

THE **ULTIMATE** EDITION

# ECC

**E**NDOVASCULAR  
**C**ARDIAC  
**C**OMPLICATIONS

• June  
• 5,6&7  
• 2024  
○  
○  
○  
○  
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○

CHUV  
LAUSANNE  
**SWITZERLAND**

[ FINAL PROGRAM ]



LEARNING  
BY SHARING

There is a saying that all good things come to an end. Indeed, after 17 editions between 1998 and 2024, ECC Lausanne will definitely close doors on June 7 2024. No regrets, ECC has been a wonderful adventure, the longest and potentially most successful interventional meeting in the country where interventional cardiology was born in 1977.

ECC was the first worldwide course dedicated to the presentation of complications during percutaneous cardiac interventions. The "leitmotiv" from the beginning was "learning by sharing". Colleagues from around the globe came to Lausanne to present their cases at the meeting.

By chance, the "famous" Morton Kern joined the very first meeting in 1998. Morton Kern, who is world-known for his knowledge in cardiac hemodynamics, coronary physiology and the numerous handbooks in interventional cardiology (obliged literature for many young cardiologists around the world) that he has edited, played a major role in the growth of ECC. He connected CHUV to the Mayo Clinic team (Amir Lerman, Chet Rihal, Malcolm Bell), empowering the strong U.S. connection of ECC. From 2001, ECC became a joint CHUV-Mayo event.

Over time, ECC became more and more popular in Europe, Asia and South-Africa. On average, more than 60 nations attended ECC at a course with participants growing over 400.

Moreover, ECC has, because of its pioneer role, become the initiator of many "complication" meetings around the world. On a personal basis, I consider this as the highest achievement of ECC.

The pandemic has changed the congress landscape but ECC has survived and together with our logistic partner Com&Co Events we have concluded 3 successful editions since 2021.

We are truly happy to welcome back our Asian participants this year for the first time after the Pandemic.

If ECC has become so successfully, then it is also because of our industry partners. Thank you for what you and your company have done over all these long years. Interventional technology is fast moving and it is almost impossible for interventional cardiologist to keep track. Complications often occur because of insufficient knowledge of the interventional material evolution, this is why we'll organize this year a complementary training village with simulators for this final edition.

Eric Eeckhout



## [ COMMITTEES ]

### International organizing committee

**Julien Adjedi**  
Saint-Laurent-du-Var, France

**Malcolm R Bell**  
Rochester, USA

**Eric Eeckhout**  
Lausanne, Switzerland

**David Hildick-Smith**  
Brighton, United Kingdom

**Michael Kang-Yin Lee**  
Kowloon, Hong Kong

**Amir Lerman**  
Rochester, USA

**Kern J. Morton**  
Long Beach, USA

**Olivier Muller**  
Lausanne, Switzerland

**Jack Wei Chieh Tan**  
Singapore, Singapore

**Nicolas Van Mieghem**  
Rotterdam, Netherlands

### Local organizing committee

**Stéphane Fournier**  
Lausanne, Switzerland

**Grégoire Girod**  
Lausanne, Switzerland

**David Meier**  
Lausanne, Switzerland

**Sarah Mauler-Wittwer**  
Lausanne, Switzerland

**Nathalie Noirclerc**  
Lausanne, Switzerland

**Christan Roguelov**  
Lausanne, Switzerland

**Vladimir Rubimbura**  
Lausanne, Switzerland

**Catalina Trana**  
Lausanne, Switzerland

### ECC LEARNING OBJECTIVES

- Interact and learn by case sharing with colleagues from across the globe.
- Enrich our knowledge on the prevention and management of complications based on interactive case presentation.
- Cover the broad field of interventional cardiology with particular interest for coronary, valve and structural interventions.
- Share rare complication cases and demonstrate innovative management techniques.

### TARGET

**Actors and care-takers in the field of interventional cardiology** willing to learn or improve their knowledge in the prevention and treatment of complications.

