Fifth Annual NCVH Fellows Course Draws More than 75 Attendees

Kicking off the NCVH Annual Conference was yesterday’s fifth annual NCVH Fellows Course. The day-long program drew more than 75 fellows, record attendance for the prominent program.

Fellows Course Chairman Carlos Mena, MD, thanked attendees as he welcomed them and laid out the day’s program, which included lectures and hands-on workshops.

“For us, it means a lot that you are here,” he said. “You are the future. A few years ago, we were sitting where you are.”

Dr. Mena said the program was developed to both cover the complexities of treating peripheral artery disease (PAD) and capture the excitement that is currently being seen in the field.

Fellows Course Chairman Craig Walker, MD, set the stage for the day by looking at the staggering statistics for PAD.

“PAD is a marker for death,” Dr. Walker said. He warned that many patients with PAD either have no symptoms, or point to other conditions as causes of symptoms that can indicate PAD, such as arthritis or advanced age.

Monitoring ankle brachial index (ABI) is critical. “As ABI falls, so does survival,” he said. “When there’s an ABI of .4 or less, mortality is as bad as lung cancer. It’s important to diagnose this not just because of the leg, but because of other life-threatening medical conditions.”

Hear New Clinical Trial Data Today

NCVH continues to not only deliver information on cutting-edge technologies, but also the latest developments from clinical trials conducted around the world.

On Wednesday afternoon, May 28, don’t miss these presentations:

- EXCITE ISR: Final Results, 3:10 p.m. – Craig Walker, MD
- Directional Atherectomy with Direct OCT Visualization: Initial Results of the VISION Trial Using the Pantheris Catheter, 3:40 p.m. – Nicholas Shammas, MD
**BEST-IN-CLASS TECHNOLOGIES**
from a leader in vascular interventions

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**IN.PACT Admiral DCB**
Drug-Coated Balloon

**GAIN**
HawkOne™ Directional Atherectomy System

**MAINTAIN**
IN.PACT® Admiral®

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**Contraindications**
The IN.PACT Admiral DCB is contraindicated for use in:

- In-stent restenotic lesions up to 180 mm in length in native superficial femoral or popliteal arteries indicated for percutaneous transluminal angioplasty, after predilatation, of de novo or restenotic lesions with reference vessel diameters of 4-7 mm.

**Indications for Use:**
The IN.PACT Admiral Paclitaxel-Coated PTA Balloon catheter is indicated for:


- Do not use air or any gaseous medium to inflate the balloon. Use only the recommended inflation medium (equal parts contrast medium and saline solution).

- Do not exceed the rated burst pressure (RBP). The RBP (14 atm [1419 kPa]) is based on the results of in vitro testing. Use of pressures higher than RBP may result in a loss of structural integrity of the balloon and/or catheter system; failure of the balloon to perform as intended; described fracture of the balloon or cable.

- Assess risks and benefits before treating patients with a history of diffuse, long-segment (>10 cm) vessel disease. Consider the use of multiple balloons and paclitaxel content.

- The use of this product carries the risks associated with percutaneous transluminal angioplasty.

- The safety and effectiveness of the IN.PACT Admiral DCB used in conjunction with other ablative devices or drug-coated balloons in the same procedure or following treatment (unless it has not been evaluated).

**Potential Adverse Events**
Adverse events that may occur or require intervention include, but are not limited to the following: acute vessel closure, access site pain, allergy or reaction to contrast medium, embolization, acute vessel damage or dissection, pseudoaneurysm, limb ischemia, angioarchitecture change, neuromotor dysfunction, accelerated atherosclerosis, local infection, hematoma, infection at access site, local or distal embolic events, perforation or rupture of the artery, pericardial effusion, the product failing to cross the lesion. Potential complications of peripheral balloon catheterization include, but are not limited to the following: balloon rupture, dissection, embolization of a component of the balloon and/or catheter system; failure of the balloon to perform as intended; failure to cross the lesion.

**Medtronic**
Medtronic is the ONLY company with peer reviewed published data for atherectomy¹ and DCB² technologies.


Live Cases Bring Lectures to Life

Past NCVH attendees will likely agree – live case transmissions are a yearly highlight of the conference program. This year’s program features 24 live cases from six sites over the next three days.

