Thursday Highlights

8:00 AM - 6:00 PM
CLI Summit
Crescent City Ballroom
9:00 - 11:15 AM
Family Practice Session I
Chambers I and III
10:00 - 11:15 AM
Healthcare Professionals Forum
Waldorf Astoria Ballroom
12:00 - 12:55 PM
Lunch Symposium
See notebook.
1:30 - 3:10 PM
Family Practice Session II
Chambers I and III
1:30 - 3:25 PM
Healthcare Professionals Forum
Waldorf Astoria Ballroom
3:30 - 5:30 PM
Family Practice Session II
Chambers I and III
6:00 PM - 7:30 PM
Exhibitor Reception
(All Invited)

Enter to Win!
To enter today’s gift card drawings, visit five exhibit booths and collect five different business cards from exhibitors in the 200 aisle. Write your name and badge number on the back of the card holder and place in the drawing box. Drawing will be held during the Exhibitor Reception. Must be present to win.

NCVH Turns 20 But the Mission Hasn’t Changed

Twenty years ago, the first New Cardiovascular Horizons conference was convened. The primary goal was to increase awareness about peripheral vascular disease (PVD). As the conference opened yesterday to a packed house, it’s safe to say that initial goal has been reached.

“The mission of NCVH has never changed,” said NCVH Chairman Craig Walker, M.D., as he welcomed attendees to New Orleans and the conference.

“We’re promoting the need to understand, diagnosis and treat peripheral artery disease (PAD), lymphatic disorders and venous disease.”

One key to NCVH’s overarching success – from day one, the conference has had a multidisciplinary focus. “Twenty years ago, the melding of disciplines was unheard of,” Dr. Walker said. “The meeting has an interventional focus, but we do recognize the need for classical surgical therapies as well as the importance of other disciplines.”

Dr. Walker spoke about how blood flow is essential for wound healing, and the need to put the focus on critical limb ischemia.

“We really want to improve care for patients with PVD,” he said. “We need to

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Multidisciplinary Education: Saving Life and Limb

NCVH opened on Wednesday with the Global Summit on Advanced Aortoiliac and Femoral Interventions for Peripheral Artery Disease (PAD).

An update on medical management of PAD from Andrew Blum, M.D., was an appropriate introduction to the session. Dr. Blum focused on recent developments in the field, including lipid management, blood pressure regulation and antithrombotic therapy with a dual pathway combination of rivaroxaban and aspirin.

“Even though the benefits of statin therapy are well-established, we still don’t do it,” said Dr. Blum, highlighting that less than 6% of PAD-only patients are on high-intensity statins despite 30% decrease in mortality and 40% reduction in amputation.

He also clarified that guidelines have newly re-incorporated a numerical threshold to start therapy, namely LDL-C greater than 70 mg/dL.

“A patient with a sick leg also has a sick heart,”

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Today’s Action Labs Schedule

Make time to visit the Action Labs in the exhibit hall for a unique hands-on experience.

11:15 - 11:45 a.m. ..............Siemens – Ultrasound-guided Pedal Access
1:10 - 1:40 p.m. ..............Siemens – Ultrasound-guided Pedal Access
2:50 - 3:20 p.m. ..............Siemens – Ultrasound-guided Pedal Access
3:40 - 4:10 p.m. ..............CSI – pedal access – atherectomy

Attendees celebrate NCVH’s 20th anniversary in style at Wednesday evening’s party at The Orpheum Theater.
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Images courtesy of Syed Hussain, M.D., Christie Clinic, Vein and Vascular Care Center

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Speakers Discuss Controversy Surrounding Drug-Coated Balloons

The second session of the Global Summit on Advanced Aortoilac and Femoral Interventions for Peripheral Artery Disease (PAD) on Wednesday presented key research findings and data from recent clinical trials. Several speakers directly addressed the recent question of increased mortality with DCBs. Ron Solar, PhD, provided a formal summary of the controversial Katsanos et al. meta-analysis that was published in the Journal of American Heart Association in December 2018. The metaanalysis was performed on 28 randomized controlled trials (RCT) and concluded that there was an increased risk of death in patients with paclitaxel-coated balloons and stents in the femoropopliteal arteries when compared to plain old balloon angioplasty (POBA).

The main critique of the paper is that it did not show a causal relationship, however Dr. Solar did point out that the authors proposed a biological mechanism of causation where mortality was linked to higher levels of paclitaxel in the bloodstream compared to IV dosages. The form of paclitaxel in the coating has a longer half-life compared to IV, which could link to higher toxicity. Industry-produced patient-level data was shortly published, which did not show higher mortality rates. Dr. Solar did acknowledge that this too was controversial.

In March 2019, the Food and Drug Administration (FDA) published an update that was concerned with 50% increased mortality with paclitaxel devices, and provided recommendations for alternative therapies. Dr. Solar suggested, as alternatives, use of sirolimus DCBs, liquid paclitaxel or opting not to use drug while accepting restenosis as a “benign complication” of angioplasty that needs to be revascularized.

The Katsanos et al. paper was then dissected under the hyperincense focus of Renu Virmani, M.D. was then expounded on both the theoretical advantages and disadvantages of long balloons: decreased procedural time with lower radiation exposure, less vessel occlusion time which decreases risk of thrombosis or embolization and less risk of arterial dissection.

On the other hand, they have slower inflation and deflation times, risk of balloon bowing and issues with managing plaque heterogeneity. Balloon angioplasty depends on plaque fracture to increase vessel lumen size which then increases blood flow.

