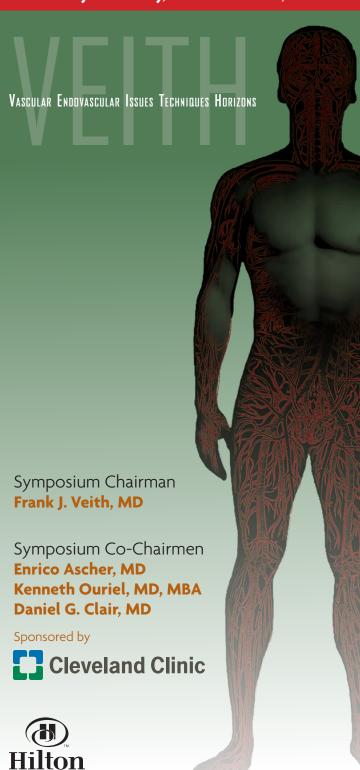


Tuesday - Saturday, November 18-22, 2014



ACKNOWLEDGMENTS

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

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NEEDS ASSESSMENT

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

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

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

FOCUS

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

OBJECTIVES

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

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

TARGET AUDIENCE

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

TRANSLATION LANGUAGES

Translation from English to Spanish, Portuguese and Chinese will be provided in selected sessions on selected days.

ASSOCIATE FACULTY PODIUM/POSTER PRESENTATIONS

Please visit our web site (www.veithsymposium.org) for details and instructions.

GENERAL SESSIONS

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

Saturday Component Sessions will be held as follows:

Complex Vascular Malformations And Vascular Tumors: Current

Controversies And Therapies

Location: Trianon Ballroom, 3rd floor Endovascular Treatment Of Venous Disease Location: Grand Ballroom East, 3rd floor

Hemodialysis Access

Location: Grand Ballroom West, 3rd floor

WOUNDS

Location: Gramercy Suites East and West, 2nd floor

Multidisciplinary Acute Stroke Management will be held on Thursday, November 20, 2014 in the Murray Hill Suites East and West on the 2nd floor.

VIDEO SESSION FEATURING COMPLICATIONS AND **UNUSUAL CASES**

Tuesday, November 18, 2014 - 5:30 P.M. - 7:45 P.M. Location: Gramercy Suites East and West, 2nd floor

There are some European interventionalists who are cutting edge leaders in new and better endovascular techniques and dealing with unusual complications. Some of these individuals will be included in this Tuesday evening program featuring challenging recorded live cases in these two important areas.

This program will be led by Dr. Plinio Rossi and will start at 5:30 P.M. and go until approximately 7:45 P.M., with ample time for audience discussion and questions. This program will provide a state-of-the-art update on exciting new treatment techniques. Cocktails and heavy hors d'oeuvres will be provided throughout the evening, courtesy of Cook Medical. (This is a non-CME activity.)

WEDNESDAY EVENING LINC PROGRAM WITH RECORDED **LIVE CASES**

Location: Trianon Ballroom, 3rd Floor

Time and agenda to be announced. Please visit www.veithsymposium.

org for updates. (This is a non-CME activity.)

ACCREDITATION STATEMENT

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

The Cleveland Clinic Foundation Center for Continuing Education designates this live activity for a maximum of 48.25 *AMA PRA Category 1 Credits*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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

ABS MAINTENANCE OF CERTIFICATION

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

CME CERTIFICATES AND COURSE EVALUATION FORMS

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

FACULTY DISCLOSURE

The Cleveland Clinic Foundation Center for Continuing Education has implemented a policy to comply with the current Accreditation Council for Continuing Medical Education Standards for Commercial Support requiring resolution of all faculty conflicts of interest. Faculty declaring a relevant commercial interest will be identified in the activity syllabus.

ADA STATEMENT

The Cleveland Clinic Foundation Center for Continuing Education complies with the legal requirements of the Americans with Disability Act. If any participant of the VEITHsymposium requires special assistance, please send written request at least one month prior to the activity to admin@veithsymposium.org, or by fax to (845) 368-2324.

ONLINE ACCESS TO ABSTRACTS

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

ONLINE CONFERENCE LIBRARY

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

SOCIAL EVENTS

THE NEW YORK HILTON-MIDTOWN THEATER, TOUR, AND TRANSPORTATION DESK AT VEITHsymposium

Hilton Theater, Tour, and Transportation Desk Services

Our theater, tour, and transportation desk staff can assist you with many services including theater tickets, sightseeing tours, transportation to and from local airports, and more.

Broadway/Theater Entertainment Tickets

Our staff can assist with tickets to hard to get theater, sports, and entertainment, even up until a few hours before performance time. For guaranteed availability it's best to book ahead, so call or email with the show you are interested in and we can make arrangements for you ahead of time.

Sightseeing

Choose from popular double decker bus tours, Statue of Liberty, Empire State Building, harbor cruises, helicopter tours, Woodbury Commons Shopping and more. Prefer to explore museums? We can pre-arrange museum passes for MOMA, Metropolitan Museum of Art, or Museum of Natural History. Call or email us for a complete listing of available tours or to pre book.

Airport Transfers

Shuttle service and private car transfers are available between all area airports and the hotel. Shuttle service departs from the hotel once per hour and is the most economical way to travel to the airport; a private transfer can be arranged for any time and for any number of people.

To make a reservation for any items listed above please contact nicole@continentalguestservices.com or phone at 212-944-8910 x535.

HOTEL AND TRAVEL

A block of rooms has been reserved at the conference rate of \$392 plus taxes per night. This rate is available until the block is filled or until October 17, 2014. *Please request the VEITH rate when reserving your accommodations.*

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SPECIAL NON-CME ACCREDITED ACTIVITIES AT VEITHsymposium

VIDEO SESSION FEATURING COMPLICATIONS AND UNUSUAL CASES

Tuesday, November 18, 2014 | 5:30 P.M. - 7:45 P.M.

Gramercy Suites East and West, 2nd Floor

Beer, wine, soft drinks and heavy hors d'oeuvres will be served throughout the evening, courtesy of Cook Medical.

Moderators: Plinio Rossi, MD Carlo Setacci, MD Frank J. Veith, MD

5:45 – 5:55 Endovascular Aneurysm Repair: Managing Extreme Iliac Tortuosity

Andrew Holden, MBCHB

5:55 - 5:58 Discussion

5:58 – 6:08 Tips And Tricks In Crossing Iliac Venous Occlusions

Gerard J. O'Sullivan, MD

6:08 - 6:11 Discussion

6:12 — 6:22 Decision-Making And Techniques On Hypogastric Artery Revascularization With EVAR Dittmar Boeckler, MD

6:22 - 6:25 Discussion

6:25 – 6:35 How To Deal With Vascular Visceral Ischemia Fabrizio Fanelli, MD

6:35 - 6:38 Discussion

6:38 – 6:48 Ultrasound Guided Complex CLI Intervention: How Far Is The Future

Marco G. Manzi, MD

6:48 - 6:51 Discussion

6:51 – 7:01 Endovascular Treatment Of SFA Occlusions After Previous Surgery Of The Groin

Andrej Schmidt, MD

7:01 - 7:04 Discussion

7:14 — 7:14 Carbon Dioxide Guided Angioplasty: Better Than Sliced Bread?

Konstantinos Katsanos, MSc, MD, PhD

7:14 - 7:17 Discussion

7:17 – 7:30 Treatment Of A Type IV Thoracoabdominal Aneurysm With Open, Hybrid And Endovascular (Cardiatis Multilayer Stent) Procedures Over 8 Years

Luigi Inglese, MD

7:30 – 7:45 General Discussion And Comments From The Moderators

7:45 Adjourn

WEDNESDAY EVENING LINC PROGRAM WITH RECORDED LIVE CASES

Location: Trianon Ballroom West, 3rd Floor Wednesday, November 19, 2014 – 5:45 P.M. – 7:45 P.M.

Time and agenda to be announced. Please visit www.veithsymposium. org for updates. (This is a non-CME activity.)

Chairmen: Dierk Scheinert, MD

Andrej Schmidt, MD Yvonne Bausback, MD

PROGRAM OUTLINE AT A GLANCE

TUESDAY PROGRAMS

Program A: (Sessions 1-8)

6:49 A.M. - 5:55 P.M.

Valve And Aortic Diseases And Their Treatment; Carotid Disease And Its Treatment

Location: Grand Ballroom East, 3rd Floor

Program B: (Sessions 9-16)

6:45 A.M. - 6:08 P.M.

Lower Extremity Disease And Its Treatment Location: Trianon Ballroom, 3rd Floor

Program C: (Sessions 17-24)

6:40 A.M. - 6:10 P.M.

Natural History, Medical Treatment, Renal Denervation, New DES, CCSVI, Complications, Endoleaks And Important

Location: Grand Ballroom West, 3rd Floor

WEDNESDAY PROGRAMS

Program D: (Sessions 25-33)

6:45 A.M. - 6:08 P.M.

New Technologies, TAAAs, CHIMPS, Parallel Grafts, F/B EVAR, Military Topics, Multilayer Stent, Robotics And Guidance Systems, Laparoscopy And Ruptured Aneurysms Location: Grand Ballroom East, 3rd Floor

Program E: (Sessions 34-41)

6:45 A.M. - 6:00 P.M.

Lower Extremity Ischemia, Popliteal Aneurysms, Aortic And Graft Infection, Vascular Disease And Medical Treatment, Technology Updates, Imaging, Thoracic Outlet, New Concepts And More On Renal Denervation Location: Grand Ballroom West, 3rd Floor

Program F: (Sessions 42-43)

7:00 A.M. - 12:00 P.M.

New Developments In Management Options For Pulmonary Embolism Location: Trianon Ballroom, 3rd Floor

Program F: (Sessions 44-47)

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

Large Vein Occlusive Disease And Its Treatment

Location: Trianon Ballroom, 3rd Floor

THURSDAY PROGRAMS

Program G: (Sessions 48-55)

6:45 A.M. - 5:57 P.M.

New Developments In Treatment Of AAAs, EVAR, Aortic Branch Lesions, Laparoscopy; Natural History, Office Practice, Issues, New Techniques, More On Multilayer Stents, Open Surgery, Aortic Coarctation, Hypogastric And Visceral Arteries

Location: Grand Ballroom East, 3rd Floor

Program H: (Sessions 56-63)

6:45 A.M. - 5:30 P.M.

New And Updated Endograft Devices And Associated Technological Advances For The Aorta And Its Branches In The Abdomen, Chest And Lower Extremities; Improved Prosthetic Grafts; Endostaples Location: Grand Ballroom West, 3rd Floor Program I: (Sessions 64-71)

6:49 A.M. - 5:30 P.M.

Advances And New Information In Venous Disease And Its Treatment

Location: Trianon Ballroom, 3rd Floor

Program J: (Sessions 72-73)

8:00 A.M. - 5:30 P.M. Multidisciplinary Acute Stroke

Management

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

FRIDAY PROGRAMS

Program K: (Sessions 74-81) 6:45 A.M. - 5:45 P.M.

New Techniques And Technology; Carotid; Thoracic And Abdominal Aneurysm Disease; Carotid And Supra-Aortic Trunks; CAS vs. CEA - Bright Future For CAS; Late Breaking Information; Updates, More

New Techniques And Ruptured AAA Topics

Location: Grand Ballroom East, 3rd Floor

Program L: (Sessions 82-89)

6:45 A.M. - 5:47 P.M.

New Information, Updates, New Technology And Concepts Regarding The Abdominal And Thoracic Aorta, Carotid And Lower Extremity Disease And Miscellaneous Topics

Location: Grand Ballroom West, 3rd Floor

Program M: (Sessions 90-96)

6:49 A.M. - 5:10 P.M. More Advances And New Or Updated Information In Venous Disease And Its Treatment

Location: Trianon Ballroom, 3rd Floor

SATURDAY PROGRAMS

Program N: (Sessions 97-103)

8:00 A.M. - 5:15 P.M.

Endovascular Treatment Of Venous Disease

Location: Grand Ballroom East, 3rd Floor

Program O: (Sessions 104-108)

8:00 A.M. - 4:50 P.M.

Hemodialysis Access

Location: Grand Ballroom West, 3rd Floor

Program P: (Sessions 109-113)

7:55 A.M. - 3:05 P.M.

Complex Vascular Malformations And Vascular Tumors

Location: Trianon Ballroom, 3rd Floor

Program Q: (Sessions 114-118)

8:30 A.M. - 3:40 P.M.

Wound Care Organization, Updates, New Techniques, Debates, Science (WOUNDS) Location: Gramercy Suites East and West, 2nd Floor

TUESDAY, NOVEMBER 18, 2014

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

CONCURRENT TUESDAY PROGRAMS

PROGRAM A: SESSIONS 1-8

Valve And Aortic Disease And Their Treatment, Carotid Disease And Its Treatment

6:49 A.M. - 5:55 P.M.

Grand Ballroom East, 3rd Floor

PROGRAM B: SESSIONS 9-16

Lower Extremity Disease And Its Treatment

6:45 A.M. - 6:08 P.M.

Trianon Ballroom, 3rd Floor

PROGRAM C: SESSIONS 17-24

Natural History, Medical Treatment, CCSVI, Renal Denervation, Complications, Endoleaks And Important Issues

6:40 A.M. - 6:10 P.M.

Grand Ballroom West, 3rd Floor

PROGRAM A (SESSIONS 1-8)

VALVULAR AND AORTIC DISEASE, CAROTID

DISEASE AND THEIR TREATMENT

Grand Ballroom East, 3rd Floor

6:49 - 6:53 Opening Remarks
Frank J. Veith, MD

SESSION 1 (Grand Ballroom East, 3rd Floor)

PROGRESS IN TRANSCATHETER HEART VALVES AND NEW APPROACHES TO ASCENDING AORTIC

DISEASE

7:11

-7:16

Moderators: Edward B. Diethrich, MD Ali Khoynezhad, MD, PhD

6:53 - 6:58

Cerebral Protection Techniques And Devices For Use In Transcatheter Aortic Valve Replacement (TAVR)

And TEVAR: The Embrella And Claret Medical Sentinal Devices And Others: How Well Do They Work

Jeffrey P. Carpenter, MD

6:59 - 7:04 Status Of Left Atrial Appendage Occlusive Devices In 2014

Ted Feldman, MD

7:05 – 7:10 Trans-Carotid Access For TAVR: Value, Technique And Limitations

Erno Remsey-Semmelweis, MD, PhD

Status Of Transcatheter Mitral Valve Repair: Where Is It Heading

Ted Feldman, MD

7:17 - 7:22 Role And Value Of TAVR Today And In The Future Mathew Williams, MD

7:23 - 7:28	New Simplified Concept For Constructing Branched Endografts From Standardized Components: How It Can Be Used For TAAAs, Arch Lesions And Hypogastric Revascularization <i>Patrick W. Kelly, MD</i>	
7:29 - 7:34	Endovascular Approaches To The Ascending Aorta For Repair With A Branched Endograft: Techniques And When Is It Feasible And For What Lesions Tilo Koelbel, MD, PhD	
7:35 - 7:40	Innovative Approaches And Future Horizons To Ascending Aortic Pathologies: What Can Be Done And What Problems Remain Ralf R. Kolvenbach, MD	
7:41 - 7:46	Tips, Tricks And Results With Endograft Repair Of Ascending Aortic Lesions Grayson H. Wheatley, MD Edward B. Diethrich, MD	
7:47 - 7:52	Hemodynamic And Anatomical Challenges To Overcome With Endovascular Grafts In The Ascending Aorta Robert J. Hinchliffe, MD	
7:53 — 7:58	Experience With Ascending Aortic Endografts Using An FDA IDE Approved Device: What Has Been Done, What Lesions Can Be Treated And What Challenges Remain Ali Khoynezhad, MD, PhD	
7:59 - 8:05	Panel Discussion	
SESSION 2 (Grand Ballroom, East 3rd Floor) NEW DEVELOPMENTS IN THE TREATMENT OF AORTIC ARCH LESIONS AND DISSECTIONS Moderators: Timothy A.M. Chuter, DM Hazim J. Safi, MD		
8:06 - 8:11	For Arch Lesions In Situ Fenestration Is Still Viable: New Techniques Will Facilitate This Approach Björn Sonesson, MD, PhD	
8:12 - 8:17	Results Of Branched Endografts For Repair Of Aortic Arch Lesions: Based On A Chinese Multicenter Study Qingsheng Lu, MD Zaiping Jing, MD	
8:18 - 8:23	Mid-Term Outcomes Of A Simplified Method Of Arch Aneurysm Treatment Using A Precurved Fenestrated Aortic Endograft: Technique And Results <i>Yoshihiko Yokoi, MD</i>	
	MEGA DEBATE	
8:24 - 8:29	DEBATE: Total Endovascular Aortic Arch Repair Is Feasible And Will Be The Best Method: Technique And Early Results Stephan Haulon, MD	
8:30 - 8:35	DEBATE: Hybrid (Open And Endo) Repair Is The Best Treatment For Aortic Arch Lesions: Tips And Tricks	
8:36 - 8:41	Germano Melissano, MD DEBATE: Value And Limitations Of Chimney Grafts To Treat Arch Lesions: When Are They Best: Based On An 11-Year Experience Nicola Mangialardi, MD	

8:42 — 8:47	With Sandwich Grafts And TEVAR Is Often The Simplest And Best Treatment For Arch Lesions	
8:48 - 8:53	Armando C. Lobato, MD, PhD DEBATE: Open Repair Is Still The Best Treatment For Most Arch Lesions Joseph S. Coselli, MD	
8:54 — 8:59	Total Endovascular Arch Repair For Arch Aneurysms And Dissections: Comparison Of Bolton Double Branch Endograft vs. Hybrid Debranching With TEVAR Toru Kuratani, MD, PhD	
9:00 - 9:05	A New Classification System For Type B Aortic Dissection (TBAD): It Will Help Predict The Probability Of Visceral Malperfusion And Reverse Aortic Remodeling After TEVAR Ali Khoynezhad, MD, PhD	
9:06 - 9:13	Panel Discussion	
SESSION 3 (Grand Ballroom East, 3rd Floor) TYPE B AORTIC DISSECTIONS (TBADs) AND THEIR TREATMENT Moderators: Richard P. Cambria, MD Juan C. Parodi, MD		
9:13 - 9:18	New MR Imaging Techniques (4D) To Measure Vascular Hemodynamics And Biomechanics: How Can They Help In Treating Patients With TBADs Rachel Clough, MD, PhD	
9:19 — 9:24	Tips And Tricks For Avoiding Pitfalls In The TEVAR Treatment Of TBADs: Based On Experience In More Than 1800 Patients Wei Guo Fu, MD	
	FOUR-WAY DEBATE	
9:25 — 9:30	DEBATE: All "Uncomplicated" TBADs Should Be Treated Early By TEVAR Since All Are Or Will Become Complicated: INSTEAD XL And IRAD Prove It And We Don't Need Further Trials Christoph A. Nienaber, MD, PhD	
9:31 — 9:36	DEBATE: Why We Still Need A Randomized Controlled Trial (RCT) Of Intensive Medical Therapy vs. Early TEVAR For Uncomplicated TBAD Frank A. Lederle, MD	
9:37 — 9:42	DEBATE: Medical Therapy And Close Observation Is Best For Uncomplicated TBAD: When Complications Arise, Most Patients Are Best Treated With Open Operation: Long-Term Results (>20 Years) Justify It	
	Hazim J. Safi, MD Anthony L. Estrera, MD Ali Azizzadeh, MD	
9:43 - 9:48	DEBATE: With Patients Having Uncomplicated TBAD Medical Treatment With Delayed (2-3 Months) TEVAR Is The Best Treatment: It Will Lessen Complications Including Retrograde Type A Dissections <i>Matt M. Thompson, MD</i>	
9:49 — 9:54	Current Single Center Results Of Medically Treated TBAD Patients Mark Conrad, MD, MMSc Richard P. Cambria, MD	

9:55 -10:00	Why We Need A New Classification System For Patients With TBAD: What Is It Christoph A. Nienaber, MD, PhD Michael D. Dake, MD
10:01 -10:10 10:10 -10:30	Panel Discussion Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
NEW DE MANAG	(Grand Ballroom East, 3rd Floor) VELOPMENTS IN TEVAR AND THE EMENT OF TBAD PATIENTS 5: Christoph A. Nienaber, MD, PhD Michael D. Dake, MD
10:30 -10:35	Management Of Distal Re-entry Tears After TEVAR For TBAD: When Is It Necessary And How To Do It $Qingsheng Lu, MD$
10:36 -10:41	Zaiping Jing, MD In Patients With Acute TBADs When Is TEVAR Closure Of Proximal Entry Tears Sufficient And When Is Adjunctive Treatment Necessary: What Adjunctive Procedures Can Be Used Jean-Marc Alsac, MD, PhD
10:42 -10:47	Endovascular Options To Obliterate The Patent False Lumen When Coverage Of The Primary Tear Does Not Do So: New Data On Safety And Efficacy Of These Options Peter J. Mossop, MBBS
10:48 -10:53	Is The Petticoat Technique (Proximal Covered Stent And Distal Bare Stent) Effective In Treating Acute And Chronic TBADs: 3-Year Results Of The STABLE I And II Trials: Are Long-Term Outcomes Better Joseph V. Lombardi, MD
10:54 -10:59	DEBATE: Value And Limitations Of Using Fenestrated And Branched Endografts (F/B EVAR) To Treat Chronic TBADs With Infradiaphragmatic AAAs: It Is The Way To Go <i>Eric L.G. Verhoeven, MD, PhD</i>
11:00 -11:05	Piotr M. Kasprzak, MD DEBATE: What Is Wrong With TEVAR To Treat Chronic TBADs Nicholas J. W. Cheshire, MD Richard G.J. Gibbs, FRCS
11:06 -11:11	When After An Acute TBAD Does The Dissection Flap Become Fixed: Based On Dynamic (4D) CTA And MRA Alan B. Lumsden, MD
11:12 -11:17	Objective Assessment Of Current Endografts For TEVAR: Which Grafts For Which Lesion And Which Anatomy: It Makes A Difference Ludovic Canaud, MD, PhD
11:18 - 11:25	Panel Discussion
Moderators	s: Kim J. Hodgson, MD Jan S. Brunkwall, MD, PhD
11:25 — 11:30	Pathophysiological Mechanism For False Lumen Enlargement To Form An Aneurysm After A TBAD: What Can Be Done To Prevent It Ramon Berguer, MD, PhD
11:31 - 11:36	Late Remodeling In Stented And Unstented Aortic Segments After TEVAR For Complex TBADs Mark F. Conrad, MD Richard P. Cambria, MD

11:37 — 11:42	Intensive Follow-up With CTA Imaging Surveillance Is Needed For TEVAR To Be Successful Treatment Of TBAD Patients
	Götz M. Richter, MD, PhD
11:43 — 11:48	Long-Term (20-Year) Results Of Open Repair Of Chronic TBADs With Aneurysm Formation Are Good: It Should Be The Gold Standard Of Care Hazim J. Safi, MD
11:49 — 11:54	Branched Endografts For Treating Chronic TBAD With Aneurysm Formation: Advantages And Limitations
	Marcelo Ferreira, MD
11:55 -12:00	Panel Discussion
12:00 -1:00	Lunch Break - 2nd Floor Promenade
	Visit Exhibits And Pavilions (2nd and 3rd Floors)
IN HONE DEVELO PATIENT SESSION	(Grand Ballroom East, 3rd Floor) OR OF JAMES A. DEWEESE, MD: NEW PMENTS IN THE MANAGEMENT OF S WITH CAROTID DISEASE (SEE ALSO IS 6, 76-78, 86 AND 87) S: Wesley S. Moore, MD Frank J. Veith, MD
1:00 - 1:05	Tips And Tricks To Make CAS Safer: Lessons Learned
	After More Than 3000 Procedures
	Klaus D. Mathias, MD
1:06 - 1:11	CAS Recanalization For Total ICA Occlusions: Long-
	Term Clinical And Image Follow-up: When Are The Procedures Worthwhile: A New Horizon Paul H.L. Kao, MD
1:12 - 1:17	Diagnosis And Prophylactic Treatment Of Vulnerable
1.12 1.17	Plaques: Can Their Vulnerability Be Decreased By
	Stenting Cross W. Stone MD
	Gregg W. Stone, MD
1:18 — 1:23	What Is The Current Evidence For Decreasing The Incidence Of Strokes On Medical Treatment Alone:
	Don't Believe The NY Times – Statins Are Safe And
	Should Be Used More Widely
	Richard Bulbulia, MA, MD
1:24 - 1:29	What Constitutes Best Medical Treatment (BMRx)
1.27 - 1.23	Currently In Asymptomatic Carotid Stenosis: What
	Happens To Carotid Plaques On BMRx
	J. David Spence, MD
1:30 - 1:35	Long-Term Results Of SAMMPRIS Trial In Patients
1.00 1.00	With Intracranial Stenoses: What Does It Tell Us
	About The Feasibility And Value Of BMRx
	Colin P. Derdeyn, MD
	Marc I. Chimowitz, MBChB
1:36 - 1:41	Increased Cardiovascular Mortality In Patients With
	Asymptomatic Carotid Stenosis Who Are Not On
	Statins: What Should Optimal Medical Therapy Be
	And Can It Decrease Plaque Size And Danger
	Andrew N. Nicolaides, MS
	Stavros Kakkos, MD, PhD
	George Geroulakos, MD, PhD
1:42 — 1:48	Panel Discussion

Moderators: Daniel G. Clair, MD
Jean-Pierre Becquemin, MD

Moderators	Jean-Pierre Becquemin, MD
1:48 — 1:53	Update On The ACT I Trial: A RCT Comparing CAS vs. CEA In Patients With Asymptomatic High-Grade Carotid Stenosis Jon S. Matsumura, MD
1:54 - 1:59	DEBATE: Medical Treatment Is Best For Patients With High-Grade Asymptomatic Carotid Stenosis (Asx CS) <i>Anne L. Abbott, MD, PhD</i>
2:00 - 2:05	DEBATE: Carotid Endarterectomy (CEA) Is The Best Treatment For Most Patients With High-Grade Asx CS <i>Richard P. Cambria, MD</i>
2:06 - 2:11	DEBATE: Carotid Stenting (CAS) Is The Best Treatment For Most Patients With High-Grade Asx CS William A. Gray, MD
2:12 - 2:17	Early Results From The ACST-2 Trial: In >1500 Patients CAS And CEA Appear To Be Equivalent Treatments For Asx CS Alison Halliday, MS
2:18 - 2:23	What Will CREST 2 Tell Us And When: We Must Compare CAS And CEA vs. Current Medical Treatment In Patients With Asx CS In A RCT Thomas G. Brott, MD
2:24 - 2:29	What Will SPACE 2 Tell Us And When: We Must Compare CAS And CEA vs. Current Medical Treatment In Patients With Asx CS In A RCT Hans-Henning Eckstein, MD, PhD
2:30 - 2:35	DEBATE: Based On The CREST RCT And Other Data, CEA Seems To Be The Best Treatment For Symptomatic Carotid Stenosis (Sx CS) In Most Patients Wesley S. Moore, MD
2:36 - 2:41	DEBATE: Based On The CREST RCT And Other Data, CAS Is The Best Treatment For Most Patients With Sx CS If The Right Techniques Are Used In Experienced Centers Horst Sievert, MD
	110.00 0.00.00.0) 1.112

2:42 – 2:50 Panel Discussion

2:50 – 3:05 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 6 (Grand Ballroom East, 3rd Floor)
MORE ON THE MANAGEMENT OF PATIENTS
WITH CAROTID DISEASE (SEE ALSO SESSIONS 5,
76-78, 86 AND 87)

Moderators: Glenn M. LaMuraglia, MD Thomas S. Riles, MD

Improvement Brajesh K. Lal, MD

	Thomas S. Riles, MD
	·
3:05 - 3:10	Resolving The Differences Between Various CAS/CEA
	Guidelines - All Based On The Same Data: How Could
	They Be So Different
	Anne L. Abbott, MD, PhD
3:11 - 3:16	How To Optimize Brain Safety With CAS And CEA:
	What Is The Significance Of Silent MRI Defects
	Laura Capoccia, MD, PhD
3:17 - 3:22	Microemboli And DW MRI Defects After Carotid
	Interventions: Do They Impair Cognitive Function
	Wei Zhou, MD
3:23 - 3:28	Can Asx CS Lead To Cognitive Impairment: Does
	Carotid Revascularization Produce Cognitive

3:29 - 3:34	Proximal Brain Protection With Flow Reversal vs. Filter Protection For CAS: Which Is Better And How Best To Achieve Flow Reversal Claudio J. Schonholz, MD
3:35 - 3:40	Flow Reversal Brain Protection Can Be Achieved During CAS With A Modified Mo.Ma Device: How To Do It
	Juan C. Parodi, MD
	EARLY TREATMENT OF SX CS
3:41 - 3:46	Is CEA Within 48 Hours Of Acute Symptom Onset
	Safe: The Evidence Is Mixed Martin Björck, MD, PhD
3:47 - 3:52	CEA Early After Symptom Onset Does Not Increase Risk: Not So With CAS Gustav Fraedrich, MD
3:53 - 3:58	DEBATE: Expedited CEA In Symptomatic CS Patients: How Long Post Symptom Onset Can Patients Safely Undergo CEA
3:59 - 4:04	Ross Naylor, MD DEBATE: Early CAS After Symptom Onset Is Safe In
	Younger Patients Under Certain Conditions Klaus D. Mathias. MD
4:05 - 4:12	Panel Discussion
SESSION 7	(Grand Ballroom East, 3rd Floor)
	N THORACIC AND THORACO-
ABDOM	inal aneurysms (taaas); preventing
	CORD ISCHEMIA (SCI)
Moderator.	s: Larry H. Hollier, MD
	Timothy A.M. Chuter, DM
4:12 - 4:17	1 0
	Aortic Endografts (F/B EVAR): Incidence, Severity And Ways To Prevent
	Richard G. McWilliams, FRCR, EBIR
4:18 - 4:23	Incidence And Treatment Of SCI After TEVAR: Role Of Pressure Controlled Automatic Spinal Fluid
	Drainage (Liquo Guard System) Germano Melissano, MD
4:24 - 4:29	Value Of Neuromonitoring During Open And Endo
	TAAA Repairs: How To Do It Michael J. Jacobs, MD
4:30 - 4:35	Vascular Specialists Doing TEVAR May Be
	Underestimating The Paraplegia Risk: Pearls To Keep In Mind From A Senior TAAA Surgeon
4:36 - 4:41	Charles W. Acher, MD
4.30 - 4.41	Incidence, Clinical Features Of SCI Associated With Endovascular Repair Of TAAAs: How To Treat And
	Prevent This Complication Matthew Eagleton, MD
4:42 - 4:47	Best Approaches To Preventing SCI During TEVAR
	And Open Repair Of TAAAs: Pearls Regarding Etiology, Monitoring And Treating
	Hamdy Awad, MD
/ / / /	Patrick Vaccaro, MD
4:48 - 4:53	Panel Discussion

SESSION 8 (Grand Ballroom East, 3rd Floor) MORE ON THORACIC AORTIC DISEASE, TEVAR AND TBADs Moderators: Rodney A. White, MD ShenMing Wang, MD, PhD 4:54 - 4:59Ascending Aortic Complications Following TEVAR: How Can They Be Diagnosed And Treated Successfully Roberto Chiesa, MD Periscope Endografts To Revascularize The Left 5:00 - 5:05Subclavian Artery (LSA) During TEVARs Covering Its Origin: Technique And Advantages Mario Lachat, MD 5:06 - 5:11Can PET-CT Help To Indicate Which Uncomplicated TBAD Will Become Complicated: Should This Be An Indication For TEVAR Natzi Sakalihassan, MD, PhD 5:12 - 5:17 How To Manage Complications Of Malperfusion After Coverage Of The TBAD Primary Tear By TEVAR: Tips And Tricks Ali Azizzadeh, MD Anthony L. Estrera, MD Hazim J. Safi, MD 5:18 - 5:23Why The INSTEAD Trials Are Not Enough To Justify TEVAR For All Uncomplicated TBADs And Why We Need Additional Trials Firas F. Mussa, MD 5:24 - 5:29Evaluation Of Dynamic Intimal Flap Movement In TBAD Patients: Effect Of TEVAR And How Important Is Time After Onset In Determining Flap Mobility Frank R. Arko, MD 5:30 - 5:35Adjunctive False Lumen Techniques For Endovascular Repair Of Chronic TBADs: When Are They Needed Eric E. Roselli, MD 5:36 - 5:41Relationship Between Aortic Morphology After TEVAR And Clinical Outcomes With TBADs Matt M. Thompson, MD 5:41 - 5:46Tricks And Pitfalls For Antegrade Endograft Delivery During Open Repair Of Acute Type A Aortic Dissections Ourania Preventza, MD Joseph S. Coselli, MD 5:47 - 5:55 Panel Discussion **End of Program A** PROGRAM B (SESSIONS 9-16) LOWER EXTREMITY DISEASE AND ITS TREATMENT Trianon Ballroom, 3rd Floor

6:45 – 6:48 Opening Remarks *Frank J. Veith, MD*

SESSION 9 (Trianon Ballroom, 3rd Floor)
LOWER EXTREMITY OCCLUSIVE DISEASE
MANAGEMENT HOT TOPICS — NEW TECHNIQUES
AND NEW DEVICES

Moderators: Enrico Ascher, MD

Frank B. Pomposelli, MD

6:48 – 6:53 Ultrasound Guidance To Decrease Access Site Complications: An Essential Tool Even For Experienced Interventionalists

Peter A. Schneider, MD

6:54 - 6:59	Role Of Directional Atherectomy For Treatment Of Lower Extremity Occlusive Disease: Is There A	
	Gender Effect	
7:00 - 7:05	Lawrence A. Garcia, MD Advantages And Limitations Of The Tack-It Device System For Minimizing Dissection After Plain Old Balloon Angioplasty (POBA) And Leaving Minimal	
	Metal Behind: The TOBA Study Marianne Brodmann, MD	
7:06 - 7:11	Technical Tips And Tricks To Optimize The Performance And Outcomes With The Supera Stent And Probably All Stents: Proper Sizing, Avoiding Elongation And Adequate Predilation Matter In Producing Good 3-Year Results D. Christopher Metzger, MD	
7:12 - 7:17	How To Use Drug Eluting Stents (DES) In Infrapopliteal Bifurcations	
7:18 - 7:23	Konstantinos Katsanos, MSc, MD, PhD Use Of Collaterals For Access And Retrograde Wire Passage: How To Do It	
7:24 - 7:29	Jos C. van den Berg, MD, PhD When And How To Treat Below The Ankle Occlusive Disease: What Percent Of CLI Patients Will Require It Roberto Ferraresi, MD	
7:30 - 7:35	With Below Knee (BK) Chronic Total Occlusions (CTOs), Success Depends On Choosing The Right Tools And Techniques: What New Tools And Techniques Exist To Help With Pedal And Tibial Access Like 3 French Sheaths And Systems Andrej Schmidt, MD	
7:36 - 7:42	Panel Discussion	
SESSION 10 (Trianon Ballroom, 3rd Floor) LOWER EXTREMITY HOT TOPICS — MORE NEW TECHNOLOGIES AND THE IMPORTANCE OF TECHNIQUE; DEBATES Moderators: Kenneth Ouriel, MD, MBA Gregg S. Landis, MD		
7:42 - 7:47	DEBATE: For CLI: Endovascular Treatments Should Be Used First In 100% Of Patients <i>Marc Bosiers, MD</i>	
7:48 - 7:53	Koen Deloose, MD DEBATE: For CLI: Open Surgery Should Be Used First In Some Patients: Which Ones Firas F. Mussa, MD	
7:54 — 7:59	Value Of Ultrasound Guided Pedal Access To Treat CLI: How Can It Facilitate Use Of The Diamond Back Atherectomy Device: How Best To Close The Puncture Site Jihad A. Mustapha, MD	
8:00 - 8:05	How Do Stent Characteristics/Details And Technical Details Of PTA Balloon Usage Affect Outcomes And Incidence Of Restenosis: Oversizing Matters And Is Bad Dierk Scheinert, MD	
8:06 - 8:11	How To Optimize Outcomes With SFA Interventions: Details Of Stent Design And Deployment Techniques Are Important In Determining Restenosis And Failure As Is Predilatation With An Uncoated Balloon Before DEBs Stefan Müller-Hülsbeck, MD	

8:12 - 8:17	DEBATE: Why In Treating BK CTOs It Is Best To Stay
	Intraluminal
	Marco G. Manzi, MD
8:18 - 8:23	DEBATE: Subintimal Angioplasty Is Very Useful And
	Often Unavoidable In Treating BK CTOs Amman Bolia, MD
8:24 - 8:29	15-Year Trends In CLI Treatment And Major
0.21 0.20	Amputation: Better Care Is Making A Difference: Is It
	Due To Better Interventional And Bypass Treatment:
	Does Increased CLI Spending Increase Limb Salvage
	And Decrease Amputation Rates Philip P. Goodney, MD, MS
8:30 - 8:37	Panel Discussion
SESSION 17	(Trianon Ballroom, 3rd Floor)
MORE L	OWER EXTREMITY HOT TOPICS — NEW
STENT A	ND DRUG ELUTING BALLOON (DEB)
DATA; IN	MPACT AND COST ISSUES
Moderator.	s: Joseph L. Mills, MD
	Giancarlo Biamino, MD, PhD
8:38 - 8:43	Is There A Negative Effect Of Endovascular Failure On
	Bypass Outcomes: Is It Reality Or A Myth Michael S. Conte, MD
8:44 - 8:49	What Is The Effect Of Extensive Lesion Calcification On
0.40	The Outcome Of DEB Treatment
	Gunnar Tepe, MD
8:50 - 8:55	Why Are DEBs Cost Effective For Treating CLI Patients <i>Thomas Zeller, MD</i>
8:56 - 9:01	How To Align Financial Incentives For The Doctor,
	The Hospital And The Payer (Insurance Company)
	To Provide The Best And Most Effective Care In The Least Costly Manner: Impact Of Expensive New
	Technologies And Reintervention Rates
	W. Charles Sternbergh III, MD
9:02 - 9:07	Tips And Tricks For Tibial Interventions For CLI
0.00 0.40	Roberto Ferraresi, MD
9:08 - 9:13	What's New With US Approved Drug Eluting Stents (DESs) In The SFA And Below
	Ron Waksman, MD
9:14 - 9:19	5-Year Results And New Findings From The Zilver PTX
	RCT And Registry: Benefits Of DESs Are Durable And
	Value With In Stent Restenosis (ISR), Long Lesions And
	Diabetics Michael D. Dake, MD
9:20 - 9:25	2-3-Year Results With EverFlex Helical Nitinol Stent In
0.20 0.20	The SFA And The Popliteal Artery: Are The Benefits
	Durable
	Marc Bosiers, MD
9:26 - 9:33	Patrick Peeters, MD Panel Discussion
9:33 - 9:48	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
J.JJ - 3:40	break - visit Eximples And Pavinons (2110 and 510 floors)
SESSION 12	2 (Trianon Ballroom, 3rd Floor)
	OR OF ROBERT B. RUTHERFORD, MD: NEW
	DAMENITO IN THE THE ATAMENIT OF LOVA/ED

