

The Daily Wire

THE OFFICIAL EUROPCR COURSE NEWSPAPER

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2022 | euro
PCR

PCR's Got Talent

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ANDREAS GRÜNTZIG ETHICA AWARD

"IT'S ALL ABOUT THE PATIENT - AND THE WORK OF NAPS EXEMPLIFIES THAT PATIENT FOCUS"



In 2022, Nurses and Allied Professionals (NAPs) will receive the Andreas Grüntzig Ethica Award for their outstanding contribution to interventional cardiology.

TOOLS AND TECHNIQUES

May 19, 13:30 - 15:00 | Théâtre Bordeaux

Transradial approach, from complex PCI to peripheral intervention

Anchorperson: J. Fajadet | Moderator: S. Kedev

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CELEBRATING the work of Nurses and Allied Professionals

The Andreas Grüntzig Ethica Award is presented every year to individuals who have contributed in an extraordinary way to the PCR mission. At EuroPCR 2022, an entire community is being recognised – all Nurses and Allied Professionals (NAPs) working in the field will receive the Andreas Grüntzig Ethica Award for their outstanding contribution to interventional cardiology, all day every day, but especially in times of crisis.

NAPs have been described as ‘the beating heart of the cathlab’ and ‘the backbone of patient care’, but what do they think about receiving this award and about their key role in interventional cardiology?



Lynne Hinterbuchner
EAPCI NAPs Committee Chair
ACNAP Education Committee Chair

What does it mean to the NAP community to win the Andreas Grüntzig Ethica Award?

In a word, Wow! I think there is an unspoken acknowledgement of how much NAPs do and how they step up to meet each and every challenge, but this award is the first time that someone has said, “We’re really proud of you and want to recognise that you’ve done something very well.” **The European Association of Percutaneous Cardiovascular Interventions (EAPCI) and PCR have always been very supportive of NAPs** and make it clear that they consider us an important part of the multidisciplinary team, but still, it’s very special to receive this award and the recognition from our peers.



Lynne Hinterbuchner – in a cloth gown!



How has the role of the NAP changed over recent years and how do you think it will evolve?

We have come a long way since our days in cloth gowns! But **our focus – being there for our patients** – has remained the same. We are the ones closest to the patients and we are their advocates, which is a role we adopted long before advocacy became popular within other areas of healthcare.

In common with other healthcare workers, it has been a really difficult time for NAPs during the COVID-19 pandemic, but **our job is to bring all the different strands together and keep the process moving**, and we try to do this, even in a global pandemic. There was a fair amount of juggling because our roles were frequently changing, and we were often called on to act in other capacities, for example, as a critical care nurse. Not being able to do the nurturing part of our role also hit us hard, and for many, the missing connection has made us feel like we are giving our patients less and thereby letting them down. But although we were always a good team, I do think being thrown together into this new and frightening situation made us even more cohesive.

Decreasing numbers of healthcare workers in many countries have already seen nurses **taking on additional administrative roles, running multidisciplinary team clinics and playing a greater role in running TAVI, PCI and chest pain clinics**. However, this depends to a large extent on the country you are in. Developing roles to the same level across countries may be hindered by differences in legislation; however, I am confident that the job will evolve to some

extent across all countries. Extending the nurses’ role is something we are talking about at EuroPCR 2022: how nurses can advance their practice and what individual NAPs can do to help with this evolution.

How does the EAPCI NAPs Committee help to support the work of NAPs?

One of our most prominent initiatives is certification, which is another sign of the evolution and standardisation of our roles. The first-ever EAPCI NAP certification exam had to be postponed in 2021 due to COVID-19, but I’m pleased to say that it took place virtually on Tuesday. In the future, we hope to run a virtual basic cathlab course following our curriculum, allowing NAPs to proceed on a module-by-module basis and prepare themselves for the exam.

We are also planning a revision of the curriculum to update it along the lines of other curriculums that have been revised by the European Society of Cardiology. It’s been a difficult road, largely because, in contrast to the UK and Scandinavia, which already have a lot of educational support, there is little education regarding the cathlab for nurses in some other European countries. We really need to make progress in changing that.

I’ve been involved with PCR since 2009, and **I know how important it is to get the new generation of nurses interested in this field**. There is very little about interventional cardiology in nursing curriculums, so I’m hoping that we can show young nurses what an interesting and exciting area it is to work in – watch this space!



Sarah Carson

EAPCI NAPs Committee Co-Chair
Senior Nurse
Royal United Hospital Bath - Bath,
United Kingdom

Please celebrate our NAPs – nurses, radiographers, senior and newly qualified – as they receive their well-deserved Andreas Grüntzig Ethica Award in Studio Havane this morning. And don't forget, the Focus on NAPs programme continues today and tomorrow in Room 252B!

DON'T MISS

Andreas Grüntzig Ethica Award

Thursday, Studio Havane, 11:45 – 12:00

How to implement advanced practice for NAPs in your country

Thursday, Room 252B, 08:30 – 10:00

Clinical case session for nurses and allied professionals

Thursday, Room 252B, 15:15 – 16:45

Best practice in care of access sites

Thursday, Room 252B, 17:00 – 18:30

Abstract session for nurses and allied professionals

Friday, Room 252B, 08:30 – 10:00

Up to date with technology: how to

Friday, Room 252B, 10:30 – 12:00



Karen Wilson

Senior Nurse
Guy's and St Thomas'
NHS Foundation Trust
- London, United Kingdom

Where would the cathlab be without NAPs?

Put simply, **the cathlab wouldn't function without NAPs.** The cathlab team is a true example of multidisciplinary teamwork. NAPs have so many fundamental roles in the department. In my experience, NAPs are in charge of managing the cathlab, caring for patients pre-, during and post-procedure, and ensuring and monitoring the radiation safety of both staff and patients.

What drives you to do your best for each patient in these difficult times?

I always want my patients to have the best outcome possible. I do the job I do because of my patients. **Working through the pandemic provided lots of opportunities for someone like me who relishes a challenge and a changing environment.** Having a lead role in my department allows me to ensure we are always striving to do the best for our patients.

What made you choose to work in interventional cardiology and what keeps you motivated?

Interventional cardiology offered the chance to embrace new technologies that can really change patient pathways. I have been lucky enough to have introduced new procedures, such as TAVI, to our service and to see the resulting improvements in the patient journey, progressing from the need for a general anaesthetic to just a local anaesthetic and from requiring a 5-day stay in hospital to just an overnight stay. And it's so gratifying to see how this improves patients' daily lives.

I particularly enjoy the role of NAPs as 'communicators'. **NAPs are vital to ensuring that communication within the team is accurate and patient-centred at all times** and with COVID-19, communication has been particularly challenging. I was driven to do my best, not only for my patients but also for the team I manage, by ensuring that all appropriate measures were in place for safety and that all PPE was available. My focus was to make sure that my team were fully informed with all the latest updates and guidance to carry on delivering the highest standard of care possible for our patients. **Being part of a team of people who are working together for their patients' best outcome is an amazing experience and is what keeps me motivated.**

LIVE CENTRES IN FOCUS

Screened from renowned centres of excellence, LIVE cases provide an unparalleled learning experience and the opportunity to take home techniques and best practices for optimal patient care.

We asked two of this year's centres to tell us about their setup and how they feel about being part of EuroPCR 2022.



Centre established in 1980

Practitioners include 40 cardiologists, 5 interventional cardiologists, 5 surgeons, 9 NAPs and 4 interventional cardiology fellows

Most frequent types of interventions/procedures: PCI for acute coronary syndromes, CHIP procedures, TAVI, CTO procedures, edge-to-edge mitral and tricuspid repairs, and LAA closure among others

How would you describe your centre? We are a great team working either in coronary or structural interventions and are fully committed to ensuring the best patient outcome. Each member of our team is specifically focused on a type of intervention (TAVI, CTO, physiology/imaging, mitral and tricuspid) and by sharing knowledge in our group, we teach each other. We have a well-organised fellows programme with a clinical and research track. We also have a great interest in research, either by joining multicentre clinical trials or by promoting our own clinical studies

Number of times the centre has participated in EuroPCR: Our first time!

