

Determinazione del Responsabile Ufficio Formazione nº 827 del 28 LUG. 2015

Oggetto: Aggiornamento senza oneri, Dirigente Medico, Dott. Cirio Emiliano Maria.

Pubblicata all'Albo Pretorio dell'Azienda Ospedaliera a partire dal 2 8 LUG. 2015 per 15 giorni consecutivi e posta a disposizione per la consultazione.

Il Responsabile Ufficio Formazione

Visto

il D. Lgs. n. 502/92 e successive modificazioni ed integrazioni;

Viste

le Leggi Regionali n. 10/2006 e n. 05/2007;

Vista

la Deliberazione n. 263 del 04.03.2015, con la quale il Commissario Straordinario ha autorizzato il Responsabile dell'Ufficio Formazione Dott. Andrea Corrias, a predisporre le Determinazioni:

Vista

la comunicazione Prot. n° 13997 del 13.07.2015 con la quale la Ditta Edwards Lifesciences Italia S.p.A. si è resa disponibile ad invitare un Medico della S.C. Cardiochirurgia al Congresso: "PCR London Valves 2015" che si terrà a Berlino dal 20.09.2015 al 22.09.2015;

Considerato

che il Direttore del Dipartimento Patologia Cardiaca ha autorizzato a partecipare al suddetto Congresso il Dott. Cirio Emilano Maria:

Atteso

che il Responsabile dell'Ufficio Formazione ha espresso parere favorevole in merito;

Ritenuto

di dover autorizzare la partecipazione del Dott. Cirio Emilano Maria al Congresso: "PCR London Valves 2015" che si terrà a Berlino dal 20.09.2015 al 22.09.2015; di dover prendere atto che le spese di partecipazione saranno totalmente a carico della Ditta Edwards Lifesciences Italia S.p.A.

DETERMINA

Per i motivi esposti in premessa:

- Autorizzare la partecipazione del Dott. Cirio Emilano Maria al Congresso: "PCR London Valves 2015" che si terrà a Berlino dal 20.09.2015 al 22.09.2015.
- 2. Dare atto che le spese di partecipazione saranno totalmente a carico della Ditta Edwards Lifesciences S.p.A.
- 3. Trasmettere la presente determinazione al Direttore della S.C. del Personale per gli adempimenti normativi di competenza.

Il Responsabile dell'Ufficio Formazione Dott. Andrea Corrias

ululones

Mittente : EDWARDS LIFESCIENCES | ITALIA SPA

PG/2015/ 0013997

Assegnatario : Ufficio Formazione

Mulline Predicate gre Non manual



dwards

Spottabilo

IL DIRETTORE SANITARIO DEL PRESIDI Dr. Marinella Spissu

Ospedelo Brotzu

Plazzale Riochi 1 - 09134 Ceglian c.a. Direzione Amministrativa/Sanitaria

del 13/07/2015 ore 11,52

p.c. Primario di S.C. Cardiochirurgia p.c. Primario di S.C. Emodinamica

Milano: 19 giugno 2015

OGGETTO: PCR London Valves 20 - 22 settembre 2015 (Berlino)

La nostra Società parteciperà all'iniziativa in oggetto, femno restando il rispetto della normativa C del Ministero della Sanità in merito al fini autorizzativi e procedurali siamo lieti di invitare nº 1 cardiochirurgo • nº d cardiologo interventista che i Primari di Reparto vorranno segnaliaro (del quell la Vs. Amministrazione in plena e totale autoriomia ne decidera la partecipazione) facandoci carico delle spass relative all'iscrizione al congresso al viaggio ed al soggiorno il congrosso, di natura prettamente scientifica, sara un'ottima occasione per tutti i partecipanti per incontrarst, scamblare idee nonché un aggiornamento su tutti gli aspetti inerenti le materie trattate.

Vi comunichiamo che trascorsi 30 giorni dalla data della presente, nulla deevendo de parte Vostra: riterremo accettato il nostro invito.

Vivinformiamo inoltre che al partecipante designeto sarà inviata una lettera di conforma di sovvenzione, come da ecompio allegato

Edwards Lifesciences Italia S.p.A

Angelo C'Aquita - Business Unit Manager

Per accettazione da parte della Direzione Santaria/Amministrativa (da inviare al numero di fax 02/56806595);

NOME & COGNOME: PHILANO PARIA CIRIO

AZIENDA O

Dott Emiliano Maria CIRIO

Seca Legale: Centro Lacri Mollicto A - Via Giovanni Spadolini, 8 - 20141 Alliano Tel. 02:58800 1 - Max 03:68808.592 - Www.edwards.com

P.L/C.F. 05008041002 Capitale Sociale Euro 104,336,73 int. vars. - Reg. Imprese Milano 06068041000 - R.E.A. 1822677



