moll, Utrecht, Netherlands Moderator: Sebastian Debus, Hamburg, Germany 16:52-17:00 Endo-VAC - a novel treatment option for infected vascular reconstructions Anders Wanhainen, Uppsala, Sweden

Ruptured abdominal aortic aneurysm

Chairman: Frans Moll, Utrecht, Netherlands Moderator: Sebastian Debus, Hamburg, Germany 17:00-17:08 Protocol approach before and after rupture improves outcome Benjamin Starnes, Seattle, United States 17:08-17:16 Fate of patients unwilling or unsuitable to undergo surgical interventions for ruptured abdominal aortic aneurysm (57 untreated patients) 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



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	
08:00-08:12	Debate: Growth rate of small is known and relevant For the motion: Against the motion:	thoracic abdominal aortic aneurysm (TAAA) Peter Holt, London, United Kingdom Jan Blankensteijn, Amsterdam, Netherlands
08:12-08:18	Discussion and vote	

Thoracic aneurysm challenges – risks of operative death and spinal cord ischaemia

death and spinal cord ischaemia		
08:18-08:26	The Uppsala algorithm to prevent spinal cord ischaemia during extensive aortic surgery Anders Wanhainen, Uppsala, Sweden	
08:26-08:34	Ascending, arch, descending and juxtarenal 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, Nuremberg, Germany
08:42-08:50	Neurological consequences of endo EVAR and TEVAR	vascular aortic aneurysm surgery – Ruth Benson, Stoke-on-Trent, United Kingdom
08:50-09:05	Audience participation and discussion	
09:05-09:13	B Endovascular non-branched ascending aortic TEVAR with potential valve replacement: operative mortality and complications Rodney White, Torrance, United States	
09:13-09:21	Aortic arch hybrid debranching	Sebastian Debus, Hamburg, Germany
09:21-09:29	Single branch zone 0	Michel Makaroun, Pittsburgh, United States
09:29-09:37	Single branch zone 2	Michael Dake, Stanford, United States
09:37-09:45	Dual branch use for the aortic arch	Piergiorgio Cao, Rome, Italy
09:45-10:00	Audience participation and discussi	on
	COFFEE	
Coffee symposium – Novel endograft systems with increased accuracy and control Chairman: Andrew Holden, Auckland, New Zealand		
10:03-10:12		n optimal control for simple to complex

Nilo Mosquera, Ourense, Spain

David Murray, Manchester, United Kingdom

Mini-symposium: Acute and chronic type B dissection – false lumen challenges

10:12-10:21 A new paradigm in EVAR - simplifying the procedure with increased

abdominal aortic aneurysms

accuracy and control

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

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	Chairman: Roger Greenhalgh, Impe	rial College, London, United Kingdom	
	Moderator: Sebastian Debus, Hamb	ourg, Germany	V
10:30-10:38	Following the structure of the de before acute type B dissection	,	
10:38-10:46	Avoidance of retrograde type A o	lissection and aortic	I Inited S

Impact of TEVAR on late mortality in chro	nie tyne P discostion
	• •
N	latt Thompson, London, United Kingdom
Predictors of intervention and mortality in	patients with uncomplicated
acute type B aortic dissection	Ali Azizzadeh, Houston, United States
Audience participation and discussion	
Aortic remodelling after standard TEVAR	in chronic type B dissection
Sa	anti Trimarchi, San Donato Milanese, Italy
Retrospective analysis of chronic type B	dissection treated intervention -
future prediction of intervention defined	Dittmar Böckler, Heidelberg, Germany
The legitimacy of embolisation of the false	e lumen
	Tara Mastracci, London, United Kingdom
Audience participation and discussion	
Great Debate: In chronic type B dissection	
lumen embolisation – true lumen TEVAR	is preferred
For the motion:	Peter Mossop, Melbourne, Australia
	Jonathan Sobocinski, Lille, France
Against the motion:	Tilo Kölbel, Hamburg, Germany
	Fabrizio Fanelli, Rome, Italy
Discussion and vote	
LUNCH	
try Sponsored Satellite	
	Predictors of intervention and mortality in acute type B aortic dissection Audience participation and discussion Aortic remodelling after standard TEVAR Se Retrospective analysis of chronic type B future prediction of intervention defined The legitimacy of embolisation of the false Audience participation and discussion Great Debate: In chronic type B dissection Iumen embolisation – true lumen TEVAR For the motion: Against the motion: Discussion and vote LUNCH

TEVAR follow-up

See more on page 16

		Mastracci, London, United	•
	Moderator: Janet Po	<mark>owell, I</mark> mperial College, Lor	ndon, United Kingdom
13:30-13:38	M2S retrospective	data may indicate fail	ure of TEVAR for current sac
	expansion		Peter Holt, London, United Kingdom
13:38-13:46	15-year experience	of TAA - similar 30-d	ay mortality endovascular and
	open and similar pa	araplegia rates	Roberto Chiesa, Milan, Italy
13:46-13:54	Long-term survival	after TEVAR depends	s on indications
			Kevin Mani, Uppsala, Sweden
13:54-14:02	Five-year durability	and outcomes of Val	or II
			Rodney White, Torrance, United States

Mini-symposium: Radiation damage to the pioneer operators and methods to reduce radiation exposure during endovascular procedures

introduction for percutaneous EVAR/TEVAR

14:10-14:25 Audience participation and discussion

The optimal method of closure of large femoral artery holes after device

Giovanni Pratesi, Rome, Italy

14:25-14:33	introduction - the debt we owe to endov	ascular pioneers	
	Roger Greenhalgh	n, Imperial College, London, United Kingdom	
14:33-14:41	Methods to reduce radiation exposure d	uring endovascular procedures	
		Barry Katzen, Miami, United States	
14:41-14:49	Endovascular total aorta replacement challenges		
		Timothy Resch, Malmö, Sweden	
14:49-14:57	Radiation protection training and reduct	ion of radiation exposure to	
	patients and staff	Lars Lönn, Copenhagen, Denmark	
14:57-15:05	Radiation dose associated with complex	arch and thoracoabdominal	
	interventions	Fiona Rohlffs, Hamburg, Germany	
15:05-15:13	Every effort is made to reduce radiation	exposure whilst doing complex	
	aortic endovascular reconstruction	Stéphan Haulon, Lille, France	
15:13-15:30	Audience participation and discussion		
	TEA		

Industry Sponsored Satellite See more on page 16

Aortic transection challenges and a conundrum

	Chairman: Andrew Holden, Auckland, New Moderator: Richard Gibbs, Imperial College	
16:00-16:08	Accurate placement of thoracic low-partransection	profile stent graft system for aortic Benjamin Starnes, Seattle, United States
16:08-16:16	The Kommerell Conundrum – divertion how to treat	culum or aneurysm, and when and Frank Criado, Baltimore, United States
16:16-16:24	Audience participation and discussion	on