“It is a great honour being at EuroPCR 2022 to share our knowledge and expertise with our peers worldwide. We believe that worldwide standardisation is the best way to improve daily practice and ensure we achieve the highest quality patient care. We are happy to have the opportunity to contribute to it”



Centre established in 1995

Practitioners include 10 cardiologists, 9 interventional cardiologists, 5 cardiac surgeons, 7 electrophysiologists and 10 fellows

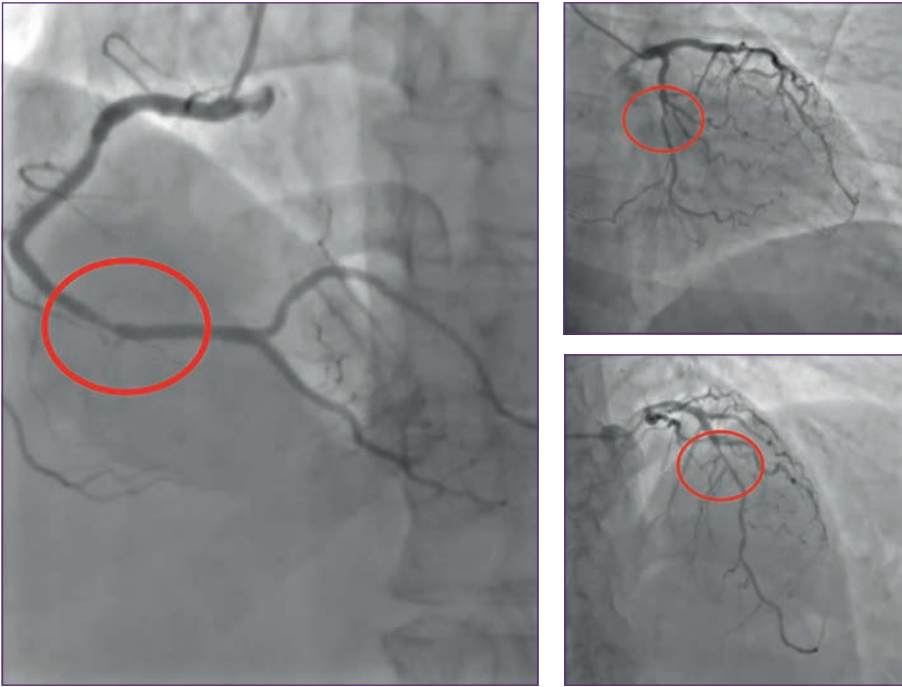
Most frequent types of interventions/procedures: Ablation (2,800), PCI (1,450), TAVI (530), FA ablation (520) and LAA occlusion (85)

How would you describe your centre? We share experience between physicians and fellows every day, and build our experience together in complex procedures and innovative technologies

Number of times the centre has participated in EuroPCR: 27

“It is really an honour and pleasure to be part of the EuroPCR programme, having the opportunity to share our expertise in daily practice and demonstrate complex procedures”

LIVE CASES TODAY!



There are four LIVE cases today in the Main Arena, including a session explaining the role of physiology during PCI from Barcelona, with operators, Salvatore Brugaletta and Manel Sabate.

Barcelona, Spain

Role of physiology during PCI: LIVE case from Hospital Clinic - Barcelona, Spain

Main arena, 08:30 – 10:00

- When would you use IFR/FFR to evaluate lesion severity?
- Do you think there is underuse of physiology tests during PCIs?

Later in the afternoon, Hakim Benamer and Francesca Sanguineti will take us through the steps required for left main bifurcation stenting, streamed from nearby Massy.

Massy, France

Left main bifurcation stenting: LIVE case from Institut Cardiovasculaire Paris Sud - Massy, France

Main arena, 17:00 – 18:30

- What is your preferred technique for treating distal left main bifurcation lesions?
- What is the role of mechanical support devices when treating left main lesions?

Come and find out!

DON'T MISS TODAY'S OTHER LIVE CASES

TAVI: LIVE case from Institut Cardiovasculaire Paris Sud - Massy, France

Main arena, 10:30 – 12:00

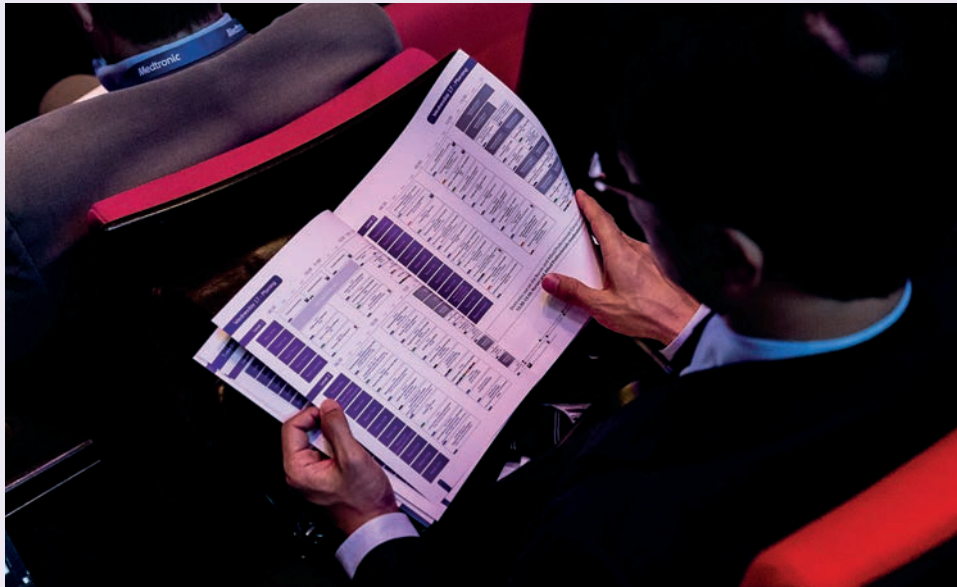
PFO closure: LIVE case from Hospital Clinic - Barcelona, Spain

Main arena, 15:15 – 16:45



PICK OF THE DAY, BY YOUR PEERS

Your colleagues share their top session choices taking place today!



We asked different heart team members from various professional backgrounds to tell us which sessions they are really looking forward to today and why.

With so much to choose from, who better than your peers to advise on which sessions to participate in?



Lorenzo Scalia

Resident doctor in cardiovascular diseases, Fellow in interventional cardiology A.O.U. Policlinico "G. Rodolico-San Marco", Division of Cardiology - Catania, Italy

Our patient with a bifurcation lesion – Day #3 Seminar #3

Room 241, 08:30 – 10:00 (EAPCI-PCR Fellows Course Programme. For pre-registered participants only)

Coronary bifurcation lesions remain a challenge in interventional cardiology. **The EAPCI-PCR Fellows Course is well respected among the PCR NextGen Group for its inspiring, educational and highly interactive practical experience.** This focused session aims to improve skills in adapting bifurcation stenting strategy to the underlying anatomy, understanding conditions where a two-stent strategy is preferable and improving knowledge of the stepwise performance of different techniques.

PCI in complex high-risk patients: acute coronary syndrome and multivessel disease PCI

Theatre Bordeaux, 10:30 – 12:00

Many patients presenting with ACS have concomitant multivessel disease. Despite an assortment of clinical trials, some questions regarding complete coronary revascularisation



remain unsolved. **Performing an optimal procedure means planning a revascularisation strategy** aimed at minimising the risk of complications, access-site complications or contrast-induced nephropathy. A challenge after PCI in high-risk patients is using an antiplatelet regimen that will help to achieve the balance between reducing ischaemic recurrence and minimising the risk of bleeding events.

This attractive, evidence-based session will guide you through relevant milestones of high-risk, complex PCI, giving tips and tricks that will impact your daily practice.

Edge-to-edge transcatheter tricuspid treatment: who are the good candidates?

Room 241, 10:30 – 12:00

There is increasing awareness of tricuspid regurgitation as a relevant health concern, and transcatheter tricuspid valve intervention has emerged as an additional option for the treatment of severe tricuspid regurgitation.

Although there is more experience and expertise with transcatheter tricuspid repair, many patients are not suitable candidates for this approach. This session will guide you through the selection criteria for suitable transcatheter tricuspid valve repair (TTVR) candidates and the latest available evidence regarding edge-to-edge transcatheter tricuspid treatment, discussing clinical outcomes predictors after TTVR.

Robotic PCI: evolution or R-Evolution

Room 251, 12:15 – 13:00 (sponsored by Robocath)

Robotic PCI (R-PCI) is a novel approach to PCI whereby the operator can use remotely controlled technology to manipulate guidewires and catheter devices. Recent trials evaluating R-PCI have demonstrated high technical success rates with low complication rates. This session will show you some advantages of R-PCI, including accurate stent placement, reduced operator radiation exposure and an apparent reduction in orthopaedic injuries, shedding light on the cathlab of the future.



Sarah Carson

Senior nurse
Royal United Hospital
- Bath, United Kingdom

How imaging and physiology can guide and optimise left main bifurcation PCI: a practical guide

Room Learning, 08:30 – 10:00

As part of the team working in the cathlab, it is important to understand why intracoronary imaging and pressure wire analysis are used and how they can influence the strategy for treating complex lesions. **With a greater understanding of the images and measurements, the whole team feel more involved with the case and can play an active role** in it: planning the strategy, selecting the tools and reviewing the final images. I always find learning sessions are useful for improving understanding, both by asking questions to the experts and also listening to the thoughts of others. As a nurse or allied professional working in a lab that undertakes complex angioplasty, if you want to understand the role of imaging and physiology and learn how to become more involved with the case, then this session is for you.

How to deal with difficult situations by a multidisciplinary team

Studio A, 10:30 – 12:00 (made available thanks to the in-kind support of Mentice, Siemens Healthineers and Laerdal France)

I have a passionate interest in human factors and how they relate to effective communication. Exploring this in a simulation setting helps to gain an understanding of how a team can function under stressful situations and how the way we communicate with each other can influence the outcome.

Simulation training for emergency situations is a must for all cathlab staff.

creating a safe environment for the whole team to explore effective communication and clarifying how your individual role affects communication and patient outcomes. This session is a must for all NAPs, and if you have never taken part in cathlab emergency simulation before, it will be a new learning experience that you can take back to your own lab.

Clinical case session for nurses and allied professionals

Room 252B, 15:15 – 16:45

A clinical case presented by NAPs for NAPs is a great learning experience because all the cases are seen from the NAPs' point of view. When you listen

to how the case has unfolded and what the team learned from the case, you can really get a good perspective. I always find clinical cases an interesting way to learn because when you return to your own lab and you see a similar case, you will be prompted to remember what was discussed in this session and learn from other NAPs' experiences.