DEVELOPMENTS IN THE TREATMENT OF LOWER EXTREMITY ISCHEMIA; CLI, STENTS AND DEBS

Moderators: Ali F. AbuRahma, MD Dierk Scheinert, MD

FOR SFA AND POPLITEAL LESIONS

	FOR SFA AND POPLITEAL LESIONS
9:48 — 9:53	Update On The Efficacy Of DEBs For SFA And Popliteal Artery Lesions: Why Some Trials Are Positive And Some Negative: Are Good Results Holding Up: GLOBAL IN.PACT Registry Results In >1400 Patients
	Gunnar Tepe, MD
	Dierk Scheinert, MD
9:54 — 9:59	POBA And "Vanella" Bare Metal Stents (BMS) Have Merit In Some AK And BK Occlusive Lesions Reserving The Fancy And Costly Stuff For Special Situations Iris Baumgartner, MD
10:00 -10:05	What Have We In The US Learned From Our European Colleagues About CLI Treatment That Can Be Used To Improve Patient Care In The US
10:06 - 10:11	Craig M. Walker, MD Stenting For Femoral And Popliteal Artery Lesions: Where Do We Currently Stand And What Problems Remain
	Erich Minar, MD
10:12 -10:17	Role Of DEBs vs. DESs For SFA Lesions And Value Of Paclitaxel DEBs For Long SFA Lesions: Is There Level 1 Proof Of Benefit Thomas Zeller. MD
10:18 -10:23	Paclitaxel Coated DEBs Are Better Than Uncoated
10.10 10.23	Balloons In The SFA: 1-Year Results From The IN.PACT SFA I/II RCTs
	Peter A. Schneider, MD John R. Laird, MD
	Gunnar Tepe, MD
10:24 -10:29	DEBs Are Effective For SFA Lesions: 1-Year Results From The LEVANT II RCT Show It To Be So With The Bard Lutonix DEB: Stents Were Rarely Needed Kenneth Rosenfield, MD Dierk Scheinert, MD
10:30 -10:35	Durability Of Paclitaxel Coated DEBs In The SFA: Long-Term (3-Year) Results Of The PACIFIER Trial Michael Werk, MD
10:36 - 10:41	Mid-Term Results From The Belgian IN.PACT Trial Of Paclitaxel Coated DEBs vs. POBA: What Is Special About This Trial
	Erik E. Debing, MD, PhD
10:42 -10:50	Panel Discussion
	FOR BK AND INFRAPOPLITEAL LESIONS
Moderators	:: Michael S. Conte, MD George H. Meier III, MD
10:50 -10:55	How Often After Tibial Interventions For CLI Are Reinterventions Required: We Need Better Primary Treatments: What Are The Cost Implications Nicolas A. Diehm, MD
(0.50 (0.0)	Iris Baumgartner, MD Single Control PCT Of IN DACT Deep Pacificated Control
10:56 — 11:01	Single Center RCT Of IN.PACT Deep Paclitaxel Coated DEBs vs. Uncoated Balloons Shows Benefit For BK Lesions Causing CLI: 3-Year Results Of The DEBATE Trial
((,00 0.07	Francesco Liistro, MD
11:02 — 11:07	Single Center Results With Paclitaxel Coated DEBs For Infrapopliteal Lesions Shows Benefits: What Are They Andrej Schmidt, MD Dierk Scheinert, MD

11:08 — 11:13	A Multicenter RCT (IN.PACT DEEP) Comparing Paclitaxel Coated DEBs With Uncoated Balloons Fails To Show Benefit For The DEBs Thomas Zeller, MD	
11:14 - 11:19	Why Do The SINGLE CENTER Trial And Other BK DEB Results Differ From The Multicenter Trial Results: All DEBs Are Not Equal Or Used Equally: A Critical Analysis Of All Data And Some 3-Year Results Francesco Liistro, MD	
11:20 — 11:25	How To Explain Differing Results Of RCTs Of DEBs In BK And Infrapopliteal Lesions: When Will We Get DEBs For BK Lesions In The US Krishna J. Rocha-Singh, MD	
11:26 - 11:31	DEBs: Are They A Breakthrough Technology Or Another Tool In The Box: Why Is There Still Uncertainty: Do The PACUBA Trial Results With SFA/ POP In Stent Restenosis (ISR) Help Johannes Lammer, MD	
II:32 — II:37	How Long Is Restored Patency Needed In CLI Patients; What Leads To Increased Limb Salvage With Poor Patency: Importance Of Reintervention, DESs And DEBs	
11:38 — 11:43	Frank E.G. Vermassen, MD, PhD How Important To Interventional Outcomes Is Leaving No Foreign Body Or Metal Behind In The Artery: How Can It Be Achieved Giancarlo Biamino, MD, PhD	
11:44 — 11:49	Dierk Scheinert, MD Variable And High Total Costs For Caring For CLI Patients: What Can Be Done To Cut Costs Without Impairing Patient Care Timothy M. Sullivan, MD	
11:50 -12:00 12:00 -1:00	Panel Discussion Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)	
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SESSION 13 (Trianon Ballroom, 3rd Floor) IN HONOR OF JOHN J. BERGAN, MD: MORE LOWER EXTREMITY ISCHEMIA TREATMENT — ROLE OF OPEN SURGERY; IN STENT RESTENOSIS (ISR) MANAGEMENT — DEBS, DESS, ATHERECTOMY Moderators: Samuel R. Money, MD, MBA		
	Barry T. Katzen, MD	
1:00 - 1:05	ROLE OF OPEN SURGERY Extrema Dietal Vain Propagas After Failed Endagascular	
	Extreme Distal Vein Bypasses After Failed Endovascular Treatments Giustino Marcucci, MD	
1:06 - 1:11	Pedal Bypass With Deep Venous Arterialization: Long- Term Results And Hemodynamic Changes Are Surprisingly Good: Is It An Option After Failed Arterial Bypasses And Endovascular Treatments Pramook Mutirangura, FRCS (Edinberg)	
1:12 - 1:17	Endovascular vs. Open Treatments For Lower And Upper Extremity CLI: How To Avoid Failure And Bad Outcomes	
1:18 - 1:23	Francesco Spinelli, MD DEBATE: Endovascular Treatment First In All Patients With CLI Is Best Craig M. Walker, MD	
1:24 - 1:29	DEBATE: Open Surgical Treatment First Is Best For Some CLI Patients: Which Ones And Why <i>Michael S. Conte, MD</i>	

	1:30 - 1:35	What Is The Best Treatment Strategy For CLI Patients In Terms Of Outcomes And Cost: When Open First, When Endo First
	1:36 - 1:42	Timothy M. Sullivan, MD
		Panel Discussion
	Moderators.	: Giancarlo Biamino, MD, PhD Michael B. Silva, Jr., MD
		DEBs AND TREATMENT OF ISR
	1:43 - 1:48	Importance Of Technique In Avoiding Dissection With PTA Using DEBs And Standard Balloons: Does Good Flow Matter: How To Know: When Are Stents Really Necessary Fabrizio Fanelli, MD
	1:49 — 1:54	How To Cross And Recanalize Chronically Occluded Stents: Stent Puncture And The Radiofrequency PowerWire Can Be Helpful: Technical Tips Marcelo Guimaraes, MD
	1:55 - 2:00	Treatment Of ISR: DEBs Are OK If The Lesion Is Just Intimal Hyperplasia: A Stent Is Required If The Lesion Is Severely Calcified
	2:01 - 2:06	Dierk Scheinert, MD DEBATE: Laser Atherectomy And Stent Graft vs. Laser Atherectomy And DEB For ISR: Which Is Best And Why Debulking Is Essential Jos C. van den Berg, MD, PhD
	2:07 - 2:12	DEBATE: For ISR, POBA vs. DEB vs. DES vs. Covered Stent: 1-Year Results Of The FAIR Trial With The IN.PACT Admiral DEB: Debulking Is Not Necessary <i>Hans Krankenberg, MD</i>
	2:13 - 2:18	The Ocelot OCT Catheter For Crossing CTOs And The Next Generation Atherectomy Device (Phoenix): How Are They Better And In Which Arteries <i>James F. McKinsey, MD</i>
	2:19 - 2:24	How Well Do Paclitaxel Coated DEBs Work For ISR In CLI Patients With Diabetes: 3-Year Results From The DEBATE RCT Francesco Liistro, MD
	2:25 - 2:30	In Memoriam And Recognition Of 5 Giants In Vascular Surgery Who Are No Longer With Us: John Bergan, James DeWeese, Roy Greenberg, Robert Rutherford And David Sumner
	2:31 - 2:38	Jerry Goldstone, MD Panel Discussion
SESSION 14 (Trianon Ballroom, 3rd Floor) NEW DEVELOPMENTS WITH STENT-GRAFTS FOR OCCLUSIVE DISEASE AND ISR Moderators: Luis A. Sanchez, MD Gary Giangola, MD		
	2:38 - 2:43	Use Of Stent-Grafts To Avoid Rupture And Embolization In Endovascular Treatment Of Complex Iliac Artery
	2:44 - 2:49	Occlusive Disease Maria Antonella Ruffino, MD DEBATE: For Long SFA Occlusions DEBs Or Viabahn Propaten Stent-Grafts Are The Best Treatment With The Best Outcomes: Will Drug Coating Tips To Stent-Grafts Improve Results: Will They Be Available Thomas Zeller, MD
	2:50 - 2:55	DEBATE: For Long SFA Occlusions Zilver PTX DESs Are The Best Treatment With The Best Results Michael D. Dake, MD

2:56 - 3:01	Technical Considerations For Optimal Use Of Viabahn Covered Stents For Long SFA Occlusive Lesions: Lessons Learned From The VIPER And VIASTAR Trials Dennis R. Gable, MD
3:02 - 3:07	2-Year Results Of The RELINE Trial Comparing Viabahn Stent-Grafts To POBA For ISR Show Durable Benefits To Endograft Treatment Marc Bosiers, MD
3:08 - 3:13	Koen Deloose, MD Interim Analysis Of The SUPER B Trial Comparing Heparin Bonded Viabahn Endografts To Vein Bypasses For SFA Occlusive Disease
3:14 - 3:19	Michael M.P. Reijnen, MD, PhD Covered Balloon Expandable Endovascular Graft Reconstruction Of The Aortic Bifurcation (CERAB Procedure) For Aorto-Iliac Occlusive Disease: 2-Year Results And Hemodynamic And Other Advantages Peter C.J. Goverde, MD
3:20 - 3:26 3:26 - 3:38	Panel Discussion Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 15 (Trianon Ballroom, 3rd Floor) NEW DEVELOPMENTS IN THE TREATMENT OF ACUTE LOWER EXTREMITY ISCHEMIA (ALI) AND INTERMITTENT CLAUDICATION (SEE ALSO SESSION 64) Moderators: John B. Chang, MD Patrick J. Lamparello, MD	
	ACUTE LOWER EXTREMITY ISCHEMIA
3:38 - 3:43	How To Avoid Groin Incisions In Hostile Groins When Performing Femoral Embolectomy Rajiv Parakh, MBBS, MS
3:44 - 3:49	Percutaneous Endovascular Thrombosuction: Devices, Techniques, Indications And Results Athanasios Katsargyris, MD Eric L.G. Verhoeven, MD, PhD
3:50 - 3:55	Advantages To Indigo Mechanical Thrombectomy For ALI: Device And Technique Claudio J. Schonholz, MD
3:56 - 4:01	DEBATE: Endovascular Treatments Can Treat Almost All Patients With ALI <i>Mehdi H. Shishehbor, DO, MPH, PhD</i>
4:02 - 4:07	DEBATE: Some Patients With ALI Require Open Surgical Treatment – Either A Bypass Or Open Thrombectomy: Which Patients Joseph L. Mills, MD
4:08 - 4:13	Young Athletes With ALI Should Have An Endovascular First Approach: What Are The Causes Of The ALI Werner Lang, MD
4:14 - 4:19	Cancer And ALI: A Deadly Combination: Why Cynthia K. Shortell, MD
4:20 - 4:25	With ALI: When Endo; When Open: What Are The Mid-Term Outcomes <i>Rabih A. Chaer, MD</i>
	NEW DATA REGARDING INTERMITTENT CLAUDICATION AND ITS TREATMENT
4:26 - 4:31	Current Drug And Non-Interventional Treatments For Intermittent Claudication: Are They Effective <i>Jeffrey S. Berger, MD, MS</i>

4:32 - 4:37	For Intermittent Claudication: Immediate Treatment vs. Delayed Treatment vs. No Treatment: Which Is Best	
4:38 - 4:43	Gregory L. Moneta, MD Endovascular vs. Exercise Treatment For Intermittent Claudication: Which Is Best Jonathan D. Beard, ChM, MEd	
4:44 - 4:50	Panel Discussion	
SESSION 16 (Trianon Ballroom, 3rd Floor) NEW DEVELOPMENTS IN CHRONIC CLI AND ITS TREATMENTS: THE ANGIOSOME CONCEPT — PROS AND CONS Moderators: Keith D. Calligaro, MD Peter F. Lawrence, MD		
4:50 - 4:55	Advantages Of New SVS Lower Extremity Threatened Limb Classification System For Risk Stratification Based On Wound, Ischemia And Foot Infection Joseph L. Mills, MD Michael S. Conte, MD	
4:56 - 5:01	Advantages Of And Indications For The Supera Stent – A Vascular Mimetic Implant With Special Properties: High Radial Strength, Low Chronic Outward Force: Tips And Tricks For Implanting And Using Peter C.J. Goverde, MD	
5:02 - 5:07	3-Year Results With The Supera Interwoven Biomimetic Stent For Femoro-Popliteal Lesions Based On The SUPER B Trial: Why Is This Stent Better Than Others Lawrence A. Garcia, MD Kenneth Rosenfield, MD Dierk Scheinert, MD	
5:08 - 5:13	Is Directional Atherectomy (Silverhawk Or Turbohawk) With DEB, Better Than DEB Alone: Based On The DEFINITIVE AR RCT: 1-Year Results Gunnar Tepe, MD Thomas Zeller, MD	
5:14 - 5:19	Lower Extremity Outcomes With Fancy Endovascular Devices: We Should Remain Skeptical And Look At The Data Scott L. Stevens, MD	
5:20 - 5:25	How To Measure Success And Failure With Interventional Treatments For Lower Extremity Ischemia: The Difference Between Thrombosis And Occlusion Kenneth Ouriel, MD, MBA	
	PROS AND CONS OF THE ANGIOSOME CONCEPT	
5:26 - 5:31	DEBATE: The Angiosome Concept Is Necessary And Critical In Diabetic/CLI Patients Richard F. Neville, MD Anton N. Sidawy, MD, MPH	
5:32 - 5:37	DEBATE: The Angiosome Concept Need Not Be Followed In Diabetic Patients With CLI <i>Ignacio Escotto, MD</i>	
5:38 - 5:43	Is The Angiosome Concept Real In Determining Limb Salvage: Results Of A 2-Center Study Jean-Baptiste Ricco, MD, MPH	
5:44 — 5:49	Perfusion Measurements Before And After Tibial PTA Do Not Support The Angiosome Concept Werner Lang, MD	

5:50 — 5:55	Assessing Pedal Microcirculation With An Angiographic Wound Blush: Successful Revascularization And Wound Healing Can Occur Beyond Angiosomes And Beyond Pedal Loop Patency: Angiosomes Differ In Various Patients And Are Not The Holy Grail John H. Rundback, MD
5:56 - 6:01	There Is Still A Role For Primary Major Amputation For CLI: When Is It Indicated <i>Jonathan D. Beard, MD</i>
6:02 - 6:10	Panel Discussion End of Program B
NATURA INTERVE DENERV, CCSVI, IS REIMBUF TRAININ	A C (SESSIONS 17-24) ALL HISTORY, MEDICAL TREATMENT, NTION FOR MEDICAL DISEASES, RENAL ATIONS, COMPLICATIONS, ENDOLEAKS, SSUES, RCTs, GUIDELINES, GOVERNMENT RSEMENT, BOARDS, CERTIFICATION, IG, SIMULATION FROOM West, 3rd Floor
6:40 - 6:43	Opening Remarks Frank J. Veith, MD
NATURA PREVENT COMPLIC	7 (Grand Ballroom West, 3rd Floor) L HISTORY, BEST MEDICAL TREATMENT, TION OF ARTERIOSCLEROSIS AND ITS CATIONS SI: Bruce A. Perler, MD, MBA Keith D. Calligaro, MD
6:43 - 6:48	Can Medical Treatment Slow The Growth Of Small AAAs
6:49 - 6:54	Frank A. Lederle, MD Are There New Medical Techniques For Limiting AAA Growth With Drugs (Telmisartan) And Cell Therapy: How Can They Work Ronald L. Dalman, MD
6:55 - 7:00	Are Statins Decreasing The AAA Rupture Rate: Results From A Danish Nationwide Population-Based Study
7:01 - 7:06	LDL Go And Is It Safe
7:07 - 7:12	Ron Waksman, MD What Is The Association Between The A/B Index And MI And Stroke Risk: Can It Be Altered; What Is The Association Between Obesity And Vascular Disease In Various Vascular Beds: When Is Being Fat Good Caron B. Rockman, MD
7:13 - 7:18	DEBATE: Statins Have No Role To Play In Primary Prevention And Should Be Avoided In Most Patients
7:19 - 7:24	Sherif Sultan, MD DEBATE: Nonsense: Statins Are A Game Changer, A Miracle Drug: They Should Be Used More Widely In Primary Prevention: Optimal Dosage Of Which Drug Bruce A. Perler, MD, MBA
7:25 - 7:30	Statins In Vascular Patients: Are There Non-Responders And Responders – How To Tell And What To Do With Non-Responders: What To Do When Patients Have "Apparent Toxicity": How To Load Preop And Preprocedurally Don Poldermans, MD

7:31 - 7:36 7:37 - 7:45	Optimal Beta Blocker Management In Patients Requiring Vascular Surgery Or Intervention: Current Facts And Optimal Dosing And Drug Jan M.M. Heyligers, MD, PhD Panel Discussion
SESSION 18 (Grand Ballroom West, 3rd Floor) INTERVENTIONAL TREATMENT OF HYPERTENSION AND OTHER MEDICAL DISEASES — RENAL DENERVATION (SEE ALSO SESSION 41) Moderators: Horst Sievert, MD Frank J. Veith, MD	
7:45 - 7:50	Role Of Sympathetic Nervous System In Cardiovascular Function And Hypertension: How Does Renal Artery Denervation Produce A Drop In Blood Pressure <i>John W. Osborn, PhD</i>
7:51 - 7:56	Renal Denervation For Drug Resistant Hypertension: Does It Work: Many Trials And Registries Say It Does And Yet SIMPLICITY III Says It Does Not: Does The Emperor Have No Clothes Ron Waksman, MD
7:57 — 8:02	Collateral Benefits Of Renal Denervation: Reasons Why SIMPLICITY III Did Not Meet Its Goals: Will Renal Denervation And Other Techniques To Decrease Sympathetic Tone And Blood Pressure Work: How About Barostimulation (Rheos Device) And A-V Fistula (With ROX Device) Krishna J. Rocha-Singh, MD
8:03 - 8:08	Unanswered Questions About Renal Denervation After SIMPLICITY III: What Other Devices Are Being Evaluated And Will They Be Effective (Northwind, Paradise, Ultrasound, Etc.) Horst Sievert. MD
8:09 - 8:14	Where Do We Go After SIMPLICITY III: Is There Evidence That Renal Denervation Will Work: Are There Other Devices And Technology And What Do They Offer Yvonne Bausback, MD
8:15 - 8:20	Dierk Scheinert, MD What Is Required To Support A Renal Denervation Practice For Resistant Hypertension And Other Devices: Should Vascular Surgeons Consider Setting Up Such A Program Before Everyone Else Jumps On The Bandwagon Christoph A. Nienaber, MD, PhD
8:21 - 8:26	Defining Real Resistant Hypertension: Are There Responders And Non-Responders To Renal Denervation And Can RF (Radiofrequency) Treatment Injure The Renal Arteries
8:27 - 8:32	Melvin D. Lobo, MBChB, PhD Failure Of SIMPLICITY III To Demonstrate Efficacy Of Renal Denervation By Endovascular RF Could Be Due To Nerve Distribution Far From The Renal Artery Lumen: Is Surgical Perirenal Neurolysis Possible And What Is Its Effect Juan C. Parodi, MD
8:33 - 8:39	Panel Discussion

SESSION 19 (Grand Ballroom West, 3rd Floor)
TREATMENT AND AVOIDANCE OF
COMPLICATIONS; ENDOLEAKS AND THEIR
MANAGEMENT

Moderators: Timur P. Sarac, MD Frans L. Moll, MD, PhD

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	MANAGEMENT OF COMPLICATIONS
8:39 — 8:44	Access Site Complications After Non-Cardiac Interventions: Incidence, Predictive Factors, How To Prevent And Outcomes: Value Of Routine Ultrasound Guidance Mark W. Mewissen, MD
8:45 — 8:50	Endovascular Treatment Of Anastomotic Complications After Open Surgery – Including False Aneurysms And Infections Jos C. van den Berg, MD, PhD
8:51 - 8:56	Endovascular Treatment Of Tracheo-Innominate Artery Fistulas: How To Do It Successfully <i>Gabriel Szendro, MD</i>
8:57 — 9:02	Successful Treatment Of An Innominate Artery- Tracheal Fistula With A Modified Endograft Evan C. Lipsitz, MD
NEW DEVELOPMENTS IN ENDOLEAK MANAGEMENT	
9:03 — 9:08	What Is Currently The Best Information About The Significance Of Type 2 Endoleaks: How Are They Best Diagnosed And Treated Kim J. Hodgson, MD
9:09 - 9:14	Conservative (Observational) Management Is Appropriate For Some Primary Type 1A Endoleaks After EVAR And TEVAR Procedures: Which Ones Frans L. Moll, MD, PhD
9:15 — 9:20	What Are The Real Causes Of Endotension: Can A Hypervascular AAA Sac Wall Cause It: How To Diagnose And Treat It Timur P. Sarac, MD
9:21 — 9:26	Type 1 Endoleaks After EVAR: Role Of Onyx In Fixing Them: Tips And Tricks For Its Use And How To Diagnose And Treat Those That Masquerade As Type 2 Endoleaks *Robert A. Morgan, MD*
9:27 — 9:32	What Is The Real Long-Term Outcome Of Type 2 Endoleaks: Based On A Single Center And The OVER Trial Experience Wei Zhou, MD
9:33 - 9:38	Open Aortic Wrap For Persistent Type 1A Endoleak: Technical Tips And Results Ross Milner, MD
9:39 - 9:44	Accurate Endoleak Detection And Characterization Using Temporal Information From Contrast Enhanced Ultrasound S. Rao Vallabhaneni, MD
9:45 - 9:52	Panel Discussion
9:52 -10:05	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 20: (Grand Ballroom West, 3rd Floor)
OPTIMAL PERIPROCEDURAL MEDICAL
MANAGEMENT IN VASCULAR PATIENTS; SOME
INTERESTING HISTORY AND TECHNOLOGY;
THE CCSVI FOR MULTIPLE SCLEROSIS (MS)
CONTROVERSY

Moderators: Caron B. Rockman, MD K. Craig Kent, MD

PERIPROCEDURAL MANAGEMENT, INTERESTING HISTORY AND TECHNOLOGY

10:05 - 10:10	Periop And Periprocedural Care Is Key For Vascular
	Patients: What Is Optimal Antiplatelet Treatment;
	Statin Dosage, Drugs And Loading; And Beta Blockade
	Caron B. Rockman, MD
10.11 10.10	Jeffrey S. Berger, MD, MS
10:11 - 10:16	Scandalous High Long-Term Mortality After EVAR:
	It Is Due To MD Ignorance Regarding Statins And Other Medical Treatment: The AAA Is Fixed But MIs
	Kill: Statins Should Be In The Drinking Water
	Matt M. Thompson, MD
10:17 -10:22	Heparin Management During Open AAA Repair: Is
	Heparin Necessary For Elective Or Ruptured AAA Repair
	Arno M. Wiersema, MD
10:23 -10:28	How Do Statins Influence Long-Term Restenosis And
	Cardiovascular Events (Stroke And MI) After CEA And
	After CAS
10.00 10.07	Christos D. Liapis, MD
10:29 -10:34	Tales From The Crypt: 5000-Year-Old History Of
	Atherosclerosis (ASO): What It Tells Us About ASO Today Christopher K. Zarins, MD
10:35 -10:40	What Andreas Gruntzig Said 30 Years Ago And Its
10.00 10.70	Relevance Today
	Sigrid Nikol, MD
10:41 -10:46	Shock Wave Lithoplasty For Treating Severely Calcified
	Occlusive Lesions: Theory And 30-Day CE Mark Study
	Results
	Andrew Holden, MBChB

10:47 -10:53	Panel Discussion
	THE CCSVI FOR MS CONTROVERSY
Moderators:	Lindsay Machan, MD Manish Mehta, MD, MPH
10:53 -10:58	What Is New In CCSVI For MS: The Positive Evidence Mounts: How To Select Patients: Can Brain Perfusion Be Improved: Is Open Vein Repair Ever Needed Paolo Zamboni, MD
10:59 — 11:04	Vein PTA Helps Selected MS Patients With CCSVI: There Is No Doubt: Stem Cell Therapy May Also Be Beneficial <i>Ivo Petrov, MD, PhD</i>
11:05 - 11:10	The Omohyoid Muscle Can Be A Cause Of Venous Compression Leading To CCSVI: Documentation And

II:17 – II:22

Despite Some Questions, There Is Still A Relationship
Between CCSVI And MS And An Opportunity For A
Positive Effect From Endovascular Treatment
Michael D. Dake, MD

Regarding CCSVI And MS, A Skeptic's View

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Relief By Resection Alberto Lomeo, MD

J. David Spence, MD

11:11 - 11:16

11:23 - 11:28	The Proper Technique For Venoplasty For CCSVI As A Contributory Cause Of MS: Variability In Technique May Account For Variable Results Donald B. Reid, MD
11:29 — 11:34	Is The CCSVI Concept In MS Valid: Results Of A Meta-Analysis Jean-Baptiste Ricco, MD, PhD
11:35 — 11:40	The Presence Of Extracranial Venous Narrowing Is The Same In MS Patients And Normal Controls
11:41 — 11:46	Lindsay Machan, MD Update On The RCT Of Venous Balloon Angioplasty vs. Venography Placebo: What Does It Tell Us L. Nelson Hopkins, MD
11:47 —12:00	Robert Zivadinov, MD, PhD Panel Discussion
12:00 - 1:00	Lunch Break – 2nd Floor Promenade
12.00	Visit Exhibits And Pavilions (2nd and 3rd Floors)
	.1 (Grand Ballroom West, 3rd Floor)
	VARIABLE VASCULAR CARE, GOVERNMENT,
	ALTH CARE REFORM, ETHICS s: Kenneth Ouriel, MD, MBA
Moderator	Robert M. Zwolak, MD, PhD
1:00 - 1:05	How To Increase Public Awareness Of Vascular Disease
	And The Role Of The Specialty Of Vascular Surgery
1:06 - 1:11	Robert B. McLafferty, MD
1:00 - 1:11	Disparity Of Vascular Care: Variations Of Index Vascular Procedures In Different Hospitals And
	Different Locations: Why
	Mohammad H. Eslami, MD, RVT
1:12 - 1:17	DEBATE: The Changes In The FDA Process For Cardiovascular Device Evaluation And Approval Will
	Increase US Access To Safe And Effective Devices –
	And Make It More Like Other Civilized Countries
	Dorothy B. Abel, BSBME J. Pablo Morales, MD
1:18 - 1:23	DEBATE: Are The FDA Changes Really Going To
	Facilitate New Device Evaluation And Availability In
	The US: The Difficulty Lies With Congress, Not The FDA Ron Waksman, MD
1:24 - 1:29	Template For An IDE For Physician Modified Endografts
	Patrick W. Kelly, MD
	Rodney A. White, MD
1:30 - 1:35	Dorothy B. Abel, BSBME Perverse Incentives To Perform Vascular Procedures,
1.00	And Pay For Performance Measurements Are Bad:
	How To Fix The Problems
1:36 - 1:41	Timothy F. Kresowik, MD Panel Discussion
1.00	IMPACT OF OBAMACARE
1.70 1.77	
1:42 — 1:47	Impact Of Obamacare (ACA) On American Medicine And Our Country: I Thought It Was Bad But I Never
	Realized How Bad
1.70	Clifford J. Buckley, MD
1:48 — 1:53	The Train Is Coming At You: What Will The Cost Of Obamacare Be To Vascular Patients And Vascular
	Surgeons
	James H. Black III, MD

1:54 - 1:59	Detrimental Effects Of The ACA And ACOs On The
1.04 1.00	Work Environment Of Vascular Surgeons And Their
	Freedom To Provide The Best Care: Are Doctors-
	Unions A Legal And Inevitable Solution Timothy M. Sullivan, MD
2:00 - 2:05	The Impact Of The ACA On The Medical Device
	Industry: What Harm Or Benefit Will It Cause: How
	Are Things Working Out Kem Hawkins, MBA
2:06 - 2:11	Impact Of Obamacare On Vascular Surgery In 2014
	And 2015
0.40 0.47	Robert M. Zwolak, MD, PhD
2:12 - 2:17	Heart And Vascular Care In The Era Of Health Reform And The ACA: Where Are We Headed And
	How To Survive
0.40	John H. Furtek, BS, RT(r)
2:18 - 2:23	The ACA Says It's Willing To Pay For Disease Prevention: Why That Is Not True
	Clifford M. Sales, MD, MBA
0.07 0.00	Patricia Davidson, RN
2:24 - 2:30	Panel Discussion
SESSION 2	2 (Grand Ballroom West, 3rd Floor)
	ELATED TO INDEPENDENCE FOR
VASCULA	AR SURGERY, RESIDENCY TRAINING,
BUSINES	s, reimbursement, cost/benefit,
	CT OF INTEREST (COI)
Moderator.	s: Michel Makaroun, MD Karl A. Illig, MD
	INDEPENDENCE AND GOVERNANCE ISSUES
	FOR VASCULAR SURGERY
2:30 - 2:35	What Have Been The Beneficial Effects For Patients
	And Vascular Surgeons Of Vascular Surgery Being
	Recognized As An Independent Specialty In Switzerland
	Jürg Schmidli, MD
2:36 - 2:41	How Has Independence Helped Vascular Surgery And
	Its Patients In Sweden Anders Wanhainen, MD, PhD
2:42 - 2:47	How Has Independence For Its Governing Bodies
	Helped Vascular Surgery And Its Patients In The UK George Hamilton, MD
2:48 - 2:53	How Has The European Vascular Surgery FEBVS
	Exam Contributed To Vascular Surgery's Independence
	In Europe And Improved Patient Care David McLain, FEBVS
2:54 - 2:59	The American Board of Vascular Surgery (ABVS) And
	The Vascular Surgery Board of The American Board of
	Surgery (VSB of ABS): Is There More James C. Stanley, MD
	RESIDENCY TRAINING IN VASCULAR SURGERY
200 200	
3:00 - 3:05	Update On The Current Status Of 0+5 Vascular Surgery Residency Training
	Murray L. Shames, MD
	Karl A. Illig, MD
3:06 - 3:11	The New Residency Review Committee-Surgery
	(RRC-S) Vascular Criteria For Training In General And Vascular Surgery: What Will The Case
	Requirements Be: Is It Good For Vascular Surgery
	Ronald L. Dalman, MD

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	BUSINESS, REIMBURSEMENT AND COST ISSUES
3:12 - 3:17	What Is Happening With Vascular Procedural Reimbursement In 2015: How Bad Will It Be Sean P. Roddy, MD
3:18 - 3:23	Current Business Considerations In Medicine And Reimbursement: How Can We Deal With Them Glenn Jacobowitz, MD Mark A. Adelman, MD
3:24 - 3:29	What Vascular Specialists Can Do To Protect Their Assets From Frivolous Law Suits Related To Malpractice And Other Issues Hillel L. Presser, Esq., MBA
3:30 - 3:35	Heart And Vascular Institutes: Boons Or Busts For Vascular Surgeons: What Are The Dangers Timur P. Sarac, MD
3:36 - 3:41	The FAST Vascular Concept: A Method To Reduce Resource Utilization With EVAR And Open Repair Of AAAs
3:42 - 3:47	Occlusive Disease And AAAs: How Can These Costs Be Decreased
3:48 - 3:53	Richard J. Powell, MD Setting Up A Functional Hybrid Room Involves More Than You Think: What Resources, Personnel And Costs Must Be Involved
3:54 - 4:04	Rodney A. White, MD Panel Discussion And Break Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 23 (Grand Ballroom West, 3rd Floor) OUTPATIENT TREATMENT, IMPROVING CARE, RCTs, REGISTRIES Moderators: Mark A. Adelman, MD Jack L. Cronenwett, MD	
4:04 - 4:09	Advantages Of An Outpatient Endovascular Center To An Academic Vascular Surgery Department Mark A. Adelman, MD
4:10 - 4:15	What Organization(s) Should Set Standards, Accredit And Regulate Outpatient Vascular And Vein Diagnostic And Treatment Centers – Toward What Goals Lowell S. Kabnick, MD, RPhS
4:16 - 4:21	The Importance Of Patient Reported Outcome Measures (PROMs) To Vascular Surgeons Mark J. W. Koelemay, MD, PhD
4:22 - 4:27	Relationship Between Patient Satisfaction And Favorable Surgical Outcomes K. Craig Kent, MD
4:28 - 4:33	Income vs. Outcomes In Vascular Patients: Low Income Is An Independent Risk Factor For Outcomes: Why Hence J.M. Verhagen, MD, PhD
4:34 - 4:39	Access To Health Care Does Not Correlate With Limb Salvage In CLI: Race And Socioeconomic Status Do Michael C. Stoner, MD
4:40 - 4:45	LEAN Principles And Their Application To Vascular Surgery: What Can Toyota Teach Us About Providing Better Vascular Health Care Tej M. Singh, MD, MBA

	EVIDENCE BASED MEDICINE AND RCTs	
4:46 - 4:51	Commentary On Evidence Based Medicine And RCTs In Cardiovascular Surgery And Medicine; Not All RCTs Are Holy Peter Samek, MD, PhD	
4:52 - 4:57	RCTs Can Be Underpowered And Futile To Detect Small Effects In Many Instances: Some Examples Charles C. Miller, PhD	
4:58 - 5:03	In The Treatment Of Asymptomatic Carotid Stenosis: How Do RCTs Relate To The Real World: What Are The Pitfalls Of RCTs Hans-Henning Eckstein, MD, PhD	
IMPROVED TECHNOLOGY AND VASCULAR SPECIALISTS' PRACTICES		
5:04 - 5:09	How Can Social Media Help Vascular Specialists Ido Weinberg, MD, MSc	
5:10 - 5:15	How A Smart Phone Can Change Your Practice For The Better: How A Computer Analysis Of EKGs Can Give You Ejection Fractions And Ventricular Wall Motion And Do Away With Many Cardiac Echo Studies Lindsay Machan, MD	
5:16 - 5:21	Update On The Status Of The SVS VQI Registry And What It Can Offer Clinically And For Research Larry W. Kraiss, MD	
5:22 - 5:27	Jack L. Cronenwett, MD Are There Disadvantages To VQI Initiatives: Do They Give Rise To Conflicts Kenneth Ouriel, MD, MBA	
5:28 - 5:34	Panel Discussion	
SESSION 24 (Grand Ballroom West, 3rd Floor) ISSUES RELATING TO SIMULATION, TRAINING AND EDUCATION Moderators: Jason T. Lee, MD Mario Lachat, MD		
	SIMULATION, TRAINING AND EDUCATION	
5:34 - 5:39	Advantages And Limitations Of Patient Specific Simulator Rehearsal Prior To EVAR And Other Procedures	
5:40 - 5:45	Isabelle van Herzeele, MD, PhD Simulator Training vs. Clinical Invasive Experience: A RCT Showing Benefits Of Case Specific Simulator Training Even With Experienced Operators Lars B. Lönn, MD, PhD	
5:46 - 5:51	New Pathways And Technology To Improve Efficiency And Resource Use In Vascular Practice Nicholas J.W. Cheshire, MD	
5:52 - 5:57	VESAP 3: Where Is It And How Can It Help In MOC And Review For The Vascular Surgery Board Exams John F. Eidt, MD	
5:58 - 6:03	Advances In The Education Of Vascular Surgeons In Complex Endovascular Techniques: The Boot Camp Initiative And Regional Video Conferencing Mark G. Davies, MD Alan B. Lumsden, MD	
6:04 - 6:10	Panel Discussion End of Program C	

WEDNESDAY, NOVEMBER 19, 2014

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

CONCURRENT ARTERIAL AND VENOUS WEDNESDAY PROGRAMS

PROGRAM D: SESSIONS 25-33

New Technologies, TAAAs, CHIMPS, Parallel Grafts, F/B EVAR, Military Topics, Multilayer Stents, Robotics And Guidance Systems, Laparoscopy And Ruptured Aneurysms

6:45 A.M. - 6:08 P.M.

Grand Ballroom East, 3rd Floor

PROGRAM E: SESSIONS 34-41

Lower Extremity Ischemia, Popliteal Aneurysms, Aortic And Graft Infection, Vascular Disease And Medical Treatment, Technology Updates, Imaging, Thoracic Outlet, New Concepts **And More On Renal Denervation**

6:45 A.M. - 6:00 P.M.