THE ULTIMATE EDITION

# ECC

[ PARTNERS ]

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## [ INSTITUTIONAL PARTNERS ]

### SCIENTIFIC SOCIETIES



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Taiwan Society of Cardiovascular Interventions



**STCCCV**  
Société Tunisienne de Cardiologie  
& de Chirurgie Cardio-Vasculaire



### UPCOMING EVENTS



#### EURO CTO CLUB CTO Essentials

September 19<sup>th</sup> – 21<sup>st</sup>, 2024  
Istanbul



#### TOBI Congress Total Occlusion & Bifurcation Interventions

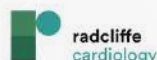
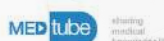
XIX edition - Oct 16<sup>th</sup> & 18<sup>th</sup> 2024  
Quark Hotel – Milano



#### MVSIC Milan Valve Structural Interventions Course

Feb 12<sup>th</sup> & 13<sup>th</sup> 2025  
Milano

### MEDIAS



# [ SCIENTIFIC PROGRAM ]



WEDNESDAY, JUNE 5<sup>TH</sup>

**13:00**

13:05

## WELCOME WORDS

**Chairs:** Jack Tan, Morton Kern, Julien Adjedj & Eric Eeckhout

**13:05**

13:50

## SESSION 1: **CASE REVIEW**

**Chairs:** Morton Kern & Dinh Duc Huy

**Panelists:** Tito Kabir, Fam Jiang Ming, Annari Van Rensberg & Phan Thao Nguyen

- **CASE 1:** **Olivier Gach**, Liège, Belgium
- **CASE 2:** **Hui Yh**, Hong Kong, China
- **CASE 3:** **Vladimir Rubimbura**, Lausanne, Switzerland

**13:50**

14:10

## KEYNOTE LECTURE

**Dealing with complications: a competence-confidence balance**  
**Ing Haan Lim**

**14:10**

14:45

- **CASE 4:** **Felix Woitek**, Dresden, Germany
- **CASE 5:** **Tito Kabir**, London, U.K.

**14:45**

## COFFEE BREAK & EXHIBITION VISIT

**15:45**

17:00

## SESSION 2: **CASE REVIEW**

**Chairs:** Adrian Low & Wirash Kehasukcharoen

**Panelists:** Nikolay Stoyanov, David Kettles, Lam Ho & Bui Long

- **CASE 6:** **Lam Ho**, Hong Kong, China
- **CASE 7:** **Hassan Aghajani**, Tehran, Islamic Republic of Iran
- **CASE 8:** **Kok Huan Ng**, Kuantan, Malaysia
- **CASE 9:** **Nikolay Stoyanov**, Sofia, Bulgaria

**17:00**

17:30

## TECHNOLOGY UPDATES

in collaboration with our industry partners



Edwards **Medtronic**

WEDNESDAY, JUNE 5<sup>TH</sup>

**17:30**

18:00

## WORKSHOP

in collaboration with our industry partner

**Medtronic**

- **SMART Trial & Small annuli update**  
**Stéphane Noble**

**18:00**

18:30

## WORKSHOP

in collaboration with our industry partner



### Open discussion on Cangrelor in real life cases

- **Use of Cangrelor: navigating through one occlusion to manage another**  
**Stéphane Fournier**
- **Cardiac-based bridge to cardiac surgery in a patient with a rare ACS presentation** - **Marco Roffi**



THURSDAY, JUNE 6<sup>TH</sup>

8:20

8:25

**WELCOME WORDS****Chairs:** Amir Lerman, Malcolm R. Bell & Olivier Muller

8:25

9:00

**THE ULTIMATE DEBATE****Ambition is more important than talent****Chairs:** Malcolm R. Bell & Kam Tim Chan**PROPOSITION:** Kwan Lee**OPPOSITION:** David Hildick-Smith

9:00

10:30

**SESSION 3: CASE REVIEW****Chairs:** Muenpetch Muenkaew & Hellmuth Weich**Panelists:** Aaron Wong, Olivier Gach, Lan Hieu Nguyen & Annari Van Rensberg

- **CASE 10:** Bert Van de Loo, *Brussels, Belgium*
- **CASE 11:** Annari Van Rensburg, *Capetown, South Africa*
- **CASE 12:** William Camillieri, *Rotterdam, The Netherlands*
- **CASE 13:** Anass Maaroufi, *Graz Austria*
- **CASE 14:** Wirash Kehasukcharoen, *Bangkok, Thailand*

10:30

**COFFEE BREAK & EXHIBITION VISIT**

11:00

12:00

**GUEST LECTURES****Chairs:** Alec Vahanian & David Hildick-Smith

- **Will artificial intelligence replace the art of medicine?** Amir Lerman
- **Is physician burnout the new normal?** - Malcolm R. Bell
- **Social media & interventional cardiology** - Julien Adjedj