“You can go and sit and listen to lectures but when you go and see the cases that these lectures apply to, the chance for learning is higher, as is retention,” said Frank Bunch, M.D., who will perform three live cases on today’s schedule, at the Springhill Medical Center, Mobile, Ala.

For the first time at NCVH, live cases will be broadcasted from Mount Sinai Medical Center, Miami, Fla., led by Robert Beasley, M.D.

“I love live cases,” said Dr. Beasley. “I hope attendees will take away one or two tidbits from our cases. They get to learning something by seeing a procedure done in a way they may not have seen before.”

One challenge that the live case operators face is the length of the live case procedures. They will only be on-screen for only 20 minutes.

“My goals for the day are to share the advantages of currently available technologies in conquering complex long CTOs in 20 minutes,” said Jihad Mustapha, M.D., who will lead three cases on Thursday, May 28, from Metro Health Hospital, Wyoming, Mich. “I also intend to share how we simplify procedures by adding the use of ultrasound for alternative access and CTO crossing. Additionally, we have learned to create an exit strategy before we enter into a complex CLI case.”

The engaging dialogue between the panelists and the case operator, and amongst the panelists, illustrates the point that there’s no one right way to perform a procedure.

“I think that they see that even though there are things that are set – the practice of medicine is making decisions to treat something that can be treated in multiple ways,” said Dr. Bunch. “You learn that you don’t go in and just treat it one way. You look at multiple things to determine the option that’s best to treat that patient.”

Dr. Beasley seconded Dr. Bunch’s comments.

“The discussion among the panel brings up a lot of different points. There’s a multitude of ways to treat cardiovascular disease,” said Dr. Beasley. “If you run into a problem, the panel can interject an opinion about approach, device selection, etc. It’s extremely educational and enlightening.”

Live cases are a very important part of the attendee’s experience, Dr. Mustapha said, one which he enjoys being a part of. “I have always had a passion for education and spreading awareness for CLI therapies,” he said. “I hope that the attendees take away knowledge that will help them simplify CLI therapy.”

Dr. Craig Walker Named 2015 Healthcare Hero by New Orleans CityBusiness Magazine

Cardiovascular Institute of the South (CIS) is proud to announce that its founder, president and medical director, Dr. Craig Walker, was honored as a 2015 Healthcare Hero by New Orleans CityBusiness Magazine.

Dr. Craig Walker, whose name is world-renowned and synonymous with advancement in the field of cardiology, has been instrumental in achieving low prevalence rates of cardiovascular disease in southern Louisiana. In addition to establishing CIS, Dr. Walker is the founder and Chairman for New Cardiovascular Horizons (NCVH), which is a multi-disciplinary peripheral vascular disease (PVD) conference. Through NCVH, Dr. Walker provides comprehensive educational training courses to other physicians from around the world. Since 2007, New Orleans CityBusiness Health Care Heroes has been nominating industry standouts. Awards are given to 50 healthcare professionals in the greater New Orleans area who have achieved medical success, made contributions to the community and had a significant impact on the local healthcare industry.

New Orleans CityBusiness Healthcare Hero Honorees were recognized at a luncheon on May 15, 2015 at the Ritz-Carlton, New Orleans.

Plan to Attend the Inaugural NCVH Vein Forum on Saturday

The focus on venous disease will continue with the inaugural NCVH Vein Forum on Saturday, May 30.

Conference chairman Ariel Soffer, M.D., and conference co-chairmen Robert Coronado, M.D., and Anil Chagparlamudi, M.D., will lead the forum.

“Vein disease has become recognized as also the responsibility of the cardiovascular professional,” said Dr. Soffer, adding that the forum will bring experienced medical personnel together to share best practices in an evolving field.

The agenda will include more than 15 lectures focused on a range of topics, ranging from superficial venous insufficiency to wound care. The program will look at the roles of both ablation and foam sclerotherapy in the treatment of venous disease.

“Thermal ablation has been used effectively to treat venous insufficiency and has changed the way we practice over the last decade,” said Dr. Soffer. “Now foam sclerotherapy is beginning to do the same in the US with FDA approval in 2014.”

Dr. Soffer hopes to create a program that provides updates on technical developments, FDA-approved methodologies and new resources.