JUXTARENAL CHALLENGES

Upper Main Auditorium

Challenging and short infrarenal neck

16:24-16:32	Treatment options for challenging E	EVAR utilising polymer ring technology Ventakesh Ramaiah, Phoenix, United States
16:32-16:40	A standard EVAR device can be use <10mm	ed with EndoAnchor for aortic neck William Jordan, Atlanta, United States
16:40-16:48	The value of hybrid debranching	Roberto Chiesa, Milan, Italy
16:48-16:56	EVAR repair with and without parall	el graft use Ralf Kolvenbach, Düsseldorf, Germany
16:56-17:04	Use of polymer seal with complex a parallel grafts	ortic aneurysm necks and use of Matt Thompson, London, United Kingdom
17:04-17:12	Configuration affects parallel graft	results Murray Shames, Tampa, United States
17:12-17:32	Audience participation and discuss	ion
17:32-17:44	Debate: More than two parallel gra For the motion: Against the motion:	fts relate to poorer outcome Konstantinos Donas, Münster, Germany 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

uesday 26 April

CX Aortic Edited Cases
Thursday 28 April

CX Aortic Abstract Presentations





08:57-09:03

Friday 29 April 2016 - Day 4

NEW ACUTE STROKE CHALLENGES

Upper Main Auditorium

Selection for intervention challenges

08:00-08:06	Corponing man for accomptamatic careti	d stangaig at the age of SE 70
06.00-06.00	Screening men for asymptomatic caroti	Martin Björck, Uppsala, Sweden
08:06-08:12	Specialised imaging to identify high-risl	c plaque
		Clark Zeebregts, 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	
08:32-08:38	Pragmatic role of imaging for acute stro for endovascular therapy	ke with a focus on patient selection Arnd Doerfler, Erlangen, Germany
08:38-08:44	Implications of the VAST randomised tri vertebrobasilar stenosis	al for managing symptomatic Jaap Kappelle, Utrecht, Netherlands
08:44-08:50	Microemboli and the cause of dementia	
	Charle	es McCollum, Manchester, United Kingdom
08:50-08:57	Audience participation and discussion	
Caro	tid stenting and endarter	ectomy
	Chairman: Roger Greenhalgh, Imperial College Moderator: Jos van den Berg, Lugano, Switz	•

Impact of risk scoring on decision-making in referral of symptomatic

09:09-09:15	stenting if it is to offer optim	ust have timely access to carotid nal outcomes Trevor Cleveland, Sheffield, United Kingdom
09:15-09:21		duces recurrent events prior to urgent easing the risk of perioperative Ross Naylor, Leicester, United Kingdom
09:21-09:29	Audience participation and	discussion
09:29-09:35	Emergency stenting of the in circulation thrombectomy	nternal carotid artery with anterior Daniel Behme, Göttingen, Germa
09:35-09:41	Urgent carotid endarterector strokes	my does not increase risk and will prevent me lan Loftus, London, United Kingdo
09:41-09:47	Emergency carotid endarter	rectomy for progressing stroke Hans-Henning Eckstein, Munich, Germa
09:47-09:53	Carotid bypass using hybrid carotid endarterectomy	d as a rescue technique for on-table failed Domenico Valenti, London, United Kingdo
09:53-10:00	Audience participation and	discussion
09.55-10.00		

29-09:35	Emergency stenting of the inte	ernal carotid artery with anterior Daniel Behme, Göttingen, Germa
35-09:41	Urgent carotid endarterectomy strokes	does not increase risk and will prevent me lan Loftus, London, United Kingdo
41-09:47	Emergency carotid endarterec	tomy for progressing stroke Hans-Henning Eckstein, Munich, Germa
47-09:53	Carotid bypass using hybrid as carotid endarterectomy	s a rescue technique for on-table failed Domenico Valenti, London, United Kingdo
53-10:00	Audience participation and dis	cussion
Intra	cranial clot retrieval	
	Chairman: Martin Brown, London, Moderator: Ross Naylor, Leiceste	•
30-10-40	Thromhectomy should be impl	lemented in clinical practice = ΔHΔ/ΔSΔ

	Moderator: Ross Naylor, Leicester, Uni	3
10:30-10:40	Thrombectomy should be implem guidelines	ented in clinical practice – AHA/ASA Alexander Khalessi, San Diego, United States
10:40-10:50	Intra-arterial therapy in the early n	nanagement of acute ischaemic stroke Jaap Kappelle, Utrecht, Netherlands
10:50-11:00	Selecting patients for acute endov	vascular cerebral clot extraction Laurent Spelle, Paris, France

11:00-11:10	Clot properties and technique outcome	e may impact technical result and patient Tommy Andersson, Kortrijk, Belgium
11:10-11:20	Multicentre experience with a thrombectomy with ACE64 re	aspirational technique for acute stroke eperfusion catheter

Annika Kowoll Bochum Germany Stent retrieval (Solitaire) vs. tissue plasminogen activator (tPA) - cost-

Martin Brown, London, United Kingdom effectiveness Kyriakos Lobotesis, Imperial College, London, United Kingdom Piotr Musialek, Krakow, Poland



Cerebral embolisation reduction and arch

protection devices Chairman: Martin Brown, London, United Kingdom Moderator: Ross Naylor, Leicester, United Kingdom 12:22-12:29 Modified transoesophageal echocardiography imaging to assess thoracic aortic embolisation risk Arno Nierich, Zwolle, Netherlands 12:29-12:36 Changes to endovascular left subclavian artery implantation technique to reduce cerebral embolisation Frank Arko, Charlotte, United States 12:36-12:43 Avoidance of cerebral embolisation by aortic arch deflection of flow (TriGuard) Alexandra Lansky, New Haven, United States 12:43-12:50 The use of Sentinel cerebral protection filter system to prevent arch

Richard Gibbs, Imperial College, London, United Kingdom

Additional Acute Stroke activities

Thursday 28 April

12:50-13:00 Audience participation and discussion

cerebral embolisation

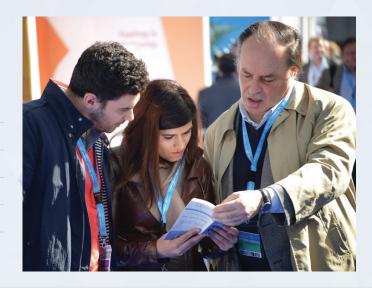
CX Parallel Sessions

carotid stenosis for urgent revascularisation

09:03-09:09 Impact of MicroNet technology on carotid revascularisation

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	Page 10	CX Imaging Day ● ● ●	Page 14
CX Aortic Edited Cases	Page 11	CX Abstract Presentations and Posters	Page 15
CX Peripheral Live and Edited Cases ●	Page 11	CX Meets Latin America ● ●	Page 15
CX Venous Workshop ●	Page 12	CX Paediatric Vascular Issues	Page 16
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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