Complex TAVI cases and unusual complications

Room 253, 17:00 – 18:30

(With the collaboration of the British Cardiovascular Intervention Society (BCIS) and French Group of Atheroma and Interventional Cardiology (GACI))

Being part of a TAVI service opens up many different roles for NAPs.

Attending a session where more complex cases and unusual complications are discussed gives the opportunity to see different cases and discuss the management of the more unusual complications. By so doing, you can be ready and prepared when you are back in your own clinical setting and **will be familiar with how to manage complications that you may not have even seen before.** Thinking of emergency situations and effective communication and reviewing and discussing cases in a non-emergency setting is a good way of learning and preparing for what you might find in your own cathlab.

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Giovanna Sarno

*Interventional cardiologist,
Associate Professor
Uppsala University Hospital -
Uppsala, Sweden*

In addition to the Hotline and LIVE case sessions, I would like to direct attention to some of the smaller-format sessions that can offer a direct and enriching interaction between the expert leaders and the participants.

Assessment and treatment of MINOCA

Room Learning, 10:30 – 12:00

All colleagues, whatever the stage of their career, should get the latest updates on methodologies to assess myocardial infarction with non-obstructed coronary arteries (MINOCA), **to identify the different underlying causes and to address the optimal, tailored treatment approach for each patient.** The CorMicA study has clearly shown the benefits of an appropriate assessment and tailored treatment for this group of patients, but there is still a lot to learn. **The first step is to get a standardised methodology for diagnosing MINOCA** and the possible underlying mechanisms. Vijay Kunadian, the author of an interesting EAPCI

Consensus Document focused on ischaemia with INOCA, will be the discussion facilitator.

The role of coronary interventionalist in TAVI – From referral to timing of PCI

Studio Havane, 12:15 – 13:15 (sponsored by Medtronic)

It is still a matter of debate when PCI should be indicated in patients with aortic valve stenosis undergoing pre-TAVI coronary angiograms and with a diagnosis of coronary artery disease. **Should we treat all significant angiographic stenoses?**

What is the role of physiology in patients with coronary artery disease and aortic valve stenosis? In patients needing a PCI, when to perform it? Pre- or post-TAVI? This session – suitable for cardiologists directly involved in TAVI interventions, coronary interventionists and clinical cardiologists – can help to answer these questions, which are becoming increasingly important as the numbers of TAVI procedures grow, particularly in lower-risk and younger patients.

TAVI for bicuspid aortic valves: contemporary appraisal of complex patients

Room Maillot, 15:15 – 16:45

TAVI operators face increasing procedural challenges associated with bicuspid aortic valve disease, which may become even more common with the broader TAVI indications. This session

will help participants identify the technical difficulties associated with bicuspid valve disease and the pre- and procedural aspects to take into consideration to obtain optimal results or to refer a low-risk patient with an anticipated suboptimal response with TAVI for surgery. Understanding the current evidence for TAVI in bicuspid valves and the different methodologies for sizing and choosing the right prosthesis size can help the multidisciplinary discussion and the decision-making process for optimal patient management.


TAVI best practice: implementing cusp overlap and commissural alignment

Studio A, 15:15 – 16:45 (made available thanks to the in-kind support of Abbott, Boston Scientific IMMR and Medtronic)

This simulation-based learning session will be useful for learning how to implement cusp overlap and commissural alignment in TAVI with the different aortic prostheses. In our centre,

the implementation of these methodologies has significantly improved results and led to a dramatic reduction in the need for a definitive pacemaker. I would strongly recommend that all TAVI colleagues begin to implement these methods. The practical trainers in this session will be experienced colleagues, and Antonio Colombo's input will add spice to the discussion.

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*  **Journal of the American College of Cardiology (2020)**
ISAR TEST 5, JACC VOL. 76, NO. 2, 2020 Kufner et al. JULY 14, 2020:146 – 58

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CATCH UP: How to deal with calcified lesions

It is well known that calcified lesions limit stent expansion and are associated with poor outcomes. The optimal management of calcified lesions is a prominent theme of the EuroPCR 2022 programme and is discussed in several sessions from different perspectives.

On Tuesday, Professor Emanuela Barbato and Dr Margaret McEntegart led a case-based discussion on **how to deal with calcified lesions**, initially focussing on the role of **intravascular ultrasound (IVUS) and optical coherence tomography (OCT) in their assessment**. The panel and participants then watched a recorded case from Cardiovascular Research Center Aalst of a patient with angina, previous stent implantation in the RCA and LAD with calcified restenosis, and severe calcification of the LM. Rotational atherectomy was employed to tackle the restenosis with some improvements confirmed by OCT; however, rotational atherectomy did not reduce the calcified nodule in the LM and intravascular lithotripsy was then used successfully in both areas before two long stents were implanted.

The panel discussed the tricky nature of treating calcium nodules and concluded that eccentricity should be accepted if there is a good stent area. Risks and benefits need to be carefully evaluated since **rupture and perforation may be avoided by “not chasing the perfect circle.”** Summarising the key learnings, Professor Barbato said that **intravascular imaging played a pivotal role** in the case in terms of understanding calcification severity and unravelling whether calcium played a role in stent failure. He also highlighted that learning one tool is not enough – operators need to master several tools and techniques to treat difficult calcified lesions optimally and safely. Finally, it was emphasised that **optimal device selection can be aided by practical algorithms and this may have positive cost-effectiveness implications.**



As an accompaniment to Tuesday's discussions, a learning session was held yesterday on **how to perform optimal PCI in calcified lesions when intravascular imaging is NOT available**. The role of coronary computed tomography angiography (CCTA) in the PCI of calcified lesions was described, specifically that CCTA can aid diagnostic evaluation and treatment decision making, can help with the planning of cathlab resources, and allows real-time integration of 3D data.¹ The benefits and limitations of fluoroscopy assessment of coronary calcifications were then discussed, as was anticipating the need for mechanical circulatory support during atherectomy.

Using several cases for illustration, Professor Fausto Castriota and Professor Flavio Ribichini led a **discussion on when specific calcium-dedicated devices are needed for PCI**, with much input and many questions from the audience. Strategies discussed for balloon uncrossable lesions included

using a microcatheter and rotational atherectomy or less commonly, orbital atherectomy. When even a microcatheter cannot cross the calcified lesion, excimer laser atherectomy was proposed as an option to open the path. For balloon crossable lesions with underexpansion, it was discussed that a high-pressure non-compliant balloon may be considered. Another alternative includes intravascular lithotripsy, with the facilitators discussing its increasing use.

The session ended with Professor Ribichini announcing the **upcoming publication of an EAPCI Euro4C consensus document on the management of calcified lesions**. He concluded, “Look out for it – around the time of ESC Congress 2022 – this document will be really useful to consult when you are dealing with these difficult lesions.”

1. Collet C, et al. JACC Cardiovasc Imaging. 2021;14:1846–1855.



DON'T MISS

How to approach complex and calcified coronary lesions

Thursday, Arc de Triomphe Case Corner, 10:30 – 12:00

Dealing with calcified lesions: friends and enemies

Thursday, Arc de Triomphe Case Corner, 17:00 – 18:30

PCR'S GOT TALENT: “Improving and aiming for your personal best”



The PCR's Got Talent annual abstract competition is a unique opportunity for practitioners under 40 years old to take to the stage and showcase themselves and their work.

This year's process began with initial abstract submission and the selection of 40 submitters who took part in the first round of pitches on Tuesday. Following much deliberation by the jury, presenters were chosen to give 5-minute presentations in the second round of the competition yesterday. Those shortlisted will today deliver 8-minute presentations and field questions from the audience. As always in PCR's Got Talent, participants have been helped along the way by a communication coach who has given advice on presentation and delivery. The 2022 winner will be announced at the awards ceremony tomorrow.

Last year, Dr Farhang Aminfar (CHUV University Lausanne - Lausanne, Switzerland) won over the jury with his evaluation of an angiographic sign, the POT Puff sign, to improve bifurcation PCI. We caught up with him to find out what winning the award meant to him and how it has boosted his future in interventional cardiology.

When you submitted your abstract to EuroPCR, did you think you had a chance of winning PCR's Got Talent?

In my opinion, every participant who submits an abstract for PCR's Got Talent hopes to get as far as possible in the competition. But in the process and throughout the different rounds, I was focusing so much on delivering the best of our research and improving my communication skills that it overtook the idea of winning. And to me, that's the beauty of PCR's Got Talent! It's really about improving and aiming for your personal best.

What skills did you learn during the competition?

I improved my communication skills a lot and **I learned how to share a scientific message in the most concise and accurate way**. I also learned how to deliver the main messages with rhythm, with silences and using 'we' referencing language, for example.

How has the award helped advance your research and career?

PCR's Got Talent has helped me to increase the visibility of my work and to share the POT Puff sign with a larger community. In addition, through the competition and the award, **I had the opportunity to meet new researchers with whom I would be delighted to build future projects.**

I am thankful for the opportunities that I was offered within EuroPCR and the research community. Taking part in PCR's Got Talent and winning the

competition is a great reward for the dedication of young researchers. In addition to that recognition, it offers opportunities to learn and to share the latest advances affecting our daily practice.

Do you have any advice for others considering submitting their work to EuroPCR?

Be passionate and fully committed! Get the best of your research project and refine it with your communication skills. Personally, I would really like to encourage all young fellows and researchers to participate in order to share their work, improve their skills, meet new colleagues and benefit from this rich experience.