Grand Ballroom West, 3rd Floor

PROGRAM F: SESSIONS 42-43

New Developments In Management Options For Pulmonary **Embolism**

Course Leader: Michael R. Jaff, DO

7:00 A.M. - 12:00 P.M. Trianon Ballroom, 3rd Floor

SESSIONS 44-47

Large Vein Occlusive Disease And Its Treatment

Course Leader: Kenneth Ouriel, MD, MBA

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

Trianon Ballroom, 3rd Floor

PROGRAM D (SESSIONS 25-33)

NEW TECHNOLOGIES, TAAAS, CHIMPS, PARALLEL GRAFTS, F/B EVAR, MILITARY TOPICS, MULTILAYER STENTS, ROBOTICS AND GUIDANCE SYSTEMS, LAPAROSCOPY AND RUPTURED ANEURYSM TREATMENT DISEASE AND THEIR TREATMENT Grand Ballroom East, 3rd Floor

SESSION 25 (Grand Ballroom East, 3rd Floor)

EXCITING NEW TECHNOLOGY AND TECHNIQUES

Moderators: Ronald L. Dalman. MD Kenneth Ouriel, MD, MBA

6:45 - 6:50	4 French Instrumentation For Lower Extremity
	Disease Treatment As An Outpatient: Experience In
	>2000 Patients Over 10 Years: How To Do It
	Ios C. van den Bero MD PhD

6:51 - 6:56Role Of Endovascular Adventitial Drug Delivery To Prevent Restenosis: The Bullfrog Catheter System

Christopher D. Owens, MD

6:57 - 7:02A New Endovascular Balloon And A New Temporary Vascular Shunt To Help Treat Vascular Injury,

Hemorrhage And Shock Todd E. Rasmussen, MD

	7:03 - 7:08	TAVR For Pure Aortic Insufficiency: How To Make It Work And What Is Left For Surgical Valve Repair
		Dietmar H. Koschyk, MD
	7:09 - 7:14	Percussion Crossing Device For Calcified CTOs: How Does It Work And Early Results Of Piculet Hammer Device Max Amor, MD
	7:15 - 7:20	Will Drug-Eluting Fully Bioabsorbable Scaffolds Prove Advantageous In The Coronary Arteries Gregg W. Stone, MD
	7:21 - 7:26	Some Innovative New Devices From Tim Chuter: The Inch Worm Balloon; The Shapeshifter Catheter And Microstents Timothy A.M. Chuter, DM
	7:27 - 7:32	Panel Discussion
	1:21 - 1:32	Panel Discussion
SESSION 26 (Grand Ballroom East, 3rd Floor) NEW INFORMATION ABOUT PARALLEL GRAFTS — CHIMNEYS, PERISCOPES AND SANDWICH GRAFTS (CHIMPS) FOR TAAAs		
	\	:: Timur P. Sarac, MD
		Giovanni Torsello, MD
		, , , , , , , , , , , , , , , , , , , ,
	7:32 - 7:37	Current Role Of Chimneys And Parallel Grafts For The Treatment Of Complex Aortic Aneurysms Frank J. Criado, MD
	7:38 - 7:43	Value And Limitations Of Periscope Grafts For Distal TAAAs Jason T. Lee, MD
	7:44 - 7:49	Brazilian Registry Of Sandwich Technique Repairs For TAAAs: Mid-Term Results And How Do They Compare With Results Of Fenestrated And Branched Repairs Armando C. Lobato, MD, PhD
	7:50 — 7:55	The Eye Of The Tiger Technique To Eliminate Gutter Endoleaks With Parallel Grafts David I. Minion, MD
	7:56 - 8:01	Late Outcomes Of Thoracic And Visceral Chimney Grafts: Are They Durable
	8:02 - 8:07	Martin Malina, MD, PhD DEBATE: Mid-Term Results Of Sandwich Grafts For TAAAs Equal Those Of Branched Endografts Palk D. Kolumback, MD
	8:08 - 8:13	Ralf R. Kolvenbach, MD DEBATE: Branched Endografts Are Better Treatment For TAAAs Than Sandwich Grafts Or Other Parallel Grafts
		Stephan Haulon, MD
	8:14 - 8:20	Panel Discussion
	IN HONG	7 (Grand Ballroom East, 3rd Floor) OR OF ROY K. GREENBERG, MD: MORE FAAAS: OPEN SURGERY, CHIMPS,
		ATED AND BRANCHED (F/B) ENDOGRAFTS
Moderators: Frank J. Veith, MD		
Piergiorgio Cao, MD		
	0.00	• •
	8:20 — 8:25	New Strategies For Open Treatment Of TAAAs Including Sutureless Revascularization Of Renal Arteries

Including Sutureless Revascularization Of Renal Arteries Using A Novel Hybrid Graft And Other Techniques *Roberto Chiesa, MD*

Germano Melissano, MD

8:26 - 8:31	Why Do TAAAs In Young Patients With Connective Tissue Disorders Still Require Open Surgery And Are There Differences Between Degenerative And Post
	Dissection TAAAs That Should Influence Treatment <i>Michael J. Jacobs, MD</i>
8:32 - 8:37	Geert Willem H. Schurink, MD, PhD DEBATE: Fenestrated And Branched F/B EVAR
	Is The Best And Most Durable Treatment For Pararenal And Thoracoabdominal Aneurysms
8:38 - 8:43	Matthew J. Eagleton, MD DEBATE: Outcomes Of Multiple Chimney And Periscope Grafts For Pararenal And Thoracoabdominal Aneurysms Are Equal To F/B Endografts And More
	Versatile Mario Lachat, MD
8:44 - 8:49	Mid-Term Outcomes And Technical Tips For Sandwich Endografts To Repair Pararenal And TAAAs: Are They Competitive With F/B Endografts Armando C. Lobato, MD, PhD
8:50 - 8:55	2-Year Experience With An Off-The-Shelf Multibranched Endograft (T-Branched Graft From Cook) For TAAAs: Advantages And Limitations Martin J. Austermann, MD
	Theodosios Bisdas, MD Konstantinos P. Donas, MD
	Giovanni Torsello, MD
8:56 — 9:01	DEBATE: Off-The-Shelf Endografts For Complex AAAs And TAAAs: They Are Up To The Job <i>Timothy A. Resch, MD, PhD</i>
9:02 - 9:07	DEBATE: Off-The-Shelf Endografts For Complex AAAs And TAAAs: They Are Not Ready For Wide Usage <i>Colin D. Bicknell, MD</i>
9:08 - 9:13	Why I No Longer Use Surgeon-Modified Endografts For Complex AAAs And TAAAs: Advantages Of Industry-Made Endografts: Does Staging Of Endograft Repair Of TAAAs Help Prevent Paraplegia Gustavo S. Oderich, MD
9:14 - 9:19	Advantages And Limitations Of Internally Branched Endografts For Complex AAAs And TAAAs Marcelo Ferreira, MD
9:20 - 9:28	Panel Discussion
9:28 - 9:40	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 28 (Grand Ballroom East, 3rd Floor) MORE ABOUT PARALLEL GRAFTS AND F/B GRAFTS FOR AAAs, TAAAS AND COMPLICATIONS	
OF TBAD Moderators	DS s: Matthew J. Eagleton, MD James F. McKinsey, MD
9:40 - 9:45	The Geppetto Technique To Avoid Brachial Access In Complex Endovascular Interventions Requiring Revascularization Of Multiple Branches
9:46 — 9:51	David J. Minion, MD The Nellix Endovascular Device Can Be Used With Multiple Chimneys For Juxta And Suprarenal AAAs And Ruptured AAAs: How To Do It
9:52 - 9:57	Ian Loftus, MD The Nellix Device Can Be Used To Treat Juxtarenal Elective And Ruptured AAAs By Employing Parallel Grafts To The Renal Arteries Michael M.P. Reijnen, MD, PhD
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9:58 - 10:03	Gore Hybrid Grafts To Facilitate Visceral Debranching In Complex Hybrid Aortic Aneurysm Repairs Sebastian E. Debus, MD, PhD		
10:04 — 10:09			
10:10 - 10:15	What Are Frequently Encountered Problems With F/B Endografts: How Can They Be Prevented And Corrected		
10:16 - 10:23	Tara M. Mastracci, MD Panel Discussion		
Moderators	s: Jerry Goldstone, MD Mario Lachat, MD		
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10:24 — 10:29	Mid-Term Outcomes Of Sandwich Grafts For Revascularizing Hypogastric Arteries With Common		
	Iliac Aneurysms		
10:30 - 10:35	Armando C. Lobato, MD, PhD Parallel Grafts (Chimney Or Periscope Grafts) Can Be		
10.00 — 10.00	Used To Revascularize A Critical IMA During EVAR Treatment Of AAAs		
10.00 10.11	Ross Milner, MD		
10:36 — 10:41	Technique For Placing Guiding Sheaths, Stents And Stent-Grafts Into Visceral Arteries For Parallel Graft		
	Procedures Complicated By Extreme Tortuosity Or		
	Previous Hardware: How An Aortic Balloon Can Help Jeffrey Y. Wang, MD		
10:42 - 10:47	Parallel Grafts (CHIMPS) For Revascularizing Vital		
	Aortic Branches At All Levels Are Effective: What Is		
	Their Value And Their Limitation		
10:48 - 10:53	Chang Shu, MD Mid And Long-Term Results With Parallel Grafts		
	(CHIMPS) In Complex AAA Repairs: How Good Are		
	They Alan M. Graham, MD		
10:54 - 10:59			
	Analysis Of The Various Devices Used For		
	Thoracoabdominal Aneurysm Repair Patrick W. Kelly, MD		
	Tyler Remund, PhD		
	Stephen Gent, PhD		
11:00 - 11:06	Panel Discussion		
SESSION 2	9 (Grand Ballroom East, 3rd Floor)		
	TÈ TO OUR MILITARY (8 AND 9-MINUTE		
TALKS)			
Moderators	s: Eric Elster, MD Todd E. Rasmussen, MD		
11:07 - 11:16	The Doolittle Raiders And 30 Seconds Over Tokyo:		
	What Did Their Skill And Courage Do For The US In World War II		
11:17 - 11:25	Wayne F. Yakes, MD		
11:17 — 11:23	Lessons Learned From Treating Combat Casualties In Our Operations In Iraq And Afghanistan Todd E. Rasmussen, MD		
11:26 — 11:34	Early Treatment Of Pediatric Vascular Injuries And		
	Mass Casualties: Experience During Humanitarian		
	Surgical Care During US Military Operations In Iraq And Afghanistan		
# BE # 45	Charles J. Fox, MD		
11:35 — 11:43	Recent Progress In Treating Major Vascular War Wounds Eric Elster, MD		

11:44 - 11:53	What Biomedical Research That Is Important To All
	Of Us Is Being Conducted Aboard The International Space Station
	Lee M. Morin, MD, PhD
11:54 -12:00 12:00 -1:00	Panel Discussion
12:00 -1:00	Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)
	0 (Grand Ballroom East, 3rd Floor)
	ONCEPTS, DIFFERING VIEWPOINTS, DVERSIES IN VASCULAR DISEASE AND ITS
	EN I s: Enrico Ascher, MD
	Herbert Dardik, MD
1:00 - 1:05	Appropriate Genome-Based Antiplatelet Treatment Should Be A Prerequisite For All Interventional
	Treatments Karthikeshwar Kasirajan, MD
1:06 - 1:11	Combined Anatomic-Functional Testing With
	Coronary CT Angiography And Functional Flow Dynamics Is A Game Changer In Evaluating Cardiac
	Status In Vascular Patients: It Will Replace All Other
	Diagnostic Tests
1:12 - 1:17	Christopher K. Zarins, MD Value Of Biomarkers For Arteriosclerosis In Predicting
	Cardiac Risk In Vascular Patients
1:18 - 1:23	Peter Henke, MD Monocyte Phenotyping: A Sensitive Biomarker For
1.10 - 1.20	Predicting Adverse Vascular Events John P. Fletcher, MD
1:24 - 1:29	Arrhythmias: What Other Vascular Specialists Need To
	Know About How Their Patients Can Be Treated Larry Chinitz, MD
1:30 - 1:35	What Is SPY Technology And How Can It Help Vascular Specialists And Vascular Patients
1:36 - 1:41	Wei Zhou, MD DEBATE: Off Label Use Of EVAR Devices Leads To
1.00	Higher Failure Rates Andres Schanzer, MD
1:42 - 1:47	DEBATE: Not So! Off-Label Use Of Newer EVAR
	Devices Does Not Lead To Higher Failure Rates: Why The Discrepancy
	B. Patrice Mwipatayi, FRACS
1:48 - 1:53	Saccular AAAs Behave Differently From Fusiform AAAs Of The Same Diameter: How Should It Influence
	Our Treatment: Is There Proof
15/ 150	Jacques Busquet, MD
1:54 — 1:59	DEBATE: How Far Should We Go With Endovascular Treatment Of Challenging CTOs Causing CLI: An Interpretational list's Point Of View.
	Interventionalist's Point Of View Craig M. Walker, MD
2:00 - 2:05	DEBATE: How Far Should We Go With Endovascular
	Treatment Of Challenging CTOs Causing CLI: An Endocompetent Vascular Surgeon's View
	Enrico Ascher, MD
2:06 - 2:13	Panel Discussion

SESSION 31 (Grand Ballroom East, 3rd Floor) NEW DATA ON MULTILAYER FLOW MODULATING (MLFM) BARE STENTS IN THE TREATMENT OF ANEURYSMS AND DISSECTIONS (SEE ALSO SESSION 53) Moderators: Frank J. Veith, MD Edward B. Diethrich, MD		
2:13 - 2:18	Update On The Value Of MLFM Uncovered Stents In The Treatment Of Visceral And Popliteal Aneurysms: Do They Shrink: Have Any Ruptured Claudio Rabbia, MD Maria Antonella Ruffino, MD	
2:19 - 2:24	Endovascular Treatment Of Complex Thoracic Aortic Aneurysm With Multiple Overlapping Bare Stents Can Decrease Spinal Cord Ischemia (SCI) And Result In Decreased Aneurysm Size: When Is This Treatment Appropriate Qingsheng Lu, MD Zaiping Jing, MD	
2:25 - 2:30	Continuing Impressions Of The Value Of MLFM Bare Stents In Treating Complex Aortic Aneurysms Edward B. Diethrich, MD	
2:31 - 2:36	Mechanisms Whereby MLFM Bare Stents Could Prevent Aneurysm Rupture: Do They Work Jean-Marc Alsac, MD, PhD	
2:37 - 2:42	Brazilian Experience With MLFM Stents In The Treatment Of Aortic Aneurysms Daniel Benitti, MD	
2:43 - 2:48	3-Year Results Of The French Registry Of MLFM Stents In The Treatment Of Thoracic And Abdominal Complex Aortic Aneurysms Claude D. Vaislic, MD	
2:49 - 2:54	Value And Limitations Of The MLFM Stent In Treating Arch Aneurysms And Dissections Erno Remsey-Semmelweis, MD, PhD	
2:55 - 3:00	Pros And Cons Of MLFM Stents For The Treatment Of Complex Aortic Aneurysms: A Balanced View And Is Sac Thrombosis Good Or Bad For Aneurysm Wall Integrity And Rupture: What Is The Mechanism Frans L. Moll, MD, PhD	
3:01 - 3:06	Advantages And Limitations Of MLFM Stents For Aortic Aneurysm Treatment: When Do They Work And When Don't They: Results Of The German Registry Ralf R. Kolvenbach, MD	
3:07 - 3:12	DEBATE: The MLFM Device Is A Disruptive Technology For Aortic Aneurysm And Dissection Based On The Results Of A Global Registry Sharif Cultur, MD	

Sherif Sultan, MD

Panel Discussion

DEBATE: MLFM Stents Are Not An Effective Treatment For Complex Aortic Aneurysm And Do Not

Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)

Prevent Sac Growth And Rupture Thomas Larzon, MD, PhD

3:13 - 3:18

3:19 - 3:29

3:30 - 3:40

SESSION 32 (Grand Ballroom East, 3rd Floor)
NEW DEVELOPMENTS IN ROBOTICS,
ENDOVASCULAR GUIDANCE, ENDOSCOPY
ACCESS AND OTHER IMPROVED TECHNOLOGY

Moderators: Alan B. Lumsden, MD Nicholas J.W. Cheshire, MD IMPROVED ROBOTIC GUIDANCE 3:40 - 3:45 Experience With Improved Lower Profile Robotic Catheter Techniques: They Facilitate Many Endovascular Procedures Including Complex Embolizations Barry T. Katzen, MD 3:46 - 3:51 How Can Robotic Navigation Be Combined With 3D Imaging To Make Complex Endovascular Procedures Easier, Quicker And More Predictable With Complex Anatomy: How Does The 6 French System Help Alan B. Lumsden, MD 3:52 - 3:57 How Can Robotic Assistance And Guidance Be Helpful With Complex Anatomy For CAS And F/B EVAR: What About Radiation Exposure Nicholas J. W. Cheshire, MD Celia Riga, MD What Does The ROVER Registry Tell Us About Advantages Of Robotic Catheter Based Procedures: Faster, Less Arterial Wall Trauma, Decreased Radiation Exposure, Improved Crossing Of Difficult CTOs Jean Bismuth, MD Minimally Invasive Treatment Of Paget-Schroetter Disease With EKOS Ultrasound Assisted Thrombolysis And Robot Assisted First Rib Resection: How The Robot Helps Hans M.E. Coveliers, MD, MBA The Truth About Endoscopic Vein Harvest: Is It Worthwhile: Based On VQI Observations Fred A. Weaver, MD 4:10 - 4:21 Tips And Tricks For Radial Access For Lower Extremity And Other Remote Lesion Treatments: Equipment Required Marcelo Guimaraes, MD Update With New Simplified Aortic Occlusion Balloon For Ruptured AAAs And Other Hemorrhagic Emergencies: Advantages, Limitations And Clinical Experience: Scoring System To Help Tell Us Which Ruptured AAAs Should Not Be Treated Benjamin W. Starnes, MD 4:28 - 4:33 When Can Improved Duplex Ultrasound Replace Contrast CTA For Post-EVAR Surveillance And Detecting Failing Lower Extremity Stent-Grafts Keith D. Calligaro, MD Panel Discussion	ACCESS AND OTHER IMPROVED TECHNOLOGY		
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4:34 – 4:40 Panel Discussion	4:28 - 4:33	Contrast CTA For Post-EVAR Surveillance And Detecting Failing Lower Extremity Stent-Grafts	
	4:34 - 4:40	Panel Discussion	

SESSION 33 (Grand Ballroom East, 3rd Floor) NEW DEVELOPMENTS IN THE TREATMENT OF RUPTURED AAAs (SEE ALSO SESSION 81) Moderators: Benjamin W. Starnes, MD Matt M. Thompson, MD			
4:40 - 4:45	100% Of Ruptured AAAs (RAAAs) Can Be Treated Endovascularly If Chimney, Periscopes And Other Adjuncts Are Used: Turn-Down Rates Are Low And Early Mortality Is Low Dieter O. Mayer, MD Thomas Larzon, MD, PhD Mario Lachat, MD		
	THE RECENT RCTs OF RAAAs: FACTS AND FLAWS – A MEGA DEBATE		
4:46 - 4:51	Results From The French ECAR RCT Results Comparing EVAR With Open Repair For RAAAs Pascal Desgranges, MD, PhD		
4:52 - 4:57	Results From The Dutch AJAX RCT Comparing EVAR With Open Repair For RAAAs Willem Wisselink, MD		
4:58 - 5:03	Early Results From The UK IMPROVE Trial Comparing An EVAR Strategy With Open Repair For RAAAs: It Shows That The EVAR Strategy Has No Lower Early Mortality Than Open Repair Janet T. Powell, MD, PhD		
	WHY THE RCTs ARE MISLEADING		
5:04 - 5:09	IMPROVE Trial Is A Laudable Study, But Its Conclusion Is Flawed: EVAR Is Better Than Open Repair For RAAAs Frank I. Veith, MD		
5:10 - 5:15	The 3 Recent RAAA RCTs Are Flawed And Misleading: What Are These Flaws Nicholas J.W. Cheshire, MD		
5:16 - 5:21	EVAR Is Clearly Better Than Open Repair And We Do Not Need An RCT To Prove It Mario Lachat, MD		
5:22 - 5:27	The Recent RCTs Comparing EVAR To Open Repair For RAAAs Are Misleading And We Do Not Need More RCTs To Prove EVAR Is Better Thomas Larzon, MD, PhD		
	OTHER OPINIONS AND DATA		
5:28 - 5:33	EVAR Clearly Should Be The First Treatment Choice For RAAAs: We Don't Need More Trials To Prove It Edward B. Diethrich, MD Julio A. Rodriguez, MD		
5:34 - 5:39	Does A Fixed Protocol For Treating Ruptured AAAs By EVAR Improve Outcomes: Based On A Prospective Multicenter Registry Results Kim J. Hodgson, MD		
5:40 - 5:45	Meta-Analysis Of Recent RCTs Comparing EVAR With Open Repair For Ruptured AAAs: It Is Level 1A Evidence, But It May Be Misleading Ron Balm, MD, PhD		
5:46 - 5:51	Long-Term Survival Of Ruptured AAAs Is Better After EVAR Than After Open Repair: The Early Survival Benefit Of EVAR Persists Beyond 5 Years Dieter O. Mayer, MD Mario Lachat, MD Frank J. Veith, MD Zoran Rancic, MD, PhD		

Zoran Rancic, MD, PhD

5:52 - 5:57Why Are Treatment Outcomes For RAAAs Better In The US Than In The UK: Hints For Improving Results And Support For The Position That EVAR Is Better Than Open Repair Matt M. Thompson, MD 5:58 - 6:08Panel Discussion **End of Program D** PROGRAM E (SESSIONS 34-41) LOWER EXTREMITY TREATMENTS, POPLITEAL ANEURYSMS, INFECTED AORTIC GRAFTS, TREATMENT OF VASCULAR DISEASES, MEDICAL TREATMENT, UPDATES, TECHNOLOGY, IMAGING, THORACIC OUTLET, NEW CONCEPTS, MORE ON RENAL DENERVATION Grand Ballroom West, 3rd Floor SESSION 34 (Grand Ballroom West, 3rd Floor) NEW FINDINGS AND INFORMATION ON THE TREATMENT OF POPLITEAL ANEURYSM (SEE ALSO SESSION 62) Moderators: Enrico Ascher, MD Barry T. Katzen, MD 6:45 - 6:50What Are The Real Results Of Endovascular Popliteal Aneurysm Repair: When Is It Indicated And When Contraindicated Sonia Ronchey, MD, PhD 6:51 - 6:56Anatomic Features That Predict Complications Of Endovascular Aneurysm Repair And When It Is Contraindicated Thomas L. Forbes, MD 6:57 - 7:02The Modern Treatment Of Popliteal Aneurysms Varies Widely: Why Is This So: Value Of Thrombolysis: What Is The Best Surgical Approach Martin Björck, MD, PhD 7:03 - 7:08Long-Term Outcomes And Sac Shrinkage After Endovascular Popliteal Aneurysm Repair: What Are The Implications Franco Grego, MD Giovanni Deriu, MD 7:09 - 7:14Avoidance And Treatment Of Complications After **Endografting For Popliteal Aneurysm** Irwin V. Mohan, MD, MBBS 7:15 - 7:20Popliteal Aneurysm Treatment: When Endo, When Open: Technical Tips: Primary And Secondary Patency Results; Reintervention Is Not Always Required For Graft Failure Neal S. Cayne, MD THREE-PART DEBATE 7:21 - 7:26**DEBATE:** Endovascular Treatment Is Inferior For Popliteal Aneurysms Needing Treatment Werner Lang, MD 7:27 - 7:32**DEBATE:** Some Popliteal Aneurysms Should Be Treated Endo; Some Open Bauer E. Sumpio, MD, PhD 7:33 - 7:38**DEBATE:** Almost All Popliteal Aneurysms Can Be Treated Endovascularly: Technical Considerations And Outcomes: What Was The Outcome Of The Former Vice President's Large Popliteal Aneurysm Repairs In 2004 Barry T. Katzen, MD

7:39 – 7:44 Panel Discussion

SESSION 35 (Grand Ballroom West, 3rd Floor)
NEW DEVELOPMENTS IN THE TREATMENT OF

INFECTED AORTIC GRAFTS AND ENDOGRAFTS;

VALUE OF EVAR FOR MYCOTIC ANEURYSMS

Moderators: Dennis F. Bandyk, MD Keith D. Calligaro, MD

- 7:45 7:50

 Update On Silver/Triclosan Synergy Prosthesis For In Situ Replacement Of Infected Aortic Prostheses: They Really Work Based On The SATIGI Registry And Other Data

 Max Zegelman, MD
- 7:51 7:56 Endovascular Treatment Of Mycotic AAAs: When Does It Work And For How Long: Based On 132 Cases With Long Follow-up Anders Wanhainen, MD, PhD
- 7:57 8:02 When Are Endografts The Best Treatment For Aortic Infection And When Are They Not Francesco Setacci, MD
- 8:03 8:08 Conservative Treatment Of Endograft Infection After EVAR With CT Guided Drainage And Graft Preservation: When Can It Work And When Can It Not Kamphol Laohapensang, MD
- 8:09 8:14 Treatment Of Para And Suprarenal Aortic Graft Infection: Do Endografts Play A Role Manju Kalra, MBBS
- 8:15 8:20 Technical Tips For Removing An Infected Endograft: It Is Not Simple

 Thomas C. Bower, MD
- 8:21 8:26

 EVAR Can Be Effective Treatment For Infected Aneurysms In All Parts Of The Aorta With Both Simple And Complex Anatomies: Chimney Grafts May Be Needed: How To Do It Successfully And Get Long-Term Survival

 Boonprasit Kritpracha, MD
- 8:27 8:32 DEBATE: Management Of Mycotic Aneurysms And Infected Stent-Grafts After EVAR And TEVAR: Infected Endografts Must Come Out Piotr M. Kasprzak, MD
- 8:33 8:38 DEBATE: Not So: A New Treatment Paradigm For Treating Infected Endografts After EVAR And Mycotic Aneuryms May Allow Endograft Preservation Martin Malina, MD, PhD
- 8:39 8:44 How To Treat Mycotic Thoracic Aneurysms
 Roberto Chiesa, MD
 Germano Melissano, MD
- 8:45 8:52 Panel Discussion

SESSION 36 (Grand Ballroom West, 3rd Floor)

EXCITING NEW DEVELOPMENTS IN THE MEDICAL TREATMENT OF VASCULAR DISEASE

Moderators: Russell H. Samson, MD, RVT Frans L. Moll, MD, PhD

8:52 – 8:57 Do Atherosclerotic Plaques Regress: How And Why: What Are The Implications For Treatment Ralph G. DePalma, MD

8:58 — 9:03	How Can The Medical Treatment Of Arteriosclerosis Be Improved: Should More Patients Receive Statins: Do HDL Levels Matter: Does Elevating A Low HDL Level Help In Any Way: What Is On The Horizon
	For Improving Drug Or Medical Treatment For Arteriosclerosis
	Don Poldermans, MD
9:04 — 9:09	What Do The New AHA Cholesterol Guidelines And The New Information About Beta Blockers Mean To Vascular Surgeons Peter Henke, MD
9:10 - 9:15	Medical Therapy In Peripheral Artery Disease: Anything New On The Horizon: What Is The Value Of Chronic PA Pressure Monitoring With The CardioMEMS Implantable Pressure Sensor Jeffrey S. Berger, MD, MS
9:16 - 9:21	Why All Vascular Patients Should Have Perioperative Or Periprocedural Troponins: How Do They Help In Patient Treatment
9:22 - 9:27	Jeffrey S. Berger, MD, MS How Long Should Dual Antiplatelet Treatment Be Continued After Patients Receive A Coronary Stent (BMS Or DES): When Is It Safe To Stop Clopidogrel
	And Perform Non-Cardiac Surgery – An AAA, A Leg Bypass Or CEA: What To Do If Surgery Cannot Be Delayed: Based On New Findings From The OPTIMIZE Trial
	Ron Waksman, MD
9:28 — 9:33	Vitamin D Supplementation And Tight Blood Glucose Control In Diabetics Do Not Have A Major Impact On The Progression Of Vascular Disease: Other Factors Are More Important
9:34 - 9:39	Erich Minar, MD How To Prevent And Treat Postoperative Delirium After Vascular Surgery
	Clark J. Zeebregts, MD, PhD
9:40 - 9:47	Panel Discussion
9:48 -10:00	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 37	(Grand Ballroom West, 3rd Floor)
	VELOPMENTS IN ENDOVASCULAR
TECHNO	DLOGY, TECHNIQUES AND THE MEDICAL
TREATM	ENT OF VASCULAR DISEASE
Moderators: Alan B. Lumsden, MD	
	Richard J. Powell, MD
10:00 -10:05	Imaging With Lower Radiation Exposure Using A Novel Fixed C-Arm System During Endovascular Procedures: The Philips Allura Clarity Hybrid OR
10:06 -10:11	Olivier H.J. Koning, MD, PhD Unusual Uses Of Re-entry Devices: They Are An Essential Tool
10:12 - 10:17	Konstantinos Katsanos, MSc, MD, PhD DEBATE: Be Skeptical About The Need For Atherectomy Systems: The New Ones May Be No
10:18 -10:23	Better Than The Old Ones Frank J. Criado, MD DEBATE: Not So Fast, Leaving Nothing Behind Trumps Any Permanent Device In The SFA: Current Evidence And Clinical Utility Of Atherectomy Systems
	Lawrence A. Garcia, MD

10:24 -10:29	
	Prosthetic Bypasses In The SFA And Popliteal Arteries:
	How Can IVUS And Robotics Help: A New Treatment
	Concept Alan B. Lumsden, MD
	Tony S. Das, MD
10:30 -10:35	Where Do We Stand With Cell Therapy For Ischemia
10100 10100	In The Legs; In The Heart
	Alan Dardik, MD, PhD
10:36 - 10:41	Tips And Tricks For Endovascular Interventions In
	Pediatric Patients
	Furuzan Numan, MD
10:42 -10:47	Manifestations And Treatment Of Spontaneous Renal
	Artery Dissections
10 /0 10 57	James C. Stanley, MD
10:48 -10:57	Panel Discussion
	NEW DEVELOPMENTS IN MEDICAL TREATMENT AND RISK MODIFICATION
Moderator	s: Ron Waksman, MD
Moderators	Jack L. Cronenwett, MD
	Juck E. Cronenwett, MD
10:57 — 11:02	How To Improve 5-Year Survival After Vascular
	Surgery By 25% Or More: Give Proper Doses Of
	Statins And Antiplatelet Agents Jack L. Cronenwett, MD
11:03 - 11:08	Preoperative Statin Administration Decreases The
11.00 - 11.00	Incidence Of Contrast Induced Kidney Injury
	John H. Rundback, MD
11:09 - 11:14	A Frailty Index And What It Can Mean For Vascular
	Specialists Or Surgeons Interested In Vascular Disease
	Patients: Is It Better Than The Eyeball Test
	Gregory L. Moneta, MD
11:15 - 11:20	Differential Effect Of Arteriosclerotic Risk Factors In
	Men And Women: Why Does It Matter
11:21 - 11:26	Caron B. Rockman, MD
11:21 — 11:26	Cilostazol Is Associated With Improved Outcomes After Vascular Interventions: Should Vascular
	Specialists Use It And How
	Richard J. Powell, MD
11:27 - 11:32	What Test Should We Use To Evaluate Antiplatelet
	Drugs In Vascular Patients – Especially Those
	Undergoing A Procedure
	Frans L. Moll, MD, PhD
11:33 — 11:38	Importance Of Smoking Cessation Prior To Lower
	Extremity Bypasses: It Decreases The Failure Rate
	Christopher J. Abularrage, MD James H. Black III, MD
11:39 - 11:44	How To Prevent Cardiovascular Death In Diabetic
11.00	Patients With CLI And Arteriosclerosis: It Is As
	Important As Saving The Limb
	Francesco Liistro, MD
11:45 - 11:50	Characteristics Of Patients Who Currently Develop
	Acute Limb Ischemia And What Is Their Long-Term
	Prognosis
11 51 10 00	Beatrice R. Amann-Vesti, MD
11:51 -12:00	Panel Discussion
12:00 -1:00	Lunch Break – 2nd Floor Promenade Visit Exhibits And Povilions (2nd and 3nd Floors)
	Visit Exhibits And Pavilions (2nd and 3rd Floors)



SESSION 38 (Grand Ballroom West, 3rd Floor)

ADVANCES IN IMAGING Moderators: Barry T. Katzen, MD Henrik Sillesen, MD, DMS

Moderator	s: Barry T. Katzen, MD Henrik Sillesen, MD, DMSc
1:00 - 1:05	Selective Intra-Arterial CTA For Lower Extremity Occlusive Disease In Patients With Renal Insufficiency: It Decreases Contrast Dose And Is Safe Anders Wanhainen, MD, PhD
1:06 - 1:11	Advantages Of An Integrated 3-D Imaging Solution For Planning, Fusion And Assessment Of Complex Aortic Procedures
1:12 - 1:17	Stephan Haulon, MD Aortic Procedures Of The Future Will Mandate 3D Imaging For Planning And Preparation, And For Performing Dittmar Boeckler, MD
1:18 - 1:23	The Use Of A Computerized Patient Specific Model And MRA Data To Predict Pressure Drops Across Equivocal Stenoses
1:24 — 1:29	Jean-Paul de Vries, MD, PhD Precannulation Of Visceral And Renal Arteries Using Fusion Software On The Artis Zeego System During F/B EVAR Is Fast, Simple, And Valuable: How To Do It Neal S. Cayne, MD
1:30 - 1:35	Value And Implementation Of 3D Ultrasound Scans For All AAA Evaluations: What Can And Should Be Measured: What Equipment Is Needed Henrik Sillesen, MD, DMSc
1:36 - 1:41	3D Ultrasound Is The CT Scan Of The Future And Eliminates Radiation Exposure Brajesh K. Lal, MD
1:42 - 1:47	What New Information Can Be Learned From 3D Ultrasound Of AAAs: How Can It Provide Finite Element Analysis Marc R.H.M. van Sambeek, MD, PhD
1:48 - 1:53	Panel Discussion
1:54 — 1:59	What Important Information Can Be Obtained From Transcranial Doppler (TCD) If You Know How To Get It: Wider Use Of TCD Is Justified Zolt Garami, MD
2:00 - 2:05	3D Holography To Guide Endovascular Interventions: How Does It Work: Can CTA Be Avoided And MRI And 3D Ultrasound Take Its Place Elchanan Bruckheimer, MBBS
2:06 — 2:11	A Complete Mobile Hybrid Room With Ziehm Vision RFD Hybrid C-Arm And Stille Imagiq2 Floating Table For Complex Endovascular Procedures: Advantages And Limitations Compared To A Fixed Hybrid Room Peter C.J. Goverde, MD
2:12 - 2:17	DEBATE: Should Duplex Ultrasound Replace CTA For Post EVAR Surveillance: YES, In Most Cases <i>Michel Makaroun</i> , MD
2:18 - 2:23	DEBATE: Should Duplex Ultrasound Replace CTA For Post EVAR Surveillance: NO, In Most Cases S. Rao Vallabhaneni, MD
2:24 - 2:29	Panel Discussion

SESSION 39 (Grand Ballroom West, 3rd Floor) ADVANCES AND UPDATES IN THE TREATMENT OF THORACIC OUTLET SYNDROMES, AN HISTORICAL VIGNETTE AND NEW DEVICES AND CONCEPTS			
Moderators	s: R. Clement Darling III, MD Julie Ann Freischlag, MD		
2:29 - 2:34	New Thoracic Outlet Syndrome (TOS) SVS Reporting		
2:35 - 2:40	Standards: What Is New Karl A. Illig, MD Treatment Of TOS And Popliteal Entrapment In High Performance Athletes: What Is The Role Of Exercise, Physiotherapy And Surgery		
2:41 — 2:46	Jason T. Lee, MD Some Patients With Presumed Neurogenic TOS Really Have Jugular And Subclavian Venous Stenosis: Balloon Angioplasty Can Provide Symptom Relief		
2:47 - 2:52	Sam S. Ahn, MD, MBA Current Optimal Treatment For Arterial Compression At The Thoracic Outlet Enrique Criado, MD		
2:53 - 2:58	Historical Vignette: The First Endoleak And The First AAA Repair By Norman Freeman – Before Charles Dubost's		
2:54 - 2:59	Christopher K. Zarins, MD Infrared IVUS: A New Technique For Detecting Vulnerable Plaque Ron Waksman, MD		
3:00 - 3:05	Early Experience With A New Improved Digital Mobile C-Arm: The Cios Alpha System From Siemens: Advantages And Limitations Sebastian E. Debus, MD, PhD		
3:06 - 3:15 3:15 - 3:30	Panel Discussion Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)		
NEW CC	SESSION 40 (Grand Ballroom West, 3rd Floor) NEW CONCEPTS, TECHNIQUES, UPDATES Moderators: Christopher K. Zarins, MD Amman Bolia, MD		
3:30 - 3:35	Value And Limitations Of Optical Coherence Tomography For Use In Lower Extremity Vascular Assessment And Treatments		
3:36 - 3:41	Vikram S. Kashyap, MD Sensible And Extreme Approach To Limb Preservation (The SEAL Approach): Who And What Is Involved And What Are The Benefits: Should There Be SEAL Centers Niten Singh, MD		
3:42 - 3:47	The Chocolate Balloon: A New Better Less Traumatic Drug Coated Balloon For Dilating Arterial Lesions With Less Dissection: Mode Of Action, Advantages And Clinical Experience Jihad A. Mustapha, MD		
3:48 - 3:53	Does Prostate Endovascular Embolization Work: For What Conditions: Advantages And Limitations <i>Jörn O. Balzer, MD, PhD</i>		
3:54 - 3:59	Pathophysiology Of Hand And Finger Ischemia In Hemodialysis Patients And How It Can Best Be Treated		

Robert Ferraresi, MD

4:00 - 4:05	Update On Tissue Engineered Arterial Prostheses: Progress And Remaining Challenges
4:06 - 4:11	Elliot L. Chaikof, MD, PhD For Recanalizing Lower Extremity CTOs Above And Below The Knee, Simpler And Cheaper Devices Are
	Better: It Does Not Matter Whether The Route Is Intraluminal Or Subintimal Amman Bolia, MD
4:12 - 4:17	Will DEBs Become The Gold Standard For Dilating Bare Metal Stents (BMSs) In The SFA: Will This
	Strategy Be Cost Effective Stefan Müller-Hülsbeck, MD
4:18 - 4:23	Current Optimal Techniques For Minimizing Contrast Induced Nephropathy After Angiographic Procedures Jonathan R. Boyle, MD
4:24 - 4:29	Quantitative Determination Of Respiratory Movement Of Aorta And Side Branches In Image Fusion
	Guidance: How Can It Improve Branch Origin Location Accuracy And Minimize Errors Geert Willem H. Schurink, MD, PhD
4:30 - 4:35	Underutilization Of Statins In CLI Patients: Statins Keep The Patient Alive Longer And Decrease
	Amputation Rates After Open And Endo Revascularization Procedures
/ 00 / //	Todd R. Vogel, MD, MPH
4:36 - 4:41	Diagnosis And Management Of Vascular Complications In Athletes
4:42 - 4:50	Jonathan D. Beard, MD Panel Discussion
CECCIONI 43	
	I (Grand Ballroom West, 3rd Floor) NCEPTS IN ENDOVASCULAR TREATMENT
	NAGEMENT OF COMPLICATIONS; MORE
	ATION ABOUT RENAL DENERVATION
	HER WAYS TO TREAT RESISTANT
	ENSION; AMPUTATIONS s: Mark H. Wholey, MD
	Krishna J. Rocha-Singh, MD
4:50 - 4:55	We Don't Need More Endovascular Treatments: Just Better Use Of The Ones We Have
4:56 - 5:01	Manj S. Gohel, MD AAA Wall Microvasculature: How Does It Relate To
	Thrombus Formation And AAA Growth Geert Willem H. Schurink, MD, PhD
5:02 - 5:07	Hypercoagulable Testing Is Far Overused In Vascular Patients Whose Revascularizations Fail Repeatedly:
	What Should We Do To Evaluate Such Patients And When Is Such Testing Helpful Elna M. Masuda, MD
5:08 - 5:13	A New Simple Technique For Perfusing The Lower Limb To Prevent Ischemia During Prolonged Sheath
	Obstruction Of The Femoral Arteries During F/B EVAR Johannes Kalder, MD
5:14 - 5:19	Total Percutaneous Axillary Artery Access In Complex Endovascular Aortic Repair: Technical Tips And
	Precautions
	Barend M.E. Mees, MD, PhD

MORE TOPICS ON RESISTANT HYPERTENSION

5:20 - 5:25	With Respect To Renal Denervation, Where Do The Renal Sympathetic Nerves Lie With Respect To The Renal Artery: Can Radiofrequency (RF) And Ultrasound Inactivate Them And What Effect Do These Modalities Have On The Renal Artery Renu Virmani, MD
5:26 - 5:31	Is An Arteriovenous Anastomosis The Way To Cure Resistant Hypertension: How Does It Work And Results Of The ROX Arteriovenous Coupler Trial Melvin D. Lobo, MBChB, PhD
5:32 - 5:37	Percutaneous Creation Of An A-V Fistula With The ROX Device: Can It Treat Resistant Hypertension And Other Conditions David H. Deaton, MD
5:38 - 5:43	Is There A Role For Chemoablation For Renal Denervation Mark H. Wholey, MD
5:44 — 5:49	Why The Negative Results Of SIMPLICITY III Are No Surprise: It Does Not Mean The Field Is Dead: Predictions For The Future Mehdi H. Shishehbor, DO, MPH, PhD
5:50 - 6:00	Panel Discussion End of Program E

5:50 — 6:00	Predictions For The Future Mehdi H. Shishehbor, DO, MPH, PhD Panel Discussion End of Program E
NEW DE FOR PUL Course Lea	4 F (SESSIONS 42-43) VELOPMENTS IN MANAGEMENT OPTION MONARY EMBOLISM der: Michael R. Jaff, DO Ilroom, 3rd Floor
MANAG THE SPEC DEVICES	2 (Trianon Ballroom, 3rd Floor) EMENT OF PULMONARY EMBOLISM: CTRUM AS IT EVOLVES — DRUGS, AND SURGERY — PART 1 Michael R. Jaff, DO
7:00 - 7:05	Introduction To The Symposium
7:05 - 7:15	Frank J. Veith, MD Welcome And Introduction Michael R. Jaff, DO
7:15 - 7:25	The Basics Of Pulmonary Embolism: What Is The Role Of The History, Exam, Biomarkers
7:25 - 7:35	Ido Weinberg, MD, MSc The Basics Of Echocardiography For PE: What Must The Vascular Specialist Know, And Is An Emergent Echo Necessary David M. Dudzinski, MD
7:35 - 7:50	What Is State-of-the-Art Medical Therapy For PE
7:50 - 8:00	Geno J. Merli, MD, MACP Intravenous Thrombolytic Therapy For PE: Do We Know More In 2014
8:00 - 8:10	Christopher Kabrhel, MD, MPH Catheter-Directed Thrombolysis For PE: A Better Lytic Alternative?
8:10 - 8:25	Jason T. Salsamendi, MD Percutaneous Pharmacomechanical Intervention For PE: What Does The Data Say, And Where Must We

Go From Here Iris Baumgartner, MD

8.25 – 8.35 Lysis For PE: What About The Nuts And Bolts – Heparin, PTT And Fibrinogen Monitoring, And How Do You Know When You Are Done Raghu Kolluri, MD 8.35 – 8.45 Technical Tips For Pharmacomechanical Intervention For PE: How Do I Do It? Jeffrey Y. Wang, MD 8.45 – 9.15 Case Presentations / Panel Discussion / Questions And Answers Panelists: Michael R. Jaff, DO Iris Baumgartner, MD Christopher Kabrhel, MD, MACP Jason T. Salsamendi, MD Jeffrey Y. Wang, MD 8.15 – 9.45 Break – Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 43 (Trianon Ballroom, 3rd Floor) MANAGEMENT OF PULMONARY EMBOLISM: THE SPECTRUM AS IT EVOLVES — DRUGS, DEVICES AND SURGERY — PART 2 Moderator: Michael R. Jaff, DO 9.45 – 10.00 10.10 – 10.20 What Did The SEATTLE Trial: A Breakthrough For PE Treatment? Gregory Piazza, MD, MS 10.10 – 10.20 What Did The SEATTLE Trial Fail To Answer? Clifford M. Sales, MD, MBA 10.10 – 10.20 Vortex Strategy For Massive PE Christopher J. Kwolek, MD 10.25 – 10.45 What Is The Modern Algorithm For Management Of Massive PE: When, How, And Why? Thoralf Sundt, MD 11.10 – 11.15 The Team Approach To PE Management: The Emergence Of National PERT Centers Kenneth Rosenfield, MD 11.10 – 11.11 Challenging Cases And "PERT" Decisions Panelists: Tod C. Engelhardt, MD Christopher J. Kwolek, MD Gregory Piazza, MD, MS Kenneth Rosenfield, MD 11.45 – 12.00 Questions And Answers Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)		
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PROGRAM F (SESSIONS 44-47)

LARGE VEIN OCCLUSIVE DISEASE AND ITS

TREATMENT

Course Leader: Kenneth Ouriel, MD, MBA

Trianon Ballroom, 3rd Floor

SESSION 44 (Trianon Ballroom, 3rd Floor)