12:20-12:30 New 1	Discussion LUNCH technologies in vascu		
New			
New	technologies in vascu		
	New technologies in vascular access		
	Chairman: Nicholas Inston, Birmingham, United Kingdom Moderator: Domenico Valenti, London, United Kingdom		
	0 0 0 1	Kate Steiner, Stevenage, United Kingdom	
13:38-13:46	Drug-coated balloon use in the trea fistulae	tment of dysfunctional arteriovenous Geert Maleux, Leuven, Belgium	
13:46-13:54	Endovascular thrombectomy	Dean Huang, London, United Kingdom	
13:54-14:02	Six-month results of scoring balloo	n for vascular access Andrew Holden, Auckland, New Zealand	
14:02-14:12	Discussion		
14:12-14:20	Experience with hybrid graft for arte	eriovenous access creation Andrea Agostinucci, Turin, Italy	
14:20-14:28	Early experiences with Rapidax II	Karim El Sakka, Brighton, United Kingdom	
14:28-14:36	Three-year experience with early ca	annulation tri-layer graft Matteo Tozzi, <i>Varese, Italy</i>	
14:3 <mark>6-14:4</mark> 4	HeRo device	James Gilbert, Oxford, United Kingdom	
14:44-14:54	Discussion		
14:54-15:02	Heparin-bonded ePTFE vascular gratency rates over ePTFE grafts	afts for haemodialysis provide high Richard Kellersmann, Wurzburg, Germany	
15:02-15:10	Omniflow graft	Nicholas Inston, Birmingham, United Kingdom	
15:10-15:18			
		Eric Chemla, London, United Kingdom	
15:18-15:30			
	TEA		
	13:54-14:02 14:02-14:12 14:12-14:20 14:20-14:28 14:28-14:36 14:36-14:44 14:44-14:54 14:54-15:02 15:02-15:10 15:10-15:18 15:18-15:30	13:30-13:38 Drug-eluting balloon angioplasty 13:38-13:46 Drug-coated balloon use in the trea fistulae 13:46-13:54 Endovascular thrombectomy 13:54-14:02 Six-month results of scoring balloo 14:02-14:12 Discussion 14:12-14:20 Experience with hybrid graft for art 14:20-14:28 Early experiences with Rapidax II 14:28-14:36 Three-year experience with early ca 14:36-14:44 HeRo device 14:44-14:54 Discussion 14:54-15:02 Heparin-bonded ePTFE vascular gr patency rates over ePTFE grafts 15:02-15:10 Omniflow graft 15:10-15:18 VasQ – external support device for	

Strategies for delivering and improving vascular access

acces	
	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 Mestres, 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

Chairman: Domenico Valenti, London, United Kingdom

Moderator: Nicholas Inston, Birmingham, United Kingdom

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

CX Vascular Access Skills Course – 28 April – Exhibition Hall (10:00–15:00)

Skills Stations:

Clinical assessment	Matthias Widmer, Bern, Switzerland
Duplex scan assessment before arterioveno	ous creation
	Kate Sommerville, London, United Kingdom
Radiocephalic AVF and snuffbox AVF fistula	a surgical technique – video
	Karim El Sakka, Brighton, United Kingdom
Brachiobasilic AVF and transposition surgion	cal technique – video
	Francis Calder, London, United Kingdom
Brachial axillary and brachiobasilic forearm	loop graft surgical technique - video
	Andrea Agostinucci, Turin, Italy
Brachiosubclavian art <mark>eri</mark> ovenous fistula wit	h hybrid graft – video
	Hiren Mistry, London, United Kingdom
Superficial femoral vein-Superficial femoral	•
graft – video	David Kingsmore, Glasgow, United Kingdom
Arterial – arterial (axillary-axillary) loop graf	
	Raghvinder Gambhir, London, United Kingdom
Duplex surveillance of arteriovenous fistula	
stenosis	Nicola Milburn, London, United Kingdom
Duplex surveillance of arteriovenous fistula	-
raft	Annette Quinn, London, United Kingdom
Ouplex surveillance of steal syndrome	Ben Freedman, London, United Kingdom
HeRO device	James Gilbert, Oxford, United Kingdom
Percutaneous arteriovenous fistula creation	Dheeraj Rajan, Toronto, Canada
Distal revascularisation-interval ligation (DF	RIL) technique
	Harry Schanzer, New York, United States
Proximalisation of the arterial inflow (PAI) to	echnique
	Jürgen Zanow, Jena, Germany
Banding technique	Paul Gibbs, Portsmouth, United Kingdom
Fistuloplasty	Mo Hamady, London, United Kingdom
Radiological thrombectomy	Jason Wilkins, London, United Kingdom
AVF and superior vena cava drug-eluting pe	ercutaneous transluminal angioplasty
and stenting	Kate Steiner, Stevenage, United Kingdom
Ultrasound-guided angioplasty	Dean Huang, London, United Kingdom
How to needle arteriovenous fistula graft	
3	Fatima Defigueiredo, London, United Kingdom

CX 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.



Kristine Paule, London, United Kingdom

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.

Thor	acic aortic		11:30-12:00	EVO Endurant next generation low-pro	
	Chairmen: Roger Greenhalgh, Imperial College, London, United Kingdom				Hence Verhagen, Rotterdam, Netherland
Andrew Holden, Auckland, New Zealand		12:00-12:30	• • • • • • • • • • • • • • • • • • • •		
08:30-09:00	TAG Thoracic Branch Endoprosthesis for	or the arch			William Jordan, Atlanta, United State
		Michael Dake, Stanford, United States		LUNCH	
09:00-09:30	Thoracic proximal scallop stent graft: ex with challenging thoracic anatomy	spanding proximal neck in patients Jos van den Berg, Lugano, Switzerland		Chairmen: Matt Thompson, London, United Frank Veith, New York, United Sta	•
09:30-10:00	09:30-10:00 Zenith Alpha Thoracic: treating a thoracic aneurysm with a modular		13:30-14:00	Special techniques of EVAS/Nellix	Andrew Holden, Auckland, New Zealan
	system	Fabio Verzini, Perugia, Italy		EXCLUDER iliac branch endoprosthes	sis
	COFFEE			·	Michel Makaroun, Pittsburgh, United State
Abdominal aortic		14:30-15:00	Infection control with open repair	Xavier Berard, Bordeaux, Franc	
Abud			15:00-15:30	Onyx liquid embolic system embolisa	tion for type II endoleaks
Chairmen: Frans Moll, Utrecht, Netherlands Andrew Holden, Auckland, New Zealand				Arne Schwindt, Münster, German	
10:30-11:00 Accuracy of placement and reduced contrast when deploying INCRAFT Domenico Baccellieri, Milan, Italy		15:30-16:00	Fenestrated EVAR for a juxtarenal aor	tic aneurysm	
				Andrej Schmidt, Leipzig, German	
11:00-11:30	Zenith Alpha Abdominal: an easy way to				
11.00-11.30					
	range of patients	Mauro Gargiulo, Bologna, Italy			