DON'T MISS

PCR's Got Talent - Round 3

Thursday, La Sorbonne Case Corner, 10:30 – 12:00

EuroPCR 2022 Awards – PCR's Got Talent competition

Friday, Main Arena, 11:00 – 12:05

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PCR INNOVATORS DAY: Celebrating innovation together again

“The goal of the first PCR Innovators Day, 8 years ago, was to connect the innovation dots, and this year we are ‘reconnecting’ those dots once again after a short period of absence,” says PCR Chairman, Professor William Wijns.

“We’ve missed PCR Innovators Day during the COVID-19 years,” continues Professor Wijns.

“The day represents such a unique opportunity for a group of people who would not normally meet to have meaningful face-to-face interactions.

This year’s PCR Innovators Day is no different in terms of the stakeholders involved – inventors will be present as well as entrepreneurs, investors, members of regulatory organisations, representatives of start-ups and larger companies, and of course, the end-user, the physicians.”

A difference this year is that **PCR Innovators Day is an integral part of the EuroPCR programme.**

“We thought that holding the day during the Course may allow more interventional colleagues to attend and provide added value to onsite participants,” explains Professor Wijns. The first of the four sessions covers new devices, tools and procedures and will include presentations on first-in-human tricuspid valve replacement systems and the first dedicated transcatheter leaflet splitting device. Broadening the emphasis beyond devices, another session is entirely dedicated to artificial intelligence (AI) and machine learning. The applications covered are varied, from machine learning for automated assessment of coronary artery disease to deep learning for prediction of NT-proBNP to online real-time ECG monitoring.

Professor Wijns is keen to point out that a key reason to attend PCR Innovators Day is the **competition for the Jon DeHaan Foundation Award**. “The session is always an exciting one – to see the shortlisted innovations and consider for yourself which one you would invest in if you were part of the jury. The winner receives a considerable grant from this very generous foundation who are making such a difference in accelerating the development and clinical application of new cardiovascular solutions.”

Regarding this year’s submissions and the difficult job of creating the shortlist, Dr Robert Schwartz, President of the Jon DeHaan Foundation, says, “Jon DeHaan is a huge supporter of innovation, so any novel idea in the cardiac space was considered. We do not limit ourselves or set arbitrary criteria as **we know that some of the best ideas are completely unexpected**. This year, we



received submissions on a broad range of topics, covering some really unique concepts. Finally, six submissions were chosen to present their ideas to the jury, and I’m very much looking forward to hearing more about these promising projects.”

Last year’s winner, Dr David Kuraguntla from the start-up company, Alio Inc, was awarded \$150,000 USD to develop a wearable device for continuous, non-invasive monitoring of potassium imbalance. Dr Kuraguntla will be back at EuroPCR 2022 as a contributor to the final session of PCR Innovators Day to provide an update on the progress made since he received the award. Professor Wijns explains, “This follow-up session showcases some of the most successful technologies presented at PCR Innovators Day over the years. **Seeing how far some of these projects have come may inspire others who are just starting out with a novel idea.**” And he concludes, “We will end the session and PCR Innovators Day with a roundtable discussion to debate the ingredients of developmental success in the current environment, providing insight to help innovators optimise their efforts.”

DON'T MISS

Innovations for valve treatment: new devices, new tools, new procedures
Thursday, Room 251, 08:30 – 10:00

Competition for the Jon DeHaan Award
Thursday, Room 251, 10:30 – 12:00

Jon DeHaan Award winner announcement
Thursday, Room 251, 15:15 – 15:25

Machine learning and artificial intelligence
Thursday, Room 251, 15:25 – 16:45

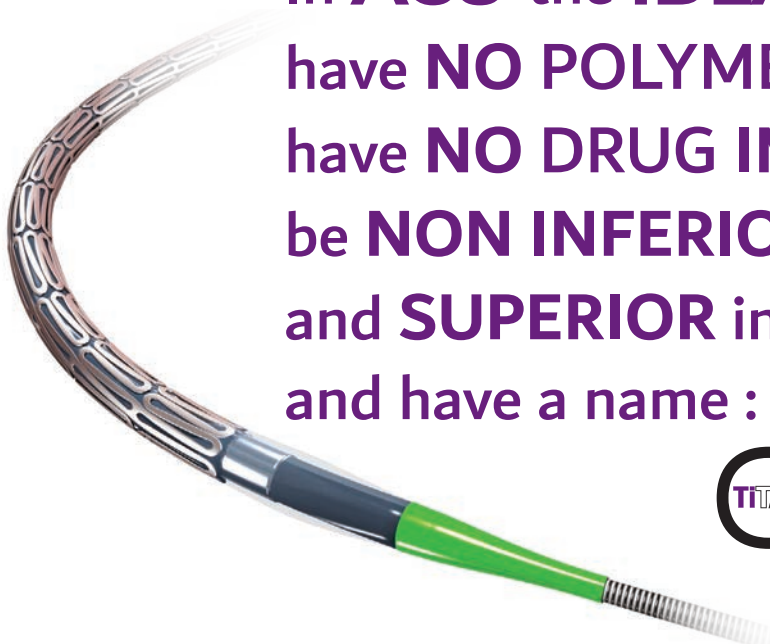
Follow-up and technology updates
Thursday, Room 251, 17:00 – 18:30

EuroPCR 2022 Awards – Jon DeHaan Foundation Award
Friday, Main Arena, 11:00 – 12:05

**OP
YOUR**

STEMI/NSTEMI

In **ACS** the **IDEAL STENT** should :
 have **NO POLYMER**,
 have **NO DRUG IMPAIRING HEALING**,
 be **NON INFERIOR** in **EFFICACY**
 and **SUPERIOR** in **SAFETY** vs. **DES**,
 and have a name :



TiTAN OPTiMAX*
TITANIUM-NO COATED BIO ACTIVE STENT

**TiTAN
vs.
Xience V**

EuroIntervention 2012 ; 306-315
 International Journal of
 Cardiology 222 (2016) 275-280

EFFICACY

MACE @12 MONTHS

TiTAN™: **9.6 %**
 vs.
 XIENCE V™: **9.0 %**
 p_{non-inferiority} = 0.001

+

SAFETY

COMPOSITE @5 YEARS
 (Cardiac Death or MI)

TiTAN™: **8.1 %**
 vs.
 XIENCE V™: **12.7 %**
 p_{superiority} = 0.041

**TiTAN Optimax
vs.
Synergy**

JACC Cardiovascular
 Interventions VOL 13, NO 14,
 2020

MACE @12 MONTHS

OPTiMAX™: **6.3 %**
 vs.
 SYNERGY™: **7.0 %**
 p_{non-inferiority} < 0.001

+

COMPOSITE @18 MONTHS
 (Cardiac Death, MI or Major bleeding)

OPTiMAX™: **3.7 %**
 vs.
 SYNERGY™: **7.8 %**
 p_{superiority} = 0.001

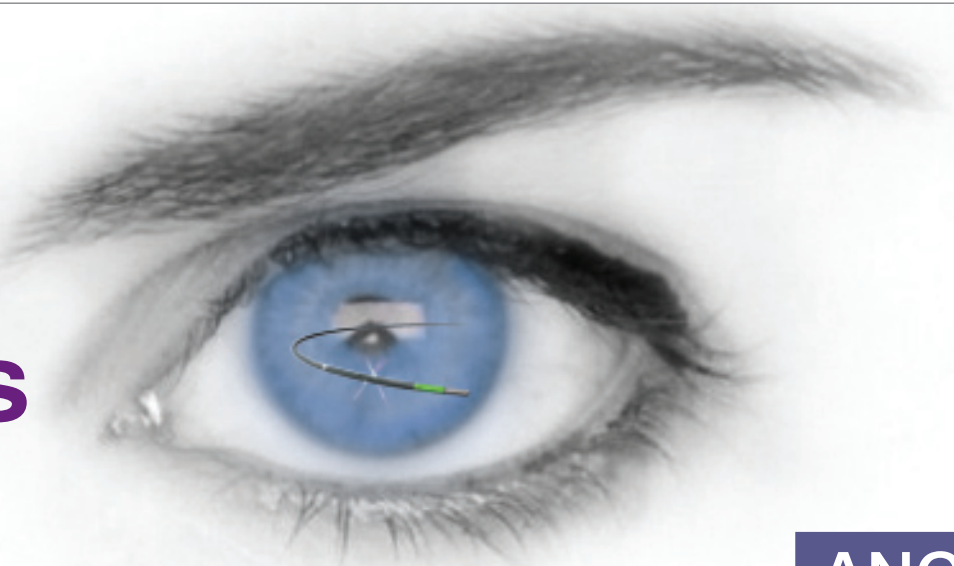


HEXACATH

GAME CHANGER IN **MI** ASSESSMENT & TREATMENT

*** available**

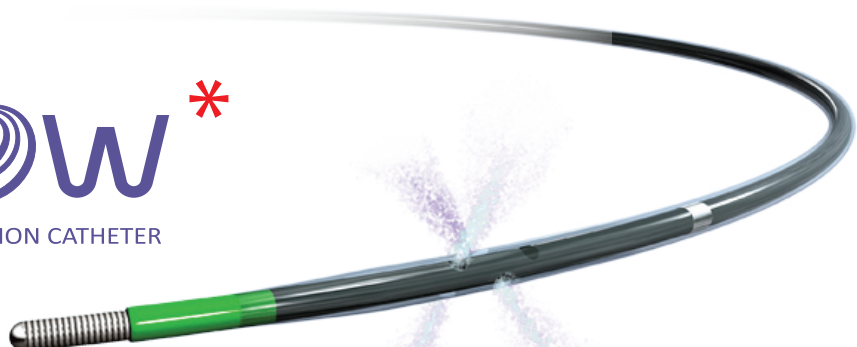
**EN
EYES**



ANOCA/MINOCA

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(Hyatt Congress Center, Presidential Suite, 32nd floor)

Session Spotlight: SIMULATION-BASED LEARNING COMES TO THE STUDIO



Francesco Maisano

Interventional cardiologist / Cardiologist
IRCCS San Raffaele Hospital
– Milan, Italy

It's time to get hands on, as the interactive simulation lab opens its doors again to share tips and tricks of TAVI and transseptal puncture.