12:00

**LUNCH BREAK & EXHIBITION VISIT**

THURSDAY, JUNE 6<sup>TH</sup>12:30  
13:15**WORKSHOP**

in collaboration with our industry partner

**Leave less behind****Chair:** Eric Eeckhout

- **Resorbable scaffolds and their place in the daily PCI routine** - **Gregor Leibundgut**
- **DCBs in de novo lesions and the hybrid approach in complex PCI** - **Raban Jeger**
- **DCB and DES in complex PCI: case presentation** - **Jonathan Sung**

13:15  
13:30**TECHNOLOGY UPDATE**

in collaboration with our industry partner

13:30  
15:00**SESSION 4: CASE REVIEW****Chairs:** Daniel Weilenmann & Raban Jeger**Panelists:** Peter Dietrich, Stéphane Noble, Gregor Leibundgut

Organized by the **Swiss Working Group Interventional Cardiology**  
& the **Swiss CTO Summit**



- **CASE 15:** **Peter Dietrich**, Zurich, Switzerland
- **CASE 16:** **Stéphane Noble**, Geneva, Switzerland
- **CASE 17:** **Gregor Leibundgut**, Basel, Switzerland
- **CASE 18:** **Daniel Weilenmann**, St.Gallen, Switzerland
- **CASE 19:** **Eric Eeckhout**, Lausanne, Switzerland

15:00

**COFFEE BREAK & EXHIBITION VISIT**15:30  
16:00**GUEST LECTURES****Chairs:** Amir Lerman & Jason Loh

- **Words of wisdom - Advice for the early career Interventional Cardiologist: the U.S. view** - **Morton Kern**

16:00  
18:00**ECC LAUSANNE FAREWELL GATHERING**

FRIDAY, JUNE 7<sup>TH</sup>

8:00

9:00

**BREAKFAST SYMPOSIUM**

in collaboration with our industry partner

**Medtronic**

- **Wireless Coronary physiology, FFR-Angio Cathworks system (CHUV experience) - Stéphane Fournier**

9:00

10:15

**SESSION 5: CASE REVIEW****Chairs:** Tito Kabir & Michael Lee**Panelists:** Julien Adjedj, Tito Kabir & Bert Vandeloo

- **CASE 20: Chung Tak Sun**, Hong Kong, China
- **CASE 21: Kwan Lee**, Phoenix, U.S.A.
- **CASE 22: Hsin-Fu Lee**, New Tapei City, Taiwan
- **CASE 23: Iulian Matei**, Iasi, Romania

10:15

10:45

**KEYNOTE LECTURE****MedTech regulations 10 years later, time for an objective appraisal****Chairs:** Morton Kern & Purich Surunchupakorn

- **The device industry and the cardiologist - Rob Ten Hoedt**
- **The cardiologist and the device industry - David Kettles**

10:45

**COFFEE BREAK & EXHIBITION VISIT**

11:15

12:15

**GUEST LECTURES****Interventional cardiology: where we are and where we should be?****Chairs:** David Kettles & Wasan Udayachalerm

- **The African way - Hellmuth Weich**
- **The U.S model - Morton Kern**
- **The Asian view - Jack Tan**
- **The European vision - David Hildick-Smith**



FRIDAY, JUNE 7<sup>TH</sup>12:15  
12:30**CASE-IN-BOX**

in collaboration with our industry partner

**Chair:** David Meier12:30  
13:15**LUNCH WORKSHOP**

in collaboration with our industry partner

**Chair:** Liew Huong Bang**Less is more - Reduction of complications via simplifying procedures**

- Short overview of latest study data for DCB in de-novo lesions  
**PD - Wolfgang Bocksch**
- Importance of lesion preparation, i.e. with Scoring Balloons in complex settings  
**André Schneider**
- Avoiding (permanent) Stent-Implantations in complex cases such as Bi-furcations or CTO's - **Liew Huong Bang**
- Swiss Experience with Sirolimus DCB in complex cases - **Mehdi Madanchi**

13:15

**BREAK & EXHIBITION VISIT**13:30  
14:15**SESSION 6: CASE REVIEW****Chairs:** Ing Haan Lim & David Kettles**Panelists:** Bharat Khialani, Stijn Lochy, Fam Jiang Ming & Purich Surunchupakorn

- **CASE 24:** **Farouk Mamdoo**, Johannesburg, South Africa
- **CASE 25:** **Wongaris Aphijrawat**, Chonburi, Thailand
- **CASE 26:** **Dinh Duc Huy**, Ho Chi Minh City, Vietnam
- **CASE 27:** **Sviatoslav Kalashnikov**, Kiyv, Ukraine