“What is a controlled injury, and there is a Goldilocks phenomenon,” said Dr. Walker when describing that the amount of pressure to cause plaque fracture has to be “just right.” Restenosis can reoccur with both under-stretching and over-stretching, whether through elastic recoil or neo-intimal hyperplasia. Focal force angioplasties, like ULTRASCORE, create a “controlled longitudinal stress pattern with more luminal gain and less injury,” he explained.
NCVH’s mission to increase awareness of peripheral artery disease (PAD) and critical limb ischemia (CLI) has been bolstered by the addition of one-day regional conferences to the organization’s calendar. NCVH faculty bring their knowledge and experience to healthcare communities across the country, seeking to connect with those on the front line of patient care. Educating healthcare providers about diagnosis and treatment will result in patients being seen much earlier, before it is too late.

NCVH Salt Lake City was one of the largest inaugural NCVH regions. More than 300 attendees representing many different specialties came together to focus on better patient care for at-risk patient populations. Attendees came not only from the SLC area, but from throughout the United States and Canada. Industry representation was also at record levels, with 35 exhibitors.

Sohail Khan, M.D., conference co-chairman, along with Craig Walker, M.D., attributed the conference’s success to it being a one-of-a-kind event for the region.

“The topics went beyond any one specialty,” he said. “Attendees listened to speakers talk about how providers can work together to deliver the best patient care.” In addition to presentations on many aspects of cardiovascular disease, attendees heard from Congressman Ben McAdams.

“Right now the biggest challenge we have is that the United States is the only country where we spend 20% of GDP on healthcare,” said Dr. Khan. “There’s a gap in communications between the frontline and the policy makers. My goal was to bring our policymakers and healthcare providers under the same roof so we can talk together to solve the healthcare crisis that we are facing.”

With next year’s SLC Regional already set for February 8, 2020, Dr. Khan has some plans and big ideas in the works.

“We want to build upon what we did this year,” he said. “Utah is one of the hubs for new healthcare start-ups. I want to give a forum to these start-ups to present their work to healthcare providers. We can communicate with each other about how to solve healthcare problems by employing new technology.”

Need another reason to start packing your bags? It’s the perfect time to hit the ski slopes – “Salt Lake is a true outdoors heaven!” added Dr. Khan.

“Endovascular-only approaches can be considered first over hybrid or open repair methods,” said Pradeep Nair, M.D. with regards to addressing total aortoiliac occlusion. When discussing techniques for crossing and treating fully occluded aortoiliac segments, he advocated for ultrasound-guided micropuncture access to minimize trauma and also recommended having “an aortic occlusion balloon for bailout.”

Dr. Nair offered some tips for crossing, which included accessing the aorta from above, changing approaches if a problem arose and using small wires and catheters because the “dissection planes are more forgiving.” The inferior mesenteric artery was designated as a landmark for stenting depending on whether the lesion was located above or below it. “There are special considerations if the lesion is at level of the renal arteries,” said Dr. Nair, who also emphasized the need to protect the renal arteries.

Ehrin Armstrong, M.D., further explored cases involving the aorta and extensive TASC C/D lesions, stating that covered balloon expandable stents and endografts have vastly improved the options that are available. Particularly, he noted the unique advantages of the Viabahn VBX (Gore) balloon expandable stent graft, with the ability to land directly on the common iliac artery ostium, a wide range of post-dilation sizes and high flexibility in the external iliac artery. He also compared the Covered Endovascular Reconstruction of the Aortic Bifurcation (CERAB) technique to kissing stent placement.

“CERAB has advantages in flow dynamics over kissing stents,” Dr. Armstrong said, attributing this to less radial mismatch in CERAB. “Three year CERAB outcomes have had outstanding patency rates,” he said, presenting values above 90% at the three year mark.”

Congressman Ben McAdams speaks to the NCVH Salt Lake City audience, as Drs. Sohail Khan, center, and Craig Walker look on.
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20 Years

make people aware that this is a real problem."

Falling ABIs and diminished foot pulses may be the only indicators of PAD or PVD. He said an ABI of .8 has a prognosis comparable to breast cancer, while a .4 ABI has a prognosis comparable to lung cancer.

"You can put your finger on everyone’s foot pulse, but not on the heart," said Dr. Walker. "If you take time to feel for a foot pulse and it’s absent, you have identified a high risk patient, and may have saved someone’s life."

It may also prevent amputation, another key message of NCVH. "Somehow we have not looked at amputation as the terrible disruptive force that it is," said Dr. Walker. "Amputation is more expensive than limb salvage, but yet it’s still the first option given to patients presenting with CLI. We need to change that."

...
Jacob Corbell, Cardiovascular Institute of the South, spoke about advances in telemedicine during the opening session of NCVH’s Healthcare Professionals Forum. He explained that many of the advancements are related to reimbursement, which is evolving.

“The technology has plateaued, for now,” he said. “About 10 years ago, there was a lot of fancy technology developed and lots of start-ups involved. There isn’t a lot of new stuff coming out now, but we do expect that to change.”

Corbell said that Centers for Medicare & Medicaid Services (CMS) added three codes that provide reimbursement to physicians for remote patient monitoring, which can be done with weight scales and blood pressure cuffs.

He also spoke about the Stanford Medicine Apple Heart Study, reporting that there has been mixed messages from cardiologists about the results, and what it could mean for detecting atrial fibrillation (afib).

Back to telemedicine, he said the telestroke is the largest adopter, followed by telepsychiatry. TeleICU is one area that he said growth has been reported.

“Hospitals are investing in this, and it could be a game changer for rural hospitals that want to have ICUs,” he said.

Very low adoption rates have been reported for telecardiology, with some of the reasons being that local physicians don’t want to use it or hospital administrations feel it is still too risky.
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