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Record attendance at JIM 2011

The organisers of JIM 2011 are proud to report a record first day attendance at this year's meeting. An impressive 1520 delegates from more than 60 countries attended on Thursday, and the organisers would like to express their gratitude to all delegates and industry sponsors for their continued support.

The first day of the JIM programme provided a unique educational platform that featured presentations, live surgical cases and specially themed lunch and cocktail symposia that covered the entire spectrum of interventional vascular treatments. Friday and Saturday will be just as comprehensive, with even more sessions dedicated to advancing education in the field.

On Friday, the main topics that will be covered include: percutaneous valve tips and tricks, with a strong focus on the CoreValve and Sapien TAVI devices; next generation drug-eluting stents; the closure of patent foramen ovals and perivalvular leaks; peripheral cases and a special nine case cocktail session dedicated to chronic total occlusions, bifurcation and left main interventions.



Delegates gathering outside Main Hall Leonardo

On Saturday, JIM encourages you to attend the breakfast session dedicated to percutaneous coronary interventions. In addition, there is also an exciting programme of taped cases, guest presenta-

tions and a number of live cases streamed directly from London, UK.

Once again thank you for continued interest, and we hope that you will thoroughly enjoy the remaining two days of JIM 2011.

Opening live cases play to a packed auditorium

The first session of JIM 2011 began in the Main Hall Leonardo, which was packed with delegates all eager to see two featured live cases from San Raffaele Hospital, Milan, led by Antonio Colombo and colleagues.

Case one

The first live case, assisted by Alaide Chieffo, involved a transcatheter aortic valve implantation (TAVI) procedure on an 87-year-old male. The surgical team used age and logistic EuroSCORE criteria in their decision to proceed using TAVI.

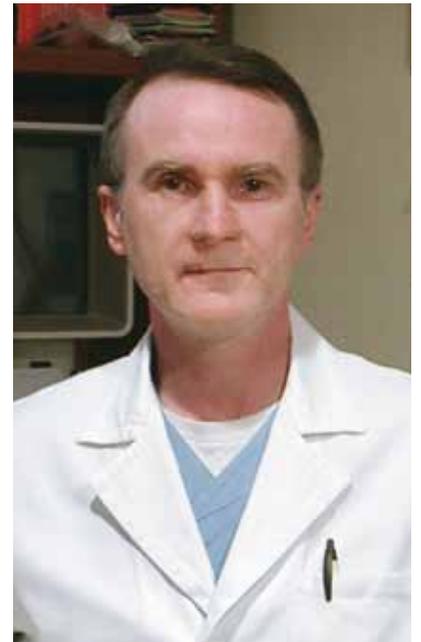
Commenting on this selection criteria, chairman Martin Leon (Columbia University Medical Centre, New York, USA) warned that, in his opinion, the logistic EuroSCORE was "rubbish for predicting outcomes after TAVI". However, he did agree that the patient age would be a good

indication for TAVI, and also conceded that following EuroSCORE criteria would be beneficial for re-imburement.

To delve further, Dr Leon asked Martyn Thomas (St Thomas's Hospital, London, UK) as to the UK perspective on EuroSCORE criteria and TAVI: "In the UK, the indication for TAVI is that it's agreed by a multi-disciplinary team", replied Dr Thomas, adding that his team of cardiologists, surgeons and other experts took less notice of score systems, acting more on what they felt was the best approach.

Continuing the debate, Dr Leon addressed the panel to see if they agreed that doing percutaneous coronary intervention (PCI) prior to TAVI is the best approach for a patient with coronary disease and aortic stenosis.

Continued on page 2



Antonio Colombo

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Peripheral: Selected Cases cocktail symposium Room Giotto Friday 18.15–20.15

Breaking through the barriers of occlusive disease

Peripheral disease, with a particular focus on below-the-knee (BTK) occlusions, will be explored in a special cocktail symposium held on Friday evening.