FRIDAY, JUNE 7<sup>TH</sup>

**14:15**  
15:30

## **FACULTY CASE REVIEW SESSION**

**Presentation of 3 cases of complications presented by the faculty**

**Chairs:** David Hildick-Smith & Michael Lee

- **CASE 28:** **Morton Kern**, Irvine, U.S.A.
- **CASE 29:** **Julien Adjedj**, Saint-Laurent-du-Var, France
- **CASE 30:** **Michael Lee**, Hong Kong, China
- **CASE 31:** **Houng Bang Liew**, Kota Kinabalu, Malaysia
- **CASE 32:** **David Hildick-Smith**, Brighton, U.K.
- **CASE 33:** **Hellmuth Weich**, Capetown, South Africa

**15:30**  
15:45

## **CLOSING CEREMONY & AWARDS FOR THE BEST COMPLICATION CASES**

**Chairs:** Amir Lerman, Morton Kern, Malcolm R. Bell & Jack Tan

### Organizer

**Eric Eeckhout,**

**Lausanne, Switzerland**

### Chairs & Faculty

**Julien Adjedj,** St-Laurent-du-Var  
**Malcolm Bell,** Jacksonville, USA  
**Wolfgang Bocksch,** Stuttgart, Germany  
**Peter Dietrich,** Dortmund, Germany  
**Stéphane Fournier,** Lausanne, Switzerland  
**Olivier Gach,** Liège, Belgique  
**David Hildick-Smith,** Brighton, U.K.  
**Lam Ho,** Hong Kong, China  
**Dinh Duc Huy,** Ho Chi Minh, Vietnam  
**Raban Jeger,** Zürich, Switzerland  
**Fam Jiang Ming,** Singapore  
**Tito Kabir,** London, U.K.  
**Wirash Kehasukcharoen,** Bangkok, Thailand  
**Morton Kern,** Long Beach, USA  
**David Kettles,** London, U.K.  
**Bharat Khalani,** Singapore  
**Michael Lee,** Hong Kong, China  
**Kwan Lee,** Phoenix, USA  
**Gregor Leibundgut,** Liestal, Switzerland  
**Amir Lerman,** Rochester, USA  
**Houngbang Liew,** Kota Kinabalu, Malaysia  
**Ing Haan Lim,** Singapore  
**Stijn Lochy,** Brussels, Belgique

**Jason Loh,** Singapore  
**Bui Long,** Hanoi, Vietnam  
**Farouk Mamdoo,** Johannesburg, South Africa  
**Muenpetch Muenkaew,** Pathum Thani, Thailand  
**Olivier Muller,** Lausanne, Switzerland  
**Huu Tuan Nguyen,** China  
**Lan Hieu Nguyen,** China  
**Phan Thao Nguyen,** Vietnam  
**Stéphane Noble,** Geneva, Switzerland  
**Marco Roffi,** Geneva, Switzerland  
**André Schneider,** Bad Nauheim, Germany  
**Nikolay Stoyanov,** Sofia, Bulgaria  
**Purich Surunchupakorn,** Nonthaburi, Thailand  
**Jack Tan,** Singapore  
**Rob Ten Hoedt,** Lausanne, Switzerland  
**Kam Tim Chan,** Hong Kong, China  
**Wasan Udayachalerm,** Bangkok, Thailand  
**Alec Vahanian,** Paris, France  
**Annari Van Rensberg,** Johannesburg, South Africa  
**Bert Van de Loo,** Jette, Belgium  
**Hellmuth Weich,** Cape Town, South Africa  
**Daniel Weilenmann,** St Gallen, Switzerland  
**Aaron Wong,** Singapore

### Cases Presenters

**Hassan Aghajani,** Tehran, Islamic Rep. of Iran  
**Wongaris Aphirawat,** Chonburi, Thailand  
**William Cammilleri,** Rotterdam, The Netherlands  
**Peter Dietrich,** Zurich, Switzerland  
**Kok Huan Ng,** Kuantan, Malaysia  
**Hsin-Fu Lee,** New Tapei City, Taiwan  
**Anass Maaroufi,** Graz Austria

**Farouk Mamdoo,** Johannesburg, South Africa  
**Iulian Matei,** Iasi, Romania  
**Vladimir Rubimbura,** Lausanne, Switzerland  
**Chung Tak Sun,** Hong Kong, China  
**Felix Woitek,** Dresden, Germany  
**Hui Yh,** Hong Kong, China

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**References:** 1. De Luca L. et al. Use of cangrelor in patients with acute coronary syndrome undergoing percutaneous coronary intervention: Study design and interim analysis of the ARCADE study. Clin Cardiol. 2022;45:913-920. 2. Professional information Kengrexal. www.swissmedinfo.ch. 3. Akers WS. et al. Pharmacokinetics and pharmacodynamics of a bolus and infusion of Cangrelor: a direct, parenteral P2Y12 receptor antagonist. J Clin Pharmacol. 2010;50(1):27-35. References available upon request.