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 P	eripheral Live and Edite Chairman: Michael Jaff, Boston, United State	u Cases	14:00-
	Moderators: Giovanni Torsello, Münster, Ge Thomas Zeller, Bad Krozingen	rmany	14:30-
10:30-11:00	Drug-coated balloons for long lesions	Antonio Micari, Palermo, Italy	45.45
11:00-11:30	AngioSculpt followed by drug-coated b	alloon	15:15-
		Theodosios Bisdas, Münster, Germany Arne Schwindt, Münster, Germany	
11:30-12:00	Atherectomy and drug-coated balloon		15:45
12:00-12:30	Rotarex use for arterial occlusion	Theodosios Bisdas, Münster, Germany Arne Schwindt, Münster, Germany	10.15
	LUNCH		16:15-
	Chairperson: Iris Baumgartner, Bern, Switz Moderators: Thomas Zeller, Bad Krozingen,	rerland	16:45-
	Giovanni Torsello, Münster, Ge		
13:30-14:00	The deployment of the Zilver PTX drug	-eluting stent Theodosios Bisdas, Münster, Germany Arne Schwindt, Münster, Germany	

14:00-14:30	The value of the Tigris dual component ste	ent
	V B	sertrand Saint-Lebes, Toulouse, France
14:30-15:15	SUPERA - stent for calcified artery withou	t pre-treatment
		Theodosios Bisdas, Münster, Germany
		Arne Schwindt, Münster, Germany
15:15-15:45	The value of the SMART Flex stent	Peter Goverde, Antwerp, Belgium
	Chairman: Michael Jaff, Boston, United States	
	Moderators: Thomas Zeller, Bad Krozingen, Ger	many
	Giovanni Torsello, Münster, German	ny
15:45-16:15	The deployment of the Eluvia drug-eluting	stent
		Theodosios Bisdas, Münster, Germany
		Arne Schwindt, Münster, Germany
16:15-16:45	Viabahn stent graft for popliteal aneurysm	Michele Antonello, Padua, Italy
16:45-17:30	Atherectomy and drug-coated balloon	Arne Schwindt, Münster, Germany
		Theodosios Bisdas, Münster, Germany





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:

CX Venous Workshop - Day 1

Stations

Thermal ablation (radiofrequency)

Thermal ablation (laser)

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

Medico-legal pitfalls in venous practice

CX Venous Workshop - Day 2

Stations

Diagnostic venous ultrasound

Vascular ultrasound training simulator

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/vein reconstruction

Pelvic vein reflux

Venous entrapment syndromes

Air plethysmography

Haemodynamic assessment of lower limb outflow

Paget Schroetter syndrome

Demonstrators

Frank Arko, Charlotte, United States

Simon Ashley, Plymouth, United Kingdom

Joe Assenheim, Imperial College, London, United Kingdom

Gareth Bate, Solihull, United Kingdom Kursat Bozkurt, Istanbul, Turkev

Karen Breen, London, United Kingdom

Nick Burfitt, London, United Kingdom

Dan Carradice, Hull, United Kingdom

Eddie Chaloner, London, United Kingdom

Sylvain Chastanet, Nice, France

Ian Chetter, Hull, United Kingdom

Shakila Chowdhury, London, United Kingdom

Joannis Constantinides, London, United Kingdom

Lizzie Curry, Stoke-on-Trent, United Kingdom

Katy Darvall, Taunton, United Kingdom

Saroj Das, Imperial College, London, United Kingdom

Alun Davies, Imperial College, London, United Kingdom

Huw Davies, Birmingham, United Kingdom

Rick de Graaf, Maastricht, Netherlands

Brahman Dharmarajah, Imperial College, London, United

Mary Ellis, Imperial College, London, United Kingdom

Claude Franceschi, Paris, France

Gregory Fulton, Wilton, Ireland

Margaret Gardner, Ashtead, United Kingdom

Panos Gkoutzios, London, United Kingdom

Manj Gohel, Cambridge, United Kingdom

David Greenstein, London, United Kingdom

Aina Greig, London, United Kingdom

Julian Hague, London, United Kingdom

Thomas Heller, Rostock, Germany

Judith Holdstock, Godalming, United Kingdom

Peter Holt, London, United Kingdom

Rajesh Hydrabadi, Ahmedabad, India

Usman Jaffer, London, United Kingdom

Narayan Karunanithy, London, United Kingdom

Cuneyt Koksoy, Ankara, Turkey

Raghu Kolluri, Columbus, United States

Constantinos Kyriakides, London, United Kingdom Tristan Lane, London, United Kingdom

Christopher Lattimer, Imperial College, London, United Kingdom

Michael Lichtenberg, Arnsberg, Germany

Patrick Lintott, High Wycombe, United Kingdom

David Lockie, Brighton, United Kingdom

Anthony Lopez, London, United Kingdom

Oliver Lyons, London, United Kingdom

Anil Madhavan, Gillingham, United Kingdom

Kieran McBride, Kirkcaldy, United Kingdom

Vickie McDonald, London, United Kingdom

Andrew McIrvine, London, United Kingdom David McLain, Llantamam, United Kingdom

Matthew Metcalfe, Stevenage, United Kingdom

Kasuo Miyake, São Paulo, Brazil

Hayley Moore, Imperial College, London, United Kingdom



Sriram Narayanan, Singapore

Vikas Pandev, Imperial College, London, United Kingdom

Paul Pittaluga, Nice, France

Barrie Price, Guildford, United Kingdom

Nadeem Qazi, Imperial College, London, United Kingdom Samina Qureshi, Imperial College, London, United Kingdom