OCCLUSION OF THE DEEP VEINS OF THE LEG:

CAUSES, RISKS TO THE PATIENT, AND

OPPORTUNITIES FOR TREATMENT

Moderators: Kenneth Ouriel, MD, MBA Alan Dardik, MD, PhD

1:00 - 1:05	Large Vein Occlusive Disease: The Magnitude Of The
	Problem In The Population
	Peter Gloviczki, MD

i:06 – i:11 Physiology Of Large Vein Occlusion: A Hemodynamic Explanation For The Post-Thrombotic Syndrome Mark H. Meissner, MD

| 1:12 - 1:17 | Predictors Of Post-Thrombotic Syndrome After DVT: Which Patients Will Have Problems | Susan R. Kahn, MD, MSc

| DVT In The Leg: New Modalities For Managing A Lifelong Problem For The Patient

Gerard J. O'Sullivan, MD

Venous Thrombosis: Can We Determine The Age Of The Thrombus And Does It Matter Anyway

Cees H.A. Wittens, MD, PhD

1:30 - 1:35 DEBATE: Chronic Femoral DVT Should Not Be Treated With Aggressive Interventions *John Blebea, MD, MBA*

1:36 – 1:41 DEBATE: Endovascular Interventions Work For Chronic Femoral Occlusions And Should Be Considered In Most Patients

Seshadri Raju, MD

1:42 – 1:47 2014: The Forefront Of New Anticoagulants For DVT Jeffrey W. Olin, DO

1:48 – 1:53 Femoral Vein Excision For Vascular Reconstruction: Techniques To Minimize Post-Thrombotic Symptoms Timur P. Sarac, MD

1:54 – 1:59 Panel Discussion

SESSION 45 (Trianon Ballroom, 3rd Floor)

ACUTE LOWER EXTREMITY DVT: AVOIDING EARLY AND LATE ADVERSE OUTCOMES

Moderators: Samuel R. Money, MD, MBA Jean-Paul de Vries, MD, PhD

2:00 - 2:05	Risk Of Pulmonary Embolism With DVT: Which Clots, Who And When
	Michael R. Jaff, DO

2:06 – 2:11 The Bull's Eye Sign: A New Iliac Vein Marker To Avert The Need For IVUS

Enrico Ascher, MD

2:12 – 2:17 Thrombolysis For Acute Deep Venous Thrombosis: Is It Safe, Is It Effective: Lessons From The 2014 Cochrane Update

Cynthia K. Shortell, MD

The EKOS System For Treatment Of Acute DVT: Theory And Practice

Anil P. Hingorani, MD

2:18 - 2:23

2:24 - 2:29	Newer Methods For Treating Acute DVT: Thrombolysis, Ultrasound, And Mechanical Thrombectomy Devices
	Robert A. Lookstein, MD
2:30 - 2:35	Update On The ATTRACT Study Of rt-PA For Acute DVT
	Suresh Vedantham, MD
2:36 - 2:41	DEBATE: Early Intervention Is Best For Acute Iliofemoral DVT And Prevents Post-Thrombotic Complications
2:42 - 2:47	Anthony J. Comerota, MD DEBATE: Antithrombotic Therapy Alone For Acute DVT: Lack Of High Level Evidence For Endovenous Interventions
	Jeffrey W. Olin, DO
2:48 - 2:56	Panel Discussion
2:56 - 3:15	Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSION 46	6 (Trianon Ballroom, 3rd Floor)
NOVEL E	BALLOONS, STENTS, THROMBOLYSIS,
	DUND, AND MECHANICAL
	BECTOMY DEVICES FOR LARGE VEIN
OCCLUS	
	s: Timur P. Sarac, MD
moderator.	Cees H.A. Wittens, MD, PhD
3:16 - 3:21	Dedicated Stanta For The Vanous Systems
3:10 — 3:21	Dedicated Stents For The Venous System: Requirements And Status Of Devices In Clinical
	Development
	Gerard J. O'Sullivan, MD
3:22 - 3:27	DEBATE: Currently Marketed Stents Are Suboptimal
	In The Venous System: The Need For New Devices
	Engineered For The Veins
0.00 0.00	Cees H.A. Wittens, MD, PhD
3:28 - 3:33	DEBATE: New Devices Are Encouraged But Stent
	Malfunctions Are Rare In The Venous System, Even With Older Devices
	Seshadri Raju, MD
3:34 - 3:39	Should Drug-Eluting Balloons Be Considered For
0.01	Large Vein Stenoses: Theory And Predictions For The
	Future
	William A. Gray, MD
3:40 - 3:45	Iliofemoral DVT In Pregnancy: Thrombus Removal Is
	Safe And Avoids Long-Term Morbidity
9.40 9.51	Anthony J. Comerota, MD
3:46 - 3:51	Long-Term Outcomes After Trellis Thrombectomy For DVT
	Rabih A. Chaer, MD
3:52 - 3:57	Tips And Tricks For Recanalization Of Occluded
0.02	Large Veins: The Role Of The Ekosonic System
	Jean-Paul de Vries, MD, PhD
3:58 - 4:03	DEBATE: Ultrasound-Enhanced Thrombolysis Yields
	No Benefit Over Thrombolysis Alone
	Iris Baumgartner, MD
4:04 - 4:09	DEBATE: Nonsense; EKOS Thrombolysis For Acute
	DVT Is A Game Changer
4:10 - 4:15	Mark J. Garcia, MD Panel Discussion
4.10 = 4113	r alici Discussion

SESSION 47 (Trianon Ballroom, 3rd Floor)

TREATMENT OF INFERIOR VENA CAVA THROMBUS, MALIGNANCY, INJURY AND OCCLUSION

Moderators: Anthony J. Comerota, MD Jose I. Almeida, MD, RVT, RPVI

:16 - 4:21	Treatment Of Chronic IVC Occlusion With Stents:	
	Which Patients, Which Stents, And Results	
	Seshadri Raju, MD	
:22 - 4:27	IVC Resection And Reconstruction For Malignancy:	
	Tips And Tricks	

- William J. Quinones-Baldrich, MD

 Aggressive Management Of Acute Thrombosis Of The Inferior Vena Cava
 Bo G. Eklof, MD, PhD
- 4:34 4:39 Robotic Removal Of Malfunctioning IVC Filters: A Case And Potential For The Future Samuel R. Money, MD, MBA
- 4:40 4:45 Exsanguinating Hemorrhage From Iatrogenic IVC Injury: Presentation, Management And Outcome Peter Gloviczki, MD
- 4:46 4:51 Getting Paid For Inferior Vena Caval Procedures:
 Newer CPT Codes And When To Use Them
 Sean P. Roddy, MD
 Panel Discussion
- 4:52 5:00 Panel Discussion End of Program F

THURSDAY, NOVEMBER 20, 2014

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

CONCURRENT THURSDAY PROGRAMS

PROGRAM G: (SESSIONS 48-55) 6:45 A.M. – 5:57 P.M.

New Developments In Treatment Of AAAs, EVAR, Aortic Branch Lesions, Laparoscopy; Natural History, Office Practice, Issues, New Techniques, More On MLFM Stents, Open Surgery, Aortic Coarctation, Hypogastric And Visceral Arteries Grand Ballroom East, 3rd Floor

PROGRAM H: (SESSIONS 56-63) 6:45 A.M. - 5:30 P.M

New And Updated Endograft Devices And Associated Technological Advances For The Aorta And Its Branches In The Abdomen, The Chest And The Lower Extremities; Improved Prosthetic Grafts; Endostaples Grand Ballroom West, 3rd Floor

PROGRAM I: (SESSIONS 64-71) 6:49 A.M. - 5:30 P.M.

Advances And New Information In Venous Disease And Its Treatment

Trianon Ballroom, 3rd Floor

PROGRAM J: (SESSIONS 72-73) 8:00 A.M. - 5:30 P.M.

Multidisciplinary Acute Stroke Management Murray Hill Suites East and West, 2nd Floor PROGRAM G (SESSIONS 48-55)

AAAS, EVAR, AORTIC BRANCHES, LAPAROSCOPY, NATURAL HISTORY, OFFICE PRACTICE, MORE ISSUES, NEW TECHNIQUES, MORE ON MLFM STENTS, OPEN SURGERY, AORTIC COARCTATION, HYPOGASTRIC AND VISCERAL ARTERIES

Grand Ballroom East, 3rd Floor	
SESSION 48 (Grand Ballroom East, 3rd Floor) NEW DEVELOPMENTS IN AAAs AND EVAR Moderators: Juan C. Parodi, MD Frank A. Lederle, MD	
6:45 - 6:50	Thick Layer Of Thrombus In The Aortic Neck Should Not Be A Contraindication To EVAR: How To Size Neck Diameter With Thrombus: The Thrombus Resorbs With Time Hence J.M. Verhagen, MD, PhD
6:51 - 6:56	How Does Aortic Neck Morphology And Thrombus Burden Influence AAA Sac Behavior After EVAR Thomas S. Maldonado, MD
6:57 - 7:02	How Does Treatment Delay Increase The Risk Of AAA Repair With Open Surgery: With EVAR Mahmoud B. Malas, MD, MHS
7:03 — 7:08	What Is The Post EVAR Syndrome: How Should It Be Treated Qingsheng Lu, MD Zaiping Jing, MD
7:09 - 7:14	Preoperative Prednisone Enhances Recovery After EVAR In A RCT: What Is The Mechanism And Optimal Dosage Torben V. Schroeder, MD, DMSc Lars B. Lonn, MD, PhD
7:15 - 7:20	DEBATE: Small AAAs (4.0-5.4 cm) Should Not Be Fixed Frank A. Lederle, MD
7:21 - 7:26	DEBATE: Despite The Level I Evidence, Many Small AAAs (4.0-5.4 cm) Should Be Fixed William D. Jordan, Jr., MD
7:27 - 7:32	Causes And Consequences Of Delay In Treatment Of AAAs And Why Unfit Patients With Large AAAs Should Be Treated: Without Treatment They Die Of Rupture: With Treatment They Can Survive Katariina M. Noronen, MD Maarit Venermo, MD Mauri J.A. Lepantalo, MD
7:33 - 7:38	In Women, Indexing AAA Diameter To Body Surface Area Is A Better Predictor Of Rupture Than Diameter Alone: Not So In Men: Why And What Are The Implications Marc L. Schermerhorn, MD
7:39 — 7:44	How Often Is Fenestrated EVAR Indicated In Today's EVAR Population And Can It Be Done Safely By Percutaneous Access Carlos H. Timaran, MD
7/5 75/	Curvo II. Inimum, MD

7:45 – 7:54 Panel Discussion

SESSION 49 (Grand Ballroom East, 3rd Floor)

NEW DEVELOPMENTS IN THE TREATMENT OF LESIONS OF THE AORTIC BRANCHES AND THE VISCERAL SEGMENT OF THE AORTA

Moderators: Marc L. Schermerhorn, MD Thomas A. Sos, MD

8:24 – 8:29 Panel Discussion

RENAL ARTERY LESIONS

7:54 - 7:59	What Is The Role Of Renal Artery Stenting After The
	CORAL And ASTRAL Trials
	Thomas A. Sos, MD
8:00 - 8:05	How Can We Predict The Success Of Renal Artery
	Stenting: It Is Not Just Looking At An Arteriogram
	Monika L. Gloviczki, MD, PhD
8:06 - 8:11	Endovascular Treatment Of Renovascular Disease In
	Pediatric Patients Is Dangerous And Ineffective
	James C. Stanley, MD
8:12 - 8:17	What Is The Current Data On The Natural History
	Of Renal Artery Aneurysms: How Should Traditional
	Treatment Criteria Be Changed
	Peter F. Lawrence, MD
8:18 - 8:23	Optimal Techniques For Endovascular Treatment Of
	Renal And Visceral Artery Aneurysms: Is Open
	Surgery Ever Best
	Barry T Katzen MD

Moderators	s: Edward Y. Woo, MD Gustavo S. Oderich, MD
	Gustavo S. Oderich, MD
	MESENTERIC ARTERIES
8:30 - 8:35	DEBATE: Chronic Mesenteric Ischemia Is Best Treated Endovascularly Craig M. Walker, MD
8:36 - 8:41	DEBATE: Not So; Chronic Mesenteric Ischemia Is Best Treated By Open Surgery Ramesh K. Tripathi, MD
8:42 - 8:47	Are Improved Early And Mid-Term Results With Covered Stents For Chronic Mesenteric Ischemia Durable: Technical Tips To Place Them Gustavo S. Oderich, MD
8:48 - 8:53	Endovascular Treatment Of All 3 Mesenteric Arteries (CA, SMA, IMA): When Is It Necessary And

Technical Tips

Furuzan Numan, MD

8:54 - 8:59

VISCERAL SEGMENT OF AORTA

Middle Aortic Syndrome: When Is Treatment

0.07 0.00	What Aortic Syndrome. When is Treatment
	Indicated; When Not: Is PTA Ever Of Value
	William J. Quinones-Baldrich, MD
9:00 -9:05	Endovascular Treatment Of Penetrating Ulcers Of The
	Aorta In The Infrarenal Segment; In The Visceral
	Segment
	Afshin Assadian, MD
9:06 - 9:11	Endovascular Treatment Of Isolated Abdominal
	Aortic Dissections: When Is It Necessary And How
	To Do It
	Konstantinos P. Donas, MD
	Giovanni Torsello, MD
9:12 - 9:20	Panel Discussion
9:20 - 9:30	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
	9:00 -9:05 9:06 - 9:11 9:12 - 9:20

Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 50 (Grand Ballroom East, 3rd Floor) NEW DEVELOPMENTS IN LAPAROSCOPIC VASCULAR SURGERY, PRESERVATION OF OPEN SURGICAL SKILLS, AND THE NATURAL HISTORY OF AAAS WITHOUT TREATMENT AND AFTER EVAR Moderators: Roger M. Greenhalgh, MD Jean-Baptiste Ricco, MD, PhD		
LAPAROSCOPIC VASCULAR SURGERY		
9:30 – 9:35 Decline Of Laparoscopic And Robotic Vas Surgery: Will The Trend Be Reversed Willem Wisselink, MD	scular	
9:36 – 9:41 Short And Long-Term Results Of Laparosco Surgery: Will It Survive In The Endovascul Jean-Baptiste Ricco, MD, PhD		
9:42 – 9:47 Why Laparoscopic Surgery For Aorto-Ilia Disease Still Has A Future Bernard J. Segers, MD	c Occlusive	
AAA NATURAL HISTORY WITH AND WITHOUT TREATMENT		
9:48 – 9:53 EVAR 1, DREAM, ACE And OVER Trials Secondary Aortic Sac Rupture After EVAR Problem Roger M. Greenhalgh, MD		
9:54 – 9:59 The Incidence Of AAAs Is Decreasing: W And What Does It Mean For Screening Frank A. Lederle, MD	hy Is This So	
ID:D – ID:D5 Better Long-Term Durability Results Can With EVAR Than In The EVAR, DREAM Trials: Based On The Use Of A Third Ger Endograft Used In >200,000 Patients Scott L. Stevens, MD	Or OVER	
Long-Term Results With EVAR Beyond 5 Are They Better Than In The 3 Landmark Open Repair RCTs (EVAR 1, DREAM An Timur P. Sarac, MD	EVAR vs.	
10:12 – 10:17 Why Should All High Risk AAAs Be Treat High Volume Center: Will It Happen Mahmoud B. Malas, MD, MHS	ted In A	
10:18 – 10:24 Panel Discussion		
SESSION 51 (Grand Ballroom East, 3rd Floor) HOT TOPICS IN THE TREATMENT OF JUX AND PARARENAL AAAs, TAAAS AND RAA Moderators: Jean-Pierre Becquemin, MD Frank J. Veith, MD		
10:24 – 10:29 Comparison Of FEVAR And Open Surger Juxtarenal AAAs: Why Open Surgery Is S Important Option Jan S. Brunkwall, MD, PhD		
10:30 – 10:35 DEBATE: Fenestrated EVAR (FEVAR) Is Option Than Open Repair For Most Juxta Matthew J. Eagleton, MD		
10:36 – 10:41 DEBATE: Open Repair Is Better Than FE Most Juxtarenal AAAs Alun H. Davies, MA, DM	VAR For	
ID:42 – ID:47 FEVAR Is The Treatment Of Choice For P And Paravisceral AAAs In Patients >80 Ye Based On A NSQIP Study Anton N. Sidawy, MD, MPH		

10:48 -10:53	G-I Complications From FEVAR Procedures Involving The Celiac And Superior Mesenteric Arteries: Causes And Prevention: Dangers Of CO ₂ Arteriography Krassi Ivancev, MD, PhD
	MEGA DEBATE
10:54 - 10:59	DEBATE: For Juxta And Pararenal AAAs Off-The- Shelf Devices Are Best For Most Patients <i>Mark A. Farber, MD</i>
11:00 -11:05	DEBATE: For Juxta And Pararenal AAAs Custom- Made Fenestrated Branched Endografts Are Best For Most Patients Martin Malina, MD, PhD
11:06 - 11:11	DEBATE: For Juxta And Pararenal AAAs Standard Endovascular Devices With Parallel Graft Adjuncts Are Best For Most Patients Jason T. Lee, MD
11:12 - 11:17	DEBATE: For Juxta And Pararenal AAAs All Types Of Endografts Are Necessary To Treat Patients Well Giovanni Torsello, MD
11:18 - 11:24	Panel Discussion
Moderators	s: Mark A. Farber, MD Martin Malina, MD, PhD
11:24 — 11:29	There Is Still A Place For AUI Endografts For Complex AAAs (Including Juxta And Pararenal) Although Parallel Graft And Adjuncts May Be Required Martin R. Back, MD
11:30 - 11:35	Outcomes Of Ruptured AAAs (Both Endo And Open) Are Better If Treated By Vascular Surgeons Than If Treated By General Surgeons: A NSQIP Study
11:36 — 11:41	Amy B. Reed, MD How Accurate Is The Diagnosis Of Rupture In AAA Patients Dying Without Treatment: An Important Parameter In Evaluating Natural History Studies Katariina M. Noronen, MD
11:42 - 11:47	Maarit Venermo, MD Mauri J.A. Lepantalo, MD For Short Necked Juxtarenal AAA What Is The Best Treatment: Standard EVAR, FEVAR, Standard EVAR With Chimneys Or Open Repair: What Is The Current Role Of Open Repair
11:48 - 11:53	Jean-Pierre Becquemin, MD Anatomic Scoring As A Predictor For The Outcome Of FEVAR For Juxtarenal AAA Repairs: How Useful Is It Krassi Ivancev, MD, PhD
11:54 -12:00 12:00 -1:00	Panel Discussion Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)
	(Grand Ballroom East, 3rd Floor) SUES WITH MALPRACTICE, OFF-LABEL

Michael L. Marin, MD

I:00 – I:05

In A Malpractice Case, How Can One Resolve A
Problem With A Bad Or Biased Expert Witness Or An
Interventional Expert Who Considers Any Open
Procedure With A Poor Result Malpractice
O. William Brown, MD, JD

USE, OUTPATIENT PRACTICE, CENTRALIZATION

AND TRAINING, UPDATES Moderators: Enrico Ascher, MD

1:06 - 1:11	DEBATE: Should We Treat Patients Outside IFUs: Yes, There Are Real Benefits And Upsides <i>Jason T. Lee, MD</i>
1:12 - 1:17	DEBATE: Should We Treat Patients Outside IFUs: No, There Are Many Downsides And Risks Including Malpractice O. William Brown, MD, JD
	OUTPATIENT ISSUES
1:18 - 1:23	And Venography In An Outpatient Facility: Advantages And Limitations
1:24 - 1:29	Kyung Cho, MD High Quality Digital Fluoroscopy With A Motorized C-Arm Can Facilitate Complex Endovascular Procedures In An Outpatient Setting Enrico Ascher, MD
1:30 - 1:35	Outpatient Fast Track EVAR: When Is It Feasible And Safe And Tips On How To Do It: Advantages And Risks Zvonimir Krajcer, MD
	TRAINING ISSUES
1:36 - 1:41	Operator Training For Fenestrated Devices: Is The Technique Broadly Applicable Luis A. Sanchez, MD
1:42 - 1:47	How To Retrain And Train In The Open Surgical Skills That Vascular Surgeons Will Need In The Future James May, MD, MS
1:48 - 1:54	Panel Discussion
NEW TEG AND MC	3 (Grand Ballroom East, 3rd Floor) CHNOLOGIES, TECHNIQUES, UPDATES DRE ON MLFM STENTS s: Timur P. Sarac, MD Ali F. AbuRahma, MD
1:54 - 1:59	Vascular Trauma Patients
2:00 - 2:05	George H. Meier III, MD Almost All Aorto-Iliac Occlusions Can Be Treated Endovascularly: Tips And Tricks For Doing So Safely Zvonimir Krajcer, MD
2:06 - 2:11	Outcomes Of Percutaneous EVAR: When Is It Contraindicated: Tips And Tricks For Doing It Safely Ali F. AbuRahma, MD
2:12 - 2:17	Advantages Of Microbubbles To Reduce Dose Of Thrombolytics For Clot Lysis: Bleeding Risk Is Decreased: How Does It Work Kak Khee Yeung, MD, PhD Willem Wisselink, MD
2:18 - 2:23	New Approaches To Developing Better Arterial Grafts <i>George Hamilton, MD</i>
2:24 - 2:29	US Population Based Survey Shows Surveillance After EVAR Falls Short In >50% Of Patients: What Can And Should Be Done About It Andres Schanzer, MD
	MORE ABOUT MLFM STENTS
2:30 - 2:35	Moroccan Results Of The MLFM Stent Experience For Treating Complex Aortic Aneurysms And Type B Dissections
60	Amira Benjelloun, MD

2:36 - 2:41	How The MLFM Bare Stent Can Change The Natural History And Behavior Of Aortic Aneurysms: Theoretical Considerations Mark F. Fillinger, MD
2:42 - 2:47	The Phantom MLFM Aorto Bi-Iliac Device: A Fresh Perspective On The Treatment Of Aortic And Iliac Aneurysms
2:48 - 2:56	Sherif Sultan, MD Panel Discussion
2:56 - 3:06	Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
OPEN SU RELATED	4 (Grand Ballroom East, 3rd Floor) JRGERY AND AORTIC COARCTATION) TOPICS s: Larry H. Hollier, MD Hans-Henning Eckstein, MD, PhD
3:06 - 3:11	The Value Of Open Surgery Simulators In Training Of Vascular Surgeons: How Do They Work And Can They Help
3:12 - 3:17	Afshin Assadian, MD Is There A Role For Open Surgical Treatment Of Renal Artery Stenosis For Renovascular Hypertension After The ASTRAL And CORAL Trials George Hamilton, MD
3:18 - 3:23	Why Is Axillo-Bifemoral Bypass The New Gold Standard – Replacing Aorto-Bifemoral Bypass When Open Surgery Is Required For Aorto-Iliac Occlusive Disease: What Are The Current Indications For Not Using Endovascular Treatments Russell H. Samson, MD, RVT
3:24 - 3:29	10-Year Results Of Open Repair Of Juxtarenal AAAs: How Durable Is The Procedure And Is It A Better Treatment Than FEVAR Or Chimney Grafts With EVAR Jean-Paul de Vries, MD, PhD
3:30 - 3:35	How To Perform Open Conversion Safely After Failed EVAR: Tips And Tricks Dieter Raithel, MD, PhD
3:36 - 3:41	When Is Open Surgical Repair Of AAAs Indicated In The Endovascular Era: In What Percentage Of Cases Will It Be Necessary Edward Y. Woo, MD
3:42 - 3:47	When Is Open Surgical Repair Required And The Best Treatment For Complex Vascular Injuries In The Endovascular Era Samy S. Nitecki, MD
3:48 - 3:53	How To Make Carotid Body Tumor Excision Almost Bloodless Francesco Spinelli, MD
	AORTIC COARCTATION TOPICS
3:54 - 3:59	DEBATE: Covered Balloon Expandable Stents (Advanta V12) Are The Best And Most Durable Way To Treat Aortic Coarctations: When Are They Not
4:00 - 4:05	Elchanan Bruckheimer, MBBS DEBATE: Bare Metal Balloon Expandable Stents Are The Best Most Durable Way To Treat Most Aortic Coarctations: When Are They Not Christoph A. Nienaber, MD, PhD
4:06 - 4:11	Endovascular Treatment Of Late Complications (Recurrent Stenosis And/Or Aneurysm) Of Surgically Repaired Aortic Coarctations William J. Quinones-Baldrich, MD
4:12 - 4:19	Panel Discussion

SESSION 55 (Grand Ballroom East, 3rd Floor)
VISCERAL, RENAL AND HYPOGASTRIC ARTERY
ISSUES

Moderators: Ronald M. Fairman, MD Fabio Verzini, MD

MESENTERIC ISCHEMIA

- 4:19 4:24 Endovascular Treatment Of Acute Mesenteric Ischemia: Value Of First Look Laparoscopy Or Laparotomy Joseph S. Giglia, MD George H. Meier III, MD
- 4:25 4:30 Treatment Of Isolated SMA Dissection Producing Acute Mesenteric Ischemia

 Robert B. McLafferty, MD

VISCERAL ARTERY ANEURYSMS

- 4:31 4:36

 Endovascular Treatment Of Celiac Artery Branch
 Pseudoaneurysms With Life Threatening Hemorrhage:
 When To Use Covered Stents; When To Use Coil
 Embolization; Is Open Surgery Ever The Best Treatment
 Kyung Cho, MD
- 4:37 4:42 When Is Endovascular Repair Indicated With Ruptured Visceral Artery Aneurysms: What Are The Outcomes Of Endovascular And Open Treatments Rabih A. Chaer. MD
- 4:43 4:48 Inferior Pancreatico-Duodenal Artery Aneurysms Are Commonly Associated With Celiac Artery Occlusions: What Is The Best Option For Treatment Ronald M. Fairman, MD
- 4:49 4:54 Should All Splenic Artery Aneurysms Be Managed Endovascularly: When Should They Not Be Bauer E. Sumpio, MD, PhD

RENAL ARTERY ANEURYSMS

- 4:55 5:00 Natural History Of Renal Artery Aneurysms: Which Treatment (Endo vs. Open) Option Is Best And When Neal S. Cayne, MD
- 5:01 5:06 Coiling vs. Covered Stenting For Renal Artery
 Aneurysms: When Is Open Surgery The Best Treatment
 Furuzan Numan, MD

HYPOGASTRIC ARTERY AND LONG-TERM FEVAR TOPICS

- 5:07 5:12 How Should Isolated Iliac Artery Aneurysms Be
 Treated: Management Of The Hypogastric Especially
 When It Is Aneurysmal
 Lars B. Lönn, MD, PhD
 - 5:13 5:18

 Hypogastric Artery Revascularization With EVAR:
 When Is Coil Or Occluder Use Acceptable: Which
 Branch Device Is Best: What About Sandwich Grafts
 Piergiorgio Cao, MD
 Fabio Verzini, MD, PhD
- 5:19 5:24 Clinical Trial Results With The Gore Branched Device For Hypogastric Revascularization: Are There Limitations

 Darren B. Schneider, MD
- 5:25 5:30 Hypogastric Artery Revascularization During EVAR Using 2 Commercially Available Devices (Gore C3 And Endologix AFX) Without Need For Brachial Access: How To Do It Brian G. DeRubertis, MD

5:31 - 5:36 5:37 - 5:42 5:43 - 5:48 5:49 - 5:57	10-Year Experience With Iliac Branched Devices (IBDs) For Hypogastric Artery Revascularization During EVAR: Durability And Pitfalls To Avoid Martin J. Austermann, MD Konstantinos P. Donas, MD Giovanni Torsello, MD 14-Year Experience With FEVAR: The Procedure Is Durable But Reinterventions May Be Required Michael J. Denton, FRACS Domenic Robinson, MD Different Techniques To Preserve The Hypogastric Arteries During EVAR: Tips And Tricks Claudio J. Schonholz, MD Panel Discussion End of Program G	
	1 H (SESSIONS 56-63)	
NEW AND UPDATED ENDOGRAFT DEVICES AND ASSOCIATED TECHNOLOGICAL ADVANCES FOR THE AORTA AND ITS BRANCHES IN THE ABDOMEN, CHEST AND LOWER EXTREMITIES; IMPROVED PROSTHETIC GRAFTS AND ENDOSTAPLES Grand Ballroom West, 3rd Floor		
	6 (Grand Ballroom West, 3rd Floor)	
	ND UPDATED ENDOVASCULAR GRAFTS VICES FOR USE IN ABDOMINAL AORTIC	
DISEASE		
Moderators: Daniel G. Clair, MD Vicente Riambau, MD, PhD		
6:45 - 6:50	Endovascular Graft Systems For EVAR: Based On Data From The OVER Trial	
6:51 - 6:56	Jon S. Matsumura, MD Next Generation Endografts For AAAs: Are They Iterative Or Transformative	
6:57 - 7:02	Robert M. Bersin, MD Trouble In Paradise: How EVAR Advances And	
	Pushing The Endo Envelope Can Lead To Disaster And Harm Patients	
7:03 - 7:08	Frank J. Criado, MD A Better Gore Excluder C3 Device That Is Not Only	
	Repositionable But Also Has A Modifiable Body Angle That Can Adapt The Proximal Fixation And Sealing Zone With Difficult AAA Neck Anatomy	
7:09 - 7:14	Dittmar Boeckler, MD	
7:03 - 7:14	World Experience With The Bolton Treovance Device For EVAR: The RATIONALE Registry: What Are The Device's Advantages And Results	
7:15 - 7:20	Vicente Riambau, MD, PhD Use Of The Anaconda Fenestrated Endograft For	
7,23	EVAR In Challenging Or Hostile Anatomy: Advantages And Results	
	Nick J. Burfitt, BSc, MBB, BChir, MRCS	
7:21 - 7:26	Michael P. Jenkins, MBBS, BSc, MS How Well Does The Vascutek Anaconda Fenestrated	
	Cuff Work To Treat Complications Of Standard EVAR: Advantages And Experience To Date	
	Michael P. Jenkins, MBBS, BSc, MS Nick I Burfitt BSc MBB BChir	

Nick J. Burfitt, BSc, MBB, BChir

7:27 - 7:32	Results With The Nellix Device For Endovascular AAA Sealing (EVAS) In Europe: Advantages And Tips To Avoid Complications Dittmar Boeckler, MD
7:33 - 7:38	The NELLIX EVAS FORWARD Global Registry: Early Results In 250 Patients: Nellix (EVAS) Device To Treat AAAs With Adverse Features: What Has Been The Need For Reinterventions And How Is It Better Than Conventional EVAR Devices Andrew Holden, MBChB
7:39 - 7:44	Experience With The Nellix Device For AAAs: When Should It Be Used Preferentially And Can It Be Used To Treat Complications Of Other AAA Repairs Like Endoleaks, Anastomotic Breakdown And Ruptures Ian Loftus, MD
7:45 — 7:49	Matt M. Thompson, MD Expanding The Applicability Of EVAR Safely With The TriVascular Ovation Device Sean P. Lyden, MD
7:50 - 7:58	Panel Discussion
SESSION 57 (Grand Ballroom West, 3rd Floor) MORE ABOUT NEW AND UPDATED ENDOVASCULAR GRAFTS, DEVICES AND TECHNOLOGIES FOR TREATING ABDOMINAL AORTIC DISEASE, COMPLEX AAAS AND INFECTIONS Moderators: Michel Makaroun, MD	
	Michael L. Marin, MD
7:58 - 8:03	2-Year Results With The Ovation Graft From TriVascular For EVAR: Advantages Of This Low Profile Device Dierk Scheinert, MD
8:04 - 8:09	
8:10 - 8:15	The Altura Endograft For EVAR: Advantages And 2-Year Results Albrecht H. Krämer, MD
8:16 - 8:21	3-Year European Results With A Lower Profile Device For EVAR: Advantages Of The Incraft From Cordis: The INNOVATION Trial Giovanni Pratesi, MD Giovanni Torsello, MD
8:22 - 8:27	
8:28 - 8:33	Results With The Aorfix EVAR Device From Lombard Are Good: How Iliac Morphology And Changes In Morphology Affect Outcomes Brian R. Hopkinson, ChM
8:34 - 8:39	Good Mid-Term Outcomes With The Aorfix Endograft In The PYTHAGORAS PMA Trial: Advantages And Limitations Mark F. Fillinger, MD
8:40 - 8:45	When Is A Chimney Graft Procedure Better Than A Fenestrated Graft: How To Design A Better Aortic Endograft To Conform To Chimney Or Other Parallel Grafts
	Claude Mialhe, MD

8:46 - 8:51	Update On The Ventana Fenestrated Graft From Endologix: What Are Its Advantages And What Is Its Current Status	
8:52 - 8:57	Daniel G. Clair, MD Results With A New Concept And Endograft For EVAR And TEVAR: The Horizon Endograft: The Concept Can Be Used To Construct Branched Grafts In Any Location	
8:58 - 9:03	Gioachino Coppi, MD How Does The Endologix AFX Endograft Achieve A Seal In Irregular AAA Necks: Why Is It Better Than Other Aortic Endografts: Proof On A Dynamic CT Scan	
9:04 — 9:09	Jean-Paul de Vries, MD, PhD Advantages Of The Vela AFX Endograft System From Endologix: How Does It Make EVAR Better Or Easier – Particularly With Challenging AAA Necks Julio A. Rodriguez-Lopez, MD	
9:10 - 9:15	1-Year Results With A New Iliac Side Branched Device From Jotec For Revascularizing Hypogastric Arteries: Advantages And Limitations Jan S. Brunkwall, MD, PhD	
9:16 - 9:21		
9:22 - 9:29 9:29 - 9:40	Panel Discussion Visit Exhibits And Pavilions (2nd and 3rd Floors)	
SESSION 58 (Grand Ballroom West, 3rd Floor) NEW OR IMPROVED ENDOGRAFTS, DEVICES, TECHNOLOGIES AND INFORMATION FOR TREATING THORACIC AORTIC DISEASE AND COMPLEX ANEURYSMS Moderators: Eric L.G. Verhoeven, MD, PhD Matt M. Thompson, MD		
9:40 - 9:45	In The UK Does TEVAR For Descending Thoracic Aortic Aneurysms Win Over Open Repair And Should We Be Looking For Asymptomatic Thoracic Aneurysms Janet T. Powell, MD, PhD	
9:46 - 9:51	IVUS Is A Necessary Adjunctive Technology For Adequate TEVAR Treatment Of Complicated TBADs Ali Azizzadeh, MD	
9:52 — 9:57	Early Experience With Newer Lower Profile Zenith Alpha Endografts For TEVAR And EVAR From Cook: How Well Do They Work <i>Eric L.G. Verhoeven, MD, PhD</i>	
9:58 - 10:03	Conformability Matters With TEVAR In Or Near The Aortic Arch: Modifications Of The C-TAG Device To Deal With Radial Fit Issues Of The Proximal Endograft: Redeployability And The Ability To Modify Proximal Graft Angles Are Also Helpful Alan B. Lumsden, MD	
10:04 — 10:09	Early Results With A New Off-The-Shelf Branched Gore Endograft For TAAA Repairs: Advantages And Limitations Pierre Galvagni-Silveira, MD, PhD	

THURSDAY SESSIONS 58-59

10:10 - 10:15	The GREAT Registry Confirms That The Gore Conformable C-TAG Endograft Is Working Well Near The Aortic Arch Fred A. Weaver. MD
10:16 - 10:21	- , - , - , - , - , - , - , - , - , - ,
10:22 - 10:27	Advantages, Limitations And Early Results With The JOTEC Device For F/B EVAR Repair Of TAAAs And Iliac Aneurysms
10:28 - 10:33	Burkhart Zipfel, MD, PhD Another Novel Potentially Off-The-Shelf Modular Branched Endovascular Graft From JOTEC For TAAAs: The Way It Works And Early Clinical Experience Mario Lachat, MD Giovanni Torsello, MD Nicola Mangialardi, MD
10:34 - 10:44	Panel Discussion
MORE N DEVICES FOR TRE COMPLE	9 (Grand Ballroom West, 3rd Floor) IEW OR IMPROVED ENDOGRAFTS, , TECHNOLOGIES AND INFORMATION ATING THORACIC AORTIC DISEASE AND EX ANEURYSMS SEE Edward B. Diethrich, MD Vicente Riambau, MD, PhD
10:44 — 10:49	The Left Subclavian Artery (LSA) Can Be Covered In Most TEVAR Cases Without Revascularization: When Is Revascularization Necessary: Based On Data From The C-TAG Trial And The GREAT Registry Dittmar Boeckler, MD
10:50 - 10:55	LSA Origin Coverage During TEVAR Is Safe And Can Be Performed Without Complications Except In Specific Circumstances: What Are They Gustav Fraedrich, MD
10:56 — 11:01	LSA Flow Should Be Maintained During TEVAR: This Can Be Achieved With A Novel New Branched Device: The MONA LSA Device From Medtronic: How Does It Work And Early Results Frank R. Arko, MD
11:02 - 11:07	Clinical Experience With The MONA LSA Branched Device From Medtronic To Revascularize The Left Subclavian Artery During TEVAR Eric E. Roselli, MD
11:08 — 11:13	A Single Branched Endograft For TEVAR With Subclavian Revascularization From Gore: How Does It Work And Early Results: It Can Be Used To Treat All Arch Lesions Without Thoracotomy Michael D. Dake, MD
11:14 - 11:19	Laser Fenestration For LSA Revascularization During TEVAR: Technique And 4-Year CT Documented Durability Jean M. Panneton, MD
11:20 - 11:25	Advantages And Mid-Term Results With The Bolton Relay Endograft For TEVAR Extending Into Or Near The Arch Vicente Riambau, MD, PhD
11:26 — 11:31	Why Low Profile Devices Are Important For TEVAR: They Are Available With The Cook Zenith Alpha System Giovanni Torsello, MD

11:32 - 11:37	
	To Treat Traumatic Aortic Injuries In Young Patients: Advantages And Limitations Benjamin W. Starnes, MD
11:38 — 11:43	Advantages Of New Zenith Alpha System For TEVAR And EVAR: Are There Limitations
11:44 — 11:49	Timothy A. Resch, MD, PhD New Endografts From Gore For F/B EVAR:
	Concepts For Easier Treatment Of Juxta, Para And Thoracoabdominal Aortic Aneurysm Repairs Wayne W. Zhang, MD
11:50 -12:00	Panel Discussion
12:00 -1:00	Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)
	0 (Grand Ballroom West, 3rd Floor)
	R IMPROVED ENDOVASCULAR DEVICES
	CHNIQUES, STENTS, BIOABSORBABLE AND STENT-GRAFTS FOR TREATING
	EXTREMITY DISEASE AND ISCHEMIA
	s: Kenneth Rosenfield, MD
	Giancarlo Biamino, MD, PhD
1:00 - 1:05	3-Year Results Of The STROLL Trial With Smart
	Stents In The SFA: Patency And Quality Of Life Are Maintained
	Michael R. Jaff, DO
1:06 - 1:11	What Will Be The Standard Of Care For Treating Primary Lesions In The SFA And Below: Update On
	The BIOLUX P-I And BIOLUX P-II Trial Results
	Patrick Peeters, MD
1:12 - 1:17	Thomas Zeller, MD Unique Properties Of A New Dual Component
	(Nitinol And PTFE) Stent: The Gore Tigris
	Conformable Stent: Early Results And When Should It Be Used
1:18 - 1:23	John R. Laird, MD
1:10 - 1:23	An Improved Helical 3D Stent (The Biomimics Stent) May Resist Kinking, Lead To Swirling Blood Flow, Decreased ISR And Improved Patency At 2 Years
	Thomas Zeller, MD
	BIOABSORBABLE STENTS
1:24 - 1:29	The Only Good Solution For Treatment Of Peripheral
	Artery Occlusive Lesions Must Avoid Permanent Implants: Bioabsorbable Scaffold Will Be The Future
1:30 - 1:35	Renu Virmani, MD
1:00 — 1:00	A Bioabsorbable Vascular Scaffolding Stent With Drug Elution: The BVM Stent With Good 1-Year Results In
	The SFA: The ESPRIT Trial
1:36 - 1:41	Johannes Lammer, MD A Bioabsorbable Stent From Elixir Medical: How
1.00	Does It Work And How Good Is It Dierk Scheinert, MD
1:42 - 1:47	Third Generation Bioabsorbable Self-Expanding
	DES Will Improve Results In Lower Extremity Occlusive Disease: Results With The Stanza DR Stent Andrew Holden, MBChB
1:48 - 1:53	Early And Mid-Term Results Of An Absorbable Stent
	For SFA Lesions Gioachino Coppi, MD
	Giominio Coppi, 1110