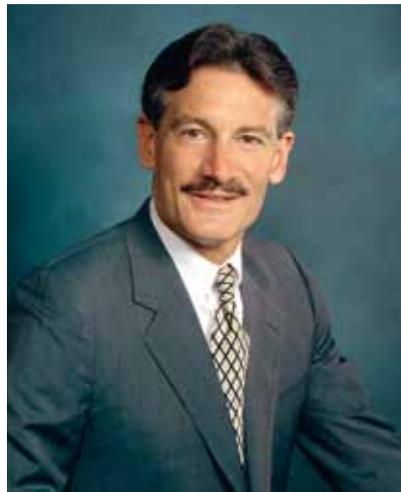
Speaking to *JIM Today*, Robert Bersin (Seattle Cardiology and Swedish Medical Centre, Seattle, USA) gave an overview of the current status of occlusion treatments and drug-eluting technologies in advance of his presentation during the session.

"Really, the two biggest categories of issues we face in lower extremity interventions are how to handle chronic total occlusions and how to prevent recurrences" said Dr Bersin. "The latter issue of how to prevent recurrences has been a vexing one for us as interventionalists in the lower extremities for some time.

"We have everything working against us: the lesions are long, typically; the vessels are long; the flow rates aren't necessarily high, and the diameter of the ves-

sels, especially when you get below the knee in the tibial-peroneal vessel, are also small."

Inspired by the success of coronary stenting, drug-eluting technologies have been re-appropriated in recent times to combat peripheral disease: "Over the last decade, there have been initial attempts to develop drug-eluting stents using sirolimus-based stents, just like what's used originally in the heart with the Cypher [Cordis] product, and more recently with the Xience product made by Abbott."



Robert Bersin

achieved results even close to that found in heart coronary application. Fortunately, paclitaxel has emerged as an alterna-

tive which is proving extremely effective in the lower extremities: "That, I think, is one of the more exciting things that I will talk about", continued Dr Bersin. "We are finally breaking through the restenosis barrier as compared to either bare metal or just percutaneous transluminal angioplasty."

Therefore, stent technology appears to be finally rising to the challenge of peripheral

intervention and, according to Dr Bersin, one device in particular is leading the field: "As far as stent technologies are concerned, the Cook Zilver PTX is the first drug-eluting stent platform for the lower extremities that has demonstrated in prospective randomised studies to be of significant benefit", he said.

Two year data from the Zilver PTX trial was presented last month at the Leipzig Interventional Course, Germany, and Dr Bersin was impressed with the outcome: "It's a sustained benefit. It continues – there's no loss of benefit between year one and two."

In addition to stents, several paclitaxel-based drug-eluting balloons (DEB) are also in development: "The only differences between them are the delivery vehicle – the mode by which the drug is delivered on the balloon", he said. "The proof of principle for these drug-eluting balloons has been established in at least three prospective randomised trials using different platforms."

In all of these cases, a reduction in either late loss or the need for re-intervention was found, so results will likely have a big impact on clinicians, as Dr Bersin predicts: "The drug-eluting balloon technology is looming as this very important next step."

However, questions still remain on whether to pre-treat or post-treat complications that arise after administration of DEB: "How does a patient do who gets a drug-eluting balloon and then ends up with a dissection, and needs a bare metal stent on top of it?", said Dr Bersin. "Does a patient do better with preparing the lesion with atherectomy before the drug-eluting balloon is delivered? These are areas that are being examined now."

"[The US] government is mired in bureaucracies when it comes to device and drug approvals and it is, in my opinion, too expensive and lengthy a process that we just cannot afford anymore. I'd like to see us to have a more European-style approval mechanism that's less expensive."

Robert Bersin (Seattle Cardiology and Swedish Medical Centre, Seattle, USA)

However, sirolimus-eluting devices utilised in the peripheral arteries have not

CTO, Bifurcation and Left Main Selected Cases with comments by The Masters session Room Tiziano Friday 18.15–20.30

STAR turn for chronic total occlusion treatment

A showcase of nine different cases exploring chronic total occlusions (CTO), bifurcation and left main interventions will be presented by leading experts during a special cocktail symposium on Friday evening.