Sunday 20th September, 2015

7	· · · · · · · · · · · · · · · · · · ·		3896	0.53	1643	1058		10:28	1023		10.13		5003	cus.						Plenary session	MAGING	ROOM 4	11:05-12:20	
Key learnings & session evaluation	> Discussion & audience interaction	what are the benefits?	New imaging technologies in the catheter laboratory;	> Discussion & audience Interaction	> Imaging for Mitral intervention: effective use of TOE & CT	> Discussion & audience interaction	positioning	> Imaging for TAVI: annular alignment & optimal prosthesis	> Discussion & audience interaction	TOE?	I maging for TAVI: what are the incremental benefits of	modalities are essential?	> Imaging for TAVI with conscious sedation; which	> Session objectives	use in the catheter laboratory	To learn more about emerging Imaging technologies for	conscious sedation	To appreciate the limitations of Imaging during TAVI with	Imaging techniques in aortic & mitral valve interventions	To understand the complementary role of different	Attend this session if you want:	need & when?	11:05-12:20 📮 lmaging for valve interventions: what do we	
12:36		1213		12.08	11:58		85:11	29411		:123	1128		31:18	1111						Plenary session	IMAGING	ROOM 4	13:00-14:15 E	
Discussion & audience interaction Key learnings & session evaluation	analyse a CT dataset	Assessment of the TAVI candidate (2): how to acquire &	analyse a 3D echocardiography dataset	> Assessment of the TAVI candidate (1); how to acquire &	> Discussion & audience interaction	valvular heart disease	How to perform & analyse a stress echocardiogram in	> Discussion & audience interaction	aortic stenosis	All you need to know about Low flow & Low gradient	> Discussion & audience interaction	echocardiography	> How to assess patients with multiple valve lesions using	> Session objectives	in complex valvular heart disease	> To understand the utility of advanced Imaging techniques	stenosis	> To learn more about Low flow, Low gradient aortic	multiple valve lesions using echocardiography	> To improve your understanding of the assessment of	Attend this session if you want:	Imaging	13:00-14:15 🛱 Complex valve disease: the pivotal role of	

...Sunday 20th September, 2015

	15/13	15:03	14:58	15:53	14:45	14:38		81241	14:12	14:03	14:55					Plenary session	ROOM 4	14:20-15:35 年
	15:13 > Key learnings & session evaluation	› Discussion & audience interaction	> Imaging follow-up: what to look for?	› Discussion & audience interaction	Detection of common peri-procedural complications	> Discussion & audience interaction	> Pre-procedural planning; vascular access	> Pre-procedural planning: valve sizing	> Discussion & audience interaction	> Pitfalls in the diagnosis & quantification of AS	> Session objectives	IAVI a sare & predictable procedure	To know how to use different Imaging modalities to make	scenarios before, during & after TAVI	To improve your recognition of common imaging	To understand the challenges of imaging in TAVI candidates	Attend this session if you want:	14:20-15:35 🛭 lmaging Basics for TAVI
17.49 17.55	17:34		17:24	17:10		17:07	17:92		16:50	16:45						Plenary session	ROOM 4	15:46-17:00 E
sufficient? Sufficient? Discussion & audience interaction Key learnings & session evaluation	> Discussion & audience interaction > Imaging for valve-invalve procedures: is fluoroscopy	which size?	> Valve-in-valve & valve-in-ring procedures: which valve &	> Discussion & audience interaction	quantitation of paraprosthetic leaks	Assessment of the failing prosthetic valve (2): diagnosis &	> Discussion & audience interaction	patient-prosthesis mismatch	> Assessment of the failing prosthetic valve (1): stenosis &	> Session objectives		performance of interventional treatment options	valve-in-valve and valve-in-ring procedures	> To learn how Imaging can influence device selection for	failing bio-prosthetic valve	Attend this session if you want: To understand more about the Imaging assessment of a		15:46-17:00 囘 The treatment of failing prosthetic valves:



...Sunday 20th September, 2015

Not to miss!

EXHIBITION AREA 17:00-18:00 樿 Welcome reception

Tools & Techniques

18:00-19:40 图 TAVI with the SAPIEN family of valves has main area. emerged as a fast, predictable & robust procedure with proven durability

With an unrestricted educational grant from Edwards Lifesciences

- > To understand the status of TAVI in 2015 Attend this session if you want:
- To learn about the latest Edwards TAVI valves
- To appreciate the breadth & depth of clinical data
- 16:00 Session objectives
 SAPIEN 3 is the treatment of choice for symptomatic AS in octogenarians
- 18,58 33
- Case demonstrationDiscussion & audience interaction
- 1700 3 Procedure efficiency with next day discharge is becoming a reality
- Moving into younger patients: have we overcome the durability concern? Discussion & audience interaction
- 1935 | > Session evaluation & key learnings Case demonstrationDiscussion & audience interaction

Monday 21st September, 2015

Not to miss!

08:30-08:45 III Welcome to PCR London Valves 2015 MAIN ARENA

LIVE demonstration 08:45-10:00 🛱 LIVE demonstration from Vivantes Klinikum Am MAIN ARENA Urban/im Friedrichshain/DHZB Berlin, Germany > Introduction to LIVE

| Time to React@PCR

With continuous LIVE from Vivantes Klinikum Am

Urban/im Friedrichshain/DHZB Berlin, Germany

09:30-10:30 뒤 Valve interventions under conscious sedation Plenary session ROOM 2 Attend this session if you want:

To appreciate the evidence base for TAVI performed with conscious sedation

To learn how to select the best cases for conscious sedation

To understand how to safely perform TAVI under conscious sedation

Session objectives

Recorded LIVE demonstration

09:33 Time to React@PCR

09:39

Which patients are best suited to conscious sedation: how to do it safely?

Time to React@PCR

65:60

> How to ensure optimal peri-procedural Imaging: TTE, nasal TOE or ICE?