Hema Rao, Imperial College, London, United Kingdom

Sophie Renton, Harrow, United Kingdom

Alex Rodway, Redhill, United Kingdom

Prakash Saha, London, United Kingdom Carl Henrik Schelp, Bergen, Norway

John Scurr, London, United Kingdom

Eva Sevick, Houston, United States

Joseph Shalhoub, Imperial College, London, United Kingdom

Amanda Shepherd, Imperial College, London, United Kingdom

Ravi Singh Ranger, Cirencester, United Kingdom

Mustafa Sirlak, Ankara, Turkev

Gerry Stansby, Newcastle-upon-Tyne, United Kingdom

Attila Szabo, Budapest, Hungary

Robert Thomas, London, United Kingdom

John Thompson, Exeter, United Kingdom

Stephen Tristram, Basingstoke, United Kingdom

Jean-Francois Uhl. Paris. France

Thomas Weiler, Pforzheim, Germany

Andrew Wigham, Oxford, United Kingdom

Angela Williams, Imperial College, London, United Kingdom

Katherine Williams, Imperial College, London, United Kingdom

Dennis Wolf, London, United Kingdom

Kenneth Woodburn, Truro, United Kingdom



Technologies will include:

VascuLife (Alma Lasers)

CLEANER (Argon Medical)

Venovo stent (Bard)

Angioiet ZelanteDVT (Boston Scientific)

Ekosonic (BTG)

Varithena (BTG)

Zilver Vena stent (Cook Medical)

EVRF (F-Care Systems)

Norseld laser (Frontière Médicale)

Mantis (Invamed)

Venablock (Invamed)

VenaSeal system (Medtronic)

Venefit (Medtronic)

NeoLaser (NeoLaser)

RFiTT (Olympus) sinus-Venous stent (Optimed)

Indigo System (Penumbra)

VeinClear (RF Medical)

AspirexS (Straub Medical)

CapturexS (Straub Medical)

RotarexS (Straub Medical)

Clarivein (Vascular Insights)

VICI venous stent (Veniti) IVUS (Volcano)

ClearLumen (Walk Vascular)



Wednesday 27 April – Lower Main Auditorium

Course director: Dierk 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.





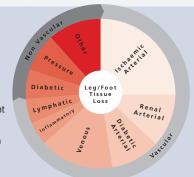


Thursday 28 April - Pillar Hall Learning Centre

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.



Rombout Kruse, Zwolle, Netherlands

Alik Farber, Boston, United States

Andrew Bradbury, Birmingham, United Kingdom

Cliff Shearman, Southampton, United Kingdom

Peter Schneider, Honolulu, United States

the Swedish Vascular Registry (SWEDEPAD) Marten Falkenberg, Gothenburg,

Debate: Open surgery is the treatment of choice for common and deep

Diabetic Vascular Disease Symposium

	Chairman: Michael Edmonds, London, United Kingdom		the Swedish Vascu
08:00-08:08	What is optimum method of vessel imaging in people with diabetes Jim Reekers, Amsterdam, Netherlands		Sweden
08:08-08:16	When to revascularise – are there any specific tests	11:20-11:28	Computational and
	Robert Hinchliffe, London, United Kingdom	11:28-11:36	Panel discussion
08:16-08:24	Exercise and exercise devices in the diabetic population Nicola Troisi, Florence, Italy	11:36-11:44	BASIL 2 and 3 upd
08:24-08:36	Panel discussion	11:44-11:52	BEST-CLI trial upd
08:36-08:44	Adjunctive techniques for wound healing	11:52-12:02	Panel discussion
	Andrew Boulton, Manchester, United Kingdom	12:02-12:18	Debate: Open sur
08:44-08:52	How to measure wound healing William Jeffcoate, Nottingham, United Kingdom		femoral artery disc
08:52-09:00	The use of autologous cell suspension in wound healing Harvey Chant, Truro, United Kingdom		For the motion: Against the motion
09:00-09:12	Panel discussion	12:18-12:30	Panel discussion

To stent or not to stent - that is the question Not to stent

Chairnereen: Iris Raumgartner Porn Switz

Computational and other models to evaluate collaterals

11:12-11:20 Randomising data for

ischaemic limbs within

Panel discussion BASIL 2 and 3 update

BEST-CLI trial update

femoral artery disease For the motion:

Against the motion:

aidot	tio root ouro putitivay
	Chairman: Cliff Shearman, Southampton, United Kingdom
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 Hisham 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 Kavarthapu, London, United Kingdom
09:44-10:00	Panel discussion COFFEE
Reva	scularisation of the ischaemic foot Chairman: Thomas Zeller, Bad Krozingen, Germany

Impact of cardiovascular risk factors on severity of peripheral artery

10:46-10:54 Pulsating negative pressure to increase peripheral blood flow - case

Thomas Wyss, Bern, Switzerland

Jonny Hisdal, Oslo, Norway

David King, London, United Kingdom

Gerry Stansby, Newcastle-upon-Tyne, United Kingdom

The King's College Hospital open access vascular

diabetic foot care pathway

	Chairperson: Ins Baurigaither, Bern, Switzerland
13:30-13:38	Why to avoid stents in femoropopliteal interventions William Gray, Wynnewood, United State
13:38-13:46	The current place of drug-coated balloons compared with other modalities Erwin Blessing, Heidelberg, German
13:46-13:54	Drug-coated balloons are not all equivalent
	Thomas Zeller, Bad Krozingen, German
13:54-14:04	Panel discussion
14:04-14:12	The benefits of mechanical debulking and thrombectomy in acute to chronic arterial occlusions Miroslav Bulvas, Prague, Czech Republi
14:12-14:20	Drug-coated balloons as treatment of choice for TASC II C & D femoropopliteal lesions Antonio Micari, Palermo, Ital
14:20-14:28	Artery wall response and clinical effect of different modes of delivery of
	drug from drug-coated balloons Renu Virmani, Gaithersburg, United State
14:28-14:38	Panel discussion
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 State
14:54-15:02	Algorithm of care Fabrizio Fanelli, Rome, Ital
15:02-15:10	The 3 –5 year follow-up of drug-coated balloons will be a watershed
	Michael Jaff, Boston, United State
15:10-15:30	Panel discussion
	TEA



To stent

	Chairman: Roger Greenhalgh, <i>Imperial College, Lond</i> Moderator: Michael Jaff, <i>Boston, United States</i>	don, United Kingdom
16:00-16:08	Evidence for stent graft for iliac recanalisation	n Michele Antonello, Padua, Italy
16:08-16:16	Sub-intimal stent consequences – biphasic was Luis N	<mark>ave form outcome</mark> Mariano Palena, <i>Abano Terme, Italy</i>
16:16-16:24	Stents for superficial femoral artery lesions >2 balloons Dor	25cms or drug-coated nald Jacobs, St Louis, United States
16:24-16:32	The rationale for stent grafts for TASC II C & D) femoropopliteal lesions Martin Funovics, Vienna, Austria
16:32-16:40	Stent options for long lesions	Peter Goverde, Antwerp, Belgium
16:40-16:48	Panel discussion	
16:48-16:56	Swirling flow is mandatory and cheaper than experience of the state of	drug-eluting stent er Gaines, Sheffield, United Kingdom
16:56-17:04	The expected benefit of drug elution to the sa	me new nitinol scaffold stent Yann Goueffic, Nantes, France
17:04-17:12	Stents for superficial femoral artery lesions ex	ktending to the popliteal Eric Ducasse, Bordeaux, France
17:12-17:20	Panel discussion	
17:20-17:28	In-stent restenosis types and considerations	Gary Ansel, Columbus, United States
17:28-17:36	Treatment options for in-stent restenosis	Marianne Brodmann, Graz, Austria
Belov	w the knee	
17:36-17:44	Bioresorbable stents for below-the-knee use	Ramon Varcoe, Sydney, Australia
17:44-18:00	Panel discussion	

13



10:30-10:38

10:38-10:46 The Bluedop device

10:54-11:02 Dual platelet therapy

11:02-11:12 Panel discussion

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, physicianinventors, engineers, medtech investors and start-up companies focused on improving vascular disease management.