1:54 — 1:59	The Belgian REMEDY Registry Of Experience With The Bioabsorbable Remedy Stent In The SFA: 1-Year Results Peter C.J. Goverde, MD
	STENT-GRAFTS
2:00 - 2:05	Endovascular Reconstruction Of Complex Aorto-Iliac Lesions: Stents vs. Covered Stents: Indications For Which And Why B. Patrice Mwipatayi, FRACS
2:06 - 2:11	Uses For The Gore Hybrid Partially Stented PTFE Graft To Facilitate Arterial Bypasses In Multiple Locations Edward Y. Woo, MD
2:12 - 2:20	Panel Discussion
NEW AN STENT-G VASCUL EXTREM	1 (Grand Ballroom West, 3rd Floor) ND IMPROVED TECHNIQUES, STENTS, GRAFTS AND PROSTHETIC (PTFE) AR GRAFTS FOR TREATING LOWER ITY DISEASE AND ISCHEMIA s: Michael S. Conte, MD Edward Y. Woo, MD
2:20 - 2:25	How To Deal With Flush SFA Occlusions Endovascularly And Preserve Profunda Flow: Tips And Tricks
2:26 - 2:31	George H. Meier III, MD A New More Conformable Covered Stent From Gore: Advantages, Limitations And Clinical Results Andrew Holden, MBChB
	IMPROVED PROSTHETIC VASCULAR GRAFTS
2:32 - 2:37	Is There A Role For Prosthetic Bypasses Below The Knee And To Tibial Arteries And How To Make Them Work
2:38 - 2:43	Richard F. Neville, MD PTFE Tibial And Peroneal Bypasses When Vein Is Unavailable: They Yield Better Results Than Generally Acknowledged: An Update Based On A 30-Year Experience Gregg S. Landis, MD Nicholas J. Gargiulo III, MD
2:44 - 2:49	Frank J. Veith, MD Status Of The Propaten Heparin Bonded PTFE Graft: How Do We Know That It Is Better Than Standard
2:50 - 2:55	PTFE Grafts Edward Y. Woo, MD Final 5-Year Results Of RCT Comparing Heparin
	Bonded PTFE (Propaten) Grafts vs. Standard PTFE Grafts In Fem-Pop And Fem-Fem Bypasses: How Durable Are The Benefits Jes S. Lindholt, MD
2:56 - 3:01	DEBATE: 5-Year Results With Heparin Bonded PTFE (Propaten) Grafts Are Better Than Standard PTFE And May Be As Good As ASV Russell H. Samson, MD, RVT
3:02 - 3:07	
	•

3:08 - 3:13	When Are Prosthetic PTFE Grafts In The Lower Extremity As Good As Vein Grafts: Does Warfarin
	Help Jack L. Cronenwett, MD
3:14 - 3:19	PTFE Grafts With Heparin Bonding (Propaten) Can Have Good Patency Results Even When BK Popliteal And Crural Arteries Are Used For Outflow: Their Bad Reputation Is Undeserved
	Walter Dorigo, MD
3:20 - 3:25	Advantages Of The Fusion Bioline 2-Element Heparin Bonded PTFE Graft: Based On The FINEST Multicenter RCT
	Alan B. Lumsden, MD
3:26 - 3:40	Panel Discussion And Break Visit Exhibits And Pavilions (2nd and 3rd Floors)
SESSIONI 6	2 (Grand Ballroom West, 3rd Floor)
	NAL NEW INFORMATION RELATED TO
	EXTREMITY ISCHEMIA AND POPLITEAL
	SM MANAGEMENT
	s: Darren B. Schneider, MD
Wioder deor.	Palma M. Shaw, MD
3:40 - 3:45	Tipe And Tricke To Make Endovescular Treatment
3.40 - 3.43	Tips And Tricks To Make Endovascular Treatment Of Acute Limb Ischemia Effective 100% Of The Time:
	Are Open Procedures Ever Required
	Ali Amin, MD, RVT
3:46 - 3:51	Ultrasound Enhanced Thrombolysis (EKOS) For The
	Treatment Of Infrainguinal Arterial Thrombosis: The Duet I And II Trial
	Jean-Paul de Vries, MD, PhD
3:52 - 3:57	In Dialysis Patients With CLI How Much Can Be
	Achieved With Endovascular Treatments: Is Open Bypass Ever Needed
	Francisco Liistro, MD
3:58 - 4:03	Lower Extremity Revascularization In Dialysis Patients
	With CLI: Is It Of Value: When Endo; When Open;
	When A Primary Amputation Rabih A. Chaer, MD
4:04 - 4:09	What Is The Importance Of Patency After PTA-
	Stenting Or Bypass For Intermittent Claudication;
	For CLI: What Is The Mechanism For Exercise
	Improvement With Intermittent Claudication Iris Baumgartner, MD
4:10 - 4:15	Endovascular Treatment Of Extensive Aorto-Iliac
	Occlusive Disease With A Bifurcated Endograft: A
	Potential Alternative To Kissing Stents Or Stent-Grafts Thomas S. Maldonado. MD
	,
	POPLITEAL ANEURYSMS (SEE ALSO SESSION 34)
4:16 - 4:21	Evolving Treatment For Popliteal Aneurysms: When At
	Present Is Endovascular Treatment Contraindicated Ali F. AbuRahma, MD
4:22 - 4:27	Elective And Emergent Treatment Of Popliteal
	Aneurysms: Can They All Be Treated Endovascularly
	And How Often Is Open Repair Indicated
4:28 - 4:34	Joseph J. Ricotta II, MD, MS Panel Discussion
4:20 - 4:34	ranci Discussion

SESSION 63 (Grand Ballroom West, 3rd Floor) NEW AND IMPROVED DEVICES FOR ENDOSTAPLING OR ENDOANCHORING FOR EVAR AND TEVAR

Moderators: William D. Jordan, Jr., MD Jean M. Panneton, MD

FOR AAA ENDOGRAFT PROCEDURES

4:34 - 4:39	Do Aptus Heli-Fx EndoAnchors Provide Long-Term
	(5 Years) Fixation Of Endografts In AAA Necks After
	EVAR: Do They Decrease The Need For Surveillance:
	Do They Fix Endoleaks: Are They Worth Their Cost
	David H. Deaton, MD

- 4:40 4:45 Can Heli-Fx EndoAnchors Resolve Type I Endoleaks And Improve Long-Term Endograft Fixation: In Short Necked AAAs Are They Equal Or Superior To FEVARs Or Chimneys: Based On The ANCHOR Registry William D. Jordan, Jr., MD
- 4:46 4:51Mid-Term Results Of The Global And Dutch EndoAnchor Registries Of The Heli-Fx Endograft Stapling Devices: Can It Fix Type I Endoleaks And Graft Migration: Can It Be Proven Jean-Paul de Vries, MD, PhD
- 4:52 4:57Large Palmaz Stents vs. EndoAnchors To Fix Type I Endoleaks: Which Is Better And When Dittmar Boeckler, MD
- 4:58 5:03Do EndoAnchors Improve Sac Regression After EVAR Bart E. Muhs, MD, PhD 5:04 - 5:09Active Aortic Endograft Fixations With A Novel
 - New Endostapling System By Vestech/Jotec: Description And Advantages Thierry Richard, MD

FOR THORACIC PROCEDURES

5:10 - 5:15	Value And Limitations Of Aptus Heli-Fx EndoAnchors
	In TEVAR Procedures: Can They Prevent Or Fix Type I
	Endoleaks From Difficult Neck Anatomy
	Piotr M. Kasprzak, MD
5:16 -5:21	Can Delayed Type I Endoleaks After TEVAR Be
	Treated Successfully With Heli-Ex Endo Anchors

- Manish Mehta, MD, MPH
- Value Of Heli-Fx EndoAnchors During Or After 5:22 - 5:27**TEVAR Procedures** Iean M. Panneton, MD
- 5:28 5:38Panel Discussion **End of Program H**

PROGRAM I (SESSIONS 64-70)

ADVANCES AND NEW INFORMATION IN VENOUS

DISEASE AND ITS TREATMENT

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

Trianon Ballroom, 3rd Floor

SESSION 64 (Trianon Ballroom, 3rd Floor) VENOUS CLINICAL EXAMINATION AND SELECTING PATIENTS APPROPRIATELY

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

6:49 - 6:54	CEAP & VCSS: Establishing The Treatment Plan	
	Based On Clinical Findings	
6:55 - 7:00	Jose I. Almeida, MD, RVT, RPVI What Duplex Ultrasound Mapping Adds To The Exam	
0.00 7.00	Lowell S. Kabnick, MD, RPhS	
7:01 - 7:06	Quantifying Saphenous Reflux Seshadri Raju, MD	
7:07 - 7:12	Value Of A Diagnostic Score Ascribing Leg Symptoms	
	To Chronic Venous Disorders In Patients Undergoing Surgery For Varicose Veins Paul Pittaluga, MD	
7:13 - 7:18	What Do The Quality Measures (QM) Measure: A Critical Analysis Of PQRS (Physician Quality Reporting System) Measures For Venous Disease Fedor Lurie, MD, PhD	
7:19 - 7:24	Vein Diameter Is Not The Key For Stratifying Interventional Strategies For Superficial Venous Disease Alun H. Davies, MA, DM	
7:25 - 7:30	Hemodynamic Approach On Superficial Venous Reflux (ASVAL): Does It Work Sylvain Chastanet, MD	
7:31 - 7:36	A New Look At Venous Hemodynamics: The Importance Of Measuring Both Reflux And Venous Outlow Obstruction	
7.97 7.79	Andrew N. Nicolaides, MS	
7:37 — 7:42	Hemodynamic Approach On Superficial Venous Reflux (CHIVA): Does It Work	
	Byung-Boong Lee, MD	
7:43 — 7:48	Why Is Individual Risk Assessment For Thrombosis Important To Vascular Surgeons Since They Already Use Heparin For Their Procedures Joseph A. Caprini, MD	
7:49 - 7:54	The LET Score As A Standardized DVT Classification	
7:55 - 8:00	Cees H.A. Wittens, MD, PhD Panel Discussion	
	5 (Trianon Ballroom, 3rd Floor)	
FIRST-LINE VENOUS IMAGING TECHNIQUES A PHYSIOLOGIC TESTING		
Moderators: Jose I. Almeida, MD, RVT, RPVI		
	Lowell S. Kabnick, MD, RPhS	
8:01 - 8:06	Duplex Mapping Done Correctly Jose I. Almeida, MD, RVT, RPVI	
8:07 - 8:12	What Information From Duplex Is Useful To Help	
	Form A Treatment Plan? What Information Is Bogus But I've Seen Others Use Often	
8:13 - 8:18	Neil M. Khilnani, MD Duplex Scanning Sourcing For Origin Of Reflux In	
0.10 0.10	Venous Ulcerations Alfred M. Obermayer, MD	
8:19 - 8:24	Physiological Evaluation Of Venous Obstruction	
8:25 - 8:30	Fedor Lurie, MD, PhD The Role Of IVUS In Stenting Of The Venous System	
0.91 0.90	Stephen A. Black, MD	
8:31 — 8:36	How To Measure Iliac Vein Stenosis Seshadri Raju, MD	
8:37 - 8:42	Shifting Paradigm Of Diagnosis And Treatment Of	
	Suspected DVT (Role Of Non-Invasive Testing And Availability Of New Anticoagulants)	
0.72	Fedor Lurie, MD, PhD	
8:43 - 8:48	Panel Discussion	

SESSION 66 (Trianon Ballroom, 3rd Floor)
SUPERFICIAL VEIN TREATMENT STRATEGIES AND
TECHNIQUES

Moderators: Lowell S. Kabnick, MD, RPhS Alun H. Davies, MA, DM

	8:49 - 8:54	Endovenous Thermal Ablation RCTs: Do We Know Enough
		Bo G. Eklof, MD, PhD
	8:55 - 9:00	Concomitant Treatment Of Truncal Reflux And
		Varicosed Tributaries Is The Gold Standard
	9:01 - 9:06	Alun H. Davies, MA, DM The Argument Against Mandatory Duplex Scanning
	J.01 — J.00	Following Vein Ablation
		Lowell S. Kabnick, MD, RPhS
	9:07 - 9:12	Clarivein Versus Radiofrequency Ablation: Results Of
		A RCT
		Alun H. Davies, MA, DM
	9:13 - 9:18	Go Green: Avoid Synthetic Venous Ablation
		Lowell S. Kabnick, MD, RPhS
	9:19 - 9:24	Reducing The Anxiety And Discomfort Of Patients
		Having Local Anesthetic Vein Treatments With
		Distraction Techniques And Hand Reflexology
	9:25 - 9:30	Mark S. Whiteley, MS How Real Are Venous Thromboembolic
	J.ZJ — J.JU	Complications With Endovenous Thermal Ablation
		(The Paradox Between Data From Randomized
		Controlled Trials, Large Observational Case Series,
		And Registry Data)
		Thomas F. O'Donnell, Jr., MD
	9:31 - 9:36	Different Options For Saphenous Vein Preservation
		Paul Pittaluga, MD
	9:37 - 9:42	Does Superficial Venous Treatment (Open Or
		Endovenous) Help Venous Ulcer Healing
	0./0 0./0	Ian J. Franklin, MS
	9:43 - 9:48	Perforator Ablation: What Are The Indications
	9:49 - 9:54	Peter F. Lawrence, MD Incidence Causes, And Treatment Of Recurrent Varicose
	0.40 - 0.04	Veins Following Endovenous Thermal Ablation
		Thomas F. O'Donnell, Jr., MD
	9:55 - 10:00	Value Of Postoperative Compression After Mini-
		Invasive Surgical Treatment Of Varicose Veins
		Paul Pittaluga, MD
	10:01 - 10:06	Is 1920 Nanometer Wavelength The Future Of Venous
		Ablation
		Lowell S. Kabnick, MD, RPhS
	10:07 - 10:12	Panel Discussion
	CECCIONIC	7/Trianan Dallus and Old Clary
SESSION 67 (Trianon Ballroom, 3rd Floor)		
	VVI 11 11XII	12 1 1 10/16KE 2 211 1121 121E 177 HL 1KL/L 11712 EC 1K

WOUNDS, COMPRESSION, NEW HORIZONS FOR

VENOUS DISEASE MANAGEMENT Moderators: Thomas F. O'Donnell, Jr., MD

Fedor Lurie, MD, PhD

10:13 - 10:18	Definition Of Venous Ulcer: Clinical Evaluation
	Wound Care, Compression, Surgical Treatment,
	Ancillary Measures And Primary Prevention
	Marc A. Passman, MD
10.10 10.01	

10:19 – 10:24 Deep Venous Valve: When And Why Ramesh K. Tripathi, MD

10:25 – 10:30 DOMINATE The Wounds System Fedor Lurie, MD, PhD

Joseph D. Raffetto, MD Venous Hemodynamic Revised – Valve Function And The Role Of Gravity Fedor Lurie, MD, PhD Il-43 – Il-48 The Importance Of Hemodynamics When Considering ASVAL Sylvain Chastanet, MD Il-54 – Il-54 What's On The Horizon In Venous Thrombosis Research Peter Henke, MD Panel Discussion Panel Discussion SESSION 68 (Trianon Ballroom, 3rd Floor) VENOUS SOCIETAL AND GOVERNANCE ISSUES Moderators: Lowell S. Kabnick, MD, RPhS Peter F. Lawrence, MD Il-91 – Il-96 A One Stop Vein Clinic: The Ideal Option? Ian J. Franklin, MS Il-97 – Il-12 IAC Vein Center: Importance And Update Lowell S. Kabnick, MD, RPhS Peter F. Lawrence, MD Il-98 – Il-180 Comparison Of The New SVS/AVF Venous Ulcer Guidelines Thomas F. O'Donnell, Ir., MD Il-99 – Il-24 Who Will Treat The Varicose Veins And Who Will Pay For It In The Future Mark H. Meissner, MD Il-91 – Il-181 Update On The SVS-PSO VQI Venous Registry Jose I. Almeida, MD, RVT, RPVI Il-31 – Il-32 A National Coverage Determination Policy Is Needed Lowell S. Kabnick, MD, RPhS Il-43 – Il-44 A National Coverage Determination Policy Is Needed Lowell S. Kabnick, MD, RPhS Il-44 A National Coverage Determination Policy Is Needed Lowell S. Kabnick, MD, RPhS Il-44 Primary CVI: Which Patients Should You Intervene On Early (GSV Ablation, Correct Hemodynamics) And If You Intervene Will It Reduce Or Prevent The Progression To Higher Clinical Class Joseph D. Raffetto, MD Il-49 – Il-54 Why Standardization Is Needed With Endovenous Therapy Alan M. Dietzek, MD, RPVI Il-55 – Il-90 Panel Discussion Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 69 (Trianon Ballroom, 3rd Floor) MEDICAL AND INTERVENTIONAL STRATEGIES FOR THROMBOEMBOLIC DISEASE Moderators: Thomas W. Wakefield, MD Bo G. Eklof, MD, PhD INTERVENTIONAL STRATEGIES FOR THROMBOEMBOLIC DISEASE Moderators: Thomas W. Wakefield, MD Bo G. Eklof, MD, PhD INTERVENTIONAL STRATEGIES Role 1:11	10:31 - 10:36		
10:43 - 10:48	10:37 - 10:42	Venous Hemodynamic Revised – Valve Function And The Role Of Gravity	
10.55 - 11:00 Panel Discussion	10:43 - 10:48	The Importance Of Hemodynamics When Considering ASVAL	
SESSION 68 (Trianon Ballroom, 3rd Floor) VENOUS SOCIETAL AND GOVERNANCE ISSUES Moderators: Lowell 5. Kabnick, MD, RPhS Peter F. Lawrence, MD 11:01 - 11:05	10:49 - 10:54	What's On The Horizon In Venous Thrombosis Research	
VENOUS SOCIETAL AND GOVERNANCE ISSUES Moderators: Lowell S. Kabnick, MD, RPhS Peter F. Lawrence, MD II:01 – II:06 II:07 – II:12 IAC Vein Center: Importance And Update Lowell S. Kabnick, MD, RPhS UI:18 – II:18 II:18 – II:18 Comparison Of The New SVS/AVF Venous Ulcer Guidelines To Other Venous Ulcer Guidelines Thomas F. O'Donnell, Ir., MD Who Will Treat The Varicose Veins And Who Will Pay For It In The Future Mark H. Meissner, MD Update On The SVS-PSO VQI Venous Registry Jose I. Almeida, MD, RVT, RPVI What Is The Future Of Venous Reimbursement Glenn Jacobowitz, MD II:37 – II:42 II:43 – II:48 II:43 – II:49 II:49 – II:54 What Is Goverage Determination Policy Is Needed Lowell S. Kabnick, MD, RPhS Primary CVD: Which Patients Should You Intervene On Early (GSV Ablation, Correct Hemodynamics) And If You Intervene Will It Reduce Or Prevent The Progression To Higher Clinical Class Joseph D. Raffetto, MD Why Standardization Is Needed With Endovenous Therapy Alan M. Dietzek, MD, RPVI Panel Discussion Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 69 (Trianon Ballroom, 3rd Floor) MEDICAL AND INTERVENTIONAL STRATEGIES FOR THROMBOEMBOLIC DISEASE Moderators: Thomas W. Wakefield, MD Bo G. Eklof, MD, PhD INTERVENTIONAL STRATEGIES I:00 – I:05 Benefit Of Early Thrombus Removal In DVT: How Should It Be Done; Endo Or Open Bo G. Eklof, MD, PhD INTERVENTIONAL STRATEGIES I:06 – I:11 How Many Patients Will Be Suitable For Pharmaco-Mechanical Thrombolysis For Ilio-Femoral DVT Alun H. Davies, MA, DM Ward Based Catheter Directed Lysis	10:55 - 11:00	Panel Discussion	
Ian J. Franklin, MS IAC Vein Center: Importance And Update Lowell S. Kabnick, MD, RPhS Comparison Of The New SVS/AVF Venous Ulcer Guidelines To Other Venous Ulcer Guidelines Thomas F. O'Donnell, Jr., MD II:19 - II:24 Who Will Treat The Varicose Veins And Who Will Pay For It In The Future Mark H. Meissner, MD Update On The SVS-PSO VQI Venous Registry Jose I. Almeida, MD, RVT, RPVI II:31 - II:35 What Is The Future Of Venous Reimbursement Glenn Jacobowitz, MD II:37 - II:42 A National Coverage Determination Policy Is Needed Lowell S. Kabnick, MD, RPhS II:43 - II:48 Primary CVD: Which Patients Should You Intervene On Early (GSV Ablation, Correct Hemodynamics) And If You Intervene Will It Reduce Or Prevent The Progression To Higher Clinical Class Joseph D. Raffetto, MD II:49 - II:54 Why Standardization Is Needed With Endovenous Therapy Alan M. Dietzek, MD, RPVI Panel Discussion Iz:00 - I:00 Panel Discussion Iz:00 - I:00 Lunch Break - 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 69 (Trianon Ballroom, 3rd Floor) MEDICAL AND INTERVENTIONAL STRATEGIES FOR THROMBOEMBOLIC DISEASE Moderators: Thomas W. Wakefield, MD Bo G. Eklof, MD, PhD INTERVENTIONAL STRATEGIES I:00 - I:05 Benefit Of Early Thrombus Removal In DVT: How Should It Be Done; Endo Or Open Bo G. Eklof, MD, PhD INTERVENTIONAL STRATEGIES I:00 - I:11 How Many Patients Will Be Suitable For Pharmaco-Mechanical Thrombolysis For Ilio-Femoral DVT Alun H. Davies, MA, DM I:12 - I:17 Ward Based Catheter Directed Lysis	VENOUS	SOCIETAL AND GOVERNANCE ISSUES :: Lowell S. Kabnick, MD, RPhS	
I:07 - II:12	11:01 - 11:06	1 · · · · · · · · · · · · · · · · · · ·	
II:13 - II:18 Comparison Of The New SVS/AVF Venous Ulcer Guidelines To Other Venous Ulcer Guidelines Thomas F. O'Donnell, Jr., MD Who Will Treat The Varicose Veins And Who Will Pay For It In The Future Mark H. Meissner, MD Update On The SVS-PSO VQI Venous Registry Jose I. Almeida, MD, RVT, RPVI II:31 - II:35 What Is The Future Of Venous Reimbursement Glenn Jacobowitz, MD II:37 - II:42 A National Coverage Determination Policy Is Needed Lowell S. Kabnick, MD, RPhS Primary CVD: Which Patients Should You Intervene On Early (GSV Ablation, Correct Hemodynamics) And If You Intervene Will It Reduce Or Prevent The Progression To Higher Clinical Class Joseph D. Raffetto, MD II:49 - II:54 Why Standardization Is Needed With Endovenous Therapy Alan M. Dietzek, MD, RPVI Panel Discussion Lunch Break - 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 69 (Trianon Ballroom, 3rd Floor) MEDICAL AND INTERVENTIONAL STRATEGIES FOR THROMBOEMBOLIC DISEASE Moderators: Thomas W. Wakefield, MD Bo G. Eklof, MD, PhD INTERVENTIONAL STRATEGIES Senefit Of Early Thrombus Removal In DVT: How Should It Be Done; Endo Or Open Bo G. Eklof, MD, PhD INTERVENTIONAL STRATEGIES How Many Patients Will Be Suitable For Pharmaco-Mechanical Thrombolysis For Ilio-Femoral DVT Alun H. Davies, MA, DM III III Ward Based Catheter Directed Lysis	11:07 - 11:12	IAC Vein Center: Importance And Update	
II:19 - II:24 Who Will Treat The Varicose Veins And Who Will Pay For It In The Future Mark H. Meissner, MD Update On The SVS-PSO VQI Venous Registry Jose I. Almeida, MD, RVT, RPVI Update On The SVS-PSO VQI Venous Registry Jose I. Almeida, MD, RVT, RPVI What Is The Future Of Venous Reimbursement Glenn Jacobowitz, MD II:37 - II:42 A National Coverage Determination Policy Is Needed Lowell S. Kabnick, MD, RPhS II:43 - II:48 Primary CVD: Which Patients Should You Intervene On Early (GSV Ablation, Correct Hemodynamics) And If You Intervene Will It Reduce Or Prevent The Progression To Higher Clinical Class Joseph D. Raffetto, MD Why Standardization Is Needed With Endovenous Therapy Alan M. Dietzek, MD, RPVI II:55 - I2:00 Panel Discussion I.unch Break - 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 69 (Trianon Ballroom, 3rd Floor) MEDICAL AND INTERVENTIONAL STRATEGIES FOR THROMBOEMBOLIC DISEASE Moderators: Thomas W. Wakefield, MD Bo G. Eklof, MD, PhD INTERVENTIONAL STRATEGIES I:00 - I:05 Benefit Of Early Thrombus Removal In DVT: How Should It Be Done; Endo Or Open Bo G. Eklof, MD, PhD INTERVENTIONAL STRATEGIES I:00 - I:11 How Many Patients Will Be Suitable For Pharmaco-Mechanical Thrombolysis For Ilio-Femoral DVT Alun H. Davies, MA, DM III III III Ward Based Catheter Directed Lysis	11:13 - 11:18	Comparison Of The New SVS/AVF Venous Ulcer Guidelines To Other Venous Ulcer Guidelines	
	11:19 - 11:24	Who Will Treat The Varicose Veins And Who Will Pay For It In The Future	
II:31 - II:36 What Is The Future Of Venous Reimbursement Glenn Jacobowitz, MD II:37 - II:42 A National Coverage Determination Policy Is Needed Lowell S. Kabnick, MD, RPhS Primary CVD: Which Patients Should You Intervene On Early (GSV Ablation, Correct Hemodynamics) And If You Intervene Will It Reduce Or Prevent The Progression To Higher Clinical Class Joseph D. Raffetto, MD Why Standardization Is Needed With Endovenous Therapy Alan M. Dietzek, MD, RPVI II:55 - I2:00 Panel Discussion I2:00 - I:00 Lunch Break - 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 69 (Trianon Ballroom, 3rd Floor) MEDICAL AND INTERVENTIONAL STRATEGIES FOR THROMBOEMBOLIC DISEASE Moderators: Thomas W. Wakefield, MD Bo G. Eklof, MD, PhD INTERVENTIONAL STRATEGIES I:00 - I:05 Benefit Of Early Thrombus Removal In DVT: How Should It Be Done; Endo Or Open Bo G. Eklof, MD, PhD I:06 - I:11 How Many Patients Will Be Suitable For Pharmaco-Mechanical Thrombolysis For Ilio-Femoral DVT Alun H. Davies, MA, DM I:12 - I:17 Ward Based Catheter Directed Lysis	11:25 - 11:30	Update On The SVS-PSO VQI Venous Registry	
	11:31 — 11:36	What Is The Future Of Venous Reimbursement	
	11:37 — 11:42	A National Coverage Determination Policy Is Needed	
II:49 - II:54 Why Standardization Is Needed With Endovenous Therapy Alan M. Dietzek, MD, RPVI Panel Discussion Lunch Break - 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors)	11:43 — 11:48	On Early (GSV Ablation, Correct Hemodynamics) And If You Intervene Will It Reduce Or Prevent The Progression To Higher Clinical Class	
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1:00 - 1:05 Benefit Of Early Thrombus Removal In DVT: How Should It Be Done; Endo Or Open Bo G. Eklof, MD, PhD 1:06 - 1:11 How Many Patients Will Be Suitable For Pharmaco-Mechanical Thrombolysis For Ilio-Femoral DVT Alun H. Davies, MA, DM 1:12 - 1:17 Ward Based Catheter Directed Lysis	MEDICAL AND INTERVENTIONAL STRATEGIES FOR THROMBOEMBOLIC DISEASE Moderators: Thomas W. Wakefield, MD		
Should It Be Done; Endo Or Open Bo G. Eklof, MD, PhD How Many Patients Will Be Suitable For Pharmaco- Mechanical Thrombolysis For Ilio-Femoral DVT Alun H. Davies, MA, DM 1:12 - 1:17 Ward Based Catheter Directed Lysis		INTERVENTIONAL STRATEGIES	
How Many Patients Will Be Suitable For Pharmaco- Mechanical Thrombolysis For Ilio-Femoral DVT Alun H. Davies, MA, DM Ward Based Catheter Directed Lysis	1:00 - 1:05	Should It Be Done; Endo Or Open	
1:12 – 1:17 Ward Based Catheter Directed Lysis	1:06 - 1:11	How Many Patients Will Be Suitable For Pharmaco- Mechanical Thrombolysis For Ilio-Femoral DVT	
	1:12 - 1:17	Ward Based Catheter Directed Lysis	

1:18 - 1:23	Early Thrombus Removal For Acute DVT: Does Tibial Access Help Patrick E. Muck, MD
1:24 - 1:29	Aspirational Thrombectomy For DVT: Role Of Angiovac And How It Will Change Practice Firas F. Mussa, MD
1:30 - 1:35	Catheter Directed Pulmonary Thrombolysis Jason T. Salsamendi, MD
1:36 - 1:41	Experience With 15 Consecutive Massive Pulmonary Embolism Patients And The Use Of The EKOS System <i>Luis R. Leon, MD, RVT</i>
1:42 — 1:48	Overview Of Current Role Of Lysis, Mechanical Thrombectomy And Stents For Acute And Subacute Iliofemoral And Caval DVT: What Is The Evidence In Support Mark H. Meissner, MD
1:49 — 1:54	Panel Discussion
	MEDICAL STRATEGIES
1:55 - 2:00	P-Selectin Inhibition Therapeutically Promotes Thrombus Resolution And Prevents Vein Wall Fibrosis Better Than Enoxaparin And An Inhibitor To Von Willebrand Factor
2:01 — 2:06	Thomas W. Wakefield, MD How To Use The Newer Oral Anticoagulants: New Data Using Aspirin For Recurrent Venous Thromboprophylaxis Timothy K. Liem, MD
2:07 - 2:12	New Drugs For DVT Will Likely Replace Coumadin Derivatives John Blebea, MD, MBA
2:13 - 2:18	To Bridge Or Not To Bridge: That Is The Question Joseph A. Caprini, MD
2:19 - 2:24	The Role Of Metabolomics In DVT Thomas W. Wakefield, MD
2:25 - 2:30	DVT And PE In Infants And Children: Etiology, Diagnosis, Treatment And Prognosis J. Leonel Villavicencio, MD
2:31 - 2:36	D-Dimer And/Or Duplex Findings To Manage DVT Timothy K. Liem, MD
2:37 - 2:42	Panel Discussion
SESSION 70 (Trianon Ballroom, 3rd Floor) CROSS-SECTIONAL VENOUS IMAGING TO CLARIFY DIFFICULT CLINICAL SCENARIOS Moderators: Cees H.A. Wittens, MD, PhD Barry Stein, MD	
2:43 - 2:48	Dutch Approach To Magnetic Resonance Venography And Computed Tomographic Venography In Lower Extremity Chronic Venous Disease
2:49 — 2:54	Cees H.A. Wittens, MD, PhD American Approach To Magnetic Resonance Venography And Computed Tomographic Venography In Lower Extremity Chronic Venous Disease Barry Stein, MD
2:55 - 3:00	MR Venography And Cone Beam CT, Compared To IVUS And Conventional Venography For Deep Venous Intervention
	Rick De Graaf, MD, PhD

3:01 - 3:06	Current Practice For MRV And CTV In Imaging
0.00	Of Pelvic And Abdominal Venous Compressive
	Pathologies And Syndromes: Which Is Better And Why
0.00	Barry Stein, MD
3:07 - 3:12	A New Tool To Study The 3D Venous Anatomy Of The Human Embryo: The Computer Assisted Anatomical
	Dissection
	Jean Francois Uhl, MD
3:13 - 3:18	Image Fusion With MRV For 3D Guidance Of Deep
	Venous Interventions
0.10 0.01	Rick De Graaf, MD, PhD
3:19 - 3:24	The Use Of IVUS To Document May Thurner Anatomy
3:25 - 3:30	Lowell S. Kabnick, MD, RPhS Panel Discussion
0.20 0.00	Tanci Discussion
SESSION 7	1 (Trianon Ballroom, 3rd Floor)
)-ILIOCAVAL INTERVENTIONAL
STRATEG	GIES TO REDUCE VENOUS HYPERTENSION,
HOT IDE	AS FOR RECANALIZING CHRONIC TOTAL
OCCLUS	IONS
Moderators	s: Jose I. Almeida, MD, RVT, RPVI
	Seshadri Raju, MD
3:31 - 3:36	Medical Treatment For Post-Thrombotic Syndrome
0.07 0.40	Thomas W. Wakefield, MD
3:37 - 3:42	Good, Bad, Ugly Of The New Dedicated Venous Stents
3:43 - 3:48	Stephen A. Black, MD Which Is More Important: Iliac Or Femoral Vein
טד.ט טד.ט	Stenosis
	Seshadri Raju, MD
3:49 - 3:54	Management Of In-Stent Restenosis
0.55 / 00	Seshadri Raju, MD
3:55 - 4:00	How Knowledge Of Venous Embryology Can Help Establish Venous Outflow In Patients With Uncrossable
	Iliac Vein Obstruction
	Ramesh K. Tripathi, MD
4:01 - 4:06	DEBATE: Common Femoral Endovenectomy, A/V
	Fistula, And Endoluminal Iliac Vein Recanalization Is
	Best For Establishing Inflow
4:07 - 4:12	Cees H.A. Wittens, MD, PhD DEBATE: Femoral Vein Recanalization Via Popliteal
7.17	Access Establishes Better Inflow Than Common
	Femoral Vein Endovenectomy
	Mark J. Garcia, MD
4:13 - 4:18	IVC Recanalization In The Presence Of A Thrombosed
	IVC Filter David M. Williams, MD
4:19 - 4:24	Managing The Iliocaval Confluence With Interdigitating
1.10 1.21	Z-Stents: Another Technique From The Mississippi
	Group One Must Learn
	Jose I. Almeida, MD, RVT, RPVI
4:25 - 4:30	Value Of The Cutting Balloon In The Endovascular
	Treatment Of Post-Thrombotic Syndrome David M. Williams, MD
4:31 - 4:36	Update On EKOS "ACCESS DVT" Trial For Post-
1100	Thrombotic Syndrome
	Mark J. Garcia, MD
4:37 - 4:42	Achieving Inflow When The Femoral Vein And
	Profunda Femoris Vein Are Occluded
	Seshadri Raju, MD

	_	
	4:43 - 4:48	Crossing Femoro-Iliocaval Chronic Total Occlusions: Graduated Support And Tinkering
	4:49 - 4:54	Jose I. Almeida, MD, RVT, RPVI Re-Opening Occluded Femoro-Iliocaval Stents Using Aggressive Sharp Devices, Exploding Occluded Stents,
	4:55 — 5:00	Then Relining With New Stent E. Brooke Spencer, MD Off Label Use Of Arterial CTO Devices For Crossing
	5:01 - 5:06	Venous CTOs Constantino Pena, MD When Should I Ston Trains To Cross A Total Venous
	3.01 — 3.00	When Should I Stop Trying To Cross A Total Venous Occlusion E. Brooke Spencer, MD
	5:07 - 5:12	Deep Venous Reconstruction Marzia Lugli, MD
	5:13 - 5:18	What Conduit(s) And Why, Do I Chose For Deep System Reconstruction From Vena Cava To Iliac Veins Peter Gloviczki, MD
	5:19 - 5:24	Does Endovascular Treatment Work For Budd-Chiari Syndrome Byung-Boong Lee, MD
	5:25 - 5:30	Panel Discussion End of Program I
	MULTIDI MANAG Course Lead	1 J (SESSIONS 72-73) ISCIPLINARY ACUTE STROKE EMENT—PART 1 der: Allan L. Brook, MD I Suites East and West, 2nd Floor
SESSION 72-A (Murray Hill Suites East and West, 2nd Floor) 21st CENTURY STROKE THERAPY PERSPECTIVES Moderators: Joshua A. Hirsch, MD		
	8:00 - 8:09	8 7
	8:10 - 8:19	Edward C. Jauch, MD IV vs. IA Is Not The Argument: Revascularization Needs To Occur Early! How To Make It Happen Mayank Goyal, MD
	8:20 — 8:29	3 Trials Failed To Validate Acute Stroke Intra-Arterial Treatment: Why? Don Frei, MD
	8:30 - 8:39	
	8:40 - 8:49	Clinical Trials Update In Stroke Intervention Michael D. Hill, MD
	8:50 - 8:59	
	9:00 - 9:10	Panel Discussion
SESSION 72-B (Murray Hill Suites East and West, 2nd Floor) STATE-OF-THE-ART IMAGING FOR STROKE Moderators: Howard A. Rowley, MD R. Gilberto Gonzalez, MD, PhD		
	9:10 - 9:19	Magnetic Resonance Stroke Imaging Protocol Fast And Efficient
	9:20 — 9:29	
	9:30 - 9:39	Mayank Goyal, MD Penumbra, Collaterals, And New Data: Let's Talk! R. Gilberto Gonzalez, MD, PhD

9:40 — 9:49	Imaging And Treatment Of Patients With Acute Stroke: An Evidence Based Review
9:50 - 9:59	Pina C. Sanelli, MD, MPH Pial Collaterals And The Capillary Index: Implications
10:00 - 10:09	Colin P. Derdeyn, MD Collaterals, Not Clots! CT Angiography Predictors Of
10.00	Recanalization, And Clinical Outcomes After
	Thrombectomy
10.10 10.00	David S. Liebeskind, MD
10:10 - 10:20 10:20 - 10:35	Panel Discussion Break – Visit Exhibits And Pavilions (2nd and 3rd Floors)
10.20 - 10.33	break – Visit Exhibits And Pavillons (2nd and 3rd Floors)
SESSION 72	2-C (Murray Hill Suites East and West, 2nd Floor)
CLINICA	L SCENARIOS OF THE POSTERIOR
	TION OF INTEREST
Moderators	Eugene S. Flamm, MD
	Lou R. Caplan, MD
10:35 -10:44	The 5-Minute Neurological Exam
10:45 -10:54	Daniel L. Labovitz, MD Postorior Circulation Stroke Syndromes And Torritories
10.40 -10.04	Posterior Circulation Stroke Syndromes And Territories Lou R. Caplan, MD
10:55 - 11:04	Dissections Of The Vertebral And Carotid Arteries:
	When To Treat And Why
W.DE W.W	Philip M. Meyers, MD
11:05 - 11:14	TIAs: Diagnosis And When To Treat Aggressively David S. Liebeskind, MD
11:15 - 11:24	Basilar Artery Aneurysms: Endovascular Approaches
	David Fiorella, MD
11:25 — 11:34	Posterior Fossa Aneurysms: Surgical Options David J. Langer, MD
11:35 - 11:44	Panel Discussion
11:45 -12:45	Luncheon Session - Lunch Available In The South
	Corridor Exhibit Area, 2nd Floor
SESSION 72	-D (Murray Hill Suites East and West, 2nd Floor)
	ON SESSION: INTRACRANIAL
	HAGE: NOVEL TECHNIQUES AND THE
	D OF CARE IN 2014
Moderators:	Aman B. Patel, MD
	Eugene S. Flamm, MD
	Walter Koroshetz, MD
12:00 - 12:10	Standard Algorithm For Neurosurgical Management
	Of Intracranial Hemorrhage
10.10 10.00	David Gordon, MD
12:10 -12:20	A Less Invasive Percutaneous Image Guided System: What Are The Possible Advantages/Disadvantages?
	David Fiorella, MD
12:20 -12:30	Case Presentations With Technical Issues For Discussion
	David J. Altschul, MD
12:30 -12:45	Discussion: Led By Panel Of Experts
	Panelists: Walter Koroshetz, MD
	Eugene S. Flamm, MD
	Aman B. Patel, MD

MULTIDISCIPLINARY ACUTE STROKE MANAGEMENT-PART 2

SESSION 73-A (Murray Hill Suites East and West, 2nd Floor) CAROTID ARTERY REVASCULARIZATION - EYE OPENERS

Moderators: Mark H. Wholey, MD Thomas G. Brott, MD

	Thomas G. Brott, MD
12:45 -12:54	CREST 2 And Carotid Trials Update Walter Koroshetz, MD
12:55 — 1:04	Can Patient Or Arterial Characteristics Guide The Choice To Carotid Angioplasty Or Endarterectomy <i>Thomas G. Brott, MD</i>
1:05 - 1:14	Carotid Artery Revascularization: Why Do We Need More Trials? Frank J. Veith, MD
1:15 - 1:24	Introduction To Robotic Catheter Techniques Barry T. Katzen, MD
1:25 - 1:34	Review Of The Latest Pertinent Carotid Literature <i>Mark H. Wholey, MD</i>
1:35 - 1:44	Stroke Origins - The Carotid vs. The Intracranial Tree: Present Day Research Raul G. Nogueira, MD
1:45 - 1:54	Imaging And Implications For Plaque Inflammation: How Will It Affect Care?