Time to React@PCR

Key learnings & session evaluation

09:30-10:30 ត្រ Learning SAPIEN 3

ROOM 3

Ģ,

Attend this session if you want:

To learn about the composition of SAPIEN 3

To learn how to use SAPIEN 3 in regular & complex

anatomies

6

...Monday 21st September, 2015

09:30-10:30 © Abstracts

ROOM 4 Session comprising selected PCR London Valves 2015 abstract

Call for submissions 09:30-10:30 阿 Learning Transseptal > Programme to be advised soon Programme to be advised soon 09:30-10:30 🖾 Advanced Imaging techniques in TAVI 0.50 999 > Discussion & audience interaction was > Key learnings & session evaluation Cardiac gated computed tomography: a beginners guide
 Discussion & audience interaction > Session objectives >TAVI Imaging requirements in the era of conscious 3D transpesophageal echo: a beginners guideDiscussion & audience interaction To learn how to read a cardiac gated computed Attend this session if you want: To know how to interpret 3D transoesophageal echocardiographic images

To learn what transthoracic & transoesophageal echocardiography can add in the catheter lab tomography scan

09:30-10:30 ध्व Interactive case corner l

(<u>)</u>

case submissions

Session comprising selected PCR London Valves 2015 clinical

Programme to be advised soon

...Monday 21st September, 2015

Not to miss!

10:00-10:30 \(\text{Keynote lecture} \) MAIN ARENA

Keynote lecture

10.00

Nitral regurgitation: a disease of the valve & myocardiaum.

11:00-11:30 몍 TAVI in intermediate & lower risk patients

Plenary session MAIN ARENA Attend this session if you want:

To learn about the applicability of TAVI in operable lowerrisk groups

To understand the limitations of the available data in this

To appreciate what is happening in the real world as we gain more long-term data

Session objectives

11:00 10.5 The remaining limitations of TAVI: lessons from trials &

11:07 > Update on the intermediate risk trials

11:12 > How should we select TAVI or surgery for intermediate risk patients in 2015?

11:17 Is there a role for minimal access surgery in patients unsuitable for TAVI?

152 Time to React@PCR

11:28

› Key learnings & session evaluation

When & how we should intervene

Plenary session

ROOM 2

treatment Attend this session if you want:

11:00-11:55 @ Primary mitral regurgitation: outcomes of

surgical repair & implications for percutaneous

To appreciate current techniques & outcomes of surgical valve repair in primary mitral regurgitation

To hear the latest clinical data concerning percutaneous treatment alternatives

To discuss the future horizons for optimal treatment

Session objectives

Surgical valve repair: the gold standard?

Ξ Time to React@PCR

66:11

Percutaneous options: latest trials & real world resultsTime to React@PCR

11:37

How do we combine the best of surgical & percutaneous

techniques? A future vision

ij 13 Key learnings & session evaluation Time to React@PCR

11:00-12:30 阿 Learning simplifying transfernoral TAVI

RDOM 3

To understand who is a suitable patient for TAVI without Attend this session if you want:

general anesthesia

To understand how to safely plan & perform a simplified

To identify the potential benefits of a simplified procedure



PCR London Valves Preliminary programme - Valid as of 5th June, 2015

...Monday 21st September, 2015

	Call for	ROOM 4	11:00-12:30 個 Forum
> Programme to be advised soon	Call for case submissions	ROOM 4 Session comprising selected PCR London Valves 2015 clinical	Forum

11:00-12:30 呵 Learning MitraClip

> Programme to be advised soon

		How should I treat?	ROOM 6	11:00-12:30 🛭
Attend this session if you want:	Society of Invasive Cardiology	Interventions of the German Society of Cardiology & the Italian	ROOM 6 With the collaboration of the Working Group on Cardiovascular	11:00-12:30 🛱 Most educational cases from Germany & Italy

> To learn the best practices from Germany & Italy

> Session objectives

> Case presentation from Italy

> How would I treat? — Expert from Germany

> How would I treat? — Expert from Italy

> How did I treat? — Presenter from Italy

1186 > Discussion & audience interaction

Case presentation from Germany Consensus

1168 How would I treat? – Expert from Italy

› How would I treat? – Expert from Germany
› How did I treat? – Presenter from Germany

11:55

Discussion & audience interaction

> Consensus

> Session evaluation & key learnings

11:00-12:30 唧 Interactive Case Corner II

Call for Session comprising selected PCR London Valves 2015 clinical Programme to be advised soon case submissions

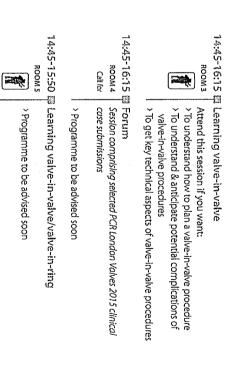
PCR London Valves Preliminary programme - Valid as of 5th June, 2015

	11:30-12:30 EJ LIVE demonstration from St. Thomas' Hospital, London, UK London, UK With continuous LIVE from St. Thomas' Hospital, London, UK 12:15 Nime to React@PCR 12:00-12:30 EJ Anatomy Room2 Plenary session Programme to be advised soon
Session objectives Case demonstration Change in practice with lowest delivery profile Change in practice Case demonstration Case demon	13:00-14:40 Exection areas performance in TAVI patients With an unrestricted educational grant from Meditonic (TNT) Attend this session if you want: To show how reduced profile delivery systems allow the treatment of more complex patients & reduce vascular complications To demonstrate the recapturable feature of Evolut R & show how it improves procedural safety To highlight latest data concerning valve performance, hemodynamics & durability