Chairmen: Stephen Greenhalgh, London, United Kingdom Andrew Holden, Auckland, New Zealand

				rti	

08:00-08:10	Surgeon modified and simplified TA	AAA device with early experience
		Patrick Kelly, Sioux Falls, United States
08:10-08:20	New software for the measurement	of the inside of the curve aortic disease
		Jean-Paul de Vries, Nieuwegein, Netherlands
08:20-08:30	Off-label use of Amplatzer vascular	plug II to seal small chronic dissection
	entries in the arch	Marten Falkenberg, Gothenburg, Sweden
08:30-08:40	Thoracoabdominal branch endopro	sthesis
		Pierre Galvagni Silveira, Florianópolis, Brazil
08:40-08:50	Discussion	

Abdominal aortic

09:50-10:00 Discussion COFFEE

Abuu	
08:50-09:00	Pre-cannulated FEVAR using guidewire fixator
	Anders Wanhainen, Uppsala, Sweden
09:00-09:10	3D-printed aortic models for FEVAR Benjamin Stames, Seattle, United States
09:10-09:20	Advances in the in-vivo fenestration technology Bao Bui, Sherbrooke, Canada
09:20-09:30	Overall review of Zenith Alpha technology
	Eric Verhoeven, Nuremberg, Germany
09:30-09:40	Branching out: technologies from the aortic arch to the iliacs
	Nilo Mosquera, Ourense, Spain
09:40-09:50	Realtime overlay for aneurysm repair on a mobile unit: the ROAM technique
	Blandine Maurel, London, United Kingdom

Perip	heral	
10:30-10:40	Endovascular sealing of common illi experience	ac artery aneurysms – multicentre Jean-Paul de Vries, Nieuwegein, Netherlands
10:40-10:45	Case experience of iliac artery treatr	nent with robotic hybrid approach Fabien Thaveau, Strasbourg, France
10:45-10:50	ePTFE balloon with a paclitaxel coat retention: results with porcine periple	ing engineered for enhanced arterial heral arteries Rami Tzafriri, Lexington, United States
10:50-11:00	Angiographic and clinical 6 months re	esults of the CONSEQUENT trial Ulf Redlich, Magdeburg, Germany
11:00-11:10	Chocolate drug-coated balloons	Andrew Holden, Auckland, New Zealand
11:10-11:20	Prolonged balloon inflation of lesion	s >25cm – initial results Antonio Micari, Palermo, Italy
11:20-11:30	Discussion	
11:30-11:40	Freedom trial: Everflex peripheral se system	olf-expanding stent with Entrust delivery Yann Goueffic, Nantes, France
11:40-11:50	Zilver PTX stenting against bypass s (ZILVERPASS)	Surgery for long SFA lesions Koen Deloose, Dendermonde, Belgium

	11:50-12:00	Percutaneous fem-pop bypass	: a novel endovascular solution for long
		segment disease	Dainis Krievins, Riga, Latvia
	12:00-12:10	The Abbott Vascular bioresorba	able stent programme for below-the-knee
		treatment: rationale, technolog	y and clinical programme
			Richard Rapoza, Santa Clara, United States
	12:10-12:20	Below-the-knee dose reduction	ı
			Celia Riga, Imperial College, London, United Kingdom
	12:20-12:30	Discussion	
		LUNCH	
	13:30-13:40	Popliteal entrapment	Luca di Marzo, Rome, Italy
	13:40-13:50	The effects of autologous cell s	suspension for venous leg ulcers
			Paul Hayes, Cambridge, United Kingdom
	13:50-14:00	•	hostile access vessels and secure limb
		perfusion	Thomas Larzon, Örebro, Sweden
	14:00-14:10	everlinQ	Dheeraj Rajan, Toronto, Canada
	14:10-14:20	Discussion	
	Innov	vation challenges	
	14:20-14:30		lan device engage
	14.20-14.30	The use of registry data in getti	Jose Pablo Morales, Silver Spring, United States
ls	14:30-14:40	Hawaan Eurana baaama mara	involved in Medtech innovation?
	14.30-14.40	now can Europe become more	Chas Taylor, Horsham, United Kingdom
	14:40-14:50	Raising money for early stage	
	14.40-14.50	raising money for early stage i	Alan Edwards, Ruthin, United Kingdom
	14:50-15:00	Agile innovation	Bob Mitchell, Hertogenbosch, Netherlands
	15:00-15:30	Discussion	200 Willows, Hellogenboson, Netherlands
	10.00-10.00	TEA	
		125	
	16:00-18:00	Dragons' Den	
	10.00 10.00	Panel: Bob Mitchell Hertogenbosch	Netherlands

Panel: Bob Mitchell, Hertogenbosch, Net	therlands	
Daveen Chopra, Santa Rosa, United States		
Jason Field, Flagstaff, United States		
Chas Taylor, Horsham, United Kingdom		
Introduction to the Dragons' Den	Stephen Greenhalgh, London, Unit	

ted Kingdom The Switch suturing device Jeroen Soederhuijsen, Hoofddorp, Netherlands Discussion Novel predictive scoring system and app for renal access

Ali Kordzadeh, Chelmsford, United Kingdom Discussion

The wound healing chamber Magdiel Trinidad Vazguez, Guadalaiara, Mexico Discussion

A wireless system for following up vascular surgery procedures Manuel Hernando Rydings, Pontevedra, Spain

Discussion Biomatrix sclerofoam for endovenous and interventional therapy

Johann Christof Ragg, Berlin, Germany Discussion

Sprayable ultrasound medium improving hygiene in medical and aesthetic treatments Johann Christof Ragg, Berlin, Germany Discussion