“This program will bring international state of the art techniques, new FDA approved methodologies and spirited discussions intended to enlighten and enthuse clinicians,” said Dr. Soffer. “For those looking to add phlebology to their existing practice should leave feeling more confident to do so and meet other professionals willing to discuss their experiences.”

Registration will open at 7 a.m. on Saturday, May 30, and the program will begin at 8 a.m. Onsite registration costs are $399 for attendees, and $599 for industry representatives. For more information, visit the NCVH registration desk or www.ncvh.org/ncvh-vein-forum.

Attendee Q&A: What do you hope to take away from NCVH 2015?

Saami Yazdani, Ph.D
University of South Alabama
Mobile, Ala.

“I’m a PhD, and I specialize in peripheral arterial disease. I’m trying to develop new devices, so I’m here to get ideas as well as for clinical networking. This is a wonderful, strong conference in the Gulf Coast.”

Harry Gross, M.D.
Pineville, La.

“I hope to learn more about limb salvage. Also, my son has a rare disease. He’s only 45 and has lost the use of his left ventricle. I’d like to learn what we can do to help prolong his life. So I’m here both personally and professionally.”

Bic Stafford-Seitz, DPM
Maryland Heights, Mo.

“I hope to learn more about the new technology updates and to meet the speakers. There’s so much new technology that’s it can be hard to keep up.”
Regardless of your interventional challenges, Covidien stents offer a distinctive design backed by strong clinical evidence. So whether your intervention calls for durability, visibility, precision or choice, Covidien stents deliver in any case.

Indications: The EverFlex™ Self-Expanding Peripheral Stent System is intended to improve luminal diameter in the treatment of symptomatic de-novo or restenotic lesions up to 180mm in length in the native Superficial Femoral Artery (SFA) and/or proximal popliteal arteries with reference vessel diameters ranging from 4.5 – 7.5mm.

The EverFlex™ Self-Expanding Peripheral Stent System is indicated for improving luminal diameter in patients with atherosclerotic disease of the common and/or external iliac arteries up to and including 100 mm in length, with a reference vessel diameters of 4.5 – 7.5 mm.

The Protégé™ GPS™ Self-expanding Peripheral Stent System is indicated for improving luminal diameter in patients with atherosclerotic disease of the common and/or external iliac arteries up to and including 100 mm in length, with a reference vessel diameters of 4.5 – 7.5 mm.

Contraindications: Use of the EverFlex™ or Protégé™ GPS™ Self-Expanding Peripheral Stent Systems is contraindicated in patients with known hypersensitivity to nickel titanium; patients contraindicated for anticoagulant and/or antiplatelet therapy; patients who have a lesion that prevents complete inflation of an angioplasty balloon or proper placement of the stent or stent delivery system.

Indications: The Visi-Pro™ Balloon-expandable Peripheral Stent System is indicated for improving luminal diameter in patients with atherosclerotic disease of the common and/or external iliac arteries up to 100 mm in length, with a reference vessel diameter of 5 to 10 mm.

Contraindications: Use of the Visi-Pro™ Balloon-expandable Peripheral Stent System is contraindicated in patients with known hypersensitivity to stainless steel or its components; patients contraindicated for anticoagulant and/or antiplatelet therapy; patients who exhibit persistant acute intraluminal thrombus of the proposed lesion site; perforation at the angioplasty site; aneurysm of the artery to be treated.

Potential Adverse Events: Potential adverse events which may be associated with the use of a stent in the SFA/PPA and iliac arteries include, but are not limited to: Allergic reaction, Amputation, Arterial injury, Bleeding requiring transfusion, Infection, Pseudoaneurysm, Restenosis, Stent/Vessel Thrombosis, Surgical or endovascular intervention.

See the Instructions for Use provided with the product for a complete list of warnings, precaution, adverse events and device information.

CAUTION: Federal (USA) law restricts these devices to sale by or on the order of a physician.

Protégé EverFlex Self-expanding Biliary Stent System is intended for the palliative treatment of malignant neoplasms in the biliary tree.

Learn more at Booth 104.
Screening, diagnosing and treating peripheral artery disease (PAD), critical limb ischemia (CLI) and venous disease are vital components of an overall mission to take on the staggering reaches of these diseases. But what about the financial impact of choosing one treatment option rather than another? And what about those who are not yet patients, those who aren’t aware of either the risk factors or the treatment options available to them?

