

# Roma CAPVT Mundi 2020

May 12<sup>th</sup>

11,30 – 13,00 **ABSTRACT SESSION I**

13,00 – 14,00 Session I **ASCENDING AORTA AND AORTIC ARCH**

- Management of ascending aorta and proximal hemiarch disease: advantages of multidisciplinary approach. The experience of an Aortic team
- Debate Aortic arch aneurysms are best treated with open/hybrid surgery: why and
- Debate Aortic arch aneurysms are best treated with endovascular surgery: why and how
- How to prevent cerebral embolization during endovascular procedure involving aortic root, ascending aorta, and arch
- A new complication after arch stent grafting for residual disease: prevention and management
- Comparison of two different techniques for isolated left subclavian artery revascularization during thoracic endovascular aortic repair in zone 2
- Assessment of geometrical remodeling of the aortic arch after repair

14,00 – 15,00 Session II **ACUTE TYPE B AORTIC DISSECTION**

- Early management of uncomplicated dissections: best medical treatment is still the first line approach?
- Debate Surgical management of type B aortic dissection: fix the entry tear is safe and effective in most patients, TEVAR is enough
- Debate Surgical management of type B aortic dissection: fix the entry tear is not enough, true lumen expansion should be guaranteed, advantages of PETTICOAT
- Debate Surgical management of type B aortic dissection: there is no effective treatment without false lumen exclusion and lamella disruption, the STABILISE technique
- Technique and devices to promote false lumen obliteration and complete aortic remodeling after acute treatment
- Stent Graft-Induced New Entry tears (SINE): an emerging complication of endovascular treatment in aortic dissection. Is the cure worse than the disease?
- Despite the plethora of available devices and techniques, does open surgery still have a role in acute aortic dissections?

15,00 – 16,00 Session III **THORACO-ABDOMINAL AORTIC ANEURYSMS**

- Total endovascular repair of TAAAs: where we are, what are the evidence, and what graft is the best
- F-EVAR and B-EVAR require different bridging stent to achieve durable results: how to choose the right device for the right situation?
- How to Catheterize Downward Branches from a Femoral Access: Technical Notes
- Complex TAAA endovascular treatment with the parallel graft technique: indications and technical solutions
- Debate How to safely manage elective Type IV TAAA: parallel grafts are simple, effective, and could represent the optimal solution for most of patients
- Debate How to safely manage elective Type IV TAAA: parallel grafts could not guarantee results, while Fenestrated and Branched devices can
- Physician modified endografts (PMEG) are the best way (or at least better than CHIMPS) to treat ruptured Type IV TAAA

16,00 – 17,00 Session IV **ABDOMINAL AORTIC ANEURYSMS**

- Time for an update, new insight from the ESVS guidelines
- Debate Young and fit AAA patients should be managed by open treatment, the only safe and durable solution
- Debate Young and fit AAA patients deserve and require a less invasive treatment, and for them EVAR is safe and effectively at least as open repair is
- 5-Year after AAA Repair the Quality of Life is better in those having EVAR than in those having open repair
- Female Sex is associated with comparable 5-year outcomes after contemporary endovascular aneurysm repair despite more challenging anatomy
- Twenty years outcomes in a single center experience after EVAR with unibody endograft, and new insight from the AFX2-LIVE Italian prospective registry
- Results of the expanding indications for treatment with standard EVAR in patients with challenging anatomies, a multi-centric prospective evaluation: the EXTREME Study

17,00 – 18,00 Session V **AORTIC INFECTIONS**

- Time for an update, new insight from the ESVS guidelines
- Comparing diagnostic accuracy of 18F-FDG-PET/CT, contrast enhanced CT and combined imaging in patients with suspected vascular graft infections
- Debate Non-radical management of infected aortic (endo)grafts is a definitive solution for both patients and surgeons
- Debate Non-radical management could be reasonable for surgeons, not for the patients: open conversion is the only effective treatment
- Aortic endograft infections in the next future: prepare your team for this challenge
- How to deal disasters: management of aorto-esophageal and aorto-bronchial fistula
- How to deal disasters: management of aorto-enteric fistula

18,00 – 19,00 Session VI **ENDOLEAKS' DIAGNOSIS AND MANAGEMENT**

- How to diagnose an endoleak and, above all, how to recognize those requiring a reintervention?
- Results of a systematic review and meta-analysis of the outcome of different treatments for Type 1a endoleak after EVAR
- Prevention is better than sorry, a preoperative pharmacological approach to reduce Type II endoleak occurrence
- Medical management is not enough, intraoperative prophylactic embolization is the only way to prevent Type II endoleaks
- Debate When Type II endoleaks require intervention, endovascular technique should be performed in all patients: a non-invasive, safe and truly effective solution
- Debate When Type II endoleaks require intervention there's no more room for endovascular solutions: open conversion is the way
- Maybe we're going too fast, Type II endoleak is a benign condition in most patients

19,00 – 19,20 Honorary Lecture **EVOLUTION AND CURRENT STATUS OF TREATMENT FOR RUPTURED AAAs**

19,20 – 19,30 Historical Lecture **A MEDICAL LEGAL RIDDLE: THE VASCULAR TRAUMA THAT LED TO DEATH GIOVANNI DE 'MEDICI CALLED DELLE BANDE NERE**