More presentations to be announced

Vote by the Dragons Announcement of the winner

CX Imaging Day • • •





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 Mastracci, L Chairman: Frank Veith, New Yor	
08:00-08:07	CO2 imaging with excellent in	mage quality
		Ulf Teichgraeber, Jena, Germany
08:07-08:14	Value of fusion imaging to fa	cilitate treatment of complex aorto-iliac
	occlusions	Klaus Overbeck, Sunderland, United Kingdom
08:14-08:21	Improving procedural succes	ss in complex pathologies with robotics
	and 3D imaging	Barry Katzen, Miami, United States
08:21-08:30	Panel discussion	A

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	
00:44 00:50	Description of the control of the co		

06.44-06.53	Panel discussion	
Aorti	c imaging	
08:53-09:00	Choices for aortic imaging Ferdin	and Serracino-Inglott, Manchester, United Kingdom
09:00-09:07		or EVAR/TEVAR/iliac procedures with fusion tion use, operative time and number of Timothy Resch, Malmö, Sweden
09:07-09:14	Imaging after endovascular device	sealing using the Nellix sac anchoring Leo van den Ham, Arnhem, Netherlands
09:14-09:21	A new integrated workflow	for EVAR – how it helps to get better results Stéphan Haulon, Lille, France
09:21-09:30	Panel discussion	
09:30-09:37	How to prevent the challeng vascular procedures	ging contrast induced nephrotoxicity in Vincent Riambau, Barcelona, Spain
09:37-09:44	Robotic benefits for endova	scular procedures Celia Riga, Imperial College, London, United Kingdom
09:44-09:51	Benefits of intraoperative furnishment	usion imaging for aortic dissection Hervé Rousseau, Toulouse, France
09:51-10:00	Panel discussion	
	COFFEE	



CX Vascular Imaging Abstracts Presentations

Chairmen: Stéphan Haulon, Lille, France

Richard McWilliams, Liverpool, United Kingdom

Computed tomography evaluation of Adamkiewicz artery in patients with and without aortic disease Alexandre Amato, São 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 Jalalzadeh. Amsterdam Zuid-Oost. Netherlands

Discussion

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

Features associated with abdominal aortic aneurysm growth and rupture - a systematic review of haemodynamic imaging markers

Reza Indrakusuma, Amsterdam, Netherlands

Discussion

Preoperative 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

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

Discussion

Optimal use of the hybrid operating room: success factor training

Clemens Bulitta, Weiden, Germany

Discussion

Spy angiography a novel technique - to prognosticate ischaemic wound healing in critical limb ischaemia Hiten Patel. Vadodara. India

Discussion

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

Discussion

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

Exhibition Hall imaging activities (13:00–16:30)

In the afternoon, GE, Hansen Medical, Siemens, Philips Volcano and Ziehm will be giving demonstrations on imaging procedures with physician experts at their stands

Updates of the activities are available on www.cxsymposium.com/cx-imaging-day



CX Abstract Presentations and Poster Sessions • • • •

CX Abstract Board

Co-chairmen: Ian Loftus and Richard Gibbs

Board: Paul Hayes, Robert Hinchliffe, Colin Bicknell, 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 continue showcasing the research of upcoming leaders in the field at this year's event.

The number of submissions of abstracts and posters continues to increase year on year; for CX 2016, more than 300 were received, showing the valuable scientific contribution from academic centres of excellence from all over the world.

The CX Abstract Board and members of the CX Programme Organising Board have selected and accepted over 190 abstracts and nearly 30 posters.

Throughout the four days of the Symposium, the abstract presentations have been divided into themed sessions - abdominal aortic aneurysm, thoracic aortic, venous, peripheral arterial, acute stroke - and will take place in the CX Learning Centres.

The presentations 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.

In addition to abstracts, the CX Abstract Board has selected the best posters received and they will be displayed in the Exhibition Hall.

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

CX Abstracts schedule

Date	Abstract Session	Learning Centre	Time
Tuesday	Thoracic Aortic	London Room	Morning
26 April	Abdominal Aortic Aneurysm	London Room	Afternoon
Wednesday	Peripheral Arterial	London Room	Morning
27 April	Peripheral Arterial	London Room	Afternoon
Thursday	Imaging	Olympia Room	Morning
28 April	Acute Stroke Challenges	Olympia Room	Afternoon
	Aortic / Peripheral	Lower Main Auditorium	Morning
Friday 29 April	Vascular Access	Pillar Hall	Morning
	Venous	London Room	Morning

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

14:05-14:10 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

Chairman: Pierre Galvagni Silveira, Florianópolis. Brazil

Faculty Discussants:

Matt Thompson, London, United Kingdom Dittmar Böckler, Heidelberg, Germany Colin Bicknell, Imperial College, London, United Kingdom Vincent Riambau, Barcelona, Spain 12:15-12:35 Lunch being served 12:35-12:40 Introduction by the chairman

Thoracic Outlet syndrome

		Alberto Munoz, Bogota, C			Zealand the I	Excluder AAA devi
12:45-12:50	Discussion			13:55-14:00	Discussion	
Aortic		14:00-14:05	AFX – a diffic	cult case scenario		
				Leonardo Lucas, R		
12:50-12:55	Challenging aorti	c arch for TEVAR		14:05-14:10	Discussion	

	Marco Lourenço, Curitiba, Brazil	14:10-14:15	Using a simulator for surgical planning in the	
12:55-13:00	Discussion		treatment of juxtarenal aneurysms Guilherme Meirelles, Campinas, Braz	
13:00-13:05	U. J. B.L. San			
		14:15-14:20	Discussion	
13:05-13:10	Discussion	14:20-14:25	Chimney technique for EVAR migration	
13:10-13:15	Early results of the first in-human EXCLUDER		Ignacio Escotto Sanchez, Mexico City, Mexico	
	thoracoabdominal branch endoprosthesis	14:25-14:30	Discussion	
	Pierre Galvagni Silveira, Florianópolis, Brazil			
13:15-13:20	Discussion	Perip	heral arterial	
13:20-13:25	AFX endovascular AAA system	14:30-14:35	Indications for prostanoids (PGE1) in critical	

Patricio Zaefferer, Buenos Aires, Argenti

13:25-13:30	Discussion		
13:30-13:35	Complex cases resolution with conformable		
	TAG thoracic endoprosthesis and EXCLUDER		
	AAA endoprosthesis featuring C3 delivery		
	system	Gustavo Paludetto, Brasilia, Brazil	
13:35-13:40	Discussion		
13:40-13:45	Nellix	Patricio Zaefferer, Buenos Aires, Brazil	