13 Sec. 10 Sec	13(33		12.23	513	1205	13(0)									13:00-13:45 (S)	
1343 > Session evaluation & key learnings	> Discussion & audience interaction	device & future pipeline	The Lotus Valve: clinical cases using the next generation	The Lotus Valve: clinical cases from real world practice	> The latest clinical evidence	> Session objectives		> To understand the current evidence & latest clinical data	anatomical complexities	> To learn how paravalvular leak can be minimised despite	the Lotus valve	> To recognise key design features & procedural aspects of	Attend this session if you want:	With an unrestricted educational grant from Boston Scientific	13:00-13:45 by the Lotus valves chilical evidence, real world specifice & future pipeline	
15 15 15 15 15 15 15 15 15 15 15 15 15 1	8781		1313	15:05	1300									Symposium	ROOM 4	122.00-12:25
 Discussion & audience interaction Session evaluation & key learnings 	Novel devices for transapical TAVI	global registry	> 30 days transfemoral outcomes: first results from the	> Perspectives from a single centre experience	> Session objectives		access	System reduces procedural risks & complications in all	> To hear about how the easy-to-use ACURATE neo TAM	technique of ACURATE neo TAVI System	> To learn about the stable & predictable implantation	> To review ongoing Symetis trials & registries	Attend this session if you want:	With an unrestricted educational grant from Symetis	ROOM4 ACURATE neo technologies	Delivering TAVI excellence together with Surpetic

1428 > Session evaluation & key learnings	14:28 > Discussion & audience Interaction	14:18 \rightarrow Unique characteristics of the Portico valve portfolio	treatment options	14ನಡಿ 📗 > Portico 27 & 29mm valves: larger valve sizes expand	base	13:59 > Clinical trial update: advancing the science & evidence-	13:55 > Session objectives		how Portico helped in solving them	> To review & discuss a selection of complex TAVI cases &	Portico clinical programme	To present the latest data from the St. Jude Medical	the St. Jude Medical Portico valve	To learn about the latest worldwide developments with	Attend this session if you want:	symposium With an unrestricted educational grant from St. Jude Medical	Room 2 key learning points	13:55-14:40 📮 Advances in TAVI & optimal patient outcomes:
Controversies; watchful waiting or intervention in MR 1424 > Intervention in MR 1428 > Session evaluation & key learnings	Focus on DMR	14:11 > Focus on FMR	how far should we go	Controversies: MitraClip patient selection in FMR & DMR ~	14:05 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	iess / General anaesthesia	Controversles: local or general anaesthesia for MitraClip	13:55 Session objectives		MitraClip cases	> To participate in discussions concerning challenging	multidisciplinary team working	> To outline best practice for patient referral, selection &	anatomy	> To learn new tips & tricks for treating complex mitral	Symposium Attend this session if you want:	ROOM4 With an unrestricted educational grant from Abbott Vascular	13:55-14:40 📮 MicraClip: controversies on MR treatment

7 4;45~15:15 🔞 ROOM 2 Plenary session	1448 1448 1483 1423 1564 1564 1560 1512	14:45-15:15 m MAIN ARENA Plenary session
1.4.45-15:15 © Late-breaking trials ROOM 2 Session comprising selected PCR London Valves 2015 late- Plenary session > Programme to be advised soon	> Session objectives > Thromboembolism & stroke after TAVI: what are the issues? > Time to React@PCR > Leaflet thickening & motion abnormality after TAVI: Imaging artefact or thromboembolic precursor? > Time to React@PCR > Current antithrombotic regimes & future refinements > Time to React@PCR > Key learnings & session evaluation	MAIN ARENA Attend this session if you want: Pleasey session To learn about the current evidence for antithrombotic therapy after TAVI To appreciate the issues when balancing risks of thromboembolism & bleeding in the TAVI patient To understand more about the phenomenon of leaflet thickening & motion abnormality after TAVI



...Monday 21st September, 2015

15:45 > How did treat? – Presenter from Sweden 15:55 > Discussion & audience interaction	> Session objectives > Case presentation from Israel > How would I treat? – Expert from Sweden > Session objectives > Case presentation from Israel > How would I treat? – Expert from Israel > Session & audience interaction Session & audience interaction Session & audience interaction Session & audience interaction Session Sweden Session objectives Sepert from Sweden Session objectives Sepert from Sweden Session objectives Sepert from Sweden Session objectives Session objectives

15:00	~~~	15:15	LIVE demonstration	MAIN ARENA	15:15-16:15 頃
1550 >Time to React@PCR	UK	With continuous LIVE from St. Thomas' Hospital, London,		London, UK	15:15-16:15 阿 LIVE demonstration from St. Thomas' Hospital,



14:45-16:15 🖾 Interactive case corner III

Call for Session comprising selected PCR London Valves 2015 clinical case submissions

Programme to be advised soon

...Monday 21st September, 2015

IMIS .	16,02		15,02	1557	15:52	7,451	(6)	550	1937		1527	1227		1817	15:15						Plenary session	ROOM 2	15:15-16:15
Key learnings & session evaluation	> Time to React@PCR	management	>TAVI-related endocarditis & late valve failure: incidence &	Time to React@PCR	› Rhythm management	> Renal failure	> Bleeding	> Stroke	> Paravalvular leak	complications	`Technical & procedural refinements to reduce long-term	> Time to React@PCR	adverse outcomes & lessons for case selection	Long-term outcomes in trials & registries: predictors of	> Session objectives		To appreciate the limitations of currently available data	outcomes	To understand the factors which govern long-term	TAVI	To gain an understanding of the long-term outcomes after	Attend this session if you want:	15:15-16:15 🛱 Long-term outcomes after TAVI
		15524	7821		17:52	16:58		ló:£2	440		16,30	1636									Plenary session	MAIN ARENA	16:30-17:30 🖾 Advan
		Key lea) Time to	experi	> Percut	> Time to	routin	> Direct	Time to	end of) Indirec	> Session		interv	→ To glin	replac	> To app	percui	> To hea	Attend:	replace	mitral.	3 Advan