Alfredo Galassi (Ferraro Hospital, University of Catania, Italy) will be chairing the session, as well as presenting his own CTO case. "The case I'm presenting is a case on the STAR [subintimal tracking and reentry] technique, which is a sort of controversial strategy for CTO that in my view can be used as a rescue technique when all other techniques fail", said Professor Galassi.

Pioneered by Antonio Colombo in 2005, the STAR technique works by creating a dissection plane in the coronary artery, similar to that used in peripheral vascular disease.¹ Professor Galassi's case involves a female patient who had an initial percutaneous coronary intervention (PCI) on the right internal mammary

artery in 1997, which was then re-addressed in 2010 when problems persisted. At that time, he reopened the artery using the STAR technique. "The patient is now stable and everything is fine", continued Professor Galassi. "This technique

is a technique that is of course not advisable as a first time strategy but it can be used as a rescue technique."

Professor Galassi also hopes that the session will provide an opportunity for him to give a preview of a

modification of the traditional STAR technique, of which he is the principal founder. The technique, called Mini-STAR, modifies the existing STAR technique with a smaller profile. "Basically, the sub-intimal tracking is reduced significantly with the new wires that we are using nowadays, and this is the trick that we are adopting when we do this so-called mini-STAR", he said, adding: "This is of course an advantage because we don't need to use a long stent."

The mini-STAR technique will feature in an upcoming paper in *Catheterization and Cardiovascular Interventions*, and the results that are to be published demonstrate a very promising strategy for the

treatment of CTO lesions.² As shown in the Figure, 117 CTO patients, all with failed initial revascularization attempts, demonstrated a higher rate of procedural success using mini-STAR (97.6% vs 52%, p<0.001) when compared to other conventional rescue techniques such as parallel wire, traditional STAR, the microchannel technique, intracoronary ultrasound guided revascularization and anchor balloon.² In addition, lower contrast agent use (442 ± 259 cc vs 561 ± 243 cc, p=0.01) and shorter procedural and fluoroscopy times (122 ± 61 vs 157 ± 74 min, p=0.009 and 60 ± 31 min vs 75 ± 38 min, p=0.03 respectively) were also achieved with mini-STAR.²

Professor Galassi will give more details on his case and the STAR family of techniques during the CTO, Bifurcation and Left Main Selected Cases with comments by The Masters session, 18.15–20.30 on Friday in Room Tiziano.

References

- Colombo A, Mikhail GW, Michev I, et al. Treating Chronic Total Occlusions Using Subintimal Tracking and Reentry: The STAR Technique. *Catheter Cardiovasc Interv* 2005; 64(4): 407–11.
- Galassi AR, et al. Mini-STAR as bail-out strategy for percutaneous coronary intervention of chronic total occlusion. *Catheter Cardiovasc Interv*; Accepted.

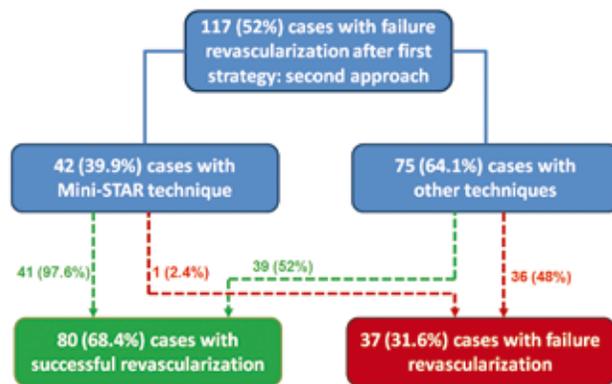


Figure caption: Flow diagram of second approach "bail-out" strategies for 117 CTO patients that had previously suffered a failed initial revascularization attempt. Subsequent treatment with the mini-STAR technique yielded a 97.6% rate of procedural success (revascularization), way surpassing conventional treatment techniques which yielded only 52% success.



Alfredo Galassi