SESSION 73-B (Murray Hill Suites East and West, 2nd Floor)

HEMORRHAGIC STROKE THERAPY

Todd S. Miller, MD

Moderators: David Gordon, MD Daniel L. Labovitz, MD Ajay K. Wakhloo, MD, PhD

1:55 - 2:04	Classification Of AVMs
	Lou R. Caplan, MD
2:05 - 2:14	ARUBA Truths And Myths
	Peter A. Rasmussen, MD
2:15 - 2:24	ARUBA: A Surgeon's Thoughts And Practice
	Howard A. Riina, MD
2:25 - 2:34	Embolization's Key Role In AVM Therapy And
	Strategies For Cure
	J. Mocco, MD, MS
2:35 - 2:44	Convexity SAH And Other Causes Of Bleeds: My
	Advice
	Howard A. Rowley, MD
2:45 - 2:54	Anesthesia For INR Basic Concepts
	Apolonia E. Abramowicz, MD
2:55 - 3:04	Next Generation Of Aneurysm Therapy
	Ajay K. Wakhloo, MD, PhD
3:05 - 3:14	Flow Diversion Lessons Learned
	Peter K. Nelson, MD
3:15 - 3:24	Large Paraophthalmic Aneurysms: Surgical Skull Base
	Anatomy And Treatment Options
	Aman B. Patel, MD
3:25 - 3:34	Dural Sinus Stenosis And Venous Hypertension: My
	Paradigm
	Sudhakar R. Satti, MD

Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)

3:35 - 3:45

3:45 - 4:00

Panel Discussion

SESSION 73-C (Murray Hill Suites East and West, 2nd Floor) BEST NEW STROKE REVASCULARIZATION DEVICES

Moderators: Aquilla S. Turk, DO J. Mocco, MD, MS

Ultrafast Door To Groin Puncture Times
Mayank Goyal, MD
Pushing The Boundaries Of Acute Revascularization
J. Mocco, MD, MS

4:20 – 4:29 ADAPT: This Sucks, But It Works Aquilla S. Turk, DO

4:30 – 4:39 Next Generation Stroke Devices
Osama O. Zaidat, MD

4:40 – 4:49 Mobile Stroke Treatment Unit: A New System Of Stroke Care Delivery?

Peter A. Rasmussen, MD

4:50 – 4:59 Balloon Guide Catheters And Other New Access Devices
Osama O. Zaidat, MD

5:00 – 5:09 Trials Comparing Devices: SWIFT And TREVO 2
Raul G. Nogueira, MD

5:ID - 5:IS Collecting High Quality Evidence On The Effectiveness Of Vascular Interventions: What Are The Research Options

Walter Koroshetz, MD

5:20 - 5:30 Panel Discussion End of Program J

FRIDAY, NOVEMBER 21, 2014

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

CONCURRENT FRIDAY PROGRAMS

PROGRAM K: (SESSIONS 74-81) 6:45 A.M. - 5:45 P.M.

New Techniques And Technology; Carotid; Thoracic And Abdominal Aneurysm Disease; Carotid And Supra-Aortic Trunks; CAS vs. CEA – Bright Future For CAS; Late Breaking Information; Updates, More Angiosome And Ruptured AAA Topics Grand Ballroom East, 3rd Floor

PROGRAM L: (SESSIONS 82-89) 6:45 A.M. - 5:47 P.M.

New Information, Updates, New Technology And Concepts Regarding The Abdominal Aorta, The Thoracic Aorta, Carotid And Lower Extremity Disease And Miscellaneous Topics Grand Ballroom West, 3rd Floor

PROGRAM M: (SESSIONS 90-96) 6:49 A.M. - 5:10 P.M.

More Advances And New Or Updated Information In Venous Disease And Its Treatment

Trianon Ballroom, 3rd Floor

PROGRAM K (SESSIONS 74-81)

NEW TECHNIQUES AND TECHNOLOGY; CAROTID; THORACIC AND ABDOMINAL ANEURYSM DISEASE; CAROTID AND SUPRA-AORTIC TRUNKS; CAS VS. CEA — BRIGHT FUTURE FOR CAS; LATE BREAKING INFORMATION; UPDATES, MORE ON RUPTURED AAAS Grand Ballroom East, 3rd Floor

	SESSION 74 (Grand Ballroom East, 3rd Floor) NEW OR IMPROVED TECHNIQUES OR TECHNOLOGIES; SOME HOT CAROTID AND VERTEBRAL TOPICS		
	Moderators	s: Peter L. Faries, MD Jose Fernandes e Fernandes, MD, PhD	
	6:45 — 6:50		
	6:51 - 6:56	Use Of The VORTEC Technique: Another Method To Facilitate Hypogastric Revascularization During EVAR <i>Zoran Rancic, MD, PhD</i>	
	6:57 - 7:02	How To Make CEA Safer And Better In 2014 Sebastian E. Debus, MD, PhD	
	7:03 — 7:08	Optimal Evaluation And Surgical Approaches To Carotid Body Tumors In 2014 John (Jeb) W. Hallett, MD	
	7:09 - 7:14	What Is New In The Treatment Of Vertebro-Basilar Disease	
	7:15 - 7:20	Klaus D. Mathias, MD More Common Finding Of Thrombus Overlying A Carotid Plaque During CEA: What Is Its Significance Or Is It Related To The Earlier Performance Of CEA	
	7:21 - 7:26	Currently Being Done In Symptomatic Patients Domenico Valenti, DMChir, PhD Association Between Carotid Plaque Type And Internal Carotid Artery Occlusion: Therapeutic Implications	
	7:27 - 7:32	Christos D. Liapis, MD How Can MRI Help To Select The Best And Personalized Treatment For A Given Carotid Patient: Can It Measure Plaque Size And Activity Accurately Rachel Clough, MD, PhD	
	7:33 - 7:38	What Can Duplex Ultrasonography Tell Us About Carotid Plaque Area And Juxtaluminal Black Area (JBA): How Do These Correlate With Stroke Risk And Do These Parameters And Stroke Risk Change	
		With Statin Therapy Andrew N. Nicolaides, MS Stavrok Kakkos, MD, PhD	
	7:39 - 7:44	How Do Ultrasound And Microbubbles Help With Carotid Plaque Evaluation And Selection Of Asymptomatic Patients For CEA Or CAS	
	7:45 - 7:52	Alun H. Davies, MA, DM Panel Discussion	
SESSION 75 (Grand Ballroom East, 3rd Floor) MORE ABOUT THORACIC AND ABDOMINAL AORTIC DISEASE AND AORTIC DISSECTIONS; LARGE SHEATH ENDOVASCULAR ACCESS Moderators: Ronald M. Fairman, MD			
	7:52 - 7:57	Nicholas J.W. Cheshire, MD Alseal HQS Sheath To Minimize Blood Loss With Large Diameter Endovascular Devices	
	7.50 0.09	Claude Mialle, MD	

DEBATE: Large Sheath Suture Closure Devices: Why

Proglide Is Better: Tips And Tricks

Carlos H. Timaran, MD

7:58 - 8:03

8:04 - 8:09	DEBATE: Large Sheath Suture Closure Devices: Why Prostar Is Better: Tips And Tricks	
8:10 - 8:15	Ian Loftus, MD Which Patients Should Not Be Treated By TEVAR For Aneurysms Or TBADs Because Their 3-Year Mortality Or Reintervention Rates Are So High Matt M. Thompson, MD	
8:16 - 8:21	Outcomes Of TEVAR For Complicated Acute TBADs Are Favorable: 1-Year Results From The US VALIANT (Medtronic) IDE Trial Rodney A. White, MD	
8:22 - 8:27	Joseph E. Bavaria, MD Multicenter 1-Year Favorable IDE Trial Results Of Conformable Gore C-TAG Device In TEVAR For Acute Complicated TBADs Richard P. Cambria, MD	
8:28 - 8:33	Importance Of Biomechanical Factors For Ascending Aortic Endografts: What Can Be Done To Overcome These Factors *Rachel Clough*, MD, PhD	
8:34 - 8:39	Peter R. Taylor, MA, MChir Cerebral Embolic Injury Silent And Symptomatic During TEVAR: Incidence And Risk Factors: Significance Of Silent MRI Defects: What Can Be Done To Protect Against These Injuries Richard G.J. Gibbs, FRCS	
8:40 — 8:45	Potential For Treating Type A Dissections With A Combined Transcatheter Aortic Valve Replacement And Ascending Aortic Stent-Graft: What Will And Will Not Be Possible Christoph A. Nienaber, MD, PhD	
8:46 - 8:53	Panel Discussion	
SESSION 76 (Grand Ballroom East, 3rd Floor) IN HONOR OF DAVID E. SUMNER, MD: CAROTID ARTERY AND SUPRA-AORTIC BRANCH TOPICS Moderators: Jean-Baptiste Ricco, MD, PhD Mark A. Adelman, MD		
8:53 - 8:58	How To Pick The Best Stent For CAS: It Is A Patient-Anatomy And Lesion Specific-Choice Patrick Peeters, MD Marc Bosiers, MD	
8:59 — 9:04	How To Improve CAS Results With Better Approaches For Access, Mesh/Membrane Covered Stents (Roadsaver, C-Guard, Scaffold) And Better Embolic Protection: What Is The Evidence	
9:05 - 9:10	Sumaira Macdonald, MBChB (Comm), PhD Will Robotic Assistance With The Magellan Robotic System Help To Navigate The Arch And Its Branches For CAS Less Traumatically Nicholas J.W. Cheshire, MD	
9:11 - 9:16	Celia Riga, MD DEBATE: For Patients Who Are Undergoing CABG And Who Require Carotid Treatment CAS Is The Way To Go: Many Patients Need CAS Mehdi H. Shishehbor, DO, MPH, PhD	
9:17 — 9:22	DEBATE: Very Few Patients Need CAS Or CEA With Any Coronary Bypass Procedures Ross Naylor, MD	

9:23 - 9:28	Outcomes Of CAS For Radiation Induced Carotid Stenosis Are Equal To Those For Typical Arteriosclerotic Carotid Stenosis – Despite Increased Tortuosity Of Carotid Arteries: What Precautions Need To Be Taken		
9:29 — 9:34	Peter L. Faries, MD Behavior Of Extracranial Carotid Aneurysms: How Should They Best Be Treated: Data From An International Registry		
9:35 — 9:40	Gerrit J. de Borst, MD Improved Treatment Of Iatrogenic Catheter Related Brachiocephalic Artery Injuries Using Endovascular Techniques: Tips And Tricks Mark K. Eskandari, MD		
9:41 - 9:46	How Can Biochemical Markers CRP And BNP Be Helpful In Vascular Patient Management: Can CRP Levels Predict Progression Of Carotid Stenosis Patrick A. Stone, MD		
9:47 — 9:52	Diaphragm Of The Cervical Carotid Arteries: An Underdiagnosed Cause Of Cerebral Infarcts: Diagnosis And Treatment Emmanuel M. Houdart, MD		
9:53 - 10:00 10:00 - 10:10	Panel Discussion		
CAS IS B	right (see also sessions 5 and 6)		
CAS vs. C	SESSION 77 (Grand Ballroom East, 3rd Floor) CAS vs. CEA RELATED TOPICS: THE FUTURE FOR CAS IS BRIGHT (SEE ALSO SESSIONS 5 AND 6) Moderators: Ross Naylor, MD Frank I. Veith. MD		
10:10 — 10:15	Despite Various Claims, What Is The Current Truth About The Effects Of CAS And CEA On Cognitive Function: Is There A Difference Between The Procedures Kosmas I. Paraskevas, MD		
10:16 - 10:21	Carotid Procedures (CEA Or CAS) For Acute Stroke: When Should They Be Done And How Laura Capoccia, MD, PhD		
10:22 - 10:27	Outcome Of A High Risk Plaque Study In 6100 Americans: What Does It Tell Us		
10:28 - 10:33	Which Patients Should Be Enrolled In Future Carotid Trials		
10:34 - 10:39	Gerrit J. de Borst, MD Long-Term Stroke Risk After CEA Has Been Lower Than After CAS: Based On VQI And Medicare US Population-Wide Data Philis B. Gordon MD. MS		
10:40 - 10:45	Reimbursement For CAS Indications To Include Average Risk Symptomatic And Asymptomatic		
10:46 — 10:51	Carotid Stenosis Patients William A. Gray, MD DEBATE: CMS Should Not Expand Reimbursement For CAS Indications To Include Average Risk Symptomatic And Asymptomatic Carotid Stenosis		
	Patients Wesley S. Moore, MD		

| Will Recent Improvements In Medical Therapy Lower Stroke Risk In Asymptomatic Carotid Stenosis Patients So Much That Further Treatment Will Be Unnecessary: Are The ACST And ACSRS Studies Now Obsolete And Will They Have To Be Done Again: Is There A High Risk Asymptomatic Patient Group That Will Benefit From CEA Or CAS

Andrew N. Nicolaides, MS

Stavrok Kakkos, MD, PhD

Panel Discussion

Moderators: L. Nelson Hopkins, MD Wesley S. Moore, MD

THE FUTURE FOR CAS IS BRIGHT

11:05 - 11:10	Why CAS Will Have A Renaissance And What Studies
	Are Needed To Justify It: The Mesh Covered Scaffold
	Stent (Gore) Should Help
	Peter A. Schneider, MD

- II:II II:I6

 How To Improve CAS And Prevent Post-Procedural Strokes After CAS: Clinical Experience With The Roadsaver Micromesh Carotid Stent: How Does The Micromesh Stent Compare To Other Mesh-Covered Stents Like The MicroNet (C-Guard) Stent From InspireMD And the Scaffold Stent From Gore Max Amor, MD
- II:17 II:22

 A New Development In CAS Which Will Improve
 Results: Is The Cervical Flow Reversal Device (Michi
 System) From Silk Road The Safest Way To Perform
 CAS: When Will We Know How Well It Works
 Christopher K. Kwolek, MD
 Richard P. Cambria, MD
- | 18:23 18:28 | What Is The Pathological And Functional Significance Of Diffusion Weighted MRI (DW MRI) Defects After CEA And CAS: Are They Irrelevant Or A Bad Thing Emmanuel M. Houdart, MD

UPDATES ON TRIALS AND OTHER INFORMATION

- | Intensive Medical Therapy With Proper Statin Usage Etc. Is A Disruptive Influence In Cardiovascular Device Trials

 Thomas G. Brott, MD
- II:35 II:40

 The CREST Trial Did Not Optimize Medical Treatment And Risk Factor Control Especially In the CEA Treated Patients: What Are The Implications Carlos H. Timaran, MD
- | How Will ACST 2, SPACE 2 And CREST 2 Change The CAS vs. CEA Game Carlo Setacci, MD
- | 11:47 11:52 What Will The ECST-2 Trial Tell Us About CEA, CAS And Medical Treatment: What Is The Significance Of White Matter And Other MRI Lesions

 Martin M. Brown, MD
- 11:53 12:00 Panel Discussion
- Lunch Break 2nd Floor Promenade
 Visit Exhibits And Pavilions (2nd and 3rd Floors)

MORE A	SESSION 78 (Grand Ballroom East, 3rd Floor) MORE ABOUT CEA AND CAS Moderators: Timur P. Sarac, MD Alan Dardik, MD, PhD	
1:00 - 1:05	What Were The Pathophysiological Mechanisms Leading To Intraprocedural Strokes In ICSS Gerrit I. de Borst, MD	
1:06 - 1:11	How To Optimize Outcomes For CAS And CEA By Appropriate Patient Selection And Having Experts In Both Procedures On The Treating Service Carlos Saadeh, MD	
1:12 - 1:17	Dual Antiplatelet Treatment And Tobacco Use May Increase The Rate Of Progression Of Asymptomatic Carotid Stenosis Mahmoud B. Malas MD, MHS	
	Caitlin W. Hicks, MD, MS Bruce A. Perler, MD, MBA	
1:18 - 1:23	US National Trends In Utilization Of CAS For Carotid Bifurcation Disease: Effect Of CMS (Medicare) Decision And CREST Publications: Where Is CAS Going	
1:24 - 1:29	Mohammad H. Eslami, MD, RVT DEBATE: Treating Recently Symptomatic Carotid Stenosis Patients Rapidly By CEA Trumps All Interventions In Symptomatic Patients: CAS Should Not Be Used In This Setting	
1:30 - 1:35	Ross Naylor, MD DEBATE: Not So: Rapid CAS In Recently Symptomatic Carotid Stenosis Patients Can Be Done Safely With Results Equal To CEA	
1:36 - 1:41	Sumaira Macdonald, MBChB (Comm), PhD What Is The Long-Term Fate Of The External Carotid	

Term Stroke Risk In Asymptomatic Patients With Carotid Stenosis Ross Naylor, MD 1:48 - 1:53

Clinical And Imaging Strategies For Predicting Long-

Artery After CEA: Why It Matters Russell H. Samson, MD, RVT

Tips And Techniques For Managing Intraprocedural Complications With CAS Claudio I. Schonholz, MD

1:54 - 2:00Panel Discussion

1:42 - 1:47

SESSION 79 (Grand Ballroom East, 3rd Floor)

LATE BREAKING AND CONTROVERSIAL TOPICS

Moderators: Samuel R. Money, MD, MBA Michael B. Silva, Jr., MD

2:00 — 2:01	Management Of Secondary Hemorrhage From Vein Grafts In Military Extremity Wounds: In A War Setting PTFE Grafts May Be Better Than Vein Grafts Charles J. Fox, MD

2:06 - 2:11Plaque Analysis After Lower Extremity Interventional Treatments And Its Impact On Outcomes Hany Zayed, MD

2:12 - 2:17The Metabolic Syndrome And How Does It Lead To Bad Outcomes With Vascular Procedures Like EVAR And CEA

Alan Dardik, MD, PhD

2:18 - 2:23 How Does The Ruby Coil System (From Penumbra) Facilitate Coil Embolization Frank R. Arko, MD

2:24 — 2:29	Intraluminal PTA Is Better In Diabetics With CLI: Tips To Stay Intraluminal Marco G. Manzi, MD
2:30 - 2:35	Renal Artery Stenting Is Still A Useful Procedure Despite The CORAL And ASTRAL Trials: When Is This So Irwin V. Mohan, MD, MBBS
2:36 - 2:41	Pearls For The Vascular Surgeon/Specialist Managing Patients With Ehlers-Danlos Syndrome James H. Black III, MD
2:42 - 2:47	How To Treat Super Large AAAs 12-15 cm In Diameter: Is Open Or Endo Better Jacques Busquet, MD
2:48 - 2:53	Impact Of Selection Bias In RCTs Comparing EVAR To Open Repair For Ruptured AAAs: This Is A Major Flaw In The Recent Trials Including IMPROVE
2:54 - 2:59	Jonathan R. Boyle, MD A Phantom Aorta: Use Of 3D Printer Technology To Facilitate Fenestrated EVAR
3:00 - 3:10	Benjamin W. Starnes, MD Panel Discussion And Break Visit Exhibits And Pavilions (2nd and 3rd Floors)
NEW TE	0 (Grand Ballroom East, 3rd Floor) CHNOLOGIES, TECHNIQUES AND PTS: SOME HOT CAROTID TOPICS 5: Mark A. Farber, MD Gregg S. Landis, MD
3:11 - 3:16	Endovascular Limb Salvage After Many Failed Open Bypasses And Open Surgical Limb Salvage After Many Failed Endovascular Procedures: Never Give Up Edward Y. Woo, MD
3:17 - 3:22	Technique For Assessing Lower Extremity (Foot) Perfusion Beyond ABI, PVRs And Toe Pressures Mehdi H. Shishehbor, DO, MPH, PhD
3:23 - 3:28	Hybrid Revascularization In CLI Patients: Still An Important And Useful Option: Tips And Tricks Hany Zayed, MD
3:29 - 3:34	Hybrid Revascularizatons For The "No Option" CLI Patient: What Are They And What Are The Results Hisham Rashid, FRCS (Gen)
3:35 - 3:40	Optimal Techniques For Endovascular Management Of AAA Patients With Small Heavily Calcified Distal Aortic Necks And Common Iliac Arteries Ronald M. Fairman, MD
3:41 - 3:46	Ischemic Colitis After EVAR: What Is The Pathogenesis And Why Is The Incidence Decreasing Benjamin W. Starnes, MD
3:47 - 3:52	Real Health Consequences To Interventionalists Of Radiation And Wearing Lead: It Is A Big Deal – Largely Unrecognized And What Can Be Done To Lessen These Consequences Lindsay Machan, MD
3:53 - 3:58	Weightless Lead Protection System For Busy Interventionalists: The Zero Gravity Radiation Protection System From CFI Medical Solutions: Advantages And Limitations Mark A. Farber, MD
3:59 — 4:04	At What Size Should Degenerative Femoral Aneurysms Be Repaired: Their Natural History Is Now Better Known And This Has Led To Changed Criteria For Repair Peter F. Lawrence, MD

4:05 - 4:10	Carotid Duplex Studies Can Be Terribly Misleading And Overestimate The Percent Stenosis: What Is The Mechanism: CEA vs. CAS Should Not Be Performed Without A Confirmatory Test
4:11 - 4:16	Natalie A. Marks, MD, RVT, RPVI Carotid Duplex Studies Can Be Terribly Misleading And Miss Or Underestimate A High-Grade Carotid Stenosis: What Is The Mechanism Glenn M. LaMuraglia, MD
4:17 - 4:24	Panel Discussion
MORE LA UPDATES RUPTUR	1 (Grand Ballroom East, 3rd Floor) ATE BREAKING INFORMATION AND S; ADDITIONAL VITAL NEW DATA ON ED AAAs s: James May, MD, MS John J. Ricotta, MD
4:24 - 4:29	Is There Evidence In 2014 That Inferior Mesenteric Or Lumbar Artery Embolization Before EVAR Is Beneficial And Safe Florian Dick, MD
4:30 - 4:35	Interobserver Variability In Assigning TASC Or SVS Run-Off Scores: Neither Widely Quoted System Is Worth Much In Real World Usage Steven G. Katz, MD
4:36 - 4:41	AAA Patients With Highly Angulated Necks Can Be Treated Successfully If Certain Adjunctive Procedures Are Used: Tips And Tricks On How To Use Them Boonprasit Kritpracha, MD
4:42 - 4:47 4:48 - 4:54	Can Endograft Migration After EVAR Be Treated Successfully With Chimney Grafts Ignacio Escotto, MD Panel Discussion
	VITAL NEW DATA ON RUPTURED AAAs AND THEIR TREATMENT
4:54 - 4:59	How Often After EVAR For Ruptured AAAs Are Type 2 Endoleaks A Problem: How Can They Be Diagnosed And Treated
5:00 - 5:05	Clark J. Zeebregts, MD, PhD How Do Type 2 Endoleaks Behave Differently After Elective EVAR And EVAR For Ruptured AAAs: Implications For Treatment Manish Mehta, MD, MPH
5:06 - 5:11	High Metabolic Activity By PET/CT Correlates With A High Rupture Risk In Patients With A Family History Of AAA: Such Patients Should Have A Lower Diameter Threshold For Repair Than 5.5 cm Natzi Sakalihasan, MD, PhD
5:12 - 5:17	Institutional Transfer Of Ruptured AAA Patients Before Definitive Repair And Its Effect On Mortality: Tips And Tricks For Doing It Right Matthew W. Mell, MD, MS Ronald L. Dalman, MD
5:18 - 5:23	Technique Of Aortic Balloon Control For Ruptured AAAs: The Technique Is Not Simple Todd Berland, MD Neal S. Cayne, MD
5:24 - 5:29	Frank J. Veith, MD Survival After AAA Rupture X3 In The Same Patient Over Many Years; What Is The Mechanism James May, MD, MS

5:30 - 5:35 5:36 - 5:45	Onyx Can Be Used Successfully To Treat Some Ruptured AAAs, Ruptured Thoracic Aneurysms And Type I Endoleaks: Tips And Tricks In Its Use And When It Will Fail Thomas Larzon, MD, PhD Panel Discussion End of Program K	
	Life of Frogram R	
PROGRAM L (SESSIONS 82-89) NEW INFORMATION, UPDATES, NEW TECHNOLOGY AND CONCEPTS REGARDING THE ABDOMINAL AORTA, THORACIC AORTA, CAROTID ARTERIES, LOWER EXTREMITY DISEASE AND MISCELLANEOUS TOPICS Grand Ballroom West, 3rd Floor		
ABDOM TOPICS	32 (Grand Ballroom West, 3rd Floor) INAL AORTA AND ILIAC ARTERY RELATED	
Moderator	s: Kenneth Ouriel, MD, MBA Ramon Berguer, MD, PhD	
6:45 — 6:50	Spontaneous Aortic Thrombus In The Absence Of Aortic Pathology: What Is Its Embolic Potential And How Should It Be Treated Cynthia K. Shortell, MD	
6:51 — 6:56	Renal Function Decline After EVAR: Is It Important And What Is The Etiology Franco Grego, MD Giovanni Deriu, MD	
6:57 - 7:02	CO ₂ Angiography For EVAR In Patients Intolerant To Contrast: Tips, Tricks And Precautions For Its Use Luigi Inglese, MD	
7:03 — 7:08	DEBATE: Current Stent-Grafts Will Allow Better Outcomes With EVAR Than Those Obtained In The RCTs: EVAR I, DREAM And OVER Marc R.H.M. van Sambeek, MD, PhD	
7:09 - 7:14	DEBATE: Not So: Current Outcomes For EVAR Will Be No Different From Those In The RCTs And The Conclusions Of These Trials Are Valid Today <i>Jan D. Blankensteijn, MD</i>	
7:15 — 7:20	Long-Term Outcomes Of EVAR And Open Repair In A US Medicare Database: How Do These Compare With The RCT (EVAR 1, DREAM And OVER) Outcomes Marc L. Schermerhorn, MD	
7:21 - 7:26	Outcomes And QOL Of EVAR In Octogenarians: The Procedure Is Worthwhile: Based On ENGAGE Registry Results Michel M.P. Reijnen, MD, PhD	
7:27 — 7:32	Internal Iliac Aneurysms: Challenges And Techniques For Open And Endovascular Repair: At What Size (Diameter) Is Repair Indicated Manju Kalra, MBBS	
7:33 - 7:38	DEBATE: AAAs With Straight Short Necks (8-15 mm) Should Be Treated With Standard Endografts Hence J.M. Verhagen, MD, PhD	
7:39 - 7:44	DEBATE: Not So: AAAs With Straight Short Necks (8-15 mm) Should Be Treated With Fenestrated Endografts Gustavo S. Oderich, MD	
7.45 _ 7.53	Panel Discussion	

7:45 - 7:53

Panel Discussion

SESSION 83 (Grand Ballroom West, 3rd Flo	or)

MORE ABDOMINAL AORTA RELATED TOPICS

Moderators: Thomas C. Bower, MD John B. Chang, MD

Moderators	John B. Chang, MD
7:53 - 7:58	Finite Element Analysis Is A Tool To Predict AAA Rupture Risk: How Can This Be Determined Easily And How Can It Be Combined With Other Risk Factor Data To Better Predict AAA Rupture Risk:
	What Is "Equivalent Diameter Rupture Risk" And The Vascops System
	Dittmar Boeckler, MD Natzi Sakalihasan, MD, PhD
7:59 — 8:04	T. Christian Gasser, PhD How To Prevent Gutter Endoleaks With Parallel Grafts
7.00 — 0.04	Willem Wisselink, MD Kak Khee Yeung, MD, PhD
8:05 - 8:10	When Is AAA Repair Justified In Patients With
	Chronic Renal Insufficiency Or Connective Tissue Disease: By EVAR; By Open Repair
	Vicente Riambau, MD, PhD
8:11 - 8:16	Techniques And Strategies For Renal Protection
	During Open Pararenal And Thoracoabdominal Aneurysm Repair
	Yamune Tshomba, MD
	Germano Melissano, MD
8:17 — 8:77	Roberto Chiesa, MD Why Are The Rates Of AAA Sac Regression So High
0.17 — 0.22	And Of Type 2 Endoleak So Low With The Endologix AFX Grafts: Is It Related To An Extended Proximal
	Seal Or Other Factors
8:23 - 8:28	Zachary M. Arthurs, MD
0:20 — 0:20	Errors In Endograft Sizing And How They Can Influence Outcomes: How To Prevent Them Juan C. Parodi, MD
8:29 - 8:34	Screening For AAAs Should Be More Selective As
	AAA Demographics Changes And Incidence
	Decreases Ian Loftus, MD
8:35 - 8:40	There Is Little Glory In Achieving Access But Many
	Adverse Consequences Result: How To Do It Safely For EVAR And Other Procedures
8:41 - 8:46	Scott L. Stevens, MD Mural Thrombus Formation In The AAA Sac After
0.11	EVAR: How Does It Relate To Complications And
	The Need For Surveillance: When Can Surveillance
	Protocols Be Relaxed Hence J.M. Verhagen, MD, PhD
8:47 - 8:52	
	Or Behavior Between Different Endografts: What Is
	The Reason Marc L. Schermerhorn, MD
8:53 - 8:58	Value Of Preloaded Catheters And Wires In
	Fenestrated Stent-Grafts: How Do They Work And
	How Helpful Are They Konstantinos P. Donas, MD
8:59 - 9:04	How To Predict, Prevent And Treat Iliac Limb
	Occlusion In EVAR
9:05 - 9:13	Ronald M. Fairman, MD Panel Discussion
0.00 0.10	1 411-2 17 10 0 40 0 10 11

SESSION 84 (Grand Ballroom West, 3rd Floor)

THORACIC AORTA AND ARCH BRANCH RELATED TOPICS

Moderators: Krassi Ivancev, MD, PhD Marcelo Ferreira, MD

Marcelo Ferreira, MD		
9:13 - 9:18	Value And Need For Secondary Interventions After TEVAR: What Factors Predict An Increased Likelihood Of A Secondary Intervention Mark K. Eskandari, MD	
9:19 - 9:24	Tips And Tricks To Avoid Complications And Improve TEVAR Results: How Well Do Branched Grafts Work In The Aortic Arch Dittmar Boeckler, MD	
9:25 — 9:30	Newer Branched Endografts And Large Proximal Scallops For Aortic Arch Lesions Mo S. Hamady, MD Nicholas J. W. Cheshire, MD	
9:31 - 9:36	Does Endovascular Or Open Surgical Treatment Of TAAAs Yield A Survival Benefit Florian Dick, MD	
9:37 — 9:42	With TBADs Secondary Interventions To Get Improved False Lumen Exclusion Is Important: How To Do It With Stents, Plugs, Coils: When Should They Be Done <i>Joseph V. Lombardi, MD</i>	
9:43 — 9:48	Thoracoabdominal Aneurysm Sac Perfusion And Motor Evoked Potentials To Decrease Spinal Cord Ischemia With BEVAR Procedures: Tips And Tricks Piotr M. Kasprzak, MD	
9:49 - 9:54	How To Protect A Left Internal Mammary Artery Coronary Bypass In Aortic Arch Interventions Tilo Koelbel, MD, PhD	
9:55 - 10:00	How Durable Are Today's TEVAR Devices: What Is The Need For Secondary Interventions To Fix Device Related Problems Ronald M. Fairman, MD	
10.01 10.10		

SESSION 85 (Grand Ballroom West, 3rd Floor)

10:01 - 10:10 Panel Discussion

MORE THORACIC AORTA AND ARCH BRANCH RELATED TOPICS

10:10 - 10:30 Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)

RELATED	TOPICS
Moderators	:: Alan M. Dietzek, MD, RPVI
	Dennis F. Bandyk, MD
10:30 — 10:35	Endovascular Treatment Of Aortic And Branch Takayasu's Disease: When Does It Work And When
	Does It Not: Based On An Asian Experience
	Ramesh K. Tripathi, MD
10:36 - 10:41	Endovascular Treatment Of Takayasu's Disease: What
	Is Its Value: Based On A 10-Year South American
	Experience
	Arno von Ristow, MD
10:42 - 10:47	What Cardiac Surgeons Do Not Know About Acute
	Type A And Type B Aortic Dissections
	Firas F. Mussa, MD
10:48 - 10:53	Value Of Hepatorenal Bypass To Facilitate Treatment

Of TBADs And Complex AAAs

Joseph S. Giglia, MD

Retroperitoneal Access To Target Arteries: A Bailout

Retroperitoneal Access To Target Arteries: A Bailout Procedure When Prograde Branch Catheterization Does Not Work For F/B EVAR Eric L.G. Verhoeven, MD, PhD

11:00 - 11:05 Treatment Of Distal Aortic Growth After TEVAR For TBADs James H. Black III, MD 11:06 - 11:14 Panel Discussion What Is The Difference Between A Penetrating Aortic Ulcer And A Saccular Aneurysm: Why It Matters Benjamin M. Jackson, MD 11:21 - 11:26 Tips And Tricks For Open Repair After Failed TEVAR Karl H. Orend, MD 11:27 - 11:32 Open Surgical Adjuncts To Preserve Failing Infrarenal Endografts And Creative Non-Femoral Access Options Martin R. Back, MD 11:33 - 11:38 Chronic Aortic Aneurysms After TBADs: Incidence And Treatment Methods: Long-Term Outcomes Are Poor Richard G.J. Gibbs, FRCS 11:39 - 11:44 How Can Patients With An Aorto-Esophageal Fistula After TEVAR Be Salvaged Jirig Schmidli, MD 11:45 - 11:50 How To Identify Healthy Aorta For A Landing Zone In Endovascular Aneurysm Repairs: It May Not Always Be Possible Matthew J. Eagleton, MD 11:51 - 12:00 Panel Discussion 11:51 - 12:00 Panel Discussion 12:00 - 1:00 Lunch Break - 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) 12:00 - 1:00 Session Ses	11:00 - 11:05	
		Treatment Of Distal Aortic Growth After TEVAR For
18-16 - 18-14 Panel Discussion 18-15 - 18-20 What Is The Difference Between A Penetrating Aortic Ulcer And A Saccular Aneurysm: Why It Matters Benjamin M. Jackson, MD 18-21 - 18-26 Tips And Tricks For Open Repair After Failed TEVAR Karl H. Orend, MD 18-27 - 18-32 Open Surgical Adjuncts To Preserve Failing Infrarenal Endografts And Creative Non-Femoral Access Options Martin R. Back, MD 18-33 - 18-38 Chronic Aortic Aneurysms After TBADs: Incidence And Treatment Methods: Long-Term Outcomes Are Poor Richard G.J. Gibbs, FRCS 18-39 - 18-34 How Can Patients With An Aorto-Esophageal Fistula After TEVAR Be Salvaged Jiirg Schmidli, MD 18-45 - 18-50 How To Identify Healthy Aorta For A Landing Zone In Endovascular Aneurysm Repairs: It May Not Always Be Possible Matthew J. Eagleton, MD 18-51 - 12-00 Panel Discussion 18-10 Panel Discussion 18-11 Panel Discussion 18-12 Panel Discussion 18-13 Panel Discussion 18-14 Panel Discussion 18-15 Panel Discussion 18-16 Panel Discussion 18-17 Panel Discussion 18-18 Panel Discussion 18-19 Panel Discussion 18-10 Panel Discussion 18-11 Panel Discussion 18-12 Panel Discussion 18-13 Panel Discussion 18-14 Panel Discussion 18-15 Panel Discussion 18-16 Panel Discussion 18-17 Panel Discussion 18-18 Panel Discussion 18-18 Panel Discussion 18-19 Panel Discussion 18-19 Panel Discussion 18-10 Panel Discussion 18-11 Panel Discussion 18-12 Panel Discuss		TBADs
II:15 - II:20		
Ulcer And A Saccular Aneurysm: Why It Matters Benjamin M. Jackson, MD 11:21 – 11:25 Tips And Tricks For Open Repair After Failed TEVAR Karl H. Orend, MD 11:27 – 11:32 Open Surgical Adjuncts To Preserve Failing Infrarenal Endografts And Creative Non-Femoral Access Options Martin R. Back, MD 11:33 – 11:38 Chronic Aortic Aneurysms After TBADs: Incidence And Treatment Methods: Long-Term Outcomes Are Poor Richard G.J. Gibbs, FRCS 11:39 – 11:44 How Can Patients With An Aorto-Esophageal Fistula After TEVAR Be Salvaged Jürg Schmidli, MD 11:45 – 11:50 How To Identify Healthy Aorta For A Landing Zone In Endovascular Aneurysm Repairs: It May Not Always Be Possible Matthew J. Eagleton, MD 11:51 – 12:00 Panel Discussion 12:00 – 1:00 Lunch Break – 2nd Floor Promenade Visit Exhibits And Pavilions (2nd and 3rd Floors) SESSION 86 (Grand Ballroom West, 3rd Floor) CAROTID RELATED TOPICS AND RECENT ADVANCES IN ACUTE STROKE TREATMENT Moderators: Ali F. AbuRahma, MD Anthony J. Comerota, MD 1:00 – 1:05 Should Patients With Chronic Renal Insufficiency Undergo CAS Or CEA Ali F. AbuRahma, MD Anthony J. Comerota, MD 1:10 – 1:10 CAS Is Still Not As Cost Effective As CEA: But That May Change Kosmas I. Paraskevas, MD 1:12 – 1:17 CAS Is Still Not As Cost Effective As CEA: But That May Change Kosmas I. Paraskevas, MD 1:18 – 1:23 With Symptomatic Carotid Stenosis Are The Results Of NASCET And ECST Obsolete In View Of Advances In Medical Therapy And Which Should Get This Treatment Plus CEA Or CAS: When Will We Know For Sure And What Should We Do Now Anthony J. Comerota, MD 1:30 – 1:35 How Common Are Carotid Sten Fractures After CAS And What Is Their Clinical Significance Richard J. Powell, MD		
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Joseph J. Ricotta II, MD, MS CAS Is Still Not As Cost Effective As CEA: But That May Change Kosmas I. Paraskevas, MD With Symptomatic Carotid Stenosis Are The Results Of NASCET And ECST Obsolete In View Of Advances In Medical Therapy Alison Halliday, MS 1:24 - 1:29 Which Asymptomatic Carotid Stenosis Patients Should Currently Be On Statins And Medical Therapy And Which Should Get This Treatment Plus CEA Or CAS: When Will We Know For Sure And What Should We Do Now Anthony J. Comerota, MD 1:30 - 1:35 How Common Are Carotid Stent Fractures After CAS And What Is Their Clinical Significance Richard J. Powell, MD		Results From The SVS Registry Show That CEA Is
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Alison Halliday, MS Which Asymptomatic Carotid Stenosis Patients Should Currently Be On Statins And Medical Therapy And Which Should Get This Treatment Plus CEA Or CAS: When Will We Know For Sure And What Should We Do Now Anthony J. Comerota, MD How Common Are Carotid Stent Fractures After CAS And What Is Their Clinical Significance Richard J. Powell, MD	1:18 - 1:23	
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1:36 – 1:42 Panel Discussion	1:24 - 1:29	With Symptomatic Carotid Stenosis Are The Results Of NASCET And ECST Obsolete In View Of Advances In Medical Therapy Alison Halliday, MS Which Asymptomatic Carotid Stenosis Patients Should Currently Be On Statins And Medical Therapy And Which Should Get This Treatment Plus CEA Or CAS: When Will We Know For Sure And What Should We Do Now Anthony J. Comerota, MD How Common Are Carotid Stent Fractures After CAS
	1:24 - 1:29 1:30 - 1:35	With Symptomatic Carotid Stenosis Are The Results Of NASCET And ECST Obsolete In View Of Advances In Medical Therapy Alison Halliday, MS Which Asymptomatic Carotid Stenosis Patients Should Currently Be On Statins And Medical Therapy And Which Should Get This Treatment Plus CEA Or CAS: When Will We Know For Sure And What Should We Do Now Anthony J. Comerota, MD How Common Are Carotid Stent Fractures After CAS And What Is Their Clinical Significance Richard J. Powell, MD
	1:24 - 1:29 1:30 - 1:35	With Symptomatic Carotid Stenosis Are The Results Of NASCET And ECST Obsolete In View Of Advances In Medical Therapy Alison Halliday, MS Which Asymptomatic Carotid Stenosis Patients Should Currently Be On Statins And Medical Therapy And Which Should Get This Treatment Plus CEA Or CAS: When Will We Know For Sure And What Should We Do Now Anthony J. Comerota, MD How Common Are Carotid Stent Fractures After CAS And What Is Their Clinical Significance Richard J. Powell, MD