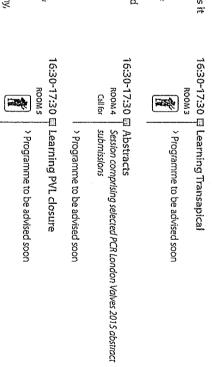
experience & future challenges Time to React@PCR Key learnings & session evaluation	1794 1794
> Percutaneous mitral valve replacement: worldwide	17:52
routine clinical application?	1.50
Direct mitral valve annuloplasty: how far are we from	15 th
end of the tunnel? Time to React@PCR	
Indirect mitral valve annuloplasty: is there a light at the	1636
› Session objectives	1636
Attend this session if you want: To hear the latest clinical data concerning direct & indirect percutaneous mittal annuloplasty To appreciate the challenges of percutaneous mitral valve replacement & possible technical solutions To glimpse the future of percutaneous mitral valve intervention	
replacement	Plenary session
mitral valve: from annuloplasty to valve	MAIN ARENA
Advances in percutaneous treatment of the	:30-17:30

PCR London Valves Preliminary programme - Valid as of 5th June, 2015

15:50-16:15 岡 Learning Carillon Rooms

> Programme to be advised soon

1726	17:21	17:33	17:08	17:00	16:55		16:47	1642		1034	16:30								Plenary session	ROOM 2	6:30-17:30 F
> Key learnings & session evaluation	Time to React@PCR	Is surgery the only answer? Future interventional possibilities	Time to React@PCR	> When should we fix it (& how)? Current surgical practice	Time to React@PCR	computed tomography or cardiac magnetic resonance?	Which Imaging modality should I use? Echocardiography,	>Time to React@PCR	pulmonary circulation	Tricuspid anatomy & pathophysiology; valve, ventricle &	Session objectives	Oseo	treatment options & when they should/should not be	To understand current surgical & future percutaneous	valve disease	To appreciate the optimal modes of Imaging in tricuspid	the tricuspid valve	To learn more about the function & pathophysiology of	Attend this session if you want:	go wrong & should we fix it?	即 The tricuspid valve: how does it work, why does it



.7:55	1750	05/21	1720	17/25	17,20	1235	17:10	17:00	16:50	59/45	1690	.635	:030					How should I treat?	ROOM 6	16:30-18:00 🛱
1 > Session evaluation & key learnings	> Consensus	> Discussion & audience interaction	> How did treat? Presenter from France	> How would I treat? – Expert from France	> How would I treat? – Expert from The Netherlands	Case presentation from France	> Consensus	> Discussion & audience interaction	 How did I treat? – Presenter from The Netherlands 	> How would I treat? – Expert from The Netherlands	> How would I treat? – Expert from France	Case presentation from The Netherlands	› Session objectives	> lo learn the best practices from the Netherlands & France	the French Society of Cardiology	Interventional Cardiology of the Dutch Society of Cardiology &	Interventional Cardiology Group of the Working Group on	With the collaboration of the Atheroma Coronary &	France	16:30-18:00 岡 Most educational cases from The Netherlands & 1
														Ī	-1					<u>س</u>

1845	LIVE demonstration	MAIN ARENA	17:30-18:30 ធុ			Call for	16:30-17:30 同
Urban/im Friedrichshain/DHZB Berlin, Germany > Time to React@PCR	> With continuous LIVE from Vivantes Klinikum Am	Urban/im Friedrichshain/DHZB Berlin, Germany	17:30-18:30 圆 LIVE demonstration from Vivantes Klinikum Am	Programme to be advised soon	case submissions	Session comprising selected PCR London Valves 2015 clinical	16:30-17:30 몓 Interactive case corner W

Tuesday 22rd September, 2015

Attend this session if you want: To learn about the composition of EVOLUT R To learn how to use EVOLUT R in regular & complex anatomies	> How to do PCI before & after TAVI? > What can we learn from the surgical experience? Is there a role for a hybrid approach? > Time to React@PCR > Bringing it all together: pragmatic recommendations Xey learnings & session evaluation State	To appreciate the potential complexities & risks of undertaking PCI in the setting of severe aortic stenosis To refine your case selection according to the latest clinical evidence Session objectives Why do PCI? Which patient & which lesion should we treat?	の 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	xperience? Is there a as.co cscs cmmendations cscs cscs cscs cscs cscs	re aortic stenosis g to the latest clinical Nurses & technicians sion should we	08:00-09:25 Room 4 Partery disease on

	0-09:25
-	-
	Abstracts
•	

om 4 Session comprising selected PCR London Valves 2015 abstract submissions

Programme to be advised soon

 $9:00 ext{ } ext{\form} ext{ TAVI in 2015: how can we streamline the patient om ϵ pathway?}$

Attend this session if you want:

To understand the pros & cons of different valves types & their clinical indication