In two sessions today, Studio A becomes a simulation lab and the stage is set to enable participants to share their technical expertise and to enhance their knowledge of different tools. As Professor Francesco Maisano, one of the session's facilitators, explains, "We aim to generate a collective experience, based on reviewing standard practice and recreating the real world of practising interventional cardiologists. This is a learning opportunity where there are no teachers, just facilitators to help the exchange of knowledge between participants." Participants will be able to use simulators to show how they perform a procedure and, using a continuous flow of information from the simulator to the anatomical desk to the imaging desk to the Smart Board, this will be reviewed and discussed by the audience.

To ensure a broad appeal, the sessions will feature commonly performed procedures. "There is one session on TAVI with self-expanding valves. Centre stage will be the most important technical advance in this area,

the cusp overlap technique for obtaining the best depth of implantation, as well as the commissural alignment approach to allow further access to the coronary arteries," says Professor Maisano. "We will look at the similarities and differences between three different devices and provide a step-by-step exploration of the best practice approach for each device, including highlighting the anatomical and procedural landmarks fundamental to achieving the ideal implantation and reviewing the imaging basics to support these steps."

Another session covers transseptal puncture for mitral interventions, which, according to Professor Maisano, is typically a very well-attended session at EuroPCR. "For many years, it was presented as a teaching session," he comments, "but we are now listening to the participants to hear how they perform this technique, the different devices and procedures they use and how they tailor the approach to individual patients."

These sessions are for everyone, whether they are present at the meeting or not, stresses Professor Maisano. "The in-person experience is amazing and we look forward to welcoming back participants who are able to come to the meeting. However, we also have a dedicated chat line, which means that our colleagues joining online do not miss out on this important opportunity for interaction."

"The simulation labs are an outstanding example of EuroPCR's commitment to engaging participants in interactive sessions and a way of getting hands-on understanding of the devices and

techniques, with expert guidance," Professor Maisano says. "They are complementary to the simulation training provided in the Training Village – both representing unbeatable learning experiences."

DON'T MISS

Antegrade CTO - The techniques

Thursday, Studio A, 08:30 – 10:00
(Made available thanks to the in-kind support from Asahi Intecc)

How to deal with difficult situations by a multidisciplinary team

Thursday, Studio A, 10:30 – 12:00
(in-kind support from Mentice, Siemens Healthineers and Laerdal France)

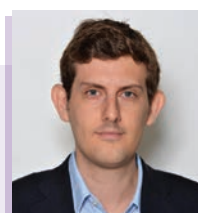
TAVI best practice: implementing cusp overlap and commissural alignment

Thursday, Studio A, 15:15 – 16:45
(in-kind support from Abbott, Boston Scientific IMMR and Medtronic)

Mastering transseptal puncture for mitral interventions

Thursday, Studio A, 17:00 – 18:30
(in-kind support from Abbott, Alfieri Heart Foundation, Baylis Medical, IMMR, Medtronic, Mentice, Simulands)

Session Spotlight: THE LATEST IN INTERVENTIONAL CARDIOLOGY FROM EUROINTERVENTION AND THE EUROPEAN HEART JOURNAL



Davide Capodanno

Editor-in-Chief of EuroIntervention
University of Catania - Catania, Italy

After two years of recorded sessions, the ever-popular essential publications tutorial returns in its much-loved interactive live format.

Professor Davide Capodanno, Editor-in-Chief of *EuroIntervention*, explains how today's session will work: "Editors from *EuroIntervention* and our 'mother' journal, the *European Heart Journal*, will present the most successful and impactful manuscripts related to interventions published in 2022 so far. **This session offers a condensed summary of what the editors consider the 'best**

of the best' across a broad spectrum of topics from coronary and valve interventions to intravascular imaging and physiology."

After each editor has presented their essential publications, **there will be opportunities for the audience to discuss the papers.** Professor Capodanno thinks there will be plenty to talk about. "So far this year, **the quality of publications in EuroIntervention is even higher than usual, which I think reflects the increasing impact factor,**" he notes. In addition to high-quality publications, there has been an increase in submissions on certain subjects, including coronary physiology and interventional pharmacology. And in line with other areas of cardiology, there are a growing number of publications on new technologies, such as digital innovations and artificial intelligence, and also on novel devices.

"As always, *EuroIntervention* tries to maintain a **good balance between academic research and practical guidance,** and between devices and drugs, to expose our readers to a wide range of topics," says Professor Capodanno. "I think this balance will be evident in the essential publications selected from both journals in today's session. If you want a rapid representation of what's hot across interventional cardiology, this is an event not to be missed."

DON'T MISS

What did 2022 tell us so far in interventions? Essential publications from the EuroIntervention Journal and the European Heart Journal

Thursday, Room Maillot, 17:00 – 18:30

Improving STEMI care on a global scale: **Stent – Save a Life!**



Jan Piek

Chair, Stent – Save a Life!
University of Amsterdam
- Amsterdam, the Netherlands

Stent – Save a Life! is a joint initiative born from the collaboration between the European Association of Percutaneous Cardiovascular Interventions (EAPCI) and PCR, which aims to improve timely access to guideline-directed therapy for ALL patients with STEMI to reduce mortality and morbidity.

Launched as Stent for Life (SFL) in 2009, this mainly European initiative evolved and then expanded globally into Stent – Save a Life! (SSL) in 2017. Professor Jan Piek, Chair of SSL, says, **“This is a unique collaboration between interventional cardiologists, government representatives, industry partners and patient interest groups** from more than 30 member countries across the world. We are working together to identify specific barriers to the implementation of primary PCI (pPCI) and to develop solutions to improve access to care.”

A key project initiated by SFL was **the development of an economic model to demonstrate the financial, economic and clinical benefits of**

timely pPCI.¹ When the economic model was applied to four regions (Romania, Portugal, the Basque Country in Spain, and the Kemerovo region in the Russian Federation), pPCI numbers rose substantially by 30%, while STEMI mortality was reduced by 3–10%. The increase in healthcare costs was outweighed by indirect cost savings, leading to a net cost reduction. “These findings demonstrate that systematic investments to improve STEMI management are beneficial, not only for the patients but also for the society as a whole,” notes Professor Piek.

One of the identified barriers responsible for the discrepancy between guideline recommendations and daily practice is the lack of coordinated care for STEMI patients in many regions around the world. Professor Piek is pleased to report that a **methodological ‘blueprint’ guide explaining how to set up a regional STEMI network** has recently been published.² “While lack of resources can be a major problem, in some cases, a lack of organisational power is also a root cause,” he notes. “An effectively organised STEMI network, with aligned resources and processes, can ensure that STEMI patients are optimally treated within the window of opportunity.” He explains that despite national and regional differences, the key stages in setting up a STEMI network are similar: the preparation phase where the action plan is

created, the mapping phase where existing and potential centres are identified, and the building phase where local networks are established, and the final, but equally important, quality assessment and continuous education phase.

One of the models described in the methodological guide, the hub-and-spoke model, has been successfully implemented in several regions of India, according to work led by the SSL Co-Chair, Professor Thomas Alexander.³ As mentioned at SSL’s Annual Forum on Tuesday at EuroPCR 2022, there are now plans to initiate pilot projects in selected African countries to provide help and support to set up hub-and-spoke PCI networks, with the aim that these networks will be sustained by the participating countries over the long term.

SSL is actively involved in PCR’s ‘We CARE’ initiative, in response to the COVID-19 pandemic, and you can find more information about this on page 20 of today’s Daily Wire as well as at the SSL/We CARE booth here at EuroPCR 2022 (Location M43 Level 2).

1. Wein B, et al. Eur Heart J Acute Cardiovasc Care. 2020;9:902–910.
2. Candiello A, et al. EuroIntervention. 2022;17:1313–1317.
3. Alexander T, et al. JAMA Cardiol. 2017;2:498–505.