13:45-13:50 Discussion

cular AAA system atricio Zaefferer, Buenos Aires, Argentina	Perip 14:30-14:35	eripheral arterial 35 Indications for prostanoids (PGE1) in critica limb ischaemia Guillermo Javier Garelli, Córdoba, Argen	
es resolution with conformable	14:35-14:40	Discussion	
endoprosthesis and EXCLUDER sthesis featuring C3 delivery Gustavo Paludetto, Brasilia, Brazil	14:40-14:45	Endoluminal popliteal bypass evidence: tips and tricks – a review of challenging cases Alvaro Razuk, São Paulo, Braz	
	14:45-14:50	Discussion	
Patricio Zaefferer, Buenos Aires, Brazil	14:50-14:55	Long femoropopliteal occlusive disease is	

13:50-13:55 Comparison of real life EVAR results in Latin

America, USA, Europe and Australia/New

Zealand the Excluder AAA device: The GREAT

Tulio Navarro, Belo Horizonte, Brazil

Leonardo Lucas Rio de Janeiro Brazil

15

better treated with covered stent

Luiz Furuva. São Paulo. Brazil

14:55-15:00 Discussion



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

Clare McLaren, London, United Kinadom

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
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
lan McCafferty, Birmingham, United Kingdom

Bypass surgery in children, vein, which vein or conduit?

Colin Forman, London, United Kingdom Interactive case presentations and discussion

COFFEE

Arterial pathologies

Vasculitis - diagnosis, management

Meryl Davis, London, United Kingdom

Paediatric vascular trauma

Nigel Tai, London, United Kingdom

Congenital arterial and aneurysmal disease

George Hamilton, London, United Kingdom

Endovascular treatment, acute and chronic

vascular treatment, acute and chronic

Derek Roebuck. London. United Kinadom

Tumours with vascular involvement: overview and cases Malcolm Simms, Birmingham, United Kingdom

lan McCafferty, Birmingham, United Kingdom Simon McGuirk, Birmingham, United Kingdom

Interactive case presentations and discussion

Venous pathologies and malformations

Vascular malformations: paediatric issues

George Hamilton, London, United Kingdom
Klippel-Trenaunay syndrome in children: when to
treat? George Hamilton, London, United Kingdom

Interventions for low and high flow vascular
malformations

Joe Brookes, London, United Kingdon

lan McCafferty, Birmingham, United Kingdom
Case presentation: Venous aneurysm combined with

low flow vascular malformation
Simon McGuirk, Birmingham, United Kingdom

Case presentation: Thoracic outlet syndrome

Malcolm Simms, Birmingham, United Kingdom

Interactive case presentations and discussion

Call for Paediatric Vascular Case submissions

CX is looking for paediatric vascular management dilemmas to encourage audience discussion at the CX Paediatric Vascular Issues course.

Clinicians are invited to submit paediatric cases concerning acute or chronic limb ischaemia, trauma, mid-aortic syndrome, cancer resection and vascular malformations.

Format: Cases should be submitted in Powerpoint (maximum three slides or the equivalent to a three-minute presentation). The material should be limited to the case presentation for discussion by the delegates and expert panel – no 'lectures' or literature review of the associated condition should be included.

Deadline for submission: 10 April 2016

Please send your cases to: katherine@bibamedical.com



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 embolo/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 Wohlgemuth, Regensburg, Germany

13:55-14:05 Venous malformations: interactive case presentation

Walter Wohlgemuth, Regensburg, Germany

Matthias Widmer, Bern, Switzerland
Joe Brookes, London, United Kingdom

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 Brookes, London, United Kingdom

14:20-14:35 Klippel-Trenaunay syndrome: interactive case presentation
Andreas Saleh, Munich, Germany
Iris Baumgartner, Bern, Switzerland
Matthias Widmer, Bern, Switzerland

14:35-14:45 Arteriovenous malformations classification Andreas Saleh, Munich, Germany
14:45-15:00 Arteriovenous malformations: interactive case presentation

Iris Baumgartner, Bern, Switzerland Joe Brookes, London, United Kingdom Andreas Saleh, Munich, Germany

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

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

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

Industry 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 Vries, Nieuwegein, Netherlands

13:03-13:12 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 Berard, 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

Afshin Assadian, Vienna, Austria

12:56-12:59 Discussion

12:59-13:09 Video of Anaconda implantation – infrarenal neck angulation up to 90°

Donald Reid, Giasgow, United Kingdom

13:09-13:12 Discussion

13:12-13:22 The Dutch experience – mid-term follow-up of Fenestrated Anaconda

Clark Zeebregts, 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 Vries, 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 Goverde, Antwerp, Belgium

15:52-15:58 **Discussion**



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				Cancellation policy: Canc	cellation prior to 25th March 2010	6 will be subject to a 20% admi	inistration charge. We regret				
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Participant information (block capitals) Title First name Last name

Institution or company

Address

City

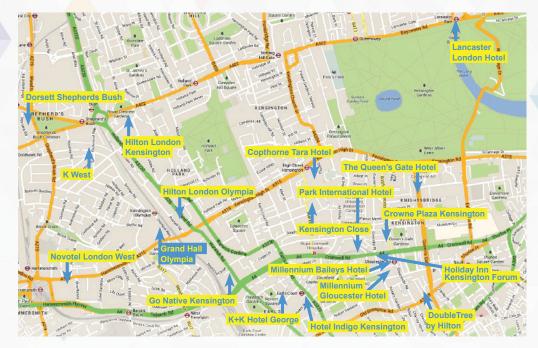
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Hotels within walking distance

Hotels easily accessible via public transport

<u>// \/ \/ \/ \/ \/ </u>	Single	Double			Double	
Copthorne Tara	■£142	□£152	Crowne Plaza Kensington	⊒ £225	□ £235	
Dorsett Shepherds Bush	■£175	⊒£185	Holiday Inn Forum	1 45	□ £155	
Hilton London Kensington	□£215	■£225	Hotel Indigo Kensington	⊒£209	⊒£209	
Hilton Olympia Exec Rooms	⊒£281	■£291	Lancaster London	⊒£240	⊒£250	
Kensington Close	□£165	■£170	Millennium Baileys	Fully Booked		
K West	Fully Booked		Millennium Gloucester	Fully Booked		
K+K Hotel George	Fully Booked		The Queen's Gate	⊒£180	⊒£190	
Novotel London West	Fully Booked		Park International Hotel	□£155	⊒£165	
GO Native Apartments	■£169	■£169	DoubleTree by Hilton	■£172	⊒£185	
One Bed, Open Plan (sleeps	up to 2)					

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.

Booking details

Arrival date | | | | |
Departure date | | | |
Number of nights
Rate per night £ . (Based on first preference)

Payment

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Signature									

Ref: CX2016-4



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
- 5. Access www.cxsymposium.com for Programme updates

Conference venue address

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Exhibitor information

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