> To discuss ways in which anaesthetic protocols can be simplified

> To share strategies for earlier patient discharge after TAVI

Session objectives

Choosing the right valve for the right patientDiscussion & audience Interaction

Is simplified anaesthesia the way forward?Discussion & audience interaction

Pathways for early patient discharge after TAVI

› Key learnings & session evaluation › Discussion & audience interaction

i:30 ☐ Interactive case corner |

Session comprising selected PCR London Valves 2015 clinical case submissions

Programme to be advised soon

Tuesday 22nd September, 2015

			%	ROOMS	08:00-08:45 E		08:28	08:25	. 08:20		0514	80:80		C6:02	(60%)							Plenary session	MAIN ARENA	08:00-08:30 ए
	anatomies	To learn how to use EVOLUT R in regular & complex	To learn about the composition of EVOLUT R	Attend this session if you want:	08:00-08:45 🛱 Learning EVOLUT R		ಚು.28 > Key learnings & session evaluation	> Bringing it all together: pragmatic recommendations	> Time to React@PCR	role for a hybrid approach?	What can we learn from the surgical experience? Is there a	> How to do PCI before & after TAVI?	treat?	> Why do PCI? Which patient & which lesion should we	> Session objectives		evidence	To refine your case selection according to the latest clinical	undertaking PCI in the setting of severe aortic stenosis	To appreciate the potential complexities & risks of	TAVI outcomes	To understand the impact of coronary artery disease on	Attend this session if you want:	08:00-08:30 四 Coronary artery disease & TAVI
Call for	08:00-09:30	08:36		08:39	0834	06:22	08:17	16:05	08:00					session	technicians	Nurses &	KOOM 6	00.00 00.00	00.00-00.80			Call for	ROOM 4	08:00-09:25 回 Abstracts
Session comprising selected PCH London Valves 2015 clinical case submissions	08:00-09:30 回 interactive case corner!	Ney learnings & session evaluation	> Discussion & audience interaction	> Pathways for early patient discharge after TAVI	> Discussion & audience interaction	> Is simplified anaesthesia the way forward?	> Discussion & audience interaction	Choosing the right valve for the right patient	3 Session objectives		> To share strategies for earlier patient discharge after IAVI	simplified	> To discuss ways in which anaesthetic protocols can be	their clinical indication	> To understand the pros & cons of different valves types &	Attend this session if you want:	patrivay		TAVI in 2015 and the carte and the 2015 of IVAT FE 00:00-00:50	l > Programme to be advised soon		submissions	Session comprising selected PCR London Valves 2015 abstract	Abstracts

Programme to be advised soon

...Tuesday 22nd September, 2015

		8ern, Switzerland Time to React@PCR	00:15
> Session evaluation & key learnings	10:25	> With continuous LIVE from Bern University Hospital,	08:30
> Consensus	1620		LIVE demonstration
› Discussion & audience interaction	16.10	Hospital, Bern, Switzerland	MAIN ARENA
> How did I treat? – Presenter from Den	1000	08:30-09:30 থ LIVE demonstration from Bern University	08:30-09:30 R
> How would I treat? — Expert from Der	55.80		****
How would I treat? – Expert from Turk	1950	> Key Jearnings & session evaluation	7007
Case presentation from Denmark	()(945)	>Time to React@PCR	98 to 1
Consensus	0340	> Bringing it all together: the key role of Imaging	20.00
> Discussion & audience interaction	5896	> Time to React@PCR	95.0
How did I treat? - Presenter from Luck	OCCAN	patient with inoperable mitral calcification	
> How Would I treat? — expert from furk	21/80	> Treatment indications & percutaneous options in the	255
How would I freat - Expert noin Den	0.500	> Time to React@PCR	6550
Case Diesel Mandrillour Louvey		repair	
> Sessibil Objectives	THE PARTY OF THE P	Percutaneous possibilities following failed surgical valve	38,62
Coccion phiarticos		> Time to React@PCR	3837
/ 10 leath title best blactices holli bein		device selection & technical tips	
Attend this session in you want.		Valve-in-valve options for failed surgical bioprostheses:	or a contract of the contract
Attand this spesion if you want		> Session objectives	(825
Turkish Society of Cardiology			
Association of Percutaneous Cardiovascul		treatment selection & interventional strategy	
Cardiology of the Danish Society of Cardio	How should treat?	To understand the key role of Imaging in guiding	
With the collaboration of the Working Gro	ROOM 6	procedures	
09:00-10:30 圓 Most educational cases from Der	09:00-10:30	> To gather practical tips & tricks for valve-in-valve	
		in patients with no surgical options	
> 10 learn now to use Lotus in regular &	[##	To learn more about percutaneous treatment possibilities	
> To learn about the composition of Lot		Attend this session if you want:	Plenary session
Attend this session if you want:	ROOM 3	clinical situations	ROOM 2
08:45-09:30	08:45-09:30	08:25-09:25 📮 Percutaneous valve intervention in challenging	08:25-09:25 岡
		-	

n of Lotus igular & complex anatomies

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PCR London Valves Preliminary programme - Valid as of 5th June, 2015

...Tuesday 22nd September, 2015

09:57 99:58	09:50 09:52	09:43	85:50	09:36	09:51	0e:30	09:30-10:00 E ROOM 2 Plenary session
>Time to React@PCR > Key learnings & session evaluation	>Time to React@PCR >My top 5 tips	> lime to React@PCR > My closest escapes	> My top 5 tips	> Time to React@PCR	Vily closest escapes	> Session objectives	09:30-10:00 Eta A friend in need is a friend indeed: tips & tricks Room 2 from the experts Attend this session if you want: To learn practical tips to assist difficult TAVI procedures To understand how to predict complications & treat them promptly To gain insights into options available when TAVI procedures do not go according to plan

	09:30-10:30 🖾 Forum ROOM 4 Session call for case sub
> Programme to be advised soon	-10:30 TE Forum ROOM 4 Session comprising selected PCR London Valves 2015 clinical case submissions

Not to miss!