RECENT PROGRESS IN ACUTE STROKE **TREATMENT**

Moderators: Allan L. Brook, MD
L. Nelson Hopkins, MD

1:42 - 1:47 Recent Improvements In Acute Stroke Management: Impact Of New Clot Aspiration Techniques And Stent-Clot Retrievers Stefan Müller-Hülsbeck, MD 1:48 - 1:53 New Developments In Acute Stroke Endovascular Treatment: Value Of Stent-Clot Retriever Systems (Solitaire From Covidien) Coupled With Balloon Guide Catheters To Decrease Forward Arterial Flow L. Nelson Hopkins, MD 1:54 - 1:59New Developments In Acute Stroke Management And Endovascular Devices For Clot Removal And Managing Acute Carotid Occlusions: Success And Adverse Event Rates Klaus D. Mathias, MD 2:00 - 2:11Panel Discussion SESSION 87 (Grand Ballroom West, 3rd Floor) MORE CAROTID RELATED TOPICS Moderators: R. Clement Darling III, MD

Cynthia K. Shortell, MD

- 2:11 2:16Inefficient Distal Embolic Filters A Cause Of Stroke With CAS: What Can Be Done To Offset This Mark H. Wholey, MD
- 2:17 2:22How To Make CAS In Recently Symptomatic Carotid Stenosis Patients Safe: When Can CAS Compete With CEA In Such Patients Carlo Setacci, MD
- 2:23 2:28CEA Under Local Anesthesia: Was The GALA Trial Misleading: How Can This Lower Costs In The ACA Dipankar Mukherjee, MD
- How To Improve The Results Of Early CEA For Stroke 2:29 - 2:34R. Clement Darling III, MD
- 2:35 2:40How To Perform CAS Safely In Patients With A Non-Circumferential Severely Calcified Carotid Stenosis Gioachino Coppi, MD
- 2:41 2:46The Game Is Finally Changing With Carotid Disease: When And How To Intervene Beyond Good Medical Therapy Jose Fernandes e Fernandes, MD, PhD
- 2:47 2:52Tips And Tricks For Performing CAS With Difficult
- Arch Anatomy Enrico M. Marone, MD Germano Melissano, MD Roberto Chiesa, MD
- 2:53 2:58CEA In Women: Still Searching For Parity In Access To Treatment: Why Does This Occur And What Is Its Impact
- Cynthia K. Shortell, MD 2:59 - 3:04Which Specialty Gets The Best Outcomes With CEA; With CAS
- Ali F. AbuRahma, MD 3:05 - 3:10Clinical Volume Correlates With Outcomes For CAS:
- It Is Undeniable Carlos H. Timaran, MD
- 3:11 3:17 Panel Discussion
- 3:17 3:24Break - Visit Exhibits And Pavilions (2nd and 3rd Floors)

SESSION 88 (Grand Ballroom West, 3rd Floor) LOWER EXTREMITY AND MISCELLANEOUS TOPICS Moderators: Vivian Gahtan, MD Calogero Presti, MD		
3:24 - 3:29	Gracilis Muscle Flap To Heal Groin Wounds With Infected Vascular Grafts: How To Do It And Results <i>John F. Eidt, MD</i>	
3:30 - 3:35	Significance And Interpretation Of TLR (Target Lesion Revascularization) And Why TLR And Primary Patency Measures In Clinical Trials Can Be Misleading <i>John R. Laird, MD</i>	
3:36 - 3:41	Why The TASC Classification Is No Longer Valid As A Treatment Guide	
3:42 - 3:47	Klaus D. Mathias, MD Has The Increase In Lower Extremity Interventions Led To Lower Major Amputation Rates	
3:48 - 3:53	Manju Kalra, MBBS Tips And Tricks For OCT Guided Crossing Of Difficult SFA And Popliteal CTOs: A Way To Decrease Radiation Exposure Patrick E. Muck, MD	
3:54 - 3:59	Value And Limitations Of Subintimal PTA Of Aortic And Iliac Occlusive Lesions: Tips And Tricks George H. Meier III, MD	
4:00 - 4:05	Optimal Strategies For Dealing With Heavily Calcified SFA Lesions	
4:06 - 4:11	Craig M. Walker, MD Endovascular Treatment Of Arterial Complications Of Pancreatitis: Tips And Tricks	
4:12 - 4:17	Maria Antonella Ruffino, MD Importance Of Distal Embolization After SFA Interventions And How To Prevent And Treat It	
4:18 - 4:23	Nicholas J. Morrissey, MD Hybrid Procedures In The Lower Extremity: Are They Effective And Which Are The Factors That Determine Durability	
4:24 - 4:31	Athanasios D. Giannoukas, MSc, MD, PhD Panel Discussion	
	9 (Grand Ballroom West, 3rd Floor) OWER EXTREMITY AND MISCELLANEOUS	
Moderators	s: Kenneth Ouriel, MD, MBA Peter A. Schneider, MD	
4:31 - 4:36	Do Anti-MRSA Agents Prophylactically Prevent Groin Infection After Vascular Procedures: A RCT: What Regimen Should We Use Patrick A. Stone, MD	
4:37 - 4:42	Key Technical Tips For Preventing Groin Incision Infections And Decreasing Readmissions And Hospital Costs Peter Henke, MD	
4:43 - 4:48	In Hemodialysis Diabetic Patients With CLI And Gangrene: When Is A Primary Amputation The Right Treatment Option And When Should Revascularization Be Attempted	
V-YU V-EY	Mark G. Davies, MD	

How IVUS Can Be Helpful In Treating Lower Extremity

Ischemia And The Lesions Causing It

Fabrizio Fanelli, MD

4:49 - 4:54

	4:55 - 5:00	To Aid In Preservation Of Its Flow And Decrease Cord Ischemia With Thoracic Aortic Procedures
	5:01 - 5:06	Jeffrey Indes, MD Tips And Tricks For Performing Optimal And Adequate Debridements Of Diabetic Foot Infections
	5:07 - 5:12	Giustino Marcucci, MD How Should Lower Extremity Post PTA Dissections Be Managed And Why Do "Bail Out Stenting" Rates
	5:13 - 5:18	Vary So Much Peter A. Schneider, MD Tips And Tricks To Make CFA Stenting Successful:
		When Is It Indicated George H. Meier III, MD
	5:19 - 5:24	Tips And Tricks To Make A Radial Artery Approach Applicable To Most Endovascular Interventions Ali Amin, MD, RVT
	5:25 - 5:30	Results And Cost Effectiveness Of Carbon Dioxide As Contrast Media For Revascularization Of TASC A And B Femoro-Popliteal Lesions: A Prospective RCT
	5:31 - 5:36	Mariana Krutman, MD Duplex Guided Angioplasty And Stenting vs. Conventional Endovascular Technique In Femoro-
	5:37 - 5:47	Popliteal Occlusive Disease: Comparative Results Eduardo F. Rocha, MD Panel Discussion End of Program L
MORE ADVANCES AND NEW OR UPDATED INFORMATION IN VENOUS DISEASE AND ITS TREATMENT Course Leaders: Jose I. Almeida, MD, RVT, RPVI Lowell S. Kabnick, MD, RPhS Thomas W. Wakefield, MD Trianon Ballroom, 3rd Floor SESSION 90 (Trianon Ballroom, 3rd Floor) MORE STRATEGIC METHODS TO DEAL WITH		
	SAPHENO VEINS	OUS INCOMPETENCE AND VARICOSE
	Moderators	s: Lowell S. Kabnick, MD, RPhS Alun H. Davies, MA, DM
	6:49 - 6:54	RCT Comparing Open Surgery, Radiofrequency, Laser Or Foam Sclerotherapy For Varicose Veins Bo G. Eklof, MD, PhD
	6:55 - 7:00	Why Is The SVS-VQI Venous Registry Critical <i>Thomas W. Wakefield, MD</i>
	7:01 — 7:06	Thermal Ablation On Anticoagulated Patients: Is It Durable And Effective Glenn Jacobowitz, MD
	7:07 - 7:12	When LEED Isn't Enough: The Distribution Of Thermal Energy In The Vein Wall After Endovenous Thermal Ablation Mark S. Whiteley, MS
	7:13 - 7:18	Investigating The Effects Of Sclerotherapy And MOCA With Histology And Immunocytochemistry Mark S. Whiteley, MS
	7:19 - 7:24	Extreme C6 Cases And Endovenous Solutions Ignacio Escotto, MD

7:25 - 7:30	Do The Economic Benefits Of Earlier Surgery Trump The Current Conservative Non-Operative Approach To The Healing Of Venous Ulcers
	Thomas F. O'Donnell, Jr., MD
7:31 - 7:36	Incidence, Causes, And Treatment Of Recurrent Varicose Veins Following Endovenous Thermal Ablation Edward G. Mackay, MD
7:37 - 7:42	Partial Crossectomy With Branch Preservation And Venoplasty Of Saphenous Bulb Gioachino Coppi, MD
7:43 - 7:48	Use Of Mechanical Chemical Ablation In Non Saphenous Veins Julianne Stoughton, MD
7:49 — 7:54	Step By Step Use Of Cyanoacrylate For Saphenous Ablation
7:55 - 8:00	Jose I. Almeida, MD, RVT, RPVI Neurological Complications Of Sclerotherapy For Varicose Veins
8:01 - 8:06	Edward G. Mackay, MD Radiofrequency Treatment Of Perforating Veins For Recalcitrant Venous Ulcers: How To Do It And Does It Help
8:07 - 8:12	Peter F. Lawrence, MD Superficial Vein Thrombophlebitis: To Treat Or Not To Treat
8:13 - 8:18	Joseph D. Raffetto, MD Saphenous Ablation Of Complex Anatomy: Tips And Tricks
8:19 - 8:24	Jose I. Almeida, MD, RVT, RPVI The Role Of Truncal Ablation In Venous Ulceration: Is Timing Key
8:25 - 8:30	Manj S. Gohel, MD Panel Discussion
MORE S	1 (Trianon Ballroom, 3rd Floor) FRATEGIES FOR CORRECTING SEVERE NOUS REFLUX AND/OR OBSTRUCTION
	s: Anthony J. Comerota, MD
	Ramesh K. Tripathi, MD
8:31 - 8:36	Surgical Reconstruction Of The Deep Veins Stephen A. Black, MD
8:37 - 8:42	Neo-Valve Reconstruction In The Post-Thrombotic Syndrome
8:43 - 8:48	Marzia Lugli, MD What Is Worse: Obstruction Or Reflux?
8:49 - 8:54	Mark H. Meissner, MD There Is No Such Thing As "Chronic Thrombus"
8:55 — 9:00	Anthony J. Comerota, MD What Comprises The Chronic Venous Obstruction Of Post-Thrombotic Syndrome?
9:01 - 9:06	Anthony J. Comerota, MD Reduction Internal Valvuloplasty (RIVAL) - A New Technique For Deep Vein Valve Reconstruction: Early Possults
	Early Results Ramesh K. Tripathi, MD
9:07 - 9:12	Panel Discussion

SESSION 92 (Trianon Ballroom, 3rd Floor)

OTHER MISCELLANEOUS VENOUS CONDITIONS

9:13 – 9:18 Wound Care, Compression, Surgical Treatment,

Moderators: Thomas F. O'Donnell, Jr.	MD
Joann Lohr, MD	

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	Ancillary Measures And Primary Prevention
	Thomas F. O'Donnell, Jr., MD
9:19 - 9:24	Anomalous Features Of Iliac Vein Stenosis That
	Impact Diagnosis And Treatment
	Seshadri Raju, MD
9:25 - 9:30	Quality Of Life Assessment After Iliac Vein Stenting
	For DVT From May-Thurner Syndrome
	Todd Berland, MD
9:31 - 9:36	Optimal Management Of Isolated Gastrocnemius Or
	Soleal Vein Thrombosis (ISGVT)
	Clifford M. Sales, MD, MBA
9:37 - 9:42	Non-Venous Vascular Complications Of Pregnancy
	Joann Lohr, MD
9:43 - 9:48	Knowns And Unknowns About Popliteal Venous
	Aneurysms
	Ido Weinberg, MD, MSc
9:49 - 9:54	What Is Short-Stretch Compression And Why Is That
	Important For Vascular Surgeons?
	Joseph A. Caprini, MD
9:55 - 10:00	Lymphedema In Cancer Patients Is Usually Due To
	Venous Obstructions And Therefore Treatable
	Gerard J. O'Sullivan, MD
10:01 - 10:06	PAVA - More Understanding Of Peri-Adventitial
	Vanous Abnormalities

| D:D| - | D:D6 | PAVA - More Understanding Of Peri-Adventitian | Venous Abnormalities | Mark S. Whiteley, MS |

10:07 – 10:12 Venous Embryology Jean Francois Uhl, MD

| 10:13 - 10:18 | RCT Demonstrating The Efficacy And Benefits Of Sulodexide Treatment In Patients With Venous Ulcers Joseph D. Raffetto, MD

10:19 – 10:24 AVM And VM Are As Different As Apple And Orange Byung-Boong Lee, MD

IB:25 – ID:30

Is There A Role For Percutaneous Suture Mediated Closure Systems In Venous Interventions: Tips And Tricks

Brian G. DeRubertis, MD

Update On Caprini DVT Risk Assessment Score Joseph A. Caprini, MD

10:37 – 10:42 How To Properly Design And Interpret Clinical Trials *Thomas W. Wakefield, MD*

10:43 – 10:48 Panel Discussion

11:01 - 11:06

SESSION 93 (Trianon Ballroom, 3rd Floor)

PELVIC INCOMPETENCE AND ITS CONSEQUENCES

Moderators: Jose I. Almeida, MD, RVT, RPVI Melvin Rosenblatt, MD

10:49 - 10:54	Diagnosis And Treatment Paradigm For Patients With
	Pelvic Venous Congestion Syndrome
	Melvin Rosenblatt, MD

| Display | Pelvic Congestion Syndrome: Current Principles Of Diagnostic Duplex Imaging | Melvin Rosenblatt, MD

Pelvic Congestion Syndrome: Current Principles Of Diagnostic Cross-Sectional Imaging

Barry Stein, MD

11:07 - 11:12	Should You Worry About The Left Renal Vein When
	Occluding The Left Ovarian Vein?
	Jose I. Almeida, MD, RVT, RPVI
11:13 - 11:18	Embolization Has A Major Role In The Treatment Of
	Varicocele And Pelvic Congestion Syndrome Lindsay Machan, MD
11:19 - 11:24	Pelvic Vein Reflux – Are Hemorrhoids The Next
	Target?
11:25 - 11:30	Mark S. Whiteley, MS The Safety Of Coil Embolization Of Pelvic Veins And
11.20 11.00	Subsequent Pregnancy Mark S. Whiteley, MS
11:31 - 11:36	Ovarian Vein, Hypogastric Vein Incompetence Or Compression Syndrome: Coil, Stent, Both, Neither?
11:37 - 11:42	Constantino Pena, MD
11.07 — 11.42	Left Renal Vein Stenting Pitfalls Constantino Pena, MD
11:43 — 11:48	How To Treat Vulvar Veins Before Or After Pelvic Embolization
	Barrie A. Price, Mr, MD, MS
11:49 - 11:54	Acute Or Chronic Ovarian Vein Thrombosis: What To
	Do? Mikel Sadek, MD
11:55 - 12:00	
12:00 - 1:00	Lunch Break – 2nd Floor Promenade
12.00	Visit Exhibits And Pavilions (2nd and 3rd Floors)
CECCIONIO	4/T: 0 0 15)
	4 (Trianon Ballroom, 3rd Floor)
	TRATEGIES FOR THROMBOEMBOLIC
	IN THE VENOUS SYSTEM INCLUDING
	LLO-SUBCLAVIAN SYSTEM s: Thomas W. Wakefield, MD
Moderator	Gregory L. Moneta, MD
1:00 - 1:05	
1:00 - 1:00	Endovascular Management Of Ilio-Femoral DVT With Percutaneous Thrombectomy And Thrombolysis:
	Indications, Techniques And Results
	Ali Amin, MD, RVT
1:06 - 1:11	Pharmacomechanical Thrombolysis Of Large Volume
	(Extensive) DVT Using The Rapid Lysis Technique
	Minimizing The Need For Catheter Directed Lysis
1:12 - 1:17	Mark J. Garcia, MD Methods Of Aging Of Deep Vain Thrombosis
1.12 - 1.17	Methods Of Aging Of Deep Vein Thrombosis Alun H. Davies, MA, DM
1:18 - 1:23	Rheolytic Thrombectomy For Deep Vein Thrombosis:
	Final Report Of A Prospective Multi-Center Registry
1:24 - 1:29	Ali Amin, MD, RVT Appropriate Use Of D-Dimer Testing Can Minimize
1.24 - 1.23	Over-Utilization Of Venous Duplex Ultrasound In A
	Contemporary High-Volume Hospital
	Albeir Y. Mousa, MD
1:30 - 1:35	Portal Vein Thrombosis: Techniques For Treating And
	Recanalizing Mark I. Carria, MD
1:36 - 1:41	Mark J. Garcia, MD What's New In Thoracic Outlet Syndrome Treatment
1.00	And Reporting Standards: When If Ever Should
	Neurologic TOS Be Treated?
	Karl A. Illig, MD
1:42 — 1:48	DEBATE: Warfarin Is Still The Treatment Of Choice
	For VTE: The Noacs Are Not Ready For Prime Time
	Joseph A. Caprini, MD

1:49 - 1:54	DEBATE: Warfarin Is NOT Still The Treatment Of		
	Choice For VTE: The Noacs Are Ready For Prime Time		
LEE 9.00	Anthony J. Comerota, MD		
1:55 - 2:00	The Value Of Non-Invasive Diagnosis Of Venous Obstruction At The Thoracic Outlet		
	Enrique Criado, MD		
2:01 - 2:06	Incidence Of Upper Extremity DVT After Central		
	Venous Catheterization And What To Do About It		
	Gregory L. Moneta, MD		
2:07 - 2:12	Venous Issues In Thoracic Outlet Syndrome: Lysis,		
	Venoplasty, First Rib Resection: Staged Or Same Setting?		
	Enrique Criado, MD		
2:13 - 2:18	Panel Discussion		
	5 (Trianon Ballroom, 3rd Floor)		
	ASCULAR AND OPEN SOLUTIONS FOR		
	r vena cava tumors		
Moderators	s: Peter Gloviczki, MD		
	William J. Quinones-Baldrich, MD		
2:19 - 2:24	IVC Replacement For Malignancy: How To Do It And		
	What Is The Best Graft Thomas C. Bower, MD		
2:25 - 2:30	Endovascular Reconstruction Techniques For Chronic		
2.20 2.00	IVC Occlusions		
	Mark J. Garcia, MD		
2:31 - 2:36	Role Of Z-Stent In Iliocaval And Caval Stenting		
	Seshadri Raju, MD		
2:37 — 2:42	IVC Agenesis: Is This A Real Entity David M. Williams, MD		
2:43 - 2:48	Management Of Tumor Thrombus From Renal Cell		
	Carcinoma Extending Into Supra Hepatic IVC And		
	Right Heart		
2:49 - 2:54	Ramesh K. Tripathi, MD Patient Selection For In-Line Caval Reconstruction		
2.40 - 2.04	William J. Quinones-Baldrich, MD		
2:55 - 3:00	Exposure And Techniques For In-Line Caval		
	Reconstruction		
	William J. Quinones-Baldrich, MD		
3:01 - 3:06	Conduit Choices For In-Line Caval Reconstruction		
3:07 - 3:12	Peter Gloviczki, MD Caval Tumors		
0.07 0.12	William A. Marston, MD		
3:13 - 3:18	Catheter-Based Interventions For Caval Thrombosis:		
	Which Is The Best		
2.0	Iris Baumgartner, MD		
3:19 - 3:24	Panel Discussion		
SESSION 9	6 (Trianon Ballroom, 3rd Floor)		
VENA CAVA FILTRATION STRATEGIES, PITFALLS,			
AND COMPLICATIONS AND MORE ABOUT ILIA			
VEIN STENTING			
Moderators: Paul J. Foley III, MD			
	Ramesh K. Tripathi, MD		

VENA CAVA FILTRATION

Gerard J. O'Sullivan, MD

Luxury?

IVC Filters In Acute DVT: Necessary Or Expensive

3:25 - 3:30

97

FRIDAY/SATURDAY

I	David L. Gillespie, MD
3:37 - 3:42 P	Remove Tilted IVC Filters Immediately: Complications
A	Are Inevitable
V	Verner Lang, MD
3:43 - 3:48	ndications For IVC Filters - Are They Being Observed?
Je	ohn E. Rectenwald, MD, MS
3:49 - 3:54 S	successful Techniques For Challenging IVC Filter
F	Retrieval (Permanent And Temporary IVC Filters)
	Paul J. Foley III, MD
3:55 - 4:00 V	Why Aren't Retrievable IVC Filters Retrieved?
R	Ronald L. Dalman, MD
4:01 - 4:06 N	Major Complications After IVC Filter Placement And
ŀ	How To Avoid Them
	Clifford M. Sales, MD, MBA

SATURDAY, NOVEMBER 22, 2014

7:00 A.M. General Registration — 2nd Floor Promenade 7:00 A.M. Faculty Registration — Morgan Suite, 2nd Floor 7:30 A.M. Continental Breakfast — Promenade/Foyer, 3rd Floor

CONCURRENT SATURDAY PROGRAMS

PROGRAM N: (SESSIONS 97-103) 8:00 A.M. - 5:15 P.M.

Endovascular Treatment Of Venous Disease Grand Ballroom East, 3rd Floor

PROGRAM O: (SESSIONS 104-108) 8:00 A.M. – 4:50 P.M.

Improving Outcomes In Hemodialysis Access

Grand Ballroom West, 3rd Floor

Complex V	1 P: (SESSIONS 109-113) 7:55 A.M. — 3:15 P.M. ascular Malformations And Vascular Tumors llroom, 3rd Floor	
PROGRAM Q: (SESSIONS 114-118) 8:30 A.M. – 4:00 P.M. WOUNDS Gramercy Suites East and West, 2nd Floor		
4:07 - 4:12	Update On The Sentry Bioconvertible Non-Retrieval IVC Filter David Rosenthal, MD	
4:13 - 4:18	What Evidence Is There That IVC Filters Save Lives? Gregory L. Moneta, MD	
4:19 - 4:24	The Prepic Trial – Fact Or Fiction? <i>John E. Rectenwald, MD, MS</i>	
4:25 - 4:30	Panel Discussion	
	MORE ON STENTS	
4:31 - 4:36	First Experiences With The Veniti And Zilver Vena Stents Stephen A. Black, MD	
4:37 - 4:42	Nitinol Versus Wall Stents For Iliac Vein Stenting For Lower Limb Outflow Obstruction: Does It Really Matter? What Is An Ideal Venous Stent? Ramesh K. Tripathi, MD	
4:43 - 4:48	VIVO Venous Stent IDE Trial Design Anthony J. Comerota, MD	
4:49 - 4:54	Pregnancy After Stenting For Ilio-Femoral DVT: Outcome And Complications Gabriel Szendro, MD	

4:55 - 5:00	Stenting?		
5:01 - 5:10	David M. Williams, MD Panel Discussion End of Program M		
ENDOVA	PROGRAM N (SESSIONS 97–103) ENDOVASCULAR TREATMENT OF VENOUS DISEASE Course Leaders: Jose I. Almeida, MD, RVT, RPVI Lowell S. Kabnick, MD, RPhS		
Grand Ballr	Thomas W. Wakefield, MD room East, 3rd Floor		
SESSION 97 (Grand Ballroom East, 3rd Floor) BASICS OF SUPERFICIAL VENOUS DISEASE Moderators: Jose I. Almeida, MD, RVT, RPVI Lowell S. Kabnick, MD, RPhS Thomas W. Wakefield, MD			
8:00 - 8:05	Welcome: Tour Of C1 - C6 Venous Disease Jose I. Almeida, MD, RVT, RPVI		
8:06 - 8:11	Venous Embryology: Part 1 Jean Francois Uhl, MD		
8:12 - 8:17	Venous Embryology: Part 2		
8:18 - 8:23	Jean Francois Uhl, MD Important Superficial Venous Anatomy Jean Francois Uhl, MD		
8:24 - 8:29	Venous Mapping: How Detailed Should This Be Neil M. Khilnani, MD		
8:30 - 8:35	Evolution Of Superficial Venous Insufficiency: Ascending Or Descending Theory Sylvain Chastanet, MD		
8:36 - 8:41	Venous Valvular Physiology Fedor Lurie, MD, PhD		
8:42 - 8:47	Is It The Weakened Venous Wall Or The Valve That Causes Varicose Veins Joseph D. Raffetto, MD		
8:48 - 8:53	Venous Disease Pathophysiology: Which Patients Progress To Tissue Damage At The Ankle Peter J. Pappas, MD		
8:54 - 9:00	**		
EVALUAT VENOUS	18 (Grand Ballroom East, 3rd Floor) FION AND MANAGEMENT OF SUPERFICIAL 5 DISEASE - PART 1 5: Jose I. Almeida, MD, RVT, RPVI		
	Lowell S. Kabnick, MD, RPhS Thomas W. Wakefield, MD		
9:01 - 9:06	How To Use CEAP And VCSS Properly William A. Marston, MD		
9:07 - 9:12	What Determines The Clinical Severity Of Superficial Venous Disease Lowell S. Kabnick, MD, RPhS		
9:13 - 9:18	What Kind Of Duplex Image Should We Expect After Endovenous Ablation		
9:19 - 9:24	Jean Luc Gerard, MD Clinical Findings Do Not Match The Ultrasound: What Do You Do Edward C. Madan MD		
9:25 - 9:30	Edward G. Mackay, MD Investigating The Effects Of Sclerotherapy And MOCA With Histology And Immunocytochemisty Mark S. Whiteley, MS		

9:31 - 9:36	Step By Step Use Of 1470nm Laser To Ablate Perforators And Indications
9:37 - 9:42	Mark A. Adelman, MD Step By Step Use Of Mechanical-Chemical Ablation In
	Non-Saphenous Veins Julianne Stoughton, MD
9:43 - 9:48	Step By Step Use Of Proprietary Foam For Saphenous Ablation And Indications
	Lowell S. Kabnick, MD, RPhS
9:49 — 9:54	Step By Step Treatment Of Recurrent Veins Following Endovenous Thermal Ablation, Incidence And Causes <i>Thomas F. O'Donnell, Jr., MD</i>
9:55 - 10:00	Panel Discussion
EVALUAT VENOUS	9 (Grand Ballroom East, 3rd Floor) FION AND MANAGEMENT OF SUPERFICIAL 5 DISEASE - PART 2
Moderators	s: Jose I. Almeida, MD, RVT, RPVI Lowell S. Kabnick, MD, RPhS
	Thomas W. Wakefield, MD
10:01 - 10:06	Step By Step Use Of Sclerotherapy For Large Varicose Tributaries And Why
(0.07 (0.19	Neil M. Khilnani, MD
10:07 — 10:12	Step By Step Use Of Ambulatory Phlebectomy For Large Varicose Tributaries And Why Alan M. Dietzek, MD, RPVI
10:13 - 10:18	Efficacy Of Powered Phlebectomy For Large Symptomatic Varicosites
10:19 - 10:24	Thomas W. Wakefield, MD Steps To Treat The Small Saphenous Cranial Extension Randolph Todd C. Jones III, MD
10:25 - 10:30	Steps To Avoid Endothermal Heat Induced Thrombosis <i>Mikel Sadek, MD</i>
10:31 - 10:36	Steps To Avoid Complications Of Foam And Liquid Sclerotherapy
10:37 - 10:42	Edward G. Mackay, MD Steps To Avoid Thermal Ablation Complications David J. Dexter, MD
10:43 — 10:48	Steps To Avoid Nerve Damage Jean Luc Gerard, MD
10:49 - 10:54	Steps To Avoid Thermal Skin Damage Lowell S. Kabnick, MD, RPhS
10:55 — 11:00	Panel Discussion
	00 (Grand Ballroom East, 3rd Floor) OF VENOUS DISEASE
	s: Jose I. Almeida, MD, RVT, RPVI
	Lowell S. Kabnick, MD, RPhS Thomas W. Wakefield, MD
11:01 - 11:06	Who Will Treat Varicose Veins And Who Will Pay For The Treatment In The Future Mark H. Meissner, MD
11:07 - 11:12	How Should Society Allocate Resources For Venous Disease
11:13 - 11:18	Peter F. Lawrence, MD Future Of Venous Reimbursement: Pressures From CMS Glenn Jacobowitz, MD
11:19 - 11:24	Update: Intersocietal Accreditation Commission – Vein Center Lowell S. Kabnick, MD, RPhS
	Lones of Radiuck, MD, IV IIO

11:25 — 11:30	A One Stop Vein Clinic: The Ideal Option Ian J. Franklin, MS
11:31 - 11:36	A Plea For A National Coverage Determination Policy Lowell S. Kabnick, MD, RPhS
11:37 - 11:42	Why Is The SVS-VQI Venous Registry Critical
11:43 - 11:48	Thomas W. Wakefield, MD Update On The Management Of Lymphedema
11:49 - 11:54	Raghu Kolluri, MD Partial Crossectomy With "Branch" Preservation And
	Venoplasty Of Saphenous Bulb Gioachino Coppi, MD
11:55 - 12:00	Panel Discussion
12:00 — 1:00	Lunch Break – 3rd Floor Foyer and Promenade Visit Exhibits And Pavilions (3rd Floor)
SESSION 10	D1 (Grand Ballroom East, 3rd Floor)
	CE AND RESEARCH NEEDED FOR
ENDOVE	NOUS TREATMENT
Moderators	s: Thomas W. Wakefield, MD
	Jose I. Almeida, MD, RVT, RPVI Lowell S. Kabnick, MD, RPhS
100 105	
1:00 - 1:05	
	Enough Bo G. Eklof, MD, PhD
1:06 - 1:11	Should The UK Nice Guidelines Be The Same As The
	SVS/AVF
1:12 - 1:17	Alun H. Davies, MA, DM What Do The Quality Measures (QM) Measure:
1.12 - 1.17	Analysis Of PQRS (Physician Quality Reporting
	System) For Venous Disease
4.40 4.00	Fedor Lurie, MD, PhD
1:18 - 1:23	Venous Ulcers - An Algorithm For Management Peter F. Lawrence, MD
1:24 - 1:29	DEBATE: Ultrasound Is Mandatory After Saphenous
	Ablation Mark S. Whiteley, MS
1:30 - 1:35	DEBATE: Ultrasound Is Not Mandantory After
	Saphenous Ablation
1:36 - 1:41	Lowell S. Kabnick, MD, RPhS Extreme C6 Cases And Endovenous Solutions
1.00 1.41	Ignacio Escotto, MD
1:42 - 1:47	Not All Skin Ulcers Are Venous
1.00 1.50	Raghu Kolluri, MD
1:48 — 1:53	Thermal Ablation On Anticoagulated Patients: Is It Durable And Effective
	Glenn Jacobowitz, MD
1:54 - 2:00	Panel Discussion
SESSION 10	D2 (Grand Ballroom East, 3rd Floor)
	OPICS REGARDING TRUNCAL REFLUX,
	RS AND SPIDER TELANGIECTASIA
Moderators	s: Thomas W. Wakefield, MD
	Jose I. Almeida, MD, RVT, RPVI
	Lowell S. Kabnick, MD, RPhS
2:01 - 2:06	A Prospective Observational Study Comparing 810nm
	And 1470nm Wavelength For Great Saphenous Laser Ablation
	Ian C. Chetter, MD
2:07 - 2:12	Is 1920nm Wavelength The Future Of Venous Ablation
	Lowell S. Kabnick, MD, RPhS

2:13 - 2:18	Primary CVD: Which Patients Should You Intervene On Early (GSV Ablation, Correct Hemodynamics) And If You Intervene Will It Reduce Or Prevent The Progression To Higher Clinical Class
	Joseph D. Raffetto, MD
2:19 - 2:24	Homemade Foam Versus FDA Approved
	Manufactured Foam: Risks And Rewards
2:25 - 2:30	Lowell S. Kabnick, MD, RPhS
Z:Zā — Z:āu	5-Year Results Of A Randomized Clinical Trial Comparing Concomitant And Sequential Phlebectomy Following Endovenous Laser Ablation Ian C. Chetter, MD
2:31 - 2:36	How Real Are Venous Thromboembolic Complications With Endovenous Thermal Ablation: Paradox Between RCTs, Large Observational Case Series, And
	Registry Data
0.07 0.70	Thomas F. O'Donnell, Jr., MD
2:37 — 2:42	Radiofrequency Ablation Treatment Pearls Alan M. Dietzek, MD, RPVI
2:43 - 2:48	Laser Ablation Treatment Pearls
	Lowell S. Kabnick, MD, RPhS
2:49 - 2:54	Sclerotherapy Pearls
0.00	Julianne Stoughton, MD
2:55 - 3:00	Cutaneous Laser Pearls: When And How To Use For Spider Veins
	Ian J. Franklin, MS
3:01 - 3:06	Mechanico-Chemical Ablation Pearls
	Steve Elias, MD
3:07 - 3:12	New Vascular Occlusion Device Lowell S. Kabnick, MD, RPhS
3:13 - 3:18	Panel Discussion
	03 (Grand Ballroom East, 3rd Floor)
	NOUS CASE PRESENTATION, PRE-
	ED VIDEO, EVIDENCE AND MORE
Moderators	s: Lowell S. Kabnick, MD, RPhs Thomas W. Wakefield. MD
	Jose I. Almeida, MD, RVT, RPVI
3:19 - 3:29	
3:13 — 3:Z3	Saphenous Ablation Jose I. Almeida, MD, RVT, RPVI
3:29 - 3:33	Discussion/Q&A
3:34 - 3:44	Pelvic Congestion Syndrome
	Neil M. Khilnani, MD
3:44 - 3:48	Discussion/Q&A
3:49 - 3:59	Predictive Value Of A Preoperative Test For The Reversibility Of The Reflux After Phlebectomy With
	Preservation Of The Great Saphenous Vein
	Sylvain Chastanet, MD
3:59 - 4:03	Discussion/Q&A
4:04 - 4:14	A New Look At Venous Hemodynamics: Importance
	Of Measuring Both Reflux And Venous Outflow
	Obstruction
/u// /.10	Andrew N. Nicolaides, MS
4:14 - 4:18 4:19 - 4:29	Discussion/Q&A How To Treat Evotic Veins - Hand Foot And Vulvar
4.70 — 4.70	How To Treat Exotic Veins – Hand, Foot, And Vulvar Veins
	Barrie A. Price, Mr, MD, MS
4:29 - 4:33	Discussion/Q&A
4:34 - 4:44	Phlebectomy: How, When, And Why
	Paul Pittaluga, MD
4:44 - 4:48	Discussion/Q&A

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	4:49 — 4:59	Why Is That Important For Vascular Surgeons		
	4:59 - 5:03	Joseph A. Caprini, MD Discussion/Q&A		
	5:04 - 5:15	Panel Discussion		
		End of Program N		
	PROGRAM O (SESSIONS 104–108)			
	IMPROVING OUTCOMES IN HEMODIALYSIS ACCESS			
	Course Dire	ectors: Anton N. Sidawy, MD, MPH Larry A. Scher, MD		
Course Co-Directors: John E. Aruny, MD				
	Haimanot (Monnie) Wasse, MD, MPH Grand Ballroom West, 3rd Floor			
SESSION 104 (Grand Ballroom West, 3rd Floor)				
		RATIVE PLANNING FOR HEMODIALYSIS		
	ACCESS			
	Moderators	s: Larry A. Scher, MD Anton N. Sidawy, MD, MPH		
	8:00 - 8:07	Review Of The SVS Guidelines For Hemodialysis Access		
		Robyn A. Macsata, MD		
	8:08 - 8:15	Predialysis Planning To Optimize The Management Of The Patient With CKD		
		Prabir Roy-Chaudhury, MD, PhD		
	8:16 - 8:23	Update On The Fistula First/Catheter Last Initiative		
	0.07 0.91	Lawrence M. Spergel, MD		
	8:24 - 8:31	Algorithms To Avoid Central Venous Catheters At Dialysis Initiation		
		Charmaine Lok, MD		
	8:32 - 8:39	Quality Benchmarks Of A Vascular Access Program David L. Cull, MD		
	8:40 — 8:50 8:51 — 8:58	Discussion		
	0:01 - 0:00	Use Of The Noninvasive Vascular Laboratory In Dialysis Access		
		Russell H. Samson, MD, RVT		
	8:59 - 9:06	Impact Of Transvenous Cardiac Devices On Vascular Access Placement And Patency		
		Haimanot (Monnie) Wasse, MD, MPH		
	9:07 - 9:14	The Implications Of Transradial Approach For		
		Cardiovascular Interventions On Hemodialysis Access Theodore F. Saad, MD		
	9:15 - 9:22	Anesthesia For Office Based Vascular Access		
		Interventions David Fox. MD		
	9:23 - 9:30	Dialysis Access Cannulation: A Lost Art?		
		Deborah Brouwer-Maier, RN, CNN		
	9:31 - 9:41 9:42 - 10:00	Panel Discussion Break – Visit Exhibits And Pavilions (3rd Floor)		
	3.42 - 10.00	break – visit Exhibits And Pavinons (5rd F1001)		
		05 (Grand Ballroom West, 3rd Floor)		
		ING OUTCOMES IN HEMODIALYSIS		
	ACCESS Moderators	s: Haimanot (Monnie) Wasse MD MPH		
Moderators: Haimanot (Monnie) Wasse, MD, MPH Theodore F. Saad, MD		, , ,		
	10:00 — 10:07	Optimization Of Risk Factors To Maximize Vascular		
		Access Patency		
	10:08 — 10:15	Charmaine Lok, MD How Do Cell Biology And Hemodynamics Impact AV		
	10.00 - 10:13	Access Outcomes		
		Prabir Roy-Chaudhury, MD, PhD		

10:16 - 10:23	Medical Factors Affecting Patency Of AV Access Procedures
	Robyn A. Macsata, MD
10:24 - 10:31	Management Of Hypercoagulable States In Patients With End Stage Renal Disease
	Jeffrey H. Lawson, MD, PhD
10:32 — 10:39	Role Of Surveillance And Preemptive Intervention In Optimizing Hemodialysis Access Outcomes <i>Jack Work, MD</i>
10:40 - 10:47	The Role Of BAM In Autogenous Access Maturation Gregg A. Miller, MD
10:48 - 10:58	Panel Discussion
10:59 — 11:06	Challenges Of Vascular Access In The Elderly Patient David L. Cull, MD
11:07 - 11:14	Challenges Of Vascular Access In The Obese Patient William Jennings, MD
11:15 - 11:22	e e e e e e e e e e e e e e e e e e e
11:23 — 11:30	Update On The Results Of The REVISE, RESCUE And RENOVA Trials
	John E. Aruny, MD
11:31 — 11:38	Management Of Complications In An Office Based Practice
11 DD 11 / D	Gregg A. Miller, MD
11:39 - 11:49	
11:50 — 12:30	Lunch Break – 3rd Floor Foyer and Promenade Visit Exhibits And Pavilions (3rd Floor)
POLITICA HEMOD	06 (Grand Ballroom West, 3rd Floor) AL, ETHICAL AND LEGAL ISSUES IN IALYSIS s: John E. Aruny, MD
moderators	Mitchell L. Henry, MD
10.00 10.70	•
12:30 — 12:40	Challenges And Opportunities In Hemodialysis Access In The Current Economic Climate Robert Provenzano, MD
12:41 — 12:48	The Affordable Care Act, Capitation, And Other Factors That Affect Our Hemodialysis Access Practice
10 /0 10 50	Robert M. Zwolak, MD, PhD
12:49 — 12:56	Medicolegal Risk Reduction In Hemodialysis Access Surgery O. William Brown, MD, JD
12:57 - 1:04	Ethical Issues In Hemodialysis Access James W. Jones, MD, PhD, MHA
1:05 - 1:12	Coding For Hemodialysis Access Procedures: What's
1.00 1.12	New And What Lies Ahead Sean P. Roddy, MD
1:13 - 1:20	How The FDA Is Working To Improve The Quality Of
	Vascular Access For Dialysis Patients Kenneth J. Cavanaugh, Jr., PhD
1:21 - 1:28	Office Based Access Centers And Financial Impact On
1121	Practice
	Clifford M. Sales, MD, MBA
1:29 - 1:39	Panel Discussion

SESSION 107 (Grand Ballroom West, 3rd Floor) NEW TECHNOLOGIES AND CONCEPTS IN HEMODIALYSIS ACCESS Moderators: Clifford M. Sales, MD, MBA Eric Chemla, MD 1:40 - 1:47Endoluminal Anastomosis: Results With The Gore Hybrid Graft John R. Ross, Sr., MD 1:48 - 1:55VWingTM Vascular Needle Guide For Improved AV Fistula Access Marc H. Glickman, MD 1:56 - 2:03Clinical Experience With Tissue Engineered Grafts In Hemodialysis Access Jeffrey H. Lawson, MD, PhD Spiral Laminar Flow Grafts In Hemodialysis Access 2:04 - 2:11