May 13<sup>th</sup>

08,00 – 09,00 **ABSTRACT SESSION II**

09,00 – 10,00 Session VII **CAROTID AND SUPRA-AORTIC VESSELS DISEASES**

- Best Medical Treatment is mandatory in all >70% ACS. When is it not enough? Changing concepts from vulnerable plaque to vulnerable patient
- Not all asymptomatic are the same: some patients benefit from revascularization. How to identify them?
- Time for an update, new insight from the Italian Society (SICVE) guidelines
- Does CEA For ACS Prevent Dementia 10-25 Years Later after revascularization?
- Assessment of long-term survival and stroke after carotid endarterectomy and carotid stenting in patients older than 80 years
- Risk and benefit balance in patient presenting severe carotid stenosis and contralateral total occlusion
- Why occlusion of internal carotid artery is not a benign condition even if the patient is asymptomatic

10,00 – 11,00 Session VIII **MORE ON CAROTID AND SUPRA-AORTIC VESSELS DISEASES**

- Carotid disease treatment in 2020 and future predictions
- Use of dual-layered stents in endovascular treatment of extracranial stenosis of the internal carotid artery: results of a Patient-based Meta-Analysis
- Results from a prospective real-world multicentre clinical practice of CAS using the CGuard embolic prevention system: the IRONGUARD 2 study
- Focus-on ACST-2 Trial: an international multicenter study from an Italian prospective
- A radial access solution for embolic protection during carotid stenting
- How to safely perform TCAR: technical tips and suggestions from a personal series
- Single center experience in the management of a case series of subclavian artery aneurysms

11,00 – 12,00 Session IX **ADVANCES IN INTENSIVE CARE, MEDICAL TREATMENTS, AND NEW DRUGS AND TECHNIQUES**

- Indications and benefit of minimal extracorporeal circulation system (MECC) in Vascular Surgery
- Artificial blood vessel: Holy Grail of peripheral vascular surgery
- CO<sup>2</sup> angiography for EVAR treatment. Tips and tricks
- Eligibility Rates for Ambulatory EVAR
- Treatment of pediatric vascular injuries: the experience of a single non-pediatric referral center
- Total robotic iliac aneurysm repair with preservation of the internal iliac artery using sutureless vascular anastomosis
- Acute mesenteric ischemia: the importance of knowledge

12,00 – 13,00 Session X **AORTO-ILIAC OCCLUSIVE DISEASE**

- Iliac artery pathologies: guidelines, treatment algorithms, and gaps
- Debate Dealing with complex iliac artery procedures: rationale and advantages of the bare metal stents
- Debate Dealing with complex iliac artery procedures: a complex disease could not be effectively managed with a simple stent. Covered stents should be implanted in 100% of patients
- Debate Dealing with complex iliac artery procedures, a new idea could fix the debate: results of dual-layer stents

- What we learned on outcomes of primary endovascular treatment of aortoiliac occlusive disease? Results from the multicenter Italian registry
- Where endovascular therapy is not enough: how to manage coral reef aortic lesions
- Diagnosis and management of external iliac arteries endofibrosis

13,00 – 14,00 Lunch

14,00 – 15,00 Session XI **SUPERFICIAL FEMORAL ARTERY, POPLITEAL, AND BELOW-THE-KNEE ARTERY DISEASE**

- The role of optimal de novo lesion preparation: how to plan a stent-less intervention strategy
- A novel balloon technologies to minimize dissection related angioplasty: intravascular lithotripsy
- Outcomes after drug-coated balloon treatment of femoropopliteal lesions in patients with critical limb ischemia: a post hoc analysis from the IN.PACT Global Study
- Is perform paclitaxel-coated balloon angioplasty safe for patients with femoro-popliteal peripheral artery disease? A critical review of recent available data
- Lights and shadows of BMS and DES in the treatment of SFA and popliteal artery lesions: what do we really know?
- How to improve peripheral revascularizations' long-term durability: are we doing everything we should do?
- *Debate* In management of popliteal steno-occlusive disease endovascular procedure with dedicated devices could completely replace open surgery
- *Debate* Despite dedicated devices, long term results after endovascular treatment are not satisfactory: popliteal is still a no stent zone
- Occlusion of P-EVAR is not the end of the road - endovascular plus additional limited open procedure may offer a valid and durable repair and it should be attempted before open bypass procedure

15,00 – 16,00 Session XII **MORE ON SUPERFICIAL FEMORAL ARTERY, POPLITEAL, AND BELOW-THE-KNEE ARTERY DISEASE**

- Time for an update, GLOBAL vascular guidelines on the management of chronic limb-threatening ischemia and ESVS guidelines
- Urgent need to clarify the definition of chronic critical limb ischemia - a position paper from the European Society for Vascular Medicine
- How to obtain a safe and effective revascularization in BTK and BTA vessels: personal notes on access, techniques and tools for guarantee a durable result
- Why to perform a deep foot venous arterialization? How to percutaneously create an arteriovenous fistula?
- What are the challenges treating the diabetic patient with CLI? How to deal with them?
- A prospective, single-arm, multi-center, international clinical investigation to evaluate the safety and effectiveness of the PQ System for a percutaneous femoropopliteal bypass: the DETOUR 2 Study
- Open vascular surgery for CLI patients will never day. Latest news: insights from the LIMBSAVE Registry
- Therapeutic efficacy of autologous non-mobilized enriched circulating endothelial progenitors in patients with critical limb ischemia