O9:35-10:30 (I) The Great Valve Debate: how do we extend main arena lessons from TAVI experience to the initial valve?

Plenary session With an unrestricted educational grant from Edwards

Lifesciences

	09:35-10:30 回 Call for
> Programme to be advised soon	09:35-10:30 탭 Interactive case corner il Call for Session comprising selected PCR London Valves 2015 clinical case submissions

10:00-10:30 PRegistries
Room 2 Plenary session Plenary session

09:30-10:30 🏻 Learning Portico

Attend this session if you want:

To learn about the composition of Portico

To learn how to use Portico in regular & complex

anatomies

88

PCR London Valves Preliminary programme - Valld as of 5th June, 2015

...Tuesday 22nd September, 2015

			750:	1052	1050		1048	1043		(650)	95-91	1381	1030	-								Lighter? repairing		MAIN ARENA	11:00-11:30 国	,	
		> Key learnings & session evaluation	> Time to React@PCR	› Are sequential TAVI & MitraClip procedures ever justified?	> Time to React@PCR	TAVI is futile?	› How severe does mitral regurgitation need to be before	> Time to React@PCR	better after TAVI?	> How can we predict whether mitral regurgitation will get	> Time to React@PCR	> Mitral regurgitation: relevance in IAVI patient selection	> Session objectives		percutaneous valve interventions	> To learn more about the indications for combined	יווייין איניין	improve after TAVI	> To gain insights as to whether mitral regurgitation will	the setting of severe aortic stenosis	> To understand the importance of mitral valve disease in	Attend this session if you want:	' This area is a life to the same of the s	patient	11:00-11:30 圓 The impact of mitral valve disease in the IAVI		-
173	12:13		1295	1153	1145	1155		1165	1613		: 303												Flenary session	ROOM 2	11:00-17:30	44-00-40-00	
> Key learnings & session evaluation	Time to React@PCR	intervention (& how to overcome them)	Top 3 anatomical challenges for percutaneous mittal valve	> Time to React@PCR	The key role of Imaging in diagnosis & procedural planning	Time to React@PCR	problems in different patients	Primary & secondary mitral valve regurgitation; officient	> Ime to React@PCK	than the aprilic valve	Valuation of a polysiology: Illustrations complex	A structural conjectives	o control of the cont	possible solutions	> 10 loentily the challenges of percutatieous deathlicities	acadistic	trastment	assessing mitral valve pathology & planning interventional	> To appreciate the value of different Imaging tools in	physiology & the pathophysiology of milital regulgita	c lotally direction in the high state of the second of	To fully understand normal mitral valve anatomy &	Attend this session if you want:	interventionist needs to know	1:00-12:30 M Wittal Valve legal gradion: what are	Mittal color rocuraitation what the	

...Tuesday 22nd September, 2015

							Programme to be advised soon		Call for submissions	ROOM 4 Session comprising selected PCR London Valves 2015 abstract	11-00-17-20 E Abetracte	regular & complex anatomies	To learn how to use Direct Flow & Symetis devices in	~ 3	11:00-12:30 [2] Learning Direct Flow & Symetis	
11:00-12:30 Call for	12:10 12:20 12:25	12:00	11%5 1150	1130	11:20	11:15	11:10	11:05	11:00					How should I treat?	11:00-12:30 (ROOM 6	
11:00–12:30 🖾 Interactive case corner III Call for Session comprising selected PCR London Valves 2015 clinical case submissions	12:0	> How would I treat? — Expert from Switzerland > How did I treat? — Presenter from Switzerland	 Case presentation from Switzerland How would I treat? – Expert from United Kingdom 	 Discussion & audience interaction Consensus 	> How did I treat? – Presenter from United Kingdom	> How would I treat? – Expert from United Kingdom	> How would I treat? — Expert from Switzerland	> Case presentation from United Kingdom	> Session objectives	SANIZERIALIC	> To learn the best practices from United Kingdom &	Attend this session if you want:	ACS of the Swiss Society of Cardiology	With the collaboration of the British Cardiovascular Intervention Society & the Modeling Group on Interventional Cardiology &	11:00-12:30 ឲា Most educational cases from United Kingdom & ROOM 6 Switzerland	