Reducing mortality and morbidity of patients suffering from STEMI

by supporting the implementation of clinical practice guidelines on myocardial revascularisation

VISIT
WWW.STENTSAVEALIFE.COM

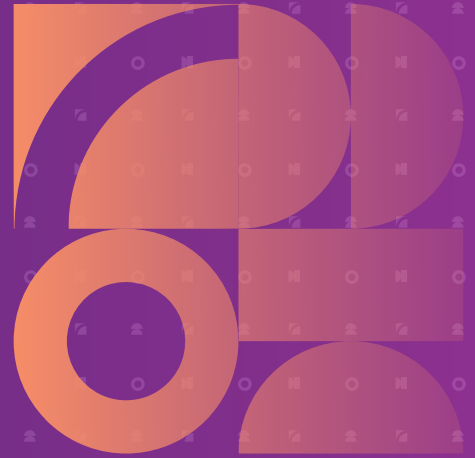


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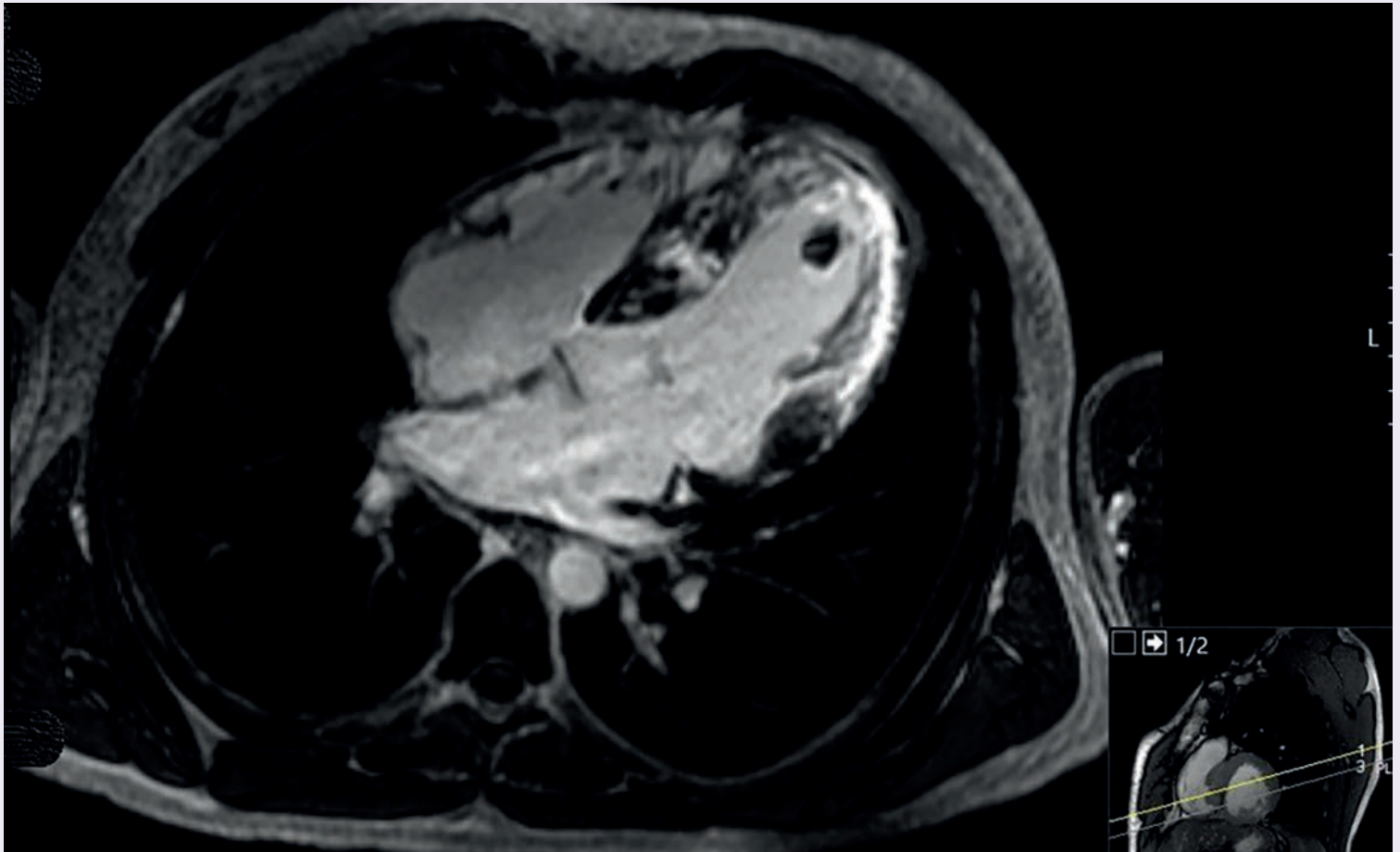


*“Come and join us at
PCR London Valves 2022!”*



PCR London Valves Course Directors

AN IMAGE IS WORTH A 1,000 WORDS



To highlight the importance of imaging in interventional cardiovascular medicine, we've selected some of the most interesting and puzzling images out of those submitted for EuroPCR 2022.

Today's case: When a common disease has an atypical presentation

History:

- A 33-year-old male with an unstudied cardiac murmur and family history of HCM was admitted to the emergency department with sudden onset of global aphasia and right hemiparesis.

What do you see in this image?

- Hypertrophic cardiomyopathy with extensive apical fibrosis outlining an apical aneurysm with thrombus formation.
- Ischaemic heart disease with transmural fibrosis at the apex and the apical lateral segment outlining an apical aneurysm with thrombus formation.
- Left ventricular myxoma with associated infiltrative fibrosis at the apex and the apical lateral wall.

Answer: A

An urgent CT angiography of the cerebral arteries confirmed the occlusion of the left internal carotid artery and mechanical thrombectomy was performed. A CT angiography of the cerebral arteries revealed occlusion of the left internal carotid artery.

In this case, the aetiology of cerebral infarction is cardioembolic, considering the presence of hypertrophic cardiomyopathy (HCM) with extensive apical fibrosis and marked hypokinesia of apical segments, outlining an apical aneurysm with thrombus formation.

This unusual phenotype of HCM with a thin-walled, scarred, left ventricular apical aneurysm is associated with an increased risk of sudden arrhythmic death and thromboembolic stroke.

Identification of this subset of patients may raise important management implications, with consideration for implantable cardioverter defibrillator therapy, as well as systemic anticoagulation for stroke prevention.

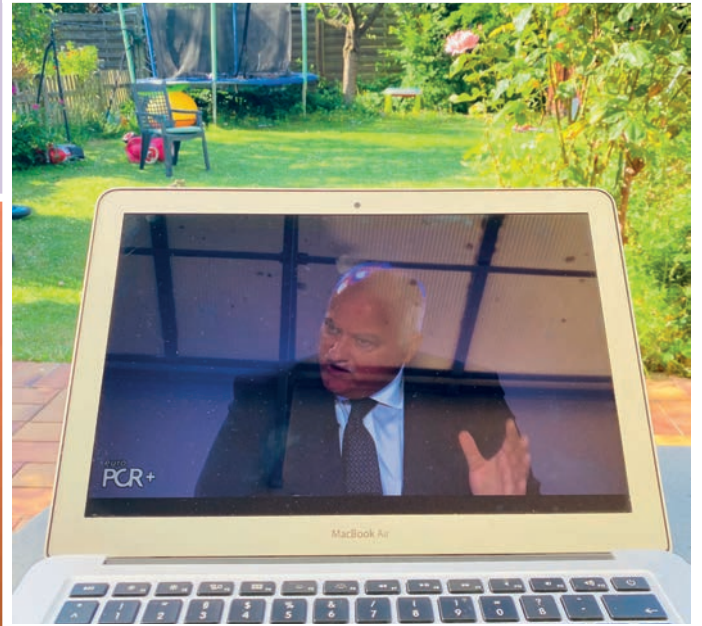
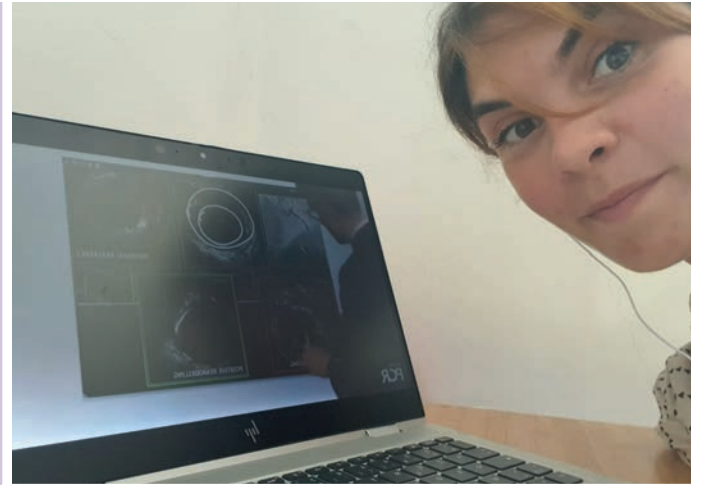
Authors: Alexandre André,^{1,2} Costa Ricardo,¹ Frias Dias,¹ Campinas Andreia,¹ Sá-Couto David,¹ Gomes Catarina,^{1,2} Roque Carla,^{1,2} Sá Isabel,¹ Silveira João,^{1,2} Torres Severo^{1,2}

¹Centro Hospitalar Universitário do Porto, Portugal

²Abel Salazar Biomedical Sciences Institute - University of Porto, Portugal

THE BLENDED APPROACH A WIN-WIN SITUATION!

The challenges of the pandemic have led to the development of new formats, which are now providing the benefits of wider outreach for those unable to attend PCR Courses in person. Onsite or online – your participation in EuroPCR 2022 has provided some highly valuable interactions. Today, we would like to celebrate all our online participants and thank them for their contributions to the Course so far!



euro
PCR



Please take the **SURVEY**
and share your feedback.

Your replies will help
to shape future editions!



THIRTY YEARS OF TRANSRADIAL CORONARY INTERVENTIONS

Ferdinand Kiemeneij, MD, PhD

Francesco Burzotta, MD

Jean Fajadet, MD

The birth and growth of transradial access and interventions

Faced with a significant incidence of major bleeding, vascular complications and related mortality following transfemoral artery Palmaz-Schatz stent (Johnson & Johnson) implantation in the late 1980s, research focused on stent design, stent technique, haemostasis techniques, and a proper balance between arterial haemostasis and antithrombotic treatment to prevent stent thrombosis.