Richard F. Neville, MD

OptiflowTM Device For Percutaneous AV Fistula Anastomosis

Prabir Roy-Chaudhury, MD, PhD

2:20 − 2:27 NexSiteTM Catheter For Hemodialysis Access *John R. Ross, Sr., MD*

2:28 – 2:44 Panel Discussion

2:45 - 3:10 Break

SESSION 108 (Grand Ballroom West, 3rd Floor) UPDATE ON CLINICAL ISSUES IN HEMODIALYSIS ACCESS

Moderators: A. Frederick Schild, MD Marc H. Glickman, MD

	Marc H. Glickman, MD
3:10 - 3:17	The Role Of Peritoneal Dialysis In Patients With Difficult Hemodialysis Access Jack Work, MD
3:18 - 3:25	Current Status Of Biologic Grafts In Hemodialysis Access <i>Matthew J. Dougherty, MD</i>
3:26 - 3:33	Strategies For Use Of Early Access Grafts For Hemodialysis Access <i>Eric Chemla, MD</i>
3:34 - 3:41	Basilic Vein Transposition Using One Stage Or Two Stage Techniques Mitchell L. Henry, MD
3:42 - 3:49	Management Of The Massively Dilated AV Fistula Surendra Shenoy, MD, PhD
3:50 - 4:00	Panel Discussion
4:01 - 4:08	Use Of Stent Grafts To Treat Cephalic Arch Stenosis David Shemesh, MD, RVT
4:09 - 4:16	Innovative Approaches To Treatment Of Central Venous Stenosis Karl A. Illig, MD
4:17 - 4:24	Role Of The HeRo Graft In Hemodialysis Access Marc H. Glickman, MD
4:25 - 4:32	An Individualized Approach To The Management Of Hand Ischemia Associated With Dialysis Access

Lawrence M. Spergel, MD

Creating Access In A Patient With A History Of Steal Syndrome

William Jennings, MD

Panel Discussion

End of Program O

PROGRAM P (SESSIONS 109-113)

COMPLEX VASCULAR MALFORMATIONS AND

VASCULAR TUMORS

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

Trianon Ballroom, 3rd Floor

SESSION 109 (Trianon Ballroom, 3rd Floor)

CLASSIFICATION, IMAGING, AND EMBOLIC

AGENTS FOR VASCULAR ANOMALIES

Moderators: Wayne F. Yakes, MD Krassi Ivancev, MD, PhD

7:55 - 8:00	Introduction
	Krassi Ivancev, MD, PhD

8:00 – 8:10 Current Classification And Nomenclature Of Vascular Malformations

Ziv J. Haskal, MD

8:10 – 8:20 Vascular Tumors Confused With Vascular Malformations: Pediatric Hemangioma, RICH, NICH, KPH Of Liver, KPH Of Trunk With Kassabach-Merritt Syndrome Francine Blei, MD

8:20 – 8:30 New Imaging Modalities Essential For Accurate Diagnosis Of Vascular Malformations Cynthia K. Shortell, MD

8:30 – 8:40 2014 ISSVA Classification Of Vascular Anomalies: Update Francine Blei, MD

8:40 – 8:50 Techniques For Treating Vascular Malformations Of The Extremities

Cynthia K. Shortell, MD

8:50 – 9:00 Old Things About Arterio-Venous Lesions And Personal Classification

Emmanuel M. Houdart, MD

9:00 – 9:10

The Houdart AVM Classification, The Cho-Do AVM Classification, And The Yakes AVM Classification And Its Therapeutic Implications

Wayne F. Yakes, MD
Use Of Polymerizing Agents In The Endovascular
Treatments Of AVMs
Robert J. Rosen, MD

9:20 – 9:30 Onyx AVM Embolotherapy: The Histologic Tissue Changes, The Tissue Inflammatory Response, And The Fluoroscopy Issues With Its Use Mollie Meek, MD

9:30 – 9:40 Sclerogel: A New Ethanol Based Embolic Agent To Treat Low-Flow Vascular Malformations

Iris Baumgartner, MD

9:40 – 10:00 Break – Visit Exhibits And Pavilions (3rd Floor)

SESSION 110 (Trianon Ballroom, 3rd Floor)

MANAGEMENT OF HEAD AND NECK VASCULAR ANOMALIES

Moderators: Krassi Ivancev, MD, PhD Wayne F. Yakes, MD

10:00 – 10:10

The Role Of Medical Therapies For Hemangiomas And Vascular Malformations

Francine Blei, MD

| Surgical Management Of Head And Neck Pediatric Hemangioma Milton Waner, MD

9:10 - 9:20

10:20 — 10:30	Neck: Avoiding Neurological Complications And The
	Judicious Use Of Embolic Agents Guilherme Dabus, MD
10:30 - 10:40	Surgical Options In Head And Neck Vascular Malformation Management
	Milton Waner, MD
10:40 — 10:50	Head And Neck Vascular Malformation Management: UAMS Experience Mollie Meek. MD
10:50 — 11:00	Liquid Embolic Agents In The Treatment Of Cranio-Facial AVMs and AVFs: Techniques And Results
11:00 - 11:10	Guilherme Dabus, MD Curative Endovascular Management Of Complex Multiple High-Flow Vascular Malformations Of The
	Head And Neck
11:10 - 11:20	Wayne F. Yakes, MD Endovascular Treatment Of Yakes Type IV AVMs Krassi Ivancev, MD, PhD
11:20 — 11:30	Intra-Arterial Chemotherapy For Retinoblastoma: Lessons Learned After 1000 Infusions
11:30 — 11:40	Pierre Gobin, MD Ethanol Endovascular Management Of Low-Flow
11.00 11.70	Venous And Lymphatic Vascular Malformations Of
	The Head, Neck, And Tongue
	Wayne F. Yakes, MD
SESSION 11	1 (Trianon Ballroom, 3rd Floor)
	ND LOWER EXTREMITY VASCULAR
	RMATION MANAGEMENT – PART 1
	s: Wayne F. Yakes, MD
	Krassi Ivancev, MD, PhD
11:40 — 11:50	Surgical Approaches To Vascular Malformation Management: Triumphs And Pitfalls
11:50 - 12:00	Christopher J. Morin, MD Step Table Venegraphy In Veneus Malformation Of
11:30 - 12:00	Step Table Venography In Venous Malformation Of The Lower Extremities Patricia E. Burrows. MD
12:00 — 12:10	Surgical Concepts To Treat The Lateral Marginal Vein Of The Servelle Of The Lower Extremity
10.10	Byung-Boong Lee, MD
12:10 - 1:15	Lunch Break – Visit Exhibits And Pavilions (3rd Floor)
SESSION 112 (Trianon Ballroom, 3rd Floor) UPPER AND LOWER EXTREMITY VASCULAR	
MALFOR	RMATION MANAGEMENT — PART 2
Moderators	s: Wayne F. Yakes, MD
	Krassi Ivancev, MD, PhD
1:15 - 1:25	Common Femoral And Iliac Arterial Sparing Endovascular Techniques In Neonates Patricia E. Burrows, MD
1:25 — 1:35	Treatment Of Intramuscular Venous Malformations Of The Extremities
100 170	Robert J. Rosen, MD
1:35 — 1:45	Treatment Of AVMs Of The Upper And Lower Extremities Wayne F. Yakes, MD
1:45 - 1:55	Long-Term Outcomes For The Treatment Of Vascular
	Malformations: The Northwestern Experience Robert L. Vogelzang, MD
	<i>U</i>

1:55 - 2:05	Endovascular Curative Management Of AVMs Of
	Bone Wayne F. Yakes, MD
	wayne 1. Takes, MD
	13 (Trianon Ballroom, 3rd Floor)
	ABDOMEN, PELVIS AND BUTTOCK
	AR MALFORMATIONS s: Krassi Ivancev, MD, PhD
Wayne F. Yakes, MD	
2:05 - 2:15	Ethanol Ablation Of Venous Malformations Of The
	Chest, Abdomen And Buttocks
2:15 - 2:25	Krassi Ivancev, MD, PhD
Z:10 — Z:Z0	Endovascular Management Of Mesenteric, Small Bowel, Hepatic, And Colo-Rectal High Flow And Low
	Flow Vascular Malformations
0.00	Wayne F. Yakes, MD
2:25 - 2:35	Staged Management Of Pelvic AVMs With nBCA Robert J. Rosen, MD
2:35 - 2:45	Management Of Malformations Of The Vulva And
	External Genitalia
2:45 - 2:55	George Hamilton, MD Endovascular Management Of Strategies For Inoperable
2.40 - 2.00	Thoracic And Shoulder AVMs
	Wayne F. Yakes, MD
2:55 - 3:05	Large Complex Pelvic AVMs: The Retrograde Vein
	Approach For Curative Treatment Robert L. Vogelzang, MD
3:05 - 3:15	Combined Antegrade Arterial And Retrograde Vein
	Approaches To Cure Complex AVMs Of The Chest,
	Abdomen, Paraspinal And Spinal Areas Wayne F. Yakes, MD
3:15	End of Program P
PROGRAM	1 Q (SESSIONS 114-118)
	CARE ISSUES, DEBATES, UPDATE
	der: Dieter O. Mayer, MD
Gramercy S	uites East and West, 2nd Floor
8:30 - 8:40	Opening Remarks
	Dieter O. Mayer, MD
	4 (Gramercy Suites East and West, 2nd Floor)
	S AND NEW CONCEPTS IN WOUND CARE
Moderator:	: Elizabeth A. Ayello, PhD, RN
8:40 - 8:50	Systematic Management Approach To Chronic
	Wounds - "DOMINATE The Wounds" System
0.00 0.00	Fedor Lurie, MD, PhD
8:50 - 8:55 8:55 - 9:05	Discussion Pharmacological Agents In Promoting Leg Ulcer
0.00	Healing
0.05	Alun H. Davies, MA, DM
9:05 - 9:10 9:10 - 9:20	Discussion The Pole Of TNE Alfa Inhibitors In Lower Lea Illears
J.10 - J.20	The Role Of TNF Alfa Inhibitors In Lower Leg Ulcers Marco Romanelli, MD, PhD
9:20 - 9:25	
9:25 - 9:35	PluroGel PN (Double Antibiotic) Phase II Results
9:35 - 9:40	David G. Armstrong, DPM, MD, PhD Discussion
9:40 - 10:00	
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SESSION 115 (Gramercy Suites East and West, 2nd Floor)

GREAT DEBAT

Moderators: Dieter O. Mayer, N	ИD
Marc A. Brenner, L	DРМ

10:00 — 10:07	Dermal Substitutes Outperform Split Skin Grafts In
	Chronic Wounds: Pro
	Lee C. Rogers, DPM
10:07 - 10:14	Dermal Substitutes Outperform Split Skin Grafts In
	Chronic Wounds: Con
	Hisham Rashid, MD
10:14 - 10:20	Discussion
10:20 - 10:27	Dermagraft Or Apligraf: That's The Question
	Wayne J. Caputo, DPM
10:27 - 10:30	Discussion
10:30 - 10:37	Skin Substitutes May Be Nice, But Flaps Are The Only
	Way To Go: Pro
	Peter A. Blume, DPM
10:37 - 10:44	Skin Substitutes May Be Nice, But Flaps Are The Only

10:44 - 10:50 Discussion

SESSION 116 (Gramercy Suites East and West, 2nd Floor)

EVIDENCE-BASED MEDICINE IN WOUND CARE

Moderator:	Bauer E	. Sumpio,	MD, PhD)
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Way To Go: Con Gary W. Gibbons, MD

10:50 - 11:00	An Evidence-Based And Interdisciplinary Guideline	
	For Acute Wound Care	
	Hester Vermeulen, PhD	
11:00 - 11:05	Discussion	
11:05 - 11:15	Predicting Complex Acute Wound Healing In Patients	

From A Wound Expertise Center

Anne M. Eskes, RN, PhD

||:|5 - ||:20 Discussion

||:20 - ||:25 A Prospective Study On Demographic Characteristics, Genetic Pattern And Association Of Lipidema Afsaneh Alavi, MD

| 11:25 - 11:30 Discussion

| Prospective Randomized Study Evaluating Polymen And Negative Wound Pressure Therapy (NWPT) With NWPT Alone Afshin Assadian, MD

Afshin Assadian, ME

||:40 - ||:45 |
Discussion

| 1:45 - | 12:30 | Lunch Break - Visit Exhibits (South Corridor, 2nd Floor)

SESSION 117 (Gramercy Suites East and West, 2nd Floor)

THE DIABETIC FOOT

Moderator: Giacomo Clerici, MD

12:30 - 12:45	Screening For The High Risk Diabetic Foot: What Is The
	Return On Investment
	R. Gary Sibbald, MD
12:45 - 12:55	Discussion
12:55 - 1:05	How To Improve Compliance For Offloading In Diabetic
	Patients
	Thomas Boeni, MD
1:05 - 1:15	Discussion

1:15 – 1:25 Is There A Major Fungal Component Within Diabetic Neurotrophic Ulcerations

Marc A. Brenner, DPM

1:25 - 1:35 Discussion

SESSION 118

1:35 - 1:45	Predictors Of Poor Outcome In Non-Revascularized Patients With A Diabetic Foot Ulcer And Peripheral Arterial Disease Robert J. Hinchliffe, MD
1:45 - 1:55	Discussion
VASCUL	8 (Gramercy Suites East and West, 2nd Floor) AR INTERVENTIONS IN WOUND CARE Joseph L. Mills, MD
1:55 - 2:05	LEAN Principles And Their Application To Vascular Healthcare: What Can Toyota Teach Us In Vascular Healthcare Tej M. Singh, MD, MBA
2:05 - 2:15	Discussion
2:15 - 2:25	PTA First For Critical Ischemia And Wound Healing:
	A Success Story Started 40 Years Ago By Andreas Gruentzig At The University Hospital Of Zurich Beatrice Amman-Vesti, MD
2:25 - 2:35	Discussion
2:35 - 2:45	Evaluation Of Feasibility Of Ankle Pressure And Foot Oximetry Values For The Detection Of Critical Limb Ischemia In Diabetic Patients Giacomo Clerici, MD
2:45 - 2:55	Discussion
2:55 - 3:05	Perfusion Guided Revascularization Using Tissue Implanted Oxygen Sensors Miguel F. Montero-Baker, MD
3:05 - 3:15	Discussion
3:15 - 3:25	New And Better Ways Of Measuring Perfusion: An
0.10 0.20	Unmet Need Joseph L. Mills, MD
3:25 - 3:35	Discussion
3:35 - 3:40	Closing Remarks
	Dieter O. Mayer, MD
3:40	End of Program Q



Anne L. Abbott, MD, PhD, FRACP

Melbourne, Australia

Dorothy B. Abel, BSBME

Silver Spring, Maryland

Apolonia E. Abramowicz, MD Bronx, New York

Christopher J. Abularrage, MD

Baltimore, Maryland

Ali F. AbuRahma, MD Charleston, West Virginia

Charles W. Acher, MD

Madison, Wisconsin

Mark A. Adelman, MD

New York, New York

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

FACS

Afsaneh Alavi, MD, FRCPC

Toronto, Ontario, Canada Jose I. Almeida, MD, RVT, RPVI,

Miami, Florida

Jean-Marc Alsac, MD, PhD

Paris, France

David J. Altschul, MD

Bronx, New York

Beatrice R. Amann-Vesti, MD

Zurich, Switzerland

Ali Amin, MD, RVT, FACS, FACC Reading, Pennsylvania

Max Amor, MD

Essey-Lès-Nancy, France Frank R. Arko, MD

Charlotte, North Carolina

David G. Armstrong, DPM, MD, PhD

Tucson, Arizona

Zachary M. Arthurs, MD

San Antonio, Texas

John E. Aruny, MD

New Haven, Connecticut

Enrico Ascher, MD Brooklyn, New York

Afshin Assadian, MD

Vienna, Austria

Martin J. Austermann, MD

Münster, Germany

Hamdy Awad, MD

Columbus, Ohio

Elizabeth A. Ayello, PhD, RN, ACNS-BC, CWON, MAPWCA, FAAN

Albany, New York

Ali Azizzadeh, MD

Houston, Texas



Martin R. Back, MD Tampa, Florida

Ron Balm, MD, PhD

Amsterdam, The Netherlands

Jörn O. Balzer, MD, PhD

Mainz, Germany Dennis F. Bandyk, MD

La Jolla, California

Iris Baumgartner, MD

Bern, Switzerland

Yvonne Bausback, MD

Leipzig, Germany

Jonathan D. Beard, ChM, MEd, FRCS

London, United Kingdom

Jean-Pierre Becquemin, MD, FRCS Creteil, France

Daniel Benitti, MD

São Paulo, Brazil

Amira Benjelloun, MD Rabat, Morocco

Jeffrey S. Berger, MD, MS, FAHA,

New York, New York

Ramon Berguer, MD, PhD

Ann Arbor, Michigan

Todd Berland, MD New York, New York

Robert M. Bersin, MD

Seattle, Washington

Giancarlo Biamino, MD, PhD

Impruneta (FI), Italy

Colin D. Bicknell, MD, FRCS London, United Kingdom

Jean Bismuth, MD

Houston, Texas

Martin Bjorck, MD, PhD

Uppsala, Sweden

James H. Black III, MD

Baltimore, Maryland

Stephen A. Black, MD London, United Kingdom

Jan D. Blankensteijn, MD

Amsterdam, The Netherlands

John Blebea, MD, MBA Tulsa, Oklahoma

Francine Blei, MD

New York, New York

Peter A. Blume, DPM, FACS

New Haven, Connecticut

Dittmar Boeckler, MD

Heidelberg, Germany

Thomas Boeni, MD Zurich, Switzerland

Amman Bolia, MD

Leicester, United Kingdom

Marc Bosiers, MD

Dendermonde, Belgium

Thomas C. Bower, MD Rochester, Minnesota

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

Marc A. Brenner, DPM, FASPD

Glendale and Manhasset, New York

Marianne Brodmann, MD

Austria, Europe

Allan L. Brook, MD Bronx, New York

Thomas G. Brott, MD

Jacksonville, Florida

Deborah Brouwer-Maier, RN, CNN

Lansdale, Pennsylvania

Martin M. Brown, MD

London, United Kingdom

O. William Brown, MD, JD

Royal Oak, Michigan

Elchanan Bruckheimer, MBBS

Petah-Tikva, Israel

Jan S. Brunkwall, MD, PhD

Cologne, Germany

Clifford J. Buckley, MD Temple, Texas

Richard Bulbulia, MA, MD, FRCS

Oxford and Cheltenham, United Kingdom

Nick J. Burfitt, BSc, MB, BChir, MRCS, FRCR

London, United Kingdom

Patricia E. Burrows, MD Milwaukee, Wisconsin

Jacques Busquet, MD Paris, France

Keith D. Calligaro, MD Philadelphia, Pennsylvania

Richard P. Cambria, MD Boston, Massachusetts

Ludovic Canaud, MD, PhD

Montpellier, France

Piergiorgio Cao, MD, FRCS Rome, Italy

Lou R. Caplan, MD Boston, Massachusetts

Laura Capoccia, MD, PhD

Rome, Italy

Joseph A. Caprini, MD Skokie, Illinois

Wayne J. Caputo, DPM Belleville, New Jersey and New York, New York

Jeffrey P. Carpenter, MD Camden, New Jersey

Kenneth J. Cavanaugh, Jr., PhD Silver Spring, Maryland

Neal S. Cayne, MD

New York, New York

Rabih A. Chaer, MD Pittsburgh, Pennsylvania

Elliot L. Chaikof, MD, PhD

Boston, Massachusetts John B. Chang, MD

Roslyn, New York

Sylvain Chastanet, MD Nice and Monaco

Eric Chemla, MD London, United Kingdom

Nicholas J.W. Cheshire, MD London, United Kingdom

Ian C. Chetter, MD, FRCS

Yorkshire, United Kingdom Roberto Chiesa, MD

Milano, Italy Larry Chinitz, MD

New York, New York

Kyung Cho, MD

Ann Arbor, Michigan

Timothy A.M. Chuter, DM San Francisco, California

Daniel G. Clair, MD Cleveland, Ohio

Giacomo Clerici, MD Pavia, Italy

Rachel E. Clough, MD, PhD London, United Kingdom

Anthony J. Comerota, MD, FACS,

FACC

Toledo, Ohio

Mark Conrad, MD, MMSc Boston, Massachusetts

Michael S. Conte, MD San Francisco, California

Gioachino Coppi, MD Modena, Italy

Joseph S. Coselli, MD Houston, Texas

Hans M.E. Coveliers, MD, MBA Amsterdam, The Netherlands

Enrique Criado, MD, FACS

Ann Ārbor, Michigan

Frank J. Criado, MD, FACS, FSVM Baltimore, Maryland

Jack L. Cronenwett, MD Lebanon, New Hampshire

David L. Cull, MD, FACS Greenville, South Carolina

Guilherme Dabus, MD

Miami, Florida

Michael D. Dake, MD Stanford, California

Ronald L. Dalman, MD Stanford, California

Alan Dardik, MD, PhD New Haven, Connecticut

Herbert Dardik, MD Englewood, New Jersey

R. Clement Darling III, MD

Albany, New York

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

London, United Kingdom

Mark G. Davies, MD Houston, Texas

Gerrit J. de Borst, MD Utrecht, The Netherlands

Rick De Graaf, MD, PhD

Maastricht, The Netherlands Jean-Paul de Vries, MD, PhD

Nieuwegein, The Netherlands

David H. Deaton, MD Crownsville, Maryland

Erik E. Debing, MD, PhD Brussels, Belgium

Sebastian E. Debus, MD, PhD

Hamburg, Germany

Michael J. Denton, FRACS Melbourne, Australia

Ralph G. DePalma, MD Washington, District of Columbia

Colin P. Derdeyn, MD St. Louis, Missouri

Brian G. DeRubertis, MD Los Angeles, California

Pascal Desgranges, MD, PhD Creteil, France

David J. Dexter, MD

Norfolk, Virginia Florian Dick, MD

Berne, Switzerland

Nicolas A. Diehm, MD Aarau, Switzerland

Edward B. Diethrich, MD Phoenix, Arizona

Alan M. Dietzek, MD, RPVI, FACS

Danbury, Connecticut

Konstantinos P. Donas, MD

Münster, Germany

Walter Dorigo, MD Florence, Italy

Matthew J. Dougherty, MD Philadelphia, Pennsylvania

David M. Dudzinski, MD Boston, Massachusetts



Matthew J. Eagleton, MD

Cleveland, Ohio

Hans-Henning Eckstein, MD, PhD Munich, Germany

John F. Eidt, MD

Greenville, South Carolina

Bo G. Eklof, MD, PhD

Helsingborg, Sweden

Steve Elias, MD

Englewood, New Jersey

Eric Elster, MD

Bethesda, Maryland

Tod C. Engelhardt, MD New Orleans, Louisiana

Ignacio Escotto, MD

Mexico City, Mexico

Mark K. Eskandari, MD Chicago, Illinois

Anne M. Eskes, RN, PhD Amsterdam, The Netherlands

Mohammad H. Eslami, MD, RVT Boston, Massachusetts



Ronald M. Fairman, MD

Philadelphia, Pennsylvania

Fabrizio Fanelli, MD, EBIR

Rome, Italy

Mark A. Farber, MD

Chapel Hill, North Carolina

Peter L. Faries, MD, FACS New York, New York

Ted Feldman, MD Evanston, Illinois

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

Lisbon, Portugal

Roberto Ferraresi, MD

Bergamo, Italy

Marcelo Ferreira, MD

Rio de Janeiro, Brazil

Mark F. Fillinger, MD

Lebanon, New Hampshire

David Fiorella, MD

Stony Brook, New York

Eugene S. Flamm, MD

Bronx, New York

John P. Fletcher, MD

Sydney, Australia

Paul J. Foley III, MD

Philadelphia, Pennsylvania

Thomas L. Forbes, MD

London, Ontario, Canada

Charles J. Fox, MD, FACS

Denver, Colorado

David Fox, MD, FACS New York, New York

Gustav Fraedrich, MD

Innsbruck, Austria

Ian J. Franklin, MS, FRCS (Gen. Surg.)

London, United Kingdom

Don Frei, MD

Denver, Colorado

Julie Ann Freischlag, MD

Sacramento, California

Wei Guo Fu, MD

Shanghai, China

John H. Furtek, BS, RT(r)

Charleston, South Carolina

Dennis R. Gable, MD, FACS

Dallas, Texas

Vivian Gahtan, MD

Syracuse, New York

Pierre Galvagni Silveira, MD, PhD *Florianopolis, SC, Brazil*

Zsolt Garami, MD Houston, Texas

Lawrence A. Garcia, MD

Boston, Massachusetts

Mark J. Garcia, MD

Newark, Delaware

Jean Luc Gerard, MD Creteil, France

Gary Giangola, MD

New Hyde Park, New York

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

Larissa, Greece

Gary W. Gibbons, MD

Weymouth, Massachusetts

Richard G.J. Gibbs, FRCS

London, United Kingdom

Joseph S. Giglia, MD

Cincinnati, Ohio

David L. Gillespie, MD Fall River, Massachusetts

Marc H. Glickman, MD

Norfolk, Virginia

Monika L. Gloviczki, MD, PhD Rochester, Minnesota

Peter Gloviczki, MD

Rochester, Minnesota Pierre Gobin, MD

New York, New York

Manj S. Gohel, MD, FRCS

Cambridge, United Kingdom Jerry Goldstone, MD

Cleveland, Ohio

R. Gilberto Gonzalez, MD, PhD

Boston, Massachusetts

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

David Gordon, MD

Bronx, New York

Peter C.J. Goverde, MD Antwerp, Belgium

Mayank Goyal, MD, FRCPC Calgary, Alberta, Canada

Alan M. Graham, MD

Upland, Pennsylvania

William A. Gray, MD

New York, New York

Roger M. Greenhalgh, MD London, United Kingdom

Franco Grego, MD

Padua, Italy

Marcelo Guimaraes, MD Charleston, South Carolina

John (Jeb) W. Hallett, MD

Charleston, South Carolina **Alison Halliday, MS, FRCS** Oxford, United Kingdom

Mo S. Hamady, MD, FRCR, EBIR

London, United Kingdom

George Hamilton, MD

London, United Kingdom

Ziv J. Haskal, MD, FACR, FAHA, FSIR Charlottesville, Virginia

Stephan Haulon, MD

Lille, France

Kem Hawkins, MBA Bloomington, Indiana

Peter Henke, MD

Ann Arbor, Michigan

Mitchell L. Henry, MD

Columbus, Ohio

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

Michael D. Hill, MD

Calgary, Alberta, Canada

Robert J. Hinchliffe, MD London, United Kingdom

Anil P. Hingorani, MD

Brooklyn, New York Joshua A. Hirsch, MD

Boston, Massachusetts

Kim J. Hodgson, MD Springfield, Illinois

Andrew Holden, MBChB Auckland, New Zealand

Larry H. Hollier, MD

New Orleans, Louisiana

L. Nelson Hopkins, MD Buffalo, New York

Brian R. Hopkinson, ChM, FRCS

Nottingham, United Kingdom

Emmanuel M. Houdart, MD Paris, France

Karl A. Illig, MD

Tampa, Florida

Jeffrey Indes, MD

New Haven, Connecticut

Luigi Inglese, MD Milan, Italy

Krassi Ivancev, MD, PhD

London, United Kingdom



Benjamin M. Jackson, MD Philadelphia, Pennsylvania

Glenn Jacobowitz, MD

New York, New York

Michael J. Jacobs, MD

Maastricht, The Netherlands

Michael R. Jaff, DO

Boston, Massachusetts

Edward C. Jauch, MD, MS Charleston, South Carolina

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

London, United Kingdom

William Jennings, MD

Tulsa, Oklahoma

James W. Jones, MD, PhD, MHA

Houston, Texas

Randolph Todd C. Jones III, MD

New York, New York

William D. Jordan, Jr., MD

Birmingham, Alabama



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

New York, New York Christopher Kabrhel, MD, MPH Boston, Massachusetts

Susan R. Kahn, MD, MSc

Montreal, Canada

Johannes Kalder, MD Aachen, Germany

Manju Kalra, MBBS

Rochester, Minnesota

Paul H.L. Kao, MD

Taipei, Taiwan

Vikram S. Kashyap, MD Cleveland, Ohio

Karthikeshwar Kasirajan, MD Blackhawk, California

Piotr M. Kasprzak, MD

Regensburg, Germany

Konstantinos Katsanos, MSc, MD,

PhD, EBIR

London, United Kingdom

Athanasios Katsargyris, MD Nuremberg, Germany

Steven G. Katz, MD

Pasadena, California

Barry T. Katzen, MD

Miami, Florida

John A. Kaufman, MD

Portland, Oregon

Patrick W. Kelly, MD

Sioux Falls, South Dakota K. Craig Kent, MD

Madison, Wisconsin

Neil M. Khilnani, MD New York, New York

Ali Khoynezhad, MD, PhD

Los Angeles, California

Tilo Koelbel, MD, PhD

Hamburg, Germany

Mark J.W. Koelemay, MD, PhD

Amsterdam, The Netherlands

Raghu Kolluri, MD Columbus, Ohio

Ralf R. Kolvenbach, MD

Duesseldorf, Germany

Olivier H.J. Koning, MD 's-Hertogenbosch, The Netherlands

Walter Koroshetz, MD

Bethesda, Maryland

Dietmar H. Koschyk, MD Hamburg, Germany

Larry W. Kraiss, MD

Salt Lake City, Utah

Zvonimir Krajcer, MD, FACC Houston, Texas

Albrecht H. Krämer, MD

Santiago, Chile

Hans Krankenberg, MD

Bad Bevensen, Germany

Timothy F. Kresowik, MD

Iowa City, Iowa

Boonprasit Kritpracha, MD

Hat Yai, Songkhla, Thailand

Mariana Krutman, MD São Paulo, Brazil

Toru Kuratani, MD, PhD Osaka, Japan

Christopher J. Kwolek, MD

Boston, Massachusetts

Daniel L. Labovitz, MD

Bronx, New York

Mario Lachat, MD

Zurich, Switzerland

John R. Laird, MD

Sacramento, California

Brajesh K. Lal, MD

Baltimore, Maryland

Johannes Lammer, MD Vienna, Austria

Patrick J. Lamparello, MD

New York, New York

Glenn M. LaMuraglia, MD

Boston, Massachusetts

Gregg S. Landis, MD

New Hyde Park, New York

Werner Lang, MD Erlangen, Germany

David J. Langer, MD

New York, New York

Kamphol Laohapensang, MD Chiang Mai, Thailand

Thomas Larzon, MD, PhD

Örebro, Sweden

Peter F. Lawrence, MD

Los Angeles, California

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

Frank A. Lederle, MD

Minneapolis, Minnesota

Byung-Boong Lee, MD

Washington, District of Columbia

Jason T. Lee, MD

. Stanford, California

Luis R. Leon, MD, RVT, FACS

Tucson, Arizona

Christos D. Liapis, MD

Athens, Greece

David S. Liebeskind, MD

Los Angeles, California

Timothy K. Liem, MD

Portland, Oregon

Francesco Liistro, MD

Arezzo, Italy

Jes S. Lindholt, MD

Odense, Denmark

Evan C. Lipsitz, MD

New York, New York

Armando C. Lobato, MD, PhD

São Paulo, Brazil

Melvin D. Lobo, MBChB, PhD, FRCP

London, United Kingdom

Ian Loftus, MD

London, United Kingdom

Joann Lohr, MD

Cincinnati, Ohio

Charmaine Lok, MD Toronto, Ontario, Canada

Joseph V. Lombardi, MD

Camden, New Jersey

Alberto Lomeo, MD

Catania, Italy

Lars B. Lönn, MD, PhD

Copenhagen, Denmark

Robert A. Lookstein, MD, FSIR,

FAHA

New York, New York

Qingsheng Lu, MD

Shanghai, China

Marzia Lugli, MD

Modena, Italy

Alan B. Lumsden, MD, FACS

Houston, Texas

Fedor Lurie, MD, PhD

Toledo, Ohio

Sean P. Lyden, MD

Cleveland, Ohio



Sumaira Macdonald, MBChB

(Comm), FRCP, FRCR, PhD

Sunnyvale, California

Lindsay Machan, MD

Vancouver, British Columbia, Canada

Edward G. Mackay, MD

St. Petersburg, Florida

Robyn A. Macsata, MD

Washington, District of Columbia

Michel Makaroun, MD

Pittsburgh, Pennsylvania

Mahmoud B. Malas, MD, MHS Baltimore, Maryland

Thomas S. Maldonado, MD

New York, New York

Martin Malina, MD, PhD Malmö, Sweden

Nicola Mangialardi, MD Rome, Italy

Marco G. Manzi, MD

Vicenza, Italy

Giustino Marcucci, MD Civitavecchia, Rome

Michael L. Marin, MD

New York, New York

Natalie A. Marks, MD, RVT, RPVI

Brooklyn, New York

Enrico M. Marone, MD

Milan, Italy

William A. Marston, MD

Chapel Hill, North Carolina

Tara M. Mastracci, MD

Cleveland, Ohio

Elna M. Masuda, MD Honolulu, Hawaii

Klaus D. Mathias, MD

Hamburg, Germany

Jon S. Matsumura, MD

Madison, Wisconsin

James May, MD, MS, FRACS, FACS Sydney, Australia

Dieter O. Mayer, MD

Zurich, Switzerland

James F. McKinsey, MD

New York, New York Robert B. McLafferty, MD

Portland, Oregon

David McLain, FEBVS

Newport, Wales, United Kingdom

Richard G. McWilliams, FRCR, EBIR

Liverpool, United Kingdom

Mollie Meek, MD

Little Rock, Arkansas

Barend M.E. Mees, MD, PhD Maastricht, The Netherlands

Manish Mehta, MD, MPH Albany, New York

George H. Meier III, MD Cincinnati, Ohio

Mark H. Meissner, MD

Seattle, Washington

Germano Melissano, MD

Milano, Italy

Matthew W. Mell, MD, MS

Stanford, California

Geno J. Merli, MD, MACP, FHM,

Philadelphia, Pennsylvania

D. Christopher Metzger, MD

Kingsport, Tennessee

Philip M. Meyers, MD

New York, New York

Mark W. Mewissen, MD Milwaukee, Wisconsin

Claude Mialhe, MD

Monaco

Charles C. Miller, PhD

Houston, Texas

Gregg A. Miller, MD

Brooklyn, New York

Todd S. Miller, MD

Bronx, New York

Joseph L. Mills, MD Tucson, Arizona

Ross Milner, MD

Chicago, Illinois

Erich Minar, MD

Vienna, Austria

David J. Minion, MD

Lexington, Kentucky

J. Mocco, MD, MS

Nashville, Tennessee

Irwin V. Mohan, MBBS, MD, FRCS, FEBVS, FRACS

Sydney, Australia

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

Gregory L. Moneta, MD Portland, Oregon

Samuel R. Money, MD, MBA

Scottsdale, Arizona

Miguel F. Montero-Baker, MD

Tucson, Arizona

Wesley S. Moore, MD

Los Angeles, California

Robert A. Morgan, MD London, United Kingdom

Christopher J. Morin, MD

Denver, Colorado

Lee M. Morin, MD, PhD

Houston Texas

Nicholas J. Morrissey, MD

New York, New York

Peter J. Mossop, MBBS

Melbourne, Australia and Vancouver, British Columbia

Albeir Y. Mousa, MD

Charleston, West Virginia

Patrick E. Muck, MD, FACS

Cincinnati, Ohio

Stefan Müller-Hülsbeck, MD

Flensburg, Germany

Bart E. Muhs, MD, PhD

New Haven, Connecticut

Dipankar Mukherjee, MD Falls Church, Virginia

Firas F. Mussa, MD

New York, New York

Jihad A. Mustapha, MD

Wyoming, Michigan

Pramook Mutirangura, FRCS

(Edinburgh) Bangkok, Thailand

B. Patrice Mwipatayi, FRACS

Perth, Western Australia

Ross Naylor, MD, FRCS

Leicester, United Kingdom

Peter K. Nelson, MD

New York, New York

Richard F. Neville, MD

Washington, District of Columbia

Andrew N. Nicolaides, MS

Nicosia, Cyprus

Christoph A. Nienaber, MD, PhD

Rostock, Germany

Sigrid Nikol, MD

Hamburg, Germany

Samy S. Nitecki, MD

Haifa, Israel

Raul G. Nogueira, MD

Atlanta, Georgia

Katariina M. Noronen, MD

Helsinki, Finland Furuzan Numan, MD

Istanbul, Turkey

Thomas F. O'Donnell, Jr., MD

Boston, Massachusetts

Gerard J. O'Sullivan, MD

Galway, Ireland

Alfred M. Obermayer, MD

Vienna, Austria

Gustavo S. Oderich, MD, FACS Rochester, Minnesota

Jeffrey W. Olin, DO New York, New York

Karl H. Orend, MD Ulm, Germany

John W. Osborn, PhD

Minneapolis, Minnesota

Kenneth Ouriel, MD, MBA

New York, New York

Christopher D. Owens, MD

San Francisco, California



Jean M. Panneton, MD Norfolk, Virginia

Peter J. Pappas, MD

Brooklyn, New York

Rajiv Parakh, MBBS, MS, FRCS

Gurgaon, India

Kosmas I. Paraskevas, MD Sheffield, United Kingdom

Juan C. Parodi, MD

Buenos Aires, Argentina Marc A. Passman, MD

Birmingham, Alabama

Aman B. Patel, MD

New York, New York

Patrick Peeters, MD

Bonheiden, Belgium

Constantino Pena, MD

Miami, Florida Bruce A. Perler, MD, MBA

Baltimore, Maryland

Ivo Petrov, MD, PhD

Sofia, Bulgaria

Gregory Piazza, MD, MS Boston, Massachusetts

Paul Pittaluga, MD

Monte-Carlo, Monaco

Don Poldermans, MD

Spijkenisse, The Netherlands

Frank B. Pomposelli, MD Boston, Massachusetts

Janet T. Powell, MD, PhD

. London, United Kingdom Richard J. Powell, MD

Lebanon, New Hampshire

Giovanni Pratesi, MD

Rome, Italy

Hillel Presser, Esq., MBA Deerfield Beach, Florida

Calogero Presti, MD

São Paulo, Brazil

Ourania Preventza, MD

Houston, Texas

Barrie A. Price, Mr, MD, MS, FRCS Guildford, England

Robert Provenzano, MD

Detroit, Michigan



William J. Quinones-Baldrich, MD

Los Angeles, California



Claudio Rabbia, MD

Torino, Italy

Joseph D. Raffetto, MD

West Roxbury, Massachusetts Dieter Raithel, MD, PhD

Nuremberg, Germany

Seshadri Raju, MD

Jackson, Mississippi

Zoran Rancic, MD, PhD

Zurich, Switzerland

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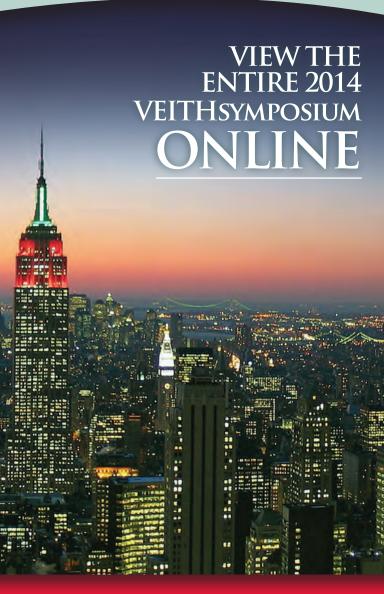
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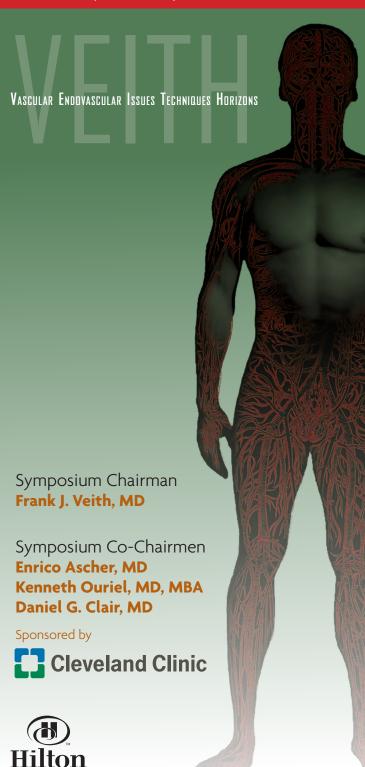
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