l → Programme to be advised soon

1205 11313 11331 1245	1200	12:15 13:00-14:00 E MAIN ARENA Symposium	11:30-12:30 E MAIN ARENA LIVE demonstration
 The latest technological developments from Direct Flow Medical Advanced techniques for routine challenges Real world results Time to React@PCR Session evaluation & key learnings 	Attend this session if you want: To learn about the latest innovations in the Direct Flow Medical programme To analyse advanced implant techniques using the Direct Flow valve To review the latest data concerning Direct Flow Medical technology Session objectives	Bern, Switzerland 12:45 > Time to React@PCR 13:00-14:00	Tuesday 22 nd September, 2015 11:30-12:30 IJ LIVE demonstration from Bern University MAIN ARENA Hospital, Bern, Switzerland LIVE demonstration *:30 *With continuous LIVE from Bern University Hospital.
	1560 150 1813 1922 1885	13:00-13:45 E ROOM 4 Symposium	13:00-14:40 E ROOM 2 Tools & Techniques (TNT)
	mitral & tricuspid annuloplasty To present the latest clinical data Session objectives Mitral annuloplasty data review Mitralign tricuspid repair: Echo perspective Mitralign platform for tricuspid repair Discussion & audience interaction Session evaluation & key learnings	13:00-13:45 Percutaneous treatment of mitral & tricuspid regurgitation ymposium With an unrestricted educational grant from Mitralign Attend this session if you want: > To understand the Mitralign procedure for percutaneous	13:00-14:40 🖾 Tools & Techniques ROOM 2 With an unrestricted educational grant from Valtech Tools & Techniques (TNT) Programme to be advised soon

> Programme to be advised soon			ROOM 4 year	14:40-15:20 📮 The best 3 transcatheter valve "rescues" of the		 14:06) Discussion & Audience interaction		1258 > Results from 3 prospective, randomised multi-centre trials	13:55 > Session objectives		annuloplasty for treatment of FMR	> To discuss the role & implementation of percutaneous	make this an easy, safe & accessible procedure	> To appreciate useful tips for procedural technique that	percutaneous annuloplasty	> To learn about the high-quality efficacy data for	Attend this session if you want:	Dimensions	Symposium With an unrestricted educational grant from Cardiac		13:55-14:40 四 Effective, efficient, flexible mitral annuloplasty 14:44	Tuesday 22 nd September, 2015		
	15:41 > Key learnings & session evaluation	1526 > Time to React@PCR	partitioning & beyond)		15/23 > Time to React@PCR	 	techniques 15:10 > Time to React@PCR	15.52 The scope of surgery: repair, replacement & combined	14:57 Time to React@PCR	treatment?	14:49 > Who gets it & why? And who might benefit from	> Session objectives		alternatives	> To explore the potential of combined treatments & future	> To appreciate the limitations of current treatment options	regurgitation & the scale of the clinical problem	To understand the mechanisms of secondary mitral	Plenary session Attend this session if you want:	MAIN ARENA The «vicious circle»	14:45-15:45 📮 Secondary mitral regurgitation & heart failure:			



14:45-15:45 Learning JenaValve Attend this session if you want: To learn about key features of JenaValve To learn how to deploy JenaValve	~ ~ ~ ~	Session objectives A Optimal medical therapy Time to React@PCR ASZ Time to React@PCR SAZ Time to React@PCR SAZ Paremakers & rhythm management		14:45-15:30 區 Achieving the best outcomes after TAVI ROOM2 Attend this session if you want: Plensty session > To learn more about the optimal management of patients	Programme ———————————————————————————————————
Case presentation up to point of Heart Reditions volume to Point of Heart Reditions volume to Reaction PCR National National PCR National Natio	> Case presentation up to point of Heart Team discussion 15-62 > Does the literature help? >Time to React@PCR >5-64 > Heart Team discussion >Case conclusion	> To learn about the issues involved in selecting cases for valve intervention > To understand how the latest evidence influences strategy > Session objectives	Programme to be advised soon 15:35-16:30 四 Heart Team LIVE ROOM2 Attend this session if you want: Plenary session You participate in a dynamic Heart Team discussion concerning challending cases	15:25-16:25 Forum ROOM 4 Session comprising selected PCR London Valves 2015 clinical Call for case submissions	

LIVE demonstration 15:45-16:45 🕄 LIVE demonstration from Kerckhoff Heart and Main Arena | Thorax Center, Bad Nauheim, Germany

> With continuous LIVE from Kerckhoff Heart and Thorax Center, Bad Nauheim, Germany > Time to React@PCR

Not to missl

16:50-17:05 El Closing remarks

PCR London Valves Preliminary programme - Valid as of 5th June, 2015

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17-LUG-2015 09:16 VEN

Numero fax

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Nome

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Nome/Numero : 00256806592

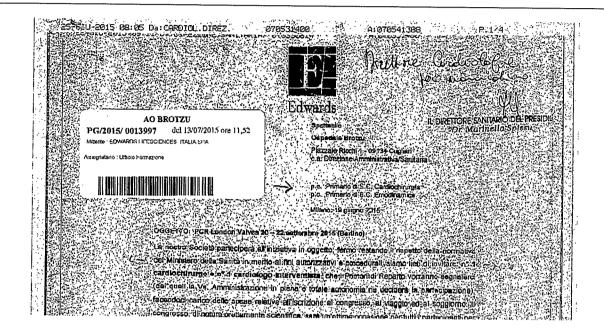
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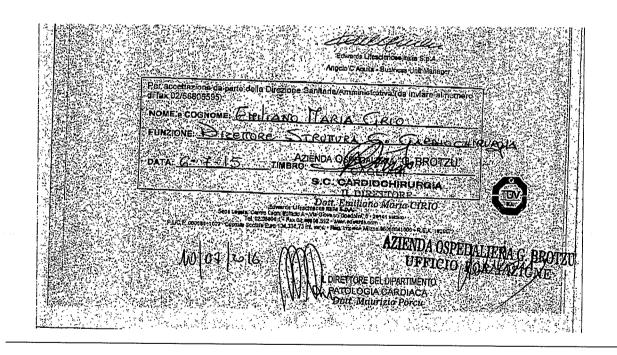
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