It was at this time that Lucien Campeau's study on transradial coronary angiography was published which formed the basis for the cardiology group at the OLVG Hospital in Amsterdam, the Netherlands, choosing to adapt this technique to transradial coronary interventions (TRI). The safety of transradial access (TRA) is determined by the favourable anatomical relationship of the radial artery to its surrounding structures. No major veins or nerves are located near the artery, minimising the risk of injury to these structures. Because of its superficial course, haemostasis can be easily obtained by local compression. Thrombotic or traumatic radial artery occlusion (RAO) does not endanger the viability of the hand as adequate collateral blood supply is usually present. These anatomical aspects should translate into increased safety compared to transfemoral artery access (TFA).

This was the start of an exciting chapter in the history book of interventional cardiology. In those early years, we still needed to wait for the availability of 6 Fr guide catheters, since 8 Fr was the standard. The outer diameter of stent delivery systems was not compatible with the inner diameter of the 6 Fr guides, so stents had to be removed from those systems and manually crimped onto low profile monorail balloon catheters. We also had to deal with the risk of stent loss during attempts to position them correctly, because the available stents were quite rigid and their fixation to the balloons was suboptimal. Needles, sheaths, dedicated guides and haemostasis devices were not yet available, so the whole procedure was quite challenging, requiring multiple manoeuvres to safely place the stent.

The rewards of these technical challenges were clearly evident after stent placement: the sheath could be removed immediately after the procedure, haemostasis was easily established with available tools, and the patient was mobile and self-supporting the moment the sheath was removed. This clinical advantage was striking when compared to those patients who had only undergone transfemoral stent placement and who were bedridden for several days before haemostasis could be achieved. In our early analysis of the first 100 TRI procedures,

no bleeding complications were encountered. Crossover to TFA was necessary in 6 patients.

The first exposure of these results, during the American College of Cardiology (ACC) conference in 1993, resulted in visits to the OLVG Hospital by international colleagues eager to learn this technique. Dedicated TRI courses were organised in Amsterdam, resulting in a growing community of pioneering transradial interventionalists, who started to form circles of knowledge all over the world. The technique was refined, and the medical industry started to develop dedicated tools like needles, wires, sheaths and haemostasis devices. Case reports were published, followed by numerous feasibility studies in all clinical and angiographical subsets, meta-analyses and randomised controlled trials (RCTs).

Transradial access and interventions in the family of guidelines

The advantages of radial access for coronary interventions were immediately seen by the operators after performing only a few procedures, with a dramatic reduction in access-site complications (bleeding, haematoma, need for blood transfusions). These encouraging results were associated with the similar success of angiographic percutaneous coronary intervention (PCI) in single-centre registries. A clear and absolute demonstration of this initial positive feeling was confirmed by the results of RCTs comparing clinical outcomes of PCI following radial access versus femoral access in patients with clinical presentation of high bleeding risk, especially in ST-segment elevation myocardial infarction (STEMI) and non-ST-segment elevation myocardial infarction (NSTEMI).

In comparison with TFA, primary PCI in STEMI patients performed via TRA was associated with not only a significant reduction of access-site complications but also a lower mortality rate. Consequently, the different published guidelines established a Class I indication.

In 2017, the European Society of Cardiology (ESC) guidelines for the management of STEMI recommended TRA over TFA, if performed by an experienced radial operator, with a Class I recommendation and level of evidence A.

The 2020 ESC guidelines for the management of NSTEMI recommended radial access as the standard approach (Class IA), except in the presence of overriding procedural considerations.

The 2021 ACC/American Heart Association (AHA)/Society for Cardiac Angiography and Interventions (SCAI) guidelines for coronary artery revascularisation established that, in patients with acute coronary syndrome (ACS) undergoing PCI, a radial approach is preferentially indicated compared to a femoral approach in order to reduce the risk of death, vascular complications and bleeding (Class IA). In patients with stable ischaemic heart disease undergoing PCI, the radial approach is recommended

to reduce access-site bleeding and vascular complications (Class IA).

Transradial access and interventions in current and future practice

After a long fight between "radialists" and "femoralists", scientific data has been progressively accumulated, resulting nowadays in the radial approach gaining recognition as the standard approach for unselected coronary diagnostic and interventional procedures. So, what are the challenges TRI faces today and what will the future bring?

In terms of challenges, a sizeable subgroup of patients present vascular anatomical variants of the arm that continue to hinder catheter advancement and manipulation. This might result in increased radiation exposure, procedural failures and (rarely) vascular complications. In this regard, improvement in materials is expected to continue to evolve, making TRI suitable for more patients and more procedures. Another well-recognised Achilles' heel is the preservation of radial artery patency, since RAO might occur after TRA, hindering repeat TRA or surgical arterial grafting. The incidence of RAO can be reduced by employing several simple and effective methods to minimise radial artery injury: reduction in sheath and catheter size, adequate procedural anticoagulation, non-occlusive haemostasis, prophylactic ipsilateral ulnar artery compression, and shorter compression duration. Developed to promote both patient and doctor comfort, the distal radial access technique (distal TRA or "snuffbox access") has the potential to facilitate proximal radial patency; new scientific data will provide novel insights in this field.

Last but not least, TRA is just starting to gain respect beyond the border of coronary procedures. In terms of device compatibility and techniques, many endovascular interventions (angioplasty in the iliac-femoral and splanchnic arteries, carotid stenting) have reached the point where operators can switch from a femoral to a radial approach. Actually, in many catheterisation laboratories, patients are already receiving these procedures transradially from experienced interventional radiologists and neuroradiologists. Furthermore, while the rise of percutaneous cardiac support and transcatheter structural heart interventions is providing a new nobility to femoral artery access, the radial artery has yet to establish its usefulness in this field. Indeed, most new procedures requiring large-bore devices also simultaneously need other forms of arterial access. In this regard, such "ancillary" access selection is not currently being investigated.

In conclusion, the standardisation in the selection of arterial access in cardiovascular interventions has recently begun to be advocated, and the radial artery is expected to become the primary access point in several settings.

Read the full article in May's issue of EuroIntervention

Pick up your free copy from the racks or on the PCR Publishing booth (Level 2)

WE CARE about hearts

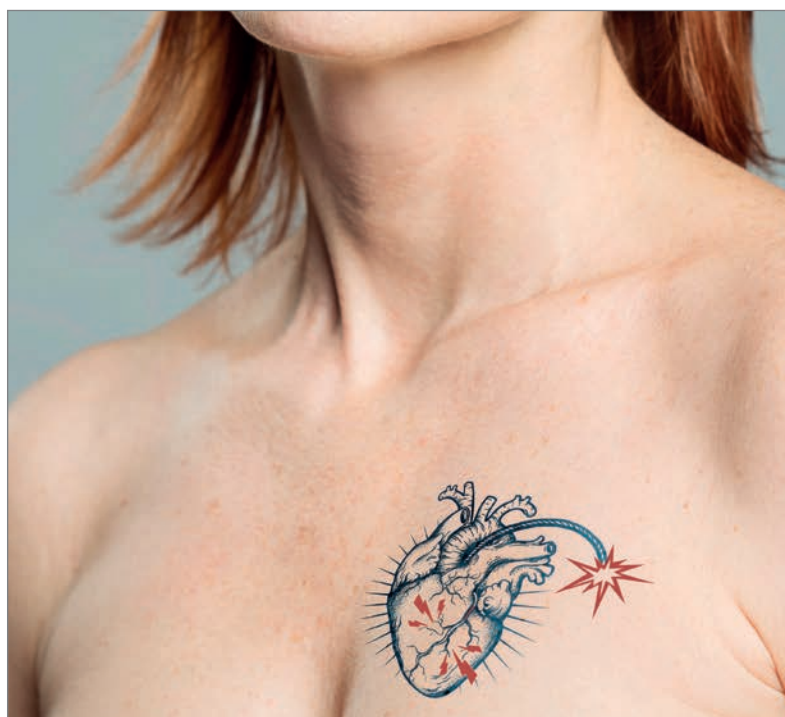


Christoph Naber

Core Team member, We CARE
Klinikum Wilhelmshaven - Wilhelmshaven, Germany

The aims of We CARE are to rebuild patient confidence and help stakeholders provide effective and timely cardiac care through knowledge, education and training.

The COVID-19 pandemic caused huge disruption to healthcare services, with the utilisation of services falling by an estimated one-third compared with pre-pandemic levels.¹ Moreover, it is thought that fear of COVID-19 prevented around 40% of patients with MI from seeking medical advice.² **In response, the We CARE initiative was created from a collaboration of PCR and Stent – Save a Life! (SSL)** as a global campaign to empower stakeholders, such as healthcare practitioners, national public authorities and the media to help assure patients that receiving timely cardiovascular treatment is both necessary and safe.



Empowering all stakeholders to ensure timely care
for cardiovascular patients worldwide

National society, patient association,
industry partner or public authority,
you too can make a difference!

VISIT WWW.WECAREABOUTHEARTS.ORG



Dr Christoph Naber, a Core Team member of We CARE, explains, “The effects of the COVID-19 pandemic were rapid and dramatic. Discussions with fellow interventional cardiologists revealed that **hospital admissions for ACS fell by up to 50%** in many countries, while **up to 70% of hospital treatments for elective cases were delayed** compared with the pre-pandemic era.” Confounding the issue was that healthcare systems were generally unprepared for the pandemic and that patients were receiving unclear advice about what to do and, in some cases, were urged to avoid hospitals.