**Kengrexal®-Z:** Cangrelor. 1. Zur Reduktion des periprozeduralen Risikos kardiovaskulärer thrombotischer Ereignisse bei perkutaner Koronarintervention in Erwachsenen mit koronärer Herzkrankheit. 2. Spezialisierte Anwendung im akuten medizinischen oder klinischen Umfeld. 3. Bolus (30µg/kg), gefolgt von einer i.v. Infusion (4µg/kg/min) vor der PCI einleiten, während min. 25t., oder bis Ende der PCI falls über 25t. (max. 45t.). Für eine chronische Hemmung der Thrombozytenaggregation sollten die Patienten auf einen oralen P2Y12-Rezeptor-Antagonisten umgestellt werden (Clopidogrel, Ticagrelor oder Prasugrel). 4. Keine Blutungen aufgrund von Organläsionen; erhöhtes Blutungsrisiko aufgrund eines grosseren chirurgischen Eingriffes, eines Traumas oder irreversibler Gerinnungsstörungen; Vorseicht bei intrakranieller Blutung oder Schlaganfall; Überempfindlichkeit gegenüber Wirkstoff oder Hilfsstoffen. 5. Gleichzeitige Gabe von Kengrexal und GP-IIb/IIIa-Hemmern vermeiden; Infusion beenden bei hämorrhagischen Ereignis; mit Vorsicht anwenden bei Patienten mit Erkrankungen, die das Blutungsrisiko erhöhen oder bei Patienten mit akutem Nierenversagen; bei Patienten mit hereditärer Fructose-Intoleranz nicht anwenden. 6. S/S: Kengrexal darf während der Schwangerschaft oder Stillzeit nicht angewendet werden, es sei denn, dies ist klar notwendig. 7. U/W: Häufig: Ausfluss aus der Gefässpunktionstelle, Hämatome, Hämatokrit-Abfall, Hämoglobin-Abfall, Dyspnoe, Erythrose. Gelegentlich: Herzbeutelentzündung, retroperitoneale Blutungen, Peritoneales Hämatom, gastrointestinale Blutungen, Hämatom an der Gefässpunktionstelle, erhöht. Kreatininwert im Blut, verringerte Thrombozytenzahl, verringerte Erythrozytenzahl, Hämoglobinabnahme, Akutes Nierenversagen, Nasenbluten, Bluthusten, Hautausschlag, Pruritus, Urtikaria, hämolytische Instabilität. 8. IC: Clopidogrel hat keinen Einfluss auf die P2Y12-Hemmung wenn es während der Infusion von Kengrexal verabreicht wird. Aufgrund des pharmakokinetischen Profils von Cangrelor wurde kein umfassendes Programm klinischer Interaktionsstudien durchgeführt. 9. P: 10 Durchstechflaschen zu 50mg Trockensubstanz. 10. Liste B. Detaillierte Informationen: www.swissmedinfo.ch. Zulassungsinhaber: Chiesi SA, CH-1752 Villars-sur-Glâne. Auslieferung: OM Pharma Suisse AG, CH-1752 Villars-sur-Glâne. Stand der Information: Dezember 2022.