To take a closer look at the economic impact of these diseases, NCVH added a preconference course to the Tuesday agenda, “Understanding the Business of Peripheral Interventions.” The comprehensive program tackled a number of topics, ranging from the impact of new technological advancements to marketing efforts and office-based labs.

“I believe there is a great opportunity to save limbs and lives, improve quality of life, lessen overall healthcare expenditures and have a successful business model,” said NCVH Course Chairman Craig Walker, M.D., as he opened the program. He pointed to billing as a potential hurdle that can be avoided.

“I’ve seen programs fail because they don’t know how to bill,” he said. “There are billing steps along the way that they don’t include and lose collections.”

Another topic, on which session speakers went into greater depth, is interventions versus amputation.

“Whoever thinks repeat interventions are expensive is right,” said Dr. Walker. “But they are far less expensive than an intervention. They also have far less morbidity than amputations.”

Mary Yost looked at the numbers associated with PAD, emphasizing that the disease is underestimated, underdiagnosed and undertreated. She said this also applies to venous disease.

“The economic burden is huge,” she said, adding that 80 percent of the PAD bill is paid by Medicare and Medicaid.

Early diagnosis and treatment of PAD will not only save limbs and lives, but lessen the financial burden.

“The cost increases with the severity of the disease,” said Yost. “Hospital costs increase with severity. Most PAD patients do not have PAD alone – common combination is PAD and coronary artery disease.”

An estimated 15 percent of CLI cases result in amputation, she said, adding that race, age, location and insurance will impact the decision to amputate. “The treatment of CLI has been described as a pathway to amputation.”

Turning the focus to venous disease, Yost said studies estimated that more than 25 million people in the United States have varicose veins, and an estimated 2 million have venous ulcers.

“Venous disease is likely our most common chronic disease,” said Yost, who looked at the cost of venous ulcers, VTE, recurrent VTE and complications. “With both PAD and venous disease, we need a tremendous amount of research, especially on the financial impact.”

The debate about the impact of new technologies on rising costs was addressed by Mark Breedlove.

“Demands are higher and higher,” he said. “The Food and Drug Administration (FDA) is putting intense scrutiny on medical devices coming to market. Patients also have higher expectations. The challenge is, that with more patients and less money, the demands rise and expectations increase.”

Breedlove presented three examples of how new technologies can have financial implications:

- Zilver PTX study findings
- Atherectomy
- Limb salvage in CLI patients

He also encouraged the audience to consider these three truths of reducing cost through innovation:

1. Innovation means change. Change takes effort.
2. Better patient outcomes – more cost effective care.
3. Incentives must align with better patient outcomes

See the Thursday issue of What’s on the Horizon? for more from this session.
Hear from the experts and get hands-on with the broadest portfolio in peripheral interventions.

JOIN US THURSDAY MORNING FOR A BREAKFAST SYMPOSIUM

MAY 28, 2015
BREAKFAST AND PRESENTATION
7:00-7:50 AM
CRESCENT CITY BALLROOM,
MEZZANINE LEVEL

ATHERECTOMY AND VESSEL PREPARATION IN THE ERA OF DRUG ELUTION
TOM DAVIS, MD

RAPID FLOW RESTORATION FOR TREATING DEEP VEIN THROMBOSIS
ROBERT BEASLEY, MD

Visit us at our booth
INDICATIONS

The Supera Peripheral Stent System is indicated to improve luminal diameter in the treatment of patients with symptomatic de novo or restenotic native lesions or occlusions of the superficial femoral artery (SFA) and/or proximal popliteal artery with reference vessel diameters of 4.0 to 6.5 mm, and lesion lengths up to 140 mm.

For Important Safety Information, see page XX.

Clinically Proven, Widely Studied, with Excellent Outcomes to 3 Years

> 1,100 Real-world patients analyzed worldwide in 7 retrospective analyses

264 Patients studied in the SUPERB Trial

1. Garcia, L., The SUPERB Trial: 3-Year Results. VIVA 2014

*When deployed at +/- 10% of labeled stent length.
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CONTRAINDICATIONS

The Supera Peripheral Stent System is contraindicated in:

• patients who are judged to have a lesion that prevents complete inflation of an angioplasty balloon or proper placement of the stent or stent delivery system
• patients who cannot receive antiplatelet or anticoagulation therapy. Based on in vivo thrombogenicity testing, the device should not be used in patients who cannot be anticoagulated as there may be some thrombus formation in the absence of anticoagulation.