It became evident that patients with heart disease were **delaying or not seeking the treatment they needed**, meaning that their heart condition potentially worsened, leading to **increased morbidity, such as severe mechanical complications and mortality**. For patients with severe symptomatic aortic stenosis, deferral of TAVI because of COVID-19 led to 35% of patients at a single centre experiencing a cardiac event – either urgent TAVI or death – within 3 months.³

“As presented at an abstract session today at EuroPCR 2022,” highlights Dr Naber, “an analysis was performed to evaluate the socio-economic effects of delaying or stopping STEMI treatment during the first lockdown in the UK. For each patient, approximately 2 life years were lost, and an additional cost to the public system of more than €10,000 was incurred if STEMI treatment was delayed.” Dr Naber stresses that the overall effect of these findings for a country like the UK is significant, with the loss of more than 4,000 life years and an estimated cost burden of more than €26 million. Studies are also ongoing in Sweden, Spain, France and the US.

Having launched a **global awareness campaign** at EuroPCR 2021, We CARE, in its phase II, is currently working on the development of specific country programmes to raise local awareness and meet some needs highlighted by the pandemic. This is where **interventional cardiologists are joining forces with other healthcare practitioners and patient organisations** locally to advocate and communicate the importance of timely cardiac care to the patients and general public (education), and the public authorities (lobbying).

In addition, all stakeholders need to be prepared for future challenging situations so that history does not repeat itself. To this end, We CARE has brought together international experts in interventional cardiology, epidemiology and infectious diseases to reflect on how to prevent delays in cardiac treatment during future new waves.

Interventional cardiologists and other medical colleagues worldwide are urged to play an active part in the We CARE global and local awareness campaign. Why not join up with other stakeholders to help reverse the trend of treatment avoidance among patients with heart disease?

Want to know more? Visit the SSL/We CARE booth here at EuroPCR 2022 (Location M43 Level 2) or the website, wecareabouthearts.org.

1. Moynihan R, et al. *BMJ Open*. 2021;11: e045343.
2. Mafham MM, et al. *Lancet*. 2020;396:381–389.
3. Ro R, et al. *JAMA Netw Open*. 2020;3:e2019801.

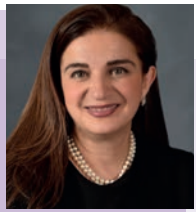
DON'T MISS

Primary PCI: new issues, new solutions
Thursday, Room 242B, 08:30 – 10:00

Catalysing a more equitable workforce in medicine – Women as One



Marie-Claude Morice
Interventional cardiologist / Cardiologist
Hôpital Privé Jacques Cartier
- Massy, France



Roxana Mehran
Interventional cardiologist / Cardiologist
Icahn School of Medicine at
Mount Sinai - New York, USA

Founded in 2019 by Professor Marie-Claude Morice and Professor Roxana Mehran, the mission of Women as One is to promote talent in medicine by providing unique professional opportunities to women physicians.

The gender gap is widening worldwide and the situation is particularly inequitable in healthcare where women make up 70% of the global health workforce, but only hold 25% of leadership roles.¹ Indeed, "Women deliver global health and men lead it" was the conclusion of a recent report from the World Health Organization's Gender Equity Hub, which also found that gender biases, discrimination and inequities are systemic, and disparities are increasing.¹

For these reasons and based on their own experiences, Professor Mehran and Professor Morice established Women as One. "We aim to fortify the pipeline of



women leaders in medicine through novel retention and promotion programmes, and to amplify and unify related global efforts," Professor Morice highlights. One of the foundations of the organisation is its **Talent Directory, a free-of-charge way of connecting women physicians with career opportunities and learning programmes.** The starting focus has been in cardiology, and nearly 1,600 women cardiologists have already joined the Talent Directory, which is continuously mined to find qualified speakers, advisory board members, researchers and more.

In addition, **more than \$850,000 has been distributed to women cardiologists through the Escalator Awards programme,** which provides financial support to women for research and mentorship activities. So far, 26 awards have been distributed with winners not only gaining funding, but also forming a close-knit global support network.

Women as One's CLIMB skills training programme further seeks to level the playing field in cardiology by growing skill sets and increasing women's visibility with industry partners. "Women are too often

absent from industry-driven activities. These present important opportunities not only to learn, but also to diversify scientific decision making," comments Professor Mehran. In total, 113 participants from 41 countries were selected to join CLIMB 2020 and 2021. **CLIMB 2022 offers two learning paths: CLIMB Clinical and CLIMB Research.** CLIMB Clinical covers four procedural areas while CLIMB Research will focus on fundamental skills training for physicians interested in pursuing clinical research.

CLIMB Research is one of several new initiatives Women as One is developing in the research space. Recognising that the lack of women in research is multi-factorial, several interventions are underway to improve their representation. Training, investigator promotion and women-focused trial services are among the ambitious plans for the organisation this year.

While the start for Women as One has been in cardiology, plans are on the horizon for expansion into additional specialties. Among them is the introduction of RISE, which will take place in New York City in January 2023. A multi-format programme to include a think tank, gala and educational conference, RISE will welcome participants from cardiology, radiology, vascular medicine, vascular surgery and cardiothoracic surgery. The goal is to begin forming consensus across specialties on how to best advance women in medicine and close related gender gaps.

"These initiatives are aimed at increasing the speed at which women in medicine are resourced and positioned for leadership development. When women are put in a position to succeed, everyone succeeds," concludes Professor Morice.

To learn more about Women as One and its initiatives, visit www.womenasone.org

1. World Health Organization, Gender and Equity Analysis 2019. www.who.int/publications/i/item/978-92-4-151546-7.

EAPCI: Exploring Interventional Cardiology Together

The European Association of Percutaneous Cardiovascular Interventions (EAPCI) is a branch of the European Society of Cardiology (ESC). Our mission is to reduce the burden of cardiovascular disease through percutaneous cardiovascular interventions.

Our dynamic association represents a community of more than 7,000 healthcare professionals. We support our community by publishing research and providing training and certification programmes that reflect the constantly evolving PCI field. The EAPCI also advocates for the best possible access to life-saving treatments for patients through data-based advocacy at a European level.

Our courses, EuroPCR and PCR London Valves, provide state-of-the-art practice and research updates, and serve as a forum for sharing and learning.

By joining our vibrant community, you'll be able to network with colleagues from around the world, access educational opportunities, and stay on top of the latest news in the field. Plus, you will have the right to vote in EAPCI elections and be eligible to serve on the EAPCI Board. We bring together National Societies, individual interventional cardiologists, and allied professionals in a community committed to excellence in interventional cardiology.

The community is meeting for the EAPCI General Assembly today from 13:30 - 14:30 CEST, Room 253. We hope you will join us, even if you are not yet an EAPCI Member.

This is an opportunity to meet the EAPCI leaders, express your views, and network with peers and experts in the field.

Agenda

- Welcome address - Dariusz Dudek, EAPCI President
- Association activity report - Dariusz Dudek, EAPCI President
- Treasurer's report - Alaide Chieffo, EAPCI Treasurer
- EAPCI grant winners announcement - Thierry Lefevre, EAPCI Fellowship Grants Programme Committee Chair / Co-Chair
- EAPCI Board 2022-2024 election results - Andreas Baumbach, EAPCI Past-President
- Vote* and approval of resolutions - Dariusz Dudek, EAPCI President
- The future of the EAPCI - Emanuele Barbato, EAPCI President-Elect

Looking forward to seeing you later today.

Professor Dariusz Dudek
EAPCI President 2020-2022

A few words from President-Elect, Emanuele Barbato (2022-2024)

After two years of restrictions, I am thrilled to welcome and embrace the interventional cardiology community on site at EuroPCR 2022 in Paris.

The pandemic and the ongoing war in Ukraine have enlarged pre-existing gaps in training and education, as well as access to interventional therapy. For the term 2022-2024, the main EAPCI theme will be "inEquAlities in Percutaneous Cardiovascular Interventions for research, training and education & for access to therapies." All initiatives will be streamlined along this main theme and will be directed to both healthcare professionals and patients. We aim to hear the needs of our community and to support all those who would like to share our vision and journey. If you want to learn more, please join us during the EAPCI General Assembly.

*As per the EAPCI Constitution, only EAPCI Members with a place of work (or a mailing address, in the event that the country of work is not available in the ESC database) in an ESC member country have voting rights at the EAPCI General Assembly. Please note that the Belorussian Scientific Society of Cardiology and the Russian Society of Cardiology are temporarily suspended from membership in the ESC. Read the ESC statement.

HIGHLIGHTS of the day



Erik Rafflenbeul
@KardiologieHH
#Best #WIC (@aayshacader) attending online at Party at #EuroPCR

#BestSmileEver #WeMissYouAaysha





Aaysha Cader
@aayshacader
#EuroPCR
As good as it gets! Thanks for calling and showing me that you're eating THREE 🍴🍴🍴 on my behalf my friends! 😊
@KardiologieHH @ANazmiCalik @guilbon @delPortilloJH @RonnieLass @PCRonline

TWEETS OF THE DAY

Join the conversation

Follow us and contribute on Twitter, Instagram, Facebook and LinkedIn too, and keep on top of all the latest in the PCR community!

#EuroPCR

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-  /PCRonline
-  /pcronline





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