**Kengrexal®-C:** Cangrelor. 1. Réduction du risque péri-opératoire d'événements cardiovasculaires thrombotiques chez les patients adultes atteints de coronaropathie et bénéficiant d'une intervention coronarienne percutanée (ICP). 2. Utilisation spécialisée en milieu hospitalier ou dans le cadre de soins aigus. Bolus i.v. de 30µg/kg suivi d'une perfusion i.v. de 4µg/kg/min à instaurer avant l'ICP et pendant min. 2h ou jusqu'à la fin de l'ICP si >2h (max. 4h). Pour une inhibition chronique de l'aggrégation plaquettaire, les patients devront passer à un traitement oral par un antagoniste du récepteur P2Y12 (Clopidogrel, Ticagrelor ou Prasugrel). 3. Saignement actif de cause organique; risque hémorragique augmenté à une chirurgie majeure, traumatisme ou troubles irréversibles de la coagulation; antécédents d'hémorragie intracranienne ou d'AVC; hypersensibilité au principe actif ou à l'un des excipients. 4. Précaution: Éviter l'administration concomitante avec des inhibiteurs de la GP-IIb/IIIa, arrêter la perfusion en cas d'événement hémorragique; utiliser avec prudence chez les patients atteints de troubles associés à une augmentation du risque hémorragique et chez les patients avec une insuffisance rénale sévère; ne pas utiliser chez les patients atteints d'intolérance héréditaire au fructose. 5. G/A: Kengrexal ne doit pas être utilisé au cours de la grossesse ni lors de l'allaitement, sauf en cas de nécessité absolue. 6. Effets indésirables: écoulement au site de ponction d'un vaisseau, hématomes, hématoxémie diminuée, hémoglobine diminuée, dyspnée, érythrose. Occasionnels: tamponnade cardiaque, hémorragie rétroperitoneale, hématome péritonéal, hémorragie gastro-intestinale, hématome au site de ponction d'un vaisseau, créatinine sanguine augmentée, numération plaquettaire diminuée, nombre érythrocytes diminués, hémorragie des voies urinaires, insuffisance rénale aiguë, épistaxis, hémoptysie, rash, prurit, urticaire, instabilité hémodynamique. 7. IC: Le clopidogrel n'a pas d'influence sur l'effet du P2Y12 par le cangrelor lorsqu'il est administré pendant la perfusion. Étant donné le profil pharmacocinétique du cangrelor, aucune étude concernant les interactions cliniques avec d'autres médicaments n'a été réalisée. 8. Précaution: 10 flacons de substance sèche (50mg). 9. Liste B. Informations détaillées: www.swissmedinfo.ch. Titulaire de l'autorisation: Chiesi SA, CH-1752 Villars-sur-Glâne. Distributeur: OM Pharma Suisse SA, CH-1752 Villars-sur-Glâne. Mise à jour de l'information: Décembre 2022.

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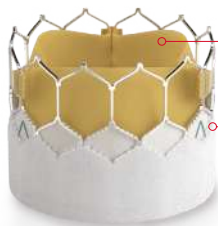
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References: 1. Mack MJ, Leon MB, Thourani VH, et al. Transcatheter Aortic-Valve Replacement in Low-Risk Patients at Five Years. *N Engl J Med*. 2023. 2. Data on file. 3. De la Fuente et al. Advanced Integrity preservation Technology Reduces Bioprosthesis Calcification While Preserving Performance and Safety. *Journal of Heart Valve Disease*. 2015. 4. Nazif TM, et al. Real-World Experience With the SAPIEN 3 Ultra Transcatheter Heart Valve: A Propensity-Matched Analysis From the United States. *Circ Cardiovasc Interv*. 2021 Sep;14(9):e010543. 5. Stinis CT, et al. Real-World Outcomes for the Fifth Generation Balloon Expandable Transcatheter Heart Valve in the United States. *J AM Coll Cardiol Interv*. Mar 07, 2024.

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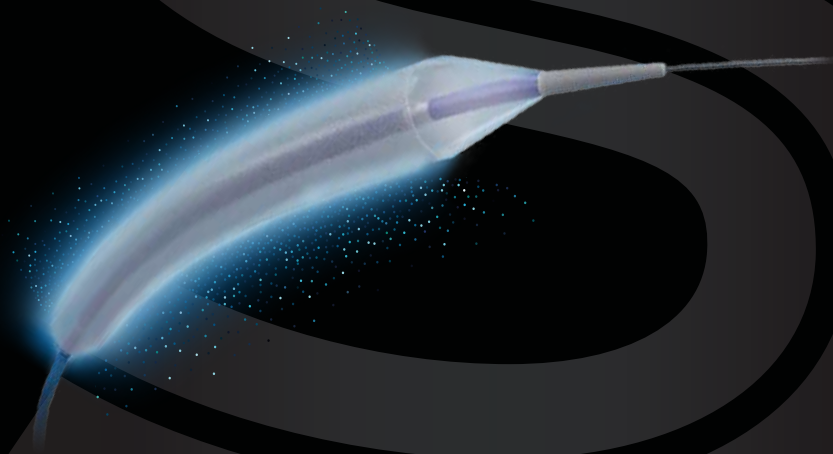
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