WARNINGS

• This device is intended for single-use only. Do not reuse. Do not resterilize. Do not use if the package is opened or damaged. • Use this device prior to the “Use By” date as specified on the device package label. Store in a dry, dark, cool place. • DO NOT use if it is suspected that the sterility of the device has been compromised.
• persons with known hypersensitivities to Nitinol and/or its components (e.g., nickel titanium) may suffer an allergic reaction to this implant. • Administer appropriate antiplatelet therapy pre- and post- procedure. • Careful attention should be paid when sizing and deploying the stent to prevent stent elongation. In the SUPERB clinical study, stent elongation was associated with a decrease in patency at 12 months.

PRECAUTIONS

The Supera Peripheral Stent System should only be used by physicians and medical personnel trained in vascular interventional techniques and trained on the use of this device.

• The long-term safety and effectiveness of the Supera Peripheral Stent System has not been established beyond two years. • The safety and effectiveness of the Supera Peripheral Stent System has not been established in patients who:
  • are less than 18 years old • are pregnant or lactating • have instent restenosis of the target lesion • have known hypersensitivity to any component of the stent system (e.g., nickel) • cannot tolerate contrast media and cannot be pre-treated • have uncontrolled hypercoaguability and/or other coagulopathy • This device is not designed for use with contrast media injection systems or power injection systems. • The fl exible design of the Supera stent may result in variation in the deployed stent length.

Magnetic Resonance Imaging (MRI)

Non-clinical testing has demonstrated the Supera Stents are MR Conditional for lengths up to 250 mm. A patient with this stent can be scanned safely, immediately after placement, under the following conditions:

• Static magnetic field of 1.5 or 3.0 Tesla
• Highest spatial gradient magnetic field of 2,500 Gauss/cm or less
• Maximum MR system reported whole-body averaged specific absorption rate (SAR) of
  • 2 W/kg for landmarks (i.e., center of RF coil) above the umbilicus
  • 1 W/kg for landmarks below the umbilicus and above the mid-thigh
  • 0.5 W/kg for landmarks below the mid-thigh for 15 minutes of scanning (per pulse sequence), operating in the Normal Operating Mode (i.e., MR system mode of operation where there is no physiological stress to the patient).

POTENTIAL ADVERSE EVENTS

Potential adverse events include, but are not limited to:

• Abrupt stent closure • Allergic reaction (contrast medium, drug, stent material)
• Amputation or limb loss • Aneurysm or pseudoaneurysm in vessel or at vascular access site • Angina or coronary ischemia • Arrhythmia (including premature beats, bradycardia, atrial or ventricular arrhythmias) • Arteriovenous fistula • Bleeding complications from anticoagulant or antiplatelet medication requiring transfusion or surgical intervention • Death • Detachment of a system component or implantation in an unintended site • Embolization, arterial or other (e.g., air, tissue, plaque, thrombotic material, or stent) • Fever • Hematoma or hemorrhagic event, with or without surgical repair • Hypertension, Hypotension • Infection, local or systemic, including bacteremia or sepsis • Thrombosis or occlusion at the puncture site, treatment site or remote site • Transient ischemic attack • Venous Thromboembolism • Vessel dissection, perforation or rupture.

Abbott Vascular 3200 Lakeside Dr., Santa Clara, CA 95054 USA, Tel: 1.800.227.9902 Caution: This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use at www.abbottvascular.com/ifu for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events. Photos taken by and on file at Abbott Vascular.

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www.AbbottVascular.com

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Live Cases Return to Multidisciplinary Nursing Course

The two-day Multidisciplinary Nursing for Limb Preservation course kicks off today, 10 a.m., Orpheum Ballroom. The program continues to grow, both in scope and attendance. As a multidisciplinary conference, offering dedicated education for nurses and technologists is a must.

“Caring for PAD patients requires a multidisciplinary team,” said NCVH Course Chairman David Slovut, M.D. “Nurses and other allied health professionals are a key part of managing these complex patients.”

For the first time last year, live cases were a part of the nursing program’s agenda, and will again be on this year’s agenda.

“The live cases were well-received last year and represent a unique feature of the Multidisciplinary Nursing course,” said NCVH Course Chairman David Slvorut, M.D. “Many attendees described it as a high point in the course. Particularly for those who are not based in the cath lab, the live cases provide insight into the clinical ‘thinking’ and skill set required to revascularize patients with CLI.”

Viewing the cases simultaneously with the general session audience, but in a different location, offers the opportunity to gear the discussion to their audience.

“The discussion in the main session often focuses around technical aspects of the case: which wire, what balloon, whether to use an ablative technique,” said Dr. Slovut. “Although we spend some time describing the various revascularization techniques, our discussion emphasizes aspects that pertain to evaluation of the patient just before the procedure, during it, and after. This helps make the cases relevant to a broad range of attendees.

Beyond the lectures, sharing insights with their colleagues is another learning opportunity for attendees of the nursing course.

Those caring for patients with PAD are members of a special community with knowledge and experience that is distinct from practitioners who treat patients with cardiac disease,” said Dr. Slovut. “Practitioners benefit greatly from talking with one another about their experiences in various clinical settings.”

Fellows Q&A: Why are you Attending the NCVH Fellows Course?

Franklin García-Godoy, D.O.
PCOM Crozer
“I hope to gain knowledge of the newest techniques in endovascular surgery. Also to get the hands-on knowledge of the new technology being presented.”

Corey Scruggs, M.D.
Houston Methodist Medical Center
Houston, Texas
“I’m very interested in learning about peripheral artery disease (PAD) and its treatments. I’m likely to establish a PAD center at the hospital. I’d like to be able to provide my patients with treatment options using new techniques.”

Santiago Gonzalez, Ph.D.
Centro Cardiovascular
Montevideo, Uruguay
“In Uruguay, we don’t have enough material. We use balloons and stents, but not new technology. The DBCs are exciting.”

Jonathan Elias, DPT
Winthrop University Hospital
Mineola, NY
“As an interventional cardiologist, these courses offer valuable knowledge and expertise from leaders in the field. The information they share provides a platform to work off of. Any knowledge gaps, such as structural and peripheral, are solidified.”

Advanced Catheter Therapies
Booth #422

The FDA Cleared Occlusion Perfusion Catheter™ (OPC) creates a localized treatment chamber for the delivery of various types of therapeutic agents for the treatment of different disease states. The OPC’s multi-lumen design temporarily occludes a specific region from blood flow. Isolating and flushing the treatment chamber eliminates ad mixture of agent and blood. Therapeutic agents delivered by the OPC are designed to be used for treating stenosis/restenosis, DVT, dialysis access, venous insufficiency, and solid tumors. Treatment chamber pressure is monitored in real-time. Broad range of sizes allows for ability to treat long or multiple lesions. Visit the OPC at booth 422.

Bard Peripheral Vascular
Booth #202

Bard Peripheral Vascular, Inc. launched the LUTONIX 035 Drug Coated Balloon PTA Catheter for percutaneous transluminal angioplasty, after pre-dilatation, of de novo or restenotic lesions up to 150mm in length in native superficial femoral or popliteal arteries with reference vessel diameters of 4-6mm. LUTONIX 035 was proven safe and effective in LEVANT 2, a rigorous, randomized, blinded, controlled clinical trial that studied 476 patients with femoropopliteal disease at 54 trial sites. At 12 months, treatment with LUTONIX 035 resulted in superior primary patency compared to PTA, quality of life improvements versus PTA, and noninferiority to PTA in terms of safety.

ThermopeutiX, Inc.
Booth #426

The PRIMI™ and SECONDI™ provide guidewire support and exchange capabilities for complex interventions, including chronic total occlusions and retrograde access. They are unique in that they have the ability to sub-selectively inject contrast media and/or other diagnostic and therapeutic agents during the intervention, without removing the guidewire. Use of these catheters may significantly minimize the amount of contrast and radiation used. The Secondi™ features dual wire use and exchange capabilities, which greatly facilitates wiring bifurcations, and may be uniquely valuable in avoiding subintimal dissection and untoward collateral/side-branch selection, commonly encountered in complex vascular intervention.
Fellows

Continued from page 1

threatening causes. PAD is a deadly disease."

Amputation, Dr. Walker said, should be at the far end of the spectrum. This is a message that attendees will hear over the next few days from many different speakers.

“Amputation has higher mortality than limb salvage,” he said. “Many go on to contralateral amputation within one year. Amputation should always be a last, not a first resort.”

Understanding PAD is essential – he explained that patients must be assessed globally and must have longitudinal follow-up.

“We need people addressing PAD,” said Dr. Walker. “We have an epidemic of this problem in the United States.”

Richard Kovach, M.D., provided attendees with an overview of screening tools available for diagnosing and treating PAD.

He emphasized the need to start simple.

“I cannot stress the importance of the physical exam,” said Dr. Kovach. “The hardest nut to crack was vach. “The hardest nut to crack was...”

He warned that as the number of PAD cases rises, in part due to growing awareness about the disease, and along with it, an increase in the number of endovascular interventions, there’s a greater risk for complications. And access site complications can lead to longer hospital stays.

Typical access complications that Dr. Adams discussed were:

• Hematoma
• Compartment syndrome
• Av-fistula
• Infection
• Pseudoaneurysm
• Femoral artery dissection
• Femoral access: it’s been the predominant mode of access. Most equipment is made to work through femoral access.
• Retrograde access.
• Antegrade femoral access: easy manipulation of devices; avoids tortuous iliac artery anatomy.
• Upper extremity arterial access: there are limitations because you are unable to deliver equipment past common femoral/mid SFA.
• Popliteal access: good for long SFA occlusion and ostial SFA occlusion. Disadvantage is the patient has to be on their prone position. Have to be very familiar with ultrasound to do this access successful and safely.
• Pedal access: Dr. Cavros’ tips for successful pedal access are to pretreat with vasodilators to prevent spasm and flatten the needle as you insert the micro-puncture wire so the wire moves freely.

“Multiple arterial access sites are available,” he said, encouraging attendees to become familiar with the various approaches, as well as to show restraint.

“Please be gentle – arteries are vital conduits to supply nutrition and oxygen downstream,” he said. “We need to be cognizant and respectful of that.”

Following Dr. Cavros was George Adams, M.D., who continued the discussion on access sites with a focus on the complications that may arise.

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The Ocelot System is intended to facilitate the intraluminal placement of conventional guidewires beyond stenotic lesions (including sub and chronic total occlusions) in the peripheral vasculature prior to further percutaneous intervention using OCT-assisted orientation and imaging. The system is an adjunct to fluoroscopy by providing images of vessel lumen and wall structures. The Ocelot System is contraindicated for use in the iliac, coronary, cerebral, renal or carotid vasculature. Lightbox is intended for use in peripheral vascular procedures in conjunction with a compatible Avinger product. PML0390-A

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Lumivascular™ image guided therapy is the only interventional approach to combine real-time diagnostic imaging with a therapeutic catheter for the safe, effective treatment of chronic total occlusions.

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Join us for a lunch symposium May 27 @ 12:10pm in Chambers II & IV

PRESENTERS
Greg Robertson MD | Emory Johns Creek
Dwight Dishmon MD | Methodist South Hospital
Patrick Muck MD | Good Samaritan Cincinnati

VISIT US AT NCVH BOOTH #402 OR AVINGER.COM

The Ocelot System is intended to facilitate the intraluminal placement of conventional guidewires beyond stenotic lesions (including sub and chronic total occlusions) in the peripheral vasculature prior to further percutaneous intervention using OCT-assisted orientation and imaging. The system is an adjunct to fluoroscopy by providing images of vessel lumen and wall structures. The Ocelot System is contraindicated for use in the iliac, coronary, cerebral, renal or carotid vasculature. Lightbox is intended for use in peripheral vascular procedures in conjunction with a compatible Avinger product. PML0390-A
See the Latest Jetstream™ Atherectomy System at Boston Scientific’s NCVH Booth

Boston Scientific’s 2014 acquisition of Bayer Interventional products includes the Jetstream Atherectomy System. Physicians who haven’t used the system lately will learn that the product has evolved since its first introduction. Recent innovations include the launch of “SC” and “XC” catheters, improved ergonomics, and simplified wire management. As the only atherectomy system with active aspiration, Jetstream is designed to debulk mixed morphology such as calcium, plaque, and thrombus. Front-cutting expandable “XC” blades deliver concentric lumens, optimizing Vessel Prep prior to delivering adjunctive therapies such as Drug-Coated Balloons. Stop by our booth to see the latest iteration and experience a hands-on demo.

The Bayer Interventional acquisition also includes the AngioJet™ Thrombectomy System, an advanced system designed to restore blood flow to a wide range of thrombosed arteries and veins. Used in over 700,000 cases worldwide, the system offers reliable and predictable performance to treat clots in vessels as small as 1.5 mm to the largest clot burdens in iliofemoral veins.

Boston Scientific’s Peripheral Interventions division develops and commercializes products to treat the 27 million people worldwide who suffer from peripheral vascular disease. The portfolio of technologies features products used for a variety of therapies, including restoring and preserving blood flow to the peripheral vasculature. Other devices are used in the treatment of liver cancer, to help maintain dialysis access or to occlude blood vessels selectively. For more information, stop by our booth or visit www.bostonscientific.com.

Avinger Exhibiting Full Line of Lumivascular™ Image Guided Therapy Catheters and Unveiling 30-Day VISION Trial Results

Avinger, Inc., (NASDAQ: AVGR) a developer and manufacturer of image guided, catheter-based systems for the treatment of peripheral arterial disease (PAD) will be present and active, in various forums, all week at NCVH. Avinger’s mission is to dramatically improve the treatment of vascular disease through the introduction of products based on its Lumivascular platform, the only intravascular image guided system of its kind available on the market. Avinger’s current Lumivascular products include the Lightbox™ imaging console and Ocelot™ family of catheters, which are designed to penetrate total arterial blockages, known as chronic total occlusions, or CTOs.

This week at the Avinger booth, attendees will be able to get a hands-on demonstration with each of Avinger’s CTO catheters, as well as test drive the catheters and review OCT images on the Lightbox console itself.

In addition, on Wednesday May 27, Avinger will host a lunch symposium entitled “Lumivascular™ Image Guided Therapy: See Arteries in a New Light”. Greg Robertson MD, Dwight “Dan” Dishon MD, and Patrick Muck MD will review how Lumivascular technologies have already fundamentally changed the way that they see and treat PAD.

Avinger is also developing Pantheris™, an image guided atherectomy device, designed to precisely remove arterial plaque in PAD patients. Pantheris is currently undergoing a U.S. clinical trial, called VISION, which is intended to support a 510(k) submission to the FDA in the second half of 2015. On Wednesday at 3:40 PM, in the Crescent City Ballroom, late breaking 30-day interim VISION trial results will be presented by Patrick Muck MD, Chief of Surgery at Good Samaritan Hospital, Cincinnati.

For more information please contact Avinger at NCVH Booth #402 or visit us at www.avinger.com.
NCVH in Action: Fellows Course

Maintaining arterial access

- "Bare Back" with 0.035" wire
- 6F-7F catheter
- 4F-5F sheath
- Additional vasodilators
- Anticoagulation

Diffuse
- Rotational, laser, orbital
- Orbital, excisional, laser
- Excisional
- Intracoronary

Oral, orbital, excisional, laser

Nobllysoy

- Intraluminal
- Intracoronary
- Intracoronary

- Intraluminal
- Intracoronary
- Intracoronary

For DEB stents, uncovered, open
You’re Invited to a Lunch Symposium

Not All DCBs Are Created Equal: Side By Side Pre-Clinical Evaluation of Leading DCBs
Presented by:
Renu Virmani, MD
CVPath Institute, Inc. | Gaithersburg, MD

A First Look and Interim Analysis of 12 Month Outcomes from the Real World Global SFA Registry
Presented by:
Marcus Thieme, MD
MEDIOS Hospital | Sonneberg, Germany

Live Case
Presented by:
Jihad Mustapha, MD
Metro Health Hospital | Grand Rapids, MI

Thursday, May 28, 2015
12:00-1:00pm
Orpheum Room
2nd Floor of the Roosevelt Hotel
RSVP to JoAnn Dirtadian
480.303.2754 | JoAnn.Dirtadian@crbard.com

LUTONIX 035
Drug Coated Balloon